

Barriers to Early Identification and Intervention for Children with Special Education Needs (SEN) in Public Kindergartens (KGs) in the Sagnarigu District of the Northern Region, Ghana

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ABSTRACT

This descriptive study examines the barriers to early identification of pupils with Special Education Needs (SEN) and its related intervention in 25 public Kindergartens (KGs) randomly selected within the Sagnarigu District of Northern Ghana. A total of 50 KG1&2 teachers and 25 Headteachers answered our questionnaires. The data collected were cleaned, presented in a tabulated form, and analysed using descriptive statistics and thematic analysis. The study revealed that only 12 learners with SEN were identified and supported in 7 schools out of a total of 25 schools. This shows that there were more children with SEN in those schools. Yet, they were not identified because most teachers had inadequate knowledge of special education and relied mostly on observational techniques to identify such children in their classes. Also, most Heads of schools and teachers were unconcerned. They had no plan to identify SEN children in their schools because the inclusive education policy in Ghana only proclaims the rights of SEN children but does not make any provision for their identification and integration in the regular classroom. The study recommended, among others, that the National Teaching Council (NTC) should review the teacher education curriculum in Ghana to include some core courses in SEN in order to equip all teachers with the needed knowledge to identify and handle learners with SEN at all levels in Ghanaian basic schools. Also, the Ministry of Education and Ghana Education Service should provide sustainable funding for early identification and support systems for SEN learners in public KGs.

Keywords: Barriers to early identification of SEN learners in Kindergarten (KG), Intervention for SEN learners, Learners with special education needs (SEN).

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1. INTRODUCTION

Children differ from one another in diverse ways. They differ in their physical, intellectual, social, and emotional characteristics, and these differences reflect their individual educational needs and determine how they should be educated. Some children are called exceptional children because they are so different from their peers, such that their educational needs cannot be met fully in regular classrooms unless some adjustments, modifications, adaptations, and responsive interventions known as special education are put in place (Heward, 2013). For instance, the British Special Education Code of Practice refers to children who have significantly greater difficulty in

learning than the majority of their age mates or have a disability that prevents them from making good use of educational facilities generally provided in schools for their age group as exceptional children (Desforjes & Lindsay, 2010). Special education aims to help learners with disabilities improve their sociocultural skills, become more autonomous, and successfully transition from school to adult life (Heward, 2013).

Identification is an important exercise that allows teachers to detect learners with specific learning difficulties or disabilities and recommend them for assistance or treatment so that they can function successfully in and out of school (Biljana et al., 2014). As far as the education of

exceptional children is concerned, there is a gap between policies and actual practice in most countries across the world. Even though it is recommended, it is not a practice in most countries that the diagnosis is carried out to aid in the identification of exceptional children and assessment of their special educational needs. Also, assessment methods and professional practice in special education vary from one country to another (Desforges & Lindsay, 2010).

Early identification of children's developmental and learning problems is key to understanding the children's developmental and learning conditions to refer them to a specialist for further assessment and give them needed support in school and at home (National Council for Special Education, 2014). Early identification of children at risk or with disabilities increases our chances of preventing or minimising further deterioration of their conditions. Schools are expected to effectively collaborate with families to achieve that as their common goal (Heward, 2013). Early identification involves a timely and comprehensive assessment of learners' abilities, interests, strengths, and weaknesses and informs stakeholders on the right intervention plans to be adopted to help learners who may be at risk of certain disabilities or developmental delays to avoid further complications of their situations and limitations of their educational opportunities (Ho, 2007). In contrast, late identification can have serious consequences on learners as it usually causes difficulties or disabilities to aggravate and even persist throughout adulthood, resulting in poor self-esteem development and motivation (Biljana et al., 2014). Early intervention suggests that schools should not wait for difficulties in students to be reinforced, but they should try to find students "at risk" as early as possible (World Health Organisation, 2012).

The primary goal of early identification is to find high-risk children and design suitable intervention programmes for them to help them succeed in the general classroom (Ahmad, 2015). Many studies have found that when learners with disabilities are placed in general education classrooms, they tend to perform better academically than their peers in other placement settings. This is the main reason why many today are advocating for inclusive education across the world (Hehir et al., 2012, as cited in Grindal et al., 2019). It is a fundamental right of humans that the educational needs of exceptional individuals should be met in the same settings and programs used by the so-called normal individuals. In school, the curriculum content, the teaching and learning materials, and the teacher must guarantee that right (Heward, 2013).

The teacher has the primary responsibility to help all learners in his class, including the exceptional ones, to achieve academic success. This means that additional or modified instructional services and adapted teaching aids must be provided to effectively meet the educational needs of the learners with exceptionalities in the same classroom (National Council for Special Education, 2014). Some learners with learning difficulties or some forms of disabilities can be managed in the regular classroom. This is termed first-level instruction or primary intervention. At the second level of instruction or secondary intervention, additional programs of instruction are implemented within the regular classroom parallel to the regular tuition with

a more intensive and clearer curriculum. The third level of teaching or tertiary intervention comes in the form of special education for some learners who have still not made any progress even after receiving the second level of instruction (Biljana et al., 2014).

2. STATEMENT OF THE PROBLEM

Special Education Needs (SEN) has received serious attention in recent years, with many scholars advocating for an urgent and timely identification and remediation to minimise as well as prevent the disabling effects of disabilities on children's personal, social, and school lives (Ahmad, 2015). However, in developing Nations, an important number of disabilities are not detected in the early years (Wirz, 2005). Many learners are not appropriately identified over a long period. More often, the first noticeable signs of specific learning difficulties or disabilities reveal themselves at the kindergarten level. Identification is usually done after the end of kindergarten or grade one. However, some suspected learning difficulties or disabilities are only identified at the end of grade four and even much later, towards the end of elementary school (Biljana et al., 2014). It is against this background that this study was conducted to ascertain the possible barriers to early identification and intervention for pupils with SEN in public KGs in the Sagnarigu District in the Northern Region of Ghana.

3. LITERATURE REVIEW

3.1. Identifying Learners with Special Needs in Early Childhood Settings

Identification of disabilities in early childhood settings is one important exercise that involves several processes, including early screening, pre-referral, referral, diagnosis, assessment, eligibility, placement, intervention plan, monitoring, and re-evaluation (World Health Organisation, 2012). There are three main assessment and intervention models used in special education, namely medical, social, and interactionist or ecological models. Far from being a diagnostic model, each of these models supports certain assumptions about human development and environmental influence (National Council for Special Education, 2014).

