

Approach to early detection, follow up and intervention of the high risk and disabled children


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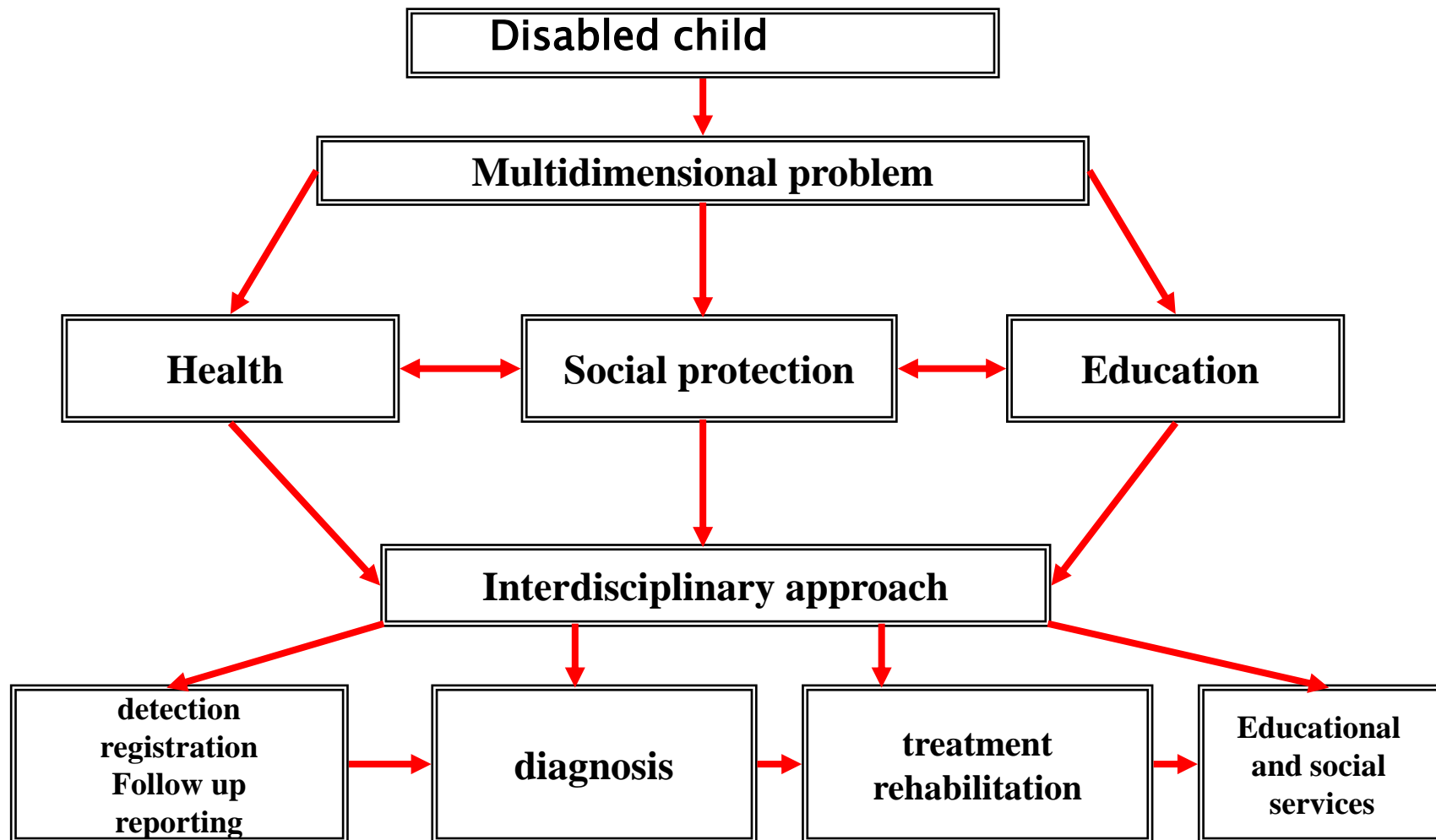
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Aims of the presentation

