

The Urgency of Introducing the Service of Complex Early Intervention in Family Clinics

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Annotation

Purpose: Improvement of early medical rehabilitation, psychological and pedagogical assistance to young children. Implementation of early intervention service in family polyclinics.

Material and methods: Specialists from 2013 to 2021. medical-rehabilitation, psychological-pedagogical services were investigated and provided in the command staff of more than 4683 children. In the first group there are 1368 children from birth to 3 years old, 1933 children from 4 to 7 years old (3301 children), in the second group there are 1382 children from 8 to eighteen years old who received courses of complex medical and pedagogical rehabilitation for the period from 2013-2021.

Results: Out of 3301 children from birth to 7 years old who received courses of complex medical and pedagogical rehabilitation for the period from 2013-2020, obvious positive psychophysical changes (s / s) in dynamics were observed in 40,6%, relative improvement (o / i) – 47,3% and in 12.1% of children no changes were noted (b / i). Of 1382 children from seven to eighteen years old who received courses of complex medical and pedagogical rehabilitation for the period from 2013-2021, obvious positive psychophysical changes (s / s) in dynamics were observed in 18,19%, relative improvement (s / s) - 44.11% and 37.7% of children showed no changes (b / i).

Conclusions: Development of early medical rehabilitation, pedagogical, psychological service. The creation of an early intervention service for children with special needs, with a risk of disability in budget family polyclinics, by staff units, consisting of: a pediatrician, a pediatric neurologist, a child psychologist, a speech therapist, an exercise therapy instructor makes it possible to reduce the risk of secondary pathologies by 18, 19%.

Keywords: Early, comprehensive service of comprehensive medical and pedagogical assistance, social partnership, social policy, support for children with special needs. Team, integrated approach to medical, pedagogical, psychological rehabilitation.

1. INTRODUCTION

One of the priorities of the state policy of the Republic of Uzbekistan in the field of health, education and social protection is the support of children with special needs, which is noted in the Constitution of the Republic of Uzbekistan: Chapter IX. Article 40. Everyone has the right to qualified medical care. Article 41. Everyone has the right to education. The State guarantees free general education. School business is under the supervision of the state. X chapter. Article 45. The rights of minors,

disabled and lonely elderly are protected by the State. [1',2].

Despite the state's policy on the implementation of programs and the establishment of systems for the prevention of disability and support for children with disabilities, the number of such children, unfortunately, is not decreasing. In world practice, the development and formation of the child support system has been carried out for more than a decade. Environmental degradation, a high level of maternal illness during pregnancy, socio-economic, psychological and pedagogical problems do not reduce the number of children with disabilities, making this problem especially relevant. In many countries, the area of activity, called early intervention, has acquired the character of the largest social projects, the purpose of which was to save children with developmental problems at an early age.

The peculiarity of the state of the newborn brain is the ontogenetic "immaturity" of its morphofunctional systems. The plasticity of the brain at this moment determines the great potential possibilities of correcting functions that are impaired in their development. Early comprehensive professional assistance to a child makes it possible to more effectively compensate for violations in his psychophysical development and thereby mitigate, and possibly prevent, secondary deviation [6,7,8].

Unfortunately, pedagogical and psychological assistance to children with special needs and their parents remains outside the walls of a medical institution. At an early age, precious time necessary for the development of the child is lost [6,7,8,11].

The possibility of restoring basic life skills and adaptation to psychophysical disorders, mainly occur up to three years. Neurophysiologist Glen Domman, having developed a rehabilitation system for children with severe lesions of the central nervous system, came to the conclusion that the most effective way to influence the development of the brain is during its active growth up to 6-7 years. Moreover, after three years this process slows down, and after seven it practically stops. As the above data show, the younger the child, including under the age of one year, the easier the process of his treatment and education is. At the same time, it should be taken into account that the focus of social work in the field of healthcare should not be psychopathology, but the adaptive abilities of children and their relatives used to accelerate the recovery or adaptation of a child with special needs [9,10,11].

In order to organize adequate protection and support for children with disabilities, we must provide them not only with high-quality medical care, but also with education, and every specialist, doctor, teacher, social worker working in a team should know the basics of the laws of child development in conditions of pathology. Many problems of a child with disabilities arise due to inattention to the fundamental position of the unity of the basic laws of mental development in norm and pathology. It follows from this that the early intervention service should work in family polyclinics, rural medical centers on paid staff units together with doctors, which should include a pediatrician, a pediatric neurologist, a defectologist, a psychologist, a physical therapy instructor, if possible a social worker. [6,7,8]. In order for a child to develop successfully, it is necessary to remember not only about his physical health, but also that from the very first days of life he needs communication, it is important for him to play and actively explore the outside world, learn and develop his abilities. That is why specialists pay great attention to working with parents in the implementation of early intervention. Their active involvement in the process of child development is so necessary, as well as the role of professionals. Showing that the need to cover all aspects of development and provide parents and relatives with the most complete information about the development of a child with disabilities will allow them to better understand the role of the family environment for the successful achievement of the goal. It is necessary to involve parents in initiating the education of their children in mass preschool institutions and general education schools, to prepare them for an active adult life in society, to foster respect for the cultural traditions and values of the people. The socialization of young children should not be limited to mastering social and household skills, but also the development of relationships between different people, emotional connections surrounding the child

[9,11,12].

