A REGIONAL PLAN OF INTEGRATED MEDICAL SERVICES FOR HANDICAPPED CHILDREN

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THE PRACTICE of pediatrics is a privilege and in itself full of many rewards. It carries with it, however, certain duties and obligations, one of which is the provision of unmet medical needs for the children of any community. Herein is described the organization developed to provide such needs in one area.

The San Francisco Mid-Peninsula region, centering in Palo Alto, has for many years enjoyed superior health and medical facilities for children. This area includes seven towns, a portion of two counties, and a population of about 155,000 persons. The number of Board-certified specialists, including pediatricians, is high, and is keeping pace with the tremendous population growth. Hospital facilities for acute and chronic conditions of childhood are present and of fine caliber, and means are available for the care of children of financially adequate and inadequate families. Despite this seemingly utopian state of pediatric medical affairs, there remained some notable unmet medical needs for the children in this area.

There were very limited or nonexistent outpatient facilities for the care of children with mental, emotional or physical handicaps. After considerable thought and study it was deemed feasible to inaugurate a facility designed to treat children so handicapped. A group of doctors and laymen founded a nonprofit corporation known as the Children’s Health Council of the Mid-Peninsula, and during the course of a year developed an integrated program for the habilitation and rehabilitation of the mental, emotional and physical disabilities of children. The Council has now been in operation for 3 years.

The structure of the Council consists of the unit operation of three departments: a nursery school for mentally retarded children 3 to 8 years of age; a rehabilitation clinic including occupational therapy, physical therapy and a speech and hearing department; and a child guidance clinic. These are all under a single Board of Directors, a (pediatrician) Director of Medical Projects, a medical advisory committee, and Executive Secretary. (Other committees deal with auxiliary activities, public relations, publicity, fund raising, programs, memberships, etc.)

Because of a strong belief that every child should have a personal physician, who is a pediatrician or family doctor, it is required that all children coming to the Children’s Health Council be referred by their personal physician and remain under his care. The personal physician is kept informed of the findings, the recommended treatment and progress of the child, and frequently participates in the staff conferences concerning his patient.

When a patient is accepted by the Children’s Health Council, the usual social history concerning family and background is obtained and he is given such diagnostic appraisal as may be indicated, i.e.: psychometric or projective tests in the child guidance clinic; an examination by the pediatric rehabilitation doctor; or speech and hearing tests. The council has the consultation services of such specialists as orthopedic surgeons, neurosurgeons, and eye, ear, nose and throat specialists available. Thus a superior and complete medical investigation with recommendations can be obtained for each child, and the indicated therapy inaugurated.

The frequency with which a child re-
quires the services of two or more departments has been impressive. Many mentally retarded children have physical handicaps requiring the services of the rehabilitation clinic; the parents of nearly all of the mentally retarded children are counselled in the child guidance clinic; and some of the mentally retarded children have play therapy. Many physically handicapped children have emotional problems, and some are mentally retarded and have treatment in the indicated department. Frequently a child with one handicap requires treatment by more than one discipline. Notably, a speech disability requires treatment in the speech department, and frequently in the child guidance clinic too. There are many emotionally disturbed children with no physical or mental deficits who require child guidance services only. It has proved most advantageous to have all of these integrated facilities readily available, and in such a way that it gives a true "team approach" to the child. The child is always viewed in terms of the "whole child" (not just a limping leg), and as a child who is a member of a family, a school, and a community. The object is to provide the means whereby all children may achieve the optimal development possible consistent with the potential with which they are endowed at birth, or have remaining after a crippling illness or accident.

The Children's Health Council does not duplicate any service otherwise available in the region. The public schools in this area have special classes for mentally retarded children from 8 years of age through High School, hence the Children's Health Council nursery school is for mentally handicapped children ages 3 to 8 years. There is a very fine convalescent home in the area giving residential care to children with physical disabilities, with which there is a working alliance. There was no child guidance clinic within miles of the area, so services here are for children to 16 years of age. The two counties of the region have excellent schools for children with cerebral palsy and patients are referred to these schools when indicated.

There is also a co-operative working liaison with allied agencies, such as the Family Service Association, school psychology departments, school teachers, and principals. The Council patients receive help from such state and national organizations as Crippled Children Services, National Poliomyelitis Foundation, etc.

It is both practical and economical to treat children handicapped by multiple or single disabilities of various etiologies in the same institution. In the Children's Health Council where this is done there has been no problem in giving physical therapy, or occupational therapy to children whose disability is due to polio, cerebral palsy, a congenital defect, or some other cause. Similarly in the nursery school for mentally retarded children much of the program fits all the children, and individual attention is given each child as may be indicated by his particular needs. No problem has been encountered in carrying out this plan, regardless of the etiology of the mental disability. More institutions might advantageously make their services available if they are equipped to treat the child's disability, rather than require a diagnosis in a specific category before accepting the handicapped child for treatment.

The financing of the Children's Health Council has multiple sources. All families are required to pay in proportion to their ability for the services rendered their children. Funds are obtained from individual, foundation and corporate donations. Many fund raising activities are carried on by memberships, an auxiliary and other groups of interested people who are dedicated to the welfare of children. A part of the staff is salaried, either part or full time, but there is a large staff of volunteer workers, both professional and lay, whose contributions of time and services are a tremendous financial asset.

Many communities, especially those in very large cities and medical school centers
have all the services herein described available for children. They are, however, usually operated as more or less separate entities, so a child in need of multiple services must go from place to place to obtain them, and a true "team approach" to his problems may not be achieved, and the treatment concept of the "whole child" is lost.

Economically, the unit operation of a total rehabilitation center permits savings in housing, administration, and needless duplications of personnel.

This unified approach to handicapped children is advocated by the American Academy of Pediatrics' Committee on the Handicapped Child for the care of mentally and physically handicapped children, "with a liaison with other committees with overlapping functions." In the Children's Health Council the inclusion of emotionally disturbed or handicapped children as well as those physically or mentally handicapped has proved most advantageous. The term handicapped child properly should include children handicapped by emotional as well as by physical and mental deficits.

The existence of a facility for handicapped children within a community or region has a great educational value in emphasizing the potentialities of handicapped children, and how much they can do. It also increases the understanding and acceptance of handicapped children within the community and aids the adjustment of the family to a difficult situation.

The unique feature of this regional plan lies in the unit operation of an integrated plan for the habilitation and rehabilitation of the mental, emotional and physical disabilities of children.

It is feasible, practical and desirable that such special medical services be widely available. Every community contains undeveloped, unexploited, and untapped latent talent in the lay and professional population. From the resources within the area pediatricians should serve as the mobilizing catalytic agent to implement such special medical services for every region.

**SUMMARY**

A regional plan providing special medical services for handicapped children based on 3 years of operation of such a plan is described. It is an integrated plan for the habilitation and rehabilitation of the mental, emotional and physical disabilities of children by the unit operation of a nursery school for mentally retarded children, a rehabilitation clinic and a child guidance clinic. The children remain under the care of their personal physicians, and a true "team approach" to the "whole child" with his problems is accomplished in a situation which is economical, practical, efficient and effective.
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