

Learning Centre for Cerebrally Palsied and Mentally Retarded Children

Vision

To provide a sustainable service to the needy vulnerable Cerebrally Palsied & Mentally Retarded Children

Initiation to the Project

Children are the most vulnerable in the vulnerable groups. We are taking the task of the most vulnerable group of the children. The children with the complaints of Mentally Retarded and Cerebrally Palsied are suffering a lot by the family, by the community. With the technical guidance and assistance the family members and society can change their approaches towards the Mentally Retarded and Cerebrally Palsied.

As an initiative, we have started the learning centre to support them technically and to educate the family members and the community to change the approaches towards the Mentally Retarded and Cerebrally Palsied children. Through this we are planning to improve the ADL (Activities of the Daily Living) skill of the children to fulfill their basic needs by themselves. Try to improve the physical and mental ability to the maximum level. Try to achieve the ADL skills with or without support.

_____ is a village located in _____ Gingee Taluk _____. The _____ people in this village are leading their life by doing agriculture laborer, Coolie in Building Construction, unskilled laborer works. The village located in the border of _____, the people are coming to the major villages and Tiruvannamalai District in search of the professional requirement. For the Government works they are approaching to the _____.

After our Learning Center establishment the people in and around the villages coming to our Learning center for the sake of the Disable issues. We are trying to help them with our maximum level to guide them for the betterment of the children.

To eradicate the problem we established the learning centre in partnership with [REDACTED] for Education, in [REDACTED] to help the most vulnerable children. To support the children technically we are established a learning centre. The centre operates with a special educator to fulfill the ADL skills. The special educator providing different kinds of therapy to help the CP/MR children to improve their motor skills for things like walking, talking and using their limbs. Special teacher are trained to work with people on learning better easier ways to do things, just like a coach who helps to learn and practice new skills to make you a better learning and new skills. According the need a professional Physiotherapist appointed and needed therapy session organized for the better mobility of the children.

Our method of Approaches

It is often thought that it takes a certain kind of person or an individual with special education to work with the people who are mentally retarded / cerebrally palsied. The fact is that anyone who is patient and kind and who has sincere interest in working with people can be successful. Considering this suitable resource person will be appointed to serve the children

We are trying to teach the children through Task Analysis. One of the most important things we will remember when teaching an individual with mental retardation is to break down the skill or project being taught into small tasks. As a primary step the children are assessed and the goals are fixed, once in four months the children's development evaluation will take place.

If an individual is not successful at completing a task it may be that the task being taught is not broken down far enough. Giving simple step-by-step directions, and repeat instruction to be sure.

Establish realistic, attainable goals, and allow plenty of time for achieving them. It may take several months to teach new skills.

- Concentrate on concrete ideas and skills. Children have trouble with abstract concepts.
- The staffs are directed to be Patient, Persistent, and Consistent with the children.
- Providing warmth and acceptance. Recognizing each individual's potential to grow, learn, and develop.
- Promoting a sense of security through a smile or by providing a word of praise.
- Demonstrate. Showing is often more effective than telling. Use a combination of the two.

"Tell me something a hundred times, and I may still not fully understand what you want me to do. Show me what you mean, demonstrate clearly and slowly, just once or twice and I'll be close to the goal. But do it with me, put your hand on mine and guide me through it, and I will make it.

Introduction of the term Cerebral Palsy

The words Cerebral [REDACTED] are used to describe a medical condition that affects control of the muscles. Cerebral means anything in the head and palsy refers to anything wrong with control of the muscles or joints in the body. If someone has cerebral palsy it means that because of an injury to their brain (that's the cerebral part) they are not able to use some of the muscles in their body in the normal way (that's the palsy part). Children, who have cerebral palsy, or CP, may not be able to walk, talk, eat or play in the same ways as most other kids.


It is important to know that CP is not a disease or illness. It isn't contagious and it doesn't get worse, but it is not something you "grow out of." Children who have CP will have it all their lives.

How do you get Cerebral Palsy?

