

## SERVICE PROGRAMMES

**The Special School for the Children with Multiple Disabilities Funded by The Department of Empowerment of Persons with Disabilities under Deendayal Rehabilitation Scheme, Ministry of Social Justice and Empowerment, Government of India, New Delhi.**



As we know special education is a form of intervention that focuses on the appropriate placement of the handicapped child and youngsters within the educational systems and construct placement that are helpful to the special child and young details. It is designed to provide specific appropriate facilities, specialized methods and materials and specially, trained teacher for children with wide range of development problems.



For the most part special education has been a means of providing a useful educational experience for the PWDs who have medically or psychologically defined as different. However, the best methods of providing appropriate educational experience for special children has been the subject of ongoing controversy but now the educators are convinced that there is considerable merit in educating them in regular classroom settings that is integrating them with normal children by mainstreaming.

### **The Institute's Special Education policies**

1. Promoting high standard of need based special education for children with intellectual disabilities with additional disabilities.

2. Encouraging children with special needs, parents and family members to participate fully in their school and community and to take part in decisions about their child's education for a successful transition to adulthood
3. Encouraging other schools in the area to share their practices in providing rehabilitation services for children with disabilities..
4. Working with other statutory and voluntary agencies to provide support for children with disabilities.
5. Securing training, advice and support for staff working in special education programmes.
6. Reviewing, updating the policy and development plans on a regular basis for effective management of the identified needs of children with disabilities.
7. Formulation of Code of practice time to time which give practical guidance on the discharge of duties and functions of the professionals, special educators and staff of the Institute for effective and qualitative services.

As we all know, it is very difficult to educate the multiple handicapped children, as multiple sense organs, which help in acquisition of self care skills, cognitive skills and communication skills are non-functional. Our management have ventured to have a school for the Multiple Handicapped called



“ASWASANA”, which was started on 6<sup>th</sup> August 1998. This particular activity is the first of its kind in the State of Orissa. Fortunately, Department of Empowerment of Persons with Disabilities, Ministry of Social Justice & Empowerment, Government of India funding the Project under the name “The Special School for the Multiple Handicapped” under DeenDayal Rehabilitation Scheme since August 2007.



Under this project at present seventy five day-scholar children of different categories with special needs like Multiple handicapped, Mentally Retarded with additional disabilities, Autistic with additional disabilities, children with Learning disabilities, Hyperactive & Attention deficit disorder, Neurological disorder etc are receiving various need based therapeutic services and skills training activities through

holistic approach. We have, at present, eleven specially trained in Intellectual Disabilities, Cerebral Palsy, Hearing Impaired who are imparting various need based skill trainings besides paramedical interventions like physiotherapy, speech therapy, occupational therapy and behavior therapy including Music, Dance, Art & Craft under structured learning environment.



These seriously disturbed children have even more need than other children for love, affection, reassurance and protection against their angry and destructive impulses. The teacher is affectionate, but she is also firm, which helps the disturbed children believe, that she will keep him from harming himself and others. This kindness and firmness relieve



some of his confusion and anxiety. As the special child begins to develop skills and learns to master his small but familiar environment, his self-confidence increases and he is encouraged to explore the world outside the school environment. Frequent visits of new sites ,taking ferry rides develop their concepts which helps in developing their

language and communication ability. Through these practices gradually, distorted concepts and situations straighten out. The real world becomes less frightening. Feelings of anger and frustration can be worked out in acceptable ways. As the children dare to express themselves they learn that they will be understood, accepted and helped by others. As control over behaviour increases, so does a sense of pride in achievement. Capacities for learning, living, growing and enjoying sometimes grow to the point where a child may be ready for transfer to a public or private school.



When a child with disabilities comes to us the clinical team tests each children on admission to assess his strengths, disabilities, problems and potentialities, then maps out a training and educational program for him. All aspects of the child's handicap will need to be considered and measured as far as possible. It is important to determine the child's strengths and assets as well as his weaknesses and difficulties. A specially qualified teacher is assigned to two or three of the children-sometimes to only one children for while. A teacher's activities may range from just training a youngster to eat, wash, dress and toilet himself to guiding him in a formal academic program. The teacher's first objective is to gain the child's trust. With music, dance, painting and block-building -any stimulus Educator thinks might stir a response she entices the withdrawn child bit by bit, patiently, gently, from his isolation and fantasy world. She looks for projects that will arouse his interest and engage him, if only for a moment or two at first. We propose to have a residential care unit for 100 children in next five years.



