



The development of early detection and intervention using a multidisciplinary team approach in Fiji.

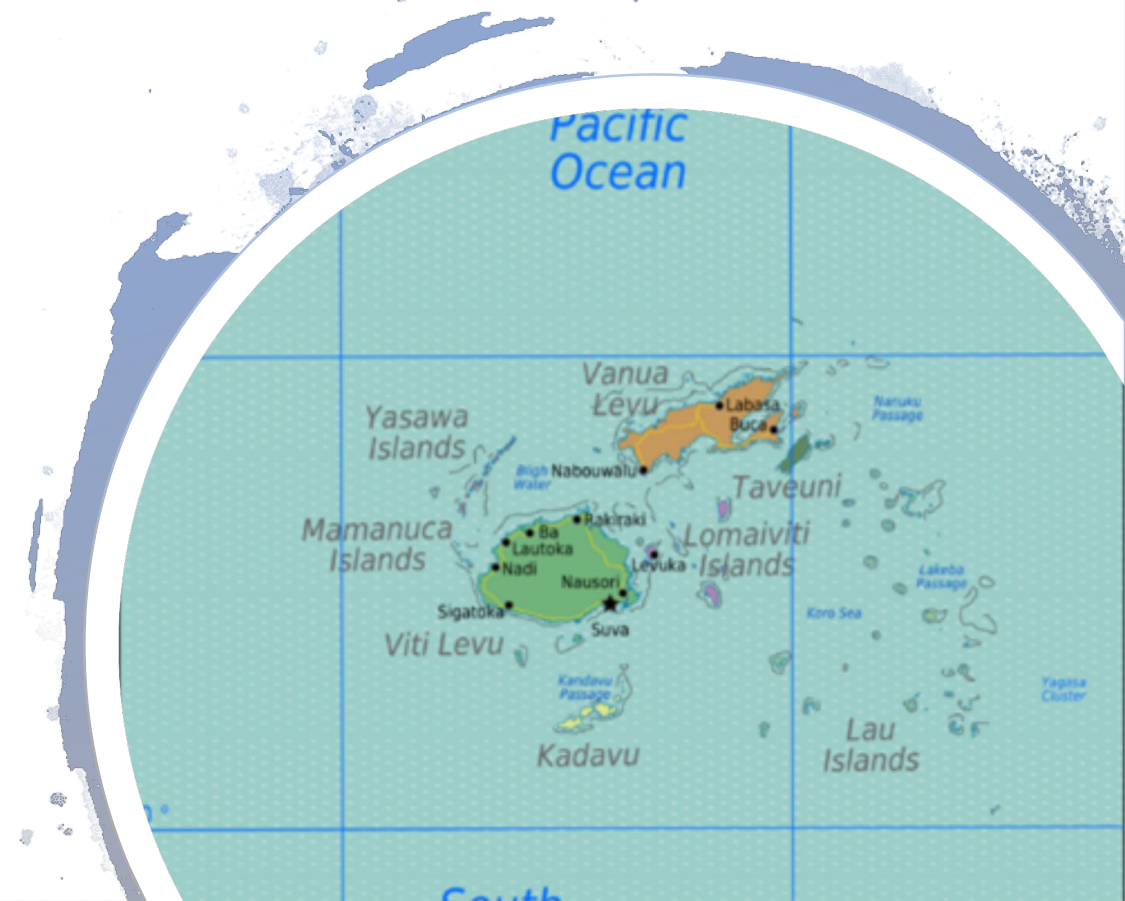
CGHH Conference 2019

Dr Donna Carkeet- EARS Inc.

Sureni Perera- Frank Hilton Organisation

# Background

- Island in the South Pacific. 320 Islands 100 inhabited.
- 884,887 people of which 50% are under 27years of age. (Fiji Bureau of Statistics , 2017)
- 13.7% of the population over the age of 3yrs had one or more functional challenge.
- Services for children with disabilities limited to special education over 6yrs
- Ministry of Education- announced in 2012 a move to inclusive education policy 2017-2020 (Ministry of Education, Heritage and Arts, 2016)



## Allied health in Fiji in 2012

Limited allied health professional  
(e.g. Physiotherapy, dentistry)

No speech pathologist,  
occupational therapist,  
child/educational psychologists

1 Fijian audiometrist- trained in  
Dominican Republic

# Audiology in Fiji

In 2014 there was 1 audiometrist FHO recruited him in September 2014.

