Extent of Parental Involvement in the Administration of Tests to Children with special needs in Kenya

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Abstract: The assessment of children with special needs is an important component of SNE. The process of educational assessment involves identification of children with special needs and disabilities, administration of tests and intervention. The Educational Assessment and Resource centers (EARCs) in Kenya are mandated to provide assessment services. The principles of assessment require the involvement of parents in the assessment process. Preliminary survey on 120 parents from 10 counties whose children had special needs reveals that only 51 (43%) parents were involved in the assessment process. The roles of parents include provision of background information; instruction of children during the administration of the tests and training children after assessment. What is unknown is the extent of parental involvement in the assessment process at the EARCs in Kenya. The purpose of this study was to establish the extent of parental involvement in the administration of test to children with special needs in Kenya. The objectives of the study were to; examine the involvement of parents in the administration of tests to children with special needs. The study employed descriptive survey research design. The target population was 47 assessment teachers, 94 parents of children assessed and 47 parents of children to be assessed from 47 centers in 47 counties in Kenya. Saturated sampling technique was used to select assessment teachers. Purposive sampling was used to select parents of the already assessed children and 41 parents of those to be assessed. Questionnaires, interview guides, observation schedules and document analysis guides were used for data collection. Face and content validity of the instruments were ascertained by experts from the department of Special Needs Education Maseno University. Reliability of the instruments was determined through a pilot study on 10% of the population using test-retest. The acceptable reliability was set at r = 0.70. Quantitative data was analyzed using frequency counts, percentages and mean scores. Qualitative data was organized and reported in an on-going process as themes and sub-themes. The study found out that there was a minimal involvement of parents in the assessment process at the centers in Kenya (M=2.18). The study concluded that assessors with training specifically in assessment were positive in involving parents in the administration of tests during assessment process at the EARCs compared to those who had qualifications in SNE without a specific training in assessment. The study recommends that a certificate or diploma course tailored to train assessors in assessment procedures, assessment techniques, guidance and counseling, referral and placement procedures be introduced at a relevant institution to train only assessors. It is also recommended that a policy on assessment procedures to harmonize assessment services in Kenya be enacted by the government. The research findings may help to improve parental involvement in the administration of tests to children with special needs at the EARCs in Kenya.

Keywords: administration of tests, parental involvement, children with special needs.

Background to the Study

Parent’s involvement in the administration of tests, in some countries like Britain, is mandatory. In Britain and America it is guided by acts which specify the role of parents in the assessment process Egan [1], Farrel [2]. The 1981 Education Act in Britain gives parents powers to not only to be members of the assessment team but also to seek legal redress in case their children are not assessed to their satisfaction. Mittler [3] has suggested ways parents may be involved in the assessment process. They include: providing the information about the history of the child before the assessment process; gathering data about the child’s present level of performance in the home and community; identifying early possible problems in the preschool years; making initial referrals for special education assessment; taking part in the formal assessment; guiding and counseling the child before the assessment process; conferencing with parents and participation in the child’s evaluation program. Parents have a legal right to be full members of the assessment team. They can be contributing members of the assessment team if they are made to understand their roles by professionals. Studies have shown that assessor’s attitudes are a major roadblock to parental involvement in the assessment of their children [3-5].

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In a research by Malone [6] it was found that mothers, in the course of interaction with their children who had developmental challenges through play, created social opportunities and skills that helped children develop positively. The research showed that without the input of parents the children who were under assessment did not have confidence, were shy and the results were likely to be invalid. It is this positive development from parents that is useful in the assessment process.

In Kenya the manual for the screening test explains how parents may help in the assessment of their children. In the language subtests, for example, it directs parents to provide some information about their child who could be exhibiting; for example, speech difficulties (see the manual for screening tests in Kenya (appendix 6). Parents are directed to prompt the child in the mother tongue to perform some activities during the administration of the test. The procedures involve parents in the whole process of screening their child because without the parents the assessor would not instruct the child to the optimal. They child may feel psychologically uncomfortable with an assessor who is a stranger to the child. This may affect the end results of the test. Parents can provide valuable information that is often otherwise inaccessible to the professional, Mangal [7]. Parent’s cooperation in the procedural aspects of assessment can therefore facilitate the process immeasurably.

Although the parents are supposed to be present during the administration of the test as the instructions in the manual directs it is not known to what extent the parents are involved in the actual administration of the tests. This study aims at finding out the extent of parental involvement in the administration of the tests at the assessment centers in Kenya.

