CARE AND SUPPORT FOR INFANTS AND TODDLERS WITH SPECIAL NEEDS

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Abstract- Early identification of developmental disorders in infants and toddlers is critical for the well being of children. It is also an integral function of the primary care medical provider and the early care given in the home or crèche. This paper is focused at providing information on special need infants and toddlers and strategies to support them in developmental concern to cope with the challenges in and out of the classroom and to interact with their peers without stigmatization and inferiority complex. The target children are from birth through three years of age. There is a strong recommendation for developmental surveillance to be incorporated at every well child preventive care program in training and practical stage of formal school settings. The paper posits that any concerns raised during surveillance should be promptly addressed with standardized developmental screening by appropriate health service providers. In addition screening tests should be administered regularly at age 9+, 19+ and 30 months of these infants. The paper also establishes that the early identification of these developmental challenges of the infants and toddlers should lead to further developmental and medical evaluation, diagnosis and treatment, including early developmental school intervention, control and teaching and learning integration and inclusion for proper career build up. Children diagnosed with developmental disorders should be identified as children with special needs so that management is initiated and its underlying etiology may also drive a range of treatment of the child, to parents. Conselling and school integration as applicable to the child's specific need and care for sustenance in societal functioning.

Keywords- Care, Special Need, Support, Infants and Toddlers, Management and Developmental Disorders.

I. INTRODUCTION

Every child is special and some children need special care and support because of developmental, physical, health, emotional or behavioural disorders or challenges. In order to meet the needs of the child, it is critical that parents and child care professionals create and maintain a partnership to help each other and also help the child reach his or her full potential. According to Cooper & Kuhithan (2009), a child with special needs is one who requires some form of special care due to physical, mental, emotional or health reasons. Because each child is unique and has unique needs, no single approach to caring for children with special needs can be applied to all children, even those with the same disability or special need. The practice of inclusion means including children of all abilities in the same classroom or child care programme. Inclusion means "a part" or not "apart". The essence is to strengthen the capacity of the child care community to deliver appropriate inclusive high quality child care services to families of children with disabilities or other special needs. A collaboration framework between caregivers or teachers of children, parents and health professionals will promote and support parents and the child care network to provide inclusive services for children with special needs.

If you feel that your child or a child in your care is not developing or may not be developing at the same rate with other children of the same age, it may be timely to take a closer look. As a parent, this is a good time to mention your concern to your child's caregiver or physician. As a provider, this is your opportunity to start a conversation with the parents about doing some informal observation. Parents and providers can work together to start an observation plan to record the child's behaviour over time and in a variety of settings.

American Academy of Pediatrics (2004) has it that this observation can help plan activities that the child will enjoy, match activities to the child's skills and abilities and may serve to signal that a referral for formal assessment is needed. Whatever the family and parents decide, you as a provider have planted the seeds that will help them observe their child more carefully and think about what you have said. Here are some general suggestions to keep in mind when you are observing.

Who is a Child with special need and what do you need to know about early intervention?
Every child is a special person but some children may need special care due to physical, emotional, health or developmental need. The kinds of special need vary greatly. These range from simple allergies to developmental delays, a diagnosed disability or a series of illness. The categories of the special need as posited by Hirsh (2000) are;

- Developmental disability: A child with a developmental disability may grow and develop more slowly than other children.

His or her physical, mental or emotional development may be affected.

- Emotional/Behavioural needs: This child may need help learning to follow daily routines or relating to others.
- Exceptional health needs: This child may require specialized care due to conditions such as allergies, asthma, diabetes, epilepsy, sickle cell anemia or because of a serious illness.
- Language skill (communication disorder): A child may have difficulty speaking or understanding speech. Expressing his or her needs or understanding rules and instructions may be difficult and frustrating for the child with this type of need.
- Learning disability: Children learn in different ways but some may need specialized care. He or she may have difficulty reading and therefore would need clear verbal instructions. A learning disability can be frustrating to a child leading to possible behavioural need.
- Hearing impairment: A child may have mild or significant hearing impairment or may be deaf.
- Physical disability: A child may have limited movement or require adoptive equipment such as braces, a walker or a wheel chair.
- Vision impairment: A child may have a mild or significant vision impairment or may be blind.

If you think your child needs help it is very important to get help early enough. This is known as "Early intervention". The earlier intervention begins the more likely it will be beneficial to access available services.

The early intervention programme begins according to White (2002) from birth to three years of age in the teaching hospitals and at pediatric units. This programme serve infants and toddlers who may have a diagnosed disability a developmental delay or are at risk for a developmental delay and are eligible for services under regulations. Referrals are made from general practitioners to pediatricians base on specialization and need of the child.

The agencies are responsible for conducting confirmation assessment or addressing concerns regarding the child's development. Input and concerns from parents and significant people like caregivers/teachers who are included in the assessment process is essential.

