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# Screening strategies available for the identification of at-risk children in early childhood classrooms within the Effutu Municipality

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## Abstract

This study explored the strategies available in the identification of at-risk children in early childhood classrooms within the Effutu Municipality. The study adopted an exploratory case study design. The researcher purposively selected twelve early childhood teachers in the six classrooms, using semi-structured interview guide and observational checklist to collect data for the study. Qualitative data were analysed using thematic analysis. And the checklist was analysed using content analysis. The study established that the classrooms identified and observed do not have tools, but they employed some strategies to identify such learners. Also, it was found out that, there were learners with special educational needs in early childhood classrooms. Finally, it was found out that the schools mainly depended on informal strategies of screening at-risk conditions among learners. The study recommends that, regualr in-service training must be regularly organised for teachers at early grade centres by the education Directorate in the Districts and Municipalities, to upgrade the knowledge of teachers regarding at-risk conditions among early grade learners.

**Keywords:** at- risk, children, screening, identification, barriers

# INTRODUCTION

## Background to the study

During early childhood, human beings face their most intense transformations in both physical and cognitive domains. This period of life is classically defined by its age range from birth to 7 years old; and constitutes the most important phases of cognitive and emotional development. Evidences suggest that brain home structure of cognition and emotion regulation counterbalances number of neurons and synapses from 2 to 7 years old and seems to increase the net number of synapses through these years peaking between 4 and 6 years old (Marsh, 2023). Evidence points out that investing in early childhood development is one of the best paths to achieve social equality, better income distribution and less poverty (Filgueiras, Pires, & Landeira-Fernandez, 2014.) Children treated with good care turn into more educated adults, higher level of education means more skilled workers, and more skilled workers lead to valorization of labor and higher income to those professionals (Heckman & Zhou, 2022). Thus, what appears to be a possible alternative for developing countries is to invest in already established venues and programmes rather than adapting or importing other types of intervention. In other words, they are trying to make the best they can with what they have. Currently, it appears that different instruments and measures are used to assess cognition and quality of child care. For example, measures such as ITERS and ECERS (Clifford, Yazejian, Cryer, & Harms, 2020) assess: space and furnishing physical aspects of the venue; education, income and training of the staff; quality of the interaction teacher-child; and program structure educational curriculum.

The expression “at risk children” is used to refer to those children who are economically, educationally, linguistically, or socially disadvantaged. The phrase is often used vaguely to refer to poor life outcomes in general, which tend to refer to long-term deficits, such as school failure, death, economic dependency, or incarceration (Moore, Sampson & Candy 2020). It has become prevalent to identify certain children in our modern, complex society as “at risk” of failing to succeed in life, because of certain adversities in their lives. Poverty, family discord, violence, substance abuse, and illness are one example of these. Such children stand little chance of reaching their potential as adults, and they are likely to become so deficient that they may not be capable of self-support or to establish satisfactory relationships with others. Screening uses a systematic process for identifying learners who may be at-risk for poor learning outcomes, including academic, behavioral, social, emotional, school completion, and college and career readiness outcomes.

Developmental screening is a process involving partnerships with parents to identify concerns about a child's development. As many as one in four children under the age of 6 are at risk for a developmental delay or disability (WHO, 2020). Screening alone is not enough to identify a developmental concern. Rather, it helps staff and parents decide whether to refer a child for more evaluation by a qualified professional. The earlier a possible delay is identified, the earlier a programme can refer a child for further evaluation and additional supports and services. Kindergarten screening is a way to gauge a child’s current functioning and growth. It is a brief evaluation or assessment of several developmental domains of functioning in young children that typically takes place prior to the beginning of kindergarten. Although there are myriad benefits to kindergarten screening such as providing accurate estimates of a child’s functioning, informing parents and professionals of areas of strengths and challenges, and assisting in planning

interventions, is of necessity. This study sought to explore screening strategies available in identifying children at risk in kindergarten centers within the effutu municipality.

**Statement of the Problem**

In recent years, the importance of early identification and intervention for children at risk of developmental delays and disabilities has gained significant attention in educational discourse. Within the Effutu Municipality, kindergarten centers serve as critical environments for early childhood education and development. However, there is a concerning lack of comprehensive screening strategies tailored to effectively identify children who may be at risk. This gap poses a significant challenge for educators and caregivers, as early detection is crucial for implementing timely interventions that can improve long-term outcomes for these children (Bañeres, Rodríguez, Guerrero-Roldán, & Karadeniz, 2020).

