DOI: https://doi.org/10.2298/SARH260522067S
UDC: 614.2:616-056.31-053.2

REVIEW ARTICLE / ПРЕГЛЕДНИ РАД

Multidisciplinary early intervention for children with multiple disabilities: a framework for local health centers – a mini-review

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SUMMARY
Multidisciplinary health support for young children with multiple disabilities remains a critical need. This paper aims to analyze the need for a multidisciplinary approach to early intervention in local health centers, where a team of professionals supports children's growth and development. The study employed a desk research approach, a descriptive method, and content analysis. The content of relevant literature was analyzed, and a functional analysis was applied in the research phase of the study. The frameworks for effective multidisciplinary work by different specialists in a local health center include the structures, roles, approaches, and methods that enable specialists to greatly contribute to early intervention for children. Children with multiple disabilities require monitoring and support in a healthcare setting until the age when early intervention shows its effects in all areas of development. A team-based, multidisciplinary approach to working with children with multiple disabilities at an early age is invaluable for children's well-being and health. The roles of different specialists and therapists on the team are significant. All multidisciplinary team members possess the necessary knowledge and competencies and are valuable team members who care for the youngest children. All local health centers should employ various specialists to work in teams treating multiple disorders in young children, ensuring comprehensive and timely early childhood care.
Keywords: children with disabilities; multiple disabilities; early intervention; health center; multidisciplinary approach

INTRODUCTION

An estimated 317 million children and youth were living with health conditions leading to developmental disabilities (such as cerebral palsy, autism, intellectual impairments, and hearing or vision loss) in 2019, highlighting the need for multisectoral systems of support [1]. In Serbia, an estimated 18% of children under age six have developmental disabilities requiring early intervention services, while precise data are still lacking. Early intervention – defined as services provided to children from birth to age three (or 5–6 in some systems) with or at risk of developmental delays – is critical for optimizing developmental outcomes [2].

A multidisciplinary team of experts in a local healthcare facility plays a significant role in early intervention and continuous support for children with multiple disabilities. Despite evidence supporting multidisciplinary early intervention, implementation in local health centers faces significant challenges. These include limited specialist availability, coordination difficulties, inadequate training, funding constraints, and other obstacles. In Serbia, while legislation mandates early intervention services, access varies significantly across regions.

Research shows that a multidisciplinary approach, in which a special therapist works together with a pediatrician, speech therapist, psychologist, physician, and other team members, significantly improves outcomes for children with developmental disabilities (the profession of a special therapist is equivalent to the profession of a special educator and rehabilitator in the Republic of Serbia) [2, 3]. The National Scientific Council on the Developing Child [4] emphasizes that early intervention in the first five years of life is most effective, and an educational psychologist is one of the key professionals who provide adequate stimulation and support. Also, children with multiple disabilities, like children with autism spectrum disorder (ASD), face significantly more difficulties concerning everyday oral hygiene and dental appointments in comparison to their typically developing peers [5], and so dentists who are aware of issues that are specific to this population of patients are important members of the multidisciplinary team. The special therapist participates in multidisciplinary teams for the early assessment of developmental difficulties, using standardized instruments and/or individual assessments for diagnosis and ability assessment [6]. Their role is not limited to the educational context but also encompasses the health, psychological, and social dimensions, as confirmed by both domestic and international research. Within the early development

Received • Примљено: May 22, 2026
Revised • Ревизија: August 26, 2026
Accepted • Прихваћено: August 26, 2026
Online first: September 4, 2026

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counseling services at health centers in Serbia, the special therapist is often the first professional to recognize risks and refer the child for further interventions [7].

This study aims to do the following:

1. To review evidence on effective multidisciplinary team composition and functioning in early intervention;
2. To analyze the roles and competencies of different specialists in supporting children with multiple disabilities;
3. To propose a framework for implementing multidisciplinary early intervention in local health centers.

This study employed a mixed-methods approach combining (1) a systematic literature review and (3) framework analysis of multidisciplinary team models.

We searched the following databases from January 2016 to December 2025: PubMed/MEDLINE, Scopus, Web of Science, ERIC, and Google Scholar. Search terms included combinations of ("early intervention" or "early childhood intervention") and ("multidisciplinary" or "interdisciplinary" or "transdisciplinary") and ("team" or "collaboration") and ("disability" or "developmental delay" or "multiple disabilities") and ("primary care" or "health center" or "community health").

