

OPINION OF SPECIAL EDUCATORS ON COLLABORATIVE INTERVENTION

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Abstract:

Intervention is the involvement a difficult situation in order to improve it or prevent it from getting worse, or an occasion when this is done. It is most important when it will be collaborative. This study is focuses on opinion of special educators on collaborative intervention who is also the part of intervening team. Collaborative Intervention is the provision of early intervention services by appropriate qualified personnel to a group of eligible children at an approved intervention service centre or in a community-based setting where children under five years of age are typically found and this group may also include children without disabilities. The opinion of the most samples was agreed collaborative intervention is the best practice for development at early stage of children with disabilities. Approximately 83% sample supports collaborative intervention should be continues in future. While some is considered collaborative intervention is more time consuming procedure.

Key ward: Collaborative Intervention, Disabled, Opinion, Special Educators

Introduction:

As per Rig-Vedas “Health is not everything but everything else is nothing without health”. However in the present scenario Indian rural health care faces a crisis unmatched to any other social sector. Passiveness of the primary health care created a breach in referral system which should serve as an entry point for the individual and continuous comprehensive coordination at all level of health care and this passiveness is a factor of growth of disability in our country. To prevent and reduce the ratio of the disabilities the Right of Persons with Disabilities Act-2016, chapter-V, has made provision for prevention, early detection and social security of all persons with disabilities. Collaborative intervention practice is defined as the provision of early intervention services by appropriate qualified personnel to a group of eligible children at an approved intervention service centre or in a community-based setting where children under five years of age are typically found and this group may also include children without disabilities. To execute it qualitatively in gross-root level one hand the government should frame strict monitoring process and make punishable offence policy for wrong doer while on the other hand provide appropriate reward for administrator, professionals, para-professionals, ASHA, Aanganwadi workers, parents, siblings and other stakeholders who are actively involves in habilitation and rehabilitation of children with and without disabilities. Collaborative intervention basically works on the principle of Promoting Learning through Active Interactions (PLAI) within the remedial room and out the remedial room.

There are mainly two types of collaborative intervention. One is ideal practice which is based on needs identified in Assessment, explores with child and family the needs to prioritize in initial intervention plan. While another is developmental practice intervention plans too long, too many goals. This may be accomplished by delivering group developmental intervention services in combination with other, early childhood services, such as in a child care centre. When intervention services include typically developing children, there are a number of questions that should be considered, in order to ensure that all children should benefited from participating in the particular programs.

From past few years the trend has been changed to pursue the teacher training programme in the area of disability. The opinion of the special educators is more valuable to ensure effective collaborative intervention in future. Approximately 10-11% of all new born have prenatal substance exposure, a risk factor for poor developmental outcomes. It is noticed that most of children often have high rates of physical, cognitive, social-emotional, relational and psychological problems due to delayed collaborative intervention. High quality collaborative intervention programs for vulnerable infants and toddlers can

reduce the incidence of future problems in their learning, behaviour and health status, also the present study will justify the view of role of special educators related to collaborative intervention. Creative co-operation of stakeholders of hospital, institution, community and rehabilitation services can increase the qualitative services as well as accelerate developmental milestone of children with and without disabilities.

Significance for this study is the recognized weakness in collaborative intervention provision whereby the effort expended on identifying needs has not always been matched by similar efforts in meeting the needs. This study explore the impact of opinion of special educators on collaborative Intervention across developmental domains, including- health, communication, cognitive, social, emotional. It seems that every intervention programme interrelated to other programme, so study will help to promote better collaborative planning for children with disability as well as their family. Any successful intervention programme can't be run without proper support of stakeholders. This study will help to know need of collaborative intervention team and their remedies.

Review of Related Literature:

Collaborative services positively impacts to meet the diverse and often extensive needs of children with disabilities (Snell & Brown, 2011). Intervention programs focuses on various stages of child development, ranging from prenatal development to early elementary school. The intervention programs for at-risk children and their effects on children development. The intervention programs are designed to help young children and their families flourish and may often target for poor families (Shonkoff, 2007). The intervention programs positively impacts on poor families of children from high quality early childhood programs than their less poor counterparts (Johnson & Brooks-Gunn, 2012). According to Dunst (1995) interpretation, family-centered practices regard the family as the centre of service delivery; family concerns, priorities, strengths and needs should be taken into account. Families should be served as a whole, meaning not only the needs of the child with developmental disability, but also that of each family member should be considered. Formal early intervention accounts for less than 20% of an infant's or toddler's awake time (Bruder, 2001). For this reason, service providers need to develop outstanding communication skills to interact successfully with the range of adult personalities and styles they will encounter in families in order to reach the child (Turnbull et al., 2007). To achieve this, service providers must develop respectful, nonjudgmental reactions to families' values, beliefs, and lifestyles (Zhang & Bennett, 2001). This will lead to strong, lasting relationships with families that are undeniably strengthened by the amount of time that families and interventionists share. The parent-professional relationship should not be confused with a friendship. According to Dunst (1995) interpretation, family- centred practices regard the family as the centre of service delivery; family concerns, priorities, strengths and needs should be taken into account. Families should be served as a whole, meaning not only the needs of the child with developmental disability, but also that of each family member should be considered. Depoy and Gilson (2011) noted that within models of teamwork there is an assumption that the combination of mutually exclusive expertise will achieve the best intervention results. Research suggests that good inter-disciplinary communication leads to improved patient and family outcomes. Myers, et al. (2011) found that therapists who felt that early childhood intervention professionals and early childhood educators valued their skills and experience were more likely to be willing to work in collaboration during transition planning. Several studies also highlight the importance of leadership in facilitating partnerships and collaborative activity. These studies suggest that organizational support is key (Moran et al., 2007; Kelaher et al., 2009; Valentine et al., 2009; Johns, 2010). Griffin (2010) describes an unsuccessful attempt at working collaboratively in early childhood, where a panel brought together agencies working within a community with an aim to increasing referrals between services.

