

ANNUAL REPORT FOR THE RESOURCE AND INTERVENTION CENTRE

April 2011- August 2012

INTRODUCTION

Providing free and quality education to children reflects the fact that every child is entitled to fundamental human rights and is to be treated with dignity. Where children are exposed to poverty, violence, abuse, exploitation, or are subject to disabilities, those rights demand our urgent protection.

Primary education supports children at a critical time in their physical, emotional, social and intellectual growth. More broadly, education is a **key tool for development**, and an invaluable means of addressing structural inequality and disadvantage.

Primary education provides children with **life skills** that will enable them to prosper later in life. It equips children with the skills to maintain a **healthy and productive** existence, to grow into resourceful and socially active adults, and to make cultural and political contributions to their communities. Education also transmits more abstract qualities such as **critical thinking skills, healthy living, resilience, and self-confidence.**

FOR CHILDREN WITH DISABILITIES AND DEVELOPMENTAL DELAYS

Transition for children with a disability or developmental delay may be like that of any child, in that they are a child first and foremost, and starting school is an important transition in their life.

Some of these issues should be considered when designing and developing transition programs for children with disabilities:

- The importance of early childhood experience for positive transition experiences for children
- The importance of long-term cross-sector collaborative planning and continuity of programs around transitions
- Transition to school can be a highly complex and anxious time for families
- There are negative long-term implications if transition problems that emerge are not addressed.

THE RESOURCE AND INTERVENTION CENTRE BECAME OPERATIONAL IN APRIL 2011.

The very fact that RTE that came into effect in April 2010 includes children with disability in its purview, has strengthened our belief that mainstream schools are the most appropriate and legitimate place for all children to get education. Exclusion/non-inclusion is a violation of their rights. The purpose of starting this centre was an extension of AARTH-ASTHA'S commitment to strive for equal opportunities for children with disabilities as the rest of the children in the mainstream schools.

Keeping in mind that basic education and a simple approach to holistic development, as mentioned in the introductory part, is the fundamental right of every child, an attempt is being made to counter some of the challenges that our children with disabilities are likely to face.

RATIONALE BEHIND THE NEED FOR THE RESOURCE AND INTERVENTION CENTRE

Inclusion of children in the community systems (in this case the mainstream schools) involve preparation at child's level, parents level and at the school level. Typically ASTHA(Now AARTH-ASTHA) works with children with disabilities especially with children requiring intense intervention in

- Their homes in partnership with parents to build mobility, self help & communication skills, to support families to obtain medical, any specific assessments or training for hearing & vision, aids & appliances, schemes such as disability certificate, disability stipend. This is done by AARTH-ASTHA's community staff, **Key Workers**. Each key worker has a specified number of children. Some key workers are well trained by AARTH ASTHA over the period and some are being on the job training.
- The school constantly sensitizing teachers & school authorities to the needs of children with disabilities, supporting teachers with strategies & teaching aids for enabling children with disabilities to access quality education
- The AARTH-ASTHA run child right centres in the hearts of communities with other marginalized, but non disabled children for providing experience of inclusion, reinforcing communication, social & cognitive skills and for providing the understanding of their rights.

At parents and community level, conducting regular meetings with parents & community members, enabling them to form focus groups, linking them to other community networks and thus enabling them to access their children's right to education.

However, inclusion of children required much more focused work in terms of creating resource, technical intervention by professionals as preparatory measures and for preventing from drop out. Hence the programme was conceptualized to provide intense technical intervention to develop cognitive, social, communication skills amongst identified children with disabilities for a required period that varies from child to child.

TWO MAJOR OBJECTIVES OF THE PROJECTS ARE:

- To prepare the children to go to school
- To support the children who are already in the school

THE RESOURCE AND INTERVENTION CENTRE HAS BEEN DESIGNED TO BE A PLACE WHERE:

- Hands on training would be imparted to them so that they would carry forward home the work being done at the Resource and Intervention Centre for the child to be able to practice for better continuity.
- This would also be a place where mothers/parents would be able to talk to the staff or even with each other, share their experiences and be encouraged to form parents support group.
- There would be a direct communication link between the parents, key/community/CRC workers, and centre and helpline staff to provide parents with disability/health/rights related information as well as link them up to various organizations where they could get extra inputs for their child.
- Organize outings and workshops to expose these children and their families to other modes of entertaining and learning while encouraging development of communication, socialization skills and for enriching their learning.

