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## CHAPTER 48

### ENHANCING THE IDENTIFICATION AND INTERVENTION IN THE EARLY CHILDHOOD EDUCATION OF CHILDREN WITH SPECIAL NEEDS

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It is usually difficult to identify children with special needs in Africa before the age of three (3) years. You may be able to see a child with a physical disability but not those with an intellectual, social or emotional disability. In Africa, parents are likely to deny that their children have disabilities. Superstition also prevents parents from helping children with disability. Hyson & Timlison (2014) observed that intervention at the early stage has proven beneficial if they are identified early. Disability is usually confused with delayed development because at the age of 3 the children are still developing and labelling a child with special needs or disabilities may stigmatize them. It is also difficult to identify children with disabilities because parents deny or refused to accept that their child has a disability. Hitherto such children have been labelled negatively as an imbecile, idiots or simply stupid. Therefore, to avoid stigmatizing the child or labelling the child, Parents, as well as Teachers, are careful not to use the word disability.

Early childhood education is variously called Early Childhood Care and Development Education (ECCDE). In Nigeria, ECCDE are private nursery schools for children aged 0 - 4 years and this include play class and nursery schools. Early Childhood Care and Development (ECCD); Early Childhood Care and Education (ECCE); Early Care and Development (EDC) and Early Childhood Education Care (ECEC) all refer to programmes that support care, development and learning from birth to 8 years (Essa, 1999; Madugwusi, 1999; Clark & Waller 1999; Driscoll & Nagel, 2009; Copple & Bredekamps 2009).

However, the Federal Ministry of Education of Nigeria (FME, 2013) said that early childhood education is the care and education given to a child in an institution prior to entry into primary school. It also says that it is the education given to a child from 0 - 5 years (FME, 2007).

The institutions in Nigeria include crèche, play class, nursery and pre-primary (kindergarten) for 5-year-old children. In Nigeria, pre-primary class (kindergarten) is free and part of basic education which means all children are entitled to attend. It is expected that all public primary schools should establish a pre-primary class section for children who are 5 years old, or who have never gone to school (FME, 2004).



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Early childhood education is a readiness programme (Morrison, 2009). In Nigeria, the ECCDE is allowed by the Federal Government for the following reasons:

1. For working mothers to keep their children while at work in the office, farm or market.
2. For the smooth transition of children from home to school.
3. To teach good health habits.
4. To inculcate the spirit of enquiry in the child.
5. To introduce the rudiments of numbers, shapes, measurement and letters.
6. To introduce social skills.

Early childhood education has great benefits for the child involved. These benefits include:

1. Readiness for primary education.
2. Formation of positive attitudes towards learning for life.
3. Inculcation of good values and habits that the child grows up with and cherishes in life. For instance, greetings and respect for elders.
4. It encourages socialization because the child mixes with others in group work as classmates, playmates and seatmates.

A common disability of children in early childhood includes Attention Deficit Hyperactive Disorder (ADHD), Autism, Down Syndrome, mental retardation or intellectual disabilities. Intellectual disabilities are more difficult to identify as it is often mixed up with developmental delay. In the intervention for such children, care must be taken that they are not stigmatized. Physical disabilities include visual impairment or blindness, lame, crippling, loss of limbs or lack of limbs, orthopaedic disability, and cerebral palsy where the individual jerks while working or writing.

Generally, the intervention strategies include: according to Momsan (2007) and Tomtisan (2008);

1. A special classroom for intervention.
2. Adaptation: Modification of equipment, materials or content of learning to fit the kind of disability for the child to cope.
3. Inclusion: This is putting together children with disability with those without disabilities in a mainstream setting.
4. Individual attention and care: it starts with an assessment of the child or a referral for intervention. It often uses the result of assessment and referral to begin the intervention.

Intervention is the act of stepping into a child's care, education and learning to prevent any lasting effect of disability as the child develops. Intervention has benefits for the child involved. Morrison (2009), opined that intervention benefits the child in the following ways:

1. **Communication.** It leads to talking early which is advantageous to speech.
2. **Surveillance.** It makes families to watch out and support teachers who are helping their children.