The effectiveness of rehabilitation and adaptation of children with special needs is an urgent social problem. In 2012, within the framework of the project, on the basis of the order of the Minister of Health dated 09/21/2011 No. 271 “On the organization of comprehensive medical and pedagogical assistance to young children”, an early intervention service for children at risk from birth to three years was established in the Republic of Uzbekistan city multidisciplinary polyclinics of Tashkent. By order of the Minister of Health dated 16.05.2014 under No. 172, the regulation “On the organization and expansion of the introduction of comprehensive medical and pedagogical care for young children at the central multidisciplinary polyclinics of the Andijan, Namangan and Fergana” (which existed within the framework of the project until 2018), as well as on the basis of the Fergana regional branch of the RCSAD, which is still operating. The purpose of comprehensive medical and pedagogical assistance to young children at risk is to assist families who are raising young children with developmental disorders or at risk of their manifestation, in order to promote their optimal development and adaptation in society. The analysis of the problem of medical care and social work involves obtaining answers to the following questions: how and by what possible means, at what stage to organize medical, pedagogical, social assistance to young children at risk.

The purpose of the study

Mechanisms for the creation, development and provision of comprehensive medical rehabilitation and social protection of children with special needs from an early age. Early diagnosis of psychophysical disorders in children and prevention of secondary physiological and psychological problems. Organization and development of early comprehensive medical rehabilitation, pedagogical and psychological assistance in family polyclinics and rural medical centers. Active involvement in the process of early development of a child with special needs not only of the healthcare system, but also of the education system and other structures, as well as their parents and close people around them.

2. MATERIALS AND METHODS

The information consulting service of the Fergana branch of the Republican Center for Social Adaptation of Children, under which the medical-psychological, pedagogical Commission (MPPC) has been functioning since 2013, the Early intervention service (SRV) since 2014, and methods of medical-rehabilitation and psychological-pedagogical diagnostics of children's psychophysical development are used. A team integrated approach for early intervention and further support of children is being conducted, which includes: a pediatrician, a neurologist, a neuropsychiatrist, a defectologist special teacher, a psychologist, a physical therapy instructor and a social worker. This can be counseling, individual and group classes, group classes, team discussion of further individual plans and activities.

The pediatrician conducts an initial appointment, assesses the physical and mental state of the child's health. Conducts hearing and vision screening. Participates in an interdisciplinary discussion, gives recommendations on the treatment, further management and improvement of the child. The defectologist forms cognitive activity, subject-game action skills, develops general and fine motor skills, advises on the formation of self-service skills, auditory perception, speech breathing, enriches an impressive vocabulary, develops speech. A psychologist corrects mental and emotional-personal development, advises on the issues of raising a child in the family, and helps parents to overcome difficulties in raising a special child. The neurologist provides consulting assistance to parents, informs specialists about the issues of the child's morbidity and, taking this into account, makes adjustments to the organization of work with him. Instructors of physical therapy and massage are engaged with children to restore motor activity.

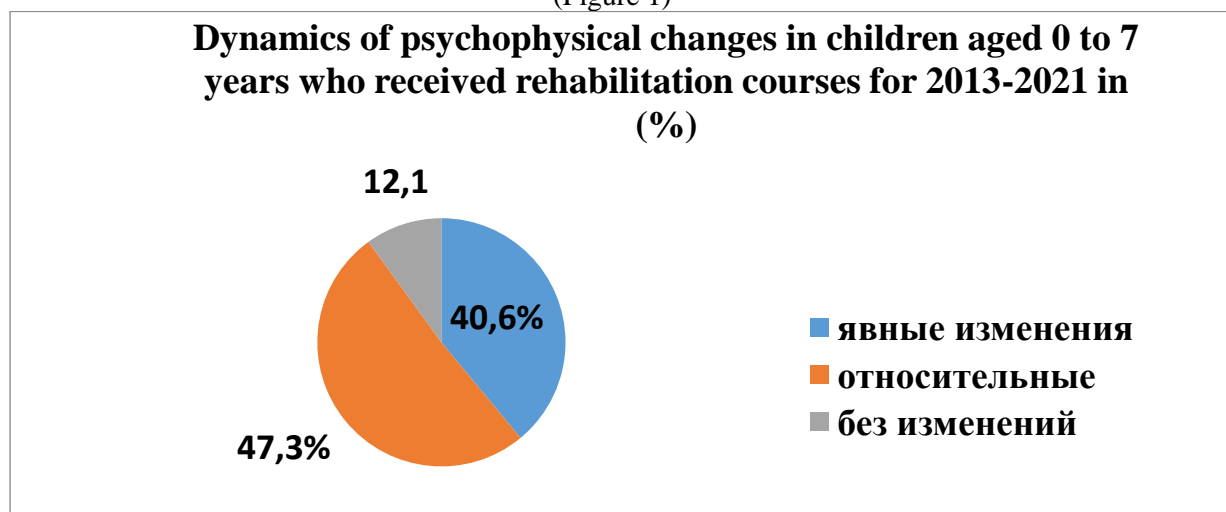
For the last 8 years from 2013 to 2021. medical rehabilitation, psychological and pedagogical services were provided to more than 4,593 children with such diagnoses as severe perinatal damage to the

