

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES
COLLEGE OF EDUCATION AND BEHAVIOURAL STUDIES
DEPARTMENT OF SPECIAL NEEDS EDUCATION

THE PRACTICE OF CENTER BASED EARLY INTERVENTION FOR CHILDREN WITH
INTELLECTUAL DISABILITY: THE CASE OF MEKANISA MEKANE YESUS CENTER-
FOR CHILDREN AND ADULTS WITHINTELLECTUAL DISABILITY

BY ANNA BEKELE TUFA

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Acronyms

AAMR: American Association on Mental Retardation

ABST: Adaptive behavior skill training

APA: American Psychiatric Association

ASD: Autism Spectrum Disorder

DD: Developmental Disorder

DSM: Diagnostic Statistical Manual

ICF: International Classification of Functioning

IDEA: Individuals with Disabilities Education

NJC: National Joint Committee

WHO: World Health Organization

EECMM: Ethiopian Evangelical Church MekanisaMekaneYesus

Abstract

Early intervention is very useful at every stage especially at the early stage of a child's life; this is because adequate program/management can be instituted on time. Early intervention services are designed to meet the needs of infants and toddlers who have a developmental delay or disability. However, this study focuses on the practice of early intervention for children with intellectual disability through the provision of adaptive behavior skills training at Mekanisa Mekane Yesus center for children and adults with intellectual disability and its branch at Kasanchis. The data were collected through interview, of two principals who served for 30 years in the center and the other principal who served in Kasanchis branch for 15 years and five teachers one physiotherapist and five parents of children with intellectual disability and observation of teachers at actual time of adaptive behavior skill training for children with intellectual disability have done by the researcher. Qualitative data analysis was employed to analyze the data. The result indicates the practice of early intervention, assessment and plan for early intervention types of adaptive skill training, parent's participation on the provision of early intervention for their children with intellectual disability, positive impact of early intervention on the life of children with intellectual disability as well as on the life of their parents. And also it indicated that children with intellectual disability received interventions through adaptive behavior skills training and vocational training. Finally, the study recommended parents participation, working with regular schools cooperatively working to create awareness regarding early intervention program for children with intellectual disability, concerned bodies in educational sectors should make the regular schools accessible for children with intellectual disability and the center should work with regular schools cooperatively in order to solve the problem of children with intellectual disability.

Key words children with intellectual disability, early intervention and adaptive behavior skill training for children with intellectual disability.

Chapter One

Introduction

1.1. Background of the Study

The early experience of the world has shown that children with intellectual disabilities were forgotten and labeled in society at all. There was stigma and discriminatory activities for instance, children with ID were thought to be dumped to segregated places like child care Institution for long care and support for the reason that they were considered to be burden on their families as well, as a country as a whole (Smith et al,1994).

Moreover, according to Smith et al., (1994), Children with intellectual disabilities (ID) were stigmatized as follows, some of the common terms used throughout the literature include such as feeble-minded, moron, mental retardation, intellectual handicap, mental disability.

Early intervention is a system of coordinated services that promotes the child's age-appropriate growth and development and supports the families during the critical early years. In the United States, for example, some early intervention services to eligible children and families are federally mandated through the Individuals with Disabilities Education Act (IDEA). The Centre for Excellence for Children Outcome (2001) defined early intervention as, intervening early, and as soon as possible to tackle problems emerging for children, young people and their families, or with population most at risk of developing intellectual disabilities.

Early intervention is very useful at every stage especially at the early stage of a child's life; this is because adequate program/management can be instituted on time. Early intervention services are designed to meet the needs of infants and toddlers who have a developmental delay or disability. Sometimes, the need for early intervention services will be essential in helping the child grow and develop, and at times, it might be necessary to make a referral of a child as soon as he/she is born to the local early intervention.

The first five years of a child is so critical with or without disabilities, because this is when development takes place very rapidly.

Hence, every effort must be put in place to identify and intervene early especially for children with disabilities, Journal of Humanities and Social Science Volume 20, Jun. (2015), Early intervention practice generally refers to services provided to young children (birth to six years) at risk of or who have developmental disability or delays Carroll et al (2013) cited on Shaughnessy (2016). But for this study considers from age three to age seven as early as possible.

According to Michael (2005), early intervention is playing an increasingly prominent role in the field of intellectual disabilities, and the researcher is pleased to investigate the practice of early intervention for children with intellectual disability. According to the journal of early intervention, realistic estimates suggest that approximately 780 million children may be affected between birth and 5 years of age Olness, (2003), This figure represents the increasing number of identifiable biological and environmental factors associated with intellectual disability as well as those conditions that place children at risk.

According to Tirussew(2005), in Ethiopia, children with intellectual disabilities have not been obtained access to early identification, early intervention, education, training and employment; it is mainly due to the negative attitude, lack of knowledge, stigmatization, and discrimination towards children with intellectual disability. In Ethiopia there are several types of traditional early intervention practices. For example treatment of herbal medicine administered internally or externally, indigenous psychotherapy (including written material to be hanged on the neck or shoulder), & indigenous physiotherapy “Wegwsha” therefore in most cases have proved to be unsuccessful. This results in eroded family resources which are in turn resulted in the development of minor impairment to major disabilities. Some may end up to be harmful and fatalist.

Some created different forms of family crisis & feeling hopelessness in the family. The efforts in most cases have proved to be unsuccessful.

Therefore this study focuses on the practice of early intervention for children with intellectual disability through qualitative research approach in order to fit the research problem and to an-

swer the research questions ‘How’, ‘why’, and to provide a detailed description of the case and themes in the case and also cross case study will be followed by a thematic analysis across the case.

1.2. Statement of the Problem

All young children who are at risk of or who have been identified as having intellectual disabilities should have access to high-quality, affordable developmental services in natural environments. These services should build on the strengths of the child and family. When this is done, it should address their needs, be responsive to their culture and personal priorities, and be delivered through research-based practices.

Early intervention for children at risk and for those with established intellectual disabilities is now firmly embedded in the context of general early childhood development.

An overarching developmental framework has been advanced and has achieved a high level of consensus; one that is relevant to typically developing children and to those vulnerable to a range of developmental problems, particularly intellectual disability Guralnick (2005).

In Ethiopia, there are millions of people with various kinds of disabilities. However, very few (less than seven percent of the school age children with disabilities have access to education and the problem is serious for children with intellectual disability. Teachers and school administrators as well as educational officials considered educational service for children with disabilities as a charity service, an extra activity and a burden for the school Tirusew (2005).

Children with intellectual disabilities need to learn different behaviors and academic skills that would help them to live independently. However, teaching children with intellectual disabilities needs effort, time, resources, trained manpower and other things that are prominent to bring about changes in the lives of these children. Sometimes, the process of teaching these children demand more than expected and teachers feel that the teaching of children with mental retardation is a tiresome work with little investing in early child development is a smart and essential strategy for building human capital, reducing inequities, and promoting sustainable development

with a little promising result Fantahun, (2009). However, globally several researches have been done on the practice and importance of early intervention, for example Bernadette and colleagues (2015) investigated early childhood that development is a smart and essential strategy for building human capital, reducing inequities, and promoting sustainable development and also Carroll et al (2013), stated that, age appropriate early intervention means to young children (birth to six years) at risk of or who have developmental disability or delays.

But locally there are only few findings are available on early intervention for children with intellectual disability and there is no early identification and assessment service for children with intellectual disability. Therefore, this research was conducted to fill the gap in the local professional literature and to make possible positive outcomes for children with intellectual disability which is age appropriate early intervention. Therefore, the researcher was pleased to investigate the practice of early intervention for children with intellectual disability. However, it is important to put the early intervention practice in context and to consider the challenges it faces. And this research will answer the following research questions.

1. How do you make an assessment and plan for early intervention?
2. How adaptive behavior skill trainings are assessed and planned for each child with ID
3. What adaptive behavior skill training is given for children with ID?
4. How do you explain parents' participation in early intervention service?
5. What is the benefit of early intervention for children with intellectual disability?

1.3. Objectives of the Study

1.3.1 General Objective

The overall purpose of this study is to assess the practice of early intervention for children with intellectual disability at Mekane Yesus church center for children with intellectual disability.

1.3.2 Specific Objectives

This study will address the following specific objectives:

1. To investigate identification assessment and planning for intervention through Adaptive Behavior Training at Mekane Yesus church center for children with intellectual disability
2. To investigate the types of ABS at Mekane Yesus church center for children with intellectual disability.
3. To investigate parents participation in the training of their child with intellectual disability.
4. To examine the benefit of early intervention for children with intellectual disability.

1.4. Significance of the Study

This study has been conducted to assess the practice of early intervention service for children with intellectual disability (ID) at MekanisaMekane Yesus center for children and adults with intellectual disability.

For children who experience disability, it is a vital time to ensure access to interventions which can help them reach their full potential despite of being more vulnerable to developmental risks, young children with disabilities (WHO, 2012). Children with intellectual disability have significant limitation in present functions of adaptive skills and the intervention should begin with assessment of current functioning level of children with intellectual disability on sensory and motor skills speech and language daily living skills socialization and environmental use skills to acquire other academic or vocational skills (Gear Heart et al, 1988) .

Therefore, this study is important to fill the gap in the local professional literature the importance of early identification, assessment and intervention service to make possible positive outcomes for children with intellectual disability which is age appropriate early intervention to understand various issues regarding early intervention practice and to create awareness by building professional knowledge on early intervention for intellectual disability and to contribute to the developing knowledge in a study and to overcome the problem that hinders the productivity of children with intellectual disability. It is also vital to enhance the productivity of children with intellectual disability.

Because early childhood is the period from prenatal development to eight years of age and it is a crucial phase of growth and development because experiences during early childhood can influence outcomes across the entire course of an individual's life. For all children, early childhood provides an important window of opportunity to prepare the foundation for life-long learning and participation, while preventing potential delays in development and disabilities and remarked that early intervention is playing an increasing prominent role in the field of intellectual disabilities.