Statement of the problem

It is the policy of the government that parents must be partners in the assessment process. The tests manuals direct parents to be involved in the assessment process by supporting the assessors at every stage of assessment. A preliminary survey showed that out of 120 parents only 51 (43%) was involved to some extent in the assessment process at the centers. There is minimal involvement of parents in administration of the tests. The interaction of parents and assessors during the assessment process pose some challenges which seems to contribute to parental involvement in the assessment process at the EARCs in Kenya. It is the contribution of parents at every stage that provides assessors with the basic information which forms the basis of intervention programmes. Without the partnership of parents the assessors may not identify the children’s special needs due to communication difficulties and psychosocial problems. All the intervention activities in homes cannot be implemented without the partnership of parents. It is unknown to what extent parents are involved in the administration of the tests at the EARCs in Kenya.

Purpose of the Study

The purpose of the study was to determine the extent to which parents are involved in the identification process of children with special needs.

Objective

The specific objective to this study was to determine the extent to which parents are involved in the administration of tests to children with special needs.

RESEARCH METHODOLOGY

This research was conducted through descriptive research design. This research design was used to investigate how assessment personnel interact with the parents during the assessment process. The descriptive research design had advantages for the researcher because a range of procedures were used such s questionnaires, interviews and observations to gather relevant information for triangulation. Besides this, information was gathered in the natural environments in homes where parents lived with their children [8]. The study was conducted in Kenya in 47 EARCs in 47 counties. The centers were purposively selected because the assessment services were offered there.

Study Population

The target population comprised of 3,480 parents whose children had been assessed at the centers, 47 parents whose children had been booked for an assessment, and 47 assessment teachers in 47 EARCs. The assessment teachers were supposed to have worked in the centers for at least a year. In this study Simple random sampling technique was used to select 47 assessment centers from the 47 counties. Simple sampling technique selects a sample without bias from the target population. In this study the technique was used so as to ensure that all the centers were equally represented from the whole country. Purposive sampling was used to select 2 parents from the 47 centers (94 parents) whose children had already been assessed for an interview. 30% of this population (28 parents) targeted for this study. 47 parents whose children were booked for assessment (one parent from each center) of which 30% of the population (14 parents) were targeted for the purpose of observing and video recording during the administration of the tests. An established long serving center with personnel and equipment from each county was selected purposively for this study.
In this research, questionnaires, interview guides and observation schedules were used as instruments.

In this study test items were based on the objectives. Content validity was used to establish validity of the instruments. Content validity is the degree to which test items in test represent in type and proportion content designed to measure. Content validity is also determined by an objective comparison of the test items with the coverage of the topics in the course to ensure that the items represent the topics in terms of type and proportion Drost [9]. In this study the researcher designed questionnaires, interview schedule and observations schedule in relation to the objectives. Content validity was ensured by obtaining subjective judgment by the experts of the concerned field as observed by Bryman and Bell [10], Sekaran [11]. Expert judgment of the instruments was undertaken by the experts to establish the validity of the questionnaires, interview guide documents analysis guide and observation guides. The experts evaluated the relevance of each item in the instrument in line with the objective of this study.

A test in the form of questionnaire was administered to the 4 assessors, an interview administered to 10 parents of children already assessed and an observation in an assessment center of 4 children being assessed. Later the process of retesting was repeated to the subjects after two weeks. The reliability coefficient of assessors questionnaires was calculated using Pearson product moment correlation coefficient and it was 0.74 at P-value of 0.5 was judged as reliable. Reliability for the questionnaire to the assessors was 0.858. Reliability for the parent’s interviews whose children had been assessed was established through triangulation. Information gathered from the two pilot interviews seemed similar and therefore the instrument was considered reliable. Some corrections were made on the instruments before being administered to the main population. The population used in the pilot study was not used in the main study.

This study was investigating the involvement of parents in the assessment process at the EARC in Kenya. The questionnaire for assessment teachers were categorized into six themes thus, involvement of parents in identification, involvement parents in the administration of the tests, involvement of parents in referral and placement, involvement parents in intervention activities and difficulties encountered by parents and assessor in the assessment process. The questionnaires sought the opinion of the parents in the involvement of the parents in the whole assessment process using items from the objectives (strongly agree, agree, undecided, Disagree, Strongly disagree). The observation schedule focused on activities derived from the behavior of the assessor, the child and the parent during the whole process of assessment at the center. This included how the parent was welcomed at the center, how the rapport is established between the parents the child and the assessor, the behavior of the assessor towards the child and the parent, the sitting position of the parent, the child and the assessor and how the assessor involves the parent in the test administration activities. The process was videotaped and analyzed in order to find out the frequency of parental involvement in the assessment process. The activities were measured passively (Very frequently, Frequently, Sometimes, hardly, and Not At All.). Quantitative data was analyzed using frequency counts, percentages, means, t test, chi-square, factor analysis and multiple regressions. The alpha level of significance was set at .05.

