

2022

Technical Assistance Report: Development of an Early Intervention System in Aruba

Submitted to:
Ministerio di Husticia y Asuntonan Social

Prepared By:

Kelly Hantak, Ed.D.
Senior Research Associate
5030 Cherry St.
Kansas City, MO 64110
hantakk@umkc.edu

Anouk Eman
Departamento di Mucha y Hoben



Ministerio di Husticia
y Asuntonan Social



UMKC Institute for
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Authors: Kelly Hantak, Ed.D., hantakk@umkc.edu

Anouk Eman, M.A., earlystepsforkids@gmail.com

Editor: Melissa Clark

Cover design: Anna Frontaura

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Introduction

In response to the government of Aruba's passage of the Sociaal Crisis Plan (Departamento di Asunto Social, n.d.), Departamento di Mucha y Hoben (DMH) contracted with the University of Missouri-Kansas City Institute for Human Development (UMKC-IHD) to provide technical assistance in the development of an early intervention system to identify and support children with developmental disabilities. In 2021, DMH and UMKC-IHD focused on establishing a community stakeholder group for the purpose of explaining how their agency provided social services to young children with disabilities and their families as outlined in the National Plan (Abel, et. al., 2021). The contract continued through 2022, in which a subject matter expert from UMKC-IHD provided technical assistance to DMH through a triangulated approach. This approach allowed DMH and UMKC-IHD to develop the necessary components for an early intervention system, facilitate stakeholder meetings, and assist with a pilot project to assess 30 children attending a child care program in Aruba to ensure children between birth and four years reached developmental milestones.

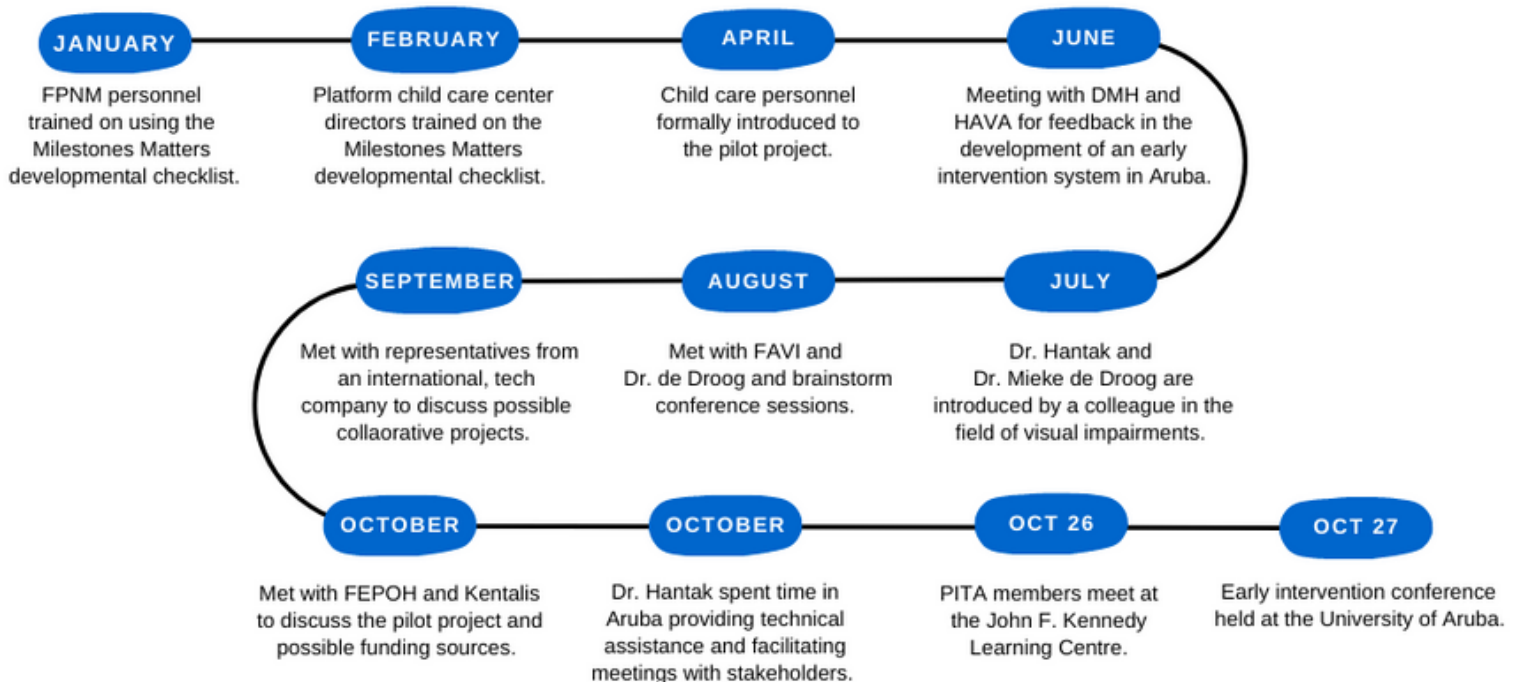
The primary goal of an early intervention system is to ensure that each child between birth and four years of age who does not reach developmental milestones on a typical trajectory receives appropriate educational/social and/or therapeutic services in a timely manner.

As the Department of Education noted in its report, *Doorlichting van het Arubaanse Onderwijsbestel: Tussenrapportage: van plan naar aanpak* (Dienst Inspectie van het Onderwijs Ministerie van Onderwijs, Cultuur en Wetenschap, 2021) has established the goal of having child care programs available for every child from six weeks to four years of age. DMH ensures appropriate training for child care personnel to increase their knowledge of developmental milestones and supports assessing each child throughout the year. DMH continues to work diligently in developing a continuous learning pathway for children participating in child care programs.

DMH examined how the lack of early intervention services affected young children, families, and child care personnel. Data results provided the foundation for DMH to develop a strategic plan with annual goals for 2023-2024 and to collaborate with UMKC-IHD to apply for global grant funds.

Meeting Facilitation

Throughout the year, DMH hosted or presented in meetings with government officials, educational leaders, child care personnel, medical professionals, and parents of young children between two and four years of age. Dr. Kelly Hantak, Senior Research Associate at UMKC-IHD and early intervention expert, facilitated or attended meetings via Zoom or in person. The following information outlines the professional network meetings Dr. Hantak and Ms. Eman conducted during 2022.



Meeting Facilitation

In 2021, DMH formed the Plataforma Intervencion Tempan Aruba (PITA) stakeholders group comprised of educational, therapeutic, and medical professionals to provide feedback related to the development of an early intervention system in Aruba. PITA members provide guidance, feedback, and questions regarding draft models of a proposed system. At the first meeting, PITA members developed the following Statement of Purpose.

Statement of Purpose:

The Plataforma Intervencion Trempan Aruba seeks to ensure that all children in Aruba, including those with disabilities, will be healthy, accepted by society, included in the community, and experience well-being.

DMH has modeled inclusiveness in developing the PITA stakeholder group. Individuals with an interest in benefiting young children with a disability and their families are welcome to participate in meetings and events. DMH values the unique perspective each professional has brought to the group, including perspectives on providing services to young children and their families. In 2022, the following agencies joined the PITA stakeholder group.

- Aruba Government/Inclusion & Diversity Advocate/Mother
- Departamento di Enseñansa Aruba (DEA)
- Fundacion Siñami Paso pa Paso Aruba (FSPPA)
- Hands on Health Physical Therapy Aruba
- Hebrew Immigrant Aid Society (HIAS)
- Huisartsen Vereniging Aruba (HAVA)
- University of Aruba

Although PITA members address the needs of all children living in Aruba, DMH holds focus on children of all abilities attending child care programs. PITA members can provide guidance to DMH, child care personnel, and families regarding support for children with a disability attending child care programs.

