

# Teacher's Role in Early Identification of Developmental Delays

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## Case 1

*Rama\*, two and a half-years-old, is the second of three siblings. Her parents cultivate vegetables on a farm on the outskirts of Bengaluru. A neighbourhood alternative school enrolled her and her elder sister in school. Her parents had begun to realize that there was some kind of hearing loss Rama was experiencing. However, their hope to see her develop as all other children led them to believe that she was one of those who would develop oral language a little later than usual. Rama's family represents a culture where there is little or no conversation among adults and children. Conversations, if at all, are more functional in nature.*

*As she started going to school, the teachers realized that Rama did not respond to sounds – near or far. She would typically have a blank expression on her face. With observations and preliminary investigations, the teachers realized Rama had 'total hearing loss'. It wasn't surprising then that she hardly spoke or responded.*

*With the help of doctors in the parent community, the teachers figured out that a cochlear implant could help restore partial hearing, and she would be able to eventually speak. Her parents, given their economic background, could not afford the implant. Through the teacher groups proactive engagement, social media networks and crowd-sourcing, they managed to raise Rs 6 Lakh for the implant.*

*Today, after a year of the implantation, Rama can respond to her name, echoes a few words and has begun to make more meaning of the environment around her. Her teachers suggest that speech therapy routines have enabled her to speak sounds with clarity, but their challenge is to continue these rigorous efforts and provide consistently rich verbal language exposure to her at home as well.*

## Case 2

*Now about 24 years old, Asha\* was the eldest of four siblings in a farmer family residing in a village on the outskirts of Vadodara city. She was 9 when I*

*first saw her in 2004. She was referred to as 'pagal' (mentally retarded) by her family; lying in a cradle, barely about one and a half feet tall, surviving on a diet of about half a chapati a day, with protruding tongue, house-flies all around her... She could make sounds, recognize people, was well aware of her surroundings and happenings, but could hardly do any physical activity.*

*Studying about the work of Social Defence Department and other welfare services for children and poor, I could persuade her grandmother to take her to the Social Defence Office to get a compensation of Rs 200/- month. She was required to get a doctor's certificate for receiving the compensation for significant disability. The visit to the psychiatrists and later, a paediatrician, at a general hospital for this certificate, purely by chance, gave a completely new life to Asha. She was diagnosed with an extreme case of Cretinism, 'a congenital iodine deficiency syndrome, a condition of severely stunted physical and mental growth owing to untreated congenital deficiency of thyroid hormone, (congenital hypothyroidism) usually owing to maternal hypothyroidism.'<sup>1</sup>*

*Her case became a revelation and the cause of study for the local medical college. To cut a long story short, a treatment of about 10 mg of thyroid tablet brought significant changes in her metabolism, appetite and growth patterns. Asha grew tall, started walking, developed language, and gradually, became independent enough to take care of herself. At the age of 13, she began going to the Anganwadi Centre (AWC) with her 4-year-old brother. She has now perhaps completed schooling and become independent as an adult.*

*For 11 years, Asha was deprived of basic healthcare, nutrition, and stimulation for sheer lack of 'identification' of cases like hers. This despite the presence of a school, an anganwadi centre and a village health centre in the vicinity. Of course, to me, the key thing then was that she had survived! Surely, Asha's case is just one amongst many.*

*Asha's case, although over a decade old, continues to make me wonder about several aspects in a*

child's ecosystem that impact the development of a healthy child. The significant people in Asha's immediate micro-environment – grandmother, parents and community – enabled her to survive, provided the care that they could, and upon knowing the possibility of a cure, proactively sought guidance from health professionals, ensured she goes to AWC and school and is socially trained to manage her life independently.

Both the above cases reflect the significant role that a child's immediate environment plays in ensuring a healthy childhood. Parents and teachers have the foremost responsibility of helping children's optimal growth and development.

Teachers across age-grades, especially in the early childhood years, have a critical role to play in ensuring children's overall health and well-being. Education for children in the early years is about holistic development. While each child develops at a unique pace and has individual differences, it is critical to observe, report and seek expert advice for timely intervention in the case of developmental delays or atypical behaviour across domains of development.