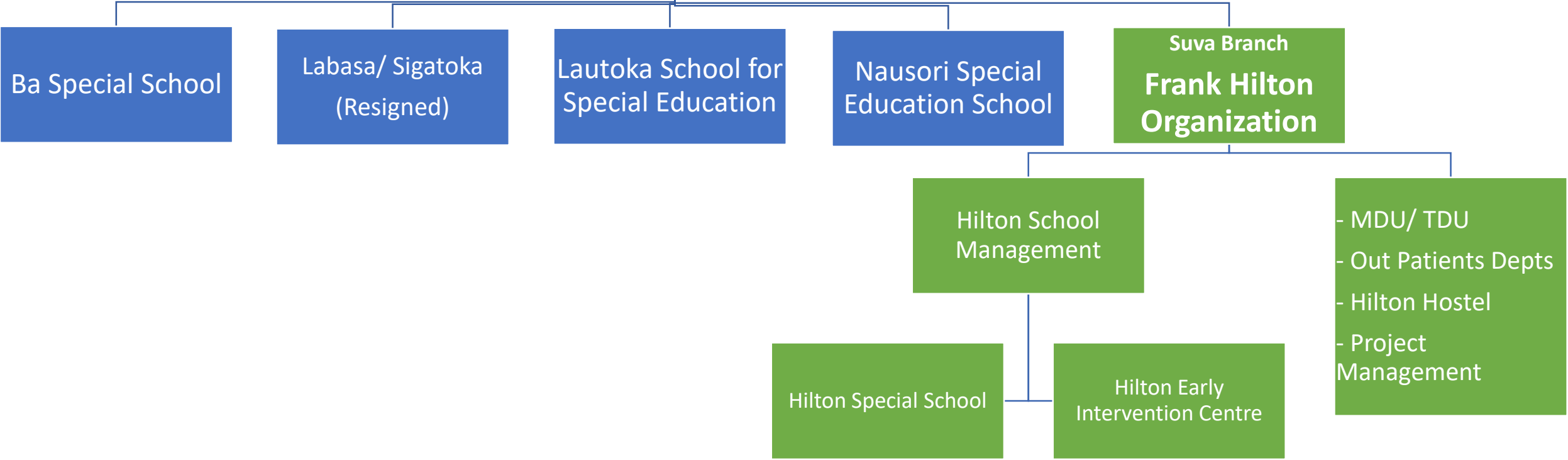
The only audiometrist in Fiji began work with Frank Hilton Organisation in November 2014.

EARS Inc began visits in 2015 to assist in developing audiology department

There are currently no audiology or audiometry training programs in Fiji

Immigration finally recognised my audiology credentials in 2019 to allow a work permit as an audiologist

**Fiji Crippled-Children's Society**  
(Registered as a non profit organization under Cap 47 of the Charitable Trust Ordinance)



Need for multiple disciplines in the assessment and intervention planning for children with complex needs.

In high-income countries assessment of children with disabilities often involves teams of highly trained professionals

In low and middle income countries such comprehensive expertise is often unavailable.

In some countries, community-based workers are trained and supported by professionals where possible to strengthen capacity and improve the quality of interventions in these countries. (WHO, 2012)