Meeting Facilitation

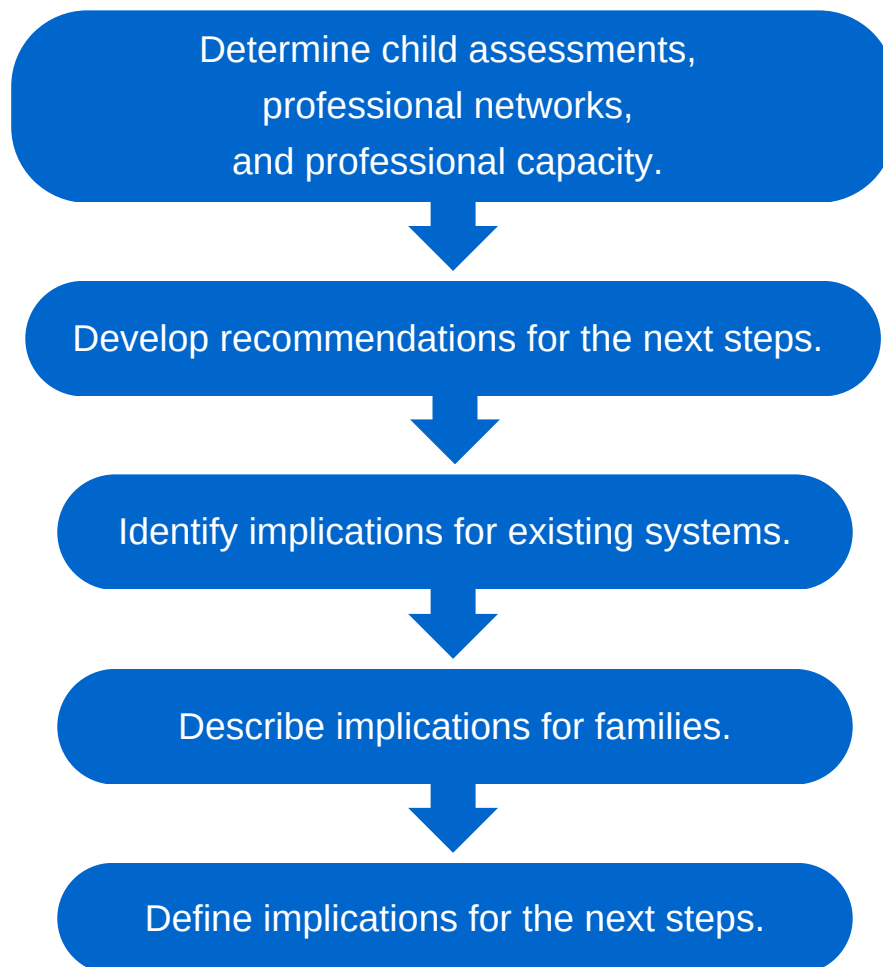
The following list reflects 23 agencies with at least one representative present. DMH expressed a goal of including stakeholders who represent government officials, community leaders, and parents of young children living in Aruba. Appendix A provides a brief description of the following agencies.

| | |
|--|---|
| Aruba Government/Inclusion & Diversity Advocate/Mother | Fundacion Siñami Paso pa Paso Aruba (FSPPA) |
| Brighter Future Aruba Center for Autism | Hands on Health Physical Therapy Aruba |
| Bureau Multidisciplinair Centrum (MDC) | Hebrew Immigrant Aid Society (HIAS) |
| Centro pa Hoben y Famia | Huisartsen Vereniging Aruba (HAVA) |
| Departamento di Enseñansa Aruba (DEA) | Ministerio di Husticia y Asuntonan Social |
| Departamento di Mucha y Hoben (DMH) | Stichting Casa Cuna Progreso |
| Directie Volksgezondheid Aruba (DVG) Jeugdgezondheidszorg (JGZ) | Stichting Hunto |
| Fundacion Arubano di Esnan Visualmente Incapacita (FAVI) | Stichting voor Verstandelijk Gehandicapten Aruba (S.V.G.A.) |
| Fundacion Autismo Aruba (FAA) | Tienda di Educacion (TDE) |
| Fundacion pa Esnan cu Problema di Oido y Habla (FEPOH) | University of Aruba |
| Fundacion Pa Nos Muchanan (FPNM) | Wit Gele Kruis (WGK) |
| Fundacion Salud Mental Aruba (Respaldo) | |

Plataforma Intervencion Trempan Aruba (PITA) Stakeholder Meeting

On 26 October 2022, DMH hosted an annual meeting with PITA stakeholders at the John F. Kennedy Education Centre Aruba. Twenty-one professionals representing 12 organizations attended the meeting, as outlined in Appendix A. Dr. Hantak updated those who attended about the work completed throughout 2022, especially the training sessions held in collaboration with FPNM to train child care personnel on administering the Milestones Matters checklist, published by the Centers for Disease Control. In recognizing that WGK provides families with tips for promoting developmental skills in the Groeiboek, the Milestones Matters document serves as a checklist. DMH chose to use Milestones Matters as child care personnel and parent can refer to the checklist when documenting the child's abilities throughout the year.

DMH and PITA members established the following objectives for the stakeholder meeting.



Meeting Facilitation

As Dr. Hantak compiled notes from individual meetings with agency representatives and government leaders, she identified four recurring themes mentioned during those conversations. PITA members brainstormed in small groups to answer these four questions, with their responses located on the following pages.

- Question 1: What is the referral process?
- Question 2: Who is available to provide therapy (e.g., special instruction, occupational, physical, and speech therapy) services to young children from birth to four years of age?
- Question 3: What are possible funding sources to supplement costs to parents who cannot afford therapy services?
- Question 4: What are the policies and options for undocumented children to receive therapy services?



Photos courtesy of Anouk Eman



Meeting Facilitation

Question 1.

What is the referral process?

In answering this question, PITA members developed the following list of individuals who may initially express concern regarding a child displaying a developmental delay or a disability. The individual may notice the child's skills do not follow the typical developmental trajectory in the adaptive, cognition, communication, physical development, and/or social-emotional domains.

- Child care personnel: from 6 weeks to 4 years of age
- House doctor
- Parent
- School personnel: starting at 4 years of age
- WGK: from birth to 2 years of age

After reviewing their list of responses to the question, PITA members expressed concern with the lack of a coordinated system for referring and assessing young children who may have developmental delays. Child care personnel may not know a child has been referred to a therapist because the family has not told them. Therapists can provide support to child care staff if they know the child was enrolled in a program.

PITA members also expressed frustration regarding the difficulty communicating with the house doctors. At times, a therapist will have a clarifying question to provide the best treatment plan for the child in which medical personnel fails to return the call or answer the question.

Meeting Facilitation

Question 2.

Who is available to provide therapy (e.g., special instruction, occupational, physical, speech therapy) services to young children from birth to four years of age?

Each member identified whom they knew provided therapeutic services and could accept referrals.

- Adequate advice-type education
- All stakeholders
- Bureau Multidisciplinair Centrum (MDC)
- Child physical therapy
- Department of Social Affairs
- Mental health provider (JGZ)
- Mickey's Foundation
- Occupational therapist
- Private psychiatrist
- Private speech therapists (≈Awg. 130,+)
- Stichting Hunto/Respaldo

PITA members identified several resources for parents of young children across Aruba. Although they listed private speech therapists, many parents have reported long waitlists. The average hourly rate of 130 Aruban Guilders (AWG) or more is too expensive for parents to pay for every session.

At this time, PITA members were unaware of an occupational therapist specializing in pediatrics. In 2023, Aruba should have one pediatric physical therapist available to see children.

Meeting Facilitation

Question 3.

What are possible funding sources to supplement costs to parents who cannot afford therapy services?

