

**O ECS EDUCATION REFORM UNIT (OERU)
EASTERN CARIBBEAN EDUCATION REFORM PROJECT (ECERP)**

PROFESSIONAL DEVELOPMENT WORKSHOP

IN

Early Identification/Early Intervention

REPORT OF WORKSHOP PROCEEDINGS

**OERU,
Castries, St. Lucia
June 2001**

**OECS EDUCATION REFORM UNIT (OERU)
EASTERN CARIBBEAN EDUCATION REFORM PROJECT (ECERP)**

PROFESSIONAL DEVELOPMENT WORKSHOP

IN

Early Identification/Early Intervention

**November 15 – 17, 2000
Fort Young Hotel
Roseau, Dominica**

REPORT OF WORKSHOP PROCEEDINGS

Prepared by:

Mrs. Melena Fontaine, Ministry of Education, Science and Technology, Dominica

Reviewed by:

Dr. Natalie Kishchuk, Social Science Researcher, Canada

Edited by:

Dr. Henry Hinds, OERU

**OERU,
Castries, St. Lucia
June 2001**

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	4
WORKSHOP PROCEEDINGS.....	7
1. Early Identification.....	7
1.1 What is early identification?.....	7
1.2 Arguments for and against early identification.....	8
1.3 Who identifies, and how?.....	10
1.4 Group session: current OECS initiatives and issues.....	11
1.5 Technical issues in early identification.....	17
2. Early Intervention.....	21
2.1 Goals of early intervention.....	21
2.2 Issues and strategies for early intervention.....	23
2.3 Case analyses.....	24
3. Working with Families in Early Identification/Early Intervention.....	31
3.1 The ecological approach to family intervention.....	31
3.2 Need for intervention.....	32
3.3 Examples of family support interventions.....	33
4. Introduction to Needs Assessment.....	35
Guidelines for the Teacher.....	35
WORKSHOP EVALUATION.....	36
APPENDICES.....	39
Appendix 1: Bibliography of Relevant documents.....	39
Appendix 2A: List of documents supplied by countries on national policies and activities in early identification/early intervention.....	44
Appendix 2B: Situation Analysis of Early Identification/Intervention in the OECS.....	46
Appendix 3: Workshop Participants.....	51

EXECUTIVE SUMMARY

The workshop summarized in this document was the first in series of activities that have been planned to follow the Student Attitudes Survey, conducted throughout the OECS in 1998-1999. The dissemination workshops for the survey results identified a number of measures, at the sub-regional and national levels, that could strengthen the foundation of positive school-related attitudes and behaviours and optimal academic performance. These measures were proposed to and accepted by OECS Ministers of Education in October 2000. Among the measures proposed at the sub-regional level was the development of capacities to support teachers and other education professionals in the strengthening of preventive interventions for students and their families at risk of developing behavioural, attitudinal or academic problems. The Early Identification/Early Intervention Workshop, held in Dominica in November 2000 with representatives of all OECS countries, was the first step in this process of capacity development.

The **main goal** of the workshop was:

- to enable guidance counsellors and other relevant officers to develop the capacities to implement early intervention and preventive management of social, behavioural and cognitive problems in the classroom.

The intended **main outputs** from the workshop are:

- A manual for training teachers in early identification and early intervention, accompanied by
- A proposed plan for conducting the training of teachers at the national level, integrated with existing efforts in this direction.
- Fostering closer working relationships among early childhood education personnel in the OECS countries.

Participants in the workshop were identified by their Ministries of Education, on the basis of their capacity to provide professional development and support in the areas on early identification and intervention with teachers in their respective countries.

It is expected that participants will spearhead national efforts for teacher training, using the manual, in the next year.

The **main recommendations** arising out of the workshop include:

1. Encourage effective communication among professionals across disciplines in providing intervention services.
2. Examine the concept of inclusive education for relevance in the OECS context.
3. Include Special Needs Education as part of the core curriculum at Teachers' Training Colleges throughout the OECS.
4. Include English as a second language in teacher training programmes, especially for countries where there is a Creole "language".
5. Supervise and monitor classroom teachers' work to ensure the use of acquired knowledge.
6. Develop initiatives to reach those students who may be difficult to reach.
7. Engage in public awareness on issues of disability. Sensitization and outreach techniques can be done by targeting specific groups.
8. Provide support to families during the intervention process through appropriate mechanisms, for example, parent support groups, home visits and family therapy if available.
9. Keep continual and consistent records that would allow for monitoring of student behavioural changes.
10. Develop appropriate assessment tools and techniques relevant to the OECS.
11. Engage in needs assessment as the first step in the development of an early identification/intervention programme. The focus of such programmes should be on the assets of the community.
12. Provide paid training and other forms of human resource development through governmental and other agencies as countries embark on intervention strategies.
13. Develop a national policy on early identification/intervention as part of the provision of student services.

With regard to the teaching of reading as an area of concern,

- Teachers' colleges should address reading issues, including teaching to different learning styles and diagnosis and remediation of reading problems;
- Principals should ensure in-house professional development in reading on a regular basis;
- Schools should establish monitoring teams who can help with diagnosis and intervention.

WORKSHOP PROCEEDINGS

1. Early Identification

1.1 What is early identification?

The workshop commenced with a presentation by resource person, Ms. Melena Fontaine, on the key concepts involved in early identification of students with learning or behavioural difficulties in the classroom.

Summary of presentation

Early identification refers to the recognition of problems at their earliest stages, through observing children's behaviour as early as possible and providing an exact diagnosis at that point.

Early identification is concerned with two main issues:

- (i) Prevention: Acting on the factors that determine problem outcomes.
Examples include improving prenatal care and hospital treatment for pregnant women, intervention in dysfunctional homes; for example, to prevent early pregnancy in young women who have experienced abuse and neglect, or limiting the effects of poverty on alcohol and substance abuse, and poor pre-natal nutrition.

- (ii) Amelioration: Improving existing problematic situations or preventing them from becoming worse. Examples include preventive diet for PKU, developing spoken language capacity in deaf children, working with dyslexic children to develop successful literacy and numeracy strategies, or placing children living in dysfunctional environments in foster care.

1.2 Arguments for and against early identification

Several arguments support the need for early identification:

- (i) Early intervention is a valuable asset in remediation and can prevent learning and behavioural problems from appearing in later school years.
- (ii) The best time to improve the chances of low-performing and handicapped children for future school success is from birth to early childhood.
- (iii) Early intervention can significantly alter the abilities and development potential of many children who are “at risk” during their early years.
- (iv.) In some cases, total or near remediation of these problems can occur prior to entry into the first grade.
- (v) Helping children obtain early intervention services can contribute to the eventual reduction of the number of children who experience failure in school and who need special services in later years.
- (vi.) It is less costly and usually more effective to prevent academic, developmental and behavioural problems than to remediate them.

Participants in the workshop also emphasized that teachers would be better prepared to help students with problems or “at risk” for developing problems if they were adequately informed about the child’s situation before the child entered the classroom. To this end, communication among the professionals involved in monitoring child development, most notably, between the school system and the health department, is vital.

It was noted that in some countries, such as Dominica and St Lucia, a multi-disciplinary team of professionals has been set up, including for example, a paediatric nurse, paediatrician, audiologist, etc to liaise with the schools. In Dominica, nurses use a developmental milestone checklist as an aid to early detection of delays or difficulties. This checklist increases their awareness of what to look for, and allows the recording of additional relevant information, that may be shared with other relevant professionals. In St. Lucia, community health aides help to identify high-risk cases in need of early intervention. Participants also noted that parents are often more accepting of help in their children’s early years, and are most easily engaged in strategies to shield their children from failure.

However, some arguments have been made against early identification and intervention:

- (i) Even if the opportunity to help children with special needs is available, the potential for misidentifying students as handicapped or “at risk” is too great and the consequences too serious to take the risk.

*Regarding this point participants emphasized that early identification should only be undertaken when **an adequate system for intervention and follow-up exists**. There is a distinction to be made between disability and handicap. It is also the case where the child’s environment may be a handicap.*

- (ii) It is often too difficult to determine accurately the children who are most vulnerable and in greatest need of intervention.
- (iii) Labelling and classifying young children as handicapped often results in their being viewed in a negative light socially. This classification may result in the development of a self-fulfilling prophecy, where children are marginalized because of the early identification, and viewed by others in terms of their problem instead of as a whole child with many areas of potential.
- (iv.) Placement of children into alternative programmes rarely addresses the possible effects on the child’s self-esteem or the parents’ perceptions.

Participants discussed the need for inclusive education throughout the OECS, so that parents, children and school would be able to understand and fully integrate children with special needs into the school system. It was agreed that experiments elsewhere with mainstreaming were not necessarily relevant to the OECS context, and that the concept of inclusivity ought to be adapted.

Countries that put early identification and intervention programmes in place must therefore consider the benefits and risk associated with these programmes. The prevailing belief that children with difficulties will simply grow out of them must also be challenged, in order to gain support for identification initiatives.