Cerebral palsy is caused by an injury to the brain before, during, or shortly after birth. In many cases, no one knows for sure what caused the brain injury or what may have been done to prevent the injury.

Sometimes injuries to a baby's brain happen while the baby is still in the mother's womb (before birth). The injury might be caused by an infection or by an accident in which the mother is hurt. If a mother has a medical problem such as high blood pressure or diabetes, this can also cause problems in the baby. There may be problems during birth such as the baby not getting enough oxygen, or a difficult delivery in which the baby's brain is injured. Problems after birth may happen when a baby is born too soon (premature delivery) and his body is not ready to live outside his mother's womb. Even babies born at the right time can have infections, or bleeding in their brain which causes a brain injury because the brain is still developing even after birth.

The Different types of Cerebral Palsy

Children with  have damage to the area of their brain that controls muscle tone. Depending on where their brain injury is and how big it is, their muscle tone may be too tight, too loose, or a combination of too tight and loose. *Muscle tone* is what lets us keep our bodies in a certain position, like sitting with our heads up to look at the teacher in class. *Changes in muscle tone* let us move.

Spastic Cerebral Palsy

If muscle tone is too high or too tight, the term spastic is used to describe the type of cerebral palsy. Children with spastic CP have stiff and jerky movements because their muscles are too tight. They often have a hard time moving from one position to another or letting go of something in their hand. This is the most common type of CP. About half of all people with CP have spastic CP.

Ataxic Cerebral Palsy

Low muscle tone and poor coordination of movements is described as ataxic (a-tax-icky) CP. Kids with ataxic CP look very unsteady and shaky. They have a lot of shakiness, like a tremor you might have seen in a very old person, especially when they are trying to do something like write or turn a page or cut with scissors. They also often have very poor balance and may be very unsteady when they walk.

Because of the shaky movements and problems coordinating their muscles, kids with ataxic CP may take longer to finish writing or art projects.

Athetoid Cerebral Palsy

The term athetoid is used to describe the type of cerebral palsy when muscle tone is mixed - sometimes too high and sometimes too low. Children with athetoid CP have trouble holding themselves in an upright, steady position for sitting or walking, and often show lots of movements of their face, arms and upper body that they don't mean to make (random, involuntary movements). These movements are usually big. For some kids with athetoid CP, it takes a lot of work and concentration to get their hand to a certain spot (like to scratch their nose or reach for a cup). Because of their mixed tone and trouble keeping a position, they may not be able to hold onto things (like a toothbrush or fork or pencil). About one-fourth of all people with CP have athetoid CP.

Mixed Cerebral Palsy

When muscle tone is too low in some muscles and too high in other muscles, the type of cerebral palsy is called mixed. About one-fourth of all people with CP have mixed CP.

Besides different kinds of muscle tone, kids with CP also show different parts of their bodies that are affected by the CP. This is also due to what part of their brain was hurt and how big the injury was.

Quadriplegia

When a child shows CP in all four of their limbs--both arms and both legs, it is called quadriplegia. Quad means four. Usually kids with quadriplegia have trouble moving all the parts of their bodies, their face and trunk as well as their arms and legs, and may need a wheelchair to get around. Because of the problems controlling the muscles in their face and upper body, they also have trouble talking and eating.

Hemiplegia

Hemiplegia means that the CP affects one side of the child's body. Hemi means half, so the right arm and leg or the left arm and leg are affected. The other side

of the child's body works just fine. Many kids with hemiplegia are able to walk and run, although they may look a little awkward or have a limp.

Diplegia

Some children have CP just in their legs or much more severe in their legs than in their arms. This is called diplegia. Di means two, so in diplegia only the two lower limbs are affected. As you probably can guess, the difficulty for children with diplegia is using their legs, so walking and running may be hard for them. Because their upper bodies are usually not affected they have good ability to hold themselves upright and good use of their arms and hands. You may wonder whether anyone ever has CP in their arms but not their legs. This happens sometimes, but it is very, very rare.

What are other problems associated with CP?