PITA members identified the following resources for parents to access although they recognized further discussions are needed in this area.

- Algemene Ziektekosten Verzekering (AZV)
- Aruba Tourism Authority (ATA)
- Centro pa Desaroyo di Aruba (CEDE)
- Government
- Hebrew Immigrant Aid Society (HIAS)
- International funding
- International Rights of Children
- Private sector to fund organizations
- Red Cross Aruba
- Religious organizations
- Service clubs (donations)
- Service organizations voucher

PITA members identified possible funding sources at the international and national levels as well as private agencies and organizations.

Meeting Facilitation

Question 4.

What are the policies and options for undocumented children to receive therapy services?

Several PITA members expressed concern regarding the lack of therapeutic services available to undocumented children. Members identified the following programs as possible resources for families to access.

- HIAS
- International Organization for Migration
- MDC
- Private insurance
- Social Psychiatric Service (SPD) (Child & Youth)

To address the needs of undocumented children, professionals need to be aware that these children are living in Aruba. PITA members wondered how coordinated communication can improve between families and professionals to best meet the needs of undocumented families. PITA members recommended holding additional meetings with representatives from private organizations and government officials to determine how their programs can assist families.

Early Intervention Conference

On 27 October 2022, DMH and UMKC-IHD worked collaboratively with the Ministerio di Husticia y Asuntonan Social and the Aruba Institute for Good Governance & Leadership to hold the first early intervention conference titled Working Together Towards Developing an Early Intervention System in Aruba.

Dr. Mieke de Droog presented How to Organize a Multidisciplinary Team: Early Detection of Visual Impairment and Interventions in Aruba, which she also presented at the 13th International Low Vision Conference by the International Society for Low Vision Research and Rehabilitation 5 - 8 July 2022 in Dublin, Ireland. Dr. de Droog's presentation outlined several research questions and established a theoretical framework for detecting young children with developmental delays or disabilities through appropriate vision, hearing, and educational screenings, as well as identifying the challenges, needs, and recommendations for young children and their families.

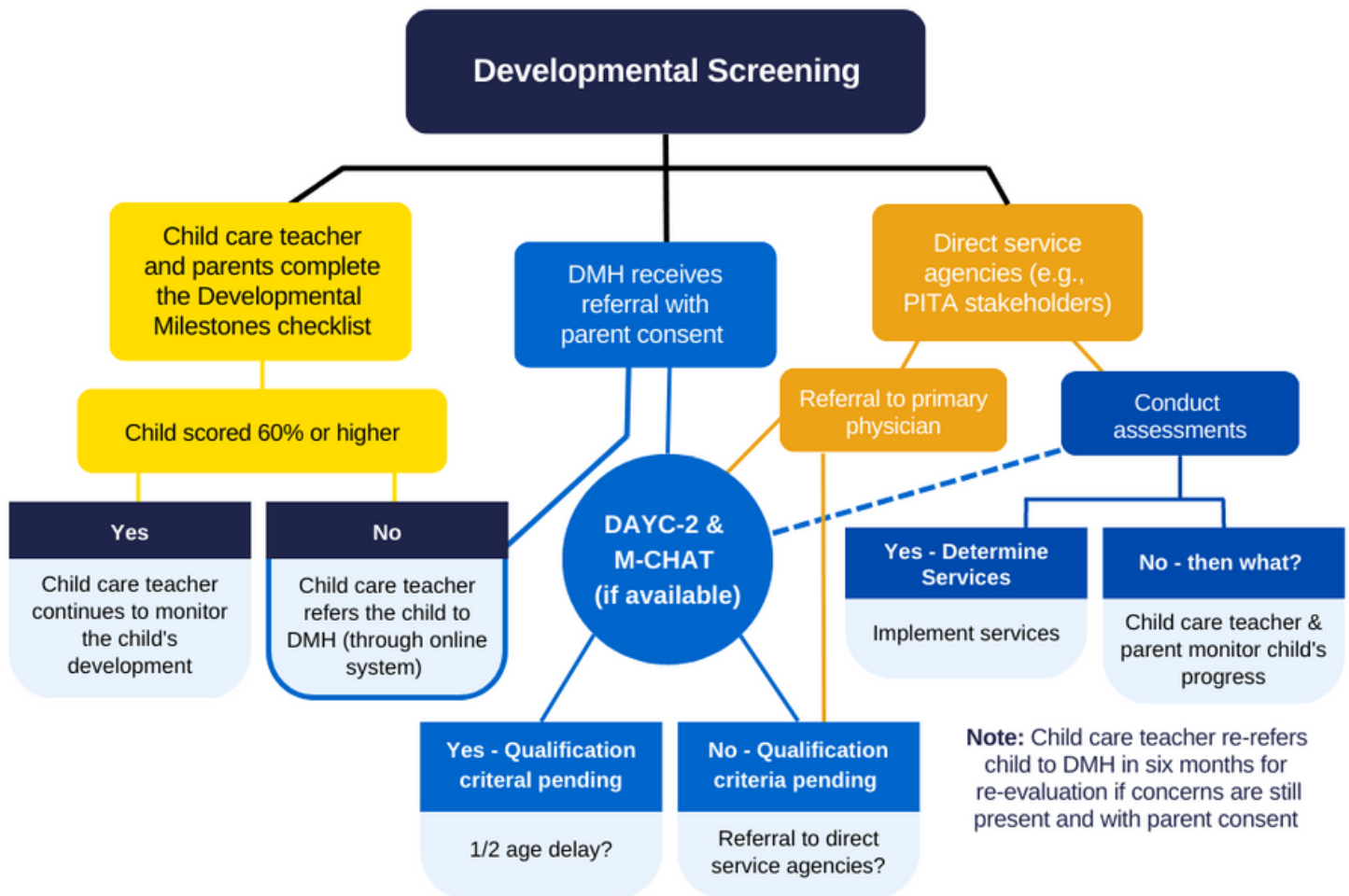


Photo courtesy of Anouk Eman

Early Intervention Conference

During the second session, Dr. Hantak summarized the pilot project and reviewed the responses brainstormed during the PITA meeting. Based on the answers developed from the recurring questions, Dr. Hantak and Ms. Eman created the following graphic outlining a proposed early intervention system for use in child care centers across Aruba.

Early Intervention System in Child Care, Aruba



Participants provided positive feedback and recommended DMH continue to utilize the graphic while developing the system.

Child Assessments

Ten child care center directors voluntarily participated in the pilot project by asking parents of children enrolled in their center to complete the Milestones Matters developmental checklist. The Centers for Disease Control and Prevention (CDC) offers the checklist in English and Spanish. To address families who speak Papiamento or Dutch as their primary language, Dr. Hantak obtained permission from the CDC to have DMH translate the developmental checklists for children who spoke Papiamento or Dutch. At this time, DMH utilizes the document in English, Spanish, and Papiamento.

Each child care director asked the parents to complete the developmental checklist that aligned with their child's chronological age and check the items their child could complete independently 80% of the time. If the parent thought their child did not complete the task independently, we asked them to keep the item blank. For the pilot project, DMH invited any child scoring below 80% in any developmental domain on the Milestones Matters checklist to complete the Developmental Assessment for Young Children, Second Edition (DAYC-2).

In reviewing the completed checklists, the evaluator identified some barriers, which also included parents completing the developmental checklist incorrectly. Some parents completed a checklist different than their child's chronological age while others appeared too harsh or lenient as noted by the child's teacher. Since DMH only has one professional designated for this project, DMH will lower the criteria from 80% to 60% starting in 2023. Decreasing the criteria will allow DMH to focus on the needs of young children who need additional support, especially as they prepare to enter kindergarten. This also ensures DMH's ability to meet with parents to discuss developmental milestones and make the appropriate referrals for services.



