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Early Childhood Intervention in Spain: Standard needs and changes

Abstract

This paper describes the situation of ECI in Spain, taking into account the political organisation in 17 “autonomous” communities and steps towards comparable standards and coordination of services. Alongside with the legal basis of ECI diverse bodies (health, social and education) are described, highlighting the need of coordination. Within this context the “White paper on Early Intervention” by the GAT/Real Patronato Sobre Discapacidad (2005) can be seen as one major attempt, to create a “covering roof” within a diversity of services and structures in Spain.

Key words: Early intervention, policy, practice, Spain, coordination

Introduction

Early childhood intervention (ECI) is a model of action for early childhood that is still in the process of consolidation as a scientific discipline. In Spain activity began in this area in the 1970s. At the outset, early childhood intervention (early stimulation) was understood as a form of treatment to be applied in the first years of life, which sought to maximise the child’s physical and intellectual possibilities. The philosophy was to intervene in the child’s problems and needs as soon as possible and with the family’s participation in the process of rehabilitation and improvement of the child’s abilities.

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National ECI System

Structure

The Spanish population in January 2005 was 45,108,530 people, with approximately 6% in the age group of 0 to 6 years or those that are affected by ECI (around 2,650,000 children). The prevalence of children with limitations in Spain was 2.24%, or around 8,998 children. The rate estimated in early childhood intervention according to National Statistics Institute (INE) data is between 2.5% and 4% of the population between 0 and 6 years of age.

Spain's administrative structure, with 17 autonomous communities, has resulted in three types of services related to early childhood intervention: healthcare, social services and education. This division has existed both historically and in the current situation.

The very diverse nature of their practices leads to difficulties, such as coordination problems between services, continuity of care and intervention in children (there are differences between each autonomous community), types of intervention, information, legal and administrative requirements for access to services, etc.

Legal Situation: Applicable Legislation Legislative and Regulatory Aspects

For the creation, development and general adoption of any system of care for children, a legal framework is necessary to establish structure and regulate its operation and development. Spain has adopted numerous international regulations that have promoted the development of early intervention (Declaration of the Rights of the Child, UN, 1959; Declaration on the Rights of Mentally Retarded Persons, UN 1971; Declaration of Alma-Ata of the UN of 1978; World Programme of Action Concerning Disabled Persons, UN 1982; European Charter of Children's Rights 1992; European Convention on the Exercise of Children's Rights, 26 January 1996, etc.)

In Spain, this legal framework is limited and recent. It began with the recognition of the rights of the child. This first recognition generated different changes that gave rise to a new model of care for children.

- The Spanish Constitution of 1978
- Law on Social Integration of the Disabled (LISMI), of 1982
- Organic Law Regulating the Right to Education, of 1985
- General Law on Health, of 1986
- Organic Law on General Regulation of the Education System (LOGSE) 1990 and later, LOCE 2002 and LOE 2006
- Organic Law on Legal Protection of Minors, of 1996
- Law on Cohesion and Quality of the National Health System, of 2003
- National plans of Child and Adolescent Care
- Law on Child and Adolescent Care Councils, 1999.

Areas of Action

The areas responsible for early childhood intervention are basically: *health, social services and education*, and fulfilment of the objectives of early childhood intervention

requires organised collaboration among the ministries for each of these areas because all of them have responsibilities during childhood. Each of these has the necessary organisation structure to attend to the child population in their own areas of responsibility, and they have the professionals and suitable action and management mechanisms to achieve their aims.

Healthcare Area. Early childhood intervention (ECI) came into being in response to a reduction in the infant mortality rate and increased morbidity. The healthcare services have responsibility for the prevention of diseases and deficiencies, maternal and infant primary healthcare, early detection, paediatric and rehabilitation treatments, as well as over the primary healthcare teams. Activity is initiated in the rehabilitation, paediatric, neurology and maternity services, which promotes intervention in children with established illnesses and those considered to be 'high risk'. This model enables a good connection with detection services (neonatology and paediatric, rehabilitation, etc.), and clinical and organic diagnosis of the child, although it causes difficulties in the detection, diagnosis and treatment of problems with a social origin. The theoretical focus of ECI is based on pathology and the action is fundamentally therapeutic.