In addition to problems controlling their muscle movement, children with CP may have some other problems too. Most of these are caused by the same brain injury that caused the CP.

Talking and Eating

Just as CP can affect the way a person moves their arms and legs, it can also affect the way they move their mouth, face and head. This can make it hard for the person to talk clearly and to bite, chew and swallow food. If you meet a girl with CP you may notice that her speech is hard to understand or that she seems to work very hard just to get out a few words. This is because she is not able to make her lips, jaw and tongue move as quickly as you can. She may also have trouble controlling her breath flow to make her voice work. All of these parts of your body are very important in talking.

The speech problem most children with CP have is called *dysarthria* (dis-are-three-a). That means it is hard for them to control and coordinate the muscles needed to talk. Their speech may sound very slow and slurred and their faces may look a little funny when they are trying to talk. Some kids' voices may sound different too. If too much air comes through your nose when you talk you sound *hypernasal* (hyper means too much), like [REDACTED] from the old TV show "Family Matters". If not enough air comes through your nose you sound *hyponasal* (hypo means not enough), like when you have a bad cold and can't breathe through your nose.

Many of the same muscles involved in talking are also used when you eat. Some kids with CP might not be able to bite and chew foods like a hotdog or a peanut butter sandwich. They may also have trouble sucking through a straw or licking an ice cream cone.

Learning Problems

About one-fourth to one-half of children with CP also has some type of learning problem. It may be a *learning disability* so that they have trouble with one or two subjects in school but learn other things pretty well, or may be a more severe learning problem like *mental retardation* in which they learn everything at a slower rate. There are many different levels of mental retardation so that people with mild mental retardation may learn to read and write and do math, but people with more severe mental retardation probably will not.

Seizures

About half of all children with CP have *seizures*. This means that they have times when there is some abnormal activity in their brains that interrupts what they are doing. Often, the abnormal brain activity happens in the same place as the brain injury which caused the CP. Your brain is constantly sending messages out to your body - to breathe, to move, to keep your heart pumping. A seizure is a series of abnormal messages being sent out very close together. These abnormal messages may cause someone to stare and stop moving during a seizure, or may cause them to lose control of their body and fall down. Some people show shaking movements all over when they are having a seizure. Seizures usually last a few seconds to a few minutes, and in most cases are not dangerous. Many children take special medicine to help prevent seizures or reduce the number of the seizures they have.

You may already know that seizures also occur in many people who do not have

CP. What type of therapy is available for CP?

Children with CP often go to different kinds of therapy to help them improve their motor skills for things like walking, talking and using their hands. Some kids get therapy at school and some kids go to a special clinic to see their therapists.

Therapists are special teachers who are trained to work with people on learning better or easier ways to do things. Just like a coach who helps you learn and

practice new skills to make you a better soccer or basketball player, therapists "coach" people to help them learn and practice new skills.

Physical Therapy

Physical therapists help children learn better ways to move and balance. They may help children with CP learn to walk, use their wheelchair, stand by themselves, or go up and down stairs safely. Kids may also work on fun skills in physical therapy like running, kicking and throwing a ball, or learning to ride a bike. Physical therapy is usually called "PT" for short.

Speech and Language Therapy

Speech therapists work with children on communication skills. Communication skills may mean talking, using sign language, or using a communication aid. Children who are able to talk may work with a speech therapist on making their speech clearer (easier to understand) or on building their language skills by learning new words, learning to speak in sentences, or improving their listening skills. Children who are not able to talk because of their difficulty controlling the muscles needed for speech may learn sign language or use some kind of communication aid. A communication aid might be a book or poster with pictures that show things the person might want, or an alphabet board that the person can use to spell out their message. There are also computers that are used as communication aids that actually talk for the person

Occupational Therapy

Occupational therapists usually work with children on better ways to use their arms, hands, and upper body. They may teach children better or easier ways to write, draw, cut with scissors, brush their teeth, dress and feed themselves, or control their wheelchair. Occupational therapists also help children find the right special equipment to make some everyday jobs a little easier.

