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EASTERN CARIBBEAN EDUCATION REFORM PROJECT (ECERP)**

**PROFESSIONAL DEVELOPMENT WORKSHOP
IN**

Early Identification/Early Intervention

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REPORT OF WORKSHOP PROCEEDINGS

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TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	3
WORKSHOP PROCEEDINGS.....	5
1. Early Identification	
1.1 What is early identification?.....	5
1.2 Arguments for and against early identification.....	5
1.3 Who identifies, and how?.....	7
1.4 Group session: current OECS initiatives and issues...	8
1.5 Technical issues in early identification.....	12
2. Early Intervention	
2.1 Goals of early intervention.....	15
2.2 Issues and strategies for early intervention.....	17
2.3 Case analyses.....	18
3. Working with Families in Early Identification/ Early Intervention	
3.1 The ecological approach to family intervention.....	23
3.2 Need for intervention.....	24
3.3 Examples of family support interventions.....	24
4. Introduction to Needs Assessment: Guidelines for the Teacher.....	26
WORKSHOP EVALUATION.....	28
APPENDICES.....	31
Appendix 1: Bibliography of Relevant documents.....	31
Appendix 2: Text of Sharon Wexler's presentation.....	36
Appendix 3A:List of documents supplied by countries on national policies and activities in early identification/early intervention.....	42
Appendix 3B:Situation Analysis of Early Identification/ Intervention in the OECS.....	43
Appendix 4: List of Case materials.....	46
Appendix 5: Summary of Public Panel Discussion.....	47
Appendix 6: Slides of Natalie Kishchuk's Presentation.....	48
Appendix 7: Workshop Participants.....	51
EXECUTIVE SUMMARY	

The workshop proceedings 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 output** from the workshop is to be:

- 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.
- In addition, it is expected that the workshop will result in closer working relationships among 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. States should develop initiatives to reach those students who may be difficult to reach.
7. Countries should engage in public awareness on issues of disability. Sensitization and outreach techniques can be done by targeting specific groups.
8. Since reading is a problem in the OECS, it is essential that:

- Teachers' colleges 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.
9. Provide support to families during the intervention process through appropriate mechanisms, for example, parent support groups, home visits and family therapy if available.
 10. Keep continual and consistent records that would allow for monitoring of student behavioural changes.
 11. Develop appropriate assessment tools and techniques for the OECS.
 12. 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.
 13. Provide paid training and other forms of human resource development through governmental and other agencies as countries embark on intervention strategies.
 14. Develop a national policy on early identification/intervention as part of the provision of student services.

WORKSHOP PROCEEDINGS

1 Early Identification

1.1 What is early identification?

The workshop began 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 recognizing 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 school 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 them if they were adequately informed about the child’s situation before he or she came into 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 created involving, 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 accurately determine which children 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 rather than as 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 be adapted.

Countries that put early identification and intervention programmes in place must therefore consider the benefits and risk associated with them. 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 oriented to be 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 on what issues they should focus in early identification. Problems identified or assumed to exist must be validated by appropriate sources.

There are several methods available for identification, such as standardized paper and pencil tests or 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 "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 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* group are presented.

Groups 1 and 2: Academic and cognitive problems

Current situation

- A good deal of activity is currently 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 is 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 do identification of children with disabilities. There are dozens of instruments available, but they may not be appropriately normed for the Caribbean.
- In several countries, learning support centres offer technical advice and support to teachers.

- 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 (e.g., health and education personnel, as stated above.)

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.
- For regular classroom teachers, skills development is needed in the following areas:
 - training in 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 varying learning styles, levels of intelligence, as well as multi-grade teaching;
 - sensitizing teachers to home situations that are likely to affect learning abilities;
 - 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 of the regular classroom. This can be done through a system of instructional leadership and supervision by both principals of schools and the central Ministries of Education.

- Parents could also receive training in literacy in order to be better able to support their children's academic progress. The Parent brochure "Questions Parents Often Ask..." developed by ECERP could be used as a training tool 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 was suggested, for example, linking school and health professionals. Also required are:
 - The development of professional practices supporting case discussions;

- Communication between systems of record keeping to allow monitor children's progress across time and settings, and to support 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.
- In some countries, decentralization of services is helping to meet the needs of all relevant persons. 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;
 - the public health nurses may be involved in assessment of risk for developmental difficulties, in the context of post-natal care;
 - pastoral guidance services exist in many schools, although in some cases the people providing them are often untrained;
 - Social Services provide help in some areas;
 - some NGO's offer programmes that can be helpful, for example, a Hotline, although confidentiality may be a problem in some places;
 - Revision to the Young Offenders Act or similar statute could allow for 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. However, this is a difficult area.
- Support groups and workshops for teachers who are required to report domestic violence are needed;
- Work with PTA's can identify other potential support and resources at the local level;
- 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, public health nurse, and local counterparts.