STRATEGIES EMPLOYED TO ACHIEVE THE OBJECTIVES

PREPARATION FOR IMPLEMENTING THE PROGRAMME

After AARTH-ASTHA's Centre for Children with Special Needs closed in March 2011, several meetings were held to discuss various aspects of the programme. All the aspects such as incorporating child rights, curriculum for skill development, logistics, and timings were planned after brainstorming and consulting with experts in inclusive education.. The staff and consultants were identified.

IDENTIFICATION OF CHILDREN, PARENTS PREPARATION AND GROUP FORMATION:

Keeping this in mind; a list of names of children was made out and based on those who needed immediate attention as far as preparedness for inclusion in school is considered.

Basic information sheets were filled by key workers and submitted after which parents of all those children selected were informed. The parents were met with and the purpose of bringing the children to the Centre was explained.

Accordingly the work was initiated with two groups of children:

- 1.** Group of children with disabilities who are to be included in school. Majority children in this group have been falling in the age range of 5 to 9 years.
- 2.** Group of children who are already in school (9-14 yrs)but need to be trained in life skill activities and also be provided minimal academic support where they require it most so as to prevent them from dropping out of school.

The selection was made by our colleagues working in the communities who have been working with these children over a period of time. Detailed discussions were held with the parents and the significance of including their child in the Intervention Centre was explained to them and their consent taken. The parents were also invited to the centre where the staff there met them and explained the scope of work and facilitation to them.

GROUP WISE TRAINING

Group 1

Activities to develop early learning skills:

Several play and art based activities were carried out to build, attention span, eye hand coordination, on seat behaviour, identification and classification abilities. The individual needs of each child were taken into consideration and appropriate modifications were made to suit to the child.

Activities to develop readiness for academics skills

The readiness for reading, writing and Maths were developed after assessing the level and needs of each child, using appropriate teaching aids and stimulating work sheets. Seating posture for children with cerebral palsy, place of seating keeping appropriate lighting in mind for children with vision difficulties, maintaining appropriate environment to reduce distraction for children with hyper activity are some of the measures taken to minimize barriers in learning.

Activities to develop communication, language, social skills

Story sessions with visuals, role play, group games, outings, computer aided story sessions, solving puzzles were some activities in addition to creating an demand for communication and social skills in their daily living activities, by encouraging facilitating peer interaction.



Group 2

A second group comprising of older children (ages 9-15 yrs) who are already in school but needed support in life skills activities were inducted after ascertaining

their individual needs and the kind of inputs required. These classes were scheduled for the afternoon on two days of the week (Monday and Thursday).

The selection process remained much the same. Additionally, report of the colleagues facilitating admission and keeping a track of progress of these children in school was also sought, which turned out to be very significant in the sense that it helped us identify the lacunae and prepare programs for each child accordingly.

The assessment of these children revealed that these children were operating at a level which was lower than their peer group/class level. A little support by way of specific

academic input and concept introduction through activities and story telling sessions were introduced. The inputs were repeated often to make sure that there would be partial/substantial retention.

General information about the environment, seasons, festivals, social facts were introduced from time to time and related activities were planned so as to facilitate understanding. Some of these children are quite conversant with household chores and carry them out quite effectively in their respective homes.

Interactive sessions related to the process of buying and selling commodities and money exchange and management were carried out .There was active participation from both the children and the staff.

Some lessons were planned and executed using the computer where educational CDs were played and the children were encouraged to participate in an interactive question answer session. This was much enjoyed, as some children for the first time got to operate the system. What became apparent here was each of these children enjoyed and preferred the visual mode of learning and maybe that could be used as the major means of teaching. This could also be used to inculcate better social skills by playing social stories on the screen.

RESOURCES PROCURED

Following materials were purchased in AARTH-ASTHA (Disability Information Resource Centre & Charities Aid Foundation) as part of resource collection that can be used by children with disabilities.

Daisy Player: Daisy player is used for playing audio CDs. This device can be used by children with vision impairment, who can not use their residual vision for reading,

AWAAZ PC: This is computer aided software for augmentative and alternative communication for non verbal children. The device can be used in English as well as in Hindi.

Educational Toys:

Several educational toys were purchased for the purpose of providing auditory, visual and tactile stimulation, to increase attention span, on seat behaviour and to build concepts. These were especially found useful for the preparatory group.

RESOURCES DEVELOPED

Pictorial materials for picture communication board:

As part of the process for developing communication board for two nonverbal children with cerebral palsy, several relevant pictures related to basic need communication has been collected from internet research and resource manuals for augmentative & Alternative Communication. These materials were tried out with these children as part of the assessment process.