Photo courtesy of Unsplash:Xavier Mouton Photographie

Child Assessments

Since the evaluator received training and experience in administering the DAYC-2 while completing her advanced degree in the United States, DMH decided to use the assessment for evaluation purposes of this pilot project. The DAYC-2 addresses the adaptive, cognition, communication, physical development, and social-emotional domains similar to the Van Wiechen schema. The DAYC-2 breaks down the communication domain into the subdomains of expressive and receptive communication and the physical development domain into the subdomains of fine and gross motor. In comparison, the Van Wiechen schema is used primarily by nurses and does not provide age equivalencies regarding where a child demonstrates skills along the developmental trajectory.

The evaluator administers the DAYC-2 through play-based activities. In reviewing the document *Spelenderwijs ontdekken: De eerste stap op weg naar levenslang leren*, Adviesnota Voorschoolse Ontwikkeling, the early childhood education (VVE) curriculum addresses the adaptive, cognition, communication, physical development, and social-emotional domains. The DAYC-2 aligns well as an evaluation tool as children participate through play and examine skills in the same five domains. In following the VVE, child care personnel can track a child's learning trajectory as measured by the Milestones Matters checklist and the DAYC-2 if needed.

As a normed assessment, DAYC-2 results provide the evaluator with an age equivalency in comparison to their chronological age for each developmental domain. In the future, the evaluator can utilize the age equivalency to determine if a child exhibits a developmental delay requiring a referral for therapeutic services in one or more developmental areas.



Photo courtesy of Unplash: Stephen Andrewst

Child Assessments

Of the 141 developmental checklists received, 66 children scored below the arbitrary criteria of meeting 80% of the items, as reported by their parents. An evaluator secured parent permission from the parents of 30 children to complete the DAYC-2. Through play-based activities, the evaluator administered the DAYC-2 to 30 children participating in the pilot project. The children were evaluated with the DAYC-2, which examined the following developmental areas:

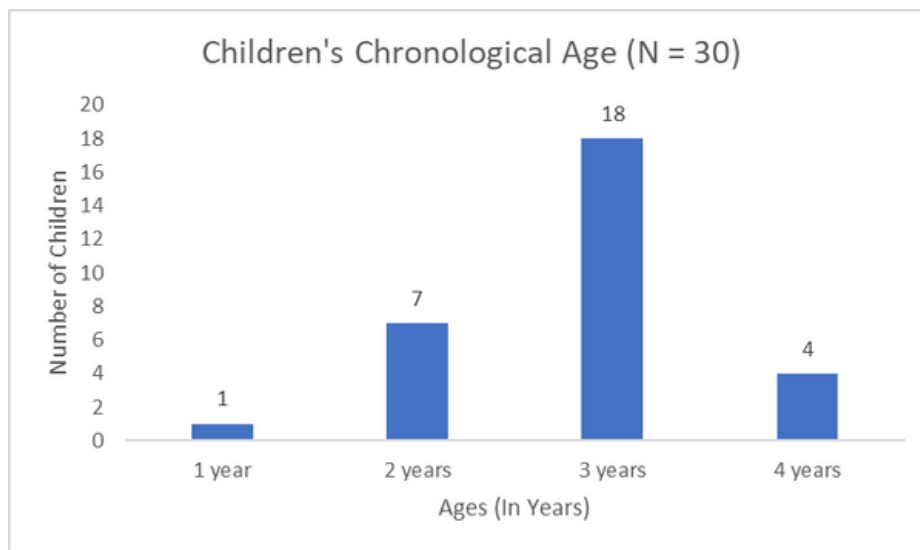
DAYC-2 Domains

| Adaptive | Cognition | Communication |
|---|---|---|
| Evaluates the tasks a child can complete independently. <ul style="list-style-type: none">• Examples:<ul style="list-style-type: none">◦ holds a bottle independently◦ feeds themselves independently◦ helps with simple tasks◦ brushes teeth independently | Evaluates what the child knows <ul style="list-style-type: none">• Examples:<ul style="list-style-type: none">◦ looks at objects for three seconds◦ looks at pictures in a book◦ matches a circle, square, and triangle | Evaluates the child's expressive (talking) and receptive (understanding) language skills <ul style="list-style-type: none">• Examples<ul style="list-style-type: none">◦ infant cries when they are hungry or uncomfortable◦ says at least five words◦ points to body parts |
| Physical | Social-Emotional | |
| Evaluates the child's gross (large muscles) and fine (finger strength) motor skills <ul style="list-style-type: none">• Examples<ul style="list-style-type: none">◦ crawling, walking, jumping◦ bangs two objects together◦ scribbles spontaneously◦ strings beads | Evaluates how the child interacts with others <ul style="list-style-type: none">• Examples<ul style="list-style-type: none">◦ establishes eye contact for a few seconds◦ shares items with other people◦ sings familiar songs | |

Child Assessments

Thirty children attending one of 10 child care centers participated in the pilot project by completing the DAYC-2 with the evaluator. In examining basic demographic data, seven girls and 23 boys were administered the DAYC-2 through play-based activities in their child care center. At least one parent volunteered and provided permission to participate in an interview regarding their child's trajectory in reaching developmental milestones. The evaluator also collected information from parents about the child's daily routine addressed in the adaptive domain of the DAYC-2.

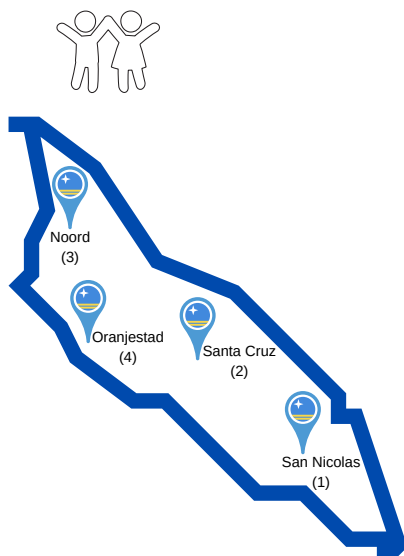
Histogram 1 *Chronological Ages*



The 10 child care centers represented four of the seven districts in Aruba. Map 1 states the number of children attending a child care center in the four districts. Map 2 illustrates the location of the 10 child care centers in the districts.

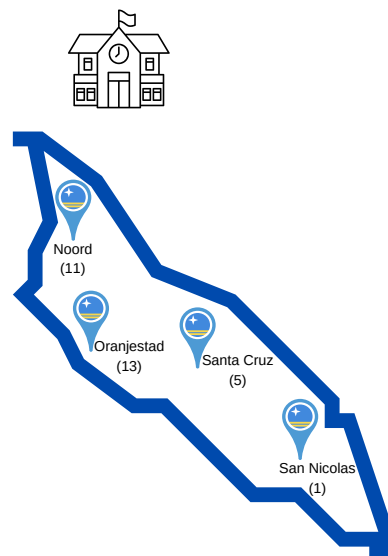
Map 1

Number of Children - Per District



Map 2

Number of Child Care Centers - Per District



Child Assessments

The evaluator calculated each child's raw scores, standard scores, age equivalencies, and percentile ranks for the developmental domains, adaptive, cognition, communication, physical, and social-emotional. Based on those scores, the evaluator determined the scoring descriptors of very superior, superior, above average, average, below average, poor, and very poor in each developmental domain and the overall score.

Since the authors of the DAYC-2 have not normed this evaluation tool with children living in Aruba or speaking a language other than English as their primary language, one needs to use caution when interpreting the following graphs. Each graph illustrates the scoring descriptors for the 30 children in each developmental domain and the overall score. For example, the authors of the DAYC-2 include an item asking if a child can hang up a coat independently. Knowing children in Aruba do not wear coats, Dr. Hantak adapted the item to ask if the child can place their shoes near the front door independently.