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 many of the social and behavioural problems seen in the classroom are linked to problems of abuse of illegal substances, 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 needed for teachers and community members in the detection of child abuse victims.
- Training is also needed for principals in encouraging teachers to use the knowledge and skills they have learned to address adverse behavioural situations.

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/caregiver questionnaires;
- (vii) Parent/caregiver 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 must be

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

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

- (i) Is the instrument culturally biased?
- (ii) Is the instrument suitable for the person being assessed?
- (iii) Is it suitably normed?
- (iv) Is it instructionally valid?
- (v) Is it content valid?
- (vi) Does it have adequate reliability?
- (vii) Will it provide valid and reliable diagnostic information?
- (viii) Is the language suitable for the individual(s) being tested?
- (ix) Does it have to be modified for certain groups of individuals? If so, what is the degree of modification?
- (x) Is special training required for administration?
- (xi) Are there clear directions for scoring and interpretation?
- (xii) Is it motivating?

(xiii) Is the material of sufficient quality?

Information was also provided on some basic requirements for assessment in relation to early intervention, drawn from Ballard (1991). 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 a child and implementing the intervention programme. Parents and teachers must 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 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.

Examples were presented of checklists used as rapid assessment tools in Dominica. These include:

- (i) Checklist of indicators of a problem with visual acuity
- (ii) Checklist of indicators of a problem with hearing acuity
- (iii) Referral Form: - Special Needs Paediatric Clinic
- (iv) Checklist of development milestones, ages 0-2 months to 5 years
- (v) Mathematics checklist - skills to be mastered by Grade K in *number language, number concept, operations, time, money, fractions*
- (vi) Language checklist - skills to be mastered by Grade K in *reading, written language, oral language*
- (vii) Pre-readiness academic skills checklist - *auditory perception and visual perception skills* to be mastered by Grade K
- (viii) 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 complete. 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:

- (i) To support the family in achieving its own goals;
- (ii) To promote child engagement, independence and mastery;
- (iii). To promote development in key domains: to ensure skills for successful living throughout the lifespan;
- (iv) To build and support children's social competence;
- (v) To promote the generalized use of skills, for example, the use of reading skills across life situations;
- (vi) To provide and prepare for normalized inclusive life experiences;
- (vii) To prevent the emergence of future problems or disabilities.

Two goals of early intervention for society were also identified:

- (a) To increase the awareness on the part of the public about individuals with disabilities and about the need for intervention. This awareness may help to counter negative attitudes and labelling of children as "problem children";

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 to 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 in computers. It was noted that research has shown 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.

- (b) To inform potential advocates for children in need of early intervention, and provide decision-makers with accurate and objective information to assist advocates.

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) To continually and consistently attempt to improve the quality of services
 - In order to consistently seek to understand ways to provide quality services 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

systematically and critically examined 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 can 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 handed out.

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. (The full text of her presentation is included as Appendix 2.) 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. However, parents 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 can 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 comprised:

- (i) What is the nature of the problem?
- (ii) What factors are important to consider for intervention?
- (iii) What interventions have been or could be done?

In the following summary of the case presentations the emphasis is placed on general observations and discussion about early intervention, rather than 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, 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

Because the level of reading at a St. Kitts primary school was causing concern, an early reading intervention program 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 it seems to be a problem 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

be reviewed in order to ensure that it addresses issues of diagnosis and remediation of reading problems.

**Case 3: Family with hearing impairments*

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 need to work with the mother so that the home environment can 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, trust must be developed slowly.

Case 4: Dexter

This four-year child had problems in developing normal communication and interaction patterns. Through a series of intensive, multidisciplinary 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 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 was a very difficult case of 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 is 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 can 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 drug use, and whose academic performance had fallen.