3.1.1. Screening

The first step towards finding learners with special education needs is screening all children in a school. This can be done using a test or an interview (Minnesota Disability Law Center, 2010). Early screening gives parents and teachers real-time feedback on children's performance, mastery of skills, and learning progress across subject areas and reveals traits in children that pertain to some risks related to some possible learning or behavioural disorders. As such, screening allows children at risk to be found and helped through an intervention plan to prevent them from being lagging (National Center for Learning Disabilities, 2020). Screening is one important step in the early identification process, which can be done before birth (prenatal

screening) and after birth (postnatal screening) to detect certain impairments and some health conditions associated with certain disabilities (World Health Organisation, 2012).

Screenings can help in the early identification of exceptionalities in young children and can trigger or lead to early intervention. Screening can help identify children's developmental, linguistic/speech, social, physical/health anomalies as compared to normative tendencies of their age group (Parham, 2016). The outcome of screening may lead to the referral of some learners for an educational evaluation (Minnesota Disability Law Center, 2010). In the screening process, learners are closely watched systematically to identify the difficulties they encounter in the classroom. Also, learners' vision, hearing, school attendance, and academic records are reviewed. This adds to periodic assessments conducted based on certain grade-level standards to determine learners' progress in core subjects. This process triggers an initial evaluation, but not always (Pennsylvania Training and Technical Assistance Network, 2018).

3.1.2. Re-Referral and Referral

The referral process starts with pre-referral activities, which are steps taken by classroom teachers trying to ensure the child's success in class. If the child is unsuccessful during pre-referral, then a referral is made, and the child's parents' consent is sought for the child to be evaluated (Family Network on Disabilities, Inc, 2011). This means that learners with disabilities are primarily identified in the school by the classroom teacher who, after a series of observations and pre-referral services aimed at helping the child benefit from classroom instructions, refers him/her for diagnosis and assessment through the special education teacher or the school counsellors (Ahmad, 2015). Pre-referral refers to the interventions initiated by the classroom teacher to help learners suspected of having some disabilities overcome their learning difficulties or emotional and behavioural problems before referring them for an educational evaluation (Minnesota Disability Law Center, 2010). The teacher makes referrals based on the information gained through this ongoing identification process. The evaluation will tell if the child has a disability or not (Bureau of Exceptional Education and Student Services, 2012).

Following the teacher's referral, the special education teacher or the school counsellors try to identify traits associated with certain disorders or disabilities in the child, and consultation with the school seeks the concern of the child's parents to refer him to a licensed medical facility for medical confirmation or certification through diagnosis and assessment (Ahmad, 2015). The assessment or evaluation process is finalised at a meeting where the child's guardians, the school, and other professionals together decide whether the child meets eligibility requirements for special education needs (IDEA, 2004, as cited in Grindal et al., 2019). Children who need ongoing intensive or specially designed instruction in school because of a disability qualify for exceptional individual education, also known as special education or Special Education Needs (SEN) (Bureau of Exceptional Education and Student Services, 2012).

3.1.3. Diagnosis

Before placing an individual within a specific diagnostic category, valid assessments must be done. The medical model of assessment requires that, as it is done in medicine, the correct diagnosis must be made to identify the suspected difficulties, disabilities, or exceptionalities alongside the appropriate intervention or effective treatment to address the condition (National Council for Special Education, 2014). Diagnosis is made for medical certification of the existence of a disability in a child through a variety of formal assessments. This is very necessary as it paves the way for the provision of intervention services for certified children (Ahmad, 2015). Early assessment is a routine check that is conducted by professionals in collaboration with caregivers at school or home levels, aiming at identifying learners who are at risk or have certain types of disabilities. This is a cyclical process that promotes a timely identification of developmentally delayed learners who may need some form of corrective and supportive measures or intervention to realise their potential (World Health Organisation, 2012).

In Australia and the United States of America, for instance, a diagnosis of a disability is required to determine if a learner has special education needs. However, Canada requires a psycho-educational assessment instead of a diagnosis of a disability to access special education needs. Similarly, in England and South Africa, assessment of special education needs does not involve diagnosis or categorisation into specific syndromes or types of special education needs. In Germany, the interactionist or ecological model of assessment is used to determine learners' special educational needs rather than diagnosis, which is medical assessment (National Council for Special Education, 2014).

3.1.4. Evaluation

Before deciding that your child is or is not eligible for exceptional student education, a team of people must conduct an individual evaluation of your child's educational strengths and needs (Bureau of Exceptional Education and Student Services, 2012). The educational evaluation, also called *assessment*, is done to establish if a learner has a disability that prevents him from learning or making progress in school. Such a child is eligible or qualified for special education needs and related services (Minnesota Disability Law Center, 2010). The child's guardians' written permission is required before a child can be individually evaluated. Usually, the school makes guardians sign a consent form to show that they agree to the evaluation (Bureau of Exceptional Education and Student Services, 2012). The team that does the evaluation is a multidisciplinary one consisting of a special education teacher, a psychologist, a therapist, a doctor or nurse, a counsellor, a social worker, and the child's parents. It must complete its work within 60 days. The outcome of the evaluation will inform the IEP (Individual Education Programme) process and some key decisions towards helping the child to learn (Family Network on Disabilities, Inc, 2011).

The evaluation relies on critical information from parents about the "child's academic, developmental and medical history, along with the communication patterns

and linguistic usage and efficiency of the child” (Ahmad, 2015, p. 2) and several approaches and assessment tools to determine to the type of disability present in the child, the present levels of the child’s performance and educational needs. It also determines if the child will need specially designed instruction and/or related services and if there is a need for some accommodations or modifications to be made in favour of the child (Family Network on Disabilities, Inc, 2011). Information provided by evaluation helps in writing an individual education programme or individual family service plan (IFSP) for the identified learner with a disability (Minnesota Disability Law Center, 2010). Also, the law provides several protections to make sure that once your child is identified as a child with a disability, he/she is re-evaluated from time to time to find out if he/she continues to have a disability and if his/her educational program or services should be changed (Bureau of Exceptional Education and Student Services, 2012).