If a child is confirmed eligible for the ongoing services, a case manager is assigned to monitor the progress of the child on ongoing basis. The plan is reviewed at intervals to ensure that the child's needs are being addressed and met. The manager ensure that infants and toddlers with disabilities and their families receive coordinated services early enough to make a difference in the child's societal functioning. A child with disabilities or other special needs require the same things that all other children need from you as a service provider to feel loved and nurtured to feel god about themselves and to reach their fullest potential in becoming independent beings.

II. WAYS TO IDENTIFY A CHILD WITH SPECIAL NEED

Children vary a great deal in what they learn to do and when they learn. Robins Otero, Ferran & Dautenhatin (2007) has the following guidelines to follow when observing your child. If you notice some of these behaviours consistently you may have to contact or have the child screened by a professional as required:

Vision:

- ❖ Rubs eyes frequently and seems to have trouble following people or objects with eyes, has reddened, watering or crusty eyelids.
- ❖ Holds hands in a strained or awkward position, tilting it one side or the other or forward or backward when looking at an object. Has trouble focusing or making eye contact.
- ❖ Seems to have trouble picking up small objects from the floor
- ❖ Closes eyes when looking at distant objects.

Hearing

- ❖ May have frequent ear aches.
- ❖ May have frequent ear, nose or threat infections or allergies
- ❖ Does not look to the source of voices or react to hard noise by four months.
- ❖ Talks in a very hard or very soft voice.
- ❖ May have difficulty responding to a call from across a room.
- ❖ Does not use spoken language as expected for his or her age group.
- ❖ Has difficulty understanding what is being said.
- ❖ Breathes through the mouth.

Thinking

- ❖ By age one, does not respond to faces and objects or does not recognize familiar people.
- ❖ By age two, does not identify simple body parts by pointing, does not match similar objects or recognize self in a mirror. Cannot say simple words and name familiar objects.

- By age three, cannot follow simple directions and commands. Does not imitate adults.
- By age three, does not begin to participate in creative processes, drawing, blocks or platy in concrete terms. Cannot match colours and shapes and complete simple puzzles. Unable to pretend or make-believe play.
- By age four, cannot give correct answers to questions. Does not have an active imagination and cannot sit through a short story.
- By age five to six, does not understand the concepts of today, tomorrow or yesterday.
- By age five to six, cannot recite 1 – 10. Cannot stay with or complete tasks.

Communication

- Is unusually quiet.
- By six months, rarely make sounds like cooking or gurgling.
- By age one, does not understand first words such as mick, bottle or bye bye, mama or dada.
- By age two, rarely name family members or common objects and does not speak in two-words phrases. Does not point to objects or people to express want or need.
- By age three, does not follow simple directions or speak in sentences of three or four words.
- By age four, does not speak in sentences of four to five words to the understanding of adults.

Moving

- Has stiff arms or legs.
- Has floppy or limp body posture.
- By three to six months, does not have good control of head, arms and legs. Does not also explore fingers and objects with mouth and has not developed the ability to focus eyes on an object.
- By one year, has not crawled, sat up, picked up objects with thumb and first finger or stood with support.
- By two years, has difficulty walking without help
- By age three or four, does not walk up and down the stairs, frequently falls when running and cannot turn pages of book. Cannot draw lines and simple shapes.
- By age five, cannot get dressed with minimal help, difficulty skipping using alternate feet.

Playing

- By three months, does not coo or smile.
- By age 12 to 24 months, does not play games or wave bye bye.
- By age three, does not imitate parents or caregivers by doing routine tasks such as washing dishes, cooking or going to work as they play with peers.
- By age three, tends to play alone more than with other children. Does not engage in joint exploration and some peer play.
- By age three, does not play purposefully or imitate play through pushing or hitting.
- By age four, does not play make-believe games and group games such as hide and seek with other children.
- By age five, does not share and take turns
- By age five, does not show concern for a child who is crying or a distressed or empressed compassion.

III. GENERAL BEHAVIOUR

Some behaviours may be a cause for concern or they may just be part of the child's temperament or personality. It is necessary for parents and caregivers to bear the following in mind:

- By six months, avoids being helped or talked to or resist being soothed or comforted.
- Does not pay attention or stay focused on an activity for as long as other children of the same age do.
- Often acts out or appears to be very stubborn or aggressive.
- Avoids or rarely make eye contact with others.
- Unusually frustrated when trying to do simple tasks that most children of the same age can do.
- Acts extremely shy or withdrawn.
- Does not like being touched.
- Treats other children, animals or objects cruelly or destructively.
- Display violent behaviour such as fighting or torturing other children regularly.
- Does not recognize dangerous situations such as walking in traffic or jumping from high places.
- Has problem sleeping, eating or toileting.
- Has difficulty putting thoughts, actions and movements together
- Overtly impulsive, active and distractive.
- Does not respond to discipline as well as other children of the same age.