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/Early Intervention

3.1 The ecological approach to family intervention

Dr. Natalie Kishchuk, social psychologist and research consultant for the 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 they grow up, live and learn. 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 rear 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 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 from school, community and society:

- *when there is disruption to the attachment process that results in 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 is the foundation for self-esteem.
- *when the caregiver feels isolated, defeated, and lacks confidence in her own ability to make a difference for her child, and lacks the energy and skills to meet her 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 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. 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 and traffic, 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, 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;
- raise awareness and mobilize people about the gaps between the current and desired ones.

There are three main steps in 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 can 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

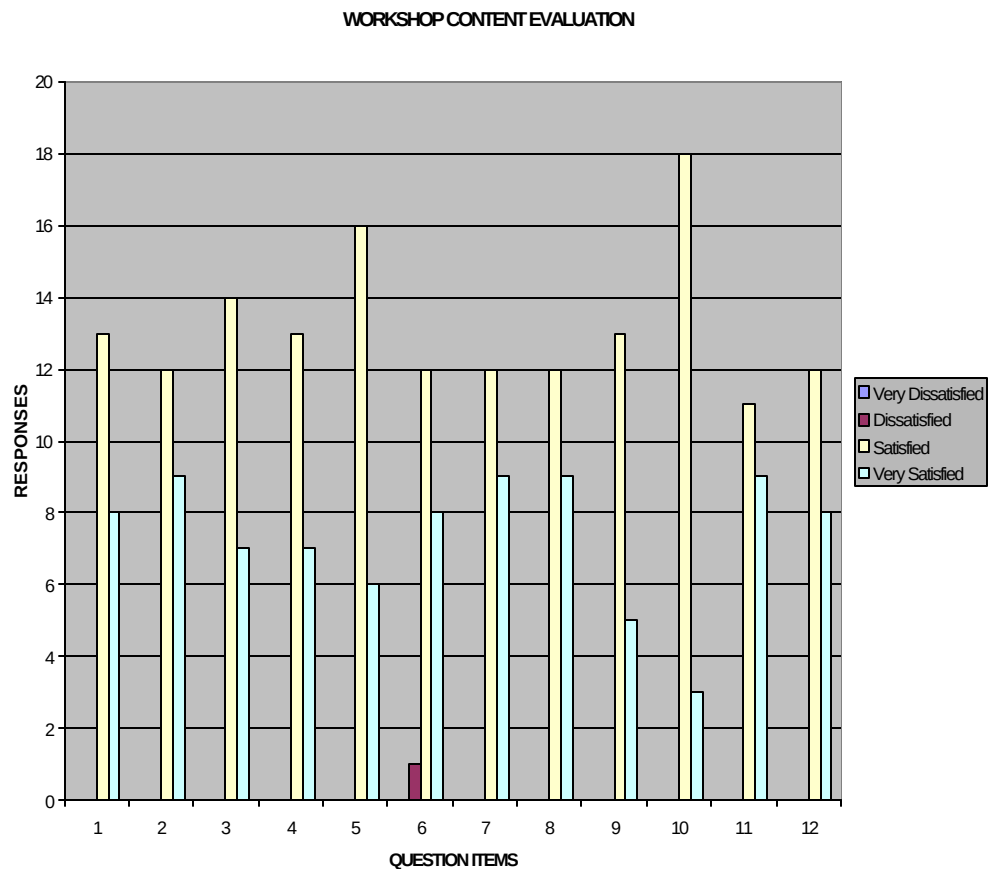
3. Identify the gap between the current and desired situation and develop strategies to be developed to bridge the gap

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 on the materials presented each day. 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 1.0: Level of satisfaction with the content of the workshop expressed by participants from very satisfied to very dissatisfied.