## 2. Home Based Training Programme :

While institutionalized efforts for imparting special educational to the children with disabilities are rendered through the special schools and institutions, it is important to appreciate the need to supplement these efforts through Home Management Programmes. With a view to apply a holistic approach in addressing the needs of these children



with special needs favourable environment at home, education of parents & family members are most important. In this sense, this programme would serve as vital supplements to the inputs receive in the class room situations. Moreover, there are large number of children with mental retardation and additional disabilities who are unable to reach schools due to practical difficulties. The model itinerant teaching where the educator visits home periodically and train the parents / care takers as to how to educate the child . The distance the parents has to travel is reduced by this effort. Under this project, presently only 24 students are receiving home training management programme.

### The basic objectives of the Home Based Programme would be :

1. To create a conducive environment for learning various daily living skills in the home environment especially for the severely intellectual disabilities.
2. To sensitizes the parents & family members as to how to tackle the problem situation and manage the behavioral problems of the child through counseling and behavioral therapeutically inputs.
3. To bring home the therapeutic needs for the child for guidance at home.
4. To provide Teaching Learning Material (TCM) and other relevant material for guidance at home.
5. To conduct annual client evaluation through review exercise.

### 3. Assessment & Therapeutic Centre for the Children with multiple disabilities ; (Funded by Gurukrupa Foundation, USA)

As you would know, out of all cases of persons with disabilities, nearly more than 61 percents needs physical restorative services to overcome their functional difficulties for smooth mobility. **The Project Assessment & Therapeutic Centre for the children with disabilities is an extension project of the special educational programme of the children with multiple disabilities which has**



**been set up on 31<sup>st</sup> January, 2021 with the financial support of Gurukrupa**



**Foundation, USA.** The primary objective of this project is to provide the qualitative therapeutic services mainly physiotherapy, speech therapy and occupational therapy to children and persons with disabilities, poor and distressed persons of the society. This project very crucial because parents having disabled children, poor and distressed persons are unable to have full assessment and therapeutic guidance from time to time for overcoming the deficiencies due to unaffordable professional charges and unavailability of qualitative services under one roof. We have started this Assessment and Guidance Services centre under the kind assistance of GURUKRUPA FOUNDATION, USA., with the help of our specialist professional members in the field of Orthopeidic, ENT, Psychiatric, Pediatric Neurology



and paramedical professionals. We have assessed and given therapeutic interventions so far nearly 600 children having neurological and loco-motor difficulties, spasticity including poor distressed persons having affliction of bones, joints, muscles or nerves and made

them improved gross motor and fine motor coordination movements and reduced involuntary movements and spasms in the affected parts of the body.

Presently this unit is functioning in the premises of Bishnu Mandir, Sahidnagar, Bhubaneswar. We hope to have this service in a full-fledged manner when we will have our own building. We are in process of requesting philanthropic organizations for their kind generous helps to establish a fully equipped assessment centre.

### **Objectives of the Project:**

- To undertake a proper assessment and diagnosis of each child or persons with disability.
- To identify the psychological and therapy needs of the child and persons with disabilities.
- To assess the capacity of each child and thereafter place them in groupings and grades.
- To manage behavioural problems and to impart special skills, self-help skills and cater to the therapy needs of children with Intellectual Disability.
- To manage the educational and vocational need.
- To give special inputs for overall improvement of the beneficiary by trained and qualitative Special Educators and Professionals.
- To apply the single window concept of providing for the plurality of therapy needs of the beneficiaries.
- To strive towards development of speech to facilitate interpretation in
- To involve parents through counseling as an integral part of the preparatory intervention and ensure their participation in the programme after early intervention.
- To help the persons with disability in developing basic communication skills and mobility skills.