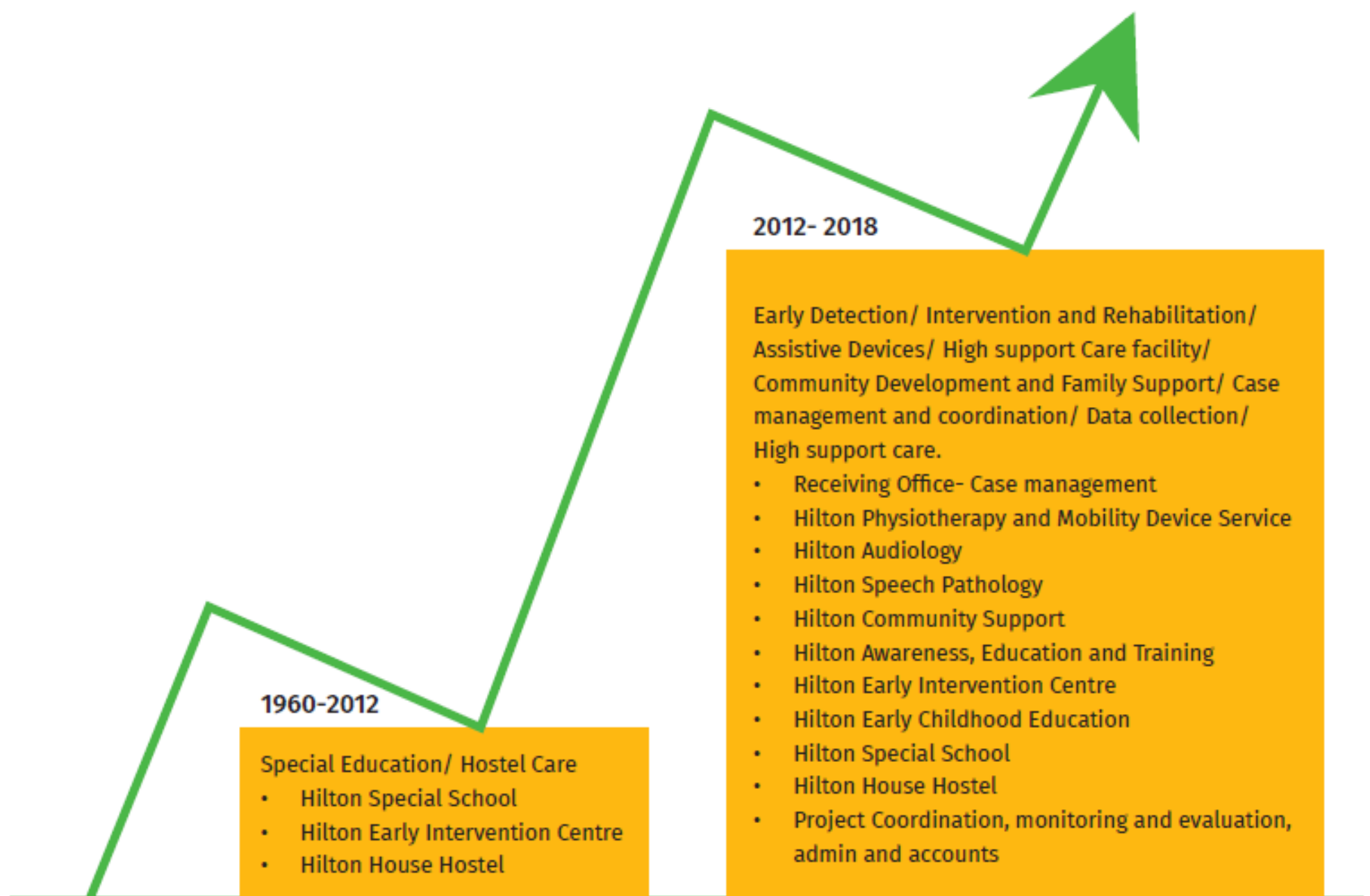
## The caseload at FHO

We often get children referred for one service when they need multiple.