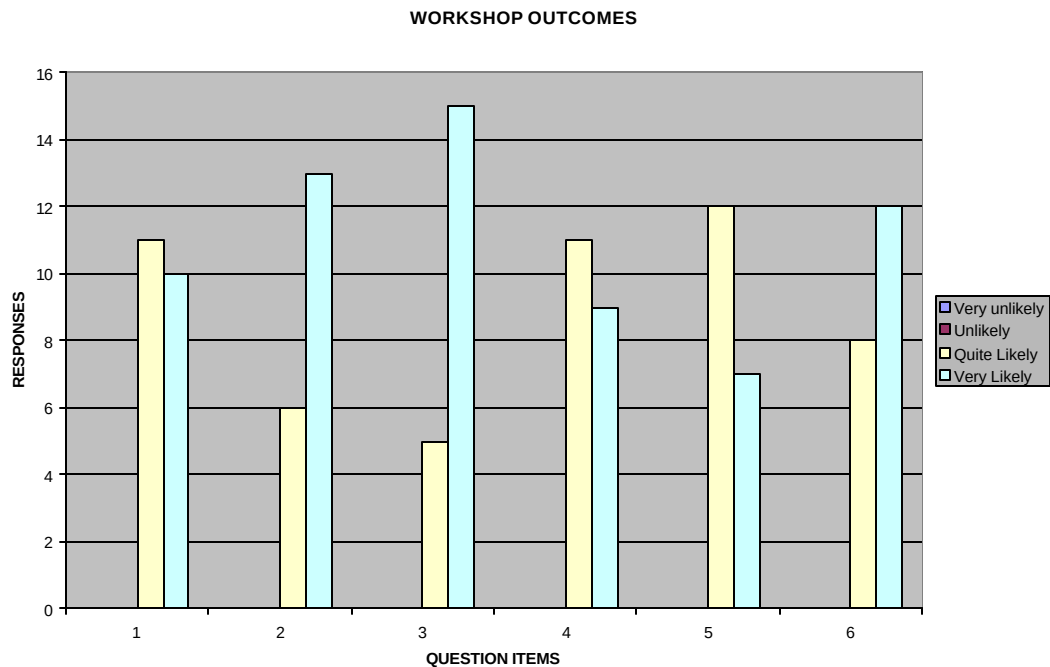


Evaluation questions with regard to the outcome of the workshop focused on participants' application of the workshop content to their professional work, how likely they were to use the manual to be produced, and how likely would the workshop result in significant improvement in early identification/early intervention practices. Figure 1.1 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 must 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 1.1: 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, meal/meal arrangement and workshop schedule. However, a general comment was that there should have been some time allocated for social interaction and networking.

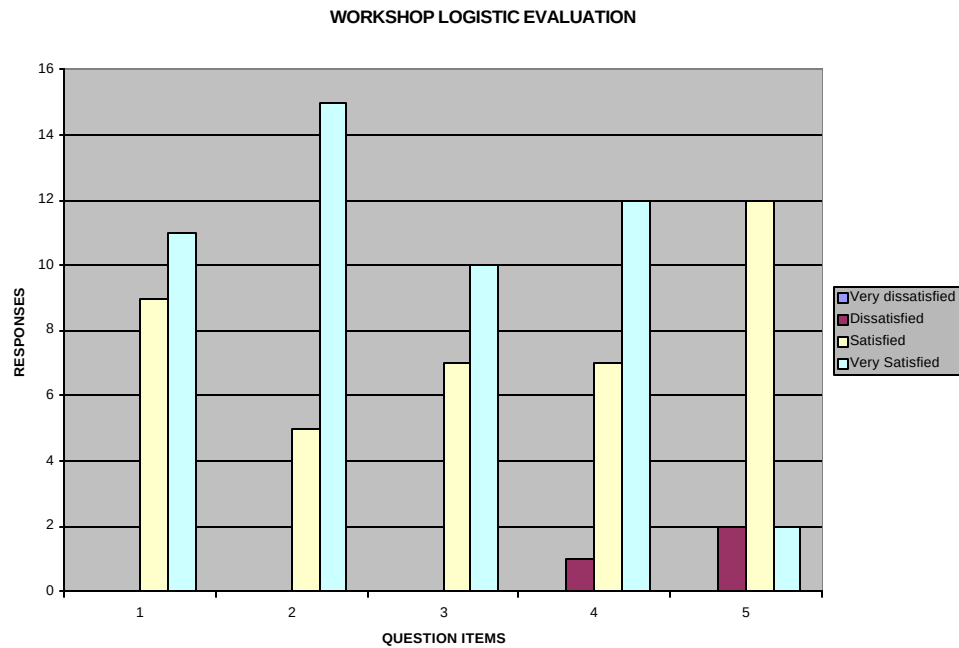


FIGURE 1.2: Participants’ satisfaction with workshop logistics.

