

Developing An Intersectoral, Interdisciplinary And Multi-professional Approach In The Early Intervention Services In Andalusia: Lessons Learned And Future Prospects

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JUNTA DE ANDALUCIA

PRESENTATION OUTLINE

1. INTRODUCTION
2. THE ANDALUSIAN EARLY INTERVENTION MODEL
3. CHRONOLOGY AND LANDMARKS OF THE ANDALUSIAN EARLY INTERVENTION SERVICES
4. SOME RESULTS OF OUR INTERVENTIONS
5. FUTURE PROSPECTS





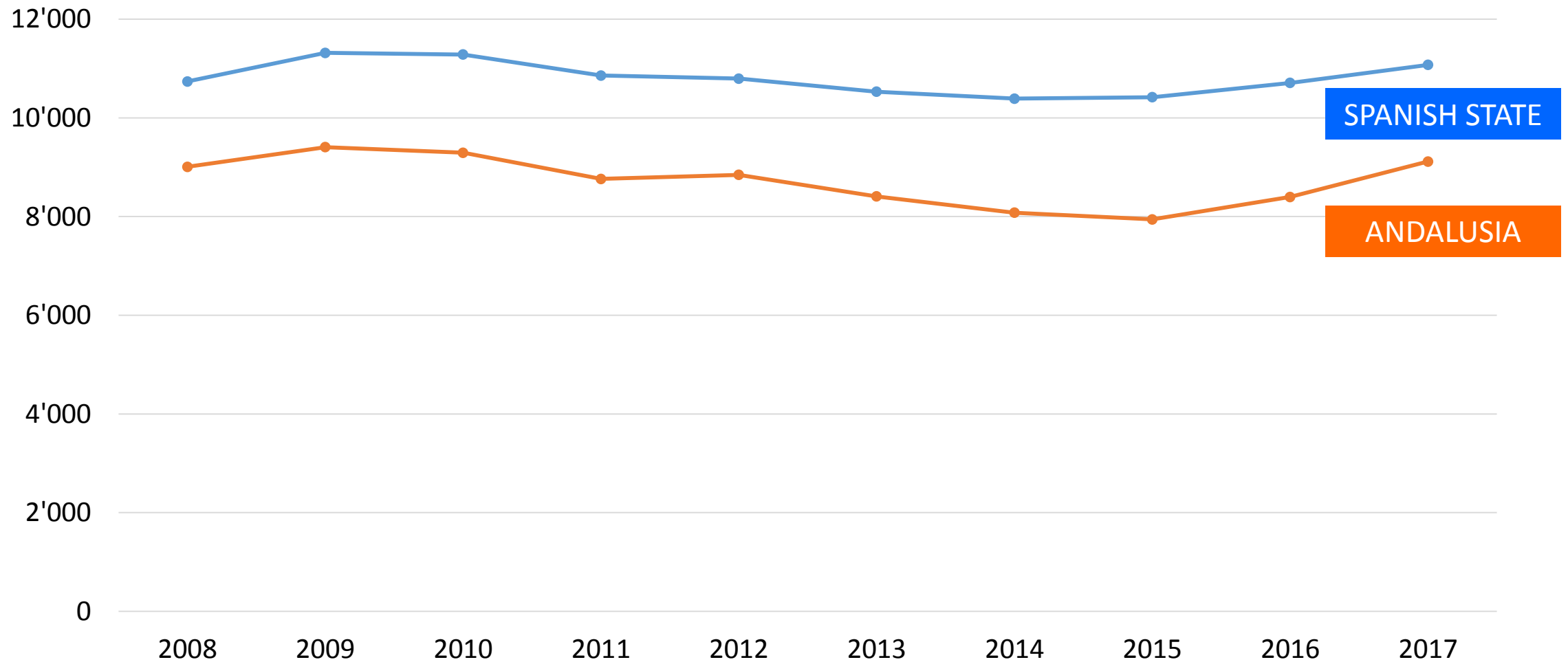
1. INTRODUCTION



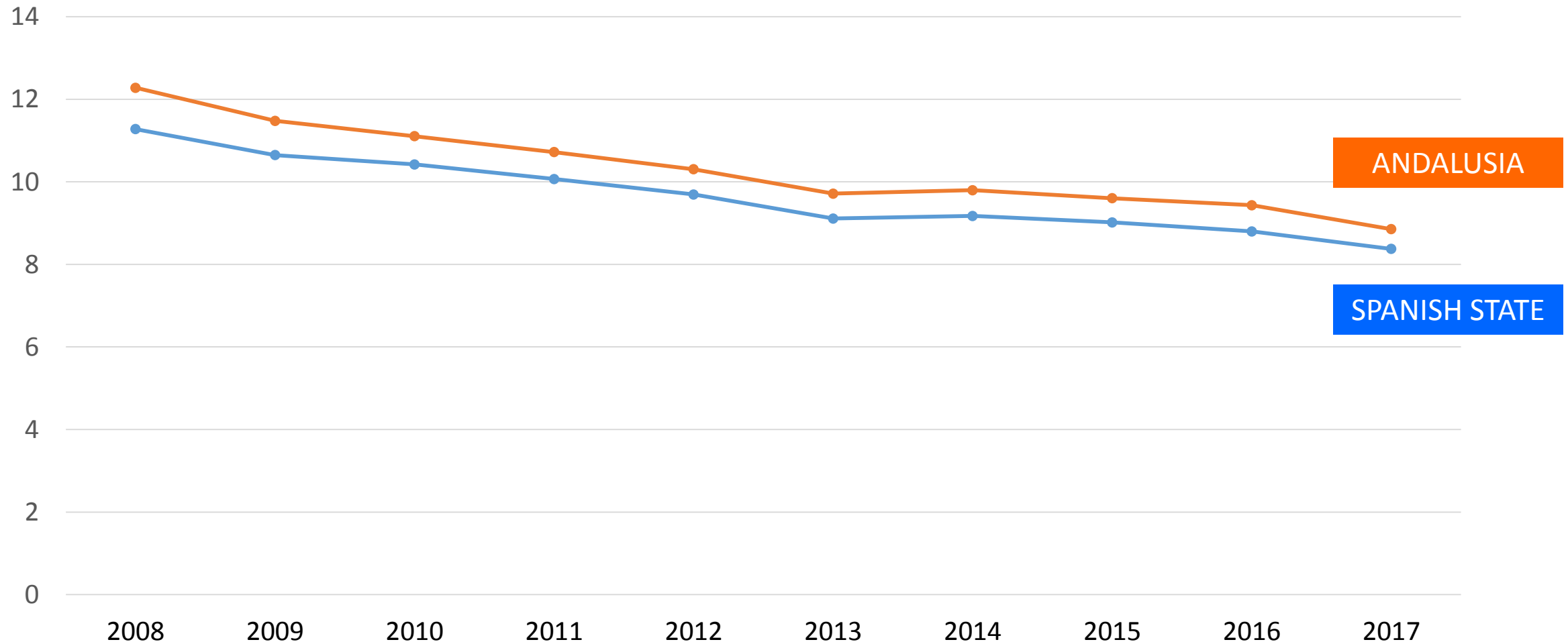
ANDALUSIAN POPULATION: 8,397,820 INHABITANTS (INE, 2017)



ANDALUSIAN PER CAPITA INCOME: €9,116 (INE, 2017)



ANDALUSIAN BIRTH RATE: 8,85 (INE, 2017)





