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# Early Childhood Intervention in Turkey: Current situation, challenges and suggestions

## Abstract

*The regular early childhood education in Turkey has a history of more than 100 years. However, early childhood intervention services for young children with special needs (vulnerabilities) and their families are getting more attention in recent years. This article aims to briefly overview current early childhood intervention (ECI) services in Turkey. The article at first summarizes regular early childhood education in Turkey. Then, profile of disability groups, ECI legal arrangements and practices, and ECI profession are being addressed and discussed. Finally, suggestions for ECI in Turkey are being made.*

*Key words: Early intervention, policy, practice, Turkey, children.*

## **Families in need of support: “Kayra”**

*I was asked to write about how I felt when Kayra was diagnosed for the first time. Actually, somebody asked me whether I would like to write about it. I said I would. Why should not I! If what I am going to write about going to benefit other children and*

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*mothers, why shouldn't I write? Since there are not many mothers writing about, maybe I will also contribute to those who struggle with autism...*

*Actually six years ago, there was nothing like a diagnosis for autism. There was no diagnosis, no treatment, and no consultation. You are all alone with all the questions who want to ask, until you find someone like you. Therefore, like many other mothers, I tried to proceed on my own. No one told me what to do. I searched all possible ways on my own slowly, trying to find a way for myself and my little boy. What I did was like digging a hole with a needle. That was the reason why I was struggling to find a doctor who would tell me what was the matter with my child and what I should do in every hospital in Ankara, at Hacettepe University, or at Gazi University, with my 1.5 year old boy. I was looking for a cure. Therefore, I did not have a stage of acceptance. I knew that the time was so valuable that none should be lost and I was in a race where second matter. That was exactly what I told the doctors, too. I pleaded them to tell me what the matter was and more importantly, what I could do. Of course nobody told me the matter before a year. Every time I went, the doctors would tell me to play lots and lots of games with the boy, take extreme care of the child, and come back a month later. They would not tell me how I should play with the child. In fact, games are not simple things at all. Games are vital for autistic children. I did whatever they told me. I played and took extreme care continuously; however, it took a year for the doctors to decide that the child needs training. They wanted to make sure that the diagnosis was definite! Furthermore, there was no extensive training, at least one that I knew of, at those times in Turkey. No one told me, either. As it is also done today, all our children were scheduled with an one and a half hours of training every month. I found out all by myself that the child needs individual, intensive training of high quality and that training is vital for the child. Of course, the search and realizing all this took me another two and a half years. It took me another year to find the intensive training. To make things short, we always lost time. In fact, I had taken a child with autism for diagnosis at the earliest age possible... And I had done everything they told me in the best way I could.*

*I did not want to lose time crying in the process. I cried out loud when Kayra was asleep. As I saw time was precious. I wouldn't be able to take care of him, if I cried all the time. Besides, I didn't want him to see me crying. While he was asleep, I ran to the nearest internet café for research. I called every mother I could while he was asleep. I cried when he was sleeping. I did all these in order not to waste any of his time...*

*At those times I feared the most that when he wakes up, he would not recognize me. I knew so little about autism that I thought one day when he wakes up, he would not recognize me. He would not recognize me or anything else...*

*The first three years of the struggle, I did all by myself. I was both alone and there was pressure, too. My husband, his family and others did not accept the case. They accused me of making a bad name for the child, for labeling my boy as an autistic.*

*I am not offended. I forgave them. They were who they were, and I was who I was.*

*Little Kayra, who could barely sit, attended a nursery school that was ready to accept us during this period. All these were done so that Kayra could see his peers and spend some time with them. Every day I put him inside his trolley and went to the other end of Ankara, even in rainy days and snowy days. We climbed up a road for half hour, a road that was 70 degrees in inclination angle. It was difficult to climb up that road, but the way down was fun. Because we had to go down fast, Kayra was so happy. He would laugh loud as we went down, I would, too.*

*Every day and night, Kayra and I were alone. When he slept during day time, I would sometimes lay next to him. I would shut my eyes and pray. I would pray "Oh Allah, please, let Kayra not be an autistic anymore. I was so afraid of autism at those times. What I read from the internet would say, autistics cannot recognize anyone, they cannot differentiate objects from humans, they see humans like objects, they will not attach with spiritual bondage.*