APPENDICES

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Appendix 2: Text of Sharon Wexler's Presentation

The impressive comprehensive OECS Education Reform Strategy studies “Foundation For The Future,” “Pillars For Progress,” and “Student Attitude Survey” and the North American works referred to in this paper all focus on the following: developing, teaching, and assessing academic curricula; out of school children and adolescents, particularly males; early childhood education, especially for the underprivileged; and the marginalizing of females and, particularly, males. All the works are concerned with possible interventions, both academic and societal. What facilitates optimal learning is a complex social, cultural, and academic problem that these studies rigorously address. While many aspects are specific to the OECS region and the rest of the Commonwealth Caribbean, many issues are also shared across cultures, nationalities, and race. As a former teacher (in pre-school Head Start programs for disadvantaged 3-5 year olds; Special Education programs for slow learners and behaviour problem children in grades 7, 8, and 9; and a residential school for multi-problematic children ages 8-13) and a family therapist for the last 12 years, I have experienced many of the frustrations addressed in the OECS report. I have worked in poorly funded schools and with children being passed who can barely read or write; children being stigmatized due to race or poverty; children who are hungry, abused, neglected, angry, or suicidal; and families that do not know how or have limited interest or resources to care for their children. The poor, the marginalized, the underprivileged, the abused, the sick, the special needs learners, and the dropouts exist in your society and in mine. The case studies and treatment models that are to follow highlight universal issues and adaptable solutions. Let us learn from one another.

For the purpose of this paper, school dropouts refer to students who leave school before receiving their high school diploma in North America. In the Eastern Caribbean States, the focus would be on the students who are not accepted into or able to attend the secondary schools. In either case, we can all agree that students who do not complete their education face a bleak and uncertain future, a loss of self-esteem, possible health related problems, a sense of failure or an inability to achieve, and a lack of opportunities – which often last a lifetime. The consequences affect both the individual and society. Millions are lost in missed productivity and taxes, unemployment rates are higher, and available jobs usually pay minimal wages with little hope for advancement. As we know, poverty tends to be passed from one generation to the next. Education is the best key for breaking out of poverty's confines.

The works cited in this paper explore the personal and educational issues that North American youth face and the difficulties that plague the educational system. Many are the same issues that were addressed in the OECS studies given the differences in the educational systems. There are poorly trained teachers, poorly taught students, low salaries, poorly funded and staffed schools, and out-dated and ineffective teaching methods in every country. The challenge that we all face is how to keep our youth in school and learning how to train for their futures. The more education any child receives, the more possibilities the future holds. The more training the teachers receive, the better

equipped the schools are, and the more resources that are provided in the schools the more successful the results will be for everyone (Epstein, J.).

Currently, North American educators use the term “at-risk” to describe students in danger of quitting school. While all children and adolescents periodically face difficulties, some have better coping skills, more resilience, better communication skills, easier problems to solve, more resources, or better functioning support systems at home and at school (Smith, C. and Carlson, B.). Common problems acknowledged in OECS studies and the North American studies cited are as follows: unmet learning needs, poor learning environments and curriculum, lack of resources, self-destructive behaviours, teen pregnancy, drugs, alcohol, anti-social behaviours, health problems, racism, sexism, bigotry, or difficulties due to their families’ socio-economic status or breakdown. All the cited works refer to the major role poverty plays at the individual, social, and academic level.

Today in North America, the youth are experimenting with drugs, alcohol, and sex at younger ages. Teen pregnancy is the major reason females’ become dropouts. The majority of adolescent deaths are due to motor vehicle accidents. Females are more at risk to be raped or molested, and males are more likely to be assaulted or die due to accidental injuries, homicide, or suicide. Adolescents, especially African-American males, in the United States are more likely to be victims of violent crimes than individuals from other age groups (Manning and Baruth, p. 16). Increasing numbers of youth are in danger due to circumstances within their families, such as poverty, divorce, disease, mental illness, stress, and homelessness. Poor youth are less likely to receive proper nutrition, medical attention, a secure environment, and enriched educational experiences. Regardless of their race or ethnic group, they are more likely to go to school hungry; repeat a grade; drop out of school; get pregnant; live in female-headed single families; and have behavioural, emotional, and learning problems. Alternative learning environments are necessary for children and adolescents who cannot cope, learn, or succeed in traditional educational programs. Teachers in all classroom settings need help to cope with the multitude of problems that students are experiencing that affect their behaviour, learning, and attendance. New teaching styles and classroom management approaches are needed across the education spectrum (Association For Supervision and Curriculum Development, Sept. 1996).