2. THE ANDALUSIAN EARLY INTERVENTION MODEL

*THE EARLY INTERVENTION
WHITE BOOK (GAT, 2000)*

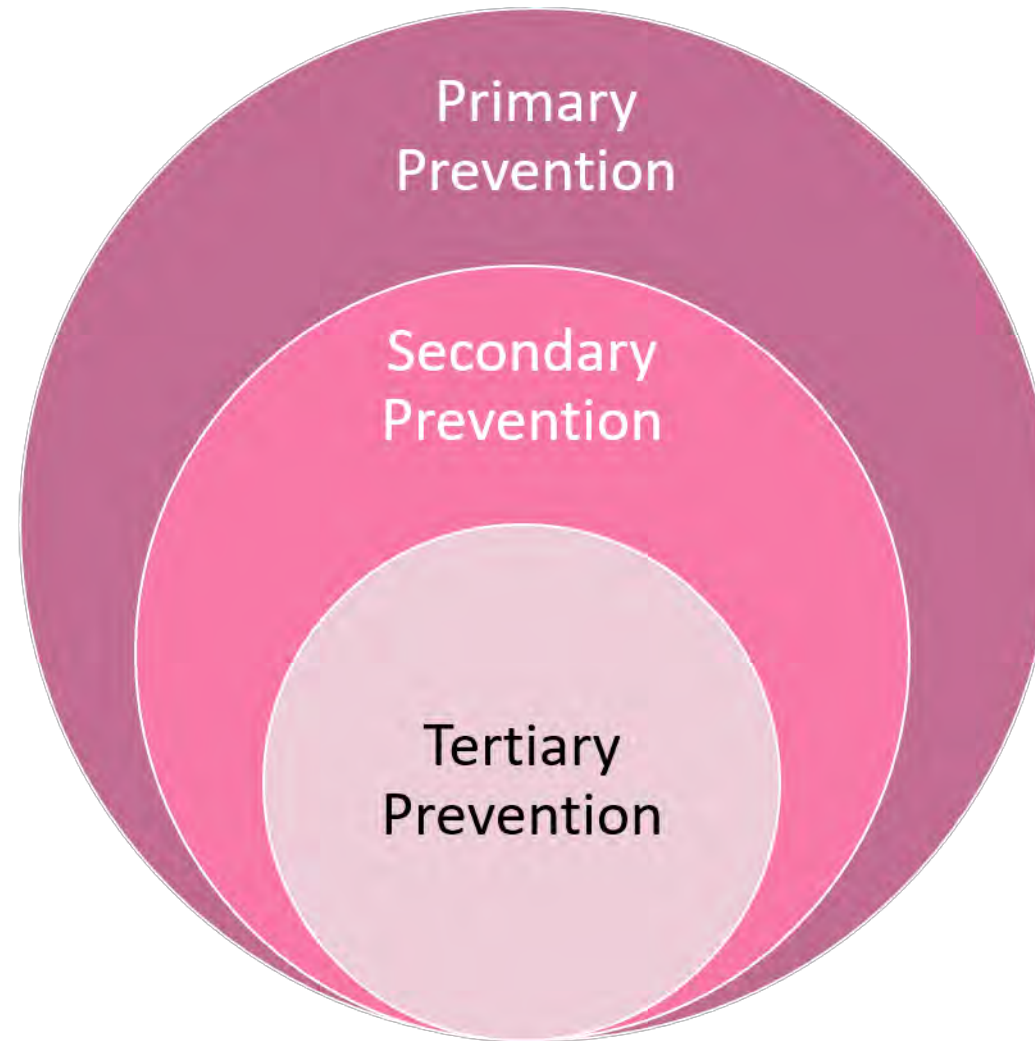
- Defines Early Intervention as “the set of interventions aimed at children between the ages of 0 to 6, their family and environment, which aim to respond as soon as possible to the temporary or permanent needs of children with developmental disorders or at risk of suffering from them”.



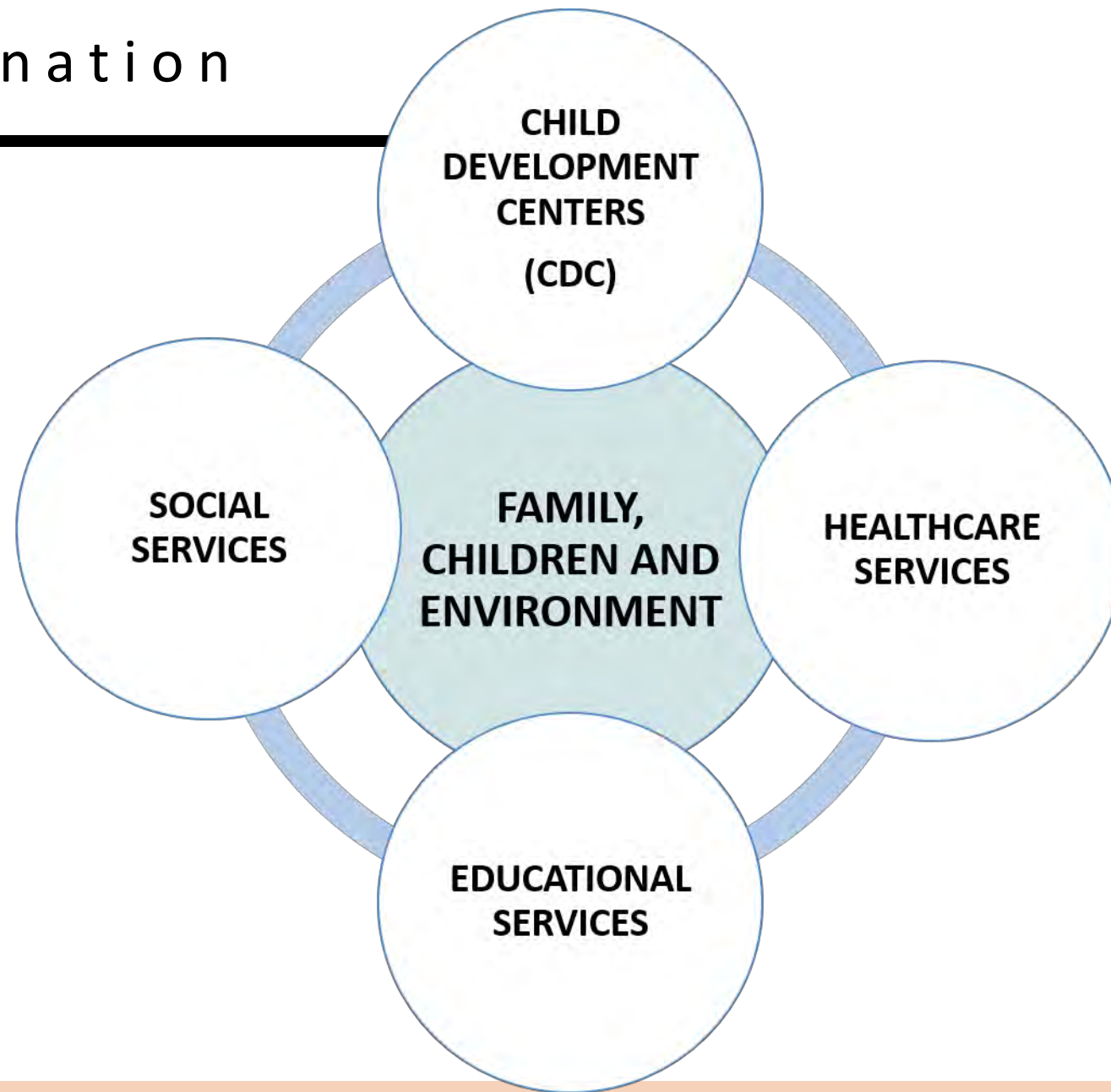
Transversal action that involves not only the traditional contribution of support, tools or care for the child



intervention levels



coordination



Values and
principles of
action

- BEST INTERESTS OF THE CHILD
- UNIVERSALITY
- PUBLIC RESPONSIBILITY
- FREE HEALTH SERVICES
- EQUITY
- COMPREHENSIVE INTERVENTION
- DECENTRALIZATION, PROXIMITY AND CLOSENESS
- PARTICIPATION
- QUALITY
- SUSTAINABILITY
- INTER-AGENCY COORDINATION
- GENDER PERSPECTIVE