1.3 Who identifies, and how?

Identification is not just the role of a limited group of professionals. The process may be undertaken by the entire community, from the moment that a problem is suspected. Any of the following persons involved in a child's care and education potentially can be instrumental in signalling suspected risks, delays or difficulties:

- health and other related professionals (doctors, psychologists)
- parents and caregivers
- teachers
- children's services
- community members
- other children

All of these groups therefore may be sensitized or be made aware of normal and abnormal developmental patterns. For example, teachers or early childhood workers may be trained to identify "at-risk" behaviours, which may indicate the existence of some form of learning disability or hyperactivity.

In order that the contributions of all groups be trustworthy, it must be clear to the groups the issues on which they should focus in the process of early identification. Problems identified or assumed to exist must be validated by appropriate sources or personnel.

There are several methods available for identification, such as standardized paper and pencil tests and systematic screening. Although some tests such as the Wide Range Achievement Test Revised (WRAT-R) and the Woodcock Johnson Psycho-educational Battery were developed and normed in North America, they have been studied at the Mico Child Assessment and Research in Education (CARE) Centre in Jamaica and considered suitable for use in the Caribbean.

Participants noted that in many situations there was no organized process of early identification. The fact that some students have been found to obtain a score of zero on the Common Entrance, suggests that those students most likely experienced serious undetected or ignored problems all the way through primary school.

Teachers can play a pivotal role in detection of children whose learning styles limit their capacities to learn in the normal classroom environment. The issue of teacher preparation for coping with students' different learning styles was discussed, and it was emphasized that teachers' colleges should provide substantially more preparation in this respect. Some participants suggested that teacher preparation for dealing with special needs in the classroom should be a requirement, not just an option in the teachers' college programme. The meeting noted with some concern that the "Exceptional Children" modules have been removed from the core curriculum of the Teachers' Training Programme in some countries.

Participants also suggested that language arts teachers could be better prepared to recognize language difficulties among children whose first language was Creole, through their being trained in the teaching of English as a second language.

1.4 Group sessions: Current OECS initiatives and issues

In the following section of the workshop, small groups were formed to further develop the issues around early identification and to identify and share best practices within countries. Two groups discussed *early identification of academic and cognitive problems*, and two groups discussed *social and behavioural problems*. The groups were required to first identify what was happening currently in the sub-region, and then to identify areas of need. In the summary below, the discussion and suggestions of the *academic and cognitive problems* groups are presented.

Groups 1 and 2: A Academic and cognitive problems

Current situation

- ? A good deal of activity currently (2001) is underway throughout the region. There is national assessment and minimum standards testing to assess mastery of key numeracy and literacy skills at strategic points of the primary education cycle.
- ? Students are also assessed prior to entry to primary school to facilitate individualized teaching and grouping.
- ? Problems students encounter in reading form a major component of early identification programmes now being practised for the various countries. There are many testing tools; the *Mico Diagnostic Reading Test* (developed in Jamaica and normed in the Caribbean) was cited as an important assessment tool; the *WRAT* also is used in several countries as a quick screening device.
- ? Specific programmes have been developed around the results of diagnostic tests for specific learning disabilities (for example for dyslexia, in St. Lucia). Several organizations have the capability to perform identification of children with disabilities. There are dozens of instruments available, but these instruments may not be appropriately normed for the Caribbean.
- ? Learning support centres offer technical advice and support to teachers in some countries.
- ? Special training workshops are conducted for teachers on early screening of vision and hearing problems.
- ? In some countries, special needs children are taught in the same classrooms as other children, providing a normalizing and positive environment.
- ? Some countries also have multidisciplinary teams comprising health and education personnel.

Areas of need

- ? More basic preparation of teachers with respect to early identification is needed. In this regard there is the need to liaise with teachers' colleges to ensure that student-teachers gain some exposure to special education issues as part of their core curriculum in teacher education.

- ? Skills development is needed in the following areas for regular classroom teachers:
 - Reading as a specialty at the primary level;
 - Early recognition of visual and auditory impairment;
 - Techniques of facilitating cognitive development and success;
 - Teaching strategies to address various learning styles, levels of intelligence, as well as multi-grade teaching;
 - Sensitization of teachers to understand home situations which are likely to affect learning;
 - Strengthening of teachers' capacities to develop their own teaching and learning resources;
 - Training teachers to teach English as a second or third language;
 - Training in record-keeping.

In addition, classroom teachers need better access to results of international research and current developments, as well as more specialized teaching and learning materials for reading. Also needed are ways to ensure that the benefits of teacher education programmes, in teachers' college or elsewhere, actually are applied, as many new experiences are lost once teachers return to the constraints and bustle of the regular classroom. This application may be achieved through a system of instructional leadership and supervision by both principals of schools and the central Ministries of Education.

- ? Parents could also receive orientation in literacy so that they may be able to support their children's academic progress. The Parent brochure, "Questions Parents Often Ask...", developed by the Eastern Caribbean Education Reform Project (ECERP) could be used as resource in a parenting programme.

- ? Communication links among the various professionals and environments that deal with children at risk for developing problems in school need to be improved. The creation of multi-professional teams, for example, linking school and health professionals, may be a resource in this regard. Also required are:
 - o the development of professional practices supporting case discussions;
 - o communication between systems of record-keeping to allow the monitoring of children's progress across time and settings, and supporting the possibility of continuous assessment. On this point, it was noted that there is a great danger in early identification if it leads to the creation of self-fulfilling expectations for teachers (and students). It was suggested that these records ought to be made in an unbiased, professionally responsible way.

Groups 3 and 4: Social and behavioural problems

Current situation

- ? Some countries have good primary prevention structures and tools: for example, well-baby clinics, pre- and post-natal nutrition programmes, and risk assessment for pregnancies. Health services work in collaboration with the Ministries of Education, with screening programmes and follow up for infants at six weeks, eight months and five years. Preventive programmes through the pre-primary system, such as toy-lending centres, also exist in some places.
- ? Decentralization of services is helping to meet the needs of all relevant persons in some countries. A resource person is identified in specific locations, with the responsibility of supporting professionals and families in the local area. This facility encourages links to and use of other local services, such as community health. Access poses a greater problem in rural areas if the system is not decentralized.
- ? Parental involvement to support Universal Secondary Education where it exists is being encouraged. However, support to teachers for dealing with social and behavioural problems is generally difficult to access. While there are some guidance

counsellors, they are generally not in sufficient numbers, and preventive programmes are limited in scope. For example, if Family Life Education programmes are to be more effective they should begin at the pre-school level. Workshops for teachers on classroom management addressing behavioural problems have been conducted as part of a learning support group.

- ? There are several sources of support that deal with social and behavioural problems:
 - ? The Red Cross provides some special education services.
 - ? Public Health nurses may be involved in assessment of risk for developmental difficulties, in the context of post-natal care. Also, Social Services provide assistance in some areas.
 - ? Pastoral guidance services exist in many schools, although in some cases the personnel providing them often have limited training.
 - ? Some NGO's offer programmes that can be helpful although confidentiality may be a problem.
 - ? Revision of relevant legislation the Young Offenders Act or similar may permit the institution of more effective mechanisms for dealing with delinquency and other serious behavioural problems.
 - ? Some countries are dealing with reform of domestic violence legislation that should help early detection of this phenomenon.
 - ? Respite care for parents with handicapped or problem children is also available in some areas.
 - ? The UNESCO-funded Optimum Chance Team teacher training in St. Kitts and Nevis, is an example of an initiative designed to reach special needs children (birth to two years). This programme involves annual consultation among parents, special needs teachers and public health nurses.

Areas of need

- ? Initiatives should be accessible to relevant constituents. Expansion of pre-school and outreach programmes are seen as key strategies to reach children where they are.

- ? Within the school system, there is a need for more educational psychologists and personnel expertise in social, emotional and behavioural problems. While many countries have a few trained guidance counsellors, many of these professionals are overburdened because of the large population that they have to serve. There is need for more trained guidance counsellors. In the absence of an educational psychologist in each country, neighbouring countries may share resources by instituting a visiting professional programme whereby the specialist, such as the available clinical/educational/school psychologist, may provide services sub-regionally. However, this is an area that can be placed on the prioritized training list, with scholarships to be sought for such specialized education.

- ? Although instances of social and behavioural problems seen in the classroom may be linked to problems of abuse of illegal substances, use of weapons and violence in the home, it is obvious schools are not equipped to detect these issues. There seems to be inadequate direct activity in the OECS addressing these issues, although some pilot programmes are being implemented. A holistic approach is advocated, involving parents and the police service, in the context of reforms of juvenile justice systems.

- ? Training is required for teachers and community members in the detection of child abuse victims. Also, support groups and workshops for teachers who are required to report domestic violence are needed. Linkages with PTA's can identify other potential support and resources at the local level;

- ? Training is also needed for principals in encouraging teachers to use the knowledge and skills they have gained to address adverse behavioural situations in the classroom.

