

ACCOUNTABILITY IN EARLY INTERVENTION: CONCEPTUALIZING THE MEASUREMENT OF CHILD AND FAMILY OUTCOMES

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Abstract

Accountability in early intervention calls for an obligation and willingness to accept responsibility towards progress of young children with disabilities. The purpose of this paper is to ponder over the issue of imparting quality services in early intervention programs so as to bring about accountability on the part of early intervention centers and professionals. Four questions pertinent to practices in early intervention are discussed with an aim to generate a think tank for a possible state or national accreditation for monitoring outcomes of early intervention programs in India.

Introduction

Early intervention helps to prevent secondary disabilities and maximizes abilities of young children with disabilities (Garguilo & Kilgo, 2000). The UNESCO International Consultation on Early Childhood Education and Special Needs (1997) emphasized early intervention to prevent and ameliorate conditions that put children at risk of delayed or debilitated development so as to avoid handicapping conditions. Studies indicate that the early years are the most receptive and that the neuroplasticity is the greatest in the first 3 ½ years of life (Mundkur, 2005). The younger the infant, the greater is the neuroplasticity, hence it is essential to intervene early using quality standards and practices. According to Ealdama, (2010) past 30 years have seen a growth in interest on achieving quality outcomes and practices. Total Quality Management (TQM) holds a promise as it is a holistic approach encompassing client centered and need based early intervention practice. Quality is important in all spheres of life and early intervention and education demand quality inputs for its clients. Quality assures customer satisfaction and is defined as a practical degree of uniformity and dependability as it is a commitment to the customers. However, quality needs to be assured and for this to happen we need to have determination of standards, appropriate methods and quality requirements (Zafar, 2009). Also quality education needs to start from early years of a child as it has become an inextensible part of an augmentation plan of higher education.

What is that we know about early intervention?

Early intervention is a smart investment.

Early childhood education plays a significant role as it helps children in successful completion of primary education. The curricular linkages with environment, retention and learning outcomes of children at primary stage have been established through research and field experience (NCERT, 2006). Philosophers and researches also suggest investing in young children as there are biological, social and economic benefits of early intervention. Markezich (1998) explains the biological foundation by emphasizing that there are 'learning windows' which facilitate optimum learning in all developmental domains during the first 6 years. Allen (2011) emphasizes that the early years are the greatest period of growth in the human brain as the connections or synapses in a baby's brain grow 20-fold, from having perhaps 10 trillion at birth to 200 trillion at age 3. This period for babies is thus an explosive process of learning from the environment. The sociological benefit of early childhood education discussed by Offord (1997) is that children whose development has been well supported are more likely to have a strong sense of self-respect and concern for others and will therefore contribute to a sustained development. The early years are a very sensitive period when it is much easier to help the developing social and emotional structure of the infant brain, as the basic architecture is formed for life. Nobel laureate James Heckman (2000) suggests that there is an economic benefit to early intervention and education, because attending to disparity in early years is likely to be highly cost effective. "On a purely economic basis", says Dr. Heckman, "It makes a lot of sense to invest in the young". Thus creating the right conditions for early childhood development and intervention is likely to be more effective and less costly than

addressing problems at a later age. In India, the legislations such as PWD ACT (1995) and National curricular framework (2006) have been promoting and sensitizing about the need for early intervention. The Rehabilitation Council of India has also instituted courses for human resource development in early intervention. It is also recommended by various National institutes and Professional bodies to universalize the new born screening for early intervention. All these efforts have resulted in a positive trend of establishment of early intervention centers in India.

What is that we don't know?

Progress behind the curtains of early intervention centers.

In spite of the favorable schemes and curricular guidance there is a large gap between what is prescribed for young children and their levels of functioning when they enter the formal schools at Std. I in India. The World Bank report of 2005 documents that in terms of policies and provisions for young children, India has been relatively well provided as compared to other countries in South Asia, but the profile of the child in India is still from satisfactory (Kaul & Shanker, 2009). The Sarva Shiksha Abhiyan (2002) of MHRD Government of India therefore initiated a 3 months bridge course for young children so that they can cope up the curriculum of 1st std. The ECCE in India is offered through 3 distinct channels- public, private and non-governmental and the coverage is wide spread. The range of practices is quite big from over burdened teachers of ECCE in private programs, to a mere rhyme and song approach in ICDS (Kaul & Shankar, 2009). ECCE in India is unstructured and lacks uniformity. The following questions with respect to early intervention are crucial: Are the early intervention programs effective or are they merely stamping plants? Are they making the children ready for the school? Are they closing the gaps between achievements of children from varying backgrounds? It can be noticed that there are no easy answers to these questions and also for others such as what is being taught (content), how it is taught (methods of teaching) and whether or not the objectives are met behind the curtains in the early childhood education and intervention centers. There is no way to ascertain whether the curriculum which is followed is a downward extension of the primary school curriculum or whether the centers follow a developmental systems approach? Since early childhood is the foundation for further learning, we need to know what is that is happening behind the curtains of early childhood education.

What is that we do?