3.1.5. Eligibility

The eligibility criteria or requirements for each of the exceptionality categories must be clearly outlined. Some children have one disability, and others have more than one. One child with a disability may need only a little extra help. Another child may need more services because their learning needs are more intense. Some children will need SEN services for only a short time. Others will need help throughout their school years. Not all children with the same disability have the same needs or require the same services. ESE services are designed to give each child the special help they need (Bureau of Exceptional Education and Student Services, 2012). Your child may be eligible for special education if your child: (1) Has an intellectual disability, emotional disturbance, an orthopaedic impairment, a hearing impairment, deafness, a speech or language impairment, a visual impairment (including blindness), autism, traumatic brain injury, other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities and (2) Needs special education, as determined by an evaluation team. Your child must meet both qualifications to be eligible for special education (Pennsylvania Training and Technical Assistance Network, 2018).

3.1.6. Placement

When a child is eligible or qualifies for special education needs, the special education services that he requires are determined, and his placement decision is made consequently. Placement refers to the specific place where the child will receive such services, depending on the nature and severity of his disabilities. This may be a full-inclusion placement in a general education classroom, a partial inclusion placement in the least restrictive environment, or a substantially separate placement in a special education school (Grindal et al., 2019). However, children with disabilities must be taught as much as possible in the school and the classroom they would attend if they were not disabled. This means that schools must consider providing aid and support that will help children stay in a regular classroom before opting to place them on a more restrictive

placement (Bureau of Exceptional Education and Student Services, 2012).

3.2. Barriers to Early Identification in Early Childhood Settings

Barriers to early identification and assessment of learners with disabilities are associated with inadequate knowledge or ignorance about various kinds of disabilities, inadequate policies, lack of proper diagnosis and timely intervention, as well as issues of acceptance, stigma, and labelling (Ahmad, 2015). Aside from parents’ negative attitudes, barriers to early identification and intervention include inadequate logistics to screen and diagnose learners with various degrees of impairments or disabilities, as well as inadequate qualified personnel or specialists to conduct professional assessment and plan intervention programmes for the identified learners (Aiyegoro, 2017). The structures put in place to identify children with SEN and plan interventions for them are inadequate. The gaps and shortfalls are more accentuated, especially in rural areas where many children do not get access to screening and health check services (Royal Far West, 2017).

Also, early identification triggers pre-referral and referral responsibilities, which come with a considerable burden on the classroom teachers. Sometimes, teachers are less experienced and inadequately prepared to assume such responsibilities and become hostile to early identification (Centre for Education Statistics and Evaluation, 2013). Moreover, parents could have been in a better position to help the school identify their children’s problems; unfortunately, most parents do not have the knowledge and skills to do so, especially with their first child (Royal Far West, 2017).

Furthermore, identification usually results in labelling and stigmatisation and causes teachers and even parents to have low expectations of the identified learners’ abilities to succeed in the general education classroom (Harry & Klingner, 2014, as cited in Grindal et al., 2019). Again, fear of misidentification can affect early identification negatively when learners who could benefit from the general education curriculum are wrongly identified as having a disability and placed in a special education classroom. This makes early identification unpopular among parents (Grindal et al., 2019).

3.3. Interventions Put in Place for Special Needs Children in Early Childhood Settings

3.3.1. Individual Educational Plan

An individual education program (IEP), also known as an individual education plan, is a document written at a meeting of professionals and concerned stakeholders that outlines the educational plan designed for a learner identified with a disability (Minnesota Disability Law Center, 2010). It is a written agreement that tells you, your child, their teachers, and other school staff and service providers what services the school will provide to help your child meet their educational needs (Bureau of Exceptional Education and Student Services, 2012). Individualised Education Program (IEP) is an individualised plan of action and support services that are geared towards helping learners with special education needs achieve

meaningful learning in school (Arkansas Department of Education, n.d.). Individual teaching becomes a necessity when other teaching approaches, such as small group teaching, seem ineffective in addressing learners' learning difficulties or disabilities in class. Individual instruction has been recommended by many studies to be effective in helping learners with disabilities or at risk to improve upon their performance in class (Biljana et al., 2014).

3.3.2. Monitoring

The monitoring process allows professionals to collect relevant data on learners' progress, which can be used to plan further instructions and support services for the identified learners with exceptionalities (Arkansas Department of Education, n.d.). "Students would be qualified for special education if they did not progress properly and did not satisfy the basic criteria despite receiving more instruction within the regular class and additional instruction in small groups. Providing intensive and ongoing professional development for teachers in mainstream schools is essential to ensure that all students have access to the curriculum. A significant part of professional development is the practice of monitoring, which is used as important information for further instruction as a means of identifying students who are not progressing and who need additional instruction." (Biljana et al., 2014, p. 706).

3.3.3. Curriculum Adaption and Modification

Learners with disabilities can benefit from the general education curriculum only when they are provided with support services to accommodate them in the general classroom alongside adapted curriculum, instructional materials, strategies, and assessment process to ensure meaningful learning that meets national learning standards is achieved (New York Office of Special Education, 2018). The curriculum design process requires that the primary role is given to teachers to identify appropriate curriculum content that can be adapted and applied to aid learning in many different subjects and situations. Curriculum adaption is an ongoing dynamic process of modifying and adapting learning content and materials to meet the learning needs of a child with exceptionality. It is a daily routine that enables teachers to accommodate learners with varied abilities and disabilities in the same classroom, helping all of them to realise their potential (Andini et al., 2020). Educating learners with special education needs entails an intentional adaptation and modification of the general education curriculum, teaching strategies, and learning process to match their uniqueness and support them to learn effectively as all children do, irrespective of their disabilities (New York Office of Special Education, 2018).

Curriculum adaptation and modification always require support or a resource teacher. This is a professional in special education who assists the class teaching in diverse ways to help exceptional learners improve comprehensively by setting specific, measurable, achievable, and time-bound objectives for each learner, assessing their documenting learner's needs and improvement, teaching them specific learning concept with the class or alone, inside or outside the classroom and offering professional advice to the

teacher, parents and other professionals such as psychologists, speech and language therapists (National Council for Special Education, 2014). Resource room programs are meant for learners with disabilities who have similar needs and physical, social, and cognitive characteristics and require supplementary tuition aside from regular instruction and outside general education classrooms (New York Office of Special Education, 2018).