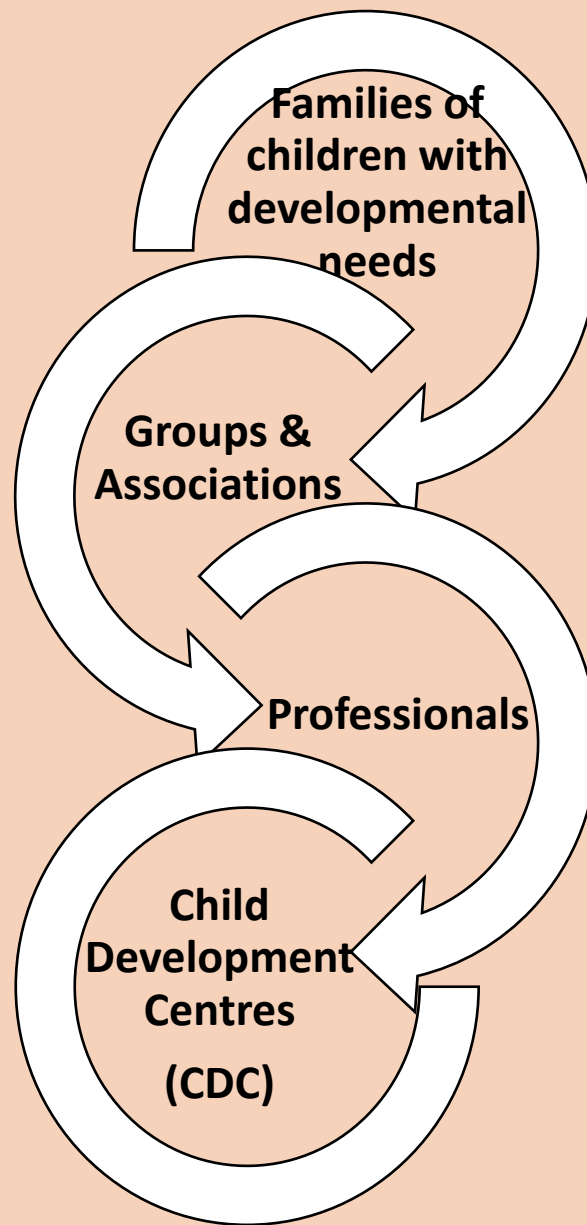


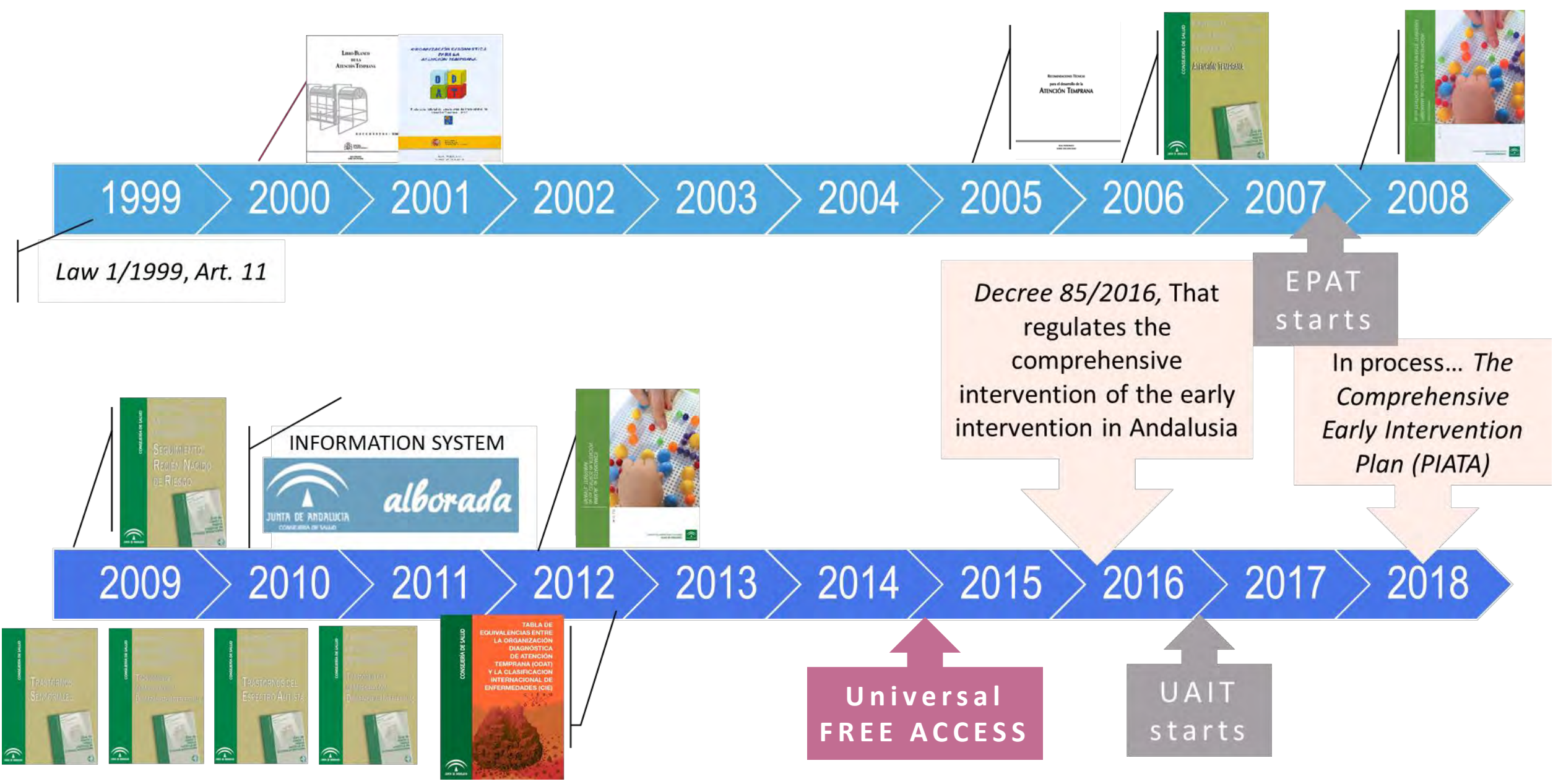


3. CHRONOLOGY AND LANDMARKS OF THE
ANDALUSIAN EARLY INTERVENTION SERVICES



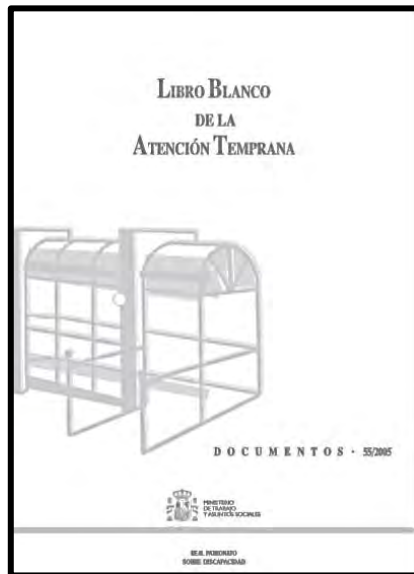
**WHERE
DO WE
COME
FROM?**





3. CHRONOLOGY AND LANDMARKS

ODAT Diagnostic Classification System	CHILDREN	FAMILY	ENVIRONMENT
RISK	Axis I	Axis II	Axis III
DISORDER/DISEASE	Axis IV	Axis V	Axis VI
SUPPORTS/RESOURCES	Axis VII	Axis VIII	Axis IX



- *The Early Intervention White Book (GAT, 2000)* is configured as a fundamental tool for the understanding and development of the Early Intervention in a uniform way in Spain.



- The *ODAT (GAT, 2000)* is an Early Intervention **Diagnostic Classification System** that is aimed at making a **functional** diagnosis.



CONCORDANCE TABLE BETWEEN ODAT AND ICD-10 (Pons et al, 2002)



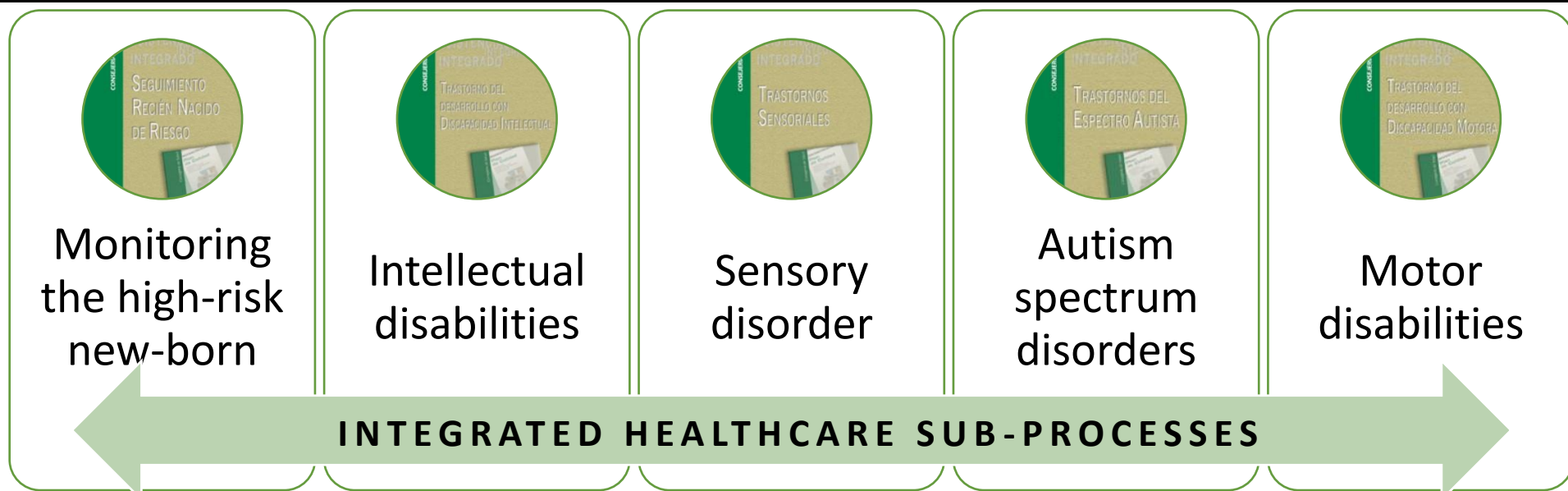
EJE	CATEGORIA	SUBCATEGORIA	CODIGO	DESCRIPCION ODAT	CIE-9-MC	DESCRIPTOR
EJE I	EJE I	EJE I	EJE I	FACTORES EXCLUSIVOS DE PESO		
EJE I	1.b	1.b	1.b	PERINATAL		
EJE I	1.b	1.b.a	1.b.a.1	Peso inferior a 2.500 gramos	765.06	INMADUREZ EXTREMA.1500-1749 GRAMOS (f)
EJE I	1.b	1.b.a	1.b.a.1	Peso inferior a 2.500 gramos	765.07	INMADUREZ EXTREMA.1750-1999 GRAMOS (f)
EJE I	1.b	1.b.a	1.b.a.1	Peso inferior a 2.500 gramos	765.08	INMADUREZ EXTREMA.2000-2499 GRAMOS (f)
EJE I	1.b	1.b.a	1.b.a.1	Peso inferior a 2.500 gramos	764.08	PESO BAJO EDAD GESTACIONAL SIN DESNUTRICION.2000-2499 GRAMOS
EJE I	1.b	1.b.a	1.b.a.2	Peso inferior a 1.500 gramos	764.12	PESO BAJO EDAD GESTACIONAL CON DESNUTRICION.500-749 GRAMOS
EJE I	1.b	1.b.a	1.b.a.2	Peso inferior a 1.500 gramos	V21.32	ESTADO PESO BAJO NACIMIENTO.500-999 GRAMOS
EJE I	1.b	1.b.a	1.b.a.2	Peso inferior a 1.500 gramos	764.94	CRECIMIENTO INTRAUTERINO RETARDADO NEOM.1000-1249 GRAMOS
EJE I	1.b	1.b.a	1.b.a.2	Peso inferior a 1.500 gramos	764.11	PESO BAJO EDAD GESTACIONAL CON DESNUTRICION.<500 GRAMOS
EJE I	1.b	1.b.a	1.b.a.2	Peso inferior a 1.500 gramos	764.10	PESO BAJO EDAD GESTACIONAL CON DESNUTRICION.PESO NEOM
EJE I	1.b	1.b.a	1.b.a.2	Peso inferior a 1.500 gramos	V21.31	ESTADO PESO BAJO NACIMIENTO.<500 GRAMOS
EJE I	1.b	1.b.a	1.b.a.2	Peso inferior a 1.500 gramos	764.91	CRECIMIENTO INTRAUTERINO RETARDADO NEOM.<500 GRAMOS
EJE I	1.b	1.b.a	1.b.a.2	Peso inferior a 1.500 gramos	765.13	NEONATO NACIDO PRETERMINO OTRO.750-999 GRAMOS (f)
EJE I	1.b	1.b.a	1.b.a.2	Peso inferior a 1.500 gramos	V21.30	ESTADO PESO BAJO NACIMIENTO NEOM
EJE I	1.b	1.b.a	1.b.a.2	Peso inferior a 1.500 gramos	764.90	CRECIMIENTO INTRAUTERINO RETARDADO NEOM PESO NEOM
EJE I	1.b	1.b.a	1.b.a.2	Peso inferior a 1.500 gramos	765.11	NEONATO NACIDO PRETERMINO OTRO.<500 GRAMOS (f)
EJE I	1.b	1.b.a	1.b.a.2	Peso inferior a 1.500 gramos	764.13	PESO BAJO EDAD GESTACIONAL CON DESNUTRICION.750-999 GRAMOS
EJE I	1.b	1.b.a	1.b.a.2	Peso inferior a 1.500 gramos	764.92	CRECIMIENTO INTRAUTERINO RETARDADO NEOM.500-749 GRAMOS
EJE I	1.b	1.b.a	1.b.a.2	Peso inferior a 1.500 gramos	764.04	PESO BAJO EDAD GESTACIONAL SIN DESNUTRICION.1000-1249 GRAMOS