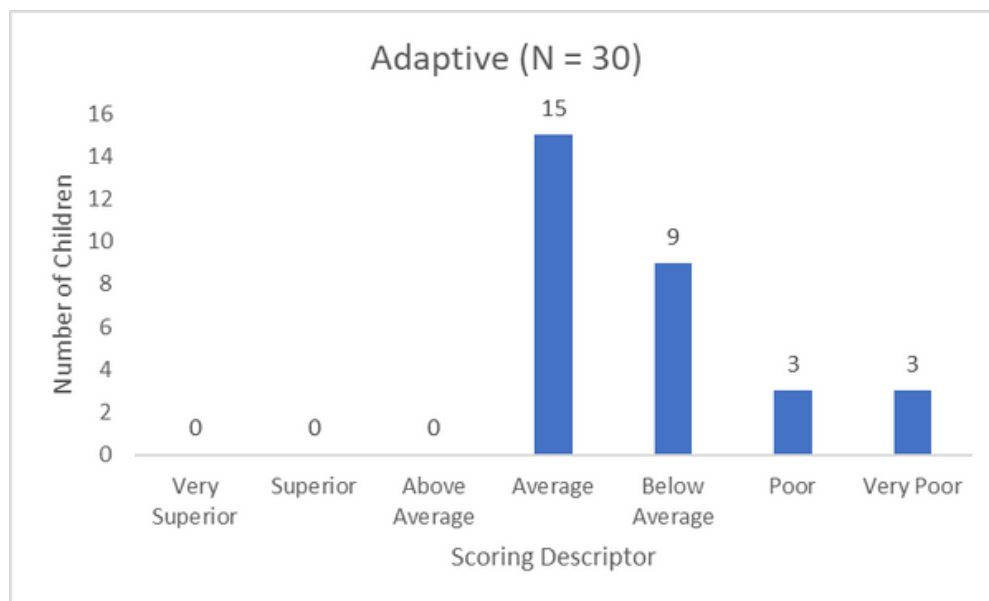
PITA members expressed concerns about the lack of developmental assessment normed for children in Aruba. To address this concern, Dr. Hantak has completed the steps to obtain permission from the publishing company and form a team to norm the DAYC-2 with children living in Aruba as well as the other Caribbean islands.



Photo courtesy of Unsplash: Jelleke Vanooteghemt

Child Assessments - Adaptive

Histogram 2 *Adaptive*



Adaptive skills relate to daily activities a child can complete independently. Examples include dressing, self-feeding, and toileting on their own.

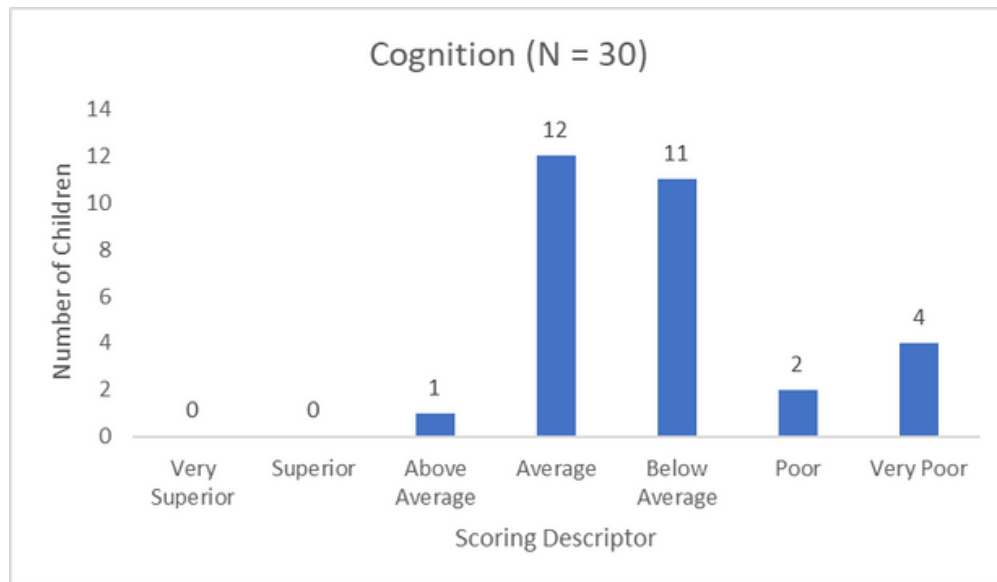
An analysis of adaptive scores demonstrated a majority of the children scored in the average range. Children scoring in the below-average, poor, or very poor ranges might be referred to a pediatric occupational therapist or a pediatric developmental therapist. The following table demonstrates a breakdown of scoring descriptors by chronological age.

Table 1 *Adaptive*

| Scoring Descriptors | Chronological Age (In Years) | | | | N |
|---------------------|------------------------------|---------|---------|---------|-----------|
| | 1 Year | 2 Years | 3 Years | 4 Years | |
| Above Average | 0 | 0 | 0 | 0 | 0 |
| Average | 0 | 3 | 9 | 3 | 15 |
| Below Average | 1 | 2 | 6 | 0 | 9 |
| Poor | 0 | 2 | 1 | 0 | 3 |
| Very Poor | 0 | 0 | 2 | 1 | 3 |
| TOTAL | | | | | 30 |

Child Assessments - Cognition

Histogram 3 *Cognition*



Cognition reflects what the child knows, such as how to locate a hidden object, solve problems, and learn academic concepts (e.g., counting, matching shapes, naming colors).

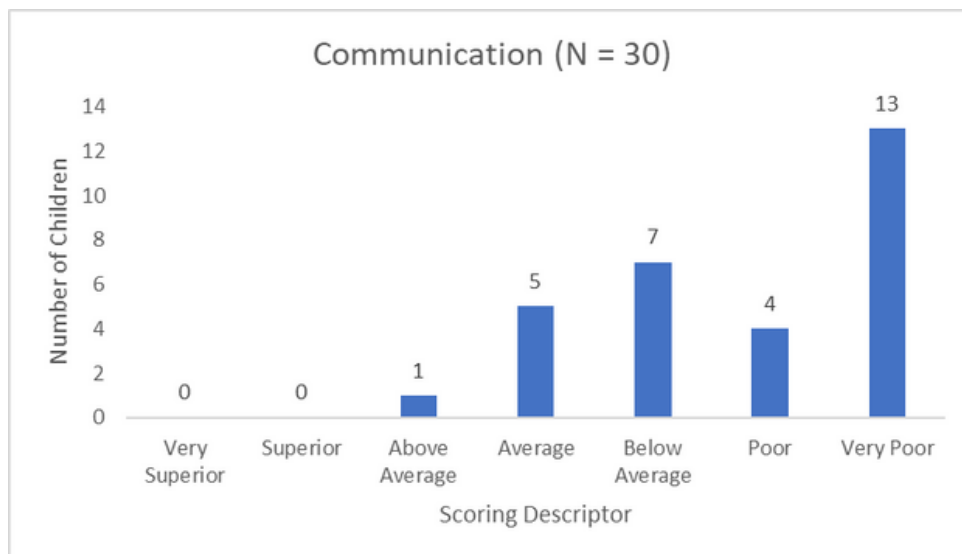
An analysis of cognition scores demonstrated a majority of the children scored in the average or below-average range. Children scoring below average, poor, or very poor might be referred to a pediatric developmental therapist. The following table demonstrates a breakdown of scoring descriptors by chronological age.