*You cannot defeat autism actually, because it is so strong. Never listen to mothers who make public announcements like I worked so hard for three months and I cured autism. If the brain is damaged, if the five senses are damaged, namely if the child is really autistics, you may not proceed a little even in three years, leave a side three months. However, if you stand against it strongly, you stop the disorder from getting more severe. You may even reverse the process and make progress in the child's development. As autism step back, you step forward... You move step by step.*

*Now I have a child who loves human beings so much. A child who laughs out loud and plays hide and seek with me. Even if it is with some extra support, my child goes to the same school his peers go to. He rides a bike, he swims, he skateboards, and above anything else my boy can speak. I try to teach him everything I know. Yesterday, I showed him how to climb up a tree and how to stand up on a swing, as well as swinging on his own.*

*I believe that every kind of struggle pays off, even though the results may not be apparent immediately. I would do it even if it had no benefit. Would you have done the same! Every mother will do the same, anyone who is a mother or a father would do the same. Anyone who is humane...All living beings...*

*Mother of Kayra*

## **Introduction**

The early years of the human-being are the foundation of his/her future. Many professionals from diverse but interrelated fields such as psychologists, educators, speech and language therapists, and others have recently been recognizing the critical importance of early years. Therefore, they have been also recently paying great attention

to providing early education or intervention not only to children with normal development but also to children with special needs or those who are at-risk to show special needs. Young children with special needs are in need of immediate intervention or show diverse intervention or education needs because of their mental, physical, behavioral, developmental, or learning characteristics.

Young children with special needs can be described under two categories: children who have identified disabilities and children who are at-risk (Blasco, 2001; Dunlap, 1997; Hooper & Umansky, 2004; Howard et al., 2005; Peterson, 1987). The first category includes young children who have identified disabilities, such as cognitive, physical, behavioral, language, or learning disabilities based on the eligibility requirements of the special education law mandated. The second category comprises of young children who have not yet identified, but show at-risk characteristics to be identified. These young children can be described under three headings (Peterson, 1987):

(1) *Young children who are environmentally at-risk.* The environment in which young children grow and develop can put them under critical risk conditions that influence the development of young children negatively and that may end up with academic and social failure in the future. These conditions have been identified as economic and social factors of persistent poverty, high levels of child abuse, substance abuse, disintegrating families, inadequate health care, and very poor child care.,

(2) *Young children who are biologically at-risk.* Some biological characteristics of young children may result in disabilities or school failure. The most common known conditions are premature birth or low birth weight, and

(3) *Young children who have established risk conditions.* Some young children are born with established risk conditions such as chromosomal disorders, inborn errors of metabolism, congenital malformations, sensory loss, and injuries which most likely result in significant developmental differences.

Early intervention, early childhood intervention, early childhood special education, preschool special education, early special intervention are some of the common terms that are used by different professionals to describe the special services provided to young children with special needs or those who are at-risk for special needs and to their families. In this article, the term early childhood intervention (ECI) will be preferred to describe special education services provided to young children-birth to age 6- with special needs or those at-risk for special needs and to their families in Turkey. Professionals at European Agency for Development in Special Needs Education (2005, p.17) define ECI as

*“a composite of services/provision for very young children and their families, provided at their request at a certain time in a child’s life, covering any action undertaken when a child needs special support to: ensure and enhance her/his personal development, strengthen the family’s own competences, and promote the social inclusion of the family and the child. These actions are to be provided*

*in the child's natural setting, preferably at a local level, with a family-oriented and multi-dimensional teamwork approach."*

Within the scope of this article, the ECI can be defined as "providing necessary various services such as health, nutrition, and education based on the needs of the child and his/her family in order to minimize the negative effects of the situation influencing the child and his/her family and to maximize the overall quality of life of the child and his/her family.

The purpose of this article is to overview ECI services regarding young children -from birth to age 6- with special needs or those who are at-risk of showing special needs and their families in Turkey. For this purpose regular early childhood education system are being briefly covered. Then, profile of disability groups, legal arrangements (within the scope of education) and practices in ECI, ECI profession, and finally suggestions are being be addressed.

### **Regular Early Childhood Education in Turkey**

Early childhood education services in Turkey are carried out by Ministry of National Education (MNE), Republic of Turkey Prime Ministry Social Services and Child Welfare and non-governmental or other private/state institutions, which are in corporation with these two governmental organizations.