Recreational Therapy

Recreational therapists help kids with CP have fun! They work with children on sports skills or other leisure activities. In recreational therapy kids may work on dance, swimming or horseback riding. They may also work on art or horticulture (growing and taking care of plants) or almost any other hobby they are interested in.

Introduction to the term Mentally Retarded

There are many degrees of mental retardation. Persons who are severely retarded are able to learn only the most basic self-care skills. Those who are mildly retarded are able to learn so much that, as adults, some are no longer identified as being retarded. Three common classifications used include:

Causes

Not all the causes of mental retardation are known; the known causes can be placed into five categories:

- a. Genetic Irregularities -- for example x-ray exposure, incompatibility of genes inherited from parents, Rh blood factor incompatibility, Down's Syndrome, error in metabolism, or recessive genetic traits.
- b. Pregnancy Complications -- for example poor nutrition, German measles, tumors, glandular disorders, infections, exposure to toxic agents, or radiation.
- c. Birth Problems -- for example premature birth, too rapid birth, prolonged birth, or any circumstance that reduces the oxygen supply to the infant's brain.
- d. Post Birth Situations -- for example childhood diseases, especially in the very young (chicken pox, measles, meningitis, whooping cough); high fevers, severe injuries to the brain, lack of certain chemicals in the blood, or glandular imbalance.
- e. Environmental Factors -- for example being born and reared in a deprived environment where there is little opportunity to learn; or serious emotional problems.

Characteristics

A mentally retarded person is slow to learn and may be slow or limited in the development of physical skills. Additionally, physical handicaps may be present, such as speech impairments, visual impairments, hearing defects, or epilepsy. Reminder: Because these secondary handicapping conditions are common among people with mental retardation, this does not mean that individuals who have a speech impairment or epilepsy are mentally retarded.

Objective of the Resource Centre

- ✓ Learning Centre for the Cerebrally Palsied & Mentally Retarded Children
- ✓ Support Service for the Cerebrally Palsied & Mentally Retarded Children
- ✓ Awareness Programs to the public – Cause of the Disability, approaches to handle the Cerebrally Palsied & Mentally Retarded Children

Activities of the Resource Centre

Learning Centre for the Cerebrally Palsied & Mentally Retarded Children

Establishing well equipped Learning Centre Learning Centre is provided with the professional trainers this centre will ensure the Children's Rights Child friendly atmosphere Providing easy adoptive mobility quipments roper Medical Care Appropriate Vocational Training Providing one time food (meals), Snacks, Health Drink Two Sets of Uniform, Shoes / Slippers Resource center for the village level Identification the children's interests filed

Support Service for the Cerebrally Palsied & Mentally Retarded Children

- Supporting for the basic needs (ie., food, clothing) monthly grant to the very profound children
- Training and assistance to the parents and family members Providing the Necessary Medical Assistance
- Home Based Trainings

Awareness Programs to the public – Cause of the Disability, approaches to handle the Cerebrally Palsied & Mentally Retarded Children

- Street play, stage play to the community to create the awareness and the cause of the disability
- Conducting Medical Camps
- Creating networking with another NGO and Government to take the available benefits (ID Card, Maintenance Grand, Government Loan)
- Generating posters, hand bills to create education about the issue

Beneficiaries

The beneficiaries are from in and around the villages of [REDACTED]
[REDACTED] [REDACTED] The first priority of the admission criteria of the children will be the children with very poor economy, not able to offer special education, therapy in a private or paid clinic. The children are with very bad approaches by the parents, family members and by the community.

Every child is a child, so if the learning centre has the possibilities to accommodate the children from middle class / upper class with the possibilities to collect the affordable fees.