central nervous system with the risk of transition to cerebral palsy, cerebral palsy, the consequences of acute cerebral circulation disorders, the consequences of organic damage to the central nervous system, meningoencephalitis, congenital anomalies of the development of the central nervous system, delayed speech development, hereditary and genetic diseases, Down syndrome, autism, severe diseases of the musculoskeletal system, severe consequences of traumatic brain injuries, the consequences of severe somatic diseases and others. Of these, children under three years of age - 1368, from four to seven years - 1933, i.e. from birth to 7 years of age - 3301, from 8 years to 18 years - 1382. Specialists regularly conducted classes with children and training seminars with mothers raising children up to 3 years old, from 3-7 years old, 8 years old and older. The classes were conducted according to individual developmental programs for the development of the child, involving the development of cognitive, socio-personal, communicative and other aspects of the personality in accordance with his psychophysical capabilities and needs. For this purpose, various methods of rehabilitation are used (physical therapy, massage, swimming pool with the use of conventional physical therapy and reflexology techniques, Bobat, Voit, etc.). Teachers conducted classes and taught parents techniques such as art therapy (music, fairy tale therapy, sand therapy), Montessori technique, Glenn Doman (method of stimulating mental processes), flor time, work in the sensory room, hippotherapy and others.

3. RESULTS AND DISCUSSION

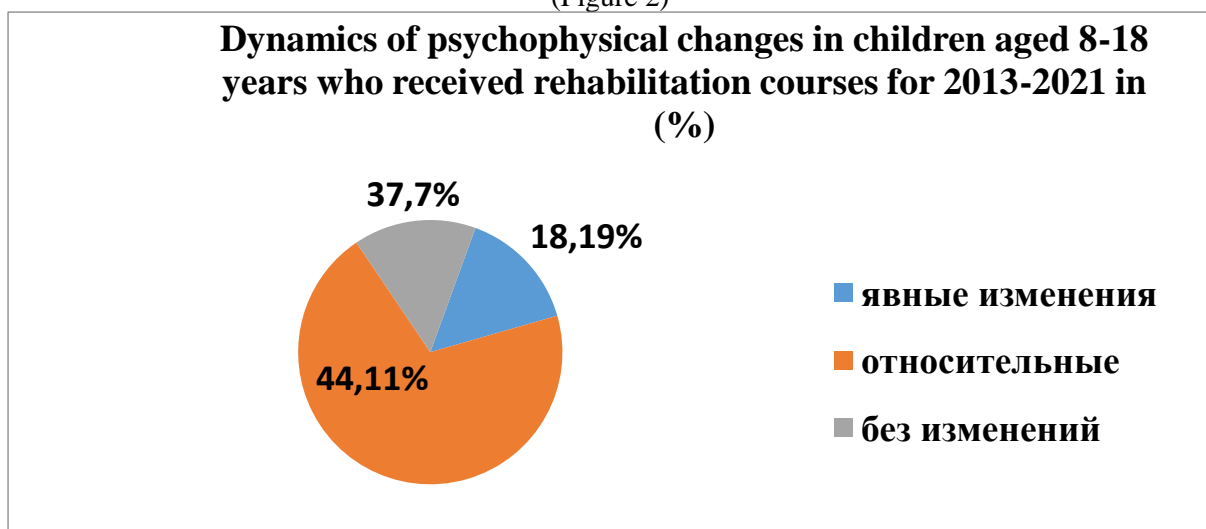
Of the 3,301 children from birth to 7 years of age who received courses of comprehensive medical and pedagogical rehabilitation for the period from 2013-2021, (Figure 1) obvious positive psychophysical changes (i/i) in dynamics were observed in 40.6%, relative improvement (o/i) - 47.3% and 12.1% of children showed no changes (used).