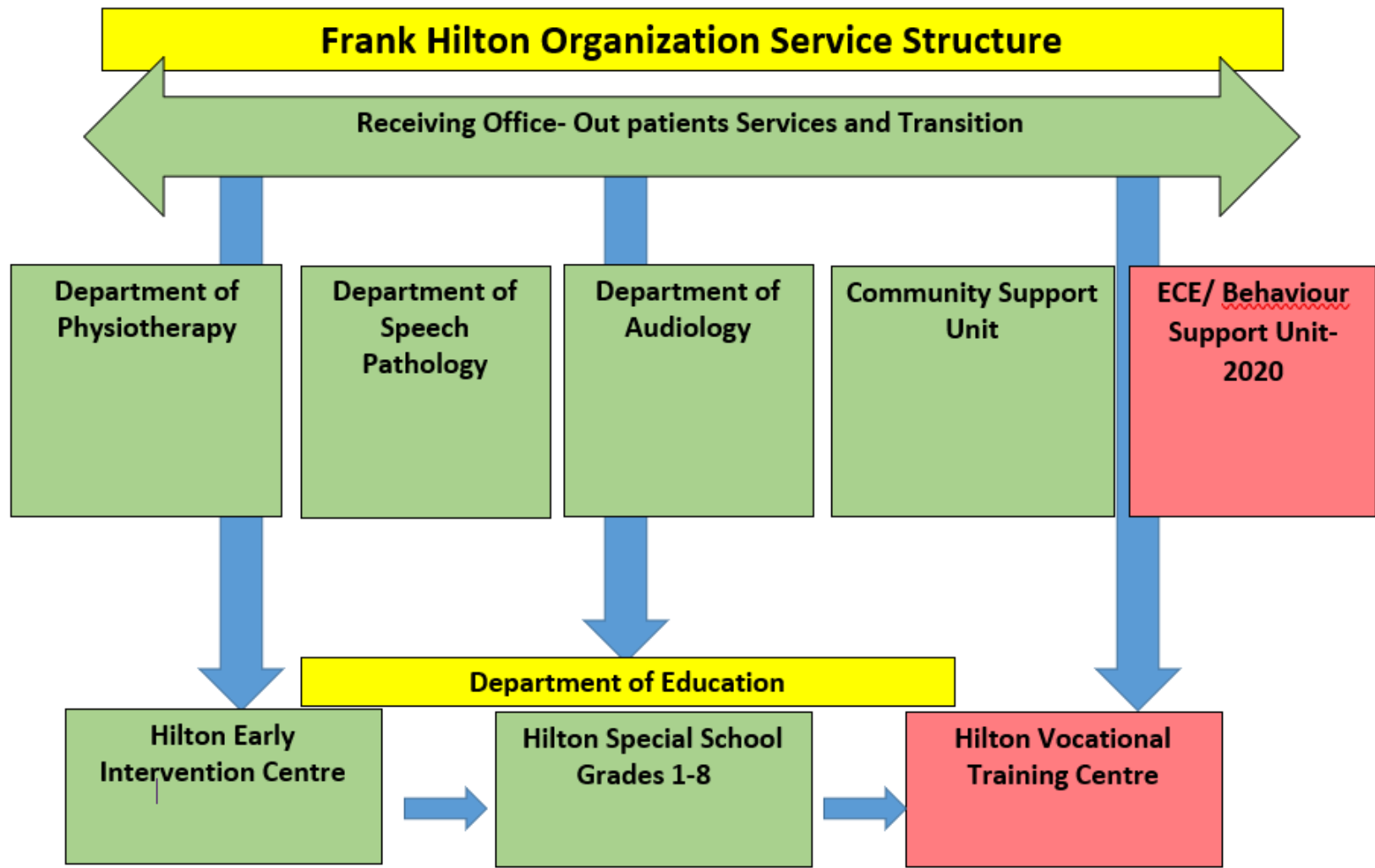
The clients have complex needs not only hearing loss.

- Complications due to late diagnosis
- Complex social situations
- Additional disabilities

Organization  
growth and  
shift in  
strategy









# Physiotherapy

- Assessments- Physiotherapy/Occupational Therapy
- Ongoing Physiotherapy services
- Mobility Device services





# Audiology

- Screening/ Diagnostic assessment
- Device fitting
- Ear mould production
- Aural rehabilitation
- Parent education



# Speech Pathology

- Screening, Assessment, evaluation
- Speech Therapy
- Teacher and caregiver training



# Community Support

- Transportation
- Nutrition – Mid day meals/ Ration packs
- Accessibility within homes
- Water and Sanitation
- Child safe/ conducive environments
- Referral to social welfare
- Hostel Care





# Receiving Office- Case Management

---

- Case management
- Play groups
- Parent Support groups
- Transition planning
- Reviews and goal setting
- Data collection

# Lessons learnt in developing a multidisciplinary team



Clear vision



Strategic plan- asset based approach



Committed key players- the right trainees and staff



Good communication and leadership



Timing- Build in house services then start outreach



Constant capacity development- training and empowerment of local staff



Lots of interaction between the disciplines

# Clear vision

**“A Centre of Excellence- Educate, Empower, Uplift, Uphold”**

**Provide early intervention, early childhood education through a holistic, family centered approach for children with disabilities in order to positively impact development during the formative years in the life of a child.**





# CEO Sureni Perera, Frank Hilton Organization Annual Report, 2018

*“Our job should not be restricted to the education of our students alone... Our role as educators needs to expand to encompass society at large in order to ensure a rights based, barrier free and accessible society for all.”*



# The Key principles of the program

Emphasizes the child's right to appropriate services not only when available- through visiting specialists.