3.3.4. Additional Instructional Services

Additional teaching support may include (1) differentiated teaching, the class teacher teaching exceptional learners in the group in the general classroom; (2) withdrawal services, withdrawing the exceptional learners for an exclusive learning section inside or outside the school; and (3) team teaching: invite a resource person or learning support the class teacher to handle the learners with exceptionalities alone in another classroom (National Council for Special Education, 2014).

3.3.5. Differentiated Teaching

The 21st century classroom is known for its diversity, and the teacher has the huge responsibility to teach all learners from diverse racial, cultural, socioeconomic, and religious backgrounds and experiences and with different biological make-up, interests, and abilities. The success of the teacher and the learners depends upon the use of a comprehensive, responsive, and easy-going instructional approach. Differentiated instruction relies on a variety of teaching approaches, learning content, activities, and assessment techniques that can best address learners' diversity in the classroom (Hanover Research, 2019). Differentiated instruction is designed to meet the diverse learning needs of the different categories of learners in the general classroom. It is achieved through the adaptation and modification of the curriculum content, the instruction process, and the learning outcome to respond to the individual learning needs of all learners in the classroom, including those with disabilities (Tomlinson, 2014). Teachers must be able to identify each child's abilities, interests, learning habits, performance level, strengths, and weaknesses and use that to plan instruction that matches each learner's unique characteristics and meet individual educational needs. Differentiated instruction takes into consideration what will be taught (content), how it will be taught (process), and how will learning, knowledge, and mastery of skills be demonstrated and measured (product) in and outside the classroom (Tomlinson & Imbeau, 2011). Differentiated instruction is based on the learning interests, choices, needs, and readiness of individual learners in the classroom. As such, it has the potential to improve learning content, process, and outcome using malleable teaching strategies, responsive learning concepts, stimulating and participatory learning activities, and performance-evidenced outcomes (Heacox, 2014).

3.3.6. Team Teaching

Team teaching is about a group of teachers teaming up to handle a given grade level learners to overcome their learning difficulties in a particular subject. This involves

setting learning goals, selecting learning content, designing instructional materials, using the best instructional approaches to teach, and objectively assessing learning outcomes. It is goal-oriented, consistent, and collaborative (Wang, 2010). Team teaching methods may include among others (1) *Interactive teaching* in which teachers alternate roles to present, review, and monitor instruction; (2) *Alternate teaching*: here, a teacher helps a small group of learners to gain a better understanding of a concept by teaching and re-teaching the concepts while another teacher attends to the remaining the larger group in the same classroom; (3) *Parallel teaching* where the class is divided into mixed-ability groups and different teachers teach the groups separately; (4) *Station teaching* which allows learners in a small group to move to various stations created for instructional, review and practice purposes (Andini et al., 2020).

3.3.7. Barriers to Early Intervention for SEN Children in ECE Centres

Access to early childhood care and education appears inadequate for individuals with a disability. In Africa, only one out of ten children with disabilities get access to education. In addition to that, they are abused, discriminated and stigmatised (African Child Policy Forum, 2014). Early intervention is usually delayed or even ruled out due to lack of funds, and this results in the child's condition deteriorating further and demands more costly and time intervention later in life (Koegel et al., 2014). Schools need money to be able to adapt and modify the school curriculum, learning resources, and environment to accommodate children with SEN and, in so doing, support them to effectively learn in school. There is also a need to engage the services of SEN teachers and other professionals as well as adequately train classroom teachers. This makes early intervention for learners with SEN very expensive, and most schools cannot afford it (European Union, 2018). Again, children with mild to moderate disabilities do not get the needed help because they are usually not identified formally, so they do not benefit from the government's support to finance interventions towards helping them. The few teachers who are willing to help these children lack professional knowledge in special education and are also confronted with increasing large class sizes (Royal Far West, 2017). Also, early intervention is crippled by inadequate access to the needed professional services, including health workers, especially in rural areas (New South Wales Ministry of Health, 2012). Rural communities have to travel far away to get access to health facilities and professional help. This makes it difficult to sustain intervention for children with disabilities (Royal Far West, 2017). Travelling far distances to access health and professional services is time-consuming and affects the quality of the services (Centre for Community Child Health, 2017).

4. RESEARCH QUESTIONS

The study strived to answer the following research questions:

1. *How are pupils with SEN identified early in public KGs in the Sagnarigu District?*

2. *What are the barriers to the early identification of pupils with SEN in public KGs in the Sagnarigu District?*
3. *What are some of the interventions put in place for pupils with SEN in public KGs in the Sagnarigu District?*
4. *What are the challenges teachers face in handling pupils with SEN in public KGs in the Sagnarigu District?*

5. METHODOLOGY

5.1. Research Design

A descriptive research design was used to systematically collect and analyse data to describe the possible barriers to early identification and intervention for learners with Special Education Needs (SEN) in public Kindergartens (KGs) in the Sagnarigu District of Northern Ghana. Descriptive research is a non-experimental type of research that aims to describe a phenomenon in its current state. It uses observational or survey methods to collect data to answer 'what and how' questions related to a phenomenon (Walliman, 2011). This design was suitable for this study because it is a kind of research that is not interested in manipulating variables but is concerned about describing a phenomenon and its characteristics in relation to certain variables of interest to the study (Nassaji, 2015).

5.2. Population, Sample, and Sampling Procedure

This study examined the barriers to early identification and intervention for learners with SEN in selected public KGs within the Sagnarigu District. As such, the population of interest in the study was headteachers and teachers in public kindergartens 1 and 2 in the Sagnarigu District. There were 124 KGs in the District, and out of that number, 25 were randomly selected. This was done using the lottery methods suggested by Alvi (2016) for selecting participants in a simple random technique. Thus, the names of all 124 KGs were written on pieces of paper, which were later folded and mixed up in a bowl. Then, 25 folded pieces of paper representing 25 KGs were randomly picked from the bowl. Thus, the Heads of the 25 KGs selected and their KG 1&2 teachers (50 in number) responded to our questionnaires. Table I outlines respondents' background information.