1.5 Technical Issues in Early Identification

In the next Working Session Ms. Fontaine presented an overview of the technical considerations involved in early identification.

Four questions are critical before an assessment or identification process begins:

- (i) What is the purpose of identification?
- (ii) What are the areas to be identified?
- (iii) To what use will the results be put?
- (iv) What intervention procedures will be used, based on the results?

The following types of assessment procedures are available:

- (i) Paper and pencil tests (see previous discussion of standardized tests normed for use in the Caribbean)
- (ii) Formal observations (for example, in a standardized, structured play setting) or informal observations (in the child's social environment)
- (iii) Anecdotal records, such as case or file notes
- (iv) Rating scales, completed by teachers or other professionals
- (v) Checklists (see example described below);
- (vi) Parent/care giver questionnaires;
- (vii) Parent/care giver interviews.

*Also mentioned during the discussion were **ecological inventories** and **portfolio assessment**, both of which provide a more comprehensive set of information than any one tool or method used alone.*

The assessment procedures should meet the following criteria. They should be

- ? technically adequate
- ? used appropriately, only the purpose for which they are intended;
- ? administered by trained and qualified individuals
- ? interpreted accurately and cautiously
- ? sensitive to the needs of young children and their individual diversity
- ? low-inference, using direct measures of observable behaviours

? conducted over time, and be based on multiple sources of information.

The choice of an instrument should be guided by the answers to the following questions:

- ? Is it culturally biased or culturally sensitive?
- ? Is it suitable for the person being assessed?
- ? Is it suitably normed?
- ? Is it instructionally valid?
- ? Is it content valid?
- ? Does it have adequate reliability?
- ? Will it provide valid and reliable diagnostic information?
- ? Is the language suitable for the individual(s) being tested?
- ? Does it have to be modified for certain groups of individuals? If so, what is the degree of modification required?
- ? Is special training required for administration?
- ? Are there clear directions for scoring and interpretation?
- ? Is it motivating?

The following issues should be used to guide thinking about the kind of assessment strategies most likely to contribute to a successful intervention programme.

1. *Assessment should focus on adaptive behaviour.*

To be relevant for teaching, assessment should evaluate actual performance on tasks relevant to an intervention programme. It should measure actual performance in meaningful social contexts.

2. *Assessment should be based on repeated sampling of behaviour.*

Assessment of performance on a single occasion is generally a poor predictor of behaviour at other times in other settings. It should therefore involve repeated measures in order to adequately and reliably sample the skills being targeted.

3. *Assessment should be ecologically valid.*

The ecological approach stresses the complex inter-relationships and interdependencies between children and their environments. It involves data taken across environments, persons, curricular areas and instructional conditions so that responses are evaluated across various stimulus conditions and social circumstances. The concept of ecological assessment is basically concerned with how meaningful particular assessment data are in terms of the child's real-life experiences and needs. This assessment must include recognition of the child's cultural background and experience.

4. *Parents and teachers should be meaningfully involved in assessment.*

Parents and teachers should understand that the information and perspectives that they have on the child are respected and valued, and they are viewed as part of the assessment teams. It should be understood that parents will differ in their views on the parental role.

5. *Assessment should address the dynamic nature of child development.*

There is usually a range of experiences in child developmental processes that must be taken into account. This includes how children influence those who influence them, and the responses of the child in light of environmental contexts at different times. For example, how does a child react to a divorce or unemployment situation in the home? With what is the child processing and interacting at various times? For example, ask parents, "When did you realize that he or she was not achieving?"

6. *Assessment should be credible and meaningful to the consumer.*

Assessment data contribute to early intervention only to the extent that it is understood and valued by parents, teachers and others who are caring for the child and implementing the intervention programme. Parents and teachers should be encouraged to assist with the identification and to make their own judgements and comments on how sensible and relevant the strategies are for the children and their needs.

7. *Assessment and intervention should proceed together.*

Teaching, demonstration and modelling may be used as assessment tools.

8. *The results of the individual assessment should maximize the chances of effective intervention for each individual.*

If parents, teachers and others are to commit themselves to an intervention programme, the assessment data have to be communicated in terms that reflect optimism that learning will occur as a result of their efforts.

The workshop examined checklists used as rapid assessment tools in Dominica. These checklists include:

- ? Checklist of indicators of a problem with visual acuity
- ? Checklist of indicators of a problem with hearing acuity
- ? Referral Form: - Special Needs Paediatric Clinic
- ? Checklist of developmental milestones, ages 0-2 months to 5 years
- ? Mathematics checklist - skills to be mastered by Grade K in *number language, number concept, operations, time, money, fractions*
- ? Language checklist - skills to be mastered by Grade K in *reading, written language, oral language*
- ? Pre-readiness academic skills checklist - *auditory perception* and *visual perception* skills to be mastered by Grade K
- ? Physical motor development checklist - competencies to be acquired by the end of Grade 1 in knowledge of self; knowledge of outer body parts; self-help/daily living skills; gross motor skills; fine motor skills; health and safety.

Several other OECS countries use similar checklists. The discussion among participants emphasized that the tools should not be too long or cumbersome for teachers or other practitioners to use. Participants identified the need for similar tools at the preschool level to be developed in conjunction with the implementation of a standardized preschool curriculum.

2. Early Intervention

2.1 Goals of early intervention

Ms. Fontaine commenced the session with an overview of the principal goals of early intervention:

- ? Support the family in achieving its own goals
- ? Promote child engagement, independence and mastery
- ? Promote development in key domains: to ensure skills for successful living throughout the lifespan;
- ? Build and support children's social competence;
- ? Promote the generalized use of skills, for example, the use of reading skills across life situations;
- ? Provide and prepare for normalized inclusive life experiences;
- ? Prevent the emergence of future problems or disabilities.

Two goals of early intervention for society were also identified:

- (a) Increase the awareness on the part of the public about individuals with disabilities and on the need for intervention. This awareness may help to counter negative attitudes and labelling of children as "problem children".
- (b) To inform potential advocates for children in need of early intervention, and provide decision-makers with accurate and objective information to assist advocates.

With regard to (a) above, participants discussed the need to develop the concept of tolerance of differences. Parents need reassurance to help them resist negative pressure against seeking help for their children. In this sense, social support for parents is an intervention strategy. For example, having parents attend support groups is a way of helping them to develop networks and skills. There is need to celebrate success stories of children with problems who have done well and are now in good jobs. A participant provided an example of a hearing impaired child who was working with computers. It was noted that research has shown that hearing impaired people can to be more productive in some workplaces. More generally, the positive side of all disabilities should be

emphasized. Sensitization and outreach activities can be done targeting specific groups with these positive messages.

With regard to (b) above, participants noted that special education is not seen as a high priority in most countries, so professionals in the educational system must be advocates for those children in need. Other potential advocates include the political system, media (radio, television), religious organizations, PTA and parenting programmes. Also related to this issue is the need for teachers to further develop a strong sense of professional identity and to have strong organizations with professional objectives.

An additional goal for early intervention is:

(c) Continually and consistently attempt to improve the quality of services

? In order to seek to understand ways to provide quality services consistently and to communicate them, there is the need to be aware of what services are being provided. Second, the quality of the services should be examined systematically and critically and third, adjustments and modifications ought to be made as required. Evaluation is also an essential part of this process.

It is important to make explicit the value base underlying early intervention in order to be aware of the ethical dilemmas that may occur, and to be cognizant of the laws and statutes concerning children and parents' rights. An example would be: *What action is legitimate if a parent refused an intervention for the child?* In all cases, the intervention must work in the best interests of the child and promote healthy development.

An example of an intervention: *Working with a child with a language disability in a regular classroom setting* was distributed.

2.2 Issues and Strategies for Early Intervention

Ms. Sharon Wexler, family therapist, then led an interactive session on issues and strategies involved in early intervention with children experiencing academic, social and behavioural problems. She noted that all studies converge to show that *how children feel about themselves determines their success in later life*. The younger the child, the more basic is the type of intervention. From the more basic the more complex is built. By the time children graduate to high school, they tend to attribute success internally. If the child is doing well, he has learned that success has something to do with him, and is therefore under his control. Children who are not doing well attribute failure to their shortcomings and success to luck. These self-perceptions develop through relationships with the family, community and school. The problems are particularly acute for boys who comprise the vast majority of students in intervention programmes. Some boys have already experienced failure by the time they are enrolled in school.

Ms. Wexler pointed out that the first goal in early intervention is to help the student enjoy learning, and overcome any early setbacks. The key to this process is to help the child establish healthy relationships. It is therefore an important goal to have the child's family involved, as intervention programmes are not effective unless families are involved. Children become fearful of taking risks, and need to see that all the adults in their lives are involved and concerned about their progress. The creation of a friendly cooperative environment is therefore required but unfortunately, most teachers and parents do not understand each other's goals and objectives. Parents therefore, must become active players in the educational system.