Test the children

Much controversy surrounds the testing of infants, toddlers, and preschoolers, particularly those with disabilities and delays. While generally the early childhood intervention field supports, the need to monitor the progress of young children in diverse programs, little agreement exists on how the desired information should be obtained, who should collect the information, and perhaps most importantly, how the information should be summarized and interpreted (Bagnato, Frontczak, Macy & Brown, 2009). In the Indian context also, to ascertain the progress during or towards the completion of early intervention programs, testing is the most preferred or rather available option for professionals. Early intervention programs or schools admitting young children with or without disabilities use informal ways such as observing or interviewing the children and parents and sometimes test the children to ascertain the school readiness. Tests and testing material are widely used to check young children's achievement over the 3r's namely reading, writing and arithmetic's. According to Corbett & Wilson, (1991), because of the limited range of information commonly sampled by high-stakes, tests and their closed-ended questions and responses, can distort the educational process by suggesting that one indicator of learning can stand for the whole of learning. There is also a threat that because of the testing, the teaching is becoming merely a preparation for testing and hence Parini (2005) comments that testing is anti educational. Test scores are increasingly viewed not as one datum about student performance, or one source of information about student learning, among many rather, they are perceived as sufficient evidence to render decisions about retention, promotion, teachers' expertise, and school success. Tests are not the best options for young children with disabilities as Meisels & Burnett (2006) suggests that young children are developmentally unreliable test takers. They have a restricted ability to comprehend such assessment cues as verbal instructions,

aural stimuli, situational cues, or written instructions. Further, questions that require complex information-processing skills, giving differential weights to alternative choices, distinguishing recency from primacy, or responding correctly to multistep directions may cause a child to give the wrong answer. In addition, young children may not be able to control their behavior to meet the demand characteristic of the assessment situation whether this is because they are affected by fatigue, boredom, hunger, illness, or anxiety, or simply because they are unable to sit still and attend for the length of time required. For young children with disabilities, the risk is also that normative sample is limited and hence norms of children without disabilities are used. This is because we still follow the theory of normalization to test children due to which children may feel stigmatized and be tracked into low achieving groups that will further confirm their sense of powerlessness and limited potential. Their estimates of their own abilities, their self-perceptions and motivation of their families are likely to suffer.

What is that we need to do?

1. Aligning Professional Standards

Accountability has taken the form of a movement and hence some of the developed nations have legislations which demand for accountability from the centers offering early intervention. The No Child Left Behind (NCLB) (2001) of USA supports standard-based education reform based on the premise that setting high standards and establishing measurable goals can improve individual outcomes in education of young children. With increasing pressure, many government agencies are requiring accountability data from programs serving young children (Harbin, Rous, & McLean, 2005). These regulations however need to be implemented with regard for professional “best practices”, usefulness and benefits to children and families. The practices for aligning professional standards as suggested by Bagnato, Frontczak, Macy & Brown (2009) are as follows:

- Young children are individuals, so, their programs and performance data must be individualized.
- Authentic assessment is the most developmentally-appropriate form of measurement for documenting performance, progress, and outcomes in early childhood
- Accountability data cannot be interpreted in the absence of additional information about the child.
- Child progress data for accountability cannot be interpreted in the absence of data on the program, itself.
- Developmentally-appropriate accountability data must be used only to improve program quality and practices not to sanction teachers or their programs.
- Providers using authentic assessment methods for accountability purposes must be well-trained.
- Metrics for profiling child progress and program impact must be sensitive to small increments of individual child performances.
- Measures chosen for accountability purposes must meet developmentally-appropriate professional standards for evidence-based practice.

2. Advocate for Equitable Outcome Measures

Families want to know if their child is progressing and early intervention professionals want to know if the intervention strategies make a difference for the child and family. Child outcomes are hence measured as such a measurement provides information that can be used to improve the overall early intervention. Child outcomes are measured by comparing how children of the same age are functioning before and after receiving early intervention services in various developmental areas. The child outcomes focus on skills and abilities that children use to be successful in everyday activities and routines, and skills children need to be successful in future school settings. Most evaluations of the effectiveness of early intervention have focused on outcomes for children (Bryant & Maxwell, 1997; Spiker & Hopmann, 1997). Child outcomes are an appropriate focus of efficacy research, since concerns about the child's development constitute the essential rationale for early intervention and the focus of most services. Over the past 15 years however, many have argued that early intervention has a broader purpose. From its inception, early intervention for children with disabilities has been

grounded in a fundamental assumption of the value and necessity of working with families. Known by a variety of labels--family-focused, family-centered, family-friendly, and family-directed--this expanded purpose acknowledges that early intervention also has a responsibility to support families of children with disabilities (Bailey et al., 1986; Dunst, 1985). A family outcome is not the receipt of services, but something that happens because services or supports are provided. For example, providing parents with information about their child's condition is a service; if the parents understand that information and find it helpful in describing their child's condition to others, advocating for services, or responding effectively when their child becomes upset, a benefit has been experienced and a family outcome has been achieved. The developed nations have made it legally mandatory to measure accountability in early intervention by reporting child and family outcome measures. The child outcomes to be measured under the Part C of the IDEA of USA are as follows:

Child Outcomes

- A child has positive social relationship
- A child acquires and uses knowledge and skills
- A child takes appropriate action to meet his or her needs

Family Outcomes

- A family knows their rights
- A family effectively communicates their child's needs
- A family helps their child' develop and learn

The Office of Special Education of USA mandates that every state lead agency should document the child and family outcomes. There are specific time lines given for reporting and there are also recommended tools for measuring these outcomes. The data is centralized and accessible and that helps monitoring the early intervention programs.

Conclusion and Recommendation

Early intervention holds a promise for the future of children with disabilities in India as India has a cultural tradition of caring for young children. Early intervention has found a place in national policies and programs and there are promising trends of catching disabilities early. Now the need is to bring in accountability in practices of early intervention. For bringing in accountability the state and central agencies need to lay standards. A national accreditation agency and a state level monitoring agency to measure child and family outcomes will take the early intervention programs to a newer heights in India.

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