The OECS studies and the other referred to studies identified the necessity for educational reform to better meet the varied needs of students. Recommendations to consider include: developing pre-school programs, strategies for reforming the content and the teaching approaches at the primary and secondary levels, skill training programs, work-study programs, more involvement between significant caregivers and the schools, more community involvement to increase resources, better funding, and the need to reach disadvantaged and marginalized youth at all levels of the educational system. This paper’s focus is on programs designed for youth who suffer a multitude of problems. Some approaches and interventions may be adaptable to meet the diverse needs of the Eastern Caribbean States, and others may be used for brainstorming new creative approaches. The two basic types of at-risk programs discussed by Manning and Baruth

(p. 25-26) are: 1) Compensatory academic program (such as Head Start for underprivileged pre-school children aged 3-5, Chapter I that begins in the early grades to increase math and reading skills in low-achieving students, and Special Education programs for all ages); and 2) Preventative programs addressing specific problematic conditions (alcohol and drug abuse, teen pregnancy, truancy, etc.); anti-social behaviours (bullying, violence, stealing, etc.); disease (AIDS, etc); self-destructive-behaviours (suicide, etc.); and skill development programs (increasing social skills, enhancing self-development through work-study and training programs, contracting goals with students, volunteer projects to develop social awareness, etc.). Many times these programs overlap. Specific goals in alternative learning programs include: cooperative learning; grouping patterns other than ability grouping; individualized instruction; tutorials; harmony rather than control atmosphere in the classroom; learning contracts between students, teachers and parents; work-study programs; and interaction between parents, students, teachers, staff, and sometimes the community.

Key specifics in forming any school program or new focus include: 1) assessing the school's present effectiveness; 2) labelling the programme - for example: academic (improving math scores in grade 3, improving all students' scores on standard tests, targeting a specific child who is failing, etc.) or preventative (drug education, suicide prevention, AIDS awareness, increasing attendance, more parental involvement, etc.); 3) be specific; 4) have attainable and measurable goals; and 5) involve the relevant people.

The prerequisites for successful changes for all students and staff are: 1) establishing a community task force that includes parents, students, teachers, staff members, business leaders, community agencies, social and religious institutions, etc.; 2) assessing the school districts policies, procedures, practices, programs, and facilities as to whether they help or hinder students and staff (Epstein, J.). For example, as suggested in the OECS studies, some school programs may be out-of-date, policies of poorly training and paying teachers undermines the educational process, and operating out of inadequate facilities can be both a health hazard and detrimental to learning; 3) identifying potential resources and options; 4) assessing financial and time requirements for recommended changes; and 5) creating an assessment plan to evaluate the effectiveness of the changes.

Each child has relative strengths and weakness in their learning ability. Assessments (intelligence tests, etc.) and interventions (special education programs, etc.) that take advantage of students' multiple intelligences, are developmentally appropriate, and are sensitive to the social class and cultural backgrounds are crucial (Gardner, H. and Hatch, T.). Following this paper, are copies of successfully assessed and implemented programs. The Eastern Caribbean States with it's rich cultural diversity, unique history, and complex social norms as addressed in the OECS studies, will continue to create programs that work for your students.

Detrimental factors identified in the following case presentations include poverty, family instability, abuse, neglect, single-parent families, parental discord, poor parenting skills, poor self-image, learning problems, behavioural problems, antisocial behaviours, poor social skills, isolation, and poor peer relationships. In most of the identified children and

adolescents, the problems began to manifest in early childhood with inappropriate behaviours (aggression, hyperactivity, extreme shyness, etc.) followed by various learning problems being diagnosed early in elementary school. Sometimes special programmes within the local school were adequate to help the child achieve academic success and to learn acceptable behaviour. Other times, removing the child for more specialized and structured programs in auxiliary institutions or residential schools was necessary. The goal, when possible, was to re-integrate the child back into his or her regular school. In all cases, families received some form of counselling. As stated earlier, at-risk youth tend to come from multi-problematic families. A child cannot successfully be treated or succeed at school without parental support and involvement or, if needed, an alternative support system (Epstein, J.).

