

## Early Diagnoses for Early Intervention

The real growth of incidence of children diagnosed with some form of learning delay, behavioral and mobility problem has increased the activity toward developing a predictability process of the outcome at the onset of the problem, with the ability to plan a structured approach to intervention. The optimum requirement is for diagnoses at the point of onset to action a care plan before primary school age, to enable the Education System to cater for those individuals which will inevitably require some form of specialist education in terms of extra resources.

In the cases of individuals having acquired a disability, easily recognised, immediately after birth, the statutory authorities have instant information to action the care plan. However in the cases where diagnoses are not available until after 18 months, even as late as 4 to 5 years of age with many individuals, the authorities are at a disadvantage in planning needs.

There is a basic requirement in terms of provision of Special Needs education, in that it is provided only with a Statement of Special Needs. This statement can only be formulated on the basis of a clinical diagnosis of a condition which allies to development delay or some form of learning, behavior or mobility problem. It is therefore paramount that these conditions be identified at the earliest opportunity to enable the statement to be formulated.

Anecdotally from parents with children categorised with Special Needs, the system in place can be best described as chaotic, with no uniformity of standards in place.

In 2004 Mencap, the UK learning disability charity, led a pan-disability feasibility study commissioned by the Department for Education and Skills. This has considered the setting up of a Centre for Early Intervention, and the report of the feasibility study was delivered to the Department of Education and Skills in March 2005.

A key part of the study was to identify the need for a National Centre, real or virtual, which would be responsible for coordinating the efforts of all agencies involved, to identify the relevant issues involved in Early Intervention, to identify and coordinate policy decided by the Centre. The need for coordinated effort between the established agencies of Health, Education and Social Services has been identified as a prime issue in terms of Early Intervention. The establishment of an umbrella organisation would address these issues.

However in the lack of such an umbrella organisation, there is no physical reason as to why Health and Education should not cooperate in advance of the establishment of a new organisation.

The ability of the Education Sector to plan the future needs of Special Education is based on the need to know the number of children with special needs in the system progressing toward education age. This information is available in the Health system and a mechanism should be in place to impart this knowledge between Health and Education.

The early recognition of a child likely to require special needs is fundamental to this issue. Identification of children posing a potential risk of development delay, behaviour and mobility problems should be considered at the earliest opportunity, and this, in the opinion of the author should be at preconception.

Much has been written on the risk posed to the unborn child, in terms of miscarriage at early stage of pregnancy, increased risk of premature delivery and resultant low birth weight, to onset of neurological disturbance from smoking and excessive alcohol intake. This potential risk also applies to mature parenthood, where increased maternal age increases risk of disturbance to the offspring.

Other causes of miscarriage, prematurity, and requirement for mechanical aids intervention during birth procedures, can be attributed to maternal viral and bacterial infections acquired during pregnancy, and all such abnormal incidences are capable of being recorded to provide the basis for an early risk assessment of future problems.

It is recognised that neurological disturbances resulting from pregnancy abnormalities are increased risk potential for outcomes of Attention Deficit Disorders, Learning difficulties, especially reading, Autism Spectrum Disorder and mobility problems.

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June 2006