Act early: Prevention and Early Childhood Intervention

Wiedaad Slemming
Division of Community Paediatrics
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• Background – why the fuss?

• Prevention and early childhood intervention in the child development context

• How does ECI fit in with the broader EC-D agenda?

• Gauteng experience

• Way forward
Figure 1: Pathways from poverty to poor child development
Socio-cultural risk factors include gender inequity, low maternal education, and reduced access to services. Biological risks include prenatal and postnatal growth, nutrient deficiencies, infectious diseases, and environmental toxins. Psychosocial risks include parenting factors, maternal depression and exposure to violence. Consequences of impairments in child development are likely to be inter-generational (not shown in figure). Poorly developing children are likely to remain in poverty as adults, thus continuing the pathways shown for their offspring.
In a situational analysis of children with disabilities in Orange Farm (Saloojee et al. 2007) – 141/156 children would have benefited from rehabilitation; **only 46 (32.6%) were presently receiving therapy**.

**Stunting** is associated with **developmental delay and impaired cognitive function** and is considered the **strongest predictor of child mortality** in children younger than five years.

64% of South African children live in the poorest 40% of households.

Nearly a quarter of children in the 1–3-year age group (23%) were affected by stunting, and 6% were severely stunted.

A meta-analysis by Surkan et al. (2011) showed a positive and significant association between **maternal depression and impaired growth** (underweight and stunting).

Children raised in ... poor families are most at risk for infant death, low birth weight, stunted growth, poor adjustment to school, increased repetition and dropout rates (*Education White Paper 5 on Early Childhood Development 2005*).
Prevention
Initiatives aimed at preventing the emergence of a problem (usually population-based)

Early intervention
Initiatives targeted at an emerging problem, to prevent it from escalating or to reduce its severity

Response
High level of intervention required to remediate or rehabilitate an established problem

Lifecycle of a problem

Desired shift in resource focus

Desired shift in service delivery focus
Child development

Secondary Prevention

Primary Prevention

Tertiary Prevention
Primary prevention includes efforts to control the underlying cause or condition that results in disability.

Secondary prevention aims at preventing an existing illness or injury from progressing to long-term disability.

Tertiary prevention refers to rehabilitation and special educational services to mitigate the disability and improve functional, participatory or social outcomes once a disability is established.
Primary prevention
- PMTCT
- Family planning
- Maternal health interventions

Secondary prevention
- Newborn hearing screening
- First aid/ Emergency medical care following a head injury or near drowning incident

Tertiary prevention
- Providing appropriate rehabilitation services, e.g. assistive devices
- Surgical repair of congenital malformations, e.g. heart defects, cleft lip and palate
Early Childhood Intervention (ECI)

3 Year Old Children

Normal

Extreme Neglect

Two year old boy with HIV
‘Coming between’ any negative effects that exposure to particular risk factor/s (e.g. poverty, low birth weight, family stress etc.), a developmental delay or disability might have on a child’s development.
What is ECI?

ECI consists of:

- **multidisciplinary services** provided to children from **birth to five years** of age
- to **promote child health and well-being**, 
- **enhance emerging competencies**, 
- **minimise developmental delays**, 
- **remediate existing or emerging disabilities**, 
- **prevent functional deterioration**, 
- and **promote adaptive parenting** and overall **family functioning**.

*Handbook of Early Childhood Intervention – Shonkoff and Meisels (2000)*
The literature on ECI are dichotomized on the basis of program participants: children judged at risk for poor developmental outcomes versus children with identified developmental disabilities or delays.

The programs targeted for at-risk populations often are conceptualized as preventive interventions, whereas those serving children with known problems are considered treatment programs.

(S. L. Ramey & Ramey 1992)
What does ECI have to do with ECD?
In South Africa, ECD refers to a comprehensive approach to policies and programmes for children from birth to 9 years of age, with the active participation of their parents and caregivers.

The National Integrated Plan for ECD 2005-2010 (NIP) provides an integrated approach for converging basic services for improved childcare, early stimulation and learning, health and nutrition, water and sanitation - targeting young children (birth to four), expectant and nursing mothers and community groups.

An important part of the NIP is known as Tshwaragano ka Bana. This targets poor and vulnerable children aged 0 – 4 years and their families and aims at the strengthening and development of early childhood development (ECD) programmes as resources of care and support for poor and vulnerable children.
Targeted prevention for at risk children and families

Treatment programs (for children with established difficulties)

Early Childhood Intervention and ECD
Targeted prevention for at-risk children and families

ECD programmes in SA (target most vulnerable) ~ overlap

NB: Early detection/identification and referral for early intervention, e.g. newborn hearing screening; ELBW; premature babies

Recognition that there should be a stronger focus on maternal health and family strengthening interventions for all 'at risk'

Primary focus of early intervention at present

Available to all children with established developmental difficulties or disabilities but targets 0-3 years.

Treatment programs (for children with established difficulties)
Gauteng experience

- Motivation - Children identified and referred late
- Formed provincial task team
- Objectives
  - Raise profile of ECI
  - Increase emphasis on ECI in the ECD agenda
  - Improve co-ordination and standardisation of ECI service delivery in Gauteng at all levels of care
  - To develop a provincial ECI strategy to inform practice
Need to have **stronger ECI emphasis** in policy and programming at all levels.

**Basic package of care** for ECI.

Consider **alternate ways of working** to improve ECI service delivery and access, e.g. increased outreach, intervention models.

Stronger emphasis on **inclusion**.

**Standardise** protocols and referral processes.

Improve **linkages and partnership working** with other sectors, e.g. ECD centres and community-based organisations.

Improved **multidisciplinary working** and **intersectoral collaboration**.

Stronger emphasis on **prevention vs treatment**.

Stronger emphasis on **parent/caregiver/family and community-based interventions and involvement**.
Ways forward

• Develop provincial ECI strategy and framework for service delivery
• Developing basic package of care for ECI services in Gauteng (at all levels) – different models of working; referral systems; guidelines; increased preventative focus; parent/ caregiver involvement
• Intersectoral collaboration/ developing linkages with other sectors, e.g. ECD (training and ‘nodes’ for outreach); education (inclusion)
• Improve multidisciplinary practice at all levels of care