1.5. Scope of the study

A research on the practice of early intervention for children with intellectual disability needs to see different sources. However, to make the study manageable in relation to time constraint and to see the problem in depth the study was delimited as follows:

Geographically; it is delimited in to city government of Addis Ababa in Mekanisa Mekane Yesus center for children with intellectual disability delimited in one center for children with intellectual disability.

Although there are many children with disability, but this study was delimited to hold only the case of young children with intellectual disability in the intervention class those who are benefited from early intervention service.

1.6. Organization of the Study

The research was organized in six chapters. The first chapter is introduction; which includes statement of the problem, objectives, significance of the study, scope and delimitation of the study. The second chapter is concerned with providing review of theoretical and empirical literature. Research methodology is discussed in the third chapter, the fourth chapter contains result of the study, the fifth chapter continues with finding of the study and the last chapter is conclusion and recommendation.

1.7. Definitions of terms

Intellectual Disability: The term, intellectual disability in this study, refers to a condition in which a person has certain limitations in intellectual functions like communicating, taking care of him or herself, and has impaired in social skills.

Assessment: in this research assessment refers checking or measuring the child's developmental history through day to day observation and with the use of checklists and to observe the types and frequency of services that will best support a student's success.

Practice: the actual application or use of an idea, belief, or method

Adaptive Behavior Skills Training: in this research, it refers to the necessary skills for functioning daily; include the ability to care for oneself, communication skills, and social skills. And also it refers to the core training package packages including self-help skills, expressive skills and receptive skills training designed for children with intellectual disability at Mekane Yesus Center for children and adults with intellectual disability.

Self-help skills: includes personal and daily living skills like potty training, washing, and dressing.

Receptive skills: incorporates social skills, receiving instructions, and matching different things with realities.

Expressive skills: refers communication skills, numeracy and literacy skills.

Chapter Two

Literature Review

2.1. General Overview of Intellectual disability

This section presents a review of literature related to the present study done by the researchers in Ethiopia and elsewhere. At the beginning, the definition and general overview of intellectual disability is stated in this chapter and followed by characteristics of children with intellectual disability, the importance of early intervention and adaptive skills training for children with intellectual disabilities.

It also reviews deficits that manifest in children with intellectual disabilities in regards to adaptive skills training in classroom setting was where the researcher examines evidence-based practices that are currently used within schools. The literature around evidence-based practices was reviewed. Types of adaptive skills were included. Finally, a discussion of researched-based adaptive skill interventions that are currently used in a school setting for children with intellectual disabilities will be included in the review of literature.

Intellectual disability has been documented under a variety of names throughout history. Throughout much of human history, society was unkind to those with any type of disability, and people with intellectual disability were commonly viewed as burdens on their families.

The definitions of intellectual disability (ID) and related terminology have evolved over time to reflect the legal and social gains made by individuals with such a disability and their families. See *Changes in Services for Persons With Developmental Disabilities: Federal Laws and Philosophical and Perspectives and Federal Programs Supporting Research and Training in Intellectual Disability*. These changes reflect the movement from institutionalization to inclusive practices, self-advocacy, and self-determination. There has also been the movement toward recognizing fundamental communication rights of people with severe disability.

Greek and Roman philosophers, who valued reasoning abilities, disparaged people with intellectual disability as barely human. The oldest physiological view of intellectual disability is in the writings of Hippocrates in the late fifth century, who believed that it was caused by an imbalance in the four humors in the brain. Until the Enlightenment in Europe, care and asylum

was provided by families and the church (in monasteries and other religious communities), focusing on the provision of basic physical needs such as food, shelter and clothing. Negative stereotypes were prominent in social attitudes of the time.

Historically, IDs were known by many names. These names reflected the knowledge and social prejudices of that historical period. Persons with these disabilities were objectified. This means their humanity was overshadowed by their disability. In this respect, they became a disability rather than a person. For instance, people with ID Stigma refers to a visible mark or brand that serves to identify a trait or condition. This trait or condition is judged socially undesirable or dangerous. Stigma causes people to become marginalized members of a society that separates and ostracizes them.

Stigmatizing language can have a powerful prejudicial effect were often called, "mental retards." This term reflects this objectification by referring to a person as a thing. In this section, we review the social and political issues affecting persons with these disabilities. We place these issues into a historical context. Prejudice against people with disabilities is apparent across different civilizations throughout history.

2.2. Early intervention

The term early intervention (EI) generally refers to services provided to young children (birth to six years) at risk of or who have developmental disability or delays Carroll et al (2013) cited on Shaughnessy (2016). Early intervention for children with developmental disabilities refers to timely provision of an optimal nurturing and learning environment that will maximize developmental outcomes and prevent activity based, functional and participation limitations. It is a system of coordinated services that promotes the child's growth and development and supports families during the critical early years..

The quality of environment in which the children grow up will have the most significant impact on child development. The younger the age at which children are provided developmental stimulation, the better the cognitive outcome. Early evidence based interventions for developmental delay and disabilities improve the life outcomes of children .advances in developmental neuroscience have shown how the early biological and social experiences can affect the brain devel-

opment. Inadequate cognitive stimulation is a key risk factor which can prevent the children from attending their developmental potential. Hence early interventions are essential to promote child development. Beena.(2016)

Moreover Guralnick. (2005) stated that, early intervention is playing an increasingly prominent role in the field of intellectual disabilities, and the researcher was pleased to investigate the practice of early intervention for children with intellectual disability. However, it is important to put the early intervention practice in context and to consider the challenges it faces.

The extra ordinary potential of intellectual disabilities in young children worldwide is clearly a major concern.

Early intervention is a system of coordinated services that promotes the child's age-appropriate growth and development and supports the families during the critical early years. In the United States, for example, some early intervention services to eligible children and families are federally mandated through the Individuals with Disabilities Education Act (IDEA).

The Centre for Excellence for Children Outcome (2001) defined early intervention as, intervening early, and as soon as possible to tackle problems emerging for children, young people and their families, or with population most at risk of developing intellectual disabilities.

2.3. Practice of early intervention

According to Woodhead, (2009) stated that, much progress has been made towards the Millennium Development Goal (MDG) of universal primary education.

However, the limitation of focusing on primary education access alone –unless this is linked to ensuring quality and positive outcomes – is widely recognized.

At the same time, policy debates have been drawn to another question: whether starting school at 6 or 7 years old is already too late as a pro-poor strategy. By the time most children start school, their most formative years are already past, and inequalities in readiness for school are already well established, and the opportunities for reducing these inequalities through schooling are very limited in practice.

More usually, inequalities increase with age, as young according to Cueto 2008),

Lives data confirms Bearing this in mind, inability to access pre-school education is ‘Zone of Exclusion 0’ according to the model proposed by Lewin (2007).¹

The Dakar Framework for Action for Education for All (EFA) prioritized early childhood as expanding and improving comprehensive early childhood

Moreover (World Health Organization & UNICEF, 2012). Stated that the potential contributions of early intervention to children’s development and to family well-being for vulnerable children in general are well-recognized by the international community

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2.4. Identification, Assessment and planning for Early Intervention

According to Wong. (2018). a developmental disability that results in an individual showing far-below-average intelligence or mental ability and a lack of skills necessary for everyday life. And children with intellectual disability can be identified in terms of symptoms; children with intellectual disability have difficulty in language usage and communication. They also have difficulties in grasping abstract concepts. Since they are less capable of understanding, comprehending, concentrating and memorizing, it is a hard job for them to consolidate their acquired knowledge.

In terms of personality, children with intellectual disability are mostly innocent and approachable. However, they are often hindered by their lack of speech and language skills. Moreover, parents may notice delayed development of language skills in a child with intellectual disability usually uses single words in conversations. Their language competency is around three years behind other children and also they have a hard time in nonverbal communication, mainly because their eye contact is rarely stable or traceable. They seldom use body language to express their needs either.

According to Cohen&Spenciner. (2003), Assessment is a global term for serving, gathering, recording and interpreting information to answer questions and make legal and instructional decisions about students.”

Accurate assessment is an important starting point for better understanding and anticipating the needs of children with disabilities and their families.

Assessment is not an end in itself, rather its goals are to obtain useful and accurate information about a child’s sensory-motor, cognitive, communication and social-emotional skills, and functioning and surrounding environment in order to assist parents, health-care providers, teachers and others to better understand, plan for and support the development and inclusion of a child with a disability.

Assessment should be linked to intervention and should be an ongoing process of systematic observation and analysis.

According to the royal Australasian College of Physicians pediatric & child health division (2013) stated that, eligibility for specialist early intervention services is most appropriately determined by comprehensive assessment of the child’s functional abilities. The identification of an underlying health condition may assist with treatment planning, but rarely determines the child’s responses to education, therapy or support to families.

2.5. Benefit of Early Intervention

The Infants and Toddlers with Disabilities Program (Part C) of the Individuals with Disabilities Education Act (IDEA) was created in 1986 to enhance the development of infants and toddlers with disabilities, minimize potential developmental delay, and reduce educational costs to our society by minimizing the need for special education services as children with disabilities reach school age.

According to Raspa et al. (2010), perceived parental benefits of participation in early intervention are considerable including assisting in their child’s development, working with professionals and advocating for their child. This latter study also noted that there appears to be

greater optimism about the future as well as increased parental confidence in their ability to carry out their roles and responsibilities with respect to their child with intellectual disability.

According to the national early childhood technical assistance center, (2011) children's earliest experiences play a critical role in brain development. The Center on urgent and substantial need to identify as early as possible those infants and toddlers in need of services to ensure that intervention is provided when the developing brain is most capable of change.

The Infants and Toddlers with Disabilities Program (Part C) of the Individuals with Disabilities Education Act (IDEA) was created in 1986 to enhance the development of infants and toddlers with disabilities, minimize potential developmental delay, and reduce educational costs to our society by minimizing the need for special education services as children with disabilities reach school age.