The General Law on Healthcare, of 1986, establishes as healthcare actions '*programmes for care of high-risk groups*' (Article 18.5). Royal Decree 63/1995, of 20 January, regulating the healthcare provisions of the national health system (BOE [Official State Bulletin] of 10 February) envisages the healthy child programme on a primary healthcare level, and on a specialised healthcare level, the neonatal examination and the application of the treatments or therapeutic procedures as required by the child, as well as rehabilitation (Alonso Seco, 1997).

The different services (obstetrics, neonatology, paediatric neurology, developmental monitoring units, primary healthcare), as well as the programmes guided by protocols for children at risk in developmental monitoring units that were established in Spain after 1978 by the National Plan for the Prevention of Mental Retardation, aimed at children at neurological/psychological/sensory risk or with already established central nervous system damage, have enabled the early detection and timely treatment of developmental anomalies (Zamarriego & Arizcun, 1981).

The introduction of the 'Healthy Child Programme' involved important preventative work and the detection of warning signs and developmental disabilities. The paediatrician trains and advises the family on the prevention of sleep disorders and on feeding, hygiene, etc.

The paediatric neurology service is another of the services that have traditionally carried out early childhood intervention programmes in coordination with the neonatology service to detect, diagnose, care for and monitor children with disorders or those at high risk. The paediatric neurologist is responsible for performing diagnoses of the function, syndrome and aetiology of developmental disorders in children, especially in processes with an organic basis.

The child rehabilitation services are another of the groups of professionals that have initiated ECI activity, caring for people who have presented some kind of deficiency. Their work is also closely tied to the movement of associations for early childhood intervention, and they provide specialised treatment of different pathologies.

The child-adolescent mental health services have been recently incorporated and participate with preventative childhood health measures, performing interventions in mental health units with individuals or groups, or with the family.

Social Services Area. INSERSO (National Institute of Social Services now IMSERSO) is the service with the most involvement in this area in Spain. The work began in Madrid and Barcelona. In the beginning, the aim was to develop and strengthen the areas where a child had difficulties, considering motor development as the basis for actions, as well as the cognitive aspects, language and personal autonomy. In 1979, the Ministry of Employment through the SEREM (Service for Rehabilitation of the Disabled) created nine pilot early childhood intervention services in the social care centres of various provinces. With the enactment of the Law for Social Integration of People with Disabilities (LISMI, 1982), early childhood intervention units were integrated into the social care centres, which contributed to the generalisation and consolidation of early stimulation in the social care centres of various provinces. After 1980, they began to operate on a regular basis.

The social services carry out many types of early childhood intervention actions such as:

- Programmes to promote family wellbeing
- Prevention programmes aimed at contexts 'with social risk or difficulty'
- Intervention programmes in centres (social intervention by the early childhood intervention teams).

The following resources are available:

Social Care Centres: The social care centres are where the early intervention activity began. They originated with the Ministry of Labour, which made the INSERSO responsible for starting up ECI. In March 1980 the first eight early childhood intervention services were created as part of the Spanish social care centres. The teams at the social care centres have played a very important role in the promotion of ECI. In general, these have become part of the ECI networks of the different autonomous communities. The INSERSO defined them as 'specialised social services for basic care of people with a disability that inform, diagnose, evaluate and intervene therapeutically' with early childhood intervention services maintained as part of the social care centres

Early Childhood Intervention Centres (ECIC): These began in the 1970s, within movements involving associations of parents and professionals, and they have progressed to become independent specialised centres with positions that are subsidised or contracted by public institutions. These can be considered the driving force of early childhood intervention, at least in Spain, and they have evolved constantly. They are part

of social services and work in collaboration with the social care centres. They also have an interdisciplinary team. They receive the family, perform interviews to determine the family situation and assess the level of the child's development, and prepare an individual care programme for the intervention, with periodic reports to the parents. They carry out the work of providing care/therapeutic intervention (tertiary prevention) in the child population from 0 to 6 years of age with developmental disorders or at risk for them. Currently, they support this activity and care for the children from 0 to 6 years who have been assessed as having a disability of at least 33%. They work in different areas of *direct care*, which are:

- Intervention unit: social worker, psychologist, and educator.
- Therapeutic unit: clinical psychologist, physiotherapist, occupational therapist, stimulation therapist, and psychomotor therapist.

The procedure for action is sequential: study of the problem, preparation of a diagnostic opinion that serves as the base for the preparation of an intervention plan, monitoring of the action plan, and end of care because of discharge or referral.