- **To assure the continuity of care**, defining with clarity and with criteria of scientific evidence:
 - ✓ **what** interventions are necessary to carry out on a child with regard to a certain process
 - ✓ **who** the suitable professional is that will realize them
 - ✓ **where** the place or the most suitable center is
 - ✓ **when** the intervention is best delivered

INTEGRATED HEALTHCARE PROCESS OF EARLY INTERVENTION



WHAT ABOUT THE CHILD DEVELOPMENT CENTERS?



- *Program of quality and accreditation of the CDC (2008)*

- *Standards manual of the CDC (2012)*

- Decree 2016
- Framework Agreement

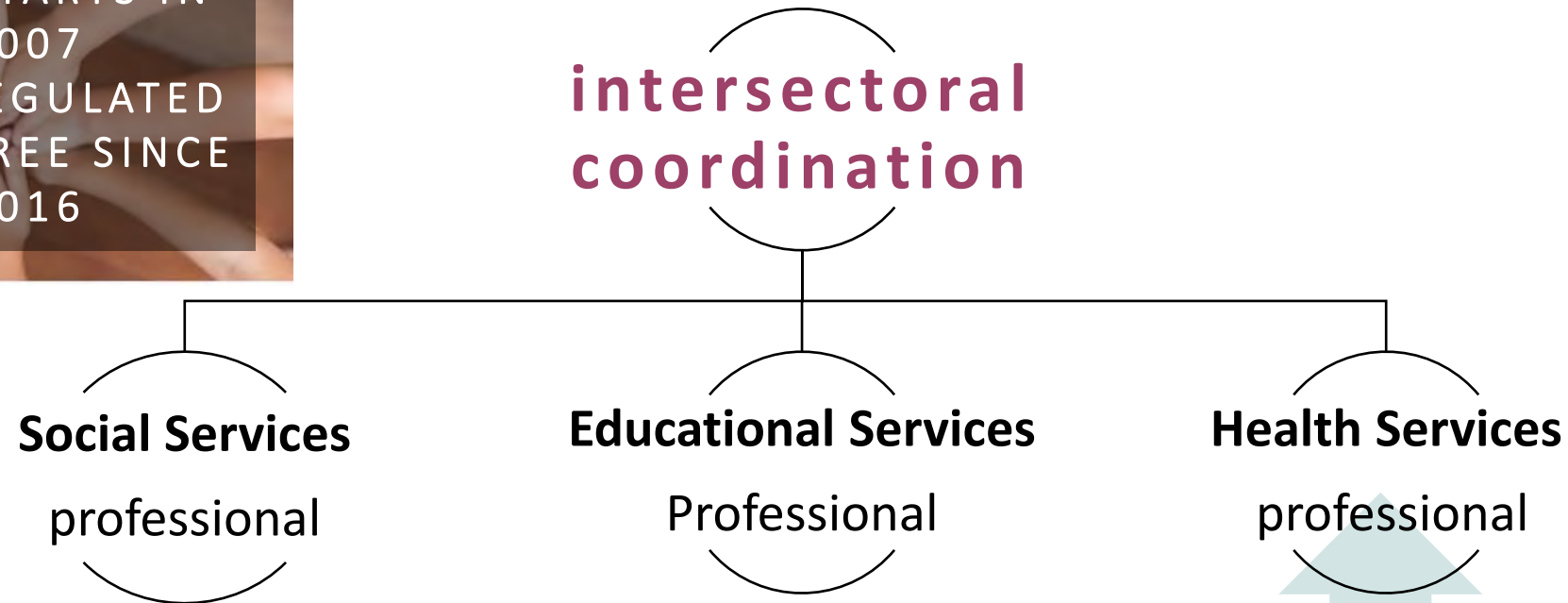


- ✓ Psychologist
- ✓ Physiotherapist
- ✓ Speech therapist

TRANSDISCIPLINARY TEAM



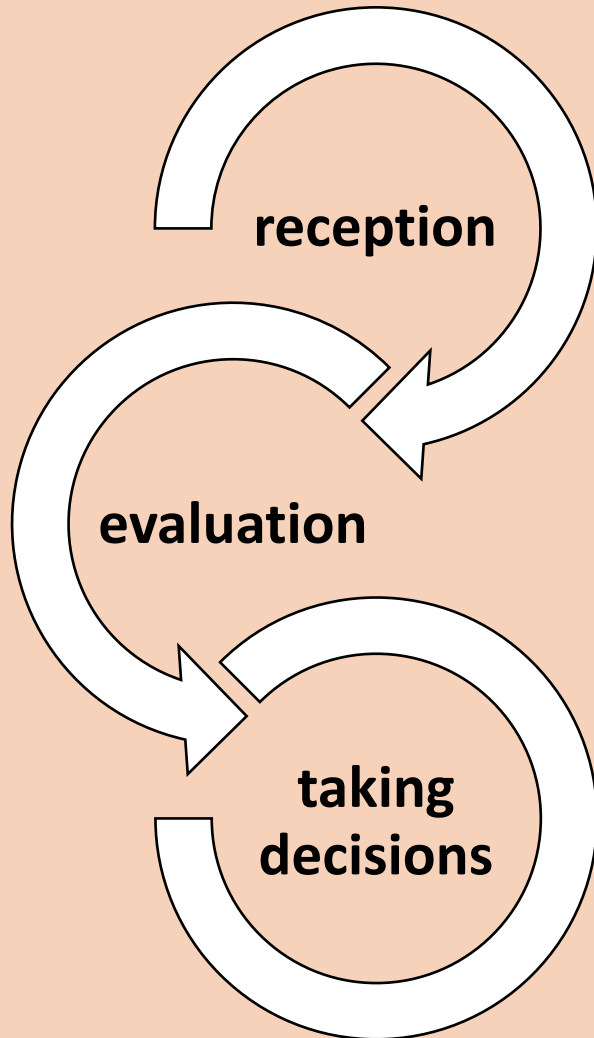
PROVINCIAL EARLY INTERVENTION TEAMS (EPAT)



- Early Intervention Provincial Consultant
- Coordinator of Early Intervention Units



EARLY INTERVENTION UNITS (UAIT)



- ✓ Paediatrician
 - ✓ Clinical Psychologist
- TRANSDISCIPLINARY TEAM**





REFERRAL



REFERRAL



Maximum 30 days

ANDALUSIAN ECI | NETWORK OF RESOURCES

- The resources existing in the Public Health System of Andalusia
- Early Intervention Units (UAIT)
- Child Development Centers (CDC)
- Provincial Early Intervention Teams (EPAT)