Despite the existence of various screening tools and methodologies, their application within the kindergarten context in Effutu Municipality remains inconsistent and often inadequate. The evidence is that, many educators seemed to lack the training or resources necessary to conduct thorough screenings, leading to missed opportunities for supporting at-risk children. (Sokol, Austin, Chandler, Byrum, Bousquette, Lancaster, & Shanahan, 2019)

Furthermore, the community's awareness and understanding of the importance of early screening seemed also be limited, resulting in underreporting and a lack of engagement in available programmes. This study aimed to explore the existing screening strategies in place at kindergarten centers within the Effutu Municipality, examining their effectiveness, accessibility, and the challenges faced by educators in implementing these strategies. By identifying gaps and potential

areas for improvement, this research sought to contribute valuable insights that could inform better practices and policies, ultimately enhancing the support provided to children at risk in the region.

**Purpose of the study**

The study aimed at exploring screening strategies available in identifying children at risk in kindergarten centers within the effutu municipality.

**Research objectives**

The following research objectives have been formulated to guide the study:

1. Evaluate the effectiveness of current screening strategies in early childhood classrooms in the Effutu Municipality.
2. Identify barriers to effective screening implementation in early childhood classrooms in the Effutu Municipality.

**Research questions**

The following research objective has been formulated to guide the study:

1. How effective are screening strategies currently being utilized for identifying children at risk in early childhood classrooms within the Effutu Municipality?
2. What barriers do educators face in effective implementation of screening strategies in the Effutu Municipality?

## Theoretical framework

### Integrated screening action model (Robb, 2021)

This study is derived from the Integrated Screening Action Model. According to Robb (2021), The Integrated Screening Action Model (I-SAM) is an integrated and theoretically informed model to support our understanding of screening behaviour and identify targets to increase access to screening. There are three key aspects to the I-SAM: i) a progressive sequence of stages that people pass through in engaging in screening behaviour; ii) screening behaviour is shaped by the synergistic interaction between participant and environmental influences; iii) targets for intervention should focus on the sources of behaviour including 'capability', 'opportunity', and 'motivation.' Because the ISAM integrates existing models of behaviour and behaviour change and empirical evidence, it begins with some supporting evidence for their potential utility. This model will guide teachers to be able to identify children who are at risk through the behaviour been observed.

## Research Approach

The researcher adopted the qualitative research approach. Qualitative research provides the researcher with a narrative investigation and description of the quality of relationships, situations, events, materials and conditions as observed in the natural setting of the school and classroom. According to Akplu (1998) cited in Asamoah, Baah, Ayikpah, & Ayikpah, (2021) qualitative research is useful in uncovering the understanding of the nature of a person's experience with a phenomenon about which little is known since it allows those who are studied to speak for themselves rather than respond to categories predetermined by the researcher

## Research Design

The Exploratory Case Study design was employed for this study. Mohamed (2021) describes research design as a plan that describes how, when, and where data are to be collected and analysed. The first major strength of the case study approach is that it can capture and explore the available screening strategies in early childhood classrooms for children at risk. The exploratory case study design helps researchers to focus their study on a specific case within the spatial and temporal constraints (Kusi, 2020). Secondly, the exploratory case study approach is action-centered and, therefore, the findings are useful for improving practice (Buriro, Ednut & Khatoon, 2021). Notwithstanding these strengths, the case study approach has been critiqued in diverse ways, this includes the fact that the findings are difficult to generalise.

## Sample and Sampling Procedure

In all, a sample size of twelve (12) teachers were purposively sampled for the study. Six schools were involved, out of the schools, two (2) teachers were sampled from each of the twelve for the interview from the six different schools. The six classrooms (school A comprise KG2 & Basic 1, school B compose, K.G1 & Basic 2, school C to include, K.G 2& Basic 3) were also observed using the observational checklist. The researcher interviewed twelve teachers, two from each class, based on long service. The purposive sampling was employed because the researcher wanted to sample respondents who have ideas, knowledge and expertise and experience about the phenomenon under study.