Work sheets:

Worksheets covering a wide range of areas from pre academic to primary level children have been by resource centre staff. These worksheets were developed by modifying the resources obtained through internet search, or from various textbooks and teachers resource, keeping in mind the needs of individual children.

TRANSPORT SUPPORT

The identified children belong to Govindpuri slums and Lalkuan urban village. The AARTH-ASTHA provides the transport facilities to these children. The day the organizations vehicle could not be sent, other conveyance such as three wheelers were used. Some parents also came forward to bear 50% of the expense.

SUPPORTING PARENTS TO GET AIDS & MEDICATION

Appropriate aids and appliances reduce the barrier and facilitate inclusion. Many common aids such as crutches, wheel chairs, calipers etc are available from government schemes. But they are not always appropriate for children with multiple disabilities such as cerebral palsy. ASTHA has enabled parents to access specialized aids from other agencies.

Women's relief and Rehabilitation Trust and Delhi Millennium Ladies Circle 89 have provided wheel chairs, buggys, rollators , Ankle Foot Orthotics , transportation charges and medication to children on the basis of needs. Nine children were benefited by their support and it has helped in reducing the barrier to inclusion.

NUTRITION SUPPORT



Balanced nutrition is imperative to overall development of the children. Nearly all children from the communities especially those with disability are malnourished, and this has drastic effect on capacity & motivation to learn and memory & retention. Keeping this in mind the children coming to the centre are given fruits, snacks, milk or juice as per the plan for the day.

Besides, four identified children are supported by Women's Relief & Rehabilitation Trust and Delhi

Millennium Ladies Circle 89 for additional nutrition.

EXPOSURE VISITS, CELEBRATIONS, PARTICIPATION IN ACTIVITIES–ENRICHING LEARNING EXPERIENCE

VISITS

Taking children on visits has been one of AARTH-ASTHA's teaching strategies. Outings are particularly important for children with disabilities in communities as they hardly get the opportunities to go out because of the following reasons:

- The communities are so inaccessible that it poses great effort on the parent's part to even attempt it.
- Cost factor. The child may not be in a position to travel in a public transport. May need at least a three wheeler to travel.
- Lack of time on the parent's part as in most cases both parents work.
- Lack of awareness amongst the family on the gain on children through these exposure visits. Hence no thought is ever given on these lines.

AARTH-ASTHA's strategies has always been to encourage parents to accompany as it is both building understanding amongst parents on importance of outings , opportunity for them to unwind & relax and a platform for parents to exchange experiences. Majority of the children were with high support needs.

Trip in a Metro Rail

Ride in a Metro Rail was a first time experience for most of the children out of 30 children who went. While the younger children paid attention to movement, passengers, stations and lifts, the older children were also drawn attention to accessible features of Metro Rail. Besides being learning experience to children, it was a huge sensitization for co passengers and employees of Metro Rail.

Visit to Children Park

Visit to children's park was a great fun for children. It provided exposure to variety of swings, slides that they have never seen before. Some children were apprehensive in the beginning but soon overcame fear looking at other children. All of them enjoyed the different swing, walk in park, games. They learnt to play, work in a group. Children were afraid with swing but after experienced it they are very confident and enjoyed it again & again.



Visit to Rail Museum

Rail museum was a great learning experience for children, especially for those who have never traveled in trains. While the younger lot showed more interest in the joy ride, the older children who have going to school showed

more interest in seeing coaches belonging to different periods.

Each of these was followed by a picnic/lunch and ended up being an enjoyable and motivating experience as well as one that promoted learning.

CELEBRATIONS

New Year Celebration

As a combined group the group had a varying level of understanding of the concept of calendar. As a part of understanding of New Year, the concepts of days, months, and year were explained as background information. While it was helpful for older children to build their understanding, all children relate well to the celebration part of it.

Lohri

Lohri was celebrated with both groups together. The children enjoyed the celebration as they were able to relate to the festival due to the familiarity. While the younger children focused more on naming and identifying eatables, the older children got an opportunity to practice money handling skills by selling the items to others in the organization.

Republic Day

Activities around Republic day were, flag making, watching the Republic Day Parade of the previous year in the You Tube on the computer, learning/ listening to/getting familiar with National Anthem. The group 2 children who are in the school were able to recall and tell some aspects of the celebration in school.

Holi

While all children joyfully participated in the celebration, it was a learning opportunity for colures and some dos and don'ts of the celebration

Raksha Bandhan

The children made their own rakhi and tied the same around the wrist of chosen peer. A few older children were able to demonstrate their creative abilities while making rachis.