According to Johnson (2016), developmental disabilities consist of conditions that delay or impair the physical, cognitive, and/or psychological development of children. If not intervened at the earliest, these disabilities will cause significant negative impact on multiple domains of functioning such as learning, language, self-care and capacity for independent living. Common developmental disabilities include intellectual disabilities, developmental delay and cerebral palsy. And also he stated that young children in developing countries are at risk for or have developmental delay or disabilities.

2.6. Adaptive skill and intellectual disability

According to Gearheart, et al. (1996), adaptive skill is the effectiveness or the degree which individual can meet the standards of personal independence and social responsibility expected for age and cultural group to respond effectively personal, social and culture requirements. Peoples with intellectual disability have two or more adaptive skill limitations and it is the core issue of any educational program the educational provision should give more emphasis to develop their adaptive behavior skills.

Adaptive behavior was refined into ten specific adaptive skill areas. Which are motor skills, Communication, Social, Self-care, Home living, Community use, self-directions, Health and safety, Functional academic skills Leisure time use and Vocational/work/skills (AAMR, 1992?)

People with intellectual disability have much social incompetence because of their adaptive skills limitation and the society can exclude them because of their limitations. So, to become social competent in any activity, children with intellectual disability should get effective and individualized educational instruction Smith, et al.(1995).

2.7. Training methods of daily living skills development

Daily living skills are survival skills, which are routine activities that can consider as a determinant factor on the individual's personal quality. The major instructional programs of children with intellectual disability should give emphasis to enhance their independent living skills. This is because when a child with intellectual disability cannot toilet independently, limitations of dressing skill difficulty eat independently and limitations to prepare simple foods, the child can face difficulties to survive; they can be rejected by their peers and as well as from the society.(Smith1995)cited on Adefris.(2010)

To reduce the problem, educational programs should give more attention to enhance adaptive skills of children with intellectual disability. Teachers, caregivers, families and others who work with intellectually disabled children should following the steps of assessing current functioning level of the child, define the skills to be taught, arrange the sequence of learning objectives, promoting responses of the child, reinforce responses, promoting generalization of skill uses in other situation and Continuous evaluation of students' progress.

Based on the baselinedataof assessment results, instructional programs should be designed and trained on the following daily living skills. It used to drink liquid(water, tea, juice should allow drinking without the rim hits against the child's nose and should be usable and easy without much tipped back of the head.And the cup or the glass should be clear and the child can see the liquid in it. This can help the child to see the remaining liquid in the cup/glass and to make the position appropriate. The spoons also should be with appropriate size.In addition to modification of the instructions, choosing favorable cloth of the child, figures or other printed

signs on the cloth which can be used to indicate the back and front part of the cloth, comfortable size that can facilitate to acquire wearing skills and used to develop positive self-image of the child (Oreloveand1988).

Trainers or care givers should be aware that that child with intellectual disability can learn with imitation or within sight from their environment. They acquire many skills from positive social interaction of their peers in their community. In this case, teachers should design conducive. Environment to develop the grooming skills of children with intellectual

2.7.1. Toileting

There are several methods for toilet training and how-to toilet train students with more significant disabilities. One of these methods is the rapid toilet training method that was created in 1971 by Azrin and Fox. This method was extremely intrusive and required the child to remain on the toilet for long periods of time, yet promised to complete training within a short period. Whoever children with intellectual needs more time for toilet training to use a toilet perfectly and independently.

Readiness that required a longer period of commitment from the caregiver in order to be successful. The researcher will discuss the characteristics of both methods, which is in practice in the center.

2.7.2. Child-centered practice to toileting.

Child-centered practice has been at the forefront of the toileting methodology for over 60 years and typically is used with students with intellectual disabilities who are higher functioning but still within the below 70 intelligent Lynberg, (2018)

2.7.3 .Self-Feeding

In order to become completely independent, the ability to feed oneself is a key component. Without this ability, students must depend on others to care for them and provide them with assistance Lovaas. (1981; Reese & Snell.(1991).

The development of IEP goals in reference to self-feeding skills allows the teacher to ensure that the student is making real-world connections within the classroom environment by teaching

skills that will be used after leaving school. Published studies revolve around students learning both the mechanics and functional ability to complete eating and drinking tasks within the classroom environment. McKirdy, Sheppard, Osborne, and Payne (2008) discussed the importance of teaching feeding through specific processes to students with intellectual disabilities.

The researchers discussed the need to begin with non-food activities to ensure that the motor ability for self-feeding was developed enough to ensure that safety would be maintained through the entire process. The researchers provided some non-food example activities such as brushing the student's teeth without gagging or teaching the student to hold spoon in the mouth without choking on the spoon itself.

The next step would be to begin with swallowing a tablespoon of water without choking and understanding the function of drinking from a cup. The researchers attempted this process with two students in a classroom environment who were ages 5 and 9. The students began with not accepting any responsibility for self-feeding and used behavioral avoidance techniques such as vomiting or refusal in order to make their unhappiness known to the teacher and researchers. Despite early defiance, within seven weeks both students with intellectual disabilities were considered to be independent in self-feeding skills.

A study completed by Denny et al., (2000), discussed teaching functional skills in single-subject created to assist with maintenance of the skill once the skill was mastered. Baseline data was collected, and it was noted that the student could not independently feed himself during the baseline data collection period. The participant was given four different levels of prompting during the trials. The first level was hand-over-hand prompting, where the adult had his/her hand over the participant's hand and guided the spoon to the participant's mouth in order to provide a model.

The second level of prompting was hand over elbow, and this allowed the participant to have more personal control over the motor movements and allow him to control his wrist and hand.

The third level of prompting was a shadow prompt that allowed the participant to still feel supported while he gained more muscle control over his movements.

Finally, the student was able to complete the task of feeding independently and was able to maintain the skill over a follow-up period of at least eight weeks. The researchers completed a follow-up interview with the parents that confirmed a year later that the participant had indeed maintained the skill in the area of self-feeding Denny et al., (2000)

Self-feeding requires many other functional skills in order to be successful.

2.7.4 Dressing

Dressing for children with intellectual disabilities became of interest to researchers in the early 1960's. One of the first researchers to provide educators with some insight to the functional skill of dressing for those with significant cognitive disabilities came from a man named Bensberg, he began publishing in 1965 with a book titled teaching children with intellectual disability: A Handbook for award Personnel. This work was the first of 12 published studies that focused on teaching people with significant cognitive disabilities how to perform adaptive self-help skills.

Bensberg. (1965), discussed the need to teach adaptive skills to people with significant cognitive disabilities through behavior shaping methods. There is a large gap within the research in regards to teaching dressing and other adaptive skills in an academic environment, because there was a movement to ensure that students with disabilities were included in the regular education classroom and had access to grade level academic material thus limiting the time and availability for adaptive skill instruction (Swanson & Vaughn, 2015).

The limitations of the following studies are that most of them are at least 25 years old, and some of them are with adults; however, those adults typically had a social age of anywhere from one to nine years of age as measured by the Vineland Adaptive Scale. Inglefield and Crisp (2014) noted the lack of research available about the topic of dressing and instructing students on how to self-dress.

2.8. Social skills training for children with intellectual disability

Social skill training is one of the communication skills according to services and special assistance in education and daily living. As a result, social contexts and social skills deficits vary dramatically with the level of impairment in intellectual and adaptive functioning.

Co-occurring psychiatric conditions also may be related to social maladjustment in children with developmental delays Dekker, Nunn, & Koot (2002), Cited on Jacobson (2006), Extensive research has documented the negative impact of attention deficit hyperactivity disorder and disruptive behavior disorders on social functioning in children with ID (Aman, et al, 1996; Margalit, 1993; Pearson et al., 2000), Similarly, internalizing problems, such as depression and anxiety, are associated with impaired social adjustment Segrin, (2000); Spence, Donovan, & Brechman, (2000).

2.8.1 Social Interaction

According to Strain (1984), the social repertoires of children with ID have been found to be limited compared to those of normally developing children. One of the early findings is that children with ID initiate fewer social interactions and demonstrate fewer responses to peers than do normally developing children

In recent population of 1,041 six to eighteen-year-old children with mild and moderate ID, social problems were among the most prominent behaviors that distinguished children with disabilities from their nondisabled peers. These social problems were indicated by the parent and teacher report on the Child Behavior Checklist (CBCL; Achenbach, 1991) and included items such as “does not get along with peers,” “is teased,” and “withdrawn.”

2.9. Communication Skills

According to (Kaiser & Trent, (2007). Other interventions for children with intellectual disability have resulted in positive effects on early language and communication skills. Pre linguistic milieu teaching has been shown to have positive effects on both receptive and expressive language as have other naturalistic language interventions

These types of interventions are less intensive than typically 3 to 4 weekly sessions of 20 minutes are provided. One will often recognize techniques based directly on applied behavior

analysis in these interventions (such as prompting and reinforcement). Researchers do not typically use global outcome measures to test these naturalistic language interventions; rather more direct measures of the targeted skills are used such as various assessments of language and communication SAGE,(2010)

2.9.1. Training methods of Communications kills.

Children with intellectual disability, have limitations of communication skills, understanding spoken language that is receptive expressive language so, teachers train them as follows,

- **Receptive communication skills development**

Fundamentally information from outside stimulus (from the environment) decodes through the auditory and visual channels and understood before the production of sound to give responses to the stimuli. This indicates, humans are developing understanding of language before the development or the production of sounds.

According to Roffy (2001), Receptive language ability understanding of ideas through different means of communication, like spoken or sign language and from written materials. In a normal condition around 10 months of age, children can understand some words they heard and the ability of receptive language function is continues to exceed to develop quantitatively and qualitatively. A child with normal receptive language skills he/she can perform and what we order to perform. For example if we ask to touch his/hers ear; he/ she can perform the required task.

The methods to develop the receptive language capacity of children with intellectual disability are arrangements of instructions in the way of good manner

- **Expressive communication skill**

Most children with intellectual disability sound production is difficult to understand by others. They clearly have speech disorder like, substitution, distortion, omission and addition of sounds some of the methods used to train expressive communication skills for children with intellectual disability below discussed.