Table 2 *Cognition*

| Scoring Descriptors | Chronological Age (In Years) | | | | N |
|---------------------|------------------------------|---------|---------|---------|-----------|
| | 1 Year | 2 Years | 3 Years | 4 Years | |
| Above Average | 0 | 0 | 1 | 0 | 1 |
| Average | 0 | 3 | 8 | 1 | 12 |
| Below Average | 1 | 3 | 5 | 2 | 11 |
| Poor | 0 | 1 | 1 | 0 | 2 |
| Very Poor | 0 | 0 | 3 | 1 | 4 |
| TOTAL | | | | | 30 |

Child Assessments - Communication

Histogram 4 *Communication*



The communication domain addresses expressive and receptive language skills. Expressive language reflects the words a child says while receptive language reflects what a child understands.

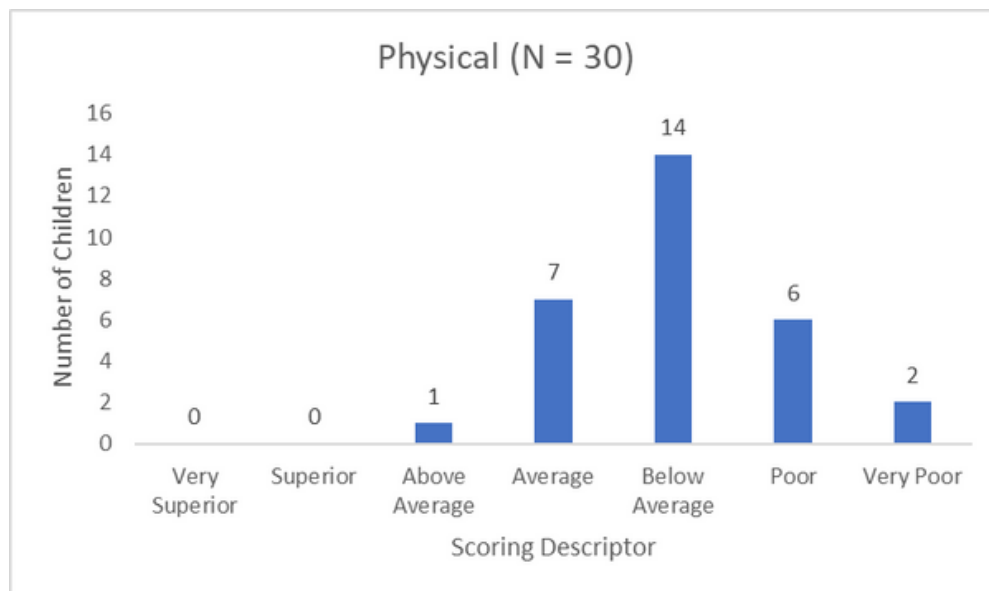
An analysis of communication scores demonstrated a majority of the children scored in the very poor category. We need to take caution in interpreting these scores as the DAYC-2 has not been normed for children whose primary language is not English. The child may benefit from a referral to a speech-language pathologist although families have expressed concerns with long waitlists and session costs. The following table demonstrates a breakdown of scoring descriptors by chronological age.

Table 3 *Communication*

| Scoring Descriptors | Chronological Age (In Years) | | | | N |
|---------------------|------------------------------|---------|---------|---------|-----------|
| | 1 Year | 2 Years | 3 Years | 4 Years | |
| Above Average | 0 | 0 | 1 | 0 | 1 |
| Average | 0 | 1 | 4 | 0 | 5 |
| Below Average | 0 | 2 | 4 | 1 | 7 |
| Poor | 1 | 0 | 2 | 1 | 4 |
| Very Poor | 0 | 4 | 7 | 2 | 13 |
| TOTAL | | | | | 30 |

Child Assessments - Physical

Histogram 5 *Physical*



Physical development reflects a child's fine and gross motor skills. Gross motor refers to how a child uses their large muscles (e.g., crawling, walking, jumping). Fine motor skills refer to how the child uses their small muscles (e.g. using a pincer grasp to pick up small objects, writing with pencils, or drawing with crayons).

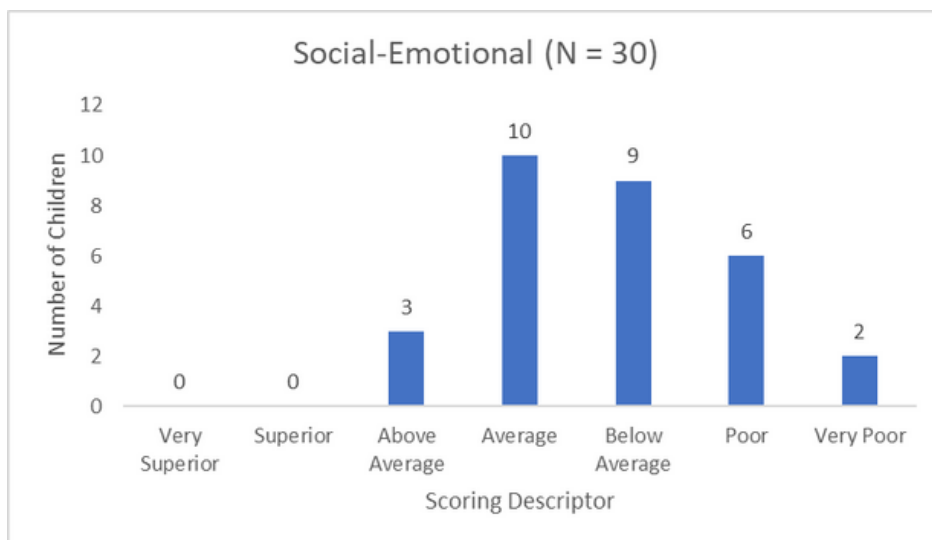
An analysis of physical development scores demonstrated a majority of children scored below average or lower. Further analysis of subscores is needed to determine if the child should receive a referral to an occupational or physical therapist holding a specialization in pediatrics. The following table demonstrates a breakdown of scoring descriptors by chronological age.

Table 4 *Physical*

| Scoring Descriptors | Chronological Age (In Years) | | | | N |
|---------------------|------------------------------|----------|---------|---------|-----------|
| | 1 Year | 2 Years | 3 Years | 4 Years | |
| Above Average | 0 | 0 | 1 | 0 | 1 |
| Average | 0 | 3 | 4 | 0 | 7 |
| Below Average | 1 | 4 | 7 | 2 | 14 |
| Poor | 0 | 0 | 4 | 2 | 6 |
| Very Poor | 0 | 0 | 2 | 0 | 2 |
| TOTAL | 1 | 7 | | | 30 |

Child Assessments - Social-Emotional

Histogram 6 *Social-Emotional*



Social skills reflect how a child interacts with parents, teachers, classmates, and friends within their natural environment.

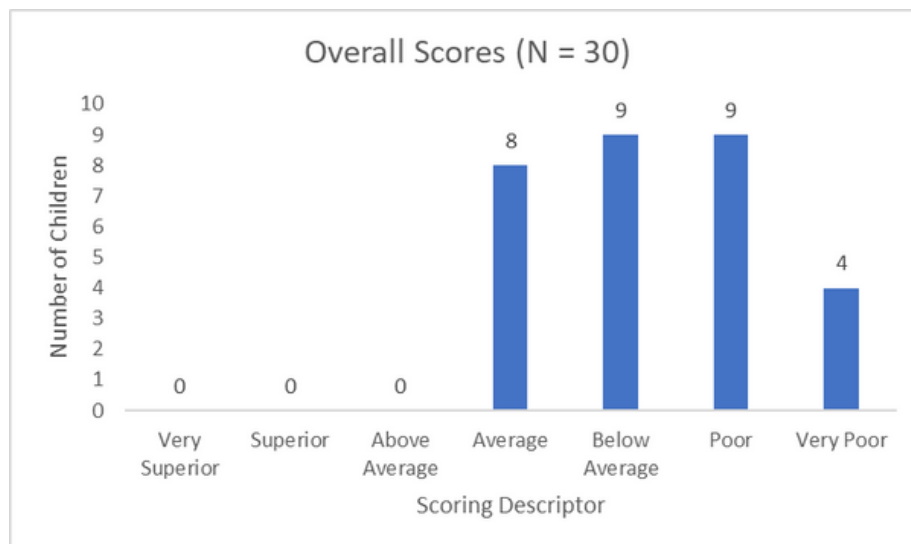
An analysis of social skills demonstrates a majority of the children scored in the average range. Children scoring in the below average or poor ranges may benefit from support from a pediatric developmental therapist in their home and child care environments. Some children scoring in the poor and very poor ranges may have additional needs and would benefit from services provided by a pediatric behavior analyst. The following table demonstrates a breakdown of scoring descriptors by chronological age.