5.3. Data Collection Instrument

To achieve the objectives of this study, questionnaires containing both open-ended and close-ended questions were used to collect data from 50 KG1&2 teachers and 25 heads of schools in 25 selected KGs within the Sagnarigu District in Northern Ghana.

TABLE I: BACKGROUND OF RESPONDENTS

Respondents	Male	Female	Total
Headteachers	14	11	25
Teachers	6	44	50
Total	20	55	75

5.4. Validity and Reliability

To ensure validity, the questions in the instruments were generated, reviewed, and critiqued by experienced colleagues to determine their ability to address the research questions. As such, the questions that received 100% approval were included in the instrument, and the rest were discarded. Also, to ensure the reliability of the instruments, the final version of the instrument was pilot-tested.

5.5. Data Collection Procedure

Before the data collection began, written permission was sought from the Sagnarigu District Office of Education to conduct the study in public KGs within the District. A copy of the authorisation letter from the Sagnarigu District Director of Education was attached to a formal letter written by the Researchers to the Headteachers of all 25 selected KGs, notifying them about the purpose of the study and seeking their permission to conduct the study in their schools. Thus, with the permission of the Headteachers, we began the data collection in the second week of the second term in the 2020–2021 academic year. In each school, we interviewed the head teachers first. Afterwards, we gave the questionnaires to the KG 1&2 teachers and collected them back after they were completed.

5.6. Data Analysis

The data collected were analysed using descriptive statistics such as frequency tables and a thematic approach to data analysis to have a clear picture of the variables of interest. This was done by transcribing and summarising the data with a specific research question in mind to identify and “describe the desired characteristics of the sample that is being studied” along with the themes emanating from the data set (Omair, 2015, p.153). This allowed the study to make relevant inferences about the phenomenon under investigation (the barriers to early identification and intervention for SEN children in public KGs in the Sagnarigu District).

6. RESULTS AND DISCUSSION

The data are presented and analysed, and the findings emanating from the analysis are discussed according to the four research questions in this study.

6.1. How are Pupils with SEN Identified Early in Public KGs in the Sagnarigu District?

The first research question sought to find out if teachers could identify children with Special Education Needs (SEN) in their classrooms. To answer this research question, the study examined respondents' professional qualifications and strategies in identifying SEN children, as presented in Tables II and III.

The data in Table II show that none of the seventy-five respondents (50 teachers and 25 Headteachers) in this study was professionally trained as a Special Education (SE) Teacher at the university or training college. However, 49 of the respondents, representing 65%, had a course in Special education at least once during their professional training as teachers. Analysing these data, it can be inferred

TABLE II: PROFESSIONAL QUALIFICATIONS OF RESPONDENTS (N = 75)

Description	Frequency	Percentage
Diploma in education	18	24
Degree in education	50	67
Master's degree in education	7	9
Did special education as a programme	0	0
Did the special education course	49	65

TABLE III: IDENTIFICATION STRATEGIES USED BY THE TEACHER

Identification Strategy	Number of teachers	Percentage
Parents' information	3	25
Observation	9	75
Screening or assessment	0	0
Total	12	100

that teachers in this study had inadequate knowledge of Special Education. As it is the practice in most Ghanaian tertiary institutions, a course is taken once a semester of an academic year. As such, the majority of teachers had only a course in special education, which is woefully inadequate to provide them with the needed skills to identify and handle children with Special Educational Needs (SEN). These findings confirm the conclusion made by Mensah et al. (2022) and Gyasi et al. (2020), who, in separate studies, concluded that teachers' knowledge of Special Education is key to identifying and dealing with learners with SEN. However, most teachers in Ghanaian basic schools have very limited knowledge of Special Education and inclusive pedagogical approaches.

Furthermore, the data in Table III reveal that 3 of a total of 12 children identified, representing 25%, were identified through information provided by their parents, while the remaining 9, representing 75%, were identified through teachers' observations. Analysing these data, one can say that teachers in this study relied mostly on observational techniques to identify SEN children in their classes, which are informal assessment techniques. This implies that learners who were observed to always move closer to the board whenever they asked to copy something from the board were associated with visual deficiency. Similarly, those who were observed to continuously change their sitting postures alongside the teacher's motion within the classroom space and sometimes try to read the teacher's lips whenever he/she was talking were believed to have a hearing impairment. These findings agree with the assertion made by Smeets and Roeleveld (2016) that pupils' behaviours in class, as alleged by teachers, determine their decision to associate a child with SEN or not.

Further reading of Table III reveals that no child was identified through screening or any formal assessment methods. However, some respondents revealed that their schools had benefited from some screening exercises organised by some Non-governmental Organisations (NGOs) some years back. Yet, the children were not screened purposively to identify those with SEN, even though some with vision and hearing problems were eventually identified and supported by those NGOs. An

analysis of these data suggests that most basic Heads of schools in this study had no plan to identify SEN children in their schools. This does not, however, suggest that they were not aware that such children (SEN learners) were present in their schools. This could be explained by the fact that the inclusive education policy in Ghana only proclaims the right of SEN children to be educated in the regular classroom but does not make provision for their identification and integration in the regular classroom. These findings confirm the revelations made by Mapunda et al. (2017) that there has been no deliberate assessment in regular schools to identify learners with SEN. These findings are also consistent with the observations made by Desforges and Lindsay (2010) that there is a gap between policies and actual practice in most countries across the world. Even though it is recommended, it is not a practice in most countries that the diagnosis is carried out to aid in the identification of exceptional children and assess their special educational needs.

Still, on the issue of identifying SEN learners in KGs in the Sagnarigu District, further analysis of data in Table III reveals that twelve (12) children identified with SEN in 7 schools out of 25 were too low. This suggests that there were more children with SEN in those schools, but they were not identified. This finding accords with the revelation made by Knight (1999, as cited in Smeets & Roeleveld, 2016, p. 425): “On average, 20% of learners in mainstream schools require special attention, without having a diagnosed disability or problem”.

6.2. What are the Barriers to the Early Identification of Pupils with SEN in Public KGs in the Sagnarigu District?

The second research question looked at the barriers to early identification of pupils with SEN in KGs in the Sagnarigu District. As indicated in Table III, only 12 children were identified in 7 schools to be associated with SEN out of the 25 schools we visited. This low number of children identified with SEN points to the fact that most teachers had challenges identifying children with SEN in their various classes. Table IV shows some of the barriers to early identification of children with SEN in KGs in the Sagnarigu District of Northern Ghana.