## Physiotherapy Unit :

Out of all cases of persons with disabilities, nearly 61 percent, needs physical restorative services. In most of the cases of Intellectual Disabilities, Cerebral Palsy, Leprosy Cured Persons, Physiotherapy, Occupational Therapy, Speech Therapy help overcome the functional limitations. Physical restoration is achieved by stimulating the muscles, tendons, joints and bones



so as to relieve contractures, to enable a person to flex his limbs to improve the functioning of muscles, joints. The basic treatments of physiotherapy such as exercises, massage and stimulation through Electrical equipments are very beneficial. We have assessed given therapeutic interventions so far nearly 600 handicapped, poor and distressed persons and children of neurological and loco-motor difficulties, cerebral palsy and made them improved coordination movements and reduced involuntary movements and spasms in the affected parts of the body.

The physiotherapy unit, which was set up on 31<sup>st</sup> January 2021 by the Institute in association with Sahidnagar Sanskrutika Samitee. The main objective of the unit to provide qualitative physical restoration services to the children with disability, poor & distressed persons in free of cost. Free accommodation and free electricity is being provided by the Sahidnagar Sanskrutika Samitee and Institute has employed one full time Physiotherapist and a experienced Physiotherapy Helper and one Sweeper-cum-Peon-cum-Aya for the centre.

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## Speech Therapy Unit :

Of all the skills the child masters during the pre-school years, learning to talk is by far the most difficult and most marvelous. Unlike learning to sit, to crawl and to walk, which the child will do when he has sufficient motor control of his body but a child needs others help who are surrounded him all the times, the parents.



In this unit, a qualified Speech and Language Therapist has been appointed and this unit is functioning at the Institute premises with fully equipped infrastructure. The children with multiple disabilities, intellectual disabilities, Autistic, hyperactive and attention deficit, multiple sclerosis and cerebral palsy who have very faint voices and severe speech defects have been receiving various speech & voice therapy treatments and exercises aiming at overcoming the speech, language and communication problems. Speech therapist also as and when required, guide, counsel the parents and family members and ask to repeat the therapy procedures as many time as possible. As we know, eyeing the speaker, listening attentively and imitating are the first essentials in learning to talk, the special educators and other care givers including parents and family members are trained and guided by the therapist time to time as to how to communicate and stimulate common speech and oral exercises through imitation and play. The children with intellectual disabilities of the Institute after receiving speech, language and communication and oral-motor stimulation training has progressed greatly and now some are able to produced speech normally and some are even able to communicate with parents, family members, relatives and educators normally. No doubt, it has been noticed that due to regular and repetitive stimulations, through



attention and imitation skill, and vocal games, the children with severe disabilities have been improved considerably.



**Language & Communication Software Tools**

### **Occupational Therapy Unit :**

The Occupational Therapy is a very practically oriented therapy and it is a part of physiotherapy unit in which treatment is of great therapeutic value and playing substantial role in restoring lost motor and sensory functions. Occupational Therapy also plays a very important role in the life of children and persons with disabilities. It helps the special child to achieve maximum independence and to cope with the problems of daily living activities by developing cognition and increasing attention span of the children with disabilities. In case of severe mentally sub average children, occupational therapist work to develop perceptual skills, play skills, independent living skills, aiming to maximize performance through relevant training and the use of appropriate aids and equipments and help the children to overcome their confidence, irrational fears, anxiety and difficulties in relationships with other people.

Various approaches and techniques are used in Occupational therapy unit as part of the service programs for the persons with disabilities. For example, Neuro Developmental Therapy (NDT) is used to handle the individuals with neurological impairments. Sensory Integration Therapy



(SIT) is applied to children affected with autism spectrum disorders and children having sensory dysfunctions. Proprioceptive Neuro-muscular Facilitation Approach, Task Oriented Approach, Bio-Mechanical Approach are few other approaches that are used for regaining lost the rehabilitation of persons with disabilities.

### **Early Intervention Services ;**

Realistic hope for the parents of a young children with special needs can be found in an early intervention programme. In this programme the innate capacity to learn and to learn how to learn, will be stimulated to optimal growth. The goal is to promote and deliver intensive, cost effectiveness, in-home early intervention programme. These services are provided for children at risk / development delay from birth to three years. The children are assessed for different development aspects such as motor, language, cognitive, self-help communication and social skills. Play way method is imparted to stimulate the developmental functioning of the children. A home based program is also prepared and explained to parents to follow the same.