The inclusion criteria were publication in English or Serbian; a focus on children aged 0–6 years; a description of multidisciplinary/interdisciplinary team approaches; and publication as a peer-reviewed article, systematic review, or official guideline.

The exclusion criteria were single-discipline interventions; hospital-based (not community/primary care) settings only; and case reports with fewer than five participants.

In the research, we used a desk research approach, a descriptive method of documentary analysis as described in the literature [8, 9], and content analysis of the literature [8, 10, 11]. The content of the relevant literature was analyzed, and a functional analysis was applied in the research phase of the study to data on children with disabilities who needed multidisciplinary support in the previous period [12].

THE IMPORTANCE OF EARLY IDENTIFICATION AND INTERVENTION FOR CHILDREN WITH DISABILITIES

Early intervention in special education and rehabilitation involves systematic services and therapies for children with developmental risks or disabilities, from birth to ages 5–8. The goal is to enhance the capacity of families to meet the developmental needs of their infants and toddlers, minimize the need for special education and related services when children enter school, and enhance children's long-term outcomes [13]. Research shows that early intervention programs significantly improve the cognitive, social, emotional, and physical development of children with special needs [14].

Globally, over 50 million children under five have mild-to-severe disabilities, predominantly in low- and middle-income countries, with 30 million having moderate-to-severe disabilities [3].

Early intervention reduces the impact of developmental disorders and increases a child's potential for cognitive, social, and psychological growth. Recent reviews show that early rehabilitation in children with global developmental delay has a significant impact on improving outcomes [2]. Other sources confirm that the earlier a child is involved in programs, the more successful it is later on [3], so the optimal timeframe for providing support is by the child's fifth birthday. The brain's greatest neuroplasticity occurs in the first years of life, when it has the greatest ability to change and adapt. The National Scientific Council on the Developing Child [4] notes that in the first few years of life, more than a million new neural connections are formed every second. The American Academy of Pediatrics [15] emphasizes that brain plasticity decreases with age, making early intervention crucial.

Effective early intervention involves a team of specialists: a special therapist, an educational psychologist, a speech therapist, a psychologist, a doctor, and social workers. The family is an active partner – parents receive counseling and support. New models of multidisciplinary support include therapeutic approaches, mediation, and programs for parents [16]. In the United Kingdom, the Supporting Families Programme guidance [17] emphasizes integrated collaboration between institutions and the family.

In Serbia, there is a National Program for the Promotion of Early Childhood Development [18]. Nearly 60,000 children in Serbia are at developmental risk and in need of additional support through early intervention. According to a UNICEF report [19], in Serbia, children with disabilities are significantly less likely to receive early stimulation and responsive care than children without disabilities.

The exact number of children with disabilities in Serbia is not known. The Register of Children with Disabilities, which has been under development by the Batut Institute of Public Health of Serbia since 2021, has provided precise data since 2022 but remains insufficiently developed.

CHILDREN WITH DISABILITIES IN HEALTH CENTERS

Multidisciplinary team members in the health center work with children who may have various developmental and functional disabilities, including motor, intellectual, emotional, sensory, social, behavioral, and learning disorders and disabilities.

Children with motor, developmental, and multiple risks, disorders, and disabilities may have:

1. Disabilities or impairments of the musculoskeletal system, body malformations, and deformities;
2. Neuromuscular diseases and other similar conditions that affect motility and motor skills;
3. Disabilities and impairments of the central and peripheral nervous system (cerebral palsy, epilepsy, hemiplegia, ischemia, brain injury, etc.);
4. Neurodevelopmental disorders, such as ASD, intellectual disability, and attention-deficit/hyperactivity disorder (ADHD);
5. Disabilities and impairments resulting from severe and chronic diseases (cancer, asthma, kidney failure, cardiovascular and endocrine diseases, etc.);

6. Dysfunctions of fine and gross motor skills caused by disorders of premotor integration or other causes;
7. Disharmonious development;
8. Rare diseases with repercussions on the child's motor status;
9. Other disorders, such as feeding and sleep disorders, screen addictions, behavioral disorders, emotional disorders, and learning difficulties [20].