ESTABLISHING COORDINATION BETWEEN

- Educational Services
- Social Services



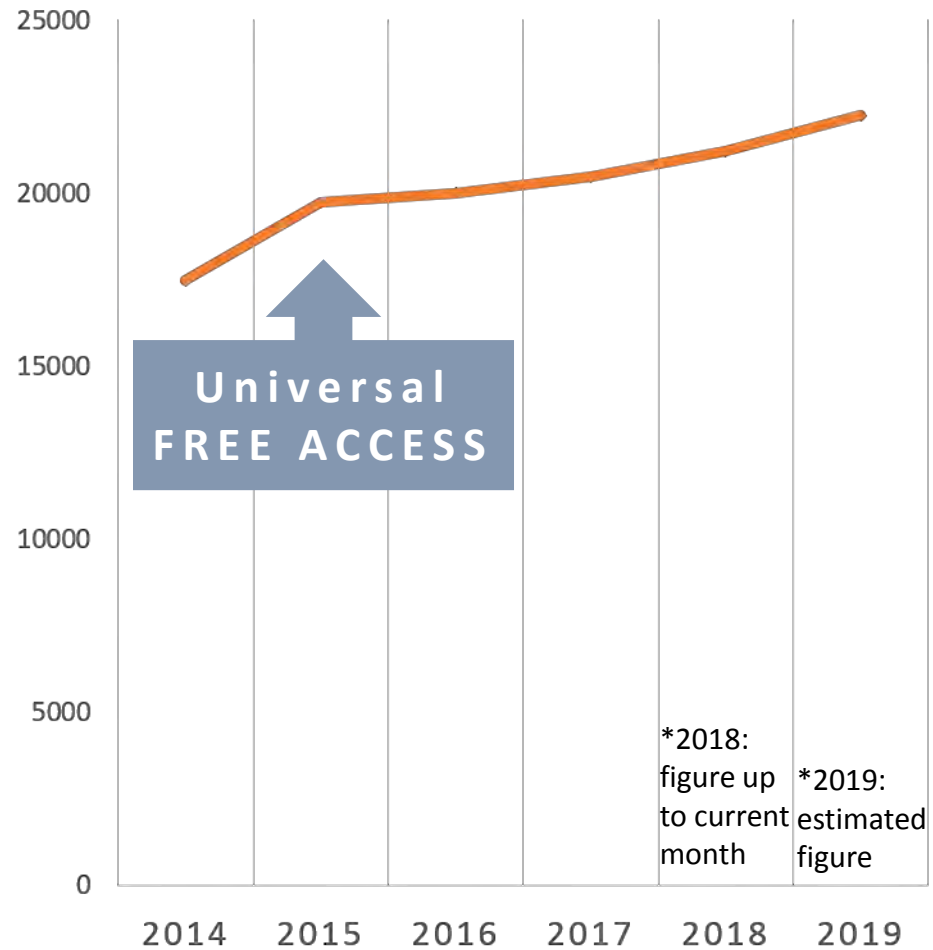


4. SOME RESULTS OF OUR INTERVENTION

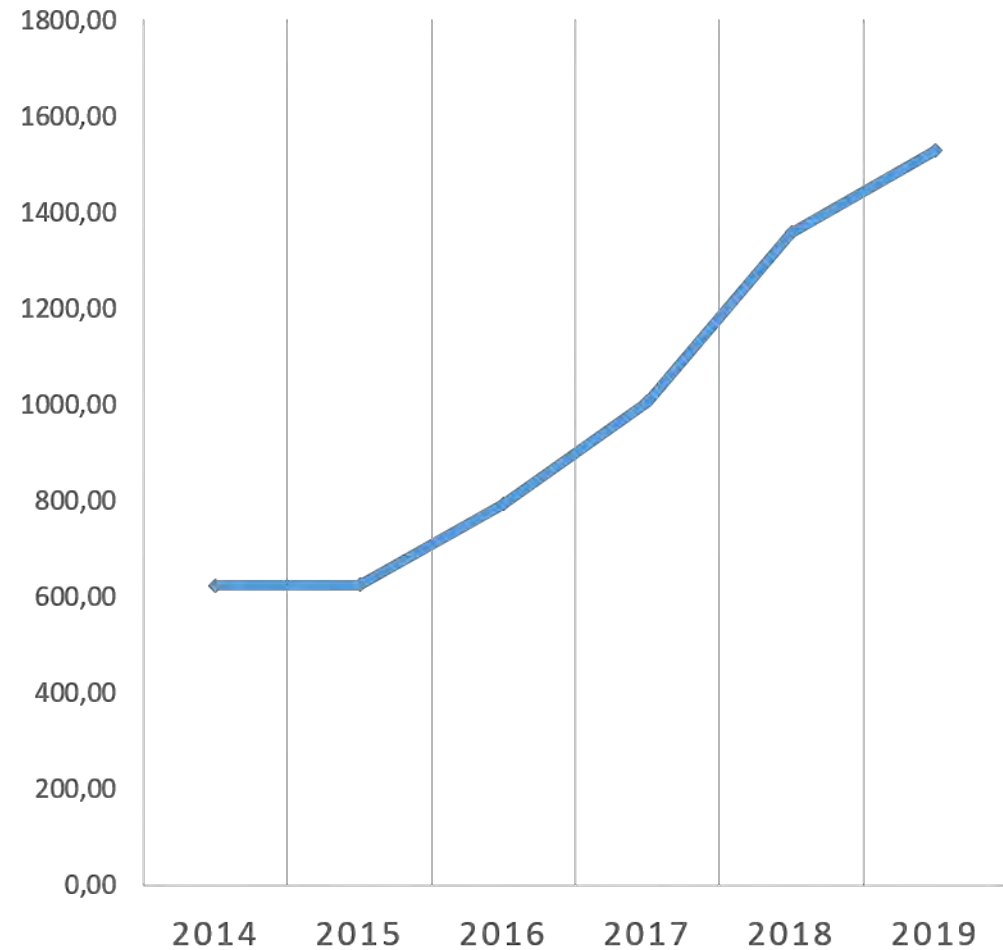


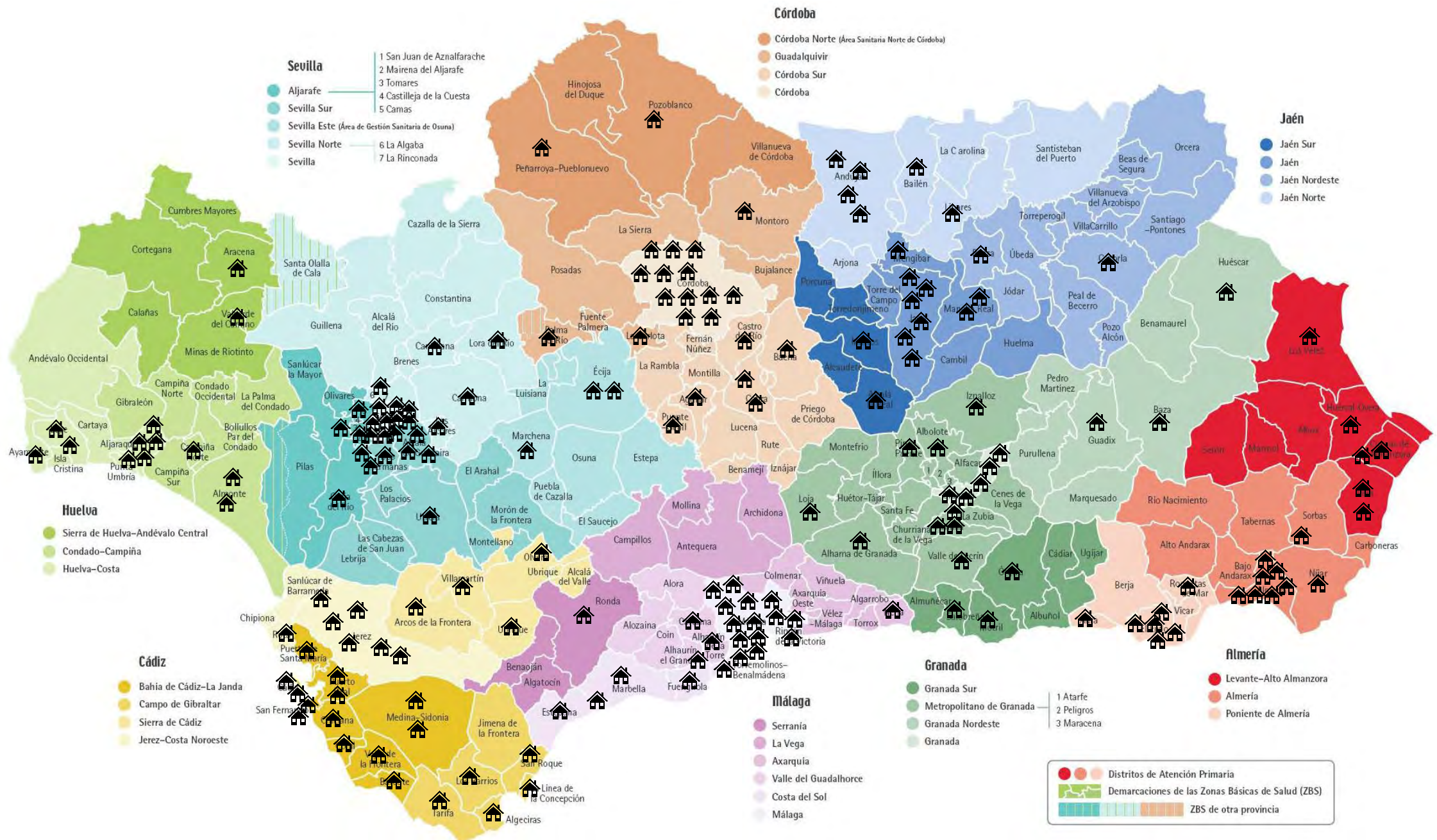