According to Porter (2002), Children with intellectual disability who have expressive language delay can improve their language use when they interact in language rich environment allowing them to associate language with the context to their real life situation.

Ruffy (2001), stated that teachers of children with intellectual disability should use short sentences and clear words which are related to their life experience, motivate them to imitate rhythm of songs/ words carefully and train parents / care givers who have a daily contact with the child to help them in their home. Moreover, putting of colored objects in front of the child, and point to the object and ask the child to look at the object. If the child perform the task correctly, reward him / her immediately, but, if he/ she cannot react make the object closer the object towards the child or help for physical adjustment.

2.10. Parents participation in early intervention

According to Guralnick (2017), Parents who can see the positive impact that their newly acquired skill has on child outcomes would potentially be more likely to increase their belief (PSE) that they are able to provide the support that their child needs. These findings corroborate the increasing body of empirical evidence documenting the beneficial effects of early intervention on both parents' and children's outcomes

These findings correspond to an earlier model that shows that heightened levels of PSE lead to subsequent heightened levels of success in the child (Ardelt&Eccles 2001).Moreover, parents can provide different information about the developmental characteristics of their children. There are many processes in which parents can be involved, such as, identification, assessment, educational programming, training, teaching, and evaluation. The well informed parents can identify of early signs of a disability.

Parents can provide different information about the developmental characteristics of their children. Parents can also provide useful information in assessment of functional skills often otherwise inaccessible to the professional (Mohsin2009).Therefore; the parental involvement in our context will be seen in this research

Family-centered practice endorses a belief that parents know best what is needed for the family to live successfully with their child's disability (Bailey et al., 2006). Promoting the family's ability to make decisions about their needs and preferences through partnerships with professionals is central to family-centered practice (Bruder, 2010). According to Ecological Theory, the family is viewed as a whole unit, so a child cannot be isolated from his/his/her family or home environment, and the community, school, and societal environments are seen as combined to impact a child's development.

Thus, the interaction between the family and service providers and teachers cannot be neglected, which in turn influence the development and application of family-centered practice (Shaughnessy, 2016).

Chapter Three

Research Method

3.1 Research Design

The researcher employed qualitative descriptive survey approach since qualitative study is a broad term to describe research that is focused primarily on human experience through exploring attitudes, beliefs, values and experiences (Whitehead 2007). So, the study was designed to investigate the practice of early intervention in Mekanisa Mekane Yesus center for children and adult with intellectual disability in Addis Ababa. So, the researcher decided that qualitative approach is suited to this study,

3.2 Study site

Ethiopian Evangelical church Mekane Yesus center for children and adult with intellectual disability in Addis Ababa around Mekanisa, in the sub city of Nifas silk Lafto Wereda 2. It is none governmental organization which is established to provide services for children with intellectual disability. Ethiopian Evangelical Church Mkane Yesus (EEMY) adopted educational program for children with intellectual disability and their parents in its children and youth care program.

The center was founded in 1986 with support of concerned international partner Organizations Kinder north life (KNH). The program first started with a Day Care Center at the Mekane Yesus Urael Child Day Care Center at Kasanchis.

In 1995 part of the activities moved to the now multipurpose Training Center of EEMY in Mekanisa. the Center has a coordinator who is assisted by a professional teachers. The overall supervision lies under CYCP of the human development and social service commission (DASSC) of EECMY.

At present 350 children and youth with intellectual disability are participating in the program at the Centers. The researcher has chosen the study site because it was the only center many years' experience providing early intervention/ special need services for children with intellectual disa-

bility.

3.3. Participants of the Study

The study was conducted key informants to obtain relevant information that is required to carry out this research. Primary source of data were parents of children with intellectual disability. Principals, teachers, and physiotherapist of children with intellectual disability, through in depth interview. And the secondary source of data was classroom observation and document review. Both the primary and secondary data were carried out to strengthen methodological as well as argument basis of the present study.

3.4 Sampling Technique

According to Polit & Beck (2010), Sampling is to obtain data from a particular sample which in turn increases reliability to generalize about the whole specified population). In this study the researcher has chosen to use purposive sampling for the following reason. Purposive sampling is predominantly used in qualitative research; therefore the researcher intentionally selected participants to strengthen the reliability of the data.

The researcher has selected fifteen sample respondents who met the selection criteria.

The selection criteria included the executive director of the current center, who is served in the center for 33 years and in the beginning he was hired to serve children with intellectual disability and well experienced in enhancing adaptive behavior skills development of children with intellectual disability. The second participant was the vice directors of the main center who worked in the center for 30 years and started working as a physiotherapist and well experienced in taking care of children with intellectual disability and also the executive director of Kasanchis branch, who had been working in the center for 18 years and provide adaptive skill training for targeted group, six teachers of children with intellectual disability who are directly involved in providing early intervention service for more than five years, and five parents were selected on the basis of having children with intellectual disability, and they are the primary care givers of their children with ID which means they can provide vital information for the current research, and receiving services from the center more than two years.

3.5. Data collection instruments

Qualitative research relies on methods that permit researchers into the personal lives of the participants. To facilitate this process, flexible and various data collection instruments are required (Parahoo.2006).Correspondingly,

The researcher used to collect data through interview, observation, and document review as instruments to reveal the reality of the research problem posed. The interviews were conducted with respondents through tape recording and the researcher also took field notes during her daily field work experience. Then the study was carried out to review documents of children with intellectual disability, profiles that has been recorded by the center which includes assessment check lists and eligibility criteria in order to receive early intervention service. Followed the completion of data collection, audio materials were transcribed and translated in to English then corrections were made and further improvement was done by the researcher's advisor.

3.5.1 Interview

In depth interview is a common method of data collection in qualitative research. Each questions become clear to the respondent, free of suggestion and use correct grammar (Whittemore&Grey.2006). Correspondingly, the researcher administered in-depth interview.

Through interview guide, and the interview guide comprised open ended and with semi structured questions those were driven from research questions.

It allowed the researcher to have a framework in which necessary open-ended questions were posed to encourage the participants to talk freely about their experience in their own words. And the researcher carried out open-ended and semi structured questions to obtain detail information from respondents about the research problem posed.

It was administered for 3 principals 6 teachers 1 physiotherapist 5 parents of children with ID to gather information regarding the practice of early intervention service in EECMM center for children and adult with ID. The researcher audio recorded all interviews in the study; since the audio tape record is common in qualitative research to enable the researcher to pay full attention

to the participant and non-verbal behavior and a word for word transcript for analysis (Newman, 2004). Finally, when the research is completed, all the recorded data were deleted.

3.5.2 Observation:

It is the scientific data collection instrument and an important source of data in many areas of investigation and serving for a useful purpose in adding knowledge to fields researchers intended to carry out observation method systematically through non participant's group observation so as to investigate research participants' behavior and their usual action. It was administered by the researcher through observation check list, a check list that contains list of adaptive skills (motor skills, social persona skills, communication skills) were prepared and observation were carried out at actual training process and at break time while children interact with their peers in order to observe how the teachers provide services to train the children on the above skills area. And the data was gathered through observation was rated with scales of good, fair and poor. Open indeed items were filled with words and phrases. The researcher has carried out observation to gather information for the dissemination of data effectively.

3.5.3 Document Reviews:

Since document review is one of the instruments of data collection, and it is the evidence on written form to enforce participants' conversation. Document review was conducted by taking information regarding to the case files of children with ID level of disabilities was taken from their medical certificate which was found in the center and educational background of service providers in the center so as to increase the reliability of the data. That why the researcher included in her present research.

For the sake of comparing the adaptive behavior skills training practices in the research site with the already established scientific literature, document analysis guide was developed by the researcher/ investigator. The tool incorporates basic criteria including training types, components, goals, and planning, implementation, and evaluation processes.

3.6 Pilot study

The purpose of the pilot study is to assess the relevance and clarity of the questions of the tools designed to collect data for the study in order to check clarity of the items of the tools. Thus all the preliminary semi-structure interview guide, observation guide and document analysis guide was presented participants in the Center. In addition, the advisor of the research and language expert were reviewed the tools. Based on their responses, necessary modifications was made on the data collection instruments and ready for the main study.

3.7. Data collection procedure

The data collection process was as follows. First, letter of permission was taken from special need department of Addis Ababa University. The letter was submitted to the heads of MekaneYesuschurch Center for children and adult with intellectual disability and then agreement was taken on the objective of the study and willingness of participants for the study was obtained then, participants were selected for the study and necessary rapport was established with frequent visits of the researcher and through phone.

Next, after agreement on using tape recorder was assured, an interviews session weremade with each respondent. The interviewees weremade free to arrange the time and place of the interview session, as it was very comfortable for them. If the interviewee has difficulty answering a question or provides only a brief response, the interviewer could use prompts to encourage the interviewee to consider the question further. The interviewer also has the freedom to probe the interviewee elaborate on the original response or to follow a line of inquiry introduced by the interviewee. In addition to use tape recorder and notes was recorded using note book during an intensive interview were held with each case privately.

In order to reinforce the information obtained through interview, classroom observationswas made for about four months and during this period each teachers/facilitators were observe-donce in a week. Moreover, documents were reviewed side-by-side to the observation process.

3.8. Data analysis

The data were analyzed qualitatively and used thematic analysis. The findings were logically organized or categorized according to the basic frameworks on the research questions, such as the practice of early intervention, the impact, the challenges, benefits, provision of adaptive behavior skills training and parent's participation on the provision of early intervention for children with intellectual disability. Concerning each case, the findings were independently in a description form. Then, the findings on the practice of early intervention for children with intellectual disability were discussed in detail.

According to (Newman, 2004), qualitative data are collected in the form of text, written words or phrases in social life, its analysis is less standardized unlike its counterparts the quantitative analysis. Accordingly there is no clear agreement in process and rule of qualitative data analysis. Nonetheless, for this particular study thematic framework was employed to analyze the data for proper management of analysis of the data and to establish coherent flow of ideas.