- ▶ Preventive role of the well organized approach to early detection, reporting, follow up and intervention of high risk and disabled children
 - ▶ Analytical data
 - ▶ Current situation in Macedonia
 - ▶ Perspectives and goals
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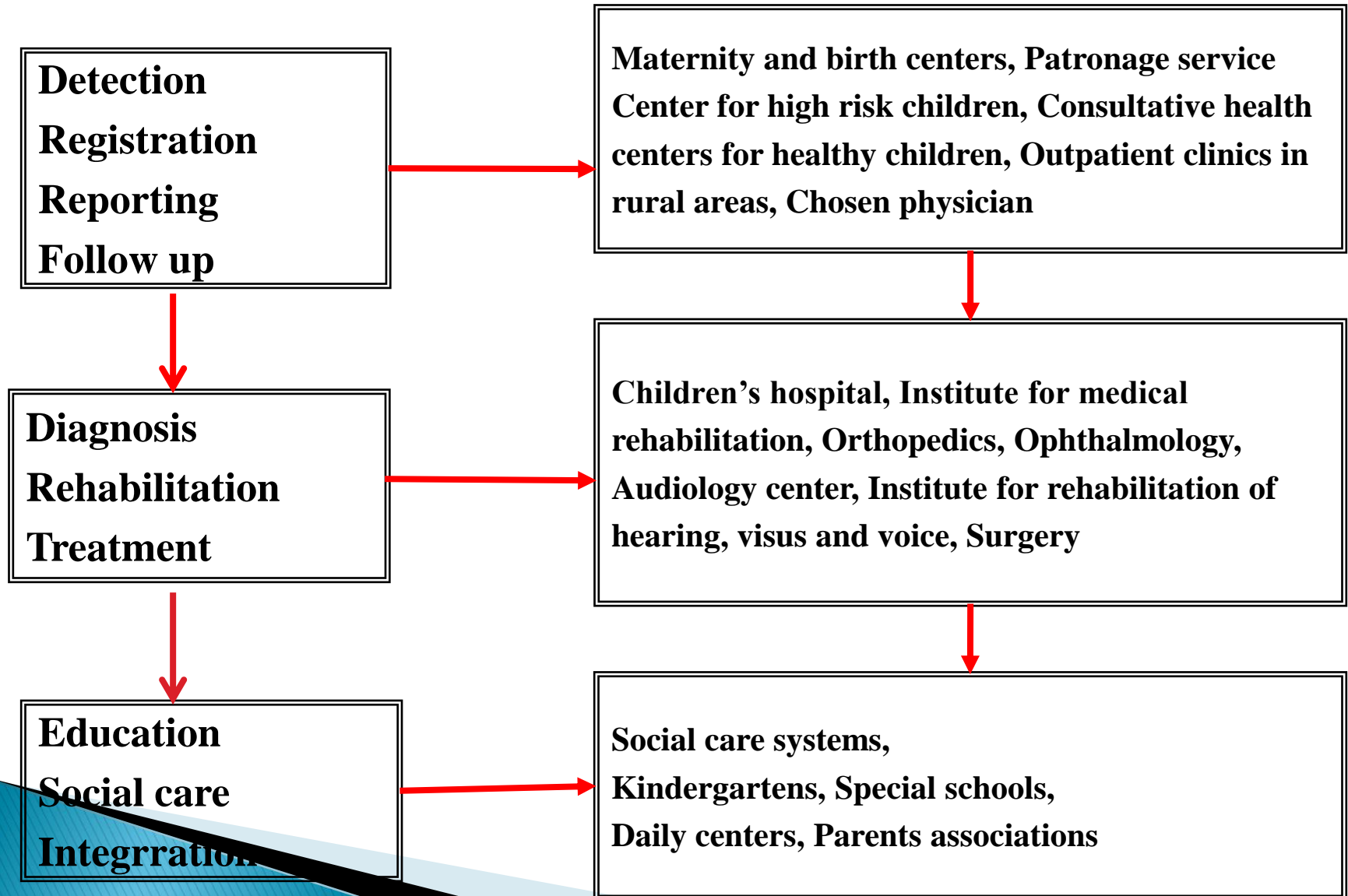
Identified problems:

- 1. Lack of sufficient coordination between relevant segments Focus-health/social services/education**
- 2. Lack or suficient coordination between specialists and facilities within the same segment**

Management of the care and treatment

Segments

Facilities (institutions)



Early detection

- ▶ This is the basis of the system. Here is the point of the beginning of the multidisciplinary approach to the high risk newborns
- ▶ The high risk children could be detected different stages of their regular check ups, home visits, outpatient clinics for healthy children
- ▶ As early as possible

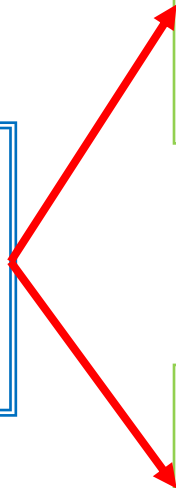


Why?

