

1st Baltic Pediatric Congress
Annual Meetings of European Academy of Pediatrics (EAP) and
European Confederation of Primary Care Pediatricians (ECPCP)

Developmental delay in children: Advocacy for disadvantaged children by the primary care pediatrician

Dr. Ulrich Fegeler, Germany

Vilnius, May 19th - 21st, 2011

- 1. „Child advocacy“ – defining statement of the AAP**
- 2. Medical therapies do not work with socially based, but medically expressed problems. Child advocacy in the sense of exertion of social influence is the better medical therapy**
- 3. Other examples**

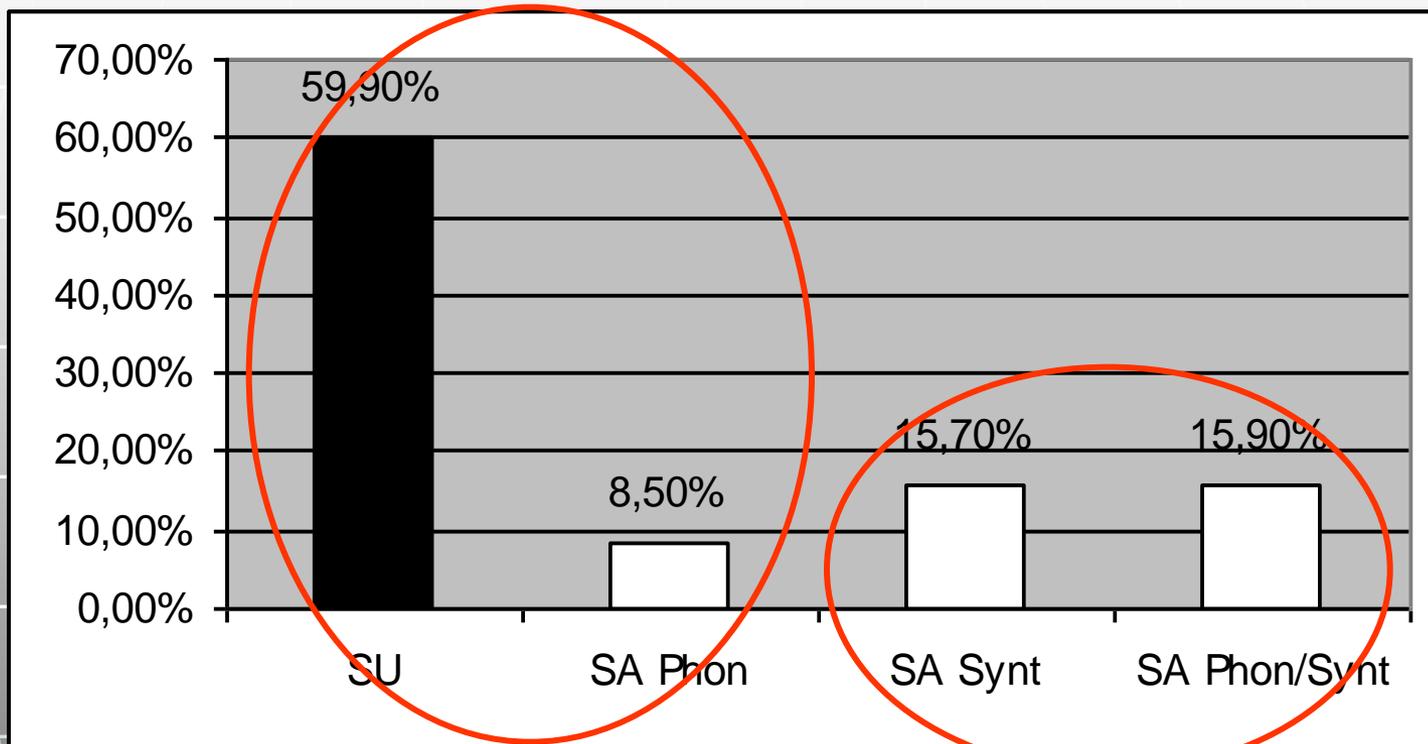
Mission Statement of AAP

- “Advocacy is many things. It is speaking out, speaking up, speaking for. In its simplest and most profound form, advocacy is giving voice to the questions, **“What is wrong here? Couldn’t we do better?”**”
- Advocates witness and bring to light abuses and inequities, unfair practices and **dangerous conditions.**
- Advocates take unpopular positions by questioning the status quo. They ask, **“Why?”** when others assert, “We have always done it this way.” Palfrey 2004