It recognizes the need for a sustainable approach that will ensure access to services when needed, at the earliest possible time in the life of the child.

Holistic- Looking at the whole child and their family

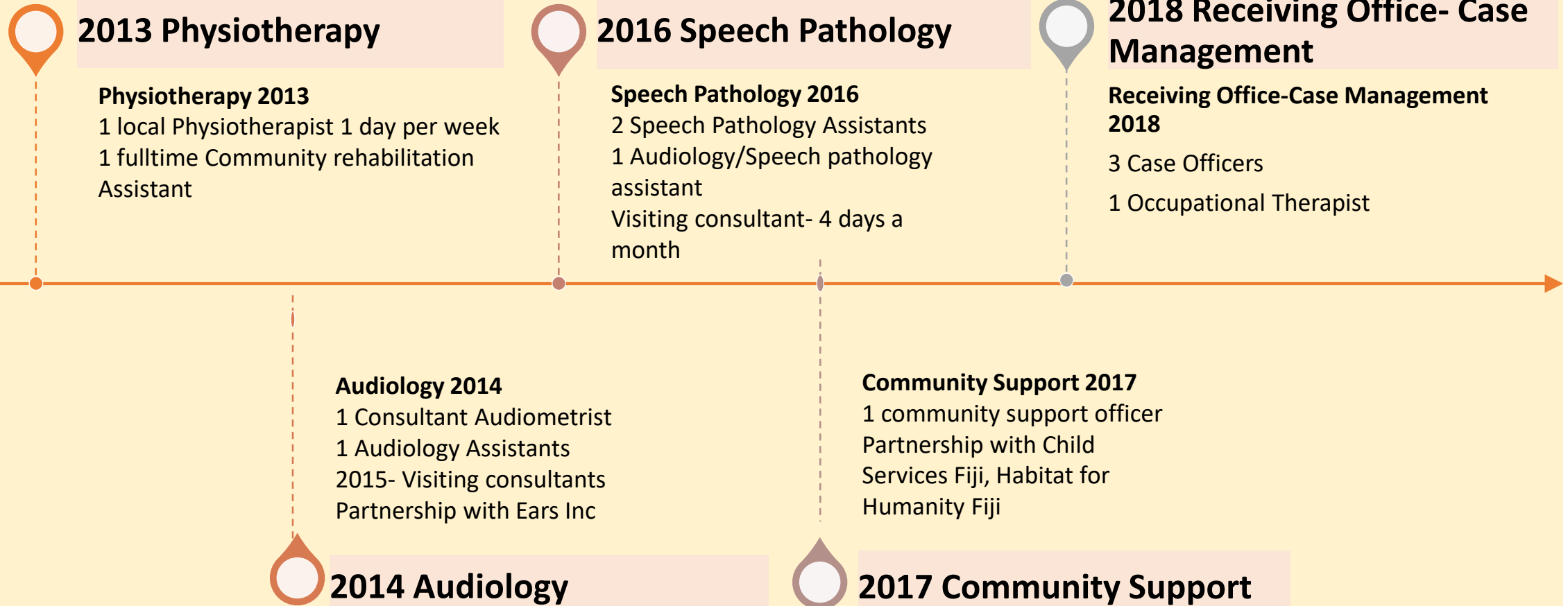
WHY?