It is important that all constituencies recognize that all behaviour has positive intent, whether it is evaluated as positive or negative. Once this assumption is made, the child's needs may be understood and intervention strategies developed. The aim is to re-orient behaviour into more positive forms, while reinforcing the positive intent. At the same time, children must be encouraged to take risks and to make mistakes, in order to keep the focus on growth.

Teachers play key roles in reinforcing children's positive or negative self-image. Negative comments may have a long-term traumatizing effect on children. Indeed, teachers seem to find it hard to be positive on many fronts, as the entire school system may be oriented to finding fault. These issues have implications for teacher training. Teachers need more exposure to applied psychology in order to develop strategies for making learning fun.

In early intervention, it is important to recognize that developmental and learning tasks are different at different ages. Different resources and sources of support are required at different stages. Even negative experiences can be helpful if treated in the right context. An example of a specific age-related task is the development of autonomy in adolescence. Unfortunately, the environmental context of secondary school may make little or no allowance for the emerging autonomous self. As a result some students may find it difficult to cope in this context. Development of positive self-esteem is a critical process for young people. Positive reinforcement for behaviour is very important, especially from teachers and other adults in a position of power. These people must make the effort to observe and reinforce all instances of positive behaviour, bearing in mind that self-esteem is learned from this reinforcement. Social skills, another aspect of group life, are learnt through modelling and instruction. Teachers and counsellors must be aware that their belief and behaviour convey powerful messages to their students.

2.3 Case analyses

For this session of the workshop participants formed small groups to discuss the development of specific interventions in the context of a set of cases provided by participating countries and the resource persons. The focus for discussion for the cases consisted of the following:

- ? What is the nature of the problem?
- ? What factors are important to consider for intervention?
- ? What interventions have been or could be attempted?

The following summary of the case presentations places emphasis on general observations and discussion about early intervention, instead of on the case details. After the presentations, the group identified several cases for inclusion in the manual. These cases are identified with asterisks, and the full text for each may be found in Appendix 3. The following cases were discussed and presented:

Case 1: (from Montserrat).May and Sue

This case concerned 16 and 13 year-old sisters with behavioural and attendance problems. Despite a number of previous interventions by the vice-principal, Department of Community Services, the Permanent Secretary and a psychiatric nurse, no improvement was observed.

General issues arising from this case were the need to:

- ? understand the girls' behaviour from their own (girls') perspective, in particular to understand the home situation more fully;
- ? involve parents and teachers as mutual sources of support;
- ? reduce the girls' isolation by encouraging them to join a group or activity.

Case 2: Improvement of reading levels at a primary school in St. Kitts and Nevis

Because the level of reading at a St. Kitts primary school was causing concern, an early reading intervention programme was introduced for students from Kindergarten through Grade 3. Participating students have shown strong progress, with many returning to the mainstream. Workshops were also organized for parents to help with teaching reading skills. Successful graduation was celebrated with a reading competition.

General issues discussed with respect to this case included:

- ? a need for the school to be able to liaise with the Ministry of Education, as the programme was outside some of the existing parameters for remedial education;
- ? the possibility of schools benefiting from more autonomy in implementing interventions. Principals should be able to take charge of their schools and create a learning community, accepting responsibility and accountability for outcomes of students;

- ? the lack of access to reading specialists in some countries; in other countries graduating teachers are well-trained to work on reading skills, but principals have not built on this expertise through in-house training. Without recognition and support, teachers sometimes return to traditional models of teaching, even though they have the requisite skills for more innovative approaches. It was suggested as well that teacher training should include a module on reading issues in order to increase the level of knowledge among teachers, without necessarily creating specialists.
- ? The issue was raised as to whether teachers in OECS countries are indeed equipped adequately to teach reading, as teaching of reading seemed to be problematic throughout the region. Some suggestions were made, including the provision of help to teachers. Diagnosis of reading problems also needs to take into account emotional problems, extending beyond issues of reading. It was suggested also that the school should be able to identify the teachers who have the relevant skills and a team leader who can help diagnose problems and implement interventions. It was also suggested that the reading module in the Language Arts programme at the Teachers' College should be reviewed in order to ensure that it addresses issues of diagnosis and remediation of reading problems.

****Case 3: Family with hearing impairment***

This is a case of a hearing-impaired family (adults and children). The children needed to acquire language and social skills, but their mother was uncooperative.

General issues raised by this case included the following:

- ? the need to work with the mother so that the home environment may become more enriched and conducive to learning;
- ? the need for dedicated and continued casework to ensure that developmental gains persist. This process requires the development of a sustainable structure for supporting the family in the long term. It was agreed that removal of the children from the home was not a good option;
- ? the intervention programme should respect the family's pride and their wish not to attract pity from outsiders;

- ? the intervention should also include arrangements for the adults to have contact with a support group of similarly challenged adults; if parents do not accept an intervention readily, trust should be developed slowly.

Case 4: Dexter

This four-year child had problems in developing normal communication and interaction patterns. Through a series of intensive, multi-disciplinary interventions, practising proper speech and extinguishing inappropriate behaviours (screaming), Dexter's use of words improved and he now attends regular kindergarten.

Several success factors were identified in relation to this case:

- ? the involvement of a multi-disciplinary team helped provide a holistic approach to the child's problem. This intervention included special activities at the school;
- ? the holistic approach also allowed the intervention team to tap into the child's strengths, giving him the determination to practise;
- ? the child was provided with a secure environment and supportive teachers.

Case 5: Lin - Adolescent with severe behavioural problems

This case was a very difficult one involving a 14 year-old boy, now out of school, who while of average academic capacity, had experienced a disrupted and violent home life and had shown serious behavioural problems while in school.

Discussion of this case recognized that intervention at this point was likely too late to help Lin overcome the setbacks and loss of opportunities that he had already faced. It was felt that Lin's school problems definitely originated in the home, and that success would only have been possible through helping the family to redefine its goals, possibly in elective family therapy.

Other general issues raised here were:

- ? although the difficult home life experienced by Lin was likely at the origin of his problems in school, the primary problem was economic. His mother supported three children on her own, and because of economic pressures, allowed Lin to

- become involved in illegal activities. An alternative form of early intervention here would have been to provide his mother with alternative skills to become more self-sufficient. The role of the government in providing paid training and other forms of human resource development was emphasized.
- ? the ineffectiveness of traditional forms of rehabilitation for boys such as Lin was mentioned. It was noted that a multi-pronged approach to aggression in the classroom is needed. Teachers' workload may be so great that they cannot provide care to individual children, to provide early attention to problem behaviours such as those exhibited by Lin.

***Case 6: Mark - Visually impaired at age 6**

This boy lost his sight at age 6, and had trouble coping with the disability. The readjustment was difficult for him and his family, his self-esteem suffered and the family was in need of support and respite. The family decided to relocate to another country where there was a special education unit within a regular school setting. This change has permitted Mark to attend both regular visually impaired classes and to progress at a normal academic pace.

Issues discussed were:

- ? the need to ensure that Mark could participate in age-related groups or activities, to reduce his isolation and develop his social skills;
- ? the need for individual counselling to overcome the trauma of the loss of sight.

Case 7: Kis: pre-primary child with cognitive difficulties

This four-year girl, from a stable and loving family, is experiencing difficulties in mastering basic discrimination and numeracy tasks. While her motor development seems fine, she has trouble initiating play and cannot answer simple questions.

This case raised the following issues:

- ? the need for appropriate assessment tools and techniques to ensure an adequate diagnosis of Kis' learning problems, preferably before she starts school;

- ? the need to offer support to both Kis and her family so that they can find the appropriate resources to strengthen Kis' cognitive abilities, before she begins to experience failure in school.

Case 8: Don - Student not performing to expectations

This case involved an otherwise “normal” child who had become involved in the use of drugs, and whose academic performance had dropped.

Discussion of this case focused on the need to:

- ? encourage the family to participate in counselling sessions;
- ? involve the child's teachers in the intervention;
- ? provide support for the development of coping skills on which the child could rely in difficult situations.

****Case 9: Katrina***

Katrina was not at the level of her classmates in several skill areas. Although very friendly, she did not have the conversational skills of her classmates, and had difficulty forming letters. Her teachers were unable to give her individual attention, and her mother appeared to be unable to help.

In this case, it appeared critical to promote mastery of reading, writing and fine motor skills, as well as improving social skills. A more stimulating classroom environment with tools for reading stimulation should also be cultivated.

Case 10: Marked change in behaviour

A girl in secondary school showed marked behavioural change over the course of a school term, but without obvious explanation. All of her teachers felt that there was a serious problem that could lead to nervous breakdown.

This case raised the issue of being able to assess change in behaviour and performance over time through access to long-term files. Continuity and consistency in record-keeping would allow for the gathering of information about the child, and monitoring of behavioural changes. Because another girl in the same school had had a similar problem in the last year, it was also noted that assessment of the situation should include looking beyond the immediate factors to include the child's whole environment.