The main objectives are detection and assessment (they do not have diagnostic authority) of developmental disorders so that therapeutic intervention can be initiated, and family support and counselling, when the first signs of developmental problems appear or when situations that may cause them are detected

Early Childhood Intervention and Child Development Centres (CDIAT in its Spanish acronym): These are interdisciplinary services aimed at the child population between 0 and 6 years old. They must work on aspects related to child development in a holistic way. Their main function is to strengthen the abilities of the child as far as possible so as to achieve family, school and social adaptation. The CDIAT's professional team must be interdisciplinary and made up of professionals with a holistic orientation, considering that the intervention will cover intrapersonal, biological, educational, psychological and social aspects for each individual, and interpersonal aspects, related to their environment, such as the family, school and culture (GAT, 2000: 38). The CDIAT must not belong to a specific sector (health, education or social services), and it must be located in a particular region and town where it offers its services. Coordination is a fundamental element in the activity of the CDIATs. These centres are a proposal for an early childhood intervention service put forward by the GAT (Early Intervention Group), but no exist in reality. Centres with models close to this proposal exist only in some autonomous communities (such as Catalonia), but as a parallel service to health or education services. Child Development and Early Intervention Centres (CDIAT).

Education Area. The education administration assumes its responsibilities for early intervention in nursery and preschools (school support of children with special education needs) and through its support services (early intervention teams). With the enactment of the LISMI, early intervention achieved legislative support, and Royal Decree 334/1985, regulating Special Education, provides for early intervention to be provided or funded. Special education is given from the moment that it is considered necessary, at any age, or if there is a risk that deficiencies might appear (Real Decreto 334, 1985).

The LOGSE (1990) and the Law on Education (2006) recognise the right to educational attention from the moment of birth. The education services perform actions to support the child and the family through nursery and preschools (0-3 years and 3-6 years). The work of these schools is to prevent developmental disorders, which is fundamental for high-risk populations, as they offer a stable, stimulating and normalized environment to the child population that may suffer in inadequate situations in the family environment.

Teachers and educators become detection agents, because at this stage they can observe problems in the different developmental areas of motor skills, socialisation, language, attention, cognition and emotions that have not yet been detected.

Providing this information to parents, professionals and services in the network of existing support in nursery and preschools (support teacher, speech therapists, physiotherapists, educational guidance and educational psychology teams, early intervention teams) enables coordinated action, as well as referral to the corresponding services (paediatrics, early intervention team, early intervention centre) to establish the most suitable intervention. The early intervention teams are responsible for preparing the 'Statement of Special Educational Needs' to assess, coordinate, supervise and establish the child's special educational needs.

They offer a qualified service with an interdisciplinary perspective that can approach the holistic development of the child without losing sight of the specialist role of each of the professionals that will care for him or her. They determine the educational needs of children between the ages of 0 and 6 years, finding and referring those that present differences from the norm at their age, and they contribute to the preparation of the curriculum for this stage, providing technical support for the integration programme for children in the 0-6 age group. They work with nursery and infant school professionals in the preparation of programmes and in the setting of the most appropriate objectives, materials and procedures in the teaching-learning process, as a function of shared criteria, thus avoiding parallel treatments of each aspect of child development.

They also work at preferential integration centres, which are mainstream nursery and preschools where children with a specific type of disability (hearing, motor, visual, etc.) are integrated, or special education schools where these children receive the attention they need from specialised personnel. Table 1 summarises the ECI actions that are carried out in each of the services.

System of Access (Eligibility) for Early Intervention Services

There are various different access paths to early intervention services:

a. The social care centres are agencies of social services. The work they perform is: detect the child, receive the child and his or her family, assess the needs, perform the diagnosis (which may be related to aetiology, syndrome or functioning), and provide orientation and indicate treatment (Gútiérrez, 2005).