With regard to the structure of analysis, the data collected from the interviews, observation, and document reviews had been categorized thematically. This was then broken down into sub-themes and concrete concepts. After it has been identified major themes and sub themes; category numbers were given to each raw data. The raw data were then distributed to the already identified thematic areas based on similar contents and finally it was summarized and it was based on these major themes finally, the researcher carried out the analysis.

During analysis, all major themes and sub themes were discussed in detail in line with objective of the study and review of literature. The researcher attempted to maintain consistency throughout the entire thesis by organizing the main themes into six, that was based on objectives and the sub themes under their respective major themes. In doing so, the researcher made a continuous visit and revisit to the original raw data to see new clues and check if there were missed themes. Finally, conclusions and recommendations of this research were made based on the discussion.

3.9. Ethical Consideration

Since this study investigated the practice of early intervention for children with ID; the researcher made a considerable care to ensure that the research was compiled with the necessary ethical responsibilities. For this particular research all participants were made aware in advance of the purpose and objective of the study, the research were carried out for educational purpose.

Thus, the first activity of the researcher was getting permission from participants, once permission was obtained, the researcher made the participants feel safe and secure regarding the information they provided on the issue of investigation.

In other words, the researcher was assured participants that the information they provide used only for research purpose. Moreover, to make participants feel more confident about the information they provided, each informant were informed that her/his real name will not be used while reporting the results.

All participants were oriented to understand their rights to confidentiality and anonymity in the research process and the right to withdraw from the research at any time, without having to give their reasons.

Chapter Four

Findings of the Study

This chapter deals with presentation of the findings from the interview guide, observation and document analysis in relation to the practice of early intervention for children with intellectual disability in the study area. And the analysis was done thematically. Hence, this chapter presented the core and major research objectives or research questions of the study. For this purpose, research participants were asked their different experiences about the practice of early intervention provision for children with ID.

Based on this, research participants were required on adaptive behavior skill training provided for children with ID. In which the study examined the impact, challenges, and benefit of early intervention on the life of children with ID.

Then research participants were asked parents participation on early intervention service for their children with intellectual disability. Then the study investigated the impact of early intervention for children with ID. Participants were also asked how the adaptive behavior skill trainings are planned for each child with intellectual disability and also they were asked what adaptive behavior skill trainings is given for children with ID.

In this regard the study explored the efforts made for children with ID on order to make them lead their own daily life activities.

Finally, they were asked to explain the participation of parents in the provision of early intervention service. Accordingly, the study examined the practice and challenges of early intervention service for children with ID.

The overall profiles of research participants; secondly, in-depth analysis of early intervention practice and challenges respectively.

4.1 Background of participants

Table 1. Demographic characteristics of Principals

| No | Participants | Age | Sex | | Qualification | | | | Work experience in the center |
|----|---|-----|-----|---|---------------|----|----|---------|-------------------------------|
| | | | M | F | MSC | MA | BA | Diploma | |
| 1 | Vice director of Mekanisa Mekane Yesus center for children with intellectual disability | 58 | | ✓ | | ✓ | | | 33 years |
| 2 | Vice director of Mekanisa Mekane Yesus center for children with intellectual disability | 56 | | ✓ | | | ✓ | | 30 years |
| 3 | Head of kasanchis branch | 43 | | ✓ | | | ✓ | | 18 years |

As it is shown in Table 1 the executive director of Mekanisa Mekane Yesus center for children and adult with intellectual disability is MA degree holder in leadership the vice director is BA degree holder in educational development management the head of kasanchis branch is also BA degree holder in accounting which does not relate with her current work but, during interview time she explained that she has acquired different skills knowledge through workshop trainings and experiences.

Based on this, the study was conducted for the purpose of academic research; so that the names of participants of this study were not mentioned for any one. The researcher used quotation to indicate the direct speech of the research participants.

Table 2 Demographic characteristics of teachers

| No | Participants | Age | Sex | | Qualification | Responsibility | Work experience |
|----|-----------------|-----|-----|---|-------------------|---|-----------------|
| | | | M | F | | | |
| 4 | Physiotherapist | 40 | | ✓ | Preschool Diploma | Works on physiotherapy | 8 years |
| 5 | Teacher | 42 | | ✓ | Diploma in SNE | Montessori class | 22 years |
| 6 | Teacher | 46 | | ✓ | Diploma in SNE | Vocational training | 10 years |
| 7 | Teacher | 36 | | ✓ | Preschool diploma | Providing daily living skills training | 9 years |
| 8 | Teacher | 33 | | ✓ | Preschool diploma | Adaptive behavior skill training provider | 12 years |
| 9 | Teacher | 44 | | ✓ | Diploma in SNE | Providing daily living skills training | 8 years |

According to the data shown in table 2, there were 6 respondents 1 physiotherapist5 teachers of children with intellectual disability at Ethiopian Evangelical Church MekaneYesus (EECMY) they have 8 years and above working experience in teaching children with intellectual disability

Table 3. Demographic characteristics of parents

| N o | Partici- pants | Sex | Age | Education- al back- ground | Occupation | child | sex | age | Disabil- ity Type | Level |
|--------|-------------------|-----|-----|-------------------------------------|------------------------|-------|-----|-----|-------------------------|-----------------|
| 11 | Parent | F | 45 | none | Daily laborer | A | M | 5 | ID | Pre group |
| 12 | Parent | F | 32 | Grade 4 | Daily laborer | B | F | 7 | ID | Pre group[|
| 13 | Parent | M | 55 | BA degree | Officer in the army | C | F | 8 | ID | Montesso- ri |
| 14 | Parent | F | 42 | none | Daily laborer | D | F | 6 | ID | Montesso- ri |
| 15 | Parents | F | 35 | none | | | | | | |

As it is shown in table 3, five parents of children with intellectual disability were between age 35-55 and four of them are single mothers and daily laborers and one father who was an officer in the army.

Semi structured interview were administered in order to investigate the impact, benefit, and planning of early intervention through adaptive behavior skills training at MekanisaMkane Yesus Center for Children and youth with Intellectual disability was well investigated by the researcher and results are obtained based on the research objective.

Three principals five teachers, one physiotherapist and five parents of children with intellectual disability were interviewed for the purpose of investigating the practice of early intervention for children with intellectual disability.

The first interviewee has served the center for 33 years and still leading the center, the second served for 30 years starting as a physiotherapist and adaptive behavior skill trainer, the third one is served for 15 years in that particular center and the teachers also well experienced in taking care of children with intellectual disability.

And they provided enough information concerning the practice of early intervention for children with intellectual disability. Therefore, the researcher has compiled all information as follows:

As the researcher mentioned on the background of the center, it was established to rehabilitate the victims of drought in 1977 E.C and they started to serve children and adult with intellectual disability, it's because of one child with intellectual disability.

As the interviewees view they went by many trials/ups and down but they had a strong passion to serve children with intellectual disability. They provide early intervention from age 3-7 and most of the children are referred from hospitals and they start by providing physiotherapy for those with intellectual disabilities plus physical problem in this category of children receive physiotherapy for those who have physical/movement problem and the service is provided by trained teachers. And parents are asked to observe what is going on while their children receive the provision in order to help their children at home especially on weekends. Unfortunately most parents are not participating on the provision of services for their children because they are busy on their daily business.

4.2. Identification, Assessment and planning for early intervention

Participants on first and second table (who were teachers of children with intellectual disability and principals of the center) were asked how they identify, assess, and plan for early intervention, and two principals and two teachers were responded as follows;

“Right after the enrollment of children with intellectual disability, they make identification by having discussion with each parent and ask them to explain about his/her child's performance what the child can and can't do. Moreover they observe different symptoms; language usage of the child in communication.

.4.2.2. Assessment

After obtaining these information they compare with the milestone development of children without intellectual disability then they make assessment According to them, investigate the medical history of the child and they compare with the milestone of their peers without disability at the age five. Based on the above information and the center's paper with assessment criteria/check lists, which should be filled by teachers and parents of children with ID After filling the criteria on the assessment check list with adaptive skills /different activities to assess the current functioning level of the child in order to plan age appropriate intervention for identified skill gaps".

4.3. Types of Adaptive Behavior skills Training (ABST)

In this part, the study attempted to examine the type of adaptive behavior skill training on the provision of intervention for children with intellectual disability.

According to the response of one teacher and the executive director of the center, after the accomplishing of the assessment process, they provide based on the child's skill gap the center train them on the following adaptive behavior skills area, and they provide adaptive behavior skill training on the following manner.

4.3.1. Gross motor skill training

Regarding gross motor skills training respondents on table one (who was a vice director) and in table two (who was a teacher in pre group level) were asked what kind of training do they provide in order to improve the gross motor development of children with ID. and their respond were as follows:- "Moving his/her hands and foot properly and freely, run smoothly by changing direction and speed, Catch objects with both hands, Kick objects/ balls, Techniques of pushing and pulling, Jumping, Pick and carries liquid with open container, Through objects/ balls.

The respondents give all the components of gross motor skill training in the center. As the researcher made observations in both center in Mekanisa and Kazanchis branch, children with in-

tellectual disability have good performance on gross motor skill. They can stand from sitting and walk independently; they move their limbs freely and can throw objects with a short distance.”

4.3.2. Fine motor skill training

Regarding fine motor skills training respondents were asked what kind of training they provide in order to improve fine motor development of children with ID. And their respond were as follows: - respondents reported that to develop fine motor skills of children with intellectual disability, they train them;

- “.Holding and use pen/ pencil.
- Open/ lock with key, fold and cut paper/ cloth.
- Put thread on beads and needle.
- Drive and pull screw with screw driver.

Pour liquid from one container to another without spilling. The observation made by the researcher confirms with participants response. Most of the children with intellectual disability have difficulty to use their fingers properly therefore the center has provided the above skill trainings to improve their ability on fine motor skill. In addition to this document analysis of the researcher shows that teachers’ weekly lesson plan is indicated specific instructional objectives used to develop fine motor skill of children with intellectual disability”.