3. Working with Families in Early Identification and Early Intervention

3.1 The ecological approach to family intervention

Dr. Natalie Kishchuk, social psychologist and research consultant for the OECS Student Attitude Survey, led the final sessions of the workshop. Her presentation focused on the use of an ecological approach in early identification and intervention. In this approach, child development is seen as the product of the interaction of children's age-specific emerging competencies with the total environment in which he or she lives and learns.

The ecological approach has the following characteristics:

- ? Each individual is seen as embedded in a number of social contexts or environments.
- ? Social environments, not psychological or biological deficits, are viewed as the fundamental cause of major social problems.
- ? A holistic, preventive focus on creating healthy families, communities, and parenting conditions leads to a long-term improvement in children's development and feeling of well-being.
- ? Healthy families and communities are the basis of a productive society, as well-functioning families are better positioned to nurture competent children and contribute to the work force, the economy and the creation of strong and vibrant communities.

An important role of early identification and early intervention is to support and strengthen the functioning of families, through a combination of formal and informal support that will help foster independence and mutuality. One of the key differences between the ecological approach and current views on interventions with "problem" or "at-risk" families and children is that the former focuses on assets, not deficits. In the deficit-focused orientation, parents and children are defined in terms of their inadequacies. In an asset-based focus, both identification and intervention start from the premise that every child, parent, family and setting has assets, and the emphasis should be on finding and building on these assets, and on strengthening skills and capacities.

When an asset-based approach is adopted, the interactions among participants are founded on mutual respect and caring, and the language focuses on strengths and skills rather than deficits and weaknesses (e.g. ‘risk factors’).

3.2 The need for intervention

In an asset-based, ecological model, the need for intervention is not based on individual characteristics (e.g. “single mother”); it is assumed that all families, regardless of their characteristics, will move toward developing their capacities and strengths, in their own way and rhythm. However, we can identify some particular situations where parents and children may benefit from support provided by the school, community and society. Examples are:

- ? When there is disruption to the attachment process that fosters a secure relationship between child and caregiver;
Much research has shown that the development of secure attachment to at least one adult is necessary for healthy psychological and social development. The attachment relationship provides the foundation for the development of self-esteem.
- ? When the caregiver feels isolated, defeated, and lacks confidence in her or his own ability to make a difference for her or his child, and lacks the energy and skills to meet the child’s most fundamental developmental and daily demands;
- ? When the child’s need for coherence, structure and predictability is unmet because the adults around him or her are caught up in a chaotic struggle for survival, due to economic or other pressures; or when caregivers cannot respond appropriately to the child’s evolving needs because of social and economic stresses in their own lives.

3.3 Examples of family support interventions

Some examples of family support programmes were presented in the workshop. These programmes are child-centred, but focus on parents' capacities to meet their children's needs. Parents are important because they are the focus of attention. The assumption is that if parents' needs are met, their children most likely will have greater opportunities for optimal development. In these ecologically-based programmes parents are supported in two ways: in their role as facilitators and change agents within their families and communities; and in their individual and collective capacities to contribute to child development.

Family support programmes are holistic, and are based on principles of participation, inclusion, social support, capacity building and social change. They deal with parents as whole people, with all their physical, emotional, intellectual and spiritual needs within the context of their family and society: that is, no person is reduced to being only his or her "problem" (e.g., hearing impaired, alcoholic).

Increasingly, communities are putting into place a form of family support programmes called Comprehensive Community Initiatives (CCI's). These are community-based efforts that seek improved outcomes for individuals and families or seek improvements in neighbourhood conditions by working comprehensively across social, economic and physical sectors. With the aim of increasing the community's capacities to deal with local problems on their own, CCI's generally involve the creation of a group or organization in the community which links all main partners in child development, health and safety (parents, schools, health professionals, child welfare, employers, community agencies or NGO's, public works department, for example). These organizations are governed by parents through a board or committee structure that decides on the specific actions that will be undertaken, sometimes based on a needs assessment but more often in response to a particular issue (e.g. illegal substance abuse, poor reading levels, injuries from unsafe play areas, for example). The actions thus vary enormously from one setting to another, but some examples are:

- ? After-school programmes involving supervision and tutoring;
- ? School plant improvement;

- ? School-workplace links creating placements or exposure of young people to work environments;
- ? Respite care: drop-in daycare or overnight home for families in stress or crisis.

Some specific examples of this type of intervention are:

- ? Community Action Programme for Children (CAPC). These are networks of family resource centres, which generally provide drop-in play groups, support for stimulation of cognitive development/school readiness, and other forms of support to parent. The programme is targeted to families living in difficult economic or social conditions and parents must make up at least 50% of the governing board.
- ? Pre-crisis network intervention programme: This programme comprises a monitoring and rapid intervention team in a neighbourhood characterized by illegal substance abuse use, violence, and criminality. Sentinel adults (of any status – from paediatrician to playground monitor) - communicate daily about their observations of the children's status. Children who seem to be entering periods of stress related to home or other situations are followed very closely and, if needed, the team intervenes to provide pre-crisis or respite care for the children, with one main aim being to prevent permanent removal of children from the home.
- ? Parent Mutual Aid Organization: This is a self-help group organized by families of children in the child welfare system, to provide opportunities for mutual aid and support, and building parenting capacity.

Evaluations of these types of family support programmes have found that parents who participate in the programmes feel less isolated, gain confidence in their parenting capacities, strengthen their parenting skills, for example, develop repertoires of disciplinary behaviour that are less punitive and spend more time playing with their children. Some studies have also shown that there is positive impact on children's development, for example, in school readiness.

4. Introduction to needs assessment: Guidelines for the teacher

Needs assessment is used as the first step in developing an intervention programme to: determine if there are gaps between current programmes and services and desired (or required) ones and to raise awareness and mobilize people about the gaps between the current and desired ones.

There are three main steps in conducting a needs assessment:

1. Gather information on the current situation

This process may use existing information (for example, examination results, police or child welfare records, screening test results) or may involve the collection of new information through surveys, tests, consultations with stakeholders, experts or the community, or observation of conditions or outcomes. This step should also include documentation of the resources, assets and other strengths that may be used in an intervention programme.

2. Develop a common understanding of the desired situation

This stage will involve setting realistic goals and objectives, based on a critical self-appraisal of strengths and capacities

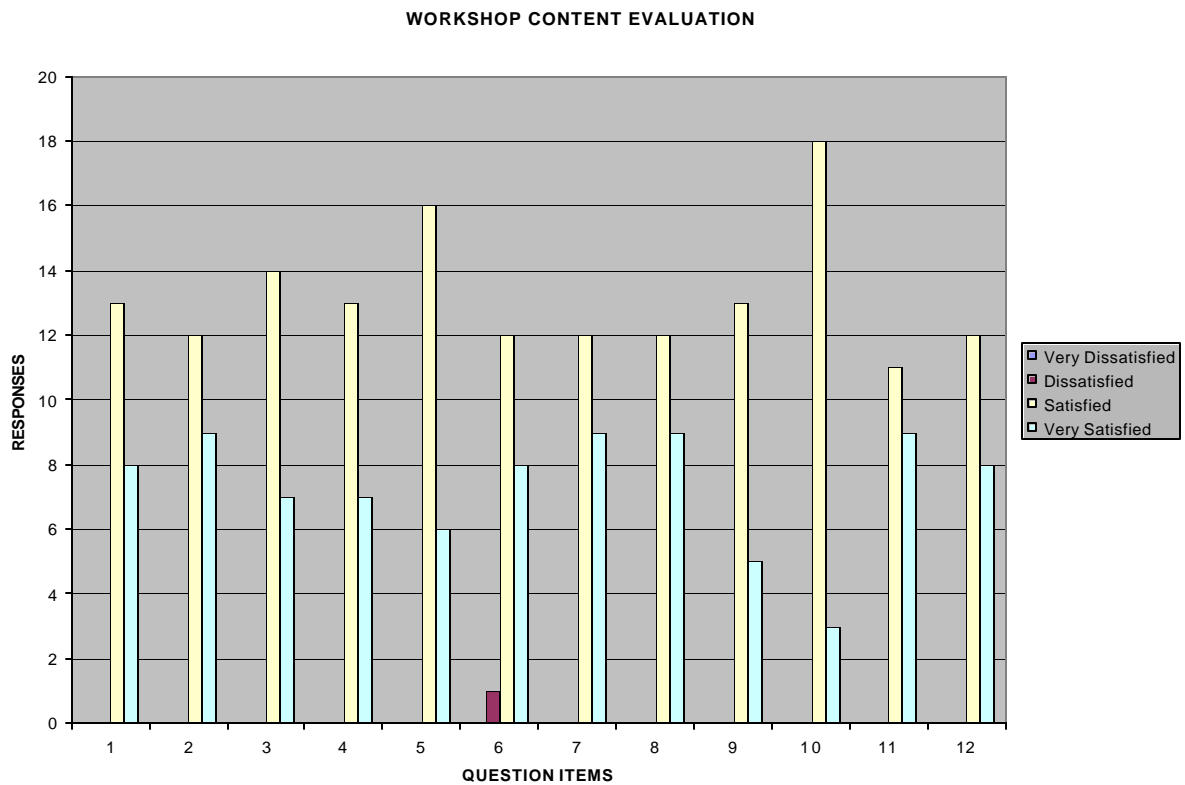
3. Identify the gap between the current and desired situation and develop strategies to be developed to bridge the gap

Participatory needs assessment is a form of needs assessment that more directly addresses the goal of mobilizing the community around the problem. In participatory needs assessment, stakeholders such as parents, children, professionals and community members are involved in all three stages.