(Figure 1)



Of the 1,382 children aged eight to eighteen who received courses of comprehensive medical and pedagogical rehabilitation for the period from 2013-2021, obvious positive psychophysical changes (i/i) in dynamics (Figure 2) were observed in 18.19%, relative improvement (o/i) - 44.11% and 38.2% of children showed no changes (used).

(Figure 2)



Statistical data of obvious, relative positive results, as well as those who did not have a positive result in children who received medical rehabilitation, psychological and pedagogical services for 2013-2021. Table 1.

Dynamics of results after services received (Table 1)

Year	Completed the course in units	0-3 unit.	4-7 unit.	i/i %	o/i %	b/i %	8-18 unit.	i/i %	o/i %	b/i %
2013	194	50	34	37	50,5	12,5	110	11,8	45,5	42,7
2014	459	100	206	39,1	51,7	9,2	153	12,7	44,9	42,4
2015	573	161	245	38,7	48,6	12,7	167	10,3	44,4	45,3
2016	660	206	284	37,9	51,4	10,7	170	11,1	46,8	42,1
2017	671	194	303	41,1	52,1	6,8	174	13,2	47,3	39,5
2018	666	182	266	40,1	51,7	8,2	218	12,9	47,1	40,0
2019	638	224	261	41,9	50,3	8,8	153	28,7	51,3	20,0
2020	248	79	85	37,3	48,5	14,2	84	19,2	47,4	33,4
2021	574	172	249	41,5	46,5	12,0	153	21,4	52,1	37,2
Всего	4683	1368	1933	40,6	47,3	12,1	1382	18,19	44,11	37,7

However, not all parents from remote areas have the opportunity to attend the branch. Based on the needs and economic opportunities of parents, it is advisable to develop an early intervention service on the ground in family polyclinics and rural medical centers.

4. CONCLUSION

According to Table No. 1, it can be seen that the children of parents who applied at an early age have the greatest positive (40.6%) result in dynamics than the children who applied after seven years (18.19%) and this service turned out to be in demand. Unfortunately, statistics show that parents of children living in remote areas turn to us after 5-7 years. This suggests that by carrying out only medical measures on the part of doctors, precious time of medical and pedagogical rehabilitation and adaptation is being missed, which children and their families need during this period.

Specialists of the branch cope with the task of organizing medical, pedagogical, psychological assistance to children previously recognized as untrained. So that these children can attend general education preschool institutions. After visiting the information and consulting service of the branch, on the recommendation of the Medical-psychological, pedagogical Commission (MPPC), more than 65 children with special needs went to educational institutions.

Complex rehabilitation measures with physical therapy, massage, classes in the pool are combined with classes of a psychologist and a defectologist. More than thirty methodological manuals, recommendations for specialists, teachers, university students, and educators have been developed in order to increase their competence in the care and development of children with special needs and disabilities.

The successful inclusion of children in the general education environment depends on the early detection of their health status. The experience of the branch's specialists shows that the early start of purposeful correctional and pedagogical work, determining the optimal content, methods of teaching and upbringing depending on the reserve capabilities and individual characteristics of the child, timely inclusion of parents in the correctional and pedagogical process gives positive results in changing dynamics. All this is possible only if there is a unity of requirements for specialists: doctors, speech pathologists, psychologists and teachers for the upbringing and training of a child, choosing the right forms of interaction of specialists involved in the comprehensive rehabilitation of a child with developmental disabilities.

At this time, the severity of this problem is being paid especially much attention by our state. If earlier work with children was carried out in special boarding schools isolated from society, now, together with international children's foundations, non-governmental non-profit organizations, the Ministry of Health, the Ministry of Education, they cooperate to solve a complex of problems of children with specific needs, the development of inclusive education in order to integrate them into society. Specialized day care facilities are being opened that provide medical, pedagogical, and psychological assistance to children with special needs, so that parents have the opportunity to work and not take their children to institutional institutions.

Recommendations

1. Creating conditions for the provision of social, psychological, medical and pedagogical assistance to young children;
2. Further improvement of mechanisms for providing medical, psychological, pedagogical and social assistance to children with disabilities and their families;
3. To ensure an adequate level of individual personal development, assimilation by the younger generation of accumulated social experience, with the subsequent possibility of its use in practice.
4. Active involvement in the process of early development of a child with special needs of the health care system, education and other structures, as well as their parents and relatives.
5. Formation of a positive public opinion in relation to people with special needs;
6. Creation of an early intervention service in family polyclinics, rural medical centers for paid staff units consisting of a pediatrician, a pediatric neurologist, a child psychologist, a special teacher-defectologist, a physical therapy instructor.

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