RESULTS AND DISCUSSION

In order to establish the extent of parental involvement at the test administration level, the researcher observed the assessment process at the test administration level. The main stages of involvement were; before the administration of the test, during the administration of the test, referral and replacement, intervention, and challenges encountered during the administration of the test. Some of the aspects before the administration of the test included welcoming parents at the center, explaining the assessment procedure to the parents, informing the parents about the importance of background information, informing the parents confidentiality of the background information among other aspects of ‘during the administration’ test. The results are presented as shown in Table 2.
Table-2: Observation on the Extent of Parental Involvement at the test Administration Level

<table>
<thead>
<tr>
<th>Statements</th>
<th>Perfectly done f (%)</th>
<th>Well done f (%)</th>
<th>Fairly done f (%)</th>
<th>Poorly done f (%)</th>
<th>Very poorly done f (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent is welcomed to the Center</td>
<td>4(8.5)</td>
<td>5(10.6)</td>
<td>9(19.1)</td>
<td>11(23.4)</td>
<td>18(38.3)</td>
</tr>
<tr>
<td>Parent is explained to the assessment procedure</td>
<td>5(10.6)</td>
<td>5(10.6)</td>
<td>6(12.8)</td>
<td>11(23.4)</td>
<td>20(42.6)</td>
</tr>
<tr>
<td>Parent is informed of the importance of background information</td>
<td>4(8.5)</td>
<td>5(10.6)</td>
<td>7(14.9)</td>
<td>11(23.4)</td>
<td>20(42.6)</td>
</tr>
<tr>
<td>Parent is informed of the confidentiality and privacy of background information</td>
<td>1(2.1)</td>
<td>5(10.6)</td>
<td>9(19.1)</td>
<td>14(29.8)</td>
<td>18(38.3)</td>
</tr>
<tr>
<td>Parent sits in the assessment room</td>
<td>4(8.5)</td>
<td>5(10.6)</td>
<td>12(25.5)</td>
<td>16(34.0)</td>
<td>10(21.3)</td>
</tr>
<tr>
<td>Parent is familiarized with to the assessment test</td>
<td>5(10.6)</td>
<td>6(12.8)</td>
<td>7(14.9)</td>
<td>11(23.4)</td>
<td>18(38.3)</td>
</tr>
<tr>
<td>Parent is informed of possible roles?</td>
<td>3(6.4)</td>
<td>8(17.0)</td>
<td>6(12.8)</td>
<td>9(19.1)</td>
<td>21(44.7)</td>
</tr>
<tr>
<td>Parent attempt a task first as the child watches.</td>
<td>5(10.6)</td>
<td>7(14.9)</td>
<td>7(14.9)</td>
<td>12(25.5)</td>
<td>16(34.0)</td>
</tr>
<tr>
<td>Parent helps the child to perform the task?</td>
<td>1(2.1)</td>
<td>2(4.3)</td>
<td>3(6.4)</td>
<td>12(25.5)</td>
<td>29(61.7)</td>
</tr>
</tbody>
</table>

The results in table 2 indicate that before the administration of the test, the process of welcoming parents at the centre was fairly done as observed in the majority of the centers, 15 (31.9%). It was also observed that the process of explaining to the parent the assessment procedure and the importance of background information was poorly done in 16 (34.0%) and 19 (40.4%) of the assessment centers respectively. Furthermore, assessors very poorly perform the practice of informing parents confidentiality and privacy of background information, as observed in most of the assessment centers, 17 (36.2%), smaller extent 14 (29.8%). In addition, a it was observed in most of the assessment center’s that parents were informed of the importance of background information. Results in table 4.8, also indicated that during administration of the test, the process of allowing parents to sit in the assessment room well done as observed in 10 (21.3%) assessment centers, and perfectly done in 12 (25.5%) of the assessment centers. However, in other assessment centers, it was fairly done 9 (19.1%), poorly done 8 (17.0%) and very poorly done 8 (17.0%). In most of the assessment centers it also emerged that the practice of familiarizing parents with the assessment test items during administration of test was fairly done 10 (21.3%), poorly done 12 (25.5%) and very poorly done 15 (31.9%). In addition, in most of the assessment centers, assessors did not allow parents to attempt a task as children watched as observed in 8 (17.0%) where it was well done, 10 (21.3%) poorly done and 20 (42.6%) very poorly done.

Findings of this study disagree with Mittler [3] who observed that parents need to be involved in assessment process such as gathering history of the child, gathering data about child’s present level of performance, taking part in formal assessment. In the present study, parents were not involved in assessment before assessment as indicated in the results. In the majority of the assessment centers, it was observed that parents were not familiarized with the assessment test items during administration of test.