WORKSHOP EVALUATION

The evaluation of the workshop content focused on the participants' satisfaction with the quality of the materials presented on the three days, the group sessions, and the relevance of everyday professional work in relation to the materials presented on each of the three days. As illustrated in Figure 1.0 all participants were satisfied or very satisfied with the content. One participant expressed dissatisfaction with the group sessions on the second day. The participant felt that there should have been more time for networking.

FIGURE 1 Level of satisfaction with the content of the workshop expressed by participants from very satisfied to very dissatisfied.

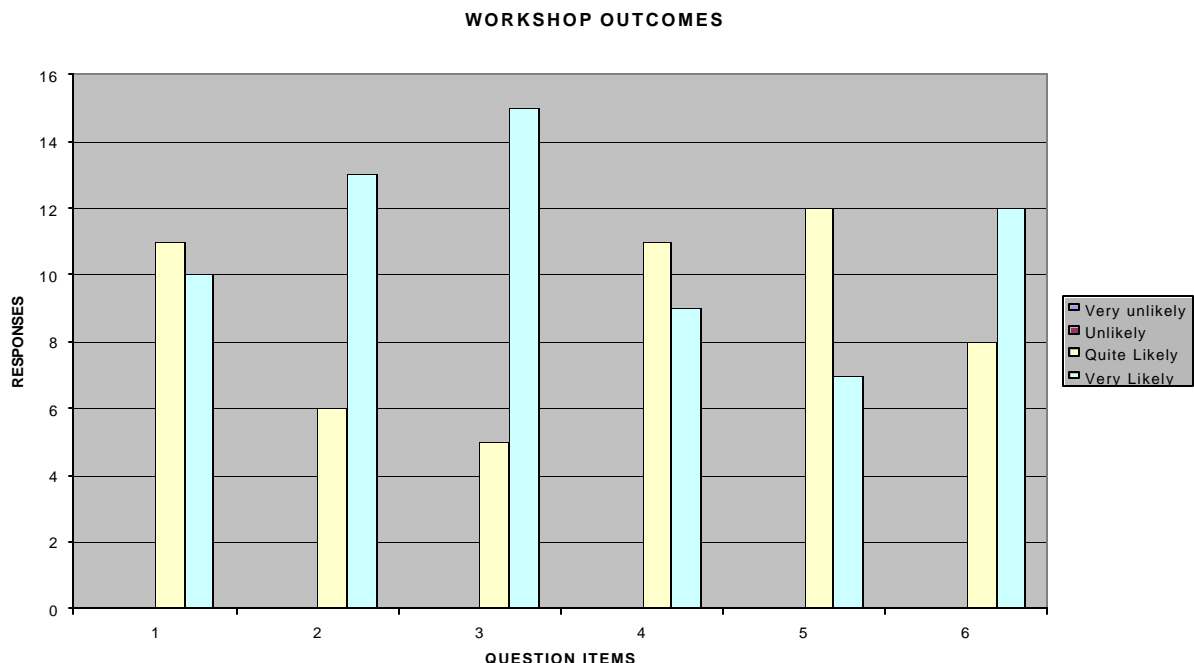


Evaluation questions with regard to the outcome of the workshop focused on participants' application of the workshop content to their professional work, how likely they were to use the manual to be produced, and how likely would the workshop result in significant improvement in early identification/early invention practices. Figure 2 illustrates that all participants indicated that they were very likely or quite likely to apply the information to their professional work to improve early identification/early intervention practices in their countries.

When asked what were the two most important things that should be done to ensure that the workshop results could be implemented and that these improvements be achieved, the participants' responses centred around five themes:

1. Public awareness
2. Community/parent involvement
3. Teacher education
4. Developing and seeking financial aid for programmes
5. Soliciting the Ministry's support and commitment to the process.

FIGURE 2: Participants response to workshop outcomes, expressed on a scale of very likely to very unlikely.



Evaluation of the workshop logistics indicates that participants were “satisfied” or “very satisfied” with the workshop location/travel arrangements, workshop setting - hotel conference room, hotel accommodation, meals/meal arrangement and workshop schedule. However, a general comment was that there should have been some time allocated for social interaction and networking.

FIGURE 3: Participants’ satisfaction with workshop logistics.



APPENDICES

Appendix 1:

Bibliography of Relevant Materials

- Albee, G., & Gullotta, T. (1997). *Primary prevention works*. Thousand Oaks: Sage.
- Aronson, J. Z. (1996). How schools can recruit hard-to-reach parents. *Educational Leadership*, April, 58-60.
- Bailey, D.B. & Wolery, M. (1992). *Teaching infants and preschoolers with disabilities*. New York: Macmillan Publishing Company
- Ballard, K. (1991). Assessment for early intervention: Evaluating child development and learning in context. In D. Mitchell, & R. Brown (Eds.). *Early intervention studies for young children with special needs*. London: Chapman Hall.
- Belsky, J. (1984). The determinants of parenting: A process model. *Child Development*, 55, 83-96.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Bronfenbrenner, U. (1986.) Ecology of the family as a context for human development: research perspectives. *Developmental Psychology*, 22 (6), 723-742.
- Cameron, G. & Cadell, S. (1999). Fostering empowering participation in prevention programs for disadvantaged children and families: Lessons from ten demonstration sites. *Canadian Journal of Community Mental Health*, 18 (1), 105-121.
- Cameron, G. & Vanderwoerd, J. (1997). *Protecting children and supporting families: Promising programs and organizational realities*. Hawthorne, NY: Aldine de Gruyter.
- Clay, M. M. (1985). *The early detection of reading difficulties*. New Zealand: Heinemann Publishers
- Cohn-Vargas, B. & Grose, K. (1998). A partnership for literacy. *Educational Leadership*, May, 45-47.
- Coulton, C., Korbin, J., Su, M., & Chow, J. (1995). Community level factors and child maltreatment. *Child Development*, 66 (5), 1262-1267.
- Deiner, P. L. (1993). *Resources for teaching children with diverse abilities: Birth through eight*. Florida: Harcourt Brace & Company

- Donley, M. G. (1993). Attachment and the emotional unit. *Family Process, 32*, (1), 3 -20
- Epstein, J. L. (1996). Perspectives and previews on research and policy for school, family and community partnerships. In A. Booth, & J. F. Dun (Eds.). *Family-school links: How do they affect educational outcomes?* New Jersey: Lawrence Erlbaum Associates.
- Everall, R. D. (2000). The Meaning of suicide attempts by young adults. *Canadian Journal of Counselling, 34* (2), 111-125
- Freeman, B. & Schopen, A. (1997). An analysis of troubled youth: An achievement motivation perspective. *Canadian Journal of Counselling, 31* (1), 35-51
- Gabel, S. (1992). Behavioural problems in sons of incarcerated or otherwise absent fathers: The issue of separation. *Family Process, 31* (3), 303-314.
- Garbarino, J. (1976). A preliminary study of some ecological correlates of child abuse: The impact of socioeconomic stress on mothers. *Child Development, 47*(1), 178-185.
- Garbarino, J., & Kostelny, K. (1992). Child maltreatment as a community problem. *Child Abuse and Neglect, 16* (4), 455-464.
- Garbarino, J. & Crouter, A. (1979). Defining the community context for parent-child relations: The correlates of child maltreatment. *Child Development, 49* (3), 604-616.
- Garbarino, J. & Sherman, D. (1980). High risk neighbourhoods and high risk families: The human ecology of child maltreatment. *Child Development, 51* (1), 188-198,
- Granger, R. Cryton, R. I. (1999). Teenage parent Programs: A synthesis of the long-term effects of the New Chance Demonstration, Ohio's Learning, Earning and Parenting Program, and the Teenage Parent Demonstration. *Evaluation Review, 23* (2), 107-145.
- Grassick, P. (1990). Reducing attendance problems in the group treatment of test anxiety. *Canadian Journal of Counselling, 24* (4), 261-266
- Gresham, F. (1983). Social skills assessment as a component of mainstreaming placement decisions. *Exceptional Children, 49* (4), 331-336.
- Guralnick, M. J. (1993). Developmentally appropriate practice in the assessment and intervention of children's peer relations. *Topics in Early Childhood Special Education 13*, (3), 344-371
- Hattie, J., Biggs, J. & Purdie, N. (1996). Effects of learning skills interventions on student learning: A Meta-analysis. *Review of Educational Research, 66*, (2), 99-136.
- Hiebert, B., Kieby, B. & Jaknavorian, A. (1989). School-based relaxation: Attempting primary prevention. *Canadian Journal of Counselling, 23*, (3), 273 -287