The target group for the work of the multidisciplinary team in the early development counseling services is children from birth to the end of adolescence (18 years of age), particularly at-risk children and children with disabilities. The exact number of children with developmental risks and disorders is not known; only estimates are available.

The authors estimate that more than a billion people live with some form of disability, which is equivalent to approximately 15% of the world's population. Among them, between 110 million (2.2%) and 190 million (3.8%) adults have very significant functional impairments [21].

Assuming that children make up 18% of the population, in Serbia, with a total of about 6,586,476 inhabitants in 2024 [22], there are approximately 1,185,566 children. Of these, about 15% are children with developmental disabilities, or about 177,835 children, and up to 3%, or about 5,335 children, have significant disabilities and functional difficulties of different kinds.

Currently, there are no reliable and representative estimates based on actual measurement of the number of children with disabilities. Existing estimates of childhood disability prevalence vary due to the wide range of methodologies and measurement instruments used. As a result, many children with disabilities may not be identified or receive the necessary services.

Age of children

For work in an early development counseling service, especially in the context of child development, the age of the children can vary depending on the specific needs and services the health center provides. Generally, early development counseling services in local health centers often work with children from early childhood through adolescence.

1. Infants and toddlers (0–3 years):
   – This age is crucial for the development of social, emotional, and cognitive skills. Early intervention services, developmental assessments, and support for both children and parents may be provided in local health centers.
2. Preschool age (3–6 years):
   – Working with preschool-aged children involves assessing development, emotional regulation, and social skills. Additionally, treatments can be provided for the children, and counseling can be offered to parents and educators to ensure the child's optimal development.
3. Elementary school-aged children (6–12 years):
   – At this age, assessments are often conducted regarding academic achievement and skills, emotional health, social skills, communication, and behavior. Children may be involved in therapies or counseling related to anxiety, ADHD, learning disabilities, and other specific challenges. Work also focuses on the family and educators.
4. Adolescence (12–18 years):
   – This period includes challenges related to identity, social relationships, emotional disturbances, and mental health, among others. Developmental counseling often provides support in the form of therapies, teen counseling, and various forms of support during the growing-up process.

MULTIDISCIPLINARY TEAM IN A HEALTH CENTER

The multidisciplinary team of experts at the local health center for children with multiple developmental disabilities consists of various specialists who recognize the importance of teamwork: a pediatrician, a special therapist, a speech therapist, a psychologist, a dentist, and a physiotherapist. Collaboration and coordination with other professionals, families, caregivers, and volunteers involved with the child are essential to implementing a holistic approach to working with children.

Members of a multidisciplinary team work with individuals with complex, multiple disorders and disabilities – for example, with associated motor, sensory, intellectual, social, and/or communication disorders and developmental disabilities.

Analysis of the literature revealed that effective early intervention teams typically include three core members and one or two supplementary specialists, depending on the child's needs (Table 1).

As the results showed, the most commonly included specialists in early intervention multidisciplinary teams were pediatricians, physical therapists, special/occupational therapists, speech therapists, psychologists, and social workers. Table 1 presents the composition of the multidisciplinary team, responsibilities, and competencies of its members, as outlined in the reviewed studies and documents.

The special therapist implements therapeutic work through individualized programs to develop cognitive, communication, and social skills in children with developmental disabilities [14]. Additionally, the special therapist acts as a liaison between the healthcare and education systems, promoting inclusive practices and collaboration with schools and local communities [17] to foster inclusion and cooperation. Special therapists, similar to occupational therapists, have a broad education in medical, social, behavioral, psychological, psychosocial, and related sciences, which equips them with the attitudes, skills, and knowledge to collaborate with people, individually or in groups or communities. Special therapists can work with all people, including those who have an impairment of body structure or function due to a health condition or whose participation is limited or who are socially excluded because of their disability [23].