These celebrations, along side introducing/strengthening of concepts, were opportunities for reinforcing the social & communication skills.

PARTICIPATION IN COMPETITIONS

Sports

5 children from these group participated in Inclusive Sports Meet organized by Amar Jyoti Research and Rehabilitation Trust. All of them received memento for participation.

PARTICIPATION IN SUMMER CAMP

For the last three years AARTH-ASTHA has been organizing and conducting summer camps in both the communities of Lalkuan and Govindpuri for the benefit of children they are working with. Both disabled and marginalized non disabled children participate in the camp. These camps in both the communities focuses on themes that are relevant to children and are meant to enrich learning experience, build creativity, foster critical thinking, build team spirit and confidence in communication & action.



The summer camps were held in June 2012. The theme was Delhi. Delhi was chosen because it has completed 100 years of being a National Capital. The three day summer camp on Delhi covered the following objectives:

- To build children's awareness about the city: its historical perspective, modern developments, and structural changes to improve accessibility.
- To provide opportunities to enable them to express their vision of barrier free Delhi
- To provide opportunities for the children to use their creativity in bringing out an art work, collectively.

The camp was for children above 8 years. All the children who attend The Resource Intervention Centre participated in the camps in their respective areas.

The activities were group discussions, movement sessions and group painting.

ART WORK FOR EXHIBITION AT FORMULA 1 RACE



AARTH-ASTHA was approached by J. P. group of companies, the organizers of Formula 1 race, for children's art work for their exhibition during the event. The theme of the art work was National Colours. AARTH-ASTHA took this as an opportunity to further children's ability in painting and to build children's awareness & understanding on National colours. Four sessions were held with the children with interest for painting work. In these sessions more than 30 paintings were made. Apart from paintings items such as peacock, lotus, National flag, using these colours several abstract paintings, floral designs were also created using finger printing, vegetable printing, using empty deodorant roll on, strings, cottons etc. Out of 10 paintings that were selected by the organizer for the exhibition, 8 paintings were of children coming to Resource Intervention Centre.

The children whose paintings were selected were also invited to the opening ceremony of the event. These children had the opportunity to take photographs with the contestants and also had their paintings autographed by many of them. These paintings were further auctioned for sale

PARTICIPATION IN A PLAY- CELEBRATING 20 YEARS OF AARTH-ASTHA



In order to celebrate AARTH-ASTHA's entry in to 20th year, to show case various abilities of children and to further children's understanding of Delhi, a one hour long play

on Delhi, DASTAAN-E-DILLI was proposed and implemented. The play was held in a well known prestigious auditorium in Delhi on 30th August. The process of making of DASTAAN-E-DILLI was a series of workshops on movements, story sessions, art activities around the theme to enable children to experience and creatively express through verbal & non verbal communications, movements using best of their abilities. The children above ...years and young adults participated in the workshops and play. Out of 35 children and young adults with disabilities who participated, 10 of them were from The Resource and Intervention Centre. These children mainly participated in the Krishna episode as Krishna, Krishna's friends. Apart from experience of play, understanding of stories, the entire period was innumerable opportunities for children to strengthen their team spirit, social, communication, creative, critical thinking skills. Neha and Sonia's hyperactive tendencies reduced considerably. They also demonstrated the caring and sharing behaviour towards their peer group.

RECORDING DETAILS OF ASSESSMENTS, PLAN AND IMPLEMENTATION OF EVERY CHILD:

A detailed information sheet was developed, filled for children entering this programme and folders were created for each child. Each of these folders is being updated with new information as and when we have access to it. Individual folders also include basic assessment done by the community key workers, specific assessments, goals, worksheets showing the range of work being done and the child's monthly progress.

REGULAR MEETING OF STAFF:

The community staff, Resource intervention staff, the coordinators of respective programmes, meet on regular basis (Plan was to meet every fortnightly, but the meetings were held on an average of once a month) to review the impact of the programme. Total no of meetings:

It has been a platform for discussion

- On the impact of the focused work and child's performance in school, home and in the child right centre.
- On the need for reviewing intervention strategies
- On the need for advocacy measures

PARENTS INVOLVEMENTS:

Ideally the programme demands presence of at least one family member as active partners for knowledge exchange, carry on follow up at home /school. However, only 20 % of the family members were able to commit their time and participation in the programme. These family members are mother, father or one of the grand parents. Some of them have proved to be a great resource.