- Jitendra, A. K. & Kameenui, E. J. (1993). Dynamic assessment as a compensatory assessment approach: A description and analysis. *Remedial and Special Education, 14*, (5), 6-18
- Jones, R. N., Sheridan, S. M. & Binns, W. R. (1993). School-wide social skills training: Providing preventive services to students at-risk. *School Psychology Quarterly, 8*, (1), 57-80.
- Knapp, M. (1995). How shall we study comprehensive, collaborative services for children and families? *Educational Researcher, 24* (4), 5-16.
- Kretzmann, John P. & McKnight, John L. (1993). *Building communities from the inside out: A path towards finding and mobilizing a community's assets*. Illinois: Institute for Policy Research.
- Kupersmidt, J, Griesler, P, DeRosier, M., Patterson, C. & Davis, P. (1995). Childhood aggression and peer relations in the context of family and neighbourhood factors. *Child Development, 66* (2), 360-375.
- Lloyd, J. W., Crowley, E. P., Kohler, F. W. & Strain, P. S. (1988). Redefining the applied research agenda: Cooperative learning, pre-referral, teacher consultation, and peer-mediated interventions. *Journal of Learning Disabilities, 21* (1), 43-51.
- Macmillan, D. L, Keogh, B. K. & Jones, R. L. (1986). Special educational research on mildly handicapped learners. In M. Wittrock. (Ed.). *Handbook of research on teaching* (pp. 686-724). New York: American Educational Research Association.
- Manning, M. L. & Baruth, L. G. (1995). *Students At Risk*. MA: Allyn & Bacon.
- Maton, K. (2000). Making a difference: The social ecology of social transformation. *American Journal of Community Psychology, 28* (1), 25-57.
- McAllister, Jr. J. R. (1991). Curriculum-based behavioural interventions for preschool children with handicaps. *Topics in Early Childhood Special Education, 11* (2), 48-58.
- McIntosh, R., Vaughn, S. & Zaragoza, N. (1991). A review of social interventions for students with learning disabilities. *Journal of Learning Disabilities, 24* (8), 451-458.
- McNeilly, R. A. (1990). Social skills training and the role of a cognitive component in developing school assertion in adolescents. *Canadian Journal of Counselling, 24* (4), 217-228.
- Mitchell, D. & Brown, R.I. (1991). *Early intervention studies for young children with special needs*. London: Chapman and Hall.

- Peltzman, B. R. (1992). *Guidelines for early identification and strategies for early intervention of at-risk learning disabled children*. EDRS publication. Paper presented at the World Congress of the World Organization for Early Childhood Education, Arizona. August 2-7
- Peterson, N. L. (1988). *Early intervention for handicapped and at-risk children: An introduction to early childhood-special education*. Denver: Love Publishing Company.
- Phelan, T. W. (1993). *All about attention deficit disorder: Symptoms, diagnosis and treatment: Children and adults*. Illinois: Child Management Inc.
- Rappaport, J. (2000). Community narratives: Tales of terror and joy. *American Journal of Community Psychology*, 28 (1), 1-23
- Ratzlaff, H. C., Friesen, J. D., Neufeld, G. & Paddock, G. M. (1989). Impact of the Creative Parenting Program. *Canadian Journal of Counselling*, 23 (2).
- Roderick, M., & Camburn, E. (1999). Risk and recovery from course failure in the early years of high school. *American Educational Research Journal*, 36, (2), 303-343.
- Swanson, H. L. & Hoskyn, M. (1998). Experimental intervention research on students with learning disabilities: A meta-analysis of treatment outcomes. *Review of Educational Research*, 68 (3), 277-321.
- Taylor, M. C., Boss, M. W., Bedard, R., Thibault, C. J. & Evans, K. (1990). Variables related to the transition of youth from school to work. *Canadian Journal of Counselling* 24 (3), 153-164
- The Council for Exceptional Children. (1992). *Children with ADD: A shared responsibility: based on a report of the Council for Exceptional Children's Task Force on Children with Attention Deficit Disorder*. Virginia: The Council for Exceptional Children.
- The Parenting Project: Preparing tomorrow's parents today*. (Internet extraction. Reference information not available).
- Tobin, T. (1995). The use of functional assessment in research on the effects of attention from a peer tutor. *The Oregon Conference Monograph*, 7, 98-100.
- Vanier Institute of the Family. (1998). From the kitchen table to the boardroom table: Canadian families and the work place.
- Vanier Institute of the Family. (1994). Canadian families.
- Ventura, M. (2000). The teacher as healer. *Networker*, (September/October), 39 -45.

- Walker, H., Schwarz, I., Nippold, M., Irvin, L. & Noell, J. (1994). Social skills assessment in school-age children and youth: Issues and best practices in assessment and intervention. *Topics in Language Disorders, 14* (3), 70-82.
- Wolery, M. & Wolery, R. A. (1992). Promoting functional cognitive skills. In D. B. Bailey, & M. Wolery, (Eds.). *Teaching infants and preschoolers with disabilities*. New York: Macmillan Publishing Company
- Wylie, M. S. (2000). Teaching kids to care. *Networker*, (September/October), 26-35.
- Young, R. A., Friesen, J. D. & Dillabough, J. M. (1991). Personal constructions of parental influence related to career development. *Canadian Journal of Counselling, 25*, (2), 183-190.
- Ysseldyke, J. E., Pianta, B., Christenson, S., Wang, J. & Algozzine, B. (1983). An analysis of pre-referral interventions. *Psychology in the Schools, 20*, 184-190.

Appendix 2A:
**Supporting Documents Provided by Participating Countries on National
Policies and Activities in Early Identification/Early Intervention**

Anguilla

Summary of national policy and activities to deal with early identification/early intervention

Antigua

Summary of activities to deal with early identification/early intervention

British Virgin Islands

Summary of activities to deal with early identification/early intervention

Dominica

Early Identification/Early Intervention in Dominica: Summary of National Policy and activities

- (i) Assessment Checklists:
 - a. Checklist of Indicators of a Problem with Visual Acuity
 - b. Checklist of Indicators of a Problem with Hearing Acuity
 - c. Referral Form: Special Needs Paediatric Clinic
 - d. Checklist of Development Milestones
 - e. Mathematics Checklist
 - f. Language Checklist
 - g. Pre-readiness Academic Skills Checklist
 - h. Physical Motor Development Checklist

Education Division, Special Education Unit: Attention Deficit Disorder: What teachers should know.

Grenada

Summary of programmes and activities for special education, blind/visually and hearing impaired, and children with other disabilities

Summary of early intervention for blind students

St. Kitts and Nevis

Document on the early identification/early intervention activities at the Curriculum Development Unit, Early Childhood Unit, and Teacher Education Division of the Clarence Fitzroy Bryant College, Special Education Unit/School, and of Guidance Counsellor attached to primary school

St. Lucia

Summary of activities to deal with early identification/early intervention

APPENDIX 2B:

SITUATION ANALYSIS OF EARLY IDENTIFICATION/ INTERVENTION IN THE OECS

In preparation for the workshop, participants were asked to submit a situation analysis report of what obtains the respective countries with regard to early identification and intervention. The following summarizes the information given.

SITUATION RE:	COUNTRY		
	ANTIGUA	GRENADA	ST. LUCIA
POLICY	None	None	None
SPECIFIC UNIT/SECTION	None	None	Special Education Unit
OTHER UNIT PROVIDING SERVICE	Early Childhood Education and Curriculum units	Special Schools for Mental retardation and multiple disabilities Resource centre for the blind and School for the Deaf	Ministry of Health provide early screening of infants. Child Development and Guidance Centre.
ACTIVITIES	Referrals to special schools/programmes Ongoing vision and hearing screening	Speech/Language Therapist attachment	School referrals
NATIONAL PLANS	None	Development of Education plan for speech impaired. Manual/guidelines of special education services for speech disorders. Engage a full time	Introduction of a Kindergarten Screening instrument Screening for all babies by Ministry of Health.