4.3.3. Eating and drinking skills

Regarding eating and drinking skills development of children with intellectual disability teachers were asked what kind of training do they provide to develop eating and drinking skills development and their response were as follows:-

- “How to use fingers/ spoons to eat food independently
- Chewing food by closing their mouth
- Pour water from a jar to cup & drink properly.
- Take the amount of food and eat independently.

Respondents reported that they provide the above training frequently and observe the result of the training and train them repeatedly as needed”

4.3.4. Toileting

Respondents were asked what steps do they take to train how to use toilet for children with intellectual disability and their response were as follows:-

- Indicate or tell toilet needs
- Close the toilet room & keep privacy
- Pool down their clothes and function independently
- Sites on toilet seat & flush appropriately
- Pull up clothes after performing toilet and wear.

The respondents reported that they provide these trainings very often.

4.3.5. Grooming and dressing skills

Respondents in table two (who were trainers of children with ID)asked what items do they train to develop grooming and dressing skills for children with intellectual disability, and their response were as follows:-

“Wash hands before and after eating in order to protect themselves from germs, comb their hair by applying oil, cut and clean their fingers nails,take bath independently, brush his/her teeth take off simple clothe swear his/her clothes and close back and front buttons/ zips or snaps Tie shoe-lace correctly.

Respondents reported that they provide the above trainings very often because of the over protection of parents plus the type of their disability they require frequent training.

On the other hand, respondents were asked what type of training do they provide to protect themselves from potential accidents for children with intellectual disability and their response were as follows:-how to protect themselves from fire accident, protect themselves from car accident, handle sharp objects carefully, protect themselves from electric shock,protect themselves from sexual abuse.”

As the researcher made observation on the actual intervention practices, instructions were given to develop awareness to protect themselves from potential accidents by demonstrating models.

Respondents were asked to explain the practice of teaching functional academic skills for children with intellectual disability. And their explanations are as follows

According to their response they train them the following functional academic skills of reading to:-

- Identify and read letters
- Develop knowledge's of reading words.

4.3.6. Functional academic skills arithmetic and writing skills

Respondents (who were teachers) were asked to explain the practice of teaching functional arithmetic and writing skills for children with intellectual disability.

According to two teachers;they train them on the following manner:-

- “Arrange similar objects by size.
- Identify more from less.
- Enable them count, add, and subtract numbers.
- Write letters and words
- Copy from other materials”

According to respondents in table two (who were teachers) they provide the training some times because they give much time for none academic skills

As the researcher made observation on the actual instructional activities, most students have difficulties to recognize and to pronounce. However teachers teach them repeatedly since children with intellectual disability need repetition in order to acquire a certain skill performance. As the researcher document analysis indicate, the content of lesson plan is targeted skills are broken down into meaningful sequential steps. They have a base line data that shows age appropriate skill gaps of the child with intellectual disability and their program is evaluated.

4.4. Category of service rooms

Respondents in table one and two explained that they provide the above adaptive skill training for children with intellectual disability by categorizing in to three levels and the researcher has organized it as follows:-

4.4.1. Physiotherapy: -the physiotherapist responded that, “at this level some children directly referred from hospitals and some from home and they have multiple disability physical and intellectual, the treatment that they receive at this level is physiotherapy by professionals and parents when they come to early intervention classroom they let parents, care givers or relatives, let them to see what is going on and have deep observation how to provide early intervention service for their children. When they get change in their body movement they will be promoted to pre group”

4.4.2. The pre group.

According to the respondent in table two (who teaches in pre group level), “When they accomplished physiotherapy they promote them to this category and train them basic adaptive skills like eating, drinking, toileting, wearing There are some that can’t feed themselves so they help them in that stream and when they are capable of doing that we let them to join Montessori class independently and this training might take up to three or four years depending on the ability of children. And when they accomplish the activities which are given in this class they will be promoted to the next class called Montessori in this category they train them fine motor skill and gross motor skill.”

4.4.3. Montessori

According to respondent in table two(who teaches in Montessori level), “based on the children’s needs they train them how to develop fine and gross motor skills and also language development /help them in developing communication by allowing children to interact each other skills and help them to know their parents, siblings.

Here in the Montessori class, theygive different trainings for the children. For example

They train them;-how to help themselves to differentiate numbers on developing of their language (communication) skill, help them to know the name of their parents and sisters and brothers and how to communicate with others

In addition they get training on keeping their personal hygiene for example – washing their face and learn .fine and gross motor skills development training.

As well there is a language problem so they help them to develop it. They said they tried their best to change them but their change is gradual.

According to the information obtained from the participants theytargeted andcall teachers in their names.

Train them in:-self-help skills differentiate numbers, Personal hygiene etc.”

4.5. Communication skill training

Regarding communication skill development of children with intellectual disability respondents in table one (who was the vice director) and in table two (who were teachers) wereasked to explain about the training of language skills for children with ID. And their respond is organized as follows;“order to develop their receptive and expressive language skills, teachers use short sentences while communicating with the students they provide music and motivate them to imitate the rhythm of the song and also they put objects in front of the child and point to the object and they ask the child to look at it and tell the name of the object in order to develop appropriate and right sound, moreover the trainers request them to;-

Name all body parts, know & tell names of family members, peers, teachers, common objects etc. understand stories what they heard before, respond appropriate answers on requests, know and tell their address. Develop on what, when, why, etc. type of questions and answers. As the researcher made observation, some of the children with intellectual disability have difficulty to produce appropriate sound and to respond properly.”

4.6. Parents participation in early intervention

Parents who can see the positive impact that their newly acquired skill has on child outcomes would potentially be more likely to increase their belief (PSE) that they are able to provide the support that their child needs. These findings corroborate the increasing body of empirical evidence documenting the beneficial effects of early intervention on both parents' and children's outcomes (Guralnick 2017).

Parents can provide different information about the developmental characteristics of their children. Parents can also provide useful information in assessment of functional skills often otherwise inaccessible to the professional (Mohsin, 2009). Therefore, the parental involvement in our context will be seen in this research

According to the information obtained from participants this job (early intervention for children with ID), cannot be done without the involvement/help of parents because these children with intellectual disability simply forget things, they need help all the time. If they miss one day they will forget everything.

When they come to early intervention classroom the teachers/trainers or physiotherapists let parents, care givers or relatives, to see what is going on and have deep observation how to provide early intervention service for their children. As the researcher made observation on the actual instructional activities.

Most parents are not attending the service and the result that obtained from interview shows that most parents are single mothers and daily laborer as a result of this they don't have time to involve on the provision intervention training for their children. According to the information obtained from single parents, fathers left home because of their disabled child. And also the information obtained from teachers and principals indicate that, whenever they call parents for discussion to the center, the mother is the one who comes and when they ask them where the father is, most mothers respond that they got divorce or tell them that he is not living with them. Some said also He refused to come. This shows parent's involvement on early intervention is very low.

4.7. Benefit of early intervention for children with ID

Five participants in table three (parents of children with ID) and the vice director of the center (who has been working as physiotherapist and adaptive skill trainer for 15 years) were asked to explain about the benefit of early intervention, four were females and one male among five of them two parents (mothers of children with intellectual disability) were explained the benefit of early intervention. and the information that was obtained from them is written as

follows:-

The first spoke about the early intervention service which is providing to her daughter she explained as follows

“Before I bring my daughter to this center I took her to regular school and I told them all her problems. And once when I came to the school to let her eat her lunch, I found her in the ditch being injured her face”. According to her after her daughter got injured she kept her at home for months

And also she has got a change from her previous situation she starts telling the kind of food she is in need. Thanks to God she has a change. The only thing that is left improving her health condition and she continued explaining the benefit for me what they do for my daughter is more than enough because I feel board even as a mother I told you she is happy of coming here.

They show her love. “Her throat is very narrow...even she can't swallow banana by itself. If she tried even I bit her back to take it away “The other parent explained the benefit that she got from early intervention service:- “My son is disturbing a lot I think this is because of his disability other school did not accept him. So here accepting him by itself is a benefit for me because I can work and generate money to take

care of my child more over the training that the teachers provide for my son enabled him how to eat, drink, use toilet properly when he was at home he was not able to those activities by himself and he was depend on my help all the time, the service is very nice for me and for my son too. If they weren't willing to accept him, where would I take him? He would have been left at home for his entire life.”

The vice director of the center (who has been working as physiotherapist and adaptive skill trainer for 15 years explained the benefit of early intervention as follows:-
“Early intervention has a positive impact on the entire life of human being, for the purpose of this study the researcher mentioned only for those with intellectual disability as follows:-The first impact of early intervention for children with intellectual disability, if they receive the service as early as possible, the problem will be solved easily and protect the children from additional disability like physical deformity by providing adaptive skill training and physiotherapy training when their body parts are flexible /easy to improve as early as possible; shape them as early as possible and both parents and children are beneficiary from early intervention if children with physical disability which is additional it can be improved by the therapy which is provided in early intervention class/ age appropriate (0-5).

The main purpose the therapy is minimize the secondary disabilities for example up to age seven they learn how can move from place to place, feed themselves, using toilet without the help of others this helps the parent to work and generate income for the family.

Moreover if children with intellectual disability receive early intervention, speech training and all the necessary trainings, have opportunity to go to regular school.

Moreover the other participant (who was teacher of children with ID), compared those who receive early intervention and those who lack the intervention saying *”when we work on small age children, there is a big change, I feel sorry for those who missed the intervention chance, she Those who came late in the center, are not lucky because they are not capable of receiving early intervention, as a result of this:-*

- *It takes time to bring a change on them*
- *Their became complex difficult to intervene*
- *It makes the child aggressive*
- *It causes time wastage*
- *When they come late, it will be very difficult to get the necessary result.*

She added that,they will stay with their multiple disabilities. For example some of them come with their hand and leg bend their nose deformed with additional problem that occurs after birth. Their body weight becomes heavier and cannot obey them.