The data in Table IV indicate that 21 respondents, representing 28%, lamented that there was no policy in their schools designed to intentionally identify learners with SEN to support them. Analysing these data, one can deduce that the identification of these exceptional learners in the various schools depended on the classroom teacher's willingness to identify and support them. This means that the schools had no plan for SEN children, suggesting that the teachers were not mandated to identify such children in the classes. This partly explains why, in most schools, no

child was identified as a SEN learner. One can also say that in most schools, teachers were not mandated to identify and support children with SEN. Therefore, they ignored their presence in their classes. These findings accord with the observations made by Mapunda et al. (2019). They observed that the lack of SEN policy and special education professionals in most preschools has resulted in poor identification and support for SEN children. This calls for urgent action from all stakeholders in education to improve the situation.

Also, the data in Table IV show that 40 respondents, representing 53%, blamed their inadequate knowledge of Special Education (SE) as one of the main barriers to identifying children with SEN in their classes. As it was revealed in Table II, none of the respondents was a special education teacher. Most of them (65%) had just a course in Special education. Analysing these data, it can be deduced that there were more children with SEN in the various schools, but teachers were not able to identify them because most of them did not have the knowledge to do so. Further analysis of these data suggests that except for learners who show physical characteristics that point to some form of disability, most learners look ‘normal’, and it takes only a professional in Special Education to identify such learners. This means that out of ignorance, most teachers turned to attribute learners’ unusual behaviours to foolishness, laziness, deliberate misconduct, or indiscipline. In line with these findings, Harry and Klingner (2014, as cited in Grindal et al., 2019) argued that identification usually results in labelling and stigmatisation and causes teachers and even parents to have low expectations of the identified learners’ abilities to succeed in the general education classroom. These findings confirm those uncovered by Ahmad (2015). He found that inadequate knowledge or ignorance about SEN, inadequate policies, and lack of proper diagnosis and assessment are some of the likely barriers to the early identification of learners with SEN.

Further reading of Table IV reveals that 9 respondents, representing 12%, blamed their inability to identify SEN children in their classes on large class sizes and huge workloads, while five respondents, representing 7%, did not care to know or identify such learners. Analysing these data, one can argue that the few teachers who might have some knowledge or training in SEN were overwhelmed with the workload and large class sizes. Therefore, they could not pay much attention to learners’ unusual behaviours or suspect some of them to have SEN. Sadly enough, some teachers saw the identification of these exceptional learners as an extra workload. As such, they ignored their presence in their classes. This implies that they did not want to bear the responsibility of taking care of such learners in the classroom. These findings confirm the report of the Centre for Education Statistics and Evaluation (2013), which indicated that early identification triggers pre-referral and referral responsibilities, which come with a considerable burden on classroom teachers. Sometimes, teachers are less experienced and inadequately prepared to assume such responsibilities and become hostile to early identification.

TABLE IV: BARRIERS TO EARLY IDENTIFICATION OF LEARNERS WITH SEN

Perceived barrier	Frequency	Percentage
Lack of intentional identification policy	21	28
Inadequate knowledge of SE	40	53
Workload/large class size	9	12
Do not care to know	5	7

TABLE V: INTERVENTION FOR LEARNERS WITH SEN IN KGs IN THE SAGNARIGU DISTRICT

Intervention	Frequency	Percentage
Individual education plan (IEP)	0	0
Curriculum adaptation & modification	3	25
Differentiated instruction	3	25
Team teaching	6	50
Total	12	100

6.3. What are the Interventions Put in Place for Pupils with SEN in Public KGs in the Sagnarigu District?

Identifying learners with SEN is one thing, and helping them is another thing. This third research question examined the services offered to pupils with SEN in public KGs in the Sagnarigu District. Table V outlines some of the interventions teachers in the Sagnarigu District of Northern Ghana implement to help SEN learners identified in their classes and other learners who struggle to learn.

The data in Table V indicate that none of the 12 learners identified with SEN in this study benefited from an Individual Education Plan (IEP). This could be explained by the fact that most teachers were professionals, but they had inadequate knowledge of Special Education (SE). Therefore, they had no idea of an Individual Education Plan (IEP), a professional intervention geared towards helping learners with SEN to learn better in class. This finding concurs with the revelations made by Mapunda et al. (2017) that most learners with SEN found in regular schools do not benefit from any IEP or support services from special education teachers. Also, there are no adapted teaching and learning materials (TLMs) to help children with SEN to learn effectively in general education classrooms. Additionally, this finding is congruent with the argument made by Smeets and Roeleveld (2016). They argued that professional teachers must possess the knowledge and skills to identify pupils with SEN and plan interventions to meet their unique educational needs in inclusive and general education classrooms. However, many teachers are ignorant and lack such professional qualifications.

Further reading of Table V reveals that 3 out of the 12 pupils identified with SEN, representing 25%, benefited from some curriculum adaptations and modifications, and 3 others, representing 25%, enjoyed some differentiated instructions. Also, the remaining 6 pupils, representing 50%, were handled by different teachers in the class through team teaching. Analysing these data, it can be inferred that the few learners who were identified with SEN were handled differently in their classrooms. Their teachers had to spare some time from their busy schedules to focus on them because they struggled to learn. They had to modify their instructional strategies, the curriculum, and the available teaching and learning resources and adapted them to suit the learning needs of those children. With the support of other teachers, they were able to overcome the frustrations that come with handling such children and persevered in their quest to help those children succeed in the regular classroom. These findings are consistent with the assertions made by Gyasi et al. (2020). They asserted that having identified learners with SEN in their class,

teachers evaluate their individual educational needs and determine the types of instructional approaches to adopt in handling them. They prepare, adapt, and modify teaching resources and the curriculum to meet their educational needs. Handling SEN learners is not an easy task and may require the intervention of other professionals.

6.4. What are the Challenges Teachers Face in Handling Pupils with SEN in Public KGs in the Sagnarigu District?

Existing literature suggests that handling children with special educational needs is not an easy task. It comes with some challenges. This research question sought to uncover some of these challenges. Table VI outlines some of the challenges teachers faced in handling pupils with SEN in public KGs in the Sagnarigu District.