Recognition of Rights and early childhood development and education

Recognition of the importance of early childhood development and education

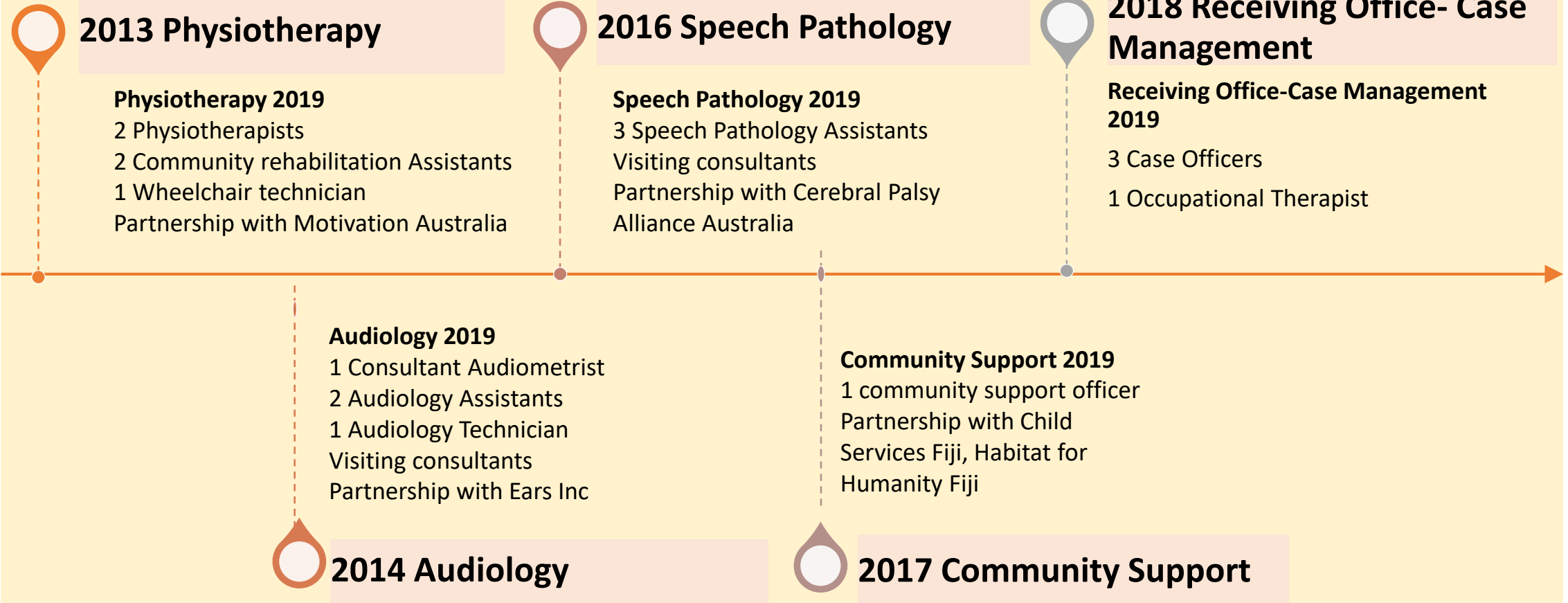
Asset Based Development approach -  
Leverage on the existing 'Charitable' support and available resources to ensure 'Rights based' service delivery

# Strategic planning- Asset based approach



Each service was introduced as personnel were available to train and develop the team.

# Committed Key players- Current staff 2019



# Constant capacity development- training and empowerment of local staff



## Capacity Development

- Partnerships and Collaboratio
- Education
- Training
- Professional Development
- Mentoring/ Modelling

## Service Delivery

- Detection Diagnosis
- Intervention
- Education
- Awareness and Advocacy
- Data Collection





Capacity development of local services to meet the in-house need



Capacity more than just staff training, it is also about resources and funding.