Table 5 *Social-Emotional*

| Scoring Descriptors | Chronological Age (In Years) | | | | N |
|---------------------|------------------------------|---------|---------|---------|-----------|
| | 1 Year | 2 Years | 3 Years | 4 Years | |
| Above Average | 0 | 1 | 3 | 0 | 3 |
| Average | 0 | 3 | 6 | 1 | 10 |
| Below Average | 1 | 2 | 3 | 3 | 9 |
| Poor | 0 | 1 | 4 | 0 | 6 |
| Very Poor | 0 | 0 | 2 | 0 | 2 |
| TOTAL | | | | | 30 |

Child Assessments - Overall Scores

Histogram 7 Overall Scores



After calculating the scores for the adaptive, cognition, communication, physical development, and social domains, the evaluator calculated the overall score for the child.

An analysis of the overall score demonstrates an equal distribution of children scoring in the below average and poor ranges. Since children scored in the average and very poor ranges, the evaluator needs to refer to the child's scores in each developmental domain. Based on those scores, the child may receive a referral for additional support from a pediatric developmental therapist, speech-language pathologist, occupational therapist, and/or physical therapist. The following table demonstrates a breakdown of scoring descriptors by chronological age.

Table 6 Overall Scores

| Scoring Descriptors | Chronological Age (In Years) | | | | N |
|---------------------|------------------------------|---------|---------|---------|-----------|
| | 1 Year | 2 Years | 3 Years | 4 Years | |
| Above Average | 0 | 0 | 0 | 0 | 0 |
| Average | 0 | 1 | 7 | 0 | 8 |
| Below Average | 0 | 3 | 4 | 2 | 9 |
| Poor | 1 | 3 | 4 | 1 | 9 |
| Very Poor | 0 | 0 | 3 | 1 | 4 |
| TOTAL | | | | | 30 |

Child Assessments

In analyzing the data results of all 30 children completing the DAYC-2, a majority scored in the ranges of below average, poor, and very poor. In reviewing the scores for each developmental domain, the area of communication contains the primary concern with physical development being the next area of concern. During the interview portion of the DAYC-2, many parents expressed concern regarding their child's communication skills. They reported long waitlists of several months to a year and the hourly cost of speech therapy services as barriers for their child seeing a speech-language pathologist. Many therapists identified communication gaps and low insurance reimbursement rates as barriers.



Photo courtesy of Pexels: Ksenia Chernaya

Reflection

In reflection on the pilot project, the evaluator identified the following strengths and challenges.

Strengths

- Parents and child care personnel were very cooperative. Child care personnel connected families with the evaluator so each family's child could participate in the pilot project. Families expressed appreciation for the opportunity to know which developmental milestones their child had mastered or how the child could benefit from extra support.
- Having Dr. Hantak travel to Aruba and hold in-person meetings benefitted child care personnel, families, government leaders, and educational/therapeutic providers. The opportunity to ask questions and receive answers in real-time created learning experiences and generated many new ideas. With Dr. Hantak's ability to provide technical assistance in administering the Milestones Matters developmental checklist and the DAYC-2, allowed the evaluator to gain skills and confidence through experiential learning to continue the work.
- Collaborating with the University of Aruba to hold the Early Intervention Conference provided an opportunity for continued learning and networking sessions among community stakeholders. The event generated conversations on how the community can work together to develop an early intervention system and consider the next steps.

Challenges

- The early intervention system model proposed by DMH is different from a medical model. This model requires medical doctors and nurses to conduct routine screenings with children from birth to four years of age. However, medical doctors and nurses are not trained to implement direct therapy services to children who need additional support in the areas of adaptive, cognition, communication, physical development, and social-emotional. DMH relies on medical doctors and nurses to refer children who have a diagnosed disability or potential developmental delay to DMH for further assessments and evaluations. DMH serves as the service coordination and data collection agency within the system.
- DMH hopes to expand the project to include all child care centers in Aruba. This will require additional funding and personnel to continue the work. DMH needs continued funding to create a sustainable program.

Recommendations

In addition to the next steps, DMH has established the following recommendations for 2023 and/or 2024.

- DMH will continue to assess young children in child care centers from birth to four years of age with the revised Milestones Matters developmental checklist and the DAYC-2 if needed.
- Accept the revised Milestones Matters developmental checklist and translate the document into Papiamento and Dutch.
- Guarantee that families and child care personnel receive the support and guidance required for each child to thrive and become prepared for kindergarten.
- Empower families to communicate concerns regarding their child's development to child care personnel and the house doctor.
- Implement the referral system for children who are identified with a developmental delay or disability and attend a child care program.
- Ensure access to translated assessment tools and materials for parents. For example, DMH can post videos about the pilot project with resources (e.g., family activities promoting development domains) on its website in multiple languages.
- Expand funding for continued technical assistance and research.
- Promote social activities that promote the inclusion of all children and their families.
- Continue to provide training sessions for child care personnel on topics related to early intervention, such as teaching strategies to promote the developmental domain, strengthening communication skills with families, and promoting theoretical frameworks related to child development.

Next Steps

Moving forward, DMH will assume all responsibilities for creating an effective early intervention system for young children from birth to four years of age who are enrolled in a child care program. DMH will ensure that families and child care personnel know how to receive support for any child with a possible developmental delay or disability. This includes the coordination of training child care personnel on how to continuously screen children to confirm they meet developmental milestones. DMH will create marketing materials describing the pathway a family may take in having their child receive additional support as needed. DMH will serve as a centralized agency providing support and referrals for families of children with developmental delays or disabilities. The agency will strengthen the relationships between the medical, social, educational, and therapeutic programs serving young children and their families living in Aruba.

In December 2022, UMKC-IHD and DMH collaborated with education experts in Aruba and the United States to submit a Large Grant proposal to The Spencer Foundation. Based on the responses from PITA members and families regarding their needs, the proposal seeks funding to address the following priorities:

- Establish a stakeholder-accepted referral, assessment, and transition process for early intervention.
- Develop standards, strategies, and training sessions for providing early intervention services for children from birth to four years of age.
- Conduct a culturally responsive needs assessment for families of children from birth to four years of age regarding child care and therapy services.
- Establish a committee to examine culturally responsive assessments for children from birth to four years of age.

We have written the proposal to cover this work over three years at a total cost of \$400,000. If funded, UMKC-IHD and DMH will establish subcommittees for PITA members to join based on their expertise and interests and will add representation from government leaders, community stakeholders, and families of young children living in Aruba.

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APPENDIX A

Agency Descriptions

Brighter Future Aruba Center for Autism provides applied behavior analysis services to children from two to 12 years of age diagnosed with autism. Programs offered include individualized ABA therapy and small groups focusing on developing appropriate behaviors, communication, and social skills. Therapists also help children increase their cognitive, self-help, and play skills.

Bureau Multidisciplinair Centrum (MDC) implements a multidisciplinary approach by professionals who support students enrolled in primary and secondary education as well as their parents and educators. Professionals work with children three to 18 years of age who are diagnosed with learning challenges, including behavioral and psychological support. As part of the government of Aruba, the department includes an Expertise Center and Teacher Care. The agency also offers individual or group therapy programs to help children as well as consultative and professional development for educators and administrators.