The tabulated data in Table VI reveal that 43 respondents, representing 57%, saw their inadequate knowledge of special education (SE) as their major challenge in handling children with SEN. An analysis of these data suggests that most teachers in this study had difficulties handling children with SEN because they had inadequate knowledge of pre-referral and referral services for children with special educational needs. They were less experienced and inadequately prepared to handle such learners and made little attempt to identify them in their classes. This implies that teachers' reluctance to identify SEN children and support them was a significant barrier as far as handling SEN children was concerned. These findings concur with the report of the Centre for Education Statistics and Evaluation (2013) that early identification triggers pre-referral and referral responsibilities, which come with a considerable burden on classroom teachers. Sometimes, teachers are less experienced and inadequately prepared to assume such responsibilities and become hostile to early identification.

Further reading of Table VI indicates that 21 respondents, representing 28%, identified the lack of intervention policy and funding as a challenge, while the remaining 11 respondents, representing 15%, were challenged by their huge workload and large class size. Analysing these data, one can say that the lack of intervention policy and funding in some schools was one of the reasons why some learners with SEN were ignored by teachers. This could be explained by the fact that pre-referral and referral services for children with special educational needs require some instructional decisions, such as curriculum and learning resource modification and adaptation, as well as services of other professionals. This comes with some cost, and many schools cannot afford it. These findings confirm the observations made by the European Union (2018) that schools need money to be able to adapt and modify the school curriculum, learning resources, and environment

TABLE VI: CHALLENGES IN HANDLING LEARNERS WITH SEN

Perceived barrier	Frequency	Percentage
Lack of intervention policy and fund	21	28
Inadequate/lack of knowledge in SE	43	57
Workload/large class size	11	15
Total	75	100

to accommodate children with SEN and support them to learn effectively in school. However, the money is often not available for such intervention to materialise. These findings also concord with the findings made by the [Royal Far West \(2017\)](#), an NGO championing the cause of SEN children. They found that children with mild to moderate disabilities do not get the needed help because they are usually not identified formally. Therefore, they do not benefit from government-sponsored interventions to help them.

Still, on the challenges teachers faced in handling SEN learners, further analysis of the data in [Table VI](#) reveals that some teachers found it difficult to plan interventions for the few SEN learners in their classes because of their huge workloads, which were worsened by the overcrowded nature of their classrooms. This finding confirms the report made by the [African Child Policy Forum \(2014\)](#) that access to quality preschool education appears inadequate for individuals with a disability. In Africa, only one out of ten children with disabilities get access to education. In addition to that, they are abused, discriminated, and stigmatised. The few teachers who are willing to help these children lack professional knowledge in special education and are confronted with large class sizes and huge workloads, too.

7. CONCLUSION

In sum, the identification of children with special educational needs (SEN) is an intentional and planned exercise. It is the beginning of a lifelong process of helping children with SEN through pre-referral and referral services to succeed in the mainstream classroom. As such, it requires the commitment of all key stakeholders, including the school, teachers, parents, and the government. Early identification is very important as it allows children with SEN and children at risk to be identified and helped as early as possible. This prevents such children's conditions from worsening and increases their chances of an improved academic and social life. Most teachers in this study claimed they did not have any learners with SEN in their classes. Meanwhile, *"on average, 20% of learners in mainstream schools require special attention, without having a diagnosed disability or problem"* (Knight, 1999, as cited in [Smeets & Roeleveld, 2016](#), p. 425). This does not only point to the fact that most teachers had some challenges identifying SEN children in their classes, but it also indicates that there were bigger challenges in handling SEN children in most public schools. This calls for more stakeholders' commitment through legislation and funding towards promoting teachers' training and professional development in special education to equip them with the needed knowledge and skills to handle children with SEN found in their classes.

8. RECOMMENDATIONS

Based on the findings of this study, it was recommended that the Heads of schools in the Sagnarigu District should link up with hospitals, professional bodies interested in SEN children, NGOs, clinicians, and psychologists for support to identify and help SEN children in their schools.

This collaboration can be a game-changer as far as the early identification of and intervention for SEN children is concerned in public KGs.

Also, the Heads of schools should involve parents in identifying and planning interventions for SEN children. They have a crucial role to play in this collaborative endeavour. Some parents can volunteer their expertise or link the schools up with professionals or institutions that can support the schools in their efforts.

Additionally, the teachers in the District should see the education of learners with SEN in their classrooms as part of their professional mandate. Instead of ignoring them, they should take the pain to identify them and dedicate some time out of their busy schedule to help them out. Their success in school depends on teachers' willingness to accept, love, and compassionately support them.

Furthermore, the National Teaching Council (NTC) should review the teacher education curriculum in Ghana to include some core courses in SEN to equip all teachers with the needed knowledge to identify and handle learners with SEN at all levels of the Ghanaian educational system. This will support the effective implementation of the existing inclusive education policy in basic schools.

Again, the Ministry of Education and the Ghana Education Service should institute an early identification and intervention policy for SEN pupils and provide sustainable funding for its effective implementation in all KGs nationwide. By this policy, heads of schools and teachers should be mandated to identify and support all learners with SEN in their classrooms. The Ministry should also provide sustainable funding for the effective implementation of such a policy in basic schools nationwide. This policy will further strengthen the implementation of the government's inclusive education policy in public schools.

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CONFLICT OF INTEREST

We do not have any conflict of interest.