Early childhood practices in Turkey lead back to really old dates. Childhood education is a historic process that extends from late 19<sup>th</sup> century into early 20<sup>th</sup> century to the modern days, starting in the Ottoman with some legal arrangements and expands in the modern state, yet the end of 1960s appears to be the date when early childhood gained importance and number of institutions soared up remarkably (Haktanır et al., 2010). According to the 2010 statistics of Ministry of National Education, the schooling rates of children at the age of 36-72 months per years presented in every ten years from 1980 to the data are as below: in 1980-1981 1.9%, in 1990-1991 5.1%, in 2000-2001 10.3%, in 2004-2005 16.1% and in 2009-2010 39%. As it can also be seen in Table 1 which is derived from the 2010 data of Turkey Statistics Institutions and Ministry of Education, the early education schooling rate increases with reference to age. Schooling rate for 60-72 months old is almost 15 times more than the schooling rate for 36-48 months. There is no data for infants and toddlers at the age of 0-36 months (Haktanır et al., 2010).

*Table 1. 2009-2010 Academic Year Distribution of Schooling Rate with Reference to Age groups\**

<i>Age group</i>	<i>Number of Students</i>	<i>The overall population at that age group</i>	<i>Schooling Rate %</i>
<i>36-48 Months</i>	50.804	1.219.479	4.17
<i>48-60 Months</i>	201.033	1.200.634	16.74
<i>60-72 Months</i>	728.817	1.194.493	61.01

*\*Source: Haktanır, Dağlıoğlu and Güler, (2010)*

It is possible to talk about two education models in the early childhood education, namely institution-based and home-based models (Haktanır et al., 2010). Institution based educational models, which are early childhood service practices that are carried out in institutions; functions under the Ministry of Education and Republic of Turkey Social Services and Child Welfare Foundation. Hence, there are institutions affiliated to different directorates within MBE and there are institutions affiliated with Republic of Turkey Social Services and Child Welfare Foundation. Institutions affiliated to MNE are Independent Nursery Schools serving children at the ages of 3-6, Private or State Nursery Classes within General Education schools serving children at ages 5-6 supervised by the General Directorate of Pre-Primary Education, and Practice Nursery Schools and Nursery Classes and Private Nursery Schools serving children at the ages 3-6 supervised by General Directorate of Technical Education for Girls (Haktanır et al., 2010).

Services for early childhood education under Republic of Turkey Social Services and Child Welfare Foundation also serve for children under three years old. Within this foundation, there is “Crèche-a kind of daycare center” for children below three years old, Daycare Centers for children at the ages of 3-6 and Children Nursery School for all children at the ages of 0-12. Crèche and Daycare Centers are social services institutions that provide services for a fee and are non-boarding. These two institutions can be founded as one body, or can serve as two independent bodies. Children Nursery Schools can serve all children from birth until 12 years old, and in some cases, can serve girls who are older than 12, too. These are boarding social service institutions that are responsible for and obliged to taking care of children who are in need of protection. Besides, there are also nursery schools affiliated to state/private institutions and foundations (e.g. universities, Turkish Radio and Television, Mechanical and Chemical Industry Corporation and banks). Home based education programs are carried out in cooperation of non-governmental organizations or governmental organizations and MNE targeting the mothers. Among the most known examples of home based education programs are: Mother-Child Training Programs (AÇEP) targeting mothers of children who are at risk socio-economically and cannot attend nursery school; Mother-Child Training Programs targeting mothers of children at the ages of 0-6; and Mother-Father-Child Training Projects targeting young ladies, prospect mothers and other women and men, aiming to raise children (Haktanır et al., 2010).

### **Profile of Disability in Turkey**

Profile of disability in Turkey was comprehensively researched by means of “Turkey Disability Survey” which was implemented in 2002 by Turkish Statistical Institute upon the demand of Prime Ministry of Turkish Republic/Presidency of Administration for Disabled People. The survey results indicate that the number of persons with disabilities in total population is in the ratio of 12.9%. This means there are 8.431.937 individuals leading their lives with different forms of disabilities. Disability is regarded as an issue affecting not only individual with disability personally, but also his/her family and peers in economic, social and psychological aspects.

In accordance with the statistical data of “Turkey Disability Survey”; in the age group of “0 – 9”, which includes early childhood, children with any one of orthopedic, visual, hearing, speech, language or intellectual disabilities have the rate of 1.54%, while children with chronic illnesses in the same group have a higher ratio of 2.60%. This means that approximately 4.14% (2,8 million) of population in the age group of 0 – 9 needs special education. The data also indicates that about 12.27% of population with disabilities (approximately 8.431.937) receives educational services, while 87.73% cannot. The fact that there are 2.8 million children with the need of special education in the age group of 0-9 covering early childhood necessitates the provision of educational needs of this group as accurate as possible and underlines the importance and the urgency of special education in early childhood.