## Data Collection Instruments

The instruments used to gather data for this study was semi-structured interview guide and an observational checklist. The interview was conducted via face-to-face interaction while the

checklist was used to observe the strategies. The semi-structured interview guide contained five items with prompts while the checklist contained ten items. The semi-structured interview guide collected in-depth data on available screening strategies for children at risk. According to Gustiani, (2019). Interview involves the collection of data through direct verbal interaction between individuals. Its principal strength is its adaptability to any given situation.

**Data Analysis Procedure**

For qualitative (interview) data, responses by the respondents to the question were categorized into themes derived from the research question. Hence, the qualitative data was analyzed thematically. Content analysis was used to analyze the observational checklist data.

**Ethical Consideration**

Protection of participants and their responses was assured by obtaining their informed consent, protecting the privacy and ensuring confidentiality which is in line with. In doing this, description of the study, the purpose and the possible benefits was mentioned to participants. The researcher permitted participants to freely withdraw or leave at any time if they deemed it fit.

**Findings and Discussions**

A total of 12 teachers were interviewed regarding screening strategies available in the identification of children at-risk. When the interviewees were interviewed regarding through what means learners are screened for at-risk conditions, the following themes emerged: gestures and instructions; and, interactions.

**Gestures and instructions**

Regarding screening strategies adopted for the identification of learners with at-risk conditions, one of the interviewees has this to say:

*I use facial expressions, winks and hand movements and other gestures to determine whether the learner has any of the common at-risk conditions, such as hearing impairement, visual impairment and physical disability*

(Teacher 1)

Another interviewee stated:

*To determine whether a learner has at-risk condition or not, I usually make sure I put in place, measures such as making eye contact, letting the child walk around and also, moving my hands to see whether the child can move in the direction of my hand. These are the measures I take, since the health officials hardly come around*

(Teacher 4)

The foregoing responses clearly established the dominant strategies teachers employ in identifying at-risk learners. This also clearly showed that, informal techniques are more and mostly used as strategies in determining at-risk conditions among learners at the early childhood classrooms. This is in line with the findings of Ford and Finning (2020), when they established that, teachers adopt a wide variety of informal assessment practices in form of checklists and rating scales) and unstructured (e.g., observation), as a basis of gathering data and discovering at-risk conditions amond school children. This also clearly points at the fact that, teachers play a major role, when it involves identifying learners with at-risk conditions.

Another key theme that emerged after responses of the interviewers were gathered was, “interractions”. This response was further given to the question posed on how the interviewees (teachers) screen and identify at-risk learners.

**Interactions**

Regarding the emerging theme, “interactions”, one of the respondents has this to say;

*I go beyond just merely observing the children; I personally do have a chat with the children, to find out if I could determine any deficits in their speech or appearance. This also affords me the opportunity to further find out about the background information of the children in order for me confirm what I observe.*

(Teacher 3)

One more teacher also stated:

*The strategy I adopt in screening such young ones is to get closer and interact with them. As I do so, I am able to observe and confirm their expressions and the way they conduct themselves. I am able to determine and confirm at-risk conditions that such learners have.*

(Teacher 2)

The aforementioned submissions are a further confirmation that, teachers use "interaction" as a strategy in identifying at-risk conditions in learners. It further establishes that, the informal ways of identifying learners, dominate strategies in identifying at-risk learners, in our early childhood centres in the Effutu Municipality. The strategies outlined comprised; gestures and instructions, and then, interactions. There was also a posed question on the barriers to effective screening. The themes that emerged was; low level of expertise.

**Low level of expertise**

The interviewees confirmed that, apart from the pysical at-risk conditions that can easily be detected at a glance, it is sometimes difficult to detect at first hand, if certain conditions exist with learners. Such include, visual and hearing impairments, as well as, emotional and behavioural disorders. Though, they intimated, health specialists come around, they do so only once a while. When they even do so, such officials usually visit, when most learners are absent from school. This leaves the teachers uncertain about some of the at-risk conditions, the teachers guess, might be existing with the learners. One of the respondents confirmed this through the following:

> *I am well trained in early childhood education but not in disabilities. Some conditions about learners are complex to screen for. It leaves us wondering whether what I have screened for, really exists. You know I am not an expert.*
>
> (Teacher 4)