The German example of the sociogenic early speech disorders

Description of the problem

Speech Deficient and Normal Children in the Community



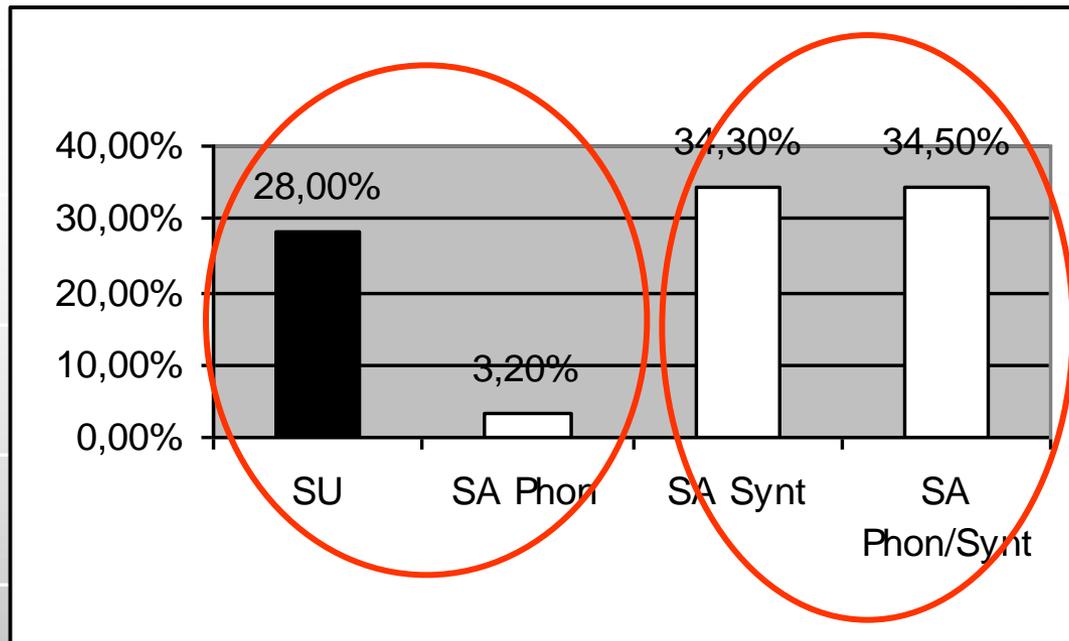
SU: sprachunauffällige Kinder
SA: Speech deficient children
Phon: Phonology
Synt: Syntax

Grimm et al. (2004)

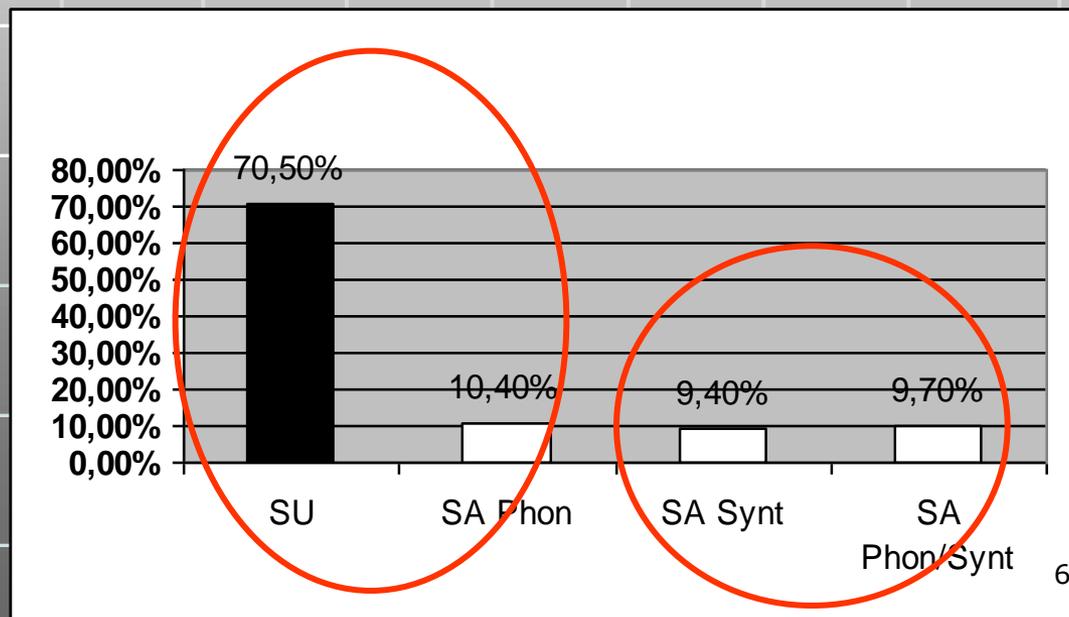
Speech deficient and -normal DaZ-Children