Operational Area of the Project

Community Profile for the Learning Centre for Cerebrally Palsied and Mentally Retarded

- | | | |
|------------------------------------|-----------|------------|
| 1. Name of the Community & Address | : | [REDACTED] |
| | | [REDACTED] |
| | | [REDACTED] |
| | | [REDACTED] |
| 2. Location | : State : | [REDACTED] |
| | District: | [REDACTED] |
| | Block : | [REDACTED] |
| | : | |
| 3. Population | : Male : | [REDACTED] |
| | Female : | [REDACTED] |
| | Total : | [REDACTED] |

Task Duration

The primary task duration will be three years to initiate the basic ADL skills to the children. According to the performance of the children. After achieving the ADL skill, the children will be arranged with the alternative placement in the normal school according to their level or trying for vocational training, arrangements to develop the self employment system, arrangements for employment opportunities training as available in the local community.

Organizational Structure

The Resource centre managed by a Project Manager / Supervisor to co-ordinate the resource centre and to solve the day to day needs. One Special Educator appointed for the technical curriculum support. According to the children's necessary and needs two trained teachers appointed. To give the care and cleanliness two care takers appointed. One Care taker is one of the beneficiary child's mother [REDACTED] through this the mother is getting income and awareness about the issue.

Implementation Plan

The children are picked up from the village. The children are staying nearer are brought by the care takers. The children are staying around the villages are brought by the care takers through the rented van.

The children educated with ADL Skills through various systems. The developments of the children will be monitor through the [REDACTED] once in three months and the fourth month the evaluation will take place then according to the result the goal of the next three months will be fixed and worked for that.

Infrastructural Requirements

- 📺 DVD Player for music therapy
- Need a Vehicle for the children usage for children's pickup and drop from their village

Monitoring mechanism

The daily activities monitored by the Project Manager / Supervisor, will be reported to the Managing trustee. Regular and Periodical visits by the Managing

Trustee and Board of Trustees. The monthly activity and special activities will be recorded.

Accounts System will be through Bank Transaction. All the expenses is with proper bill and answerable at any time. The expenses are audited by Chartered Account once in three months and once in a financial year audited accounts statement will be submitted.

Evaluation

Self-evaluation is the best system, through this the errors can be eradicated and lead to perfection. External Evaluation also will be arranged periodically.

Sustainability & Follow Up

The initiative for the sustainability is starting from the parents, regular parent's meets to discuss with them regarding the developments of the child and needed follow up they need to take care in the house. No one other than parents can make significant changes in the lives of Mentally Retarded and Cerebrally Palsied children. The parents are educated to give an extra share of love, care and concern to Mentally Retarded and Cerebrally Palsied children. Allow the child with mental retardation and cerebrally palsied to stay in the family and take part in community life to learn and pick up himself; even though slowly. Today there are no common training methods for retarded children as each person requires training methods based on the level of retardation and skills to learn. Parents can with the help of our professional special educator, consultant therapist to prepare various training methods for their retarded child. Mental retardation may be complicated by physical and emotional problems. .

The aim of the learning centre is to make him / her self dependent. Therefore more than bookish knowledge gives importance to teach them day today skills. So we educating our children to prepare a special curriculum tailored to his / her needs. Involving mentally challenged children in extracurricular activities to foster social interaction. For example if the mentally retarded child has a language development disability, we will try with using sign language to communicate.

Expected Outcome / Results of the Resource Centre

In the presence of loving parents mentally retarded and cerebrally palsied children have doubled chances of picking up fast.

One of the hardest things about a disable is that some people teases or treat inappropriately simply because they walk and talk differently. They common belief is that because they have trouble moving they are stupid and they don't have feelings. As they grow older, they understand that people stare, point, and laugh mostly because they are confused and often afraid of those who are different.

Thus, we believe that one of our goal should be to teach them that the mentally retarded and cerebrally palsied children's difference is not a tragedy, but instead can enrich and give meaning to their life.

Educate the parents that a retarded child should never feel that the child is neglected or avoided in his / her family. Help them to be a part of family occasions and get together. Never shut them in a room for life long. Let them live in touch with the outer world, take them for a walk or shopping. Teach siblings to see the retarded child as their own brother or sister. Never feel ashamed of a retarded child as he/she is also your child with all the rights for your love and care.