Table 1. Multidisciplinary team members, responsibilities, and competencies

Specialist	Primary responsibilities	Key competencies
Pediatrician / developmental pediatrician	Medical oversight, diagnosis	Medical diagnosis, developmental screening, developmental monitoring
Physical therapist	Motor development	Gross motor assessment and intervention
Special therapist	Individualized developmental support for specific developmental domains (motor, communication, behavior, daily living skills, fine motor), family guidance	Child development, family-centered practice, multidisciplinary teamwork, individualized planning, adapting interventions to diverse needs
Occupational therapist	Supporting independence in activities of daily living Fine motor skills, bimanual coordination, and spatial orientation therapy	Task analysis and environmental modification, family-centered and routines-based intervention
Speech-language pathologist	Communication, feeding	Language assessment, alternative and augmentative communication
Psychologist	Cognitive and emotional development	Developmental testing, family support
Social worker	Family support, coordination	Case management, resource navigation

The key competencies of a special therapist working with children with multiple disabilities as well as with non-associated disorders and impairments include knowledge of multiple relevant fields, such as special education and rehabilitation, psychology, neurology, psychiatry, neuropsychology, physiology, etc., and various skills necessary for professional teamwork, such as applying a holistic approach, collaboration, developed empathy, and flexibility [24].

A special therapist in a multidisciplinary team conducts a detailed assessment of a child's abilities and determines if the child has motor, sensory, intellectual, social or communication, learning, behavioral, attention, or memory disorders, disabilities, or challenges. In a multidisciplinary team, constant communication among all team members is essential to achieve a comprehensive and coordinated approach in which all participants are actively involved. This is achieved by adapting treatment goals and through continuous monitoring, as well as individual evaluations by each team member for each child. The special therapist collaborates with the other team members and develops an individual rehabilitation plan for the child.

In their work, special therapists use specific standard rehabilitation methods and approaches that stem from the fundamental doctrine of the existence of a biopsychosocial unity within every being.

In addition, special therapists apply current, evidence-based methods, approaches, and rehabilitation programs [25]. Some of the approaches and programs include the following:

- Neurodevelopmental rehabilitation;
- Behavioral methods for working with children with neurodevelopmental disorders;
- Augmentative and alternative communication;
- Application of assistive technology;
- Play therapy;
- Montessori therapy;
- Psychomotor re-education;
- Methods that are not yet evidence-based, such as sensory integration in controlled conditions.

The structure of multidisciplinary team members' work in early development counseling services within a local health center

Team coordination models – There are three primary models that have emerged from the literature:

1. Multidisciplinary model: team members work independently, sharing information periodically.
2. Interdisciplinary model: team members work collaboratively with role overlap.
3. Transdisciplinary model: role release and cross-training with the primary service provider.

Our research focuses on a multidisciplinary health center team in early intervention, addressing children with multiple disabilities, and its conceptual model (Figure 1).

The main areas of work of the members of the multidisciplinary team, in addition to treatment, include the following segments.

1. Therapeutic work and rehabilitation for children with developmental disorders and disabilities, primarily those with multiple disabilities

- Early intervention – active participation in team processes for identifying children at risk of disabilities and those with disabilities at an early age.
- Early intervention – therapeutic work with young children who have been identified as having multiple disabilities of various types, such as ASD, cerebral palsy, muscular dystrophy, Down syndrome, and many others.
- Therapeutic work and rehabilitation for disorders and disabilities in preschool and school-aged children.

The special therapist assesses the child's abilities and needs and creates an implementation plan for an individual program tailored to each child, based on the type and severity of their disabilities. The focus is on developing skills such as mobility, independence in various areas, spatial orientation, social skills, and communication skills (verbal or nonverbal). The plan helps to identify goals and overcome physical, mental, communication, and social challenges. The special therapist will help the child perform expected