### **ECI Legal Arrangements and Practices in Turkey**

In Turkey, from an educational perspective, special education early education services are carried out through legal arrangements. In this sense, in the decree having force of Law numbered 573 issued in 1997, “it is essential to start special education early” comes under the Basic Principles of Special Education (as per article 4, b). Furthermore, MNE Special Education Services Legislation, which was issued first in 2000 and revised in 2009 presents detailed information regarding special education practices and early special education services are planned and carried out according to the legislation. The diagnosis principles in the legislation that cover early education (Statement 10, a paragraph) are related to “earliness principle” and it is stated that “diagnosis should be made as early as possible”. Although there is a principle about it in the legislation, it can easily be seen that in our country, there is no screening and diagnosis system. Therefore, finding children and families in need of special education needs in the early period is done by chance. Similarly, families need to initiate the process or be fortunate enough to be noticed early so that they can receive the necessary early intervention. Many families, if they are not aware of the delays in their child’s development, enter the diagnosis system when their children start formal education. Lack of early screening and diagnosis tools is another important issue, maybe as serious as lack of early screening and diagnosis system.

It is also emphasized in the same legislation that in Turkey, special education services should be planned and conducted by Guidance and Research Centers (GRC) affiliated to the Ministry of Education and founded in every provincial and district directorates for national education. With reference to that, the educational assessment, diagnosis, placement and monitoring services for individuals with special education needs are carried out at GRC centers. At GRC’s, the educational assessment and diagnosis are conducted by a special education assessment council constituted with the GRC, using objective and standard tests and measurement tools that are appropriate to the individual’s attributes. “In the diagnosis; the individual’s medical board report, mental, physical, psychological and social development characteristics, academic discipline area competencies, educational performance, the need, the duration of service provision and individual development report are taken into account. (Statement 7:2). Special

education services board will place the individual in a suitable state school or institution based on the special education assessment board report. Concordantly, GRCs lack screening and assessment tools especially at 0-6 ages; the tools available are not up-to-date; and the personnel working at GRCs hasn't received any training about these assessment tools. All these lead to serious doubts about the reliability of screening and diagnosis processes of GRCs (Bozkurt, 2009). Even if the child makes use of the early diagnosis services, despite all the problems presented above, providing suitable educational contexts for that child and his/her unique attributes is another source of problem. According to the 2009-2010 statistics of MNE Special Education Guidance and Research Center General Directorate, there are four Early Childhood Education Center Nursery School and only one Early Childhood and Pre-school Education Center. There is no data about the number of students and personnel in these institutions.

In the related legislation, education services are regulated under specific titles. With reference to this, there are regulations under the title of special education services in the early childhood period of 0-36 months. In this regulation, it is emphasized that early childhood education includes the education of individuals who are at 0-36 months of age and that the following issues should be taken into account in the education service practices:

- a) early childhood educational services are planned in such a way that the education during this period helps to arrive at the expected learning outcomes at later stages of education.
- b) early childhood education is carried out to contribute to individual's education and in order to contribute to that individual's education, the families are informed and supported,
- c) early childhood education services is carried out at schools or at institutions, as well as at home if there is a need.
- d) the planning and coordination of early childhood education services are done by the special education services council. The necessary regulations are made and the necessary measures are taken so that individuals with disabilities receive education with their peers without any disabilities or the individuals with disabilities receive these education services in independent units that are to be established.
- e) in order to plan and carry out early childhood education first the needs of the individual and his/her family are identified.
- f) the ministry cooperates with affiliated institutions and organizations in the screening and diagnosis of the individuals, as well as in the provision of education services." In the same legislation, there are regulations under the title "special education services in the preschool period" for children with special needs at the age of 37-72 months. According to that, it is stated that "(1) for individuals with special needs at the age of 37-72 months, pre-school education is obligatory. However, considering the individuals' developmental and individual attributes, the pre-school education period can be extended for a year, (2) the pre-school education of those individuals who are in need of special education should be carried primarily within the scope of inclusion practices; however, for these individuals, there could also be special education classes or pre-school private school / institution". In the related legislation, under the title of "educational services at home", it

is also stated that those individuals at pre-school period who are in need of special education, but cannot benefit from education-training institutions directly should receive the necessary education at home. "Family education" is defined as "education that includes all sorts of guidance and counseling given to the family, in order to contribute to the individual's education at all levels of education".