Table-3: Means Observation on the Extent to which Parents are Involved at the Test Administration Level

<table>
<thead>
<tr>
<th>Statement</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent is welcomed to the Center</td>
<td>2.74</td>
<td>1.13</td>
</tr>
<tr>
<td>Parent is explained to the assessment procedure</td>
<td>2.34</td>
<td>1.26</td>
</tr>
<tr>
<td>Parent is informed of the importance of background information</td>
<td>2.77</td>
<td>1.27</td>
</tr>
<tr>
<td>Parent is informed of the confidentiality and privacy of background information</td>
<td>2.34</td>
<td>1.40</td>
</tr>
<tr>
<td>Parent sits in the assessment room</td>
<td>3.17</td>
<td>1.40</td>
</tr>
<tr>
<td>Parent is familiarized with to the assessment test</td>
<td>2.45</td>
<td>1.36</td>
</tr>
<tr>
<td>Parent is informed of possible roles?</td>
<td>2.19</td>
<td>1.30</td>
</tr>
<tr>
<td>Parent attempt a task first as the child watches.</td>
<td>1.72</td>
<td>1.08</td>
</tr>
<tr>
<td>Parent helps the child to perform the task?</td>
<td>1.70</td>
<td>0.98</td>
</tr>
</tbody>
</table>

The results in table 3 as indicated in means and standard deviation on the level of practice to which parents are involved at the test administration level indicate that parents were fairly involved (M=2.74, SD=1.13). Parent is also fairly explained to the assessment procedure (M=2.34, SD=1.26), parent is fairly informed of the importance of background information (M=2.77, SD=1.27), and parent attempts a task first as the child watches and helps the child to
perform the task (M=1.72, SD=1.07) and (M=1.7, SD=0.976) respectively.

Parents were asked the role they undertook during the administration of tests to their children at the EARCs.

Interviewer: “What role did you play during the administration of the test?”

Parent: “I did not do anything I just sat and watched as the assessors carried out the test. Was only asked about the age of the child”

The majority of the parents said they only watched as the assessor administered the test.

“I was outside chatting with other parents as the doctor treated the child”

In five centers the parents were actually left outside the office as the assessor administered the tests. One parent reported as having been given the report in the office without the benefit of knowing what happened during the assessment in the clinic.

From this report, it can be deduced that during the test administration, parents played a very minimal roles or not at all. In fact, assessors only asked the parents about the birth history of the children at the beginning of the assessment process. Most of the parents only brought their children and waited for the assessor’s feedback. Majority of the parents 81% were not involved at the test administration level. For those who were involved 19%, the tasks were unspecified. Mittler [3] have stressed that if parents are not in the clinic or sensitized to support children in the administration of the test may not be successful hence invalid and unreliable results. It was observed during that during the administration of the tests that assessors dominated the process of instructing the child unless the child became uncooperative. The tests items dictate that parents assist the child in the mother tongue and also prompt the child to confidently perform the tasks; (see appendix 5 language development subtest).The language activities in the test cannot be perfumed without the presence of the parents because some of the items are performed by the parent. A child who is three years old may not perform all language activities. In one center the child could not perform without the eye contact instruction of the mother.

However some factors seem to have contributed to this minimal involvement in the assessment process. Parents who are literate or had formal education seemed to have been interested in accessing information about the procedures, the assessment process and its outcomes. One parent commended that.......so why did I have to present this child to the assessors if the only thing I was told he is deaf”....I knew that.....but what next....”This parent was a schoolteacher. Parents who were illiterate 26% seem to have not been interested in the whole process of assessment unlike those who were literate 11% who were eager to be involved and asked questions about the assessment tests in reference to their children. Some parents 4% believed the assessment is the business of the assessors did not want to be involved in the assessment process.

CONCLUSIONS AND RECOMMENDATIONS

The study established, from the observation schedule, that parents were involved in the administration of the tests to a small extent. Observations showed that some assessors even did not allow the parents to enter the assessment clinic. In two centers the parent sat a distance from the assessor and was observing from a distance as the child performed assessment tasks and in another center the mother actually kept herself busy by browsing her mobile phone. They administered the tests without the presents of the parents. The manual for the screening tests directs that parents must be present in the clinic to prompt the child or help the child perform the tasks and also give the child confidence of performing the tasks in a new environment and by unfamiliar professional. The implications is that the tests results may not be valid or reliable

The success of the administration of tests dictates that a child has confidence and is familiar with both the environment and tests materials. The assessor did not involve the parents in the administration of the tests as observed in the assessment centers and therefore there are possibilities the results were neither valid nor reliable.

Recommendations

Based on findings of the study, the study recommends that;

The assessment tools should be upgraded to meet the current and emerging issues in SNE like inclusive education, autism, gifted and talented learners.

REFERENCES