Annual and progressive budget increase

NUMBER OF CASES ATTENDED



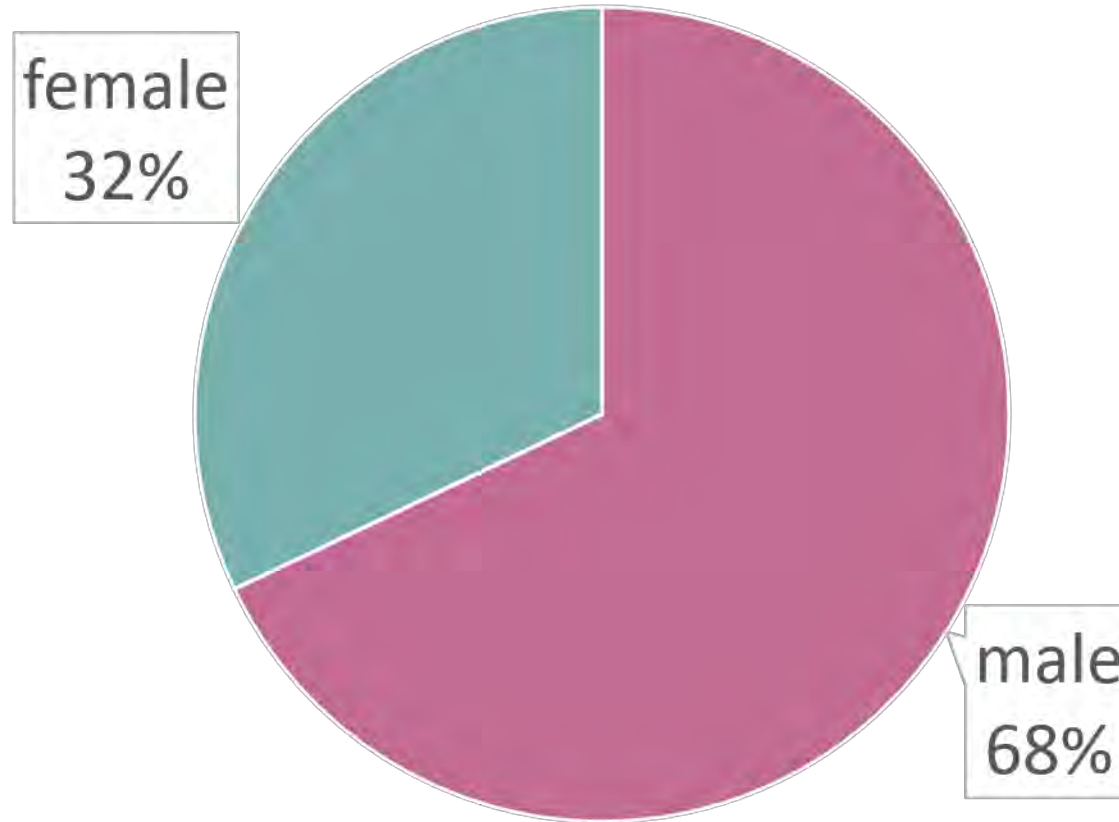
€/CHILD



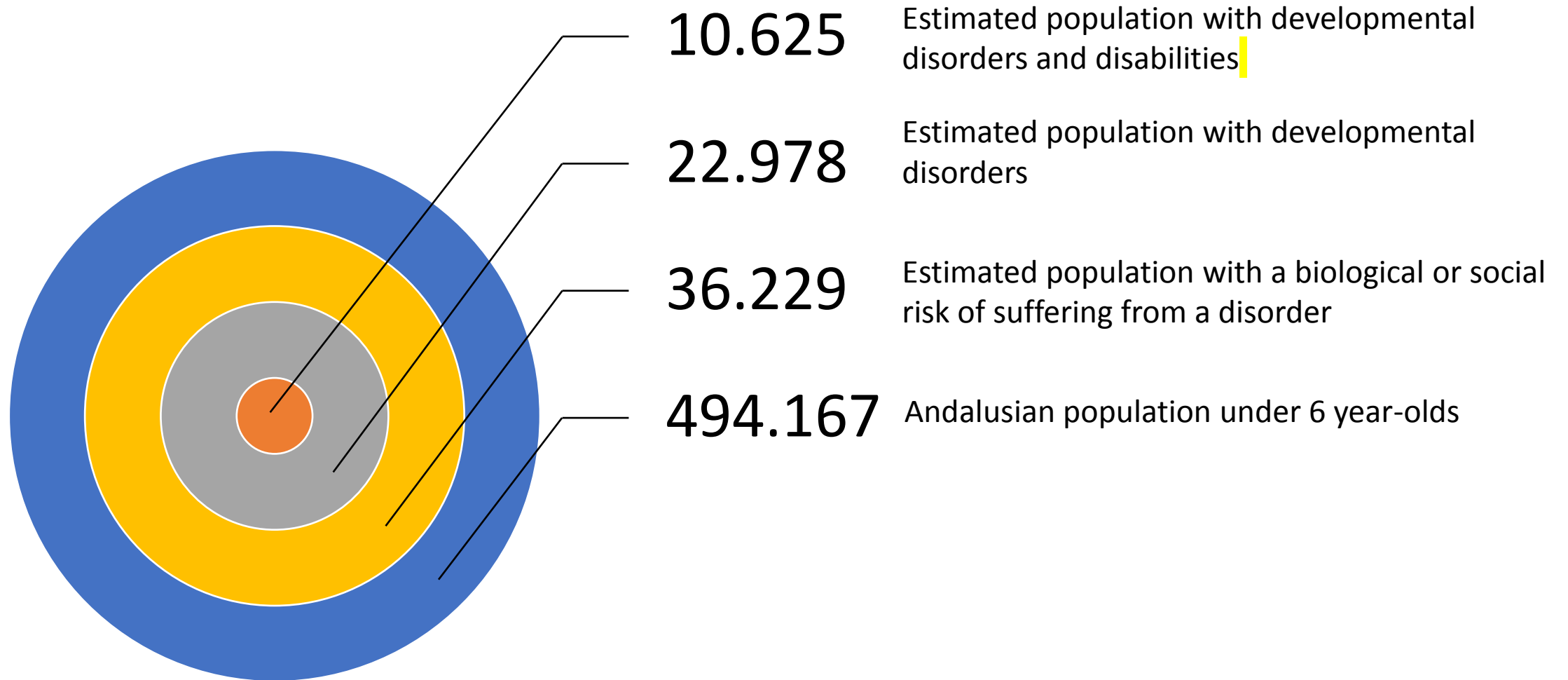


4. SOME RESULTS OF OUR INTERVENTIONS

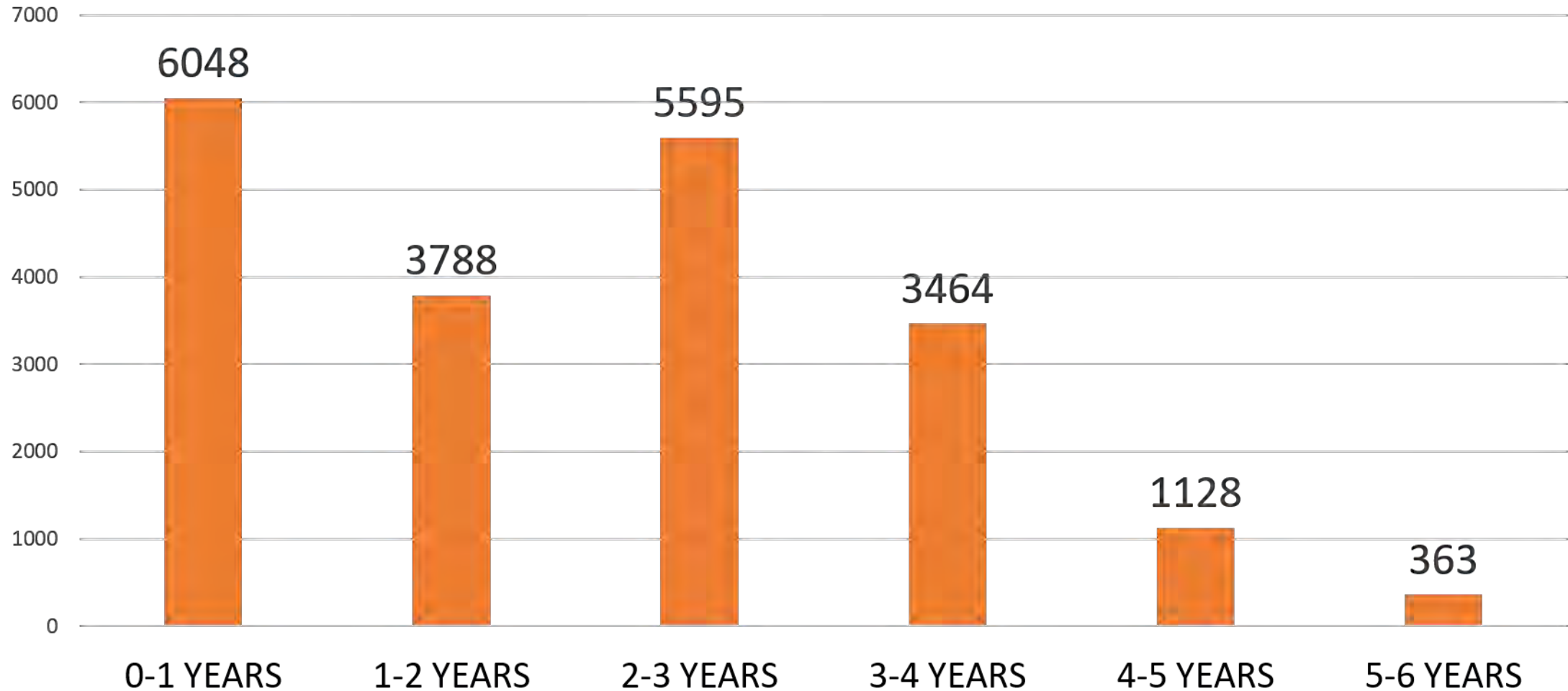