### **Steps a sensitive, reflective and inclusive teacher could take**

#### *Know your students*

After home, it is the school where children spend their maximum time. As a teacher, it is critical to know each child's background and medical history to understand if the child has had an intensive illness(es), conditions since birth, and the frequent happenings in the child's life outside school. As a teacher of young children, it also becomes critical to have information about the child's family background, parent's occupation, the time and nature of their engagement with children at home, the child's routine after school and so on. While this might appear to be a challenging task with 30-40 children in each class, this information about the child and the child's family will help the teacher put the child's day-to-day behaviour and progress into perspective. A medical history will help the teacher to know any atypical signs that need attention.

#### *Observe*

As a teacher, observing every child through different activities conducted in class is a critical practice in the teaching-learning process. During observation, apart from the ability to respond to the specific 'content' being taught and scholastic ability, a child's mood; ability to concentrate on

various activities, follow instructions, socialize and make eye-contact, manage temper, involuntary movements, comprehend with a few iterations, perceive spatial aspects, language and reasoning, to name a few, become critical indicators of the child's overall development.

#### *Gain insight into development patterns*

A teacher with her immense experience of working with children and knowledge of education theories would have a fair understanding of the development patterns of children of different age-groups – at least in those classes that she has taught for a couple of years. This understanding of the developmental progression and ability of children to perform different tasks – physical, conceptual and social engagement – would enable a teacher to understand any deviations, both positive and advanced development, or delays that may be peculiar in any child's development. This nuanced understanding of a child's individual development is important for a teacher to notice any consistent atypical patterns in a child.

#### *Document*

The next critical step to observation is documenting children's work in school. For instance, anecdotal records are considered a useful way of documenting specific aspects that the teacher observes in a child in routine. Regular notes of teacher's daily observation or unique occurrences may point to the child's problems, for example, a child consistently not making eye contact, repeated involuntary movements or written text may show patterns of a child's dyslexia. Other forms of documentation, such as developmental checklists, a portfolio that captures each child's work, are also useful evidence to see patterns in a child's growth and development.

#### *Share and partner*

An individual teacher's observation is an important starting point to recognize a child's abilities across the development spectrum. There is always a possibility that what one teacher observes is unique to that particular context and not a consistent pattern the child displays. Sharing observations about children – specific aspects noticed; concerns or positives – with the larger teacher group would help substantiate the observed behaviour in other contexts. A collective understanding of a child's response to an event, or patterns across domains of development will enable the teacher group at several levels:

- To make an accurate judgement of the child's condition (whether it is a temporary phenomenon or something that needs critical attention).
- To collaborate to help the child at their own level, for instance, academic help, listening to the child, planning individualised programmes and distinct pedagogic approach.
- To discuss with the parents any consistent patterns at home.
- To decide the next steps, if and where required.

Any work in the context of disability ought to be a collective effort. Parents and teachers at their individual levels are likely to be ineffective beyond a certain point. Upon identification of a concerning aspect in a child, a partnership between parents and teachers to work together in helping the child becomes critical. Further, this partnership would need to extend to other professionals who participate in the treatment and therapy for the child, such as paediatricians, physiotherapists, speech and occupational therapists, vocational educators for older children, and so on. Rama's case is a good example of a teacher group's collective efforts – right from identifying the problem, and partnership with all concerned – to help her with loss of hearing.

#### *Network and refer*

Referrals are key to addressing a disability or related concerns. Teachers, as one of the closest observers of children, are also a key influence on parents. Teachers and schools ought to have a network of

professionals who can be reached out to in case of a child needing help. This network also helps teachers and families avail of any specific benefits and provisions that are available to children with different disabilities. If at all, Asha was identified by a teacher of the local school, the AWC worker, or a healthcare professional, she would not have lost precious eleven years of her life lying in a cradle.

In the case of Rama, all of the above aspects have played a role in her ability to gain speech and language, understand and engage with the world around her, and opened up the possibility of her being independent and a contributing member of the society going forward.

In a class of 40 children, perhaps only one (or none) of the students may have one or the other form of a delay, but it is of utmost importance that even that one child gets the required attention, at the right time, and the family get necessary guidance to help the child.

As teachers, we hold the responsibility of building futures and every child and her development and progress accounts for this. While in our context, classes with high pupil-teacher ratio, individualised attention and care may seem challenging, it is not impossible. An observant, reflective and proactive teacher, with support from the school, can do wonders to a child's life by providing timely intervention. All Ramas and Ashas can be helped – provided there is a collective will of all in her environment, and we together ought to create that environment.

<sup>i</sup> <https://www.merriam-webster.com/dictionary/cretinism> Retrieved 4 November 2019.

\* Names have been changed to protect identity.



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