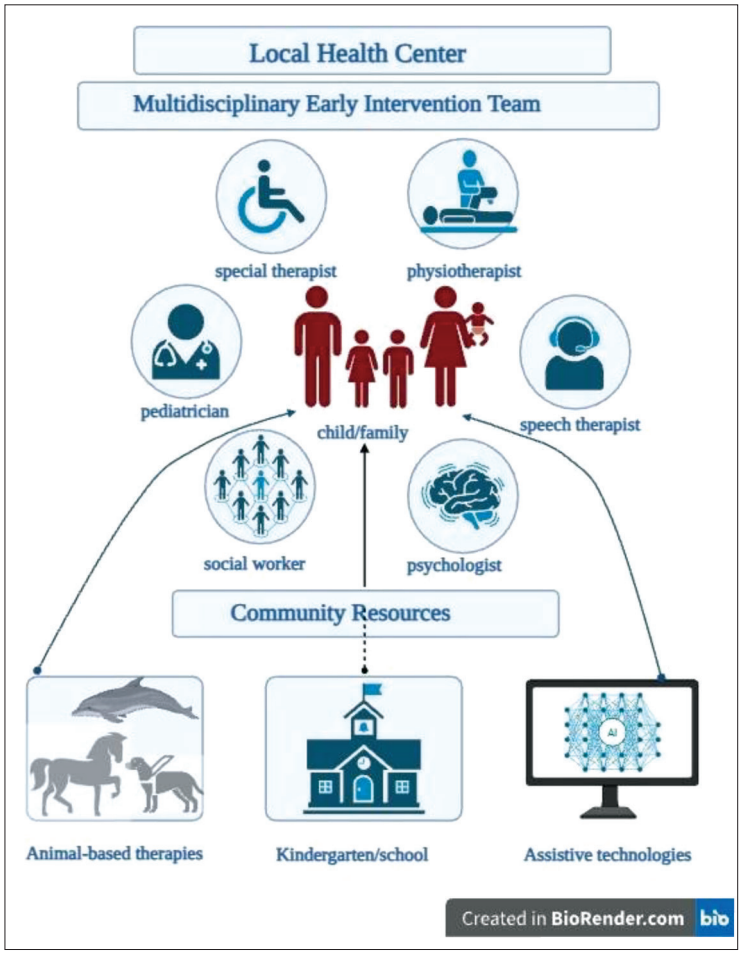


Figure 1. Conceptual model of early-development counseling services

activities in their daily routine and provide the child and family with insight into the resources needed for the child to feel more secure in their environment and more successful in performing various tasks and actions, from different forms of movement (crawling, walking, jumping, running) to actions requiring bimanual movements and coordination (catching, receiving, holding, feeding, etc.) to complex skills and actions with a social and communicative context (graphomotor activities – writing, reading, drawing; counting, speech, memory, attention, memorization, orientation in space and time, etc.).

2. Working with families

Collaboration with a child's family is a significant part of the work of a special therapist and other professionals who work with the child at an early age. Parents of children with disabilities need strong support targeted at strengthening their parental capacities and building special skills, considering their children's disabilities [26]. Experts involve the child's parents (guardians) in the rehabilitation process from the very beginning. The parent is informed about the content and methods of their child's speech and language therapy and is advised to actively participate in the treatment, which is to be continued at home [6]. This can lead to better results in the child's progress in certain areas of work. Parents are also guided on how to encourage their child's overall development, and specifically their advanced skills, through daily home and play activities.

An important area of work is the recognition and prevention of abuse in young children with developmental disabilities or chronic illnesses, who stand out as being more frequently abused at an early age [27].

3. Application of assistive technologies to improve a child's daily functioning

In addition to specialized materials and didactic-play resources, the special therapist also applies appropriate assistive technologies to enable better daily functioning for the child in their activities of daily living. The special therapist trains the child to use the assistive technology and also trains family members. Additionally, other adapted methods, such as alternative and augmentative communication, are introduced and used as needed in the child's activities and daily functioning.

4. Collaboration with other healthcare institutions

The special therapist collaborates with other institutions, such as hospitals, institutes, mental health centers, and various clinics and offices, by performing the following duties:

- Participating in rehabilitation programs in institutions such as day centers and rehabilitation centers.
- Collaborating with pediatricians, physiatrists, neurologists, psychologists, speech therapists, educators, physical therapists, and other specialists.
- Monitoring the development of children with developmental disorders.
- Participating in the preparation and implementation of individualized rehabilitation plans.

5. General prevention and public counseling

The special therapist continuously participates in raising community awareness about the situation and needs of children at risk and those with disabilities and challenges, as well as informing prospective and current parents about the importance of monitoring and encouraging their children's early development. To this end, the special therapist:

- Participates in preventive programs for the early detection of disorders.
- Provides counseling to parents, educators, and medical and other staff.
- Participates in campaigns and the dissemination of useful information.

6. Improving work

In order to continuously improve their work and to monitor and apply modern methods in rehabilitation, the multidisciplinary team members also perform the following tasks and activities:

- Research and analytical work,
- Participation in workshops, seminars, and training sessions,

– Participation in conferences and study trips,
– Keeping up with current literature.