CASES ATTENDED IN 2017: 20,460 (4,14% of Andalusian population under 6 years old)



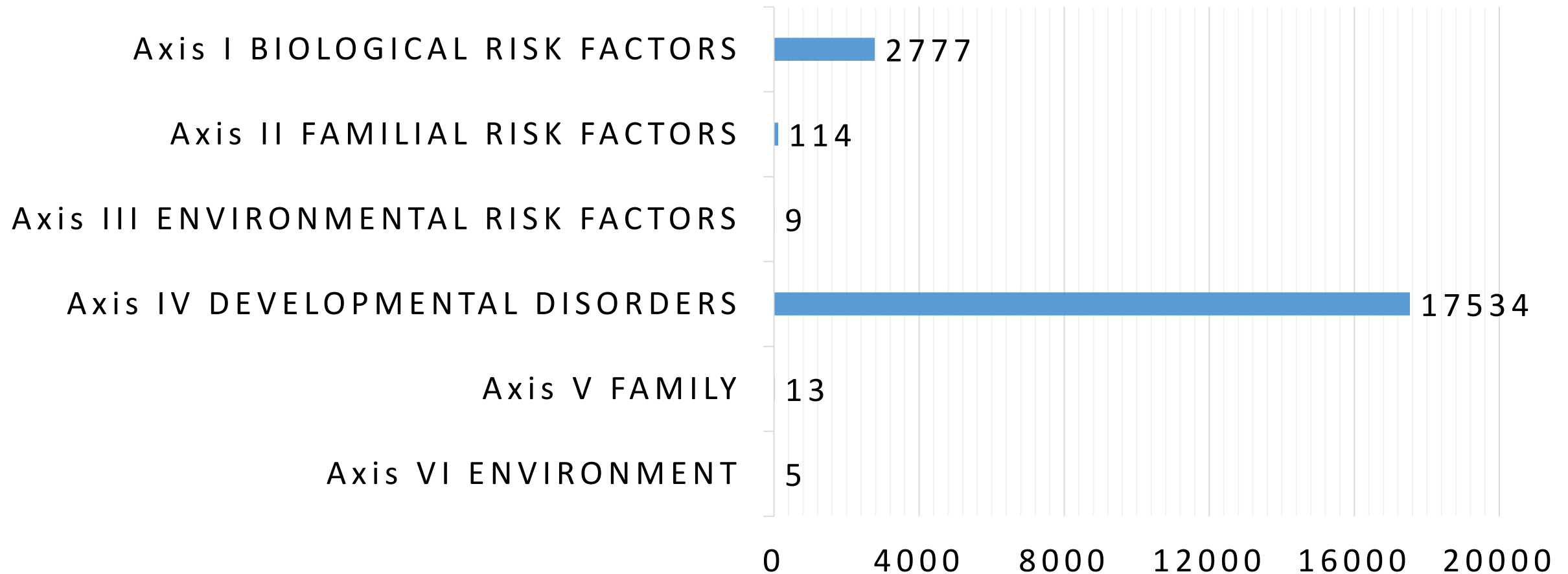
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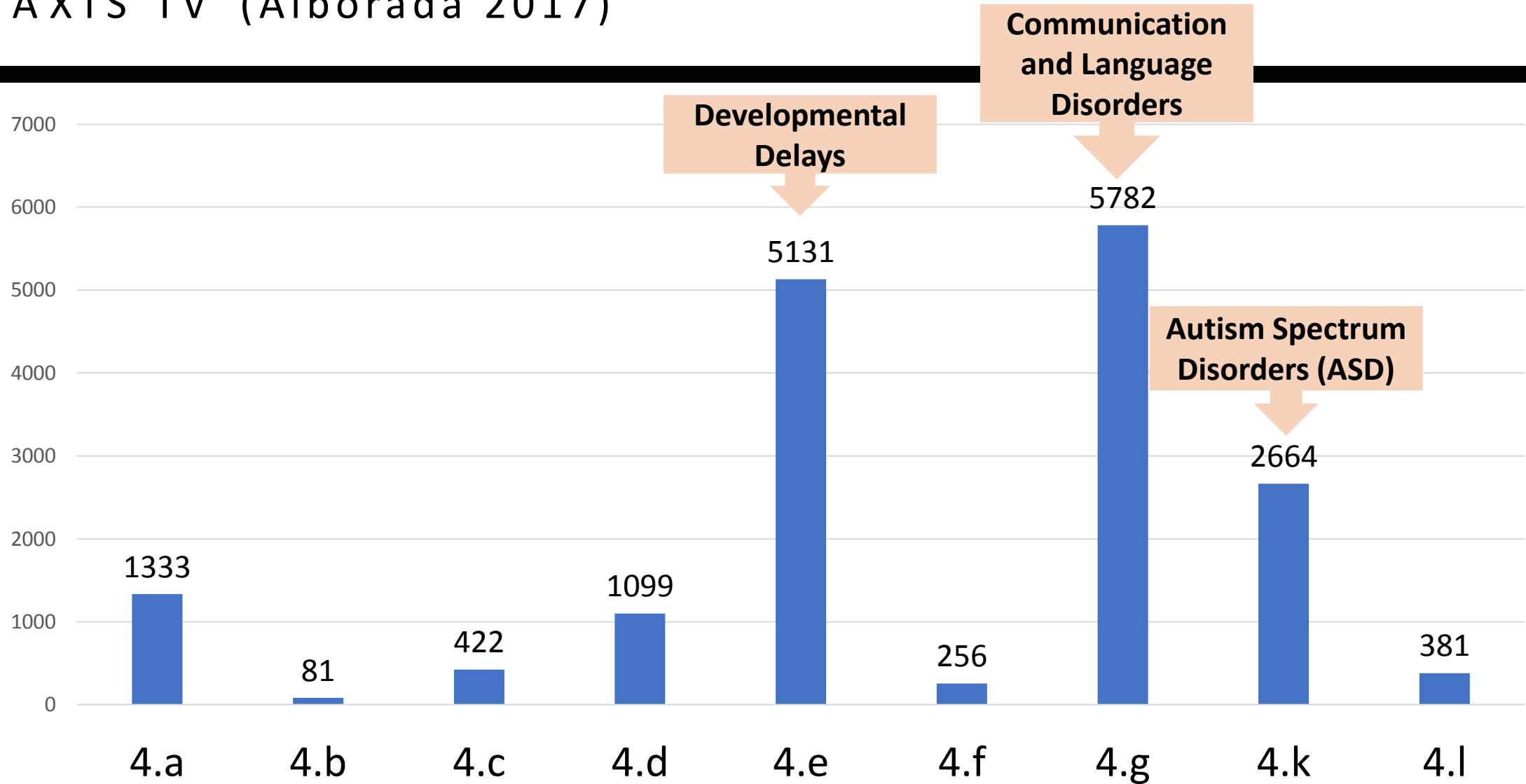
REFERRAL AGE (Alborada 2017)