DaM German as mother tongue
(native speakers)

DaZ German as second (mother)
tongue (migrants)



Speech deficient and -normal DaM-Children



Frequency of and Reasons for Speech Development Deficits

■ special developmental deficits	max. 5 %
■ Intelligence impairment	max. 3 %
■ Amblyacousia (mild/moderate)	max. 1 %
■ (severe)	max. 0.3%
■ Stutter	max. 1 %
■ Autismus	max. 0.1%
■ Dysarthrie (neurogene speech disorders)	0.1%
■ Total	max. 10 -11%

Results of the entry examinations of all school children in Salzgitter, 2004

(summary)

Developmental deficits due to

organic diseases

10 – 14 %

combined disorders

1.4 - 1.8 %

Insufficient development

of basic competences (sociogenic deficits)

9 – 12 %

Mainly affected: children from poor families and families with low educational background

CHANGING SOCIODEMOGRAPHICS

Families in Europe face a number of challenges which will directly influence well-child care:

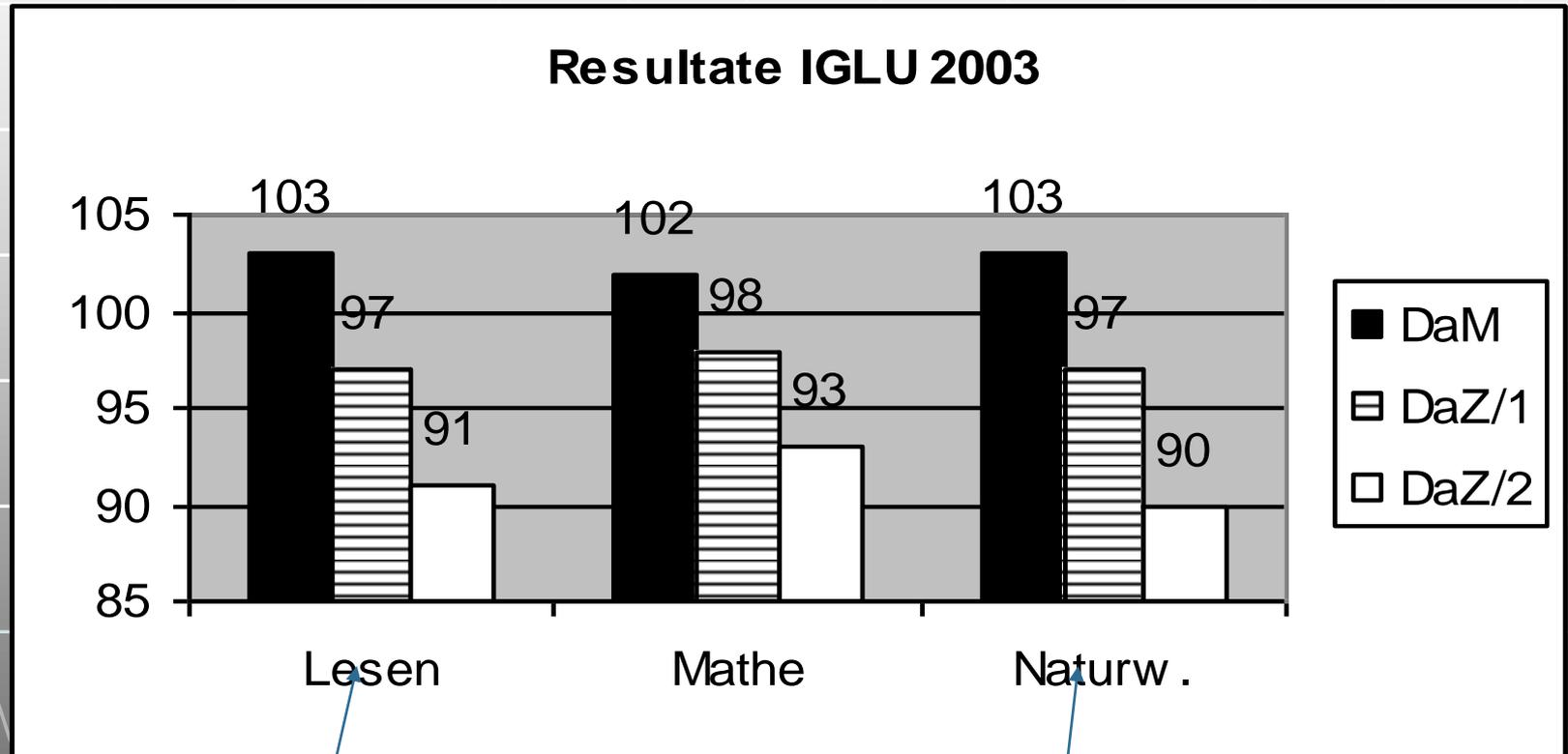
- Mothers are increasingly working outside the home: 57%**
- Poverty rates in families with children varies from 10% to 28% (approximately 1 in 5 live in poverty)**
- From 11% to 22% of children are born out of wedlock (proportion varies substantially among countries: in Iceland, Estonia and Sweden more than 50 % of children are born out of wedlock, whereas in Cyprus and Greece < 5%)**
- Rising numbers of children are ending up in institutions or being put up for adoption as families strain to cope**