4.8. Challenges of early intervention

Five participants (who were teachers were asked about the challenges of early intervention, two of them said “the main challenge of early intervention for children with intellectual disability is lack of awareness and expectation of parents, rejection of governmental schools and two of them reported that” the long-term process of intervention service. Parent’s lack of awareness is the main challenge because awareness is the key to understand/ to know the limitation, strength and needs of children with intellectual disability. As teachers and principals’ report, parents of children with intellectual disability in the particular center, most of them are not willing to attend on

awareness creating program. The other core problem is overprotection of parents makes children more dependent and most parents hide their children from the sight of others before they bring them to the center therefore it takes time to mix those children with others to make friends

Among 0five teachers one teacher added information by saying“Moreover parents do not accept the gradual change of their children wanting to get a sudden change on their children development. This is the result of lack of awareness, what intellectual disability means, how they learn and what they learn. As a result of these someparentswithdraws their children from the center in the middle of intervention service and the children become more dependent in their day today life. And they are exposed for unnecessary work load and use them for example people use them to carry heavy loads from place to place with a little payment or without any payment and some of them use them for begging.”

The other participant (who is executive director of the currentcenter)reported that, as a very big challenge,“the rejection of children with intellectual disability and others with different disabilities such as children with spinal bifida and those with cerebral palsy come to the center for the purpose of physiotherapy service and after the treatment the center should send them to regular schools for academic purpose because these children are not mentally challenged. But most regular schools are not willing to accept.They mention as a problem they don’t have adapted chairs and other materials to teach children with disability.” He added that, “training of children with intellectual disability requires much more time and effort of teachers/ trainers. However participants especially teachers reported that they work hard but, the result is not as expectedin other words working with children with intellectual disability is an enervating job, but the result is very small.”

Chapter Five

Discussion of the Findings

This chapter deals with discussion of findings. Accordingly, the first part focuses on Assessment and planning intervention for children with ID

The second one presents the type adaptive behavior skill training for children with intellectual disability in Mekanisa Mkane Yesu center for mentally challenged children

. And the third part presents the parents participation on the provision early intervention, benefit of early intervention, and impact of early intervention are presented in relation to the literature review.

5.1 Identification, Assessment, and planning for intervention

Participants reported that identification is done when the child is enrolled to the center by teachers and special needs education professionals; by having a discussion with each parent and ask them to explain about his/her child's performance what the child can and can't do. Moreover they observe different symptoms; language usage of the child in communication.

And this is in line with Wong. (2018) Identification of children with intellectual disability.

They made intensive assessment of age appropriate skill gaps of children with ID before starting any action or instruction. However, the center in this study, investigate the medical history of the child then they work on the category and they compare with the milestone of their peers without at the age five .They have check lists with different adaptive skill performances that the child can or can't perform different tasks listed on the assessment check list, does he/ she perform a particular skill with or without the help of others according to his/her age group Based on that they make plan and provide intervention. And this is in line with Smith D .D and

Luckassan R. (1995), Introduction to special needs

The finding of this study, concerning identification, assessment and intervention plan for children with intellectual disability, based on the perspectives of participants, teachers use the above assessment results to make decision about the type of intervention service that should be provide

for children with intellectual disability. However other professionals are not participating in the process. And this is in contrast with Hallan and Kauffman (1988) and Roffey (2001), adaptive behavior skill intervention should be assessed through the participation of all concerned bodies (professional physiotherapist, health professionals have contributions in the assessment process. It is a vital factor for the effectiveness of early intervention of children with intellectual disability.

5.2. Types of adaptive behavior skill training for children with intellectual disability

After accomplishing the assessment process, they provide the following adaptive skill training based on the child's skill gap, and they provide adaptive behavior skill training on the following manner. The center that investigated in this study instructional component contains functional academic, communication social-personal, motor and daily living skills. This is supported by Doll (1935), the value of teaching adaptive skills in special education classrooms. And also supported by Roffey (2001), special needs in the early years

According to Gearheart, et al. (1996), adaptive skill is the effectiveness or the degree which individuals can meet the standards of personal independence and social responsibility expected for age and cultural group to respond effectively personal, social and culture requirements.

People with intellectual disability have two or more adaptive skill limitations and it is the core issue of any educational program the educational provision should give more emphasis to develop their adaptive behavior skill.

. This shows that sample center that is investigated/ included in this study is on the right track in adaptive behavior skills training.

More detailed discussions on each skill areas presented as follows:-

Concerning toileting training, as participants of this study reported and as the researcher observed each activity, they train children for the proper use of toileting by taking them to toilet and help them to unbutton their pants and show them the toilet seat whenever they done to button

their cloths and wash their hands with soap. They do this repeatedly and this is supported by Lynberg.(2018) Child-centered practice

Suggestion of respondents for poor toilet using of the child with intellectual disability are like overprotection of parents and late enrollment of the child to the center.

Concerning self-feeding skill teachers train their students with intellectual disability, to become completely independent, the ability to feed oneself is a key component. Without this ability, students must depend on others to care for them and provide them with assistance

The research is currently limited in the field of self-feeding in regard to children who have intellectual disabilities. Teachers train their students with ID how to use spoons, forks as well as their hands to hold food and to put it directly in their mouth and chew it properly before swallowing it.

Concerning dressing skill training, Bensberg (1965) discussed that the need to teach adaptive skills to people with significant cognitive disabilities through behavior shaping methods.

In regards to teaching dressing and other adaptive skills in an academic environment, because there was a movement to ensure that students with disabilities were included in the regular education. In this regard teachers trained the children how to take of simple cloths, wear his/her cloths and close back and front buttons/zips or snaps and tie their shoelace correctly.

5.3. Communication skills

Other interventions for children with intellectual disability have resulted in positive effects on early language skills. Participants of this study reported that they train the children receptive and expressive communication skills by helping the children to know their body parts, call equipment that they always use, identifying directions to the left, right, down ward, upward.

5.4. Social Interaction

Concerning social skill development of children with intellectual disability, participants reported that, they train them the following personal skills play with her/ his peers cooperatively. Remember and greeting his/her friends by calling with their names., how to be concern of problems of others. Apologize for making mistakes or errors. Ask permission on the time of using others property. As the researcher observed, teachers motivate children with intellectual disability to play with their peers in sharing materials; and the children act as a family member and

show different modeling activities in both centers and this is in line with Kopp, Baker, and Brown (1992) social interaction in children with ID.

As the researcher's document analysis indicates that the above mentioned activities are listed in weekly lesson plan, student's progress is evaluated continuously and teachers/trainers have written goals that shows were they reach at the end of the program.

5.5. Training methods of daily living skills development

In this regard teachers design conducive environment to develop the grooming skills of children with intellectual disabilities in this regard participants of the study (who are teachers) reported that they train children with ID how to protect themselves from fire accident, car accident, how to handle sharp objects carefully, and this is supported by Smith. (1995) cited on Chane. (2010) introduction to special needs.

As per the findings of this study daily living skill training is a routine activity that can consider as a determinant factor on the individual's personal quality. The major instructional programs trainers give emphasis to enhance their independent living skills of children with intellectual disability. Moreover teachers are aware of that children with intellectual disability can learn with imitation or within sight from their environment so that children with intellectual disability can acquire many skills from positive social interaction of their peers.

5.6 Adaptive skill and intellectual disability

According to the results obtained from respondents they train them to improve their fine and gross motor development example, on gross motor, moving his/her hands and foot properly and freely, Run smoothly by changing direction and speed, Catch objects with both hands, Kick objects/ balls, Techniques of pushing and pulling, Jumping, Pick and carries liquid with open container, Through objects/ balls.

The respondents give all the components of gross motor skill training in the center. As the researcher made observations in both center in Mekanisa Mekane Yesus and its branch at Kazanchis, children with intellectual disability have good performance on gross motor skill. They can stand from sitting and walk independently; they move their limbs freely and can throw objects

with a short distance. Adaptive behavior was refined into ten specific adaptive skill areas. Which are motor skills, Communication, Social, Self-care, Home living, Community use, self-directions, Health and safety, Functional academic skills Leisure time use and vocational/work/skills and this is in line with (AAMR,1992) Adaptive skill training and intellectual disability. As previously mentioned, the training method and contents of adaptive skills of the center are the same.

5.7. Parents participation on the training of their children with ID

Parents can provide different information about the developmental characteristics of their children. There are many processes in which parents can be involved, such as, identification, assessment, educational programming, training, teaching, and evaluation. The well informed parents can identify of early signs of a disability and this is supported by Mogsin (2009)

Parents can see the positive impact that their newly acquired skill has on child's outcomes would potentially be more likely to increase their belief that they are able to provide the support that their child needs. These findings corroborate the increasing body of empirical evidence documenting the beneficial effects of early intervention on both parents' and children's outcomes (Guralnick 2017).

These findings correspond to an earlier model that shows that heightened levels of lead to subsequent heightened levels of success in the child Ardel & Eccles (2001). However, participants of this study (who are teachers of children with ID and principals of the center) reported that most parents are not willing to attending the training or have discussion with teachers about their children and some are willing to participate but they are very busy on their daily business because most of them are daily laborers.

In this regard the researcher suggests what Shaughnessy (2016), stated the family is viewed as a whole unit, so a child cannot be isolated from his/h his/her family or home environment,.

Thus, the interaction between the family and teachers cannot be neglected, which in turn influence the development and application of family-centered practices.

Moreover Bailey et al.(2006), suggests that family-centered practice endorses a belief that parents know best what is needed for the family to live successfully with their child's disability

Promoting the family's ability to make decisions about their needs and preferences through partnerships with profession.

But, in the case of the current study area, most parents are not attending the service the result that obtained from interview shows that most parents are single mothers and daily laborer as a result of this they don't have time to involve on the intervention training. When we say parents, both the father and the mother but the fathers are not willing to come and help their children and most of them they don't know what is going on the life of their children.

5.8. Benefit of early intervention.

Participants reported that early intervention has a great benefit for children with intellectual disability if they receive intervention service as early as possible; it prevents them from secondary problems. In other words whenever they come at early age the children will be prevented from having additional problem.