An effective methodical agenda for schools assessing a child showing learning and behaviour problems that was used in each of the following case presentations is as follows (Manning and Baruth, p. 26-30):

- Identification and assessment:
- Conferences with the child, parents, teachers, principal, school social worker or psychologist to discuss the observed behavior and academic issues
- Testing for learning or behavioral problems
- Provide alternative learning environments that are agreed upon by the student, parents, teachers, and administrators
- Set specific and measurable goals
- Coordinate K-12 approaches and social service agencies' efforts
- On-going educational programs designed to address the child's needs must be planned, coordinated, evaluated, and current with his or her developmental and academic needs
- Engage the parents and families
- Evaluate periodically to determine the effectiveness of the educational plan

The following case studies are divided into the following two groups: 1) an in-depth look at two male adolescents with learning problems and their families who are engaged in family therapy; and 2) many children who have multiple learning and behavioural problems from four families who participated in a Multiple Family Therapy group (MFT) as part of their children's treatment modality. Explanations of the various treatment modalities are provided. It is possible to adapt some of the approaches to different settings and needs. For example, using the potential power of a group to discuss important issues and implement change; using contracts to set goals with students and parents; dividing the class into pairs or small groups to problem solve or do projects; using students to help students; encouraging parents to volunteer at the schools; field trips into the community; adding more relevant cultural content to prepare youth to succeed in their communities; developing work-study and skill training programs into the school setting; creating assignments that make learning fun and interesting; giving praise and positive rewards for achievement; breaking learning tasks down to small, manageable proportions; community involvement in the school; making sure no child is hungry or in danger; enrichment programs for the teachers; etc. The addendum contains numerous photocopies of articles addressing new models of teaching, methods for dealing with

classroom issues, parental influence on academic achievement, behaviour, and career development, etc.

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Appendix 3A:
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

BVI

Summary of activities to deal with early identification/early intervention

Dominica

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

(ix) 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 3B:
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 Speech/Language Therapist. Teacher training Material production Use of IT	Introduction of a Kindergarten Screening instrument Screening for all babies by Ministry of Health.

SITUATION RE:	COUNTRY		
	ST. KITTS/NEVIS	ANGUILLA	BVI
POLICY	Policy exists that reading centres/learning enrichment	Policy exists	None

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

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	Early screening for vision, hearing and nutrition exists in entry grades, and grades 4 and 6 of primary schools. Referral system to a Special Needs Paediatric Clinic. Developmental Milestones checklist developed. Home visiting programme provided by NGO. Parenting programmes. GC and LSA provide in-service training. National assessment at grade 2; Wide use of Mico Diagnostic Reading Test.	Screening for vision, hearing, speech, manual dexterity, alertness, nutrition on entry into primary school. Referral to psychologists. Attachment to speech and language therapist. Children are screened at entry grades to nursery, primary and secondary schools. National assessment at grades 3 and 5.	
NATIONAL PLANS	Continuation of above-mentioned programmes. Establishment of screening system in pre-school, grades K and 1 of primary schools. National literacy programme.	To establish a class for students with special needs. To develop a literacy programme. To recruit special education teachers. Follow up identification with increased intervention programme. Re-establish support services to schools.	

Appendix 4: Case Materials

List of Cases

Antigua:	Group of de-motivated 14 - 17 year-old students
Canada:	Simon Michael Cases in multiple family therapy programme
Dominica:	Language Intervention Strategy - A classroom lesson on adjectives (Kayla) Grand Bay Secondary School Parenting Programme Lin Don
Grenada:	Kis
Montserrat:	May (aged 16) and her sister Sue (aged 13)
St Kitts/Nevis:	Reading in a primary school Early childhood development: Dexter Thomas (2 documents)
St. Lucia:	Joey

Appendix 5: Summary of Public Panel Discussion

On the evening of November 16, a public panel discussion was held on the topic : *The Role of Guidance Counselling in Education in the OECS*. Lucia Blaize-Jones, Acting Permanent Secretary for Community and Gender Affairs, Dominica, chaired the panel. The three panellists were Cleon Athill, Guidance Counsellor, Antigua, Celia Nicholas, Secondary School Principal, Dominica, and Abigail Daniel, Education Officer, BVI. The session was attended by about 30 people and was recorded by the Government Information Services of Dominica.

Ms. Athill spoke of attitudes in relation to guidance counselling:

- (i) the general cultural context in which guidance counselling operates, where attitudes toward children show that children are not valued, and a culture of violence and intolerance is perpetuated;
- (ii) attitudes towards counselling itself, from both students and society; in neither case are attitudes very positive. Students associate visits to seeing guidance counsellors with social/behavioural problems, while society associates counselling with a permissive and ineffectual disciplinary system within schools.