Methodology: This study was based on survey research design. Closed ended questionnaire was developed and used for assessed opinion of special educators.

Objective: To study the opinion of special educators on collaborative intervention for children with disabilities.

Sample: Purposive sampling of non-probability sampling technique was used for selecting the sample from population. Special Educators working in different district of Uttar Pradesh are population of the study.

There are thirty respondent were taken as sample and all samples were divided into three groups as per their specialization like; Visual Impairment (VI), Hearing Impairment (HI) and Intellectual Disability (ID).

Data Analysis: To know the opinion to special educators on collaborative intervention the researcher were used interview technique with the help of self made closed ended questionnaire. There were 30 statements in the form of checklist were prepared. Research were used five point Likert scale for every statement like strongly agree, agree, not sure, disagree and strongly disagree. Out of these statements some were positively while some negatively in meaning. The positive statement weightage was 0-4 while negatively statement score was 4-0. The researcher was described details of samples by qualitatively. The opinion of special educators was analyzed with the help of percentage.

Result: Some result is explored here as- Out of 30 samples, 25 samples strongly agreed that collaborative intervention should be continue in future. While four samples i.e approximately 13% samples, strongly agree that collaborative intervention is only the wastage of time. There were 24 samples i.e approximately 80% samples who strongly agree that collaborative intervention is the best practices.

Conclusion:

Children are the future citizens of the country. If the future citizens, the torch bearers of the country are grappling with such problems of disability and survival, then the future of the country is to say the least, grim. The crucial issues are to make collaborative interventions services accessible, to involve parents and provide services to facilitate maximum development where children with disabilities reach their full potential. Besides above the opinion of special educators are more important to conduct proper interventions. The result of the study shows that mostly samples are agreed to collaborative interventions is the best practices although some modification and remedies are needed. Proper implementation of the intervention programme, accountability of professionals, support of family and community also needed.

Limitations: These are as follows-

- Only thirty special educators were taken sample of the study
- Geographically convenient sample were taken
- Questionnaire limited to thirty statements
- Special educators working in Uttar Pradesh

References:

- Balia, S., Arora, R., & Sharma, O.P. (2013). *Shiksha me Mapan avam Mulyankan*. Jaipur: Rajasthan Hindi Granth Academy.
- Bruder, M. B. (2010). Early childhood intervention: A promise to children and families for their future. *Exceptional Children*, Vol. 76(3), p.339-355.
- Chauhan, S.S. (1984), *Advanced Educational Psychology*. New Delhi: Vikas.
- Chen, (1997). Health problems of rural women. *Health Population Perspective Issues*, Vol.9, p.18-25.
- Griffin, M. (2010). Getting to know you? Issues of trust and mistrust in understanding community, developing partnerships and delivering policy change in children's services. *Early Child Development and Care*, 180(7), p.879-888.
- Gupta, S.P. & Gupta, Alka. (2012). *Advanced Educational Psychology*. Allahabad: Sharda Pustak Bhawan.
- Johns, S. (2010). Early childhood service development and intersectoral collaboration in rural Australia. *Australian Journal of Primary Health*, Vol.16 (1), p.40-46.
- Johnson & Brooks-Gunn (2012). Factors affecting the use of maternal health services in south Asia : A multilevel analysis. *International Journal of Equity Health*, Vol.2, p.34-36.
- Indira Gandhi National Open University, *Study Material, MES-101, MES-102, MES-103 & MES-104*. New Delhi:IGNOU
- Iyengar, S., & Dholakia, R.H. (2012). Access of the rural poor to primary healthcare in India. *Rev. Market Int*. Vol.4, p.71-109.
- Moran, P., Jacobs, C., Bunn, A., & Bifulco, A. (2007). Multi-agency working: Implications for an early-intervention social work team. *Child and Family Social Work*, Vol.12, p.143-151.
- Myers, C. T. (2008). Descriptive study of occupational therapists participation in early childhood transitions. *American Journal of Occupational Therapy*, Vol.62 (2), p.212-220.

- Sharma, R.A. (2004). *Fundamental of Educational Research & Statistics*, Meerut: R. Lal Book Depot.
- Sandeep Singh & Sorabh Badaya (2014). Health care in rural India: A lack between need and feed. *South Asian J Cancer*, Vol. 3(2), p.140-142.
- Shonkoff. (2007). India Infrastructure Report. Health infrastructure in rural south Asia.
- Snell & Brown (2011). Impact of collaborative services on intervention of young children. The foundations of lifelong health are built in early childhood. *World Report on Disability Geneva*, World Health Organization.
- Valentine, K., Thomson, C., & Antcliff, G. (2009). Early childhood services and support for vulnerable families: Lessons from the Benevolent Society's Partnerships in Early Childhood program. *Australian Journal of Social Issues*, Vol.44 (2), p.195-213.
- Zhang., C., Bennett., T. (2003). Facilitating the meaningful participation of culturally and linguistically diverse families in the IFSP and IEP process. *Focus Autism Other Dev Disable*, Vol.18 (1), p.51-59.