Table 1. Summary of ECI actions

Services	Detection (who)	Assessment	Intervention and monitoring
Education	Educational psychologist, doctor, physiotherapist, speech therapist, educational therapist, learning and language teacher, special education teacher and social worker	Educational psychology, functional, statement of special educational needs.	Direct and indirect, family, school (mainstream integration or support and specialised centre), stimulation
Health	Doctor (rehabilitation specialist, psychiatrist, paediatric neurologist and others), psychologist, physiotherapist, speech therapist and social worker	Medical, functional	Primary healthcare centre, direct and indirect
Social	Social care centre: educational psychologist, doctor, physiotherapist, speech therapist and social worker	Educational psychology, social-environmental care, family, disability assessment	Primary healthcare centre, direct and indirect (clinic), stimulation
	Cdiat: psychologist, educator, stimulation therapist	On demand, psychology, social-environmental care, family	

(Source: Gútiez 2005:36)

They have a team made up of professionals of different disciplines who are responsible for detecting the child, receiving the family, assessing and diagnosing the child, and providing orientation and treatment. They are responsible for assessing the degree of disability (33%) that enables access to the Early Intervention Service. The medical and psychological early intervention/early stimulation treatments aim to avoid the degenerative process of a disability and to strengthen the development of the physical, psychological or sensory development of the affected person. To qualify for a place in the programme (funding) the requirements are:

- age 0 to 6 years
- preparation of the intervention programme
- proof that other services are not received.

b. In the educational environment, if the child is in school, then the Early Intervention Teams are responsible for assessing, coordinating, supervising and facilitating the process that enables children with special needs to attend nursery and preschool, while supporting the integration process. They assess the child and prepare the Statement of Special Educational Needs and Early Intervention Needs.

Professionals Involved

It is important to note the variety of professionals, with different training and profiles, who are involved in the processes of early intervention. In general they are professionals

from the fields of medicine, education, psychology and social work. Since their establishment, the ECI teams have had a psychologist, educator, rehabilitation doctor, social worker, early intervention worker and, depending on the needs of the population they serve, speech therapist, psychomotor therapist, and physiotherapist. The theoretical focus of this model is to achieve holistic and continuous care of the child, who requires an enriching family environment.

Children Targeted for Early Intervention

Children who may receive ECI are all children between birth and age six who present any type of deficiency and those included in the group of high biological and social risk, described below. These children would be included in the following groups:

Children at high biological risk. This group would include children born premature; with low birth weight; coming from neonatal intensive care; who suffered asphyxia; with warning signs, etc. (Guralnick & Bennett, 1987). Inclusion in this group is determined by the existence of certain biological risk factors.

Children at social-environmental risk. These are children who come from economically disadvantaged environments; with low socio-economic status; whose father/mother is absent; who were abandoned; or whose mother is an adolescent or suffers from mental health problems.

Children with documented difficulties or disabilities. This group includes children with documented delays, difficulties or disabilities, which may be cognitive, sensory or related to mobility or communication. For these children, ECI programmes are not just necessary but a right that cannot be waived. This involves intervention from the time of birth or whenever the deficiency is detected.

Parental Participation

Once the effectiveness of the early intervention programs was shown, the parents of the affected children decided to seek information and organise themselves so that their children could receive appropriate treatment. These initiatives led to institutional funding for the creation of stimulation centres and individual grants, which appeared for the first time in the Action Plan 1977 for Recovery of People with Psychological Disabilities of the SEREM (following Alonso Seco 1997).

Attention to parents is considered essential, because they are the most important people in the development of their child and potentially the most efficient stimulation comes from them. They are offered training and supervision in the care and upbringing of their child, psychological development, and psychological support to reinforce their self-esteem and confidence. Their participation is not too 'active', because of the way the system works and the fact that parents do not traditionally play a key role in work with children. They are limited to accepting guidelines provided by the professional team that is caring for the child.

System Funding

In 1980, the INSERSO (National Institute of Social Services, now IMSERSO) officially initiated early intervention 'as specific treatments provided to children who from birth or in the first years of life have been affected by a deficiency or are at high risk of suffering from one'. Since 1977 private initiatives have received funding for the creation of early intervention centres and between 1980 and 1985, the majority of the centres existing today were created. Health, education and social services have been responsible for early intervention services, with funding and social security benefits.

Each autonomous community assigns the management of public resources for early intervention, which is the responsibility of different areas (health, education or social services). Through different laws, the different public administrations assume the commitment to intervene in the prevention and treatment of disabilities, and the complete rehabilitation and integration of people with disabilities into society. The amounts allocated in the budgets of the different ministries vary from one autonomous community to another. One of the best examples of a consolidated network, of infrastructures and resource assignment, is the Catalan network.