Because of this they said” when we work on small age children, there is a big change. The third participant who was a principal in Kasanchis branch of the center explained the benefit of early intervention as follows; those who came early in the center are capable of receiving early intervention, it minimizes the complexity of the disability

Early intervention service minimize potential developmental delay, and reduce educational costs to our society by minimizing the need for special education services as children with disabilities reach school age and this is supported by Johnson (2016) early intervention for children with developmental delay. Intervention is likely to be more effective and less costly when it is provided earlier in life rather than later. Assigned nonparticipating group of children. A benefit-cost study found a return of \$7.16 for each dollar invested.

According to the respondents, if they receive the service as early as possible (0-5), the problem will be solved easily and protect the children from additional disability like physical deformity by providing adaptive skill training and physiotherapy skills training when their body parts are flexible /easy to improve as early as possible; shape them as early as possible and both parents and children are beneficiary from early intervention if children with physical disability which is additional problem come it can be improved by the therapy which is provided in early

intervention class/ age appropriate. The main purpose of the therapy is to minimize the secondary disabilities for example up to age seven they can move from place to place, feed themselves, using toilet without the help of others this helps the parent to work and generate income for the family.

And this supported by the National Early Childhood Technical Assistance (2011), The Importance of Early Intervention for Infants and Toddlers with Disabilities and their Families and Positive early experiences are essential prerequisites for later success in school, the workplace, and the community. Services to young children who have or are at risk for developmental delays have been shown to positively impact outcomes across developmental domains

Finding of this study indicates that early intervention service has a positive impact on the life of children with intellectual disability and their family and for the society as well it promotes children with intellectual disability from consumers to productive can contribute on the economy of the country and also it has an impact on health, language and communication, cognitive development and social /emotional development. Families benefit from early intervention by being able to better meet their children's special needs from an early age and throughout their lives.

Chapter six

Summary, Conclusion and Recommendations

6.1 Summary

The findings of this study shows that ,in both centers at Kazanchis and Mekanisa center for children with intellectual disability apply the same instruction, organized base line assessment, and have well organized assessment tools to identify age appropriate skill gaps of children with intellectual disability

Both centers in this study have adequate resource room (teaching aids) that helps to train specific adaptive skills for children with intellectual disability.

Teachers have high expectations about the achievement (personal independence) of children with intellectual disability have loving kindness/ their willingness to train the children and have high professional competencies to teach specific skills and these intervention services enable children with intellectual disability to live independent life.

More over inboth centers there is a meal support for all children and this is additional help for children with intellectual disability, because most of them came from family of low economic status. They train them eating skill development practically.

In both centers they assigned two, two teachers/trainers in each training room to train adaptive behavior skills and the class size is not more than ten students.

The findings of this study shows that the practice of early intervention for children with intellectual disability in this particular center teachers were reported that, the major problem for the effectiveness of their intervention practice is the participation of parents is very limited because most parents are single mothers and daily laborers as a result of this parents have no time to participate on the provision of early intervention service, and this is a great challenge that pull the intervention service behind the program.

6.2 Conclusion

Based on the findings of the research, the researcher has reached on the following conclusions.

- There is a good practice to intervene children with intellectual disability and protect them from additional disability, promote independent life

- The center can be a model for other schools which is willing to train children with intellectual disability.
- There is a limitation that reported by teachers of children with intellectual disability and principals of the targeted center. According to them most parents are not willing to participate in early intervention training and this makes the improvement of the problem very slow.
- Parents' lack of awareness about the cause, characteristics, nature of intellectual disability and their economic states couldn't participate on the training and they were passing through a painful situation.
- Due to the society's lack of awareness about the residual potential and development of children with intellectual disability, the children were not get support and training at the early age and at the right time for sensory motor development.
- Early intervention minimizes additional disability. It helps children with intellectual disability to be productive not consumers. Based on the perspective of participants, early intervention service has a great impact.

Generally, early intervention promotes the productivity of children with intellectual disability

Teachers and principals of the center are trying to assess age appropriate skill gaps of children with intellectual disability. And the assessment tools are organized and have continuity. However, because of lack of parents' involvement the assessment result is incomplete.

The participation of parents' families in their child's early intervention process is very low.

The absence of early enrolment of children's with intellectual disability can affect the effectiveness of early intervention negatively.

6.2. Recommendations

Based on the conclusion described above conclusions the researcher forwarded the following recommendations

1. The center should work strongly on awareness creating programs to enhance parents' participation on early intervention service.

2. Concerned bodies in educational sector should work on the accessibility of regular schools for enrollment of children with disability in their surroundings.
3. The center should enhance the participation of parents/ mother and father, regular schools, health service providers and other concerned bodies as stockholders of districts and sup cities
4. The center should work with regular schools cooperatively in order to solve the problem of children with intellectual disability.
5. Parents should accept and support the awareness creation program in the center and participate in the intervention process of their children.

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Appendix A

Informed Consent Form

My name is Anna Bekele, a student pursuing my Master's Degree in the discipline of Special Needs Education at Addis Ababa University. I have undertaken research as part of my MA program / Master of Art in Special Needs Education. The main objective of my study was to investigate the practice of early intervention, its benefit, challenges and parents roll in the provision of intervention process.

For the successful completion of the study, the cooperation of those who experienced the impacts and capable of providing necessary data is crucial.

For this study, I have collected information from the teachers of children with ID, Physiotherapist and parents of children with ID center. The service providers should be ones who have had more than ten years of working experience and still who were working as service providers/ teachers in the center for the same purpose at the time of the study.

In addition, the research also targeted the service providers/ teachers and children with ID in the observation session. The participants also well involved in the service provision adaptive skill training. And provided essential information for this study. The researcher recorded the voice of voluntary interviewees. All data collected from participants have been kept confidential and respondents have the right to refuse responding to some questions quitting participation in general. The data process has been facilitated by open-ended interview guides which were Respondedby the participants. The researcher clarified any unclear question by signing this form; I agreed to participate in this research, under the provided conditions.

Name of participant (pseudonym) _____

Place _____ Date _____ Signature _____

Appendix-B.

Interview Guide for Service Providers

Respondents' General Characteristics

Age: _____

Sex: _____

Marital status: _____

Employment Status/ _____

Work experience in the center _____

Educational Background: _____

General Research Questions

The following questions listed down below were used as a spring board, to begin a discussion and a number of others, but related questions were raised in the course of the discussion through probing.

1. How do you plan adaptive behavior skill trainings for each child with intellectual disability?
2. What adaptive behavior skill training do you provide children with ID?
3. What is the benefit of early intervention for children with intellectual disability?
Please give examples
4. What is the roll of parents in providing early intervention service for their children with ID.?
5. What is the impact of early intervention on the life of children with intellectual disability?
6. How do you make an assessment and plan early intervention for children with intellectual disability?

Appendix-C.

FGD Guide to parents of children with intellectual disability

1. Respondents' General Characteristics

Age: _____

Sex: _____

Marital status: _____

Level of education _____

Occupation _____

Employment/source of income _____

Number of your children _____

Other children with disabilities _____

Disabilities history of the spouse's family _____

1) Services those are already provided to their Children with ID

1. How do you see/ perceive the support which is given to your child in this center?
2. Please explain the kind of service that your child receives in this center,
3. What is your role in the provision of services for your child?
4. How do you explain situation before and after receiving the support
5. What kind of training you got from professional that helped you for caring your Child with ID in the Centre?
6. What kind of services available for children with I D in the Centre? List it.
7. How did you overcome challenge from the community?
8. How did you coup up economic challenges?

Appendix- D

Observation check lists

Observation check lists on children independent performance

| No | Different skills to be observed | performance | | |
|----|---|-------------|------|------|
| A | Motor skills Gross motor skills | good | fair | poor |
| 1 | Sits strength and stands from seat | | | |
| 2 | Walks without assistance | | | |
| 3 | Kick objects(balls) without failing | | | |
| 4 | Ability of jumping with both foot | | | |
| 5 | Ability of running by changing speed and direction | | | |
| 6 | Physical strength on puling and pushing | | | |
| 7 | Catching objects with both hands | | | |
| B | Fine motor skills | good | fair | Poor |
| 8 | Skills of holding objects like pen/ pencil | | | |
| 9 | Abilities to open or lock the door | | | |
| 10 | Ability of grasping hanged objects | | | |
| 11 | Skills of folding papers/ cloth properly | | | |
| 12 | Ability of cutting different papers with scissors | | | |
| 13 | Skills to pick up objects with his/her fingers | | | |
| 14 | Skills of pouring water from one container to another | | | |
| C | Social personal skills | good | fair | poor |
| 15 | Ability of playing with peers cooperatively | | | |
| 16 | Ability of waiting turns while playing with others | | | |
| 17 | Ask permission to go out from the class | | | |
| D | Communication skills | good | fair | poor |
| | 1. Language expressing skills | | | |
| 18 | Ability to produce actual sound | | | |
| 19 | Ability of giving appropriate answers | | | |
| 20 | Skills of naming all body parts | | | |

| | | | | |
|----|--|------|------|------|
| 21 | Skills recognizing names of peers | | | |
| 22 | Ability to name familiar objects | | | |
| 23 | Ability to express his/ her needs, emotions and problem in simple sentence | | | |
| | 2. Language receptive | good | fair | poor |
| 24 | Touch body parts on command | | | |
| 25 | Discriminate between two unlike objects on command (eg. Give me the black, red | | | |
| 26 | Respond to a command (eg. Tell me give me) | | | |
| 27 | Move from one place to another as instructed | | | |
| 28 | Understand meaning of “YES “NO” | | | |
| 29 | Knowing of direction((left, right, forward and backward | | | |
| E | Self help skills | good | fair | poor |
| | 1. Eating and drinking skills | | | |
| 30 | Sits appropriately to eat | | | |
| 31 | Using of utensils to eat properly | | | |
| 32 | Pour water to glass and drink without spilling | | | |
| 33 | Take required amount of food when food is presented | good | fair | Poor |
| | 2. Toileting skills | | | |
| 34 | Indicates toilet needs | | | |
| 35 | Sits on toilet seat properly | | | |