The German example of the sociogenic early speech disorders

**Unequal chances at the beginning,
dangerous consequences**

Further school development of SDD-children

Comparison of DaM- and DaZ-children in the IGLU-study (competence for reading, mathematics and natural sciences)



reading

Natural sciences

DaM

German as mother tongue (native speakers)

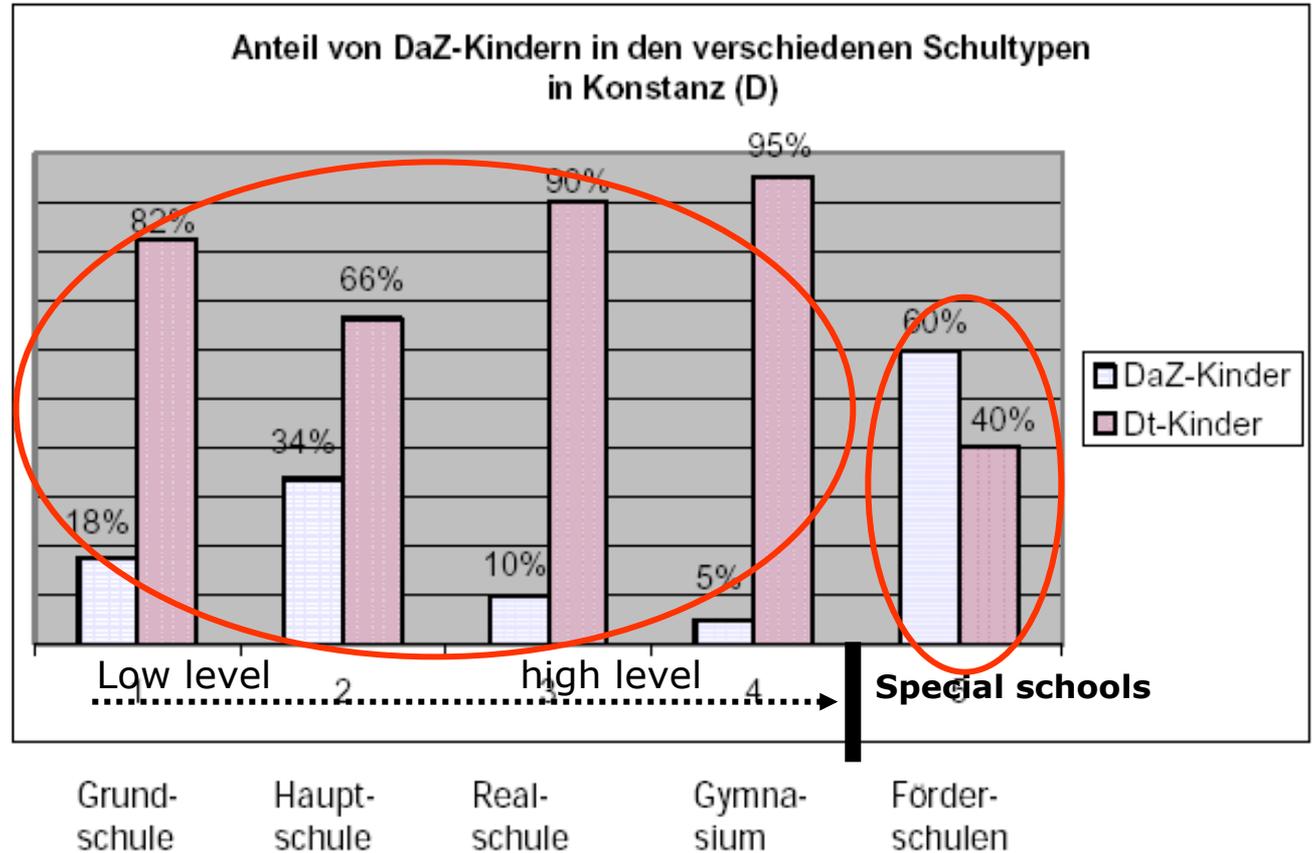
DaZ

German as second (mother) tongue (migrants)

Proportion of DaM- and DaZ-children (migrants) attending different school-types

DaM
German as mother
tongue (native speakers)

DaZ
German as second
(mother) tongue
(migrants)



Graduates of the School Year 2001/2002 according to Type of Qualification

Qualification	Total	German	Migrant
General matriculation	23.9 %	25.1 %	9.6 %
Technical college qualification	1.3 %	1.3 %	1.5 %
High school certificate	40.2 %	41.2 %	28.8 %
Secondary school certificate	25.5 %	24.1 %	40.8 %
No secondary school certificate	9.1 %	8.2 %	19.5 %
Total	100.0 %	100.0 %	100.0 %

Statistisches Bundesamt, 2004 b

Berlin School Year 2005 - 2007 (Dropouts) Proportion of Migrants (in Berlin)

School year	Total number of pupils	Total number of dropouts (Migrants)	[%] Population Migrant/German (6 - 15 Jahre)	[%] Migrant dropouts
2005/2006	34.276	3.390 (1.033)	16	30.4
2006/2007	34.140	3.295 (917)	16	27.8

Berlin School Year 2006 - 2007 (Dropouts) Proportion of Migrants (Suburb)

School year/ Suburb	Total number of dropouts (Migrants)	[%] Migrant dropouts
2006/2007 Neukölln	264 (134)	50.7
2006/2007 Friedr.- Kreuzberg	183 (132)	72.1

The German example of the sociogenic early speech disorders

Social consequences

Only 13% of the school leavers with bad grades were able to find an apprenticeship.

50% of adolescents sentenced to custody are dropouts.

Wetzels, 2009