Yet, another mentioned;

*I am not an expert in detecting at-risk conditions in learners, that is why, I am never satisfied with what I screen for, unless an expert comes to confirm. These experts too, they hardly come to the school. We do our best and we produce good results most a time.*

(Teacher 3)

The accounts given by the interviewees explicitly stated that, teachers play a major role, when diagnosing learners for at-risk conditions. It also emerged that, the burden of screening for at-risk conditions in learners is huge, due to the nearly absence of health experts in the school. The inference is that, teachers have threshold regarding the extent to which they can screen and identify at risk conditions in learners. According to González and Cutanda (2020), the lack of teacher training, and consequently, the great difficulties they face in carrying out their work, particularly in programs aimed at students at risk of exclusion, imply in many cases a decrease in their commitment and institutional involvement, which leads to the decoupling of teaching and the profession. There will therefore be the need for the school to collaborate with the health experts, in carrying out effective and result-oriented screening on learners.

The data gathered from the checklist corroborated the views expressed in the interview data. The observation was done in six classrooms in the Effutu Municipality. A summary of the data is presented below:

**Table 1: observations made about teacher screening of at-risk learners**

| | YES | NO |
|---|---|---|
| **Effectiveness of current screening strategies** | | |
| Screening strategies are used to identify learners with at-risk conditions in the school | √ | |
| Teachers form a major team of officials who screen learners for at-risk conditions | √ | |
| There is a standard policy on screening learers for at-risk conditions in the school | | √ |
| There are standardised screening strategies for at-risk conditions in the school | | √ |
| There are informal screening strategies for at-risk conditions in the school | √ | |
| Teachers record valid and consistent results from the use of screening for at-risk conditions | √ | |
| The use of gestures, instructions and interactions (specify) as an informal screening strategy, produces expected results | √ | |
| **Barriers to effective screening** | | |
| There are no policies nor regulations on screening for at-risk conditions among learners in the school | | √ |
| Teacher behaviour towards screening learners for at-risk conditions is negative | | √ |
| There is absence of training on screening learners for at-risk conditions in the school | √ | |
| Parental support towards screening of learners for at-risk conditions is low | √ | |
| Teacher knowledge about screening for at-risk learner conditions is rarely present | √ | |

***Source: field data, 2024***

Observations from the checklist, as depicted in table 1 are a manifestation of the majority views and they corroborate the views shared by the interviewees. Majority of the respondents consented that, screening is done informally and barriers exist in terms of teacher expertise and resources for screening learners for at-risk considerations. For instance, it was confirmed from the checklist data that, teachers used informal methods of screening for at-risk learners, with little or no support

services to aid such activities. In addition, it was observed that, the teachers were not trained to deliver screening services for at-risk learners.

**Key findings**

- Interview responses from 12 early grade teachers, corroborated the checklist data obtained from the observation carried out in 6 early grade classrooms. Both data highlighted that, teachers were the main agents of screening learners for the identification of at-risk conditions among learners.
- Data analysed from both the interview and the checklist confirmed that, the school mainly depended on informal strategies of screening at-risk conditions among learners.
- The main informal strategies for screening learners included; gestures and instructions, and then, interactions. These up to a large extent, assisted teachers and the school in the determination of learning needs for such learners at-risk and placement options available.
- The major barrier that existed in the screening of learners at-risk is the low level of teacher knowledge in at-risk conditions. This sometimes leaved teachers uncertain about the outcome of the screening.

**Conclusions**

Screening learners for at-risk conditions is very vital in the determination of content and methodology of teaching individual learners. Teachers play a crucial role in the screening process, as it aids them to know what exactly to prepare for, when facilitating lessons. What is important here is collaboration between the school and health experts, so that the screening process can be thorough and produce accurate and reliable results.

**Recommendations**

- Regular research must be conducted by the early grade centres, to keep abreast with the condition of new entrants at early grade centres. This must be done in collaboration with health experts. The school must establish collaboration with health institutions for that to be caried out.
- Regualr in-service training must be regularly organised for teachers at early grade centres by the education directorate in the districts and municipalities, to upgrade the knowledge of teachers regarding at-risk conditions among early grade learners.

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