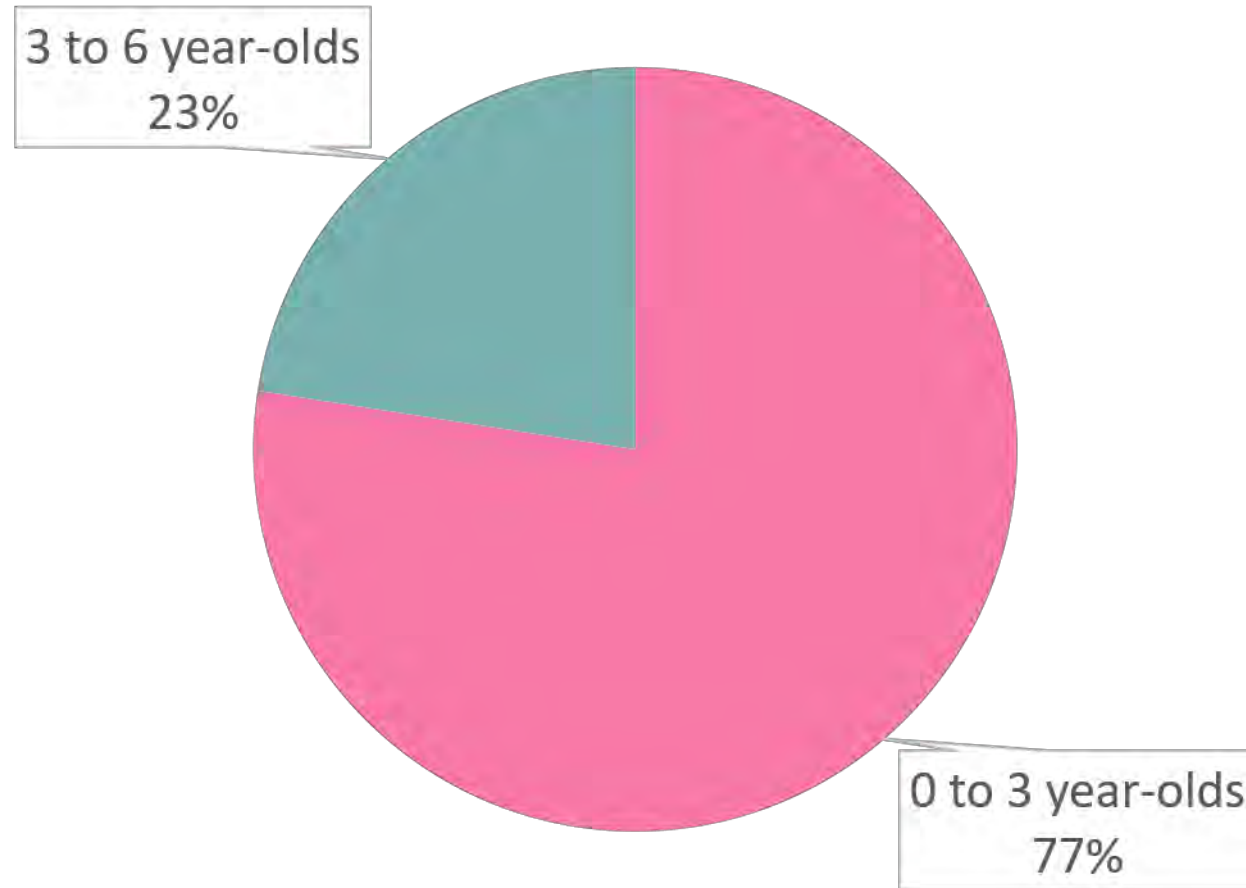
ODAT DIAGNOSIS (Alborada 2017)



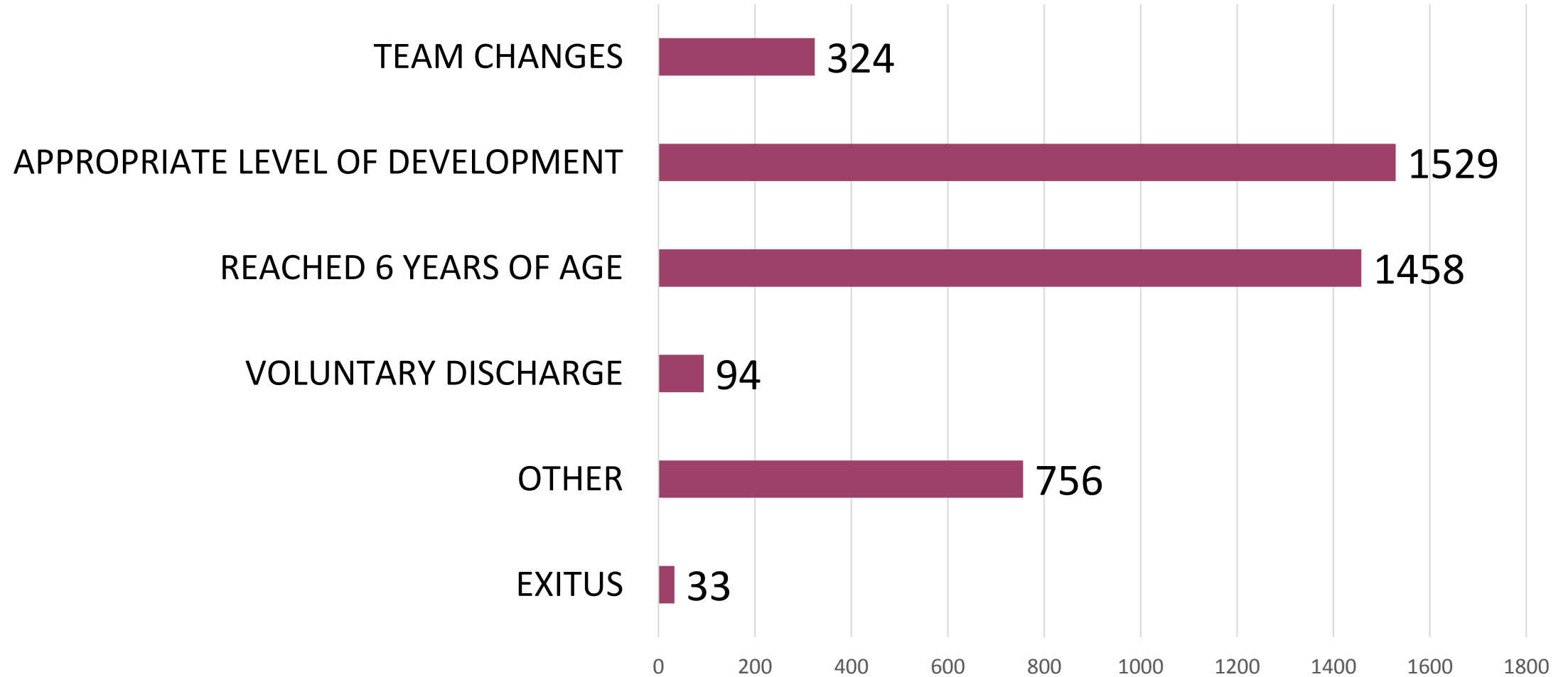
AXIS IV (Alborada 2017)



AUTISM SPECTRUM DISORDERS (Alborada 2017)



REASONS FOR TREATMENT TERMINATION (Alborada 2017)





5. FUTURE PROSPECTS



Strengths of the Andalusian ECI

- UNIVERSAL FREE ACCESS
- INCREASED ACCESSIBILITY IN TERMS OF:
 - GEOGRAPHICAL PROXIMITY
 - SPEED OF RESPONSE TIME (FROM REFERRAL TO EVALUATION & TREATMENT)
- THE *ALBORADA* INFORMATION SYSTEM



Some proposals for the future

- To publish the Andalusian **Comprehensive Childhood Intervention Plan**
- To create the **Early Childhood Council** and the **Technical Commission for Early Childhood Intervention**
- To promote the **homogenization** of the ECI in the entire **Spanish state**
- To design a **training and research policy** for Early Intervention professionals
- To promote research that provides new data on the **relationship between socio-demographic aspects of populations and incidences of developmental disorders** in Andalusia
- Put together **new evaluation tools**, or re-evaluate the existing ones
- To replace the current quantitative criteria of intervention needs by **qualitative criteria**
- **To assist the entire susceptible population** by increasing the budget

ORGANIZATION LEVEL

TRAINING & RESEARCH

QUALITY



Some proposals for the future



- ✓ PUBLISH
- ✓ CREATE
- ✓ HOMOGENIZE

ORGANIZATION LEVEL



- ✓ T&R POLICY
- ✓ NEW DATA

TRAINING & RESEARCH



- ✓ NEW EVALUATION TOOLS
- ✓ QUALITATIVE CRITERIA
- ✓ BUDGET INCREASE

QUALITY



A close-up photograph of a person's hands clasped together while reading a children's book. The book cover is blue and features colorful illustrations of various animals and objects. The person is wearing a dark jacket and a plaid shirt. The background is slightly blurred, focusing attention on the hands and the book.

thanks for your attention

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ASPECTS TO DISCUSS

1. Reflecting on transdisciplinary and multi-professional concepts.
2. Reflecting on the central role of the family during the process of detection, evaluation and intervention.
3. How the sociodemographic and familial risk factors can influence the expression of some early disorders.
4. Improvement strategies (environment, intersectoral coordination).