Children with speech developmental deficiencies (SDD) who leave school without minimum qualifications and/or drop out before the compulsory end of schooling form a high risk group for later unemployment and poverty – the proportion of jobs with low qualifications has been steadily decreasing for years. They are in risk of getting health problems and developing deviant behaviour.

(Schierholz, 2001)

Today's physician's consequence:

Children with **sociogenic** SDD are sent to **medical** therapies

This results in a **„medicalisation“** of a social problem

Medical therapies for the stimulation of child development are not the adequate answer to compensate for poor social background. **Medical therapies are not remedies for sociogenic developmental deficits** because they yield no lasting effect.

Controlled studies on the effectiveness of speech-therapy of the last 25 years

The more pronounced the disturbance of language acquisition is, the less can it be influenced.

(Plamin & Dale, 2001)

Speech therapy improves speech productive abilities (phoneme production and – discrimination), but speech comprehension will not at all or hardly be influenced.

(Law et al., 2004)

As a consequence: Children of pre-school age with sociogenic developmental deficits are primarily not in need of medicines. They need age appropriate educational support. They need ...

The Kindergarten

Child advocacy's solution for treatment of SDD

“Get off medicines, get back to education”

Take home message: Child Advocacy at SDD

The example of the sociogenic early developmental delay shows that non-medical based problems showing medical symptoms have to be solved by non-medical means rather than by medicalization of the problem.

Child advocacy in this context means that we speak up for more and better pedagogical institutions of early education. A good example is the model of the early excellence centers in the UK.

Our addressees should be the political policy makers and not our patients.

Our therapeutic impact is not always based on personal counselling but also on interfering public political matters.²⁴

**Thank you for
your patience
and attention**