REFERENCES

- African Child Policy Forum (2014). *The African Report on Children with Disabilities: Promising Starts and Persisting Challenges*. Addis Ababa: ACPF.
- Ahmad, F. K. (2015). Exploring the invisible: Issues in identification and assessment of students with learning disabilities in India. *Trans-science*, 6(1), 91–107.
- Aiyeloso, M. M. (2017). The importance of early identification and intervention programme for children with hearing impairment in Nigeria. *Asia Pacific Journal of Education, Arts and Sciences*, 4(3), 1–7.
- Alvi, M. (2016). *A Manual for Selecting Sampling Techniques in Research*. Karachi: Munich Personal RePEc Archive. <https://mpra.ub.uni-muenchen.de/70218/>.
- Andini, W. D., Rahayu, A., Budiningsih, A. C., & Mumpuniarti, M. (2020). The curriculum adaptation model in fulfilling the learning need for diverse students at inclusive classroom. *Universal Journal*

- of *Educational Research*, 8(3D), 115–123. <https://doi.org/10.13189/ujer.2020.081716>.
- Arkansas Department of Education (n.d.). *Early Childhood Special Education*. Arkansas: Division of Elementary and Secondary Education.
- Biljana, P., Despina, S., & Jadranka, R. (2014). Early intervention and prevention of students with specific learning disabilities. *Procedia—Social and Behavioral Sciences*, 9(49), 701–708.
- Bureau of Exceptional Education and Student Services (2012). *A Parents' Introduction to Exceptional Student Education in Florida*. Florida: Florida Department of Education.
- Centre for Community Child Health (2017). *Reporting the Health and Development of Children in Rural and Remote Australia*. Sydney: CCCH.
- Centre for Education Statistics and Evaluation (2013). *Rural and Remote Education: A Literature Review*. Sydney: CESE.
- Desforges, M., & Lindsay, G. (2010). *Procedures Used to Diagnose a Disability and to Assess Special Educational Needs: An International Review*. Warwick: National Council for Special Education.
- European Union (2018). *Education for Children with Special Education Needs*. Luxembourg: Publications Office of the European Union.
- Family Network on Disabilities, Inc (2011). *Understanding the Evaluation Process in Special Education*. Dunedin: FND.
- Grindal, T., Schifter, L. A., Schwartz, G., & Hehir, T. (2019). Racial differences in special education identification and placement: Evidence across three states. *Harvard Educational Review*, 89(4), 525–553. <https://doi.org/10.17763/1943-5045-89.4.525>.
- Gyasi, M. N., Okrah, A. K., & Anku, J. S. (2020). Teachers' knowledge of special educational needs and disability students and their classroom management approaches. *World Journal of Education*, 10(4), 160–172. <https://doi.org/10.5430/wje.v10n4p160>.
- Hanover Research (2019). *Differentiated Instruction—A Best Practice Report*. Salt Lake City: Utah State Board of Education.
- Heacox, D. (2014). *Differentiating Instruction in the Regular Classroom*. Minneapolis: Free Spirit Publishing.
- Heward, W. L. (2013). *Exceptional Children: An Introduction to Special Education* (10th ed.). New Jersey: Pearson.
- Ho, L. Y. (2007). Child development programme in Singapore 1988 to 2007. *Annals of the Academy of Medicine, Singapore*, 36(2), 898–910.
- Koegel, L. K., Koegel, R. L., Ashbau, K., & Bradshaw, J. (2014). The importance of early identification and intervention for children with or at risk for autism spectrum disorders. *International Journal of Speech-Language Pathology*, 16(1), 50–56.
- Mapunda, P. H., Omollo, A. D., & Bali, T. A. (2017). Challenges in identifying and serving students with special needs in Dodoma Tanzania. *International Journal of Child Care and Education Policy*, 11(10), 1–16.
- Mapunda, P. H., Omollo, A. D., & Bali, T. (2019). Challenges in identifying and serving students with special needs in Dodoma, Tanzania. *International Journal of Child Care and Education Policy*, 11(10), 16. <https://doi.org/10.1186/s40723-017-0036-8>.
- Mensah, P. A., Gyamfi, A., & Agbezudor, T. (2022). The teacher's knowledge about special needs learners: A fundamental element for the implementation education of inclusive. *International Journal of Arts and Social Science*, 5(7), 1–10. https://www.researchgate.net/publication/361865804_The_Teacher's_Knowledge_about_Special_Needs_Learners_A_Fundamental_Element_for_the_Implementation_of_Inclusive_Education.
- Minnesota Disability Law Center (2010). *Identifying and Evaluating Students For Special Education Services*. Minneapolis: MDLC.
- Nassaji, H. (2015). Qualitative and descriptive research: Data type versus data analysis. *Language Teaching Research*, 19(2), 129–132. <https://doi.org/10.1177/1362168815572747>.
- National Center for Learning Disabilities (2020). *The Importance of Early Screening*. Washington: NCLD.
- National Council for Special Education (2014). *Children with Special Educational Needs*. Trim Co. Meath: NCSE.
- New South Wales Ministry of Health (2012). *Summary Report From the New South Wales Child Health Survey*. Sydney: NSW MoH.
- New York Office of Special Education (2018). *Continuum of Special Education Services for School-Age Students with Disabilities*. Albany: University of New York City.
- Omair, A. (2015). Selecting the appropriate study design for your research: Descriptive study designs. *Journal of Health Specialties*, 3(3), 153–156.
- Parham, K. (2016). *Exceptional Circumstances: Issues in Early Childhood Special Education*. New Orleans: Creative Commons Attribution.
- Pennsylvania Training and Technical Assistance Network (2018). *Parent Guide to Special Education for School-Age Children*. Pennsylvania: PaTTAN.
- Royal Far West (2017). *Position Paper: Supporting Childhood Development in Regional, Rural, and Remote Australia*. Manly: RFW.
- Smeets, E., & Roeleveld, J. (2016). The identification by teachers of special educational needs in primary school pupils and factors associated with referral to special education. *European Journal of Special Needs Education*, 31(4), 423–439.
- Tomlinson, C. (2014). *The Differentiated Classroom: Responding to the Needs of All Learners*. 2nd ed. Alexandria, VA: Association for Supervision and Curriculum Development.
- Tomlinson, C., & Imbeau, M. (2011). *Leading and Managing Differentiated Classrooms*. Alexandria, VA: Association for Supervision and Curriculum Development.
- Walliman, N. (2011). *Research Methods: The Basics*. New York: Routledge.
- Wang, D. (2010). Team teaching and the application in the course English Teaching Methodology by CET and NSET in China. *English Language Teaching*, 3(1), 81–91.
- Wirz, S. E. (2005). Field testing of the ACCESS materials: A portfolio of materials to assist health workers to identify children with disabilities and offer simple advice to mothers. *International Journal of Rehabilitation Research*, 28(2), 293–302.
- World Health Organisation (2012). *Early Childhood Development and Disability: A Discussion Paper*. Geneva: WHO.