Centro pa Hoben y Famia provides services and programs for families to help children increase their social-emotional skills. Parents learn positive guidance strategies with their child while their child learns appropriate social-emotional skills. The center was developed as a result of the Social Crisis Council in 2018.

Departamento di Enseñansa Aruba operates as the executive branch of the Ministry of Education and assumes responsibility for education policies and services. The department "determines the policy and creates conditions that guarantee the quality of our education to provide the best possibilities for the development of each human being within our community."

Directie Volksgezondheid Aruba (DVG)/Jeugdgezondheidszorg (JGZ) maintains the physical and mental well-being of children across the island of Aruba. Per national regulations, any child counted in the Census data for Aruba receives access to a doctor, which can include those employed by the Wit Gele Kruis Aruba.

Fundacion Autismo Aruba provides services to individuals of various ages diagnosed with an autism spectrum disorder. The organization also advocates on behalf of and along with individuals with autism, their families, and caregivers.

Fundacion Arubano di esnan Visualmente Incapacita (FAVI) assists children and adults with visual and/or sensory impairments to acquire the skills needed to become engaging community members. FAVI provides rehabilitation therapy and will provide transportation to their clients. The primary goal for individuals receiving services through FAVI is for them to “enjoy life” and become engaged members of their community.

Fundacion pa Esnan cu Problema di Oido y Habla (FEPOH) addresses the academic, physical, and social-emotional needs of individuals who experience deafness or hard of hearing. This includes a person with a cochlear implant. Services and programs include assistance with hearing aids, cochlear implants, and speech therapy services.

Fundacion Pa Nos Muchanan (FPNM) shares information regarding child developmental milestones for children from birth to 12 years for families and educators. FPNM advocates on behalf of young children as they work with governmental and NGO agencies. Child care providers can seek resources and professional development training from FPNM.

Fundacion Salud Mental Aruba (Respaldo) was developed through an agreement between the governments of Aruba and the Netherlands and the General Health Insurance. Professionals at Respaldo implement services for individuals with mental health needs for children and adults living in Aruba. With two locations on the island, individuals can receive psychiatric services as well as participate in therapy sessions.

Fundacion Siñami Paso pa Paso Aruba is an association comprised of board members and parents. These individuals, derived from various disciplines, guide individuals with disabilities and their family members.

Hands on Health provides support to infants, children, and parents of children identified with a motor disability through services implemented by a pediatric specialist.

HIAS addresses the needs of refugees and asylum seekers in a safe, respectful manner through improved access to education and health services as they integrate into the community, especially those from Venezuela. HIAS provides training and remote services to immigrants in Curacao and the Northern Caribbean.

Huisartsen Vereniging Aruba (HAVA), established in 1982, represents the common interests and acts as the spokesperson for the General Practitioners (GPs) in Aruba. With the GP being the initial contact for patients, HAVA unites, strengthens, and represents all GPs. Members remain current on medical and political issues and develop joint position statements addressing healthcare policies.

Stichting Casa Cuna Progreso provides temporary shelter for children from birth to eight years who may experience an abusive home environment. Professionals also provide services to parents or foster parents.

Stichting Hunto A joint collaboration between the Fundacion pa Maneho di Adiccion di Aruba (FMAA) and the Sociaal Psychiatrische Dienst (SPD), to integrate psychiatry and addiction treatment.

Stichting voor Verstandelijk Gehandicapten Aruba provides care and guidance to individuals with intellectual limitations. The foundation also offers support to the individual's family members.

Tienda di Educacion shares positive guidance strategies for parents of children from birth to 18 years. Strategies include positive problem-solving techniques for parents to implement at home. The agency provides the services to parents at no cost, does not keep a waitlist, and receives referrals from parents or educators.

Wit Gele Kruis Aruba, an independent healthcare foundation, provides a variety of healthcare services for individuals throughout the community. Wit Gele Kruis implements home healthcare programs as well as nutritional services. For young children, medical personnel provide maternal care to pregnant mothers and then follow up with pediatric care until 18 months, or the child is assigned to a general practitioner. Within the first week of life, the infant participates in a neonatal hearing screening. Young children begin dental and nutritional checks starting between 20 to 24 months. Children can receive consultative services starting between 30 to 36 months of age.

University of Aruba offers higher education programs in seven major areas of study through partnership programs with high schools and major international universities. As a recipient of the Erasmus+ grant, the university embeds international experiences into its programs for students and staff members. Continuing education opportunities facilitate lifelong learning for holistic human development and personal growth.

APPENDIX B

Attendance

Twenty-one stakeholders representing 12 agencies attended the PITA meeting on 26 October 2022, from 2:00 pm - 5:00 pm at the John F. Kennedy Education Centre Aruba.

| | |
|---|---|
| DMH/Min. JSZ - Sue-Ann Ras | HIAS - Cinthia Quant |
| DMH - Anouk Eman | HIAS - Oscarly Garcia |
| DMH - Julie Thode | MDC - Janis Schoppema |
| DMH - Surella Croeze | MDC - Rosanna van Dijk |
| DMH - Mirta Leon | Stichting Hunto - Juliette Koolman |
| FAA/Werkgroep Kind en Jeugd GGZ - Carolina Thiel-Span | Stichting Hunto - Dr. Maria Santi |
| FAVI - Cetty Baarh | Stichting Hunto-Yanellis Botman-Jimenez |
| FEPOH - Kristel van Nes | S.V.G.A. - Gisella Polo |
| FEPOH - Stella Montsanto | TDE - Rhomyko Winklaar |
| FPNM - Janelle Artsen | WGK - Linda Croes |
| Hands On Heath - Monique Bagheri | |

APPENDIX C

Attendance

Through the collaborative efforts of DMH and the University of Aruba, thirty-seven community stakeholders attended the PITA meeting held on 27 October 2022, at Aula, University of Aruba. Drs. Mieke de Droog and Kelly Hantak presented research results.

| | | |
|---|--|---|
| Colegio EPI Noami Vrolijk | FAVI Meredith Faarup | Scol Bario Dornasol Lizienne Dirksz |
| Community Stakeholder Javier Vis | FEPOH Frank H. Croes | Stichting Hunto Dr. Maria Santi |
| DMH/Min. JSZ Sue-Ann Ras | FEPOH/Scucha Nos Jacqueline Reusken | Stichting Hunto Yanellis Botman-Jimenez |
| DMH Anouk Eman | FEPOH Kristal Van Nes | S.V.G.A. Gisella Polo |
| DMH Efraim Suurendonk | FEPOH Stella Montsanto | TDE Rhomyko Winklaar |
| DMH/DEA Mirta Leon | Government/Parent Terry Gumbs | University of Aruba Evelyn Wever |
| DMH Jullie Thode | Hands on Health Monique Bagheri | University of Aruba Glendeline Maldonado |
| DMH Surella Croeze | HAVA Arabella Blanca | University of Aruba Miguel Aceros |
| DVG/JGZ Jan Hubert | HAVA Frederika Rangel | University of Aruba Nurianne Arias |
| FAA/Werkgoep Kind en Jeugd GGZ - Carolina Thiel-Span | HIAS Cinthia Quant | WGK Gino Goeloe |
| FAVI Annemarie Navas | MDC Janis Schoppema | WGK Linda Croes |
| FAVI Cetty Baarh | MDC Rosanna van Dijk | WGK Monique Giel-Labad |

CONTACT US

DMH Aruba - Anouk Eman



+297 528 1247



info@dmh.aw



www.dmh.aw

Dr. Kelly Hantak



+314 974 7174



hantakk@umkc.edu



kahantak@gmail.com