Emerging problematic conditions in children: screen addiction, eating disorders, and sleep disorders

It is no longer a question of whether screen time adversely affects children's early development, but only to what extent.

Data show that multiple developmental and health problems occur in children who overuse all forms of digital media, from digital toys, tablets, phones, computers, and laptops to TV screens [28, 29].

Research shows that children younger than two years old need hands-on exploration and social interaction with parents to properly develop their cognitive, language, motor, and social-emotional skills [30]. Therefore, the use of digital media should be avoided in children younger than 24 months.

Often, due to a lack of awareness, parents do not recognize the signs of screen addiction in their children but only notice individual symptoms without being aware of what caused them [31]. The study by Mićević Karanović et al. [32] confirms that excessive use of digital devices in preschool-aged children can lead to problems with attention, speech, and social interactions.

Eating disorders can occur at an early age in the form of a child's refusal to eat solid food or food of a certain texture, which can be a significant obstacle to the child's proper development and growth. Due to harmful media influence, children can exhibit severe eating disorders like anorexia or bulimia at an unexpectedly early age, but other disorders also occur, such as uncontrollable drinking of water (polydipsia) or eating non-food substances (pica).

Sleep disorders, like eating disorders, can be present on their own or be part of the clinical picture of more complex conditions or disorders. According to the World Health Organization, there is a direct link between screen time for children under five years old and sleep disturbances [29]. Therefore, sleep problems are very significant and need to be addressed at the earliest age.

The preceding findings show that local health centers should have several different specialists for multiple disabilities in their multidisciplinary teams (a pediatrician, a special therapist, a speech therapist, a dentist, a psychologist, and a physiotherapist) to ensure that all children at an early age are provided with adequate and timely health care and protection in the local community, regardless of whether they live in urban or rural areas [33].

CONCLUSION

The multidisciplinary team of different experts who work with young children with multiple disabilities in local health centers plays a significant role in children's development and their health protection. Support services from various specialists, provided promptly as part of early intervention, are extremely beneficial and have a positive impact on the well-being and further development of children with developmental disabilities and challenges in multiple areas. Multidisciplinary support must be provided to all children within early intervention in primary health care in local health centers, regardless of whether they live in urban or rural areas.

Ethics: The authors declare that the article was written in accordance with the ethical standards of Serbian Archives of Medicine and the ethical standards of each author's medical institutions.

Conflict of interest: None declared.

REFERENCES

1. World Health Organization, United Nations Children's Fund. Global report on children with developmental disabilities: from the margins to the mainstream [Internet]. Geneva: World Health Organization and United Nations Children's Fund; 2023. Available from: https://www.unicef.org/documents/global-report-children-developmental-disabilities
2. Liu S, Zhu M, Yi C, Zeng D. Early rehabilitation interventions for global developmental delay in children: a narrative review. Front Pediatr. 2025;13:1576324. [DOI: 10.3389/fped.2025.1576324] [PMID: 40708903]
3. Olusanya BO, Wright SM, Smythe T, Khetani MA, Moreno-Angarita M, Gulati S, et al. Early childhood development strategy for the world's children with disabilities. Front Public Health. 2024;12:1390107. [DOI: 10.3389/fpubh.2024.1390107] [PMID: 38962774]
4. National Scientific Council on the Developing Child. Children's emotional development is built into the architecture of their brains: Working Paper No. 2 [Internet]. Cambridge (MA): Center on the Developing Child at Harvard University; 2004. Available from: https://developingchild.harvard.edu/resources/working-paper/childrens-emotional-development-is-built-into-the-architecture-of-their-brains/
5. Radović I, Juloski J, Josić U, Beloica M, Kosanović D. Oral health difficulties in children and adolescents with autism spectrum disorder – parental perception. Srp Arh Celok Lek. 2018;146(11–12):624–8. [DOI: 10.2298/SARH171204015R]
6. Šćepanović M. Support to families of children with disabilities during early childhood. In: Filipović M, Brojčin B, editors. Early childhood intervention: for meeting sustainable development goals of the new millennium: proceedings [Internet]. Belgrade: University of Belgrade, Faculty of Special Education and Rehabilitation; 2017. p. 297–304. Available from: https://web.archive.org/web/20220617163748/http://www.fasper.bg.ac.rs/nauka/medjunarodni-skup-doc/2017/Zbornik-radova-2017.pdf
7. UNICEF Serbia. Early childhood development [Internet]. 2018. Available from: https://web.archive.org/web/20211214001016/https://www.unicef.org/serbia/en/early-childhood-development
8. Bowen GA. Document analysis as a qualitative research method. Qual Res J. 2009;9(2):27–40. [DOI: 10.3316/QRJ0902027]
9. Snyder H. Literature review as a research methodology: an overview and guidelines. J Bus Res. 2019;104:333–9. [DOI: 10.1016/j.jbusres.2019.07.039]
10. Krippendorff K. Content analysis: an introduction to its methodology. 4th ed. Los Angeles (CA): SAGE; 2019. [DOI: 10.4135/9781071878781]
11. Mayring P. Qualitative content analysis: theoretical foundation, basic procedures and software solution [Internet]. Klagenfurt; 2014. Available from: https://www.ssoar.info/ssoar/handle/document/39517
12. Neuendorf KA. The content analysis guidebook. 2nd ed. Los Angeles (CA): SAGE; 2017. [DOI: 10.4135/9781071873045]