SITUATION RE:	COUNTRY		
	ANTIGUA	GRENADA	ST. LUCIA
		Speech/Language Therapist. Teacher training Material production Use of IT	

SITUATION RE:	COUNTRY		
	ST. KITTS/NEVIS	ANGUILLA	BVI
POLICY	Policy exists that reading centres/learning enrichment centres be established in all government primary schools.	Policy exists	None
SPECIFIC UNIT/SECTION	Special Education Unit	Multi-professional support services which includes special needs, school health, guidance counselling, school welfare and educational psychology	No specific unit but a team of professionals including teachers, guidance counsellors, Education Officer for guidance counselling and remedial/special education and the Educational Psychologist.
OTHER UNIT PROVIDING SERVICE	Curriculum Development Unit Schools engage in early identification of reading		

SITUATION RE:	COUNTRY		
	ST. KITTS/NEVIS	ANGUILLA	BVI
	<p>problems</p> <p>All secondary schools have remedial centres and learning support departments</p> <p>Early Childhood Education Unit referrals</p>		
ACTIVITIES	<p>Reading recovery is practised</p> <p>Training in emergent literacy</p> <p>Annual visit by OPTIMUM CHANCE team from NJ, USA who provide training.</p> <p>Introduction of Toy lending Library</p> <p>Reaching the unreached” programme,</p> <p>“Reaching Children where they are” programme,</p> <p>Parenting programme;</p> <p>Pre-school expansion</p>	<p>Guidance Counsellor attached to primary schools.</p> <p>Reading recovery programme in primary schools.</p>	<p>Remedial programmes in schools</p> <p>Use of WRAT for identification of reading problems</p>
NATIONAL PLANS	<p>Inclusion of Early Childhood Education and Special Education in teacher training.</p>	<p>Ongoing training in Special Needs education;</p> <p>Teachers of lower grades to be trained in reading recovery techniques and strategies.</p>	<p>Establishment of a student service centre to provide support services.</p>

SITUATION RE:	COUNTRY		
	DOMINICA	MONSTERRAT	ST.VINCENT & THE GRENADINES
POLICY	The Education Act provides for Special Education.	The Education Act makes provision for Special Education.	
SPECIFIC UNIT/SECTION	Special Education Officer, Guidance Counsellors (GC) and Learning Support Advisors (LSA) exist. There is no specific unit.	Special Education unit to be set up shortly. Schools are supported by a speech and language therapist, two psychologists and health personnel.	
OTHER UNIT PROVIDING SERVICE	Ministry of Health provides early screening.	Ministry of Health provides early screening.	
ACTIVITIES	<p>Early screening for vision, hearing and nutrition exists in entry grades, and grades 4 and 6 of primary schools.</p> <p>Referral system to a Special Needs Paediatric Clinic.</p> <p>Developmental Milestones checklist developed.</p> <p>Home visiting programme provided by NGO.</p> <p>Parenting programmes.</p> <p>GC and LSA provide in-service training.</p> <p>National assessment at grade 2;</p> <p>Wide use of Mico Diagnostic Reading Test.</p>	<p>Screening for vision, hearing, speech, manual dexterity, alertness, nutrition on entry into primary school.</p> <p>Referral to psychologists.</p> <p>Attachment to speech and language therapist.</p> <p>Children are screened at entry grades to nursery, primary and secondary schools.</p> <p>National assessment at grades 3 and 5.</p>	
NATIONAL	Continuation of above-	To establish a class for	

SITUATION RE:	COUNTRY		
	DOMINICA	MONSTERRAT	ST.VINCENT & THE GRENADINES
PLANS	<p>mentioned programmes.</p> <p>Establishment of screening system in pre-school, grades K and 1 of primary schools.</p> <p>National literacy programme.</p>	<p>students with special needs.</p> <p>To develop a literacy programme.</p> <p>To recruit special education teachers.</p> <p>Follow up identification with increased intervention programme.</p> <p>Re-establish support services to schools.</p>	

Appendix 3:
Workshop Participants

Country	Name	Designation	Organisation	Address	Tel/Fax #:	Email Address
Anguilla (1-264)	Mrs. Ellenita Harrigan	Language Arts/Early Childhood Educator	Department of Education	The Valley	497-5403 (w)	ellenh65@hotmail.com
	Mrs. Vivienne Vanterpool-Fleming			Welches	497-4504	
Antigua & Barbuda (1-268)	Ms. Cleon Athill	School Counsellor	Ministry of Education	Briggins All Saints Rd	460-4907	tijani@candw.ag Cleonpa@jvallage.com
	Ms. Sonya Osborne			Skerritts' Pasture	463-7873	osbornes@candw.ag
British Virgin Islands (1-284)	Ms. Lorna Dawson	Education Officer – Special Needs	Department of Education and Culture	P.O. Box 72 Road Town Tortola	494-3701 ext. 2151 495-4213 (h)	lornamax@hotmail.com
	Ms. Abigail Daniel		Department of Education and Cultrue	P.O. Box 72 Road Town Tortola	494-3701 ext. 2151 495-4424 (h)	ashanio@hotmail.com
Dominica (1-767)	Mrs. Nisbertha Buffing		Ministry of Education, Science and Technology	Cornwall Street Roseau		petrabuffong@hotmail.com
	Ms. Isaline Titre		Ministry of Education, Science and Technology	Cornwall Street Roseau	448-2401 ext. 3075 448-3996 (h) 448-0644 (f)	io90@hotmail.com
	Mrs. Patsy Letang		Ministry of Education, Science and Technology	P.O. Box 2103 Roseau	448-2401 ext. 3064/3066 448-8218 (h)	letang@cwdom.dm

Country	Name	Designation	Organisation	Address	Tel/Fax #:	Email Address
	Ms. Ludan Lafond-Charles	Learning Support Advisor	Ministry of Education, Science and Technology	Cornwall Street Roseau	448-2401 ext. 6630 448-7464 (h)	lucina@hotmail.com
	Mrs. Eulalie Burton		Ministry of Education, Science and Technology	Education Officer Portsmouth	445-5467 (w)	burtions@cwdom.dm
	Ms. De-Anne Graham	Paediatric Nurse Practitioner	Ministry of Health	Roseau	448-2401 ext. 3476 448-4512 (h)	grahams@cwdom.dm
Grenada (1-473)	Ms. Myra Lewis	Guidance Counsellor	Ministry of Education	Young Street St. George's	440-2737 (w) 440-1617 (h)	lewis@mined.edu.gd
	Mrs. Carla Steele-John	Early Childhood Education Officer	Ministry of Education	Young Street St. George's	440-2737/2791 444-2642 (h) 440-6650 (f)	csj@mined.edu.gd carlaericasteele@yahoo.com
Montserrat (1-664)	Mrs. Eliza O-Garro	Teacher	Brades Primary School	Brades	491-5838 (w)	bpschool@candw.ag
	Mrs. Zelma Tuitt			Harris Village		ztuitt@yahoo.com
St. Kitts and Nevis (1-869)	Ms. Venetta Mills	Education Officer	Ministry of Education	Box 333 Church Street Basseterre	465-2521 (w) 465-2950 (h) 465-9069 (f)	venettamills@hotmail.com
	Mrs. Vanta Walters	Early Childhood Development Coordinator	Early Childhood Development Unit Ministry of Education	Victoria Road Basseterre	465-2369 (w) 465-6562 (h) 466-2810 (f)	
St. Lucia (1-758)	Ms. Cynthia Weekes		Ministry of Education and Culture	Francis Compton Bldg. Waterfront Castries	452-4652 (h) 468-5269 (w) 453-2299 (f)	
	Ms. Arthusa Semei	Curriculum Specialist	Ministry of Education and Culture	Morne Fortune Castries	452-3522 (w) 453-7057 (w)	arthusas@hotmail.com

Country	Name	Designation	Organisation	Address	Tel/Fax #:	Email Address
			Curriculum and Materials Development Unit		450-1715 (h) 453-1989 (f)	
St. Vincent and the Grenadines (1-784)	Dr. Yolande Wright		Ministry of Education, Culture and Women Affairs	P.O. Box 1715		ywright@usa.net
	Ms. Sylvia Jack	Curriculum Officer - Language Arts	Ministry of Education, Culture and Women Affairs	P.O. Box 675	457-1466	eduece@caribsurf.com sylvia_y_jack@hotmail.com
OERU	Mrs. Melena Fontaine	Resource Person	Ministry of Education, Science and Technology	Cornwall Street Roseau	767-448-2401 ext. 3183 767-446-3668 (h) 767-448-0644 (f)	fontainem@cwdom.dm
	Ms. Sharon Wexler	Resource Person		36 Oakland Ave. Westmount Montreal, Quebec Canada H3Y1P2	514-932-9692 (w) 514-448-4731 (h)	
	Dr. Natalie Kishchuk	Resource Person		26 Oriole Kirkland, Quebec H9H 3X3	514-694-8995 (w) 514-694-8995 (f)	nkishchuk@sympatic.ca
	Ms. Lorna Callender	Head		P.O. Box 179 Frank L. Johnson Avenue Morne Fortune Castries St. Lucia	758-452-2082	
	Dr. Henry Hinds	Curriculum Specialist		P.O. Box 179 Frank L. Johnson Avenue Morne Fortune	758-452-2082	hhinds@oecs.org hhinds@gmail.com

Country	Name	Designation	Organisation	Address	Tel/Fax #:	Email Address
	Ms. Cleotha Randolph	Secretary/Documentation Clerk	OERU	P.O. Box 179 Frank L. Johnson Avenue Morne Fortune Castries St. Lucia	758-452-2082	