Although there are important statements in Special Education Services Legislation, in practice, it is observed that neither what is stated in the legislation are really practiced nor are the necessary steps taken to put these in practice. The lack of system observed in the screening and diagnosis processes are also observed in the educational processes. It is stated that especially the education in the infant and toddler periods will be carried out in institutions or at home, but there is no systematic practices to provide services at this period. The children who are diagnosed or noticed are left behind during this period. The education of children between 0 – 6 who show meaningful developmental delays or some deficiencies (compared to their peer group) is offered by either an increasing number of "private rehabilitation and special education centers/schools" or "public regular schools or public special education schools/institutions".

### **ECI Profession in Turkey**

Regarding ECI, there are no qualification standards for ECI professionals. Actually, there is currently no formal position named as ECI Professional or Early Interventionist in Turkey. The services oriented to children and their families are performed by special education teachers graduated from one of the departments of special education for children with visual, hearing or mental disabilities, or professionals from related fields such as child development, special education, regular early childhood r, regular elementary school, physiotherapy, psychology, psychological consultation and counseling, etc. Although special education in early childhood necessitates specialized knowledge and skills especially for the education of age group 0 – 6, Turkey has, as stated above, neither bachelor (4-year)/basic training programs nor graduate programs which aim to train qualified professionals in the field of ECI. It is clear that professionals and teachers employed in license and graduate programs on the field of special education in Turkey do not have enough qualitative and quantitative skills to meet the educational, developmental and other needs of children receiving special education and their families.

### **Suggestions**

The following suggestions can be made for the issues briefly discussed above:

*Early Childhood Intervention Centers (ECICs).* A briefly discussed above, families with young children at-risk or with special needs are in need of appropriate developmental and educational centers in Turkey. Therefore, in working cooperatively with Guidance and Research Centers, Early Childhood Intervention Centers can be started in Family Health Centers affiliated with Ministry of Health, the most common primary health centers can be found in almost every neighborhood all around Turkey. As an alternative it can be established at Guidance and Research Centers also. By establishing the ECICs

in Family Health Centers or Guidance and Research Centers, it will be possible to reach out to every single young child with special needs and his/her family.

*Early screening and diagnosis.* There is currently an urgent need to have a “child-find” system in Turkey in order to meet the needs of young children with special needs or at – risk for special needs and their families early. Therefore, establishing a nation-wide early screening and diagnosis system should be considered. In this system, various early screening and diagnosis tools should be adapted or developed and professionals (especially developmental pediatrics or child doctors) who will play role in child-find practices should be trained on using these tools. The system should be part of the ECIC.

*Home and Center-Based ECI practices.* There are currently a few home-based ECI programs [e.g., Small Steps early intervention program (e.g. Batu et al., 2009; Kırcaali-İftar et al., 2001; Sucuoğlu et al., 2000), Portage Early Education Program (e.g. Güven et al., 1998), Behavioral Education Program for Children with Autism (BEPCA; Kırcaali-İftar et al., 2009), Turkish Version of Responsive Teaching (TV-RT; Karaaslan & Diken, 2009)], in Turkey. Although BEPCA and TV-RT are new pretty new programs for Turkey, Portage is internationally a very-well known ECI program and there are several studies on effectiveness of Small Steps in Turkey, these programs are not part of ECI practices nationwide in Turkey as a national policy. This is may be because of there is no an ECI system and center in Turkey. Therefore, new home-based ECI programs should be adapted or developed and existing programs should be part of the ECICs and provided by professionals who will be positioned in the ECICs. Regarding center-based ECI practices inclusive day care center, playgroups, preschool, and kindergarten practices should be established and provided. Related support services should also be considered while providing these services.

*Training Professionals in ECI.* Professionals graduated from the field of special education or related field and will get training on specifically young children with special needs and ECI services for these children and their families should be positioned in ECICs. Professionals who have been working and will be working in the field of ECI should also get training on the ECI. The best way might be to have graduate (e.g., master) programs in ECI for professionals from related fields such as child development, special education, regular early childhood teacher, physiotherapy, occupational therapy, psychological consultation and counseling, psychology, etc. who have been working in this field for years with young children with developmental delays/disabilities and their parents. Professionals from these interdisciplinary fields have at some level background of the ECI field. If we could provide the info and skills they needed based on their preparation programs, time and money could be saved. As an initiative, Anadolu University have just developed a master program and applied to Higher Education Council of Turkey in March 2010. However, these programs should be widespread in Turkey.

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