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3. **Focus.** Teachers and professionals make families to focus on improving the achievement of their children.
  4. Protection, accountability and interaction.
  5. Confidence building (self-concept). Early intervention increases self-confidence in the child, thereby increasing his/her self-concept.
  6. Self-effort, resources and time that will be required later to educate the child will be reduced. It fosters or improves learning at an early age and psychologists say that early learning is better than late learning (Hurlock, 1978).

Hyson & Tomlinson (2014:90) observed that the earlier children are identified as having developmental delays, the greater the chances that intervention will make a significant difference in their development. They further noted that “early intervention can have positive impact across many areas of development including physical health, language, cognition and social-emotional wellbeing”.

From the time children with disability enter school or any childhood programme, they participate in:

1. Inclusive early childhood programme. Children benefit tremendously from participating in intervention within the natural environment or the least restricted environment. For typically developing children, apart from meeting the legal requirement, inclusion reflects the values and beliefs about the rights of all children. It has been noted by Hyson (2008) that children do better when they spend time with typically developing children who become most empathetic people when they play and learn with children with disabilities.
2. Individualized educational programme. In inclusion, children with disabilities need specialized instruction from their teachers or professionals who modify the content of the curriculum to fit the needs of the child.

According to Hyson & Tomlinson (2014), most children with disabilities will benefit within an inclusive setting but individualized programme will serve the needs of the child with disabilities better. Therefore, care and education should be given to them in the areas of specialized needs.

3. Access. The child accesses special intervention programmes based on observation of parents and teachers, or by the guidelines provided by the ministry of education. Parents are very important in the identification of children with disabilities. When the teacher observes the child, he/she must discuss it with the parents before referring the child to an intervention class. The problem is that many children who would have received intervention do not access it early because parents notice or accept the disability late. In addition, superstitious beliefs in Africa hinders the child who would have received early intervention may be denied such interventions as an infant or toddler.

Early intervention is a window that provides opportunity to promote positive development in infants and toddlers up to age 3 of life. Some parents may not be aware that their children have special needs by the time they enroll them in nursery schools, so they may not ask for intervention for the child. In this case, it is



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the sole responsibility of the teacher to observe and refer the child for early intervention class.

In the intervention class, there would be professionals who provide formal evaluation and modify the curriculum to meet the needs of the child. Learning then becomes a planned activity and the family is brought in to support the development of the child in what is called individualized family support service plan. In that case, the family is involved in the planning. The team that planned the individualized family support service may agree on important outcomes or desired goals together with the family. The team agrees on the most important outcome or result for the child. The planned outcome should be meaningful and realistic based on the age and nature of disability. The team should include the things that interest the child and make him/her have friends such as music or football. The physical therapist should be more involved in the plan for children with physiological problems, such as those who are blind, deaf, orthopedic, crippled, lame or children who have cerebral palsy.

In implementing intervention, Copple & Bredekamp (2009), say the essential element of developmentally appropriate practice should be taken into consideration. It should be remembered that it is the right of children with disabilities to have special services and they should be given by teachers and families.

In implementing the plan for the child, the professional should work with the families as well as give the child the best. The professional working with the team and family is known in special education circles as blended programmes (Abang, 1992).

In summary, the teacher prepares the way to meet the needs of all children that is the typically developing child and the child with disability.

### **The identification and intervention of some common disabilities**

- 1. Attention Deficit Hyperactivity Disorder (ADHD):** These are children with low-level concentration less than is appropriate for their developmental level. They are classified as Attention Deficit Hyperactivity Disorder (ADHD). They display Attention Deficit Disorder (ADD) during instruction. Ordinarily, the teacher says they are disruptive during instruction. They can be identified by observation and assessment by the teacher. Even though normal children are expected to be active and explorative, the activities of children with ADHD are disruptive, their inattention is noticed or observed when they often fail to give attention to details or make consistent mistakes in exercises or assignments.