All these are issues that require attention by parents, caregivers and professionals as the case may be for proper child function in society and inclusive education practice. Strategies and Recommendations in Care and Support for Special need Infants and Toddlers After some specific observations or information about the child has been collected or observed, some questions to assist are put in perspective and easy to help in decision taking on

whether the child is just developing at his or her own pace or is a child who may need an additional assistance. These questions are:

- Has the child made progress over time or is he or she stuck?
- Is the child ignored by other children because he or she cant keep up with them, doesn't get their jokes or doesn't understand the rules of the game?
- Are the expectations for the child realistic given everything you know?
- Does the child have trouble at specific times of the day such as meal times, nap time or specific adults.

When a parent or caregiver is convinced with answering these questions, then a change schedule will now be necessary to address these concerns.

This is when a qualified service provider navigates the following strategies to redirect the child to curb the observed challenges as posited by American Speech Language Hearing Association (2008) & Osofisky (2011). The following strategies are to benefit the children and adults recognize that a child is a child first and also each child is different whether or not he or she has disability.

Developmental Delays

- Give clear directions, speak slowly using only a few words.
- Move the child physically through the task so that he or she can feel what to do.
- Stand or sit close to the child so you can help if needed.
- Help the child organize her words by providing structure and consistency examples. Label things with pictures and words.
- Avoid changing activities abruptly, allow time for adjustment.
- Teach in small steps.

Speech and Language

- Be a good listener.
- Give directions simply and in compete sentences.
- Talk about what you or the child is doing while you are doing it.
- Have the child practice to talk what he or she is doing by asking specific questions.
- Repeat what the child says and add missing words or ask the child to repeat what you are saying. Build on what the child says by adding new information.

Vision Impairment

- Ask first if the child need help. Don't assume that it is needed.
- Give specific directions and avoid words such as this, that, or other there.
- Call children by their names and address them directly.
- Increase or decrease the room light to avoid glare.
- Use simple, clear, uncluttered pictures that are easy to see.
- Encourage hard on experience, today holding and explorings

Physical or Neurological disabilities

- Know the child's strength and needs to help encourage independence.
- Assist the child with activities she may not be able to do alone such as kicking a ball.
- Be aware of proper position techniques.
- Learn how to use and care for any special equipment.
- Help other children understand the disability and stress what the child can do.
- Work closely with other service providers like therapists or psychologists.

Hearing Impairment

- Know the degree of hearing loss the child is experiencing
- Support the child socially.
- Be sure you have the child's attention before giving instructions
- Speak in complete sentences at normal speed while facing the child and smile.
- Use visual cites such as pictures or gestures when you talk.
- Encourage the child to let you know by a special signal if he or she does not understand what you are saying.
- If the child does not understand what you have said, rephrase rather than repeating what you have said.
- Provide opportunities for the child to talk.
- Learn sign language at all means.

Social/Emotional

- Establish routines and provide structure for the child.
- Use items such as timers or bells to signal the start and end of an activity.
- Do not change an activity suddenly but rather warn the child ahead of time what would be changed soon in the activity.
- Allow the child to watch new activities and practice them away from the group.
- Sit close to the child and give periodic verbal and physical reassurances.
- Let the child bring familiar objects when entering new situations.
- Help the child make choices by limiting the options.

- Allow the child to have a safe emotional outlet for anger or fear.

Techniques for Managing Behaviour

- Respect the child's feelings.
- Manage your own behaviour and model desired behaviour.
- Prevent problems when possible. Look at your schedule and environment.
- Focus on what the child can do and accentuate the positive.
- Follow through with realistic consequences.
- Help the child to verbalise, act and understand. Clarify statements and feelings.
- Teach the child appropriate behaviour.
- Give the child reasonable choices.
- Ignore negative behaviours if you can.
- Provide developmentally appropriate activities in a safe, nurturing environment.
- Have fun and ensure consistency with the family in handling behaviour and consequences.

Children naturally are curious about their environment and about people that look or act differently than what they are used to. Generally children accept different options when their needs are provided right away in a simple truthful and direct manner.

CONCLUSION

When talking about a child with special need, it is crucial to look at the whole child not just the disability. Remember to point out the way the child is like other children. Instead of focusing on the differences, all children are different from one another and all have different needs. Being sensitive about the language to use on the child will help you be more aware of all children whether you are a parent or a caregiver. Using sensitive language will help prevent hurt feelings and avoid unintentional insults. A child with disabilities or other special needs requires the same things that all of the children need from you; to feel loved and nurtured; to feel good about themselves and to reach their fullest potential in becoming independent beings. Children with special need may need a little more structure in the schedule or environment, a little more physical assistance or a little more encouragement than some of the other children in your programme. Keep in mind that the parents of a child with special needs can also benefit from your encouragement as they may be more anxious, frustrated and stressed than other parents.

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