13. U.S. Department of Education. IDEA Part C: early learning and early childhood [Internet]. 2024. Available from: https://sites.ed.gov/idea/early-learning-early-childhood/
14. Pérez M, Ríos N. The effectiveness of early intervention programs for children with special needs. Int J Literacy Educ [Internet]. 2024;4(2):14–8. Available from: https://www.educationjournal.info/article/206/4-2-8-410.pdf
15. American Academy of Pediatrics. Early brain development [Internet]. 2022. Available from: https://www.aap.org/en/patient-care/early-childhood/early-childhood-health-and-development/early-brain-development/
16. Horen NM, Sayles J, McDermott K, Sippel-Klug K, Drake-Croft J, Long T. Infant and early childhood mental health (IECMH) and early childhood intervention: intentional integration. Int J Environ Res Public Health. 2024;21(7):870. [DOI: 10.3390/ijerph21070870] [PMID: 39063447]
17. Department for Education, Department for Levelling Up, Housing and Communities. Supporting Families Programme guidance 2022 to 2025 [Internet]. 2022. Available from: https://www.gov.uk/government/publications/supporting-families-programme-guidance-2022-to-2025
18. Vlada Republike Srbije. Uredba o Nacionalnom programu za unapređenje razvoja u ranom detinjstvu [Internet]. Službeni glasnik Republike Srbije. 2016;(22). Available from: http://demo.paragraf.rs/demo/combined/Old/t/t2016_03/t03_0103.htm
19. UNICEF Regional Office for Europe and Central Asia. Foundations for the future: strengthening early childhood education and care systems for ages 0–3 in Europe and Central Asia [Internet]. Geneva: UNICEF Regional Office for Europe and Central Asia; 2024. Available from: https://www.unicef.org/eca/reports/foundations-future
20. Šćepanović M. Korektivno-rehabilitacioni rad sa decom i učenicima sa smetnjama u razvoju i invaliditetom: vodič za obrazovnu i sportsko-rekreativnu praksu. Subotica: Alijansa prosvetitelja Srbije; 2025.
21. World Health Organization, World Bank. World report on disability [Internet]. Geneva: World Health Organization; 2011. [PMID: 26131540] Available from: https://www.who.int/publications/i/item/9789241564182
22. Republički zavod za statistiku. Procenjen broj stanovnika, 2024 [Internet]. Beograd: Republički zavod za statistiku; 2025. Available from: https://publikacije.stat.gov.rs/G2025/HtmlL/G20251177.html
23. World Federation of Occupational Therapists. Definitions of occupational therapy from member organisations [Internet]. 2018. Available from: https://web.archive.org/web/20220121183146/https://wfot.org/resources/definitions-of-occupational-therapy-from-member-organisations
24. Westling DL, Carter EW, Da Fonte MA, Kurth JA. Teaching students with severe disabilities [Internet]. 6th ed. Hoboken (NJ): Pearson; 2022. Available from: https://www.pearson.com/en-us/subject-catalog/p/teaching-students-with-severe-disabilities/P200000002017/9780137982202
25. Šćepanović M, Nikolić S, Mitrović N. Perspective chapter: individual support services in inclusive education – pros et contras (polemic). In: Rodríguez Pérez C, Shohel MMC, editors. Inclusive pedagogy in contemporary education. London: IntechOpen; 2024. [DOI: 10.5772/intechopen.114080]
26. Šćepanović MN. Support programs for parents of children with disabilities. Sinteze. 2017;(11):73–91. [DOI: 10.5937/sinteze6-13529]
27. Đuričić G, Milošević Z, Alempijević Đ, Radlović V, Medović R, Dučić S, et al. Social, clinical, and radiological characteristics of physical abuse of children under three years of age hospitalized in a tertiary health institution. Srp Arh Celok Lek. 2017;145(5–6):234–8. [DOI: 10.2298/SARH160927083D]
28. Twenge JM, Campbell WK. Associations between screen time and lower psychological well-being among children and adolescents: evidence from a population-based study. Prev Med Rep. 2018;12:271–83. [DOI: 10.1016/j.pmedr.2018.10.003] [PMID: 30406005]
29. World Health Organization. Guidelines on physical activity, sedentary behaviour and sleep for children under 5 years of age [Internet]. Geneva: World Health Organization; 2019. [PMID: 31091057] Available from: https://www.who.int/publications/i/item/9789241550536
30. Council on Communications and Media. Media and young minds. Pediatrics. 2016;138(5). [DOI: 10.1542/peds.2016-2591] [PMID: 27940793]
31. Šćepanović M, Kalinić T, Klepić S. Savanti i darovitost. In: Šćepanović M, editor. Darovitost: tematski zbornik radova međunarodnog značaja = Giftedness: international thematic collection of papers [Internet]. 2nd ed. Novi Sad: Udruženje građana Mensa Srbije; 2018. p. 117–27. Available from: https://web.archive.org/web/20220617115406id_/https://www.mensa.rs/resources/Tematski%20zbornik%202017%20-%20e-izdanje.pdf
32. Mićević Karanović JŽ, Mesaroš Živkov AJ, Pavlov SV, Brkljač TS. Rizični uticaji digitalnih medija na psihofizički razvoj dece predškolskog uzrasta. Sinteze. 2020;(18):33–53. [DOI: 10.5937/sinteze9-22205]
33. Šćepanović MN, Vučković SA, Vučković ĐM. Early intervention for children with disabilities in Health Center Sombor: evidence from the past decade. Exceptional Children and Youth. 2026;8(14):958–67. [DOI: 10.5281/zenodo.21126590]