Morrison (2009) says that they often fail to sustain attention in classroom tasks or play activities. The child does not seem to listen to directives or to listen when spoken to directly. The child needs help as he has difficulty organizing



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activities. He/she often dislikes or avoids or is reluctant in engaging in tasks or completing tasks/classroom exercises. Other characteristics include:

1. He/she often loses things or materials needed for tasks and activities. He/she is easily distracted.
2. Hyper-activeness: when a child is rather hyperactive, he/she fidgets with his/her hands or feet or squirms in his/her seat. He/she leaves his/her seat in class.
3. He/she runs and climbs excessively in a situation not expected. He/she acts as if driven by a motor, he/she is often on the go and it is difficult for the child to engage in activities quietly. He/she talks excessively. All these are some of the signs that indicate to the teacher that the child has Attention Deficit Hyperactive Disorder (ADHD).

To help such a child Morrison (2009) made the following suggestions:

1. Provide an advanced organizer especially when it pertains to academic instruction, review the previous lesson, set learning behavioural expectations, and provide the needed materials. He stated that the adult (teacher) should support the child in participating in activities. In addition, the teacher should use audio-visual aids as this attracts the attention of pupils. Let the children or pupils perform the task themselves with the support of the teacher by checking their progress.
2. One of the tasks of the teacher is to help their pupils correct their mistakes. The teacher can help them through demonstration activities or engaged learning.
3. The teacher should give follow-up directives and be sure that children follow oral or written directives.
4. The teacher should use cooperative learning strategies, especially group work.
5. Finally, individualized instruction is recommended for such a child. Other strategies according to Bewer (2007) are:
  - a. Using different colour-coded folders, drawings, charts and diagrams.
  - b. Encourages the child to get a working partner for things like assignments and classwork.
  - c. For children of this level, noise is necessary for learning. However, teachers should help assist the child with time management by announcing the minutes left for the end of activities e.g. Five minutes left for us to start packing our toys.
  - d. The teacher can use calendars to practice sequencing activities as well as creating a daily activity schedule.
  - e. Finally, medication in the form of drugs can help stabilize a child with Attention Deficit Hyperactivity Disorder (ADHD) e.g. Ritalin and Adderall.



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**2. Autism:** For autism, getting help early help increases the chances of success in school.

Autism is a complex neurological and developmental disorder that begins early in life. It affects how a person learns or interacts with others.

Symptoms range from poor eye contact to repetitive behaviour and intense temper tantrums. In addition, they have sensitivity to noise. Tomlison (2008) say that this disability does not cure but early intervention lessens the effect. Getting help early increases the chances of success in school. To avoid frustration, early intervention helps. If the problems remain untreated the child may begin to feel frustrated, which may affect his/her self-esteem and self-confidence.

Too often a teacher encounters children with autism in the class. These are children with behaviour problems. The strategies to help them according to Marrison (2009) are:

1. Give praise immediately following the desired behaviour.
2. Vary statements the teacher made with consistency and sincerity.
3. The child should seat near the teacher and provide a low destructive environment

Children with autism can be identified by careful observation. The teacher should be aware of a situation and events such as inconsistent and unstructured environments. New situations for the child with autism may include overstimulation and internal changes including illness, extreme fatigue may triggers undesired behaviour. The intervention includes:

1. Involve the child in modification, such as on the playground, informing the child prior to experiencing the change for instance seat of the swing could be changed from flat to curve, while the child is used to old tyre seats.
2. The number of rules should be limited for the child, communicate rules clearly to a child in many ways.
3. Provide extra support during a new and difficult task and break activities into simple and sequential steps.
4. Provided predictability and consistency in routine activities both inside and outside the classroom and particularly on the playground.
5. Use demonstration methods and repetition when giving instructions to the child.

### **3. The child with a physical challenge**

The child with physical challenges may be noticed at birth or a few weeks later like six(6) weeks. Categories of physical disabilities include blind and visually impaired children, deaf or children with hearing impairment, orthopaedic children or children with muscle problems. In the case of physical disability, the mild ones may be called impairment while the name of the disability goes for the profound or severe cases.

The child is to be trained to get maximum range of motion muscle control and visual contact with materials and other children in his environment (or around



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him/her). The essential thing is to increase according to Morrison(2009) is the child's chances of success.

