

## **Early Childhood Intervention**

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The term early childhood applies to the period age three to before six; when the child enters the first stage in schools. Almost all educationist have come to agree that early experiences in the life of the visually impaired child have either facilitative or debilitating effect on his later physical, social, mental intellectual and emotional development.

The term “visual impairment” is used as generic term. Often other terms like blind and low vision are also used, depending on the nature and degree of loss, which in term affects the individual in significant ways like difficulty in mobility, access to printed information and independent living.

Blindness does not mean total loss of vision. A person who is blind may be able to see colour and move about, but may not read printed material. He/she may have difficulty in seeing on the sides. On the other hand, a person might be able to read printed material with the help of magnifying glasses or other equipment but still have difficulty in seeing clearly. Such a person is known as a person with low vision.

Some research have shown that early interventional programmes at the early school years are of tremendous significance to the visually impaired child, hence emphasis on the pre-school education in the form of day care centres, nurseries and kindergartens.

Interventions for persons with disabilities vary. Example, an old man sits in the house and cannot go anywhere; he needs orientation and mobility training. This suggests that the kind of intervention depend on the situation at hand. For any intervention to take place, children of this nature have to be identified. The family, teacher or health worker who first suspects that there is a problem normally does this. Whether the child has normal vision, low vision or total blindness, the identification of any of these conditions allows the introduction of appropriate measures on the developmental delays, which may follow visual impairment in early childhood. Children can be taught to use their vision effectively as early as possible through education. Intervention in early childhood

includes the importing of training to the parents in mobility and self care activities. Medical check ups, acquisition of certificate of blindness, training to parents on daily living skills e.g. toileting, bathing, counseling, early learning skills and training on sensing acts.

The visually impaired children require training to learn some basic skills

1. The visually impaired child may be taught by giving verbal instruction, he or she has to be factually guide even is simple activities like dressing
2. Eating is another intervention for the visually impaired. If he / she uses spoon, he / she has to learn to develop his / her anaesthetic sense.
3. Orienting himself or herself in space presents a physical problem for the visually impaired child. The child has to build in his mind a mental image of the place in which he / she needs to know. This is called orientation, which is promoted through various treaning and services.
4. The child has to be taught to distinguish between big and small or long and short objects as well as rough and smooth surfaces. He has to build on image of an object by touching every bit of it and make different shapes by using blocks.
5. Some blind persons can distinguish between colours and should be give appropriate ways at the night age. This will greatly end their experiential background.
6. Daily living skills like feeding, bathing and toileting provide ample opportunities for communication, emotional, cognitive and social development. Anyone working with a child may carefully examine the characteristics of the infanti unteraching with the social environment that may facitiltta development and positive outcomes.
7. Parents of the visually impaired child should be consulted while choosing the fialls to be developed. Training must also focus on developmental of appropriate skills. A child who is totally blind will often use leaning to recognise family members.
8. It is usually advised that people around the visually child call the child by his or her name while addressing him / her. He or she should not be left alone as otherwise the child may be addressing empty space in the room. Explain to the child landmark that position of a table or curtains in the room. In this way the child will identify position in the room and decide where to go . This will help to develop his mental map and increase his exploration.

9. Courage the child to touch, hear, taste or smell the object that will be used for the outimity be naming them. The living space however, small may be kept clear of objects.

In short, the main interventional programmes for the early child as for as visual impairment is concerned may be summed up as follows:

- (a) **Compensatory Education:** Which is the ability to minimise commutative deficit syndrome which comes about as a result of delayed gratification, self confidence and group participation which is the tendency for the child to drop below average performance level of one's age group.
- (b) **Academic Preparation:** This is based on the assumption that the earlier the visually impaired child is shorted on a formal academic path, the earlier he will finish and that because intellectual growth if rapid in the early childhood years, early education will help maximise this growth while its absence will curtail cognitive development safety habits and manipulative skills by the visually impaired child.
- (c) **Personal Social Development Programmes:** This embraces mobility training, appreciation of art, nature, people and doing rights. The view is that there is plenty of academic work later.

A little attention to details and co-operation of family members will make the world and the visually impaired free from anxious moments.