Мултидисциплинарна рана интервенција код деце са вишеструким сметњама: оквир за локалне домове здравља – кратки преглед

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САЖЕТАК

Мултидисциплинарна здравствена подршка деци са вишеструким сметњама у развоју у раном узрасту представља неопходну потребу. Циљ овог рада је да анализира потребу за мултидисциплинарним приступом раној интервенцији у локалним здравственим центрима, где тим стручњака подржава раст и развој деце. Студија је користила приступ секундарног истраживања, дескриптивну методу и анализу садржаја. Анализиран је садржај релевантне литературе, а функционална анализа је примењена у истраживачкој фази студије. Оквири за ефикасан мултидисциплинарни рад различитих специјалиста у локалном здравственом центру укључују структуру, улоге, приступе и методе које их чине важним фактором у раду са децом у области ране интервенције. Деци са вишеструким сметњама у развоју потребни су праћење и подршка у здравственом окружењу до узраста када рана интервенција показује своје ефекте у свим областима развоја. Тимски, мултидисциплинарни приступ и рад са децом са вишеструким сметњама у развоју у раном узрасту непроцењиви су за добробит и здравље деце. Улоге различитих специјалиста и терапеута у тиму су значајне. Сви чланови мултидисциплинарног тима поседују потребна знања и компетенције и значајно доприносе бризи о најмлађој деци. Сви локални здравствени центри требало би да запошљавају различите специјалисте ангажоване у тимовима за третман вишеструких сметњи код деце раног узраста како би се осигурала потпуна и благовремена заштита у раном детињству.

Кључне речи: деца са сметњама у развоју; вишеструке сметње у развоју; рана интервенција; дом здравља; мултидисциплинарни приступ