Early detection

Early intervention

Early treatment and care



Early intervention-reasons and benefits

Precondition-early detection

Early development diagnostics

**Early development
rehabilitation**

Early start in partnership with the parents

- Perceiving the truth
- Early possibilities for integration

Early stimulation

Early social support



Analytical approach

Follow up:

Short-Maternity hospitals

Optimal-average 0-3 years

Longitudinal-average 0-6 years

❖Important: respect to the best knowledge of the maturational phases of the child's development, considering all variations

Registering and reporting

It is not just simply “database”, but it gives plenty of important information about:

- ❖ Health, social and educational aspects of the disabled children**
- ❖ Epidemiological evaluation of the problem**
- ❖ Evidence based support to the improvement and maintenance of the system for care and treatment of disabled children**

Partnership with the parents

- ❖ Gives a positive evaluation of the family, expecting positive input to the problem**
- ❖ Focusing towards the total biological potentials and possibilities to raise them on the best optimal level**
- ❖ Early building the basis for the child's future within the strategy for successful integration**

Interdisciplinary approach

- pediatrician**
- psychologist**
- defectologist**
- trained nurse**

Situation in Macedonian

	detection	registration	reporting
Maternity hospitals– Neonatal departments	Congenital anomalies, eye and hearing screening, CNS	+ / –	Patronage service Preventive teams Counselling services
Patronage service	Not regular	Not regular	Centers for developmental follow up (+ / –)
Preventive teams in outpatient clinics	Partial	Partial	Centers for developmental follow up (+ / –)
Secondary health care facilities	Diagnostics (+) Treatment (+)	Good (+)	Centers for developmental follow up (+ / –) Feed-back
Tertiary level of care–Clinics	Diagnostics (+) Treatment (+)	Good (+)	Needs improvement

Average age of the first visit of high risk child

Age (months)	1	1-3	3-6	6-9	9-12	>12	total
Number	549	1589	578	208	56	81	3061
%	17.94	51.91	18.88	6.8	1.82	2.65	100

Reported children to other institutions for confirming diagnosis, care and treatment

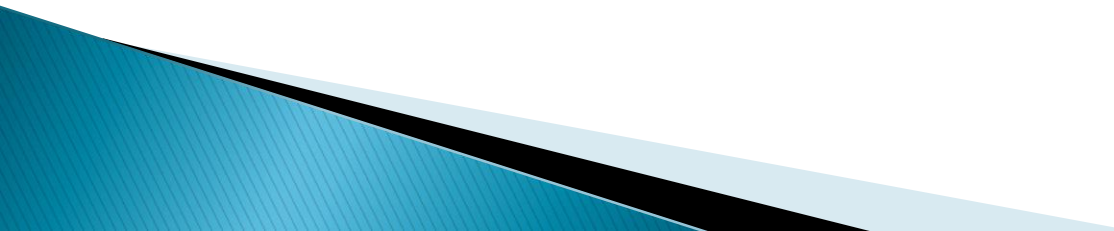
Institutions	Age of the reported children (months)						total	
	0-6	%	6-12M	%	24	%	N	%
Children's hospital	276	70.58	89	22.76	26	6.64	391	91,6
Audiology center	2	13.33	9	60.00	4	26.66	15	3,5
Ophthalmology clinic	10	47.61	8	38.04	3	14.28	21	4,9
total	288	67.44	106	24.82	33	7.72	427	100

Early developmental physical therapy


Institute for medical physical therapy	Age of the reported children (months)			total
	0-6 m	6-12 m	>12 m	
number	78	102	29	209
%	37.32	48.8	13.88	100

Summary

Problems:

- ▶ **Insufficient coordination of the activities between involved institutions**
 - ▶ **Insufficient coordination between the experts within the same institution**
 - ▶ **Insufficient registering and reporting of high risk newborns/infants**
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Resolving the problem—possibilities

- ▶ Strengthening and revitalization of the connecting line between the relevant institution within the global national system (health–social care and policy–education)
 - ▶ Continuous education of the professionals within these systems
 - ▶ Special education for integrated interdisciplinary teams for care and treatment of disabled children
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End-effect

- ▶ Timely reached and rational accessibility of the institutions and centers
 - ▶ Early coordination of the earliest possible age
 - ▶ Network of regional developmental counseling centers in the country
 - ▶ Alternative forms of early intervention (in future)
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