### **Dealing with children with physical disabilities**

Generally, the interventions according to Morrison (2009) include:

1. Adaption: Specifically modify play and recreational equipment such as swings, tricycles, tables, chairs, merry-go-round and slides.
2. Place another child or somebody who does not have disabilities at his/her side to use him/her to access materials and interact with other children.
3. Encourage the child to use the bell for his means of getting around. The child may get around using a wheelchair, walker or scooter.
4. The child's limbs (hand and legs) are affected by the disabilities. Teach the child to use the lower limbs (legs and toes) to draw or paint.

### **4. Children with learning disability (intellectual) disabilities**

Very often we meet children with intellectual disabilities often called mentally retarded children in the classroom. They are low achievers in academic performance. Very often the child in academic performance in the classroom is among the last 5% of children in the classroom. (It is a wrong practice to rank children in nursery school as they may be late developers and labelling is likely to worsen their cases because of the stigmatization.) The intervention for such children include:

1. Teaching sequentially: The teacher moves from known to unknown, from specific to general.
2. Teaching in short steps and making sure the child has mastered a step and experienced success in it before moving to the next;
3. The teacher teaches using the repetitive method until pupils master the knowledge or procedure - overlearning.
4. The teacher uses mainly practical approaches to learning like demonstration and modelling.
5. The teacher should ensure success at every stage of learning.

### **Implications of Early Identification and Intervention for Children with Special Needs**

1. The papers show that families and teachers must be very observant and identify children with special needs whether they are social, emotional or intellectual needs. The families should support teachers to identify children with special needs. Teachers must also ensure that children that need special intervention really need the intervention to avoid stigmatization and wrong labeling. If teachers are in doubt about any child in need of special intervention they should assess the child well before sending him/her to the intervention class.



2. Parents should be honest, courageous and observant enough to report their children with special needs to the teacher for formal assessment and intervention.
3. Nursery schools should have team of teachers and professionals for assessment and intervention. The university produces students who are professionals in special education, but they became redundant or unemployed after graduation. For the nursery and primary schools, each school should have a team of teachers and professional available for assessment and intervention. the professionals on the team would comprised of those specialists in learning disability, hearing impairment, visual impairment as well as physical impairment so that they can plan the intervention for each child with special needs.
4. It also implies that nursery schools and primary schools should have intervention class ready for those who need those services.
5. The intervention should start as soon as the child is discovered, to have a special need. Early learning, the psychologist Herlock has told us is better than late learning. The team should decide whether the child is suitable for inclusion, adaption, or individualized educational plan.
6. The intervention should be developed appropriate for the child. Capple and Brittany (2009) have noted that developmentally approach practice is needed for such children.

### **Suggestions**

1. Every nursery or primary school should have an intervention class. The intervention class should be ready with a team of professionals.
2. Each nursery school and primary school should have a team for disability identification and intervention for children with the early years of disability
3. Adapt learning materials and play equipment to fit children with special needs.
4. Children with special need should be placed in inclusive class.
5. Teachers must get to know their pupils very well and provide instruction that is developmentally appropriate. They must know the need of each child in the class. Those who are gifted/talented should be given experiences that will make them grow academically.
6. Teacher should plan lessons to properly engage learners to avoid disruptions of others while they are at work. The plan to engage pupils well developmentally appropriate practice and based on the knowledge of the best of each child.

### **Summary/Conclusion**

We can enhance the performance of children with special needs in our classrooms. The teacher should be observant and assess the children he has observed may have disabilities. The teacher then makes referral to the intervention

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class when the child goes to meet a team of professional who will handle him/her appropriately. In the paper it has been suggested that the intervention will include inclusion, access to intervention and individualized instruction based on the need of the child. Some common disabilities have been identified in early childhood. They include Attention DefiationHyoeractivity Disorder (ADHD), Autism, Physical disabilities, and learning disabilities. The identification of these disabilities and the intervention have been discussed.

Generally, it was agreed in the paper that early intervention helps the child to succeed in schools.

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