Organisation of Early Intervention

In practice, early intervention is a process in which each service (health, social and education) must invariably participate and collaborate in the interests of the best overall care for the child.

Treatments. Since the beginning of early intervention, reference has been made to treatments. The techniques that may be applied in early stimulation are partly rehabilitation and partly educational psychology. The aim is to address the full complexity of the subject, working in five main areas:

- psychomotor skills
- cognitive development
- emotional and social development
- language therapy
- physiotherapy and orthopaedic medicine.

This intervention includes different techniques and therapies appropriate to each specific deficiency and include:

- information and detection
- diagnosis and orientation
- educational psychology and rehabilitation treatments
- support and counselling for parents
- technical assistance and support of preschools with 'children at risk' attending.

These type of centres offer sessions, usually in the centre and occasionally in the home, at different intervals (45 minutes, twice per week on average) and they also perform periodic reviews.

Concept of Early Intervention

Early stimulation, or early childhood intervention or stimulation and now, early intervention are different terms used to describe actions that, of a preventative nature and with an educational focus, aim to avoid or mitigate difficulties in children with clear deficiencies or those who are included in groups considered to be 'high risk'. Currently, and as a consequence of these activities and the agreements made by professionals of the early intervention group belonging to different environments and Spanish autonomous communities, we have the agreed definition resulting from the preparation of the 'White Paper on Early Intervention' (GAT, 2000). This model has some clearly differentiated characteristics:

- The child is the principal agent of his or her own development
- Change to the educational model
- Care is linked to the first diagnostic assessment
- Key role of the family
- Natural environments with significant activities
- Importance of support by a team of professionals.

'Early intervention is understood as the set of interventions directed at the population of children from birth to six years, the family and the environment that aim to respond as soon as possible to temporary or permanent needs of children with or at risk of suffering developmental disorders. These interventions, which must consider the child holistically, must be planned by an interdisciplinary and transdisciplinary team of professionals.' (GAT, 2000: 13.)

Assessment of the Current Situation from the Professional Point of View Considering the European Perspective

The basic principles that are considered essential to be able to speak of a quality model of early intervention for early childhood are far from being fulfilled in Spain. We will now list various aspects that we believe need improvement.

It is necessary to create and develop legal regulations that guarantee the achievement of ECI services throughout Spain. This means guaranteeing the provision of the service, given that it is not offered to the whole population in need, and there are large differences in access to early intervention depending on the place of birth, autonomous community, political models and distribution of resources in each of these, which is currently provoking discrimination against some children.

It is necessary to coordinate early intervention among institutions. The different ECI services must be coordinated (exchange of information, records and referral protocols). This coordination is essential to achieve optimal use of the human and financial resources of each administration and to respond appropriately to the children's care needs. This must apply to both the professional sectors affected and the local, regional or national institutions that have responsibilities in this area. The problems do not originate

so much in a lack of resources as in the fact that the use of the resources is not coordinated and complementary.

Family participation is still a challenge that needs to be addressed. Parents are still largely spectators and occasional collaborators in some activities. Although there has been a clear improvement in the collaboration of all the parties involved in the process (that is, the family, professionals and society), a model of early intervention in which they fully participate has still not been achieved.

Standardise the Health, Education and Social Services information systems, standardising recording and referral protocols. Establishing uniform data collection about disabilities in all of the organisations involved enables more information to be gathered about the population in care and the work carried out, enabling real needs to be detected and appropriate resources assigned. The use of studied classification criteria, in areas as fundamental as coding, makes it easier for different professionals to work together effectively.

The interdisciplinary character, professional qualification, functions, responsibilities and areas of action of the professionals who work in this field have continued to grow in health and social institutions and education teams and early intervention centres. They are well qualified, but receive little social or financial recognition.

In spite of the fact that freely, universally and equally available opportunities are an objective that is far from being achieved, the process of social, political and administrative recognition has already begun. Professionals who work in this environment are beginning to contribute to a common doctrine, to share criteria, uniting different medical, educational and psychological cultures and enabling the development of a common system that favours early intervention activity and that will benefit the achievement of the full development of the child and improve his or her quality of life.

In conclusion, and in spite of the above-mentioned difficulties, this document has described the appearance of a young discipline, of a field of action to manage disability and vulnerable populations that is active and continually changing, which must be consolidated to enable a quality and comprehensive response to the needs of early childhood. And this process is already underway.

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