The presenter expressed her hope for the re-orientation of society towards attitudes of greater tolerance of diversity through guidance counselling.

Mrs. Nicholas spoke on the role of guidance counselling in the education system, and in particular of the need for effective partnerships between classroom teachers and guidance counsellors. She argued that all teachers should have basic skills in counselling, so that they would develop the sensitivity and awareness necessary to adequately prepare children for life's tasks. Ms. Nicholas proposed the de-concentration of guidance expertise through the creation of the role of teacher/counsellor.

Ms. Daniel's remarks focused on effective strategies for guidance programmes, maintaining that the role of the school guidance counsellor is to support the entire school body – students, parents, teachers and principal – toward achieving total well-being. Guidance counsellors must therefore be seen as part of a supportive team, working in collaboration with the entire school body. The biggest challenge for guidance counselling is to market and promote its objectives and activities so that the educational system and the wider society better understand its role.

Appendix 6: Slides of Natalie Kishchuk's presentation

Early Identification/Early Intervention Workshop

Working with families in issues of early identification and intervention

OERU-ECERP Workshop, Dominica, November 2000

The ecological approach

- Early intervention is most effective when situated in the ecological context of child development
- Ecological approach:
 - child development as:
 - ... *the interaction of children's age-specific emerging competencies with the total environment in which they grow up, live and learn*

Basis of the ecological approach

- Each individual is embedded in a number of social contexts
- 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 well-being.

Ecological approach cont'd

- Healthy families and communities are the basis of a productive society.
 - Well-functioning families are better positioned to
 - rear competent children
 - contribute to the work force, the economy and the creation of strong and vibrant communities
 - Family functioning can be enhanced by various forms of support
 - Combining both formal and informal supports helps foster independence and mutuality.

Asset, not deficit focus

- Deficit focus : parents and children are defined in terms of their inadequacies
- Asset focus:
 - starts from the premise that every child, parent, family and setting has assets
 - focus is on finding and building on these assets, strengthening skills and capacities
 - Interaction is founded on mutual respect and caring
 - Language used focuses on strengths and skills rather than deficits and weaknesses ('risk factors')

When do parents need strengthening and support from school, community and society?

- When there is disruption to the attachment process that results in a secure relationship between child and caregiver
- When the caregiver feels isolated, defeated, and lacks confidence in her own ability to make a difference for her child, lacks the energy and skills to meet her 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 are caught up in a chaotic struggle for survival
- When caregivers cannot respond appropriately to the child's evolving needs because of social and economic stresses in their own lives.

Family support interventions

- Child-centered programs where parents are the focus of attention
 - if parents' needs are met, their children will have greater opportunities for optimal development
- Parents are strengthened :
 - in their role as facilitators and change agents within their families and communities
 - in their individual and collective capacities to contribute to child development
- Programs are holistic, based on participation, social support, capacity building and social change.
 - Take parents as whole people, with all their physical, emotional, intellectual and spiritual needs within the context of her (his) family and society
 - Nobody is reduced to being only her "problem".

Comprehensive community initiatives (CCI's)

- Community based efforts that:
 - seek improved outcomes for individuals and families
 - seek improvements in neighborhood conditions
 - by working comprehensively across social, economic and physical sectors
 - aim to increase community capacities

CCI's cont'd

- Involve the creation of a group or organization
 - In the community
 - Linking all main partners in child development
 - Governed by parents
 - Who decide on the actions: e.g.
 - After-school programs
 - School plant improvement
 - School-workplace links
 - Respite care

Examples:

- Community Action Program for Children
 - Networks of family resources centres
- Pre-crisis network intervention program
- Parent Mutual Aid Organization
 - Mutual aid opportunities for child welfare families

- Evaluation have found that
 - parents who participate in these programs:
 - feel less isolated
 - are more confident in their parenting capacities
 - strengthen their parenting skills
 - there are positive impacts on children's development

Slide 7

Approaches to needs assessment

Goals of needs assessment

- Determine gaps between current programs and services and desired (or required) ones
- Raise awareness and mobilize people about the gaps

Main steps

- What is the current situation?
 - Use existing information or collect new
 - Can involve community consultation
- What is the desired situation?
 - set realistic goals and objectives
- What can be done to bridge the gaps?

Participatory needs assessment

- Interested parties are involved in all three steps
 - Helps achieve the second goal
 - can include parents, children, community members

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