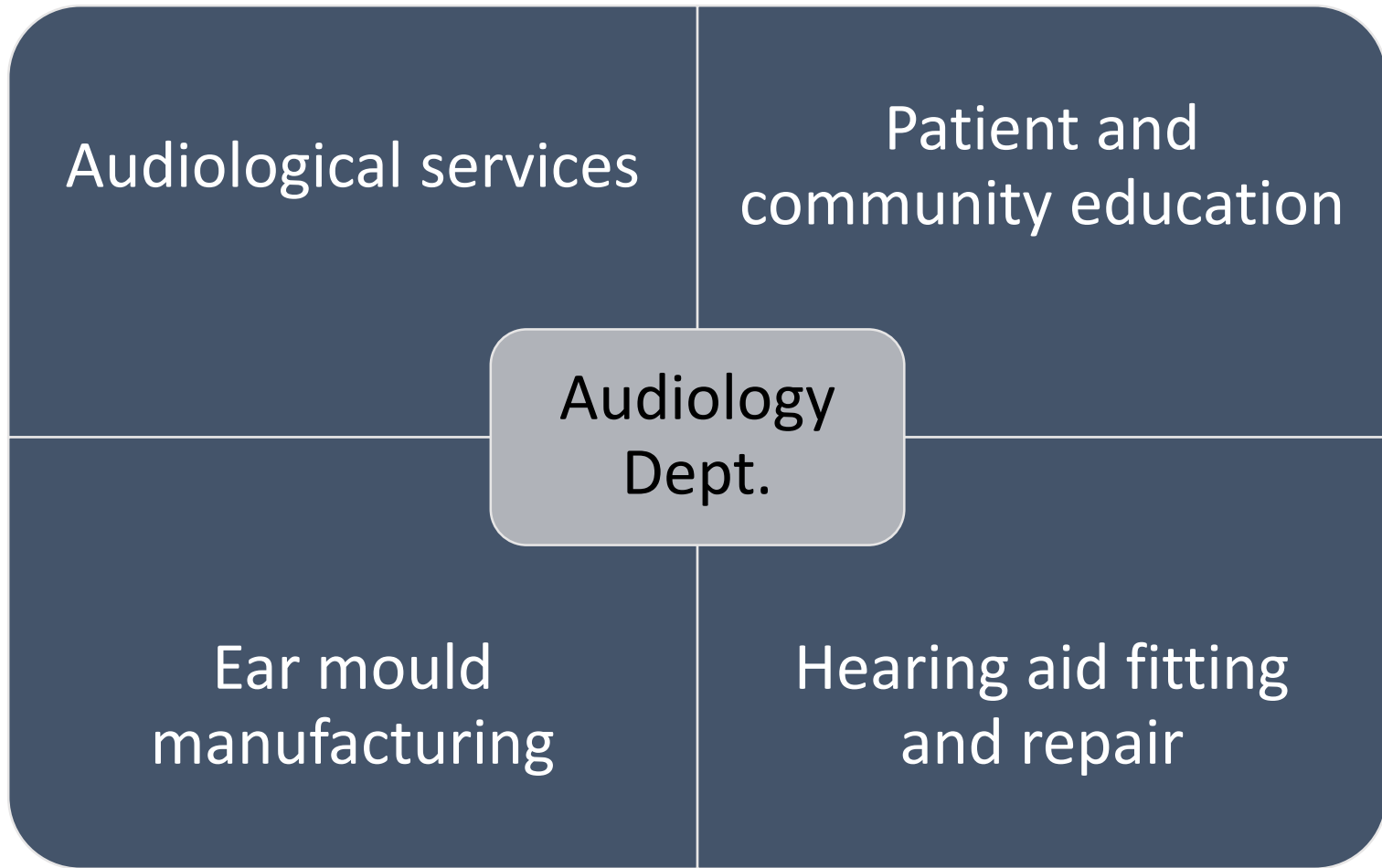




Service Expansion- expand services to outpatients from Suva.  
Then expand to other special schools and communities outside Suva

---





Participate in the multidisciplinary team

- IEP meetings
- Playgroups
- Listen Up

Outreach

- CWM Neonatal screening program
- Special school ear and hearing evaluation, intervention and rehabilitation

Training and equipping of local staff.

# Individualized Education Plan (IEP) meetings

---



# New case discussions- case management

---



Inter-department  
meetings-  
communication is  
key

---





Multidisciplinary  
team assist in  
early intervention  
playgroups

---

# Challenges



**SOCIAL, CULTURAL  
PREJUDICES AND  
PRE-EXISTING  
MINDSETS**



**LACK OF ALLIED  
HEALTH  
PROFESSIONALS  
AND TRAINING FOR  
ALLIED HEALTH  
PROFESSIONALS**



**FUNDING**

## Bibliography

Fiji Bureau of Statistics. (2017). *2017 Population and Housing Census Release 1*. Retrieved from <https://www.statsfiji.gov.fj>:  
<https://www.statsfiji.gov.fj/index.php/statistics/population-censuses-and-surveys>

Ministry of Education, Heritage and Arts. (2016). *www.education.gov.fj/special-inclusive-education*. Retrieved from [www.education.gov.fj](http://www.education.gov.fj):  
[http://www.education.gov.fj/wp-content/uploads/2019/04/Special\\_and\\_Inclusive\\_Education\\_Policy\\_-\\_20161.pdf](http://www.education.gov.fj/wp-content/uploads/2019/04/Special_and_Inclusive_Education_Policy_-_20161.pdf)

World Health Organization. (2012). *Early childhood development and disability: discussion paper*. Geneva: World Health Organization.