Smt. Dina is a mother of six years old child Himanshu with Down's syndrome. AARTH- ASTHA has been working with Himanshu since he was a year old. The work with Himanshu was happening at home. Of the family members it was only grand mother who was very keen to see Himanshu progressing, and would therefore carry out the

activities demonstrated by the key worker. The parents were least interested in Himanshu's progress. However, when the Resource Intervention Centre started, considering the age & need, Himanshu was one of the children identified & selected for this programme. Initially grandmother with great difficulty was accompanying Himanshu. After a great persuasion, the mother agreed to accompany the son. Impressed by the change in her son, she not only started taking active interest in Himanshu, but also in providing technical inputs in the art based activities for the entire group.

PARTICIPATION IN PUBLIC HEARING ON INCLUSIVE EDUCATION

In December 2011, AARTH-ASTHA organized a public hearing in collaboration with Delhi Commission for the Protection of Child Rights. Around 10 NGO supported us to do this event with their expertise and resources. Officials from State Disability Commissioner Office, Delhi Education Department Office, National Trust, were invited both as jury members and special invitees.



The objective of this programme was to bring to their notice on the issues of barrier to inclusion of children with disabilities in schools & anganwadi services, and seek their solutions. Cases of individual children with disabilities belonging to AARTH-ASTHA and other participating NGOs were prepared in collaboration with respective parents. The parents facilitated by the respective staff, presented their children's case. Eight children's cases from The Resource Intervention Centre were

presented. The issues were either admission, lack of appropriate teaching Learning materials or denial of services from anganwadi. Admission for three children with disabilities belonging to same family was promised in Sarvodaya School for the forth coming session. The family is at present trying to sort out the logistics of sending their children to school.

WORK IN SCHOOL:

Regular visits were carried on by the staff of the Resource Intervention Centre and key workers some times for specific children and some times for a group of children having same issues. Work with school involves meeting teachers of concerned children to review the impact of the work in Intervention Centre, to provide worksheets that has been developed at the resource for specific children to the teachers and to suggest modification in the class room to increase the learning environment A very few teachers have been open and implement suggestions

Impact:

- It has also been observed that the attitude towards children with disability is changing from ignoring to attending to some basic needs of the children.
- Repeated meeting for certain children have yielded positive results For Eg.Kulsum has a condition of progressive vision loss. She is in fourth standard. But has never learnt to read and write because of her poor vision. However, Kulsum's understanding during assessments have been found good and aural method of learning and oral evaluation was was tried out, and it seemed to work. The same thing was conveyed to teacher. Her current teacher is open and she has been adapting the same method..

Difficulties faced in the school:

The teachers have their own concerns regarding safety, medical, accessibility, absenteeism and learning capacity of the children. The schools are not equipped to handle children who have hyper active tendencies. They prefer to have children come only on those days when appointed special educator is available in their schools.

Another problem is lack of transport in the school. Because of which some children with disabilities are not able to reach the school.

AARTH-ASTHA had a meeting with concerned authorities in the department of education. As directed by them the staff has sent an application to the respective school principals.

A TABLE SHOWING TOTAL NUMBER OF CHILDREN WORKED WITH, AND CURRENT STATUS:

S. No	Name	Age/ Gender	Disability & challenges	Month of entry	Month of exit	School status	Current Focus
1.	Priya	8y/ F	Cerebral Palsy with Spastics quadriplegia . Non verbal and wheel chair user	July 2011	Continuing	Not going to school	She is being provided training on Alternative & Augmentative Communication (AAC)for expressing needs & for academics, besides training in motor, self help skills at home.
2.	Pushkar	7y/ M	Cerebral Palsy with spastics quadriplegia . Non verbal and a wheel	July 2011	continuing	Admitted in class 1	He is getting training in AAC for expression, pre academics, social skills besides training on rollator walking, supporting parents to

			chair user.				sort out transport to school.
3	Rohit	7y/ M	Slow Learner	July 2011	Continuing	Admitted in class 2	Rohit has been going to school regularly. Centre focuses on building communication, cognitive, social skills for reducing barriers in school.
4	Bhoomi	6y/ F	Cerebral Palsy with vision problems. Bhoomi is non verbal, wheel chair user	August 2011	continuing	Admitted, but not going to school	. Focus with Bhoomi is to train her on AAC, building concepts using residual vision, tactile and auditory abilities while building self help & motor skills and counseling parents to send her to school at home
5	Sudip	6y/ M	Aarskog Syndrome Independent walker, non verbal, has vision, hearing problems, has difficulty in staying in one place. Intellectually challenged	August 2011	continuing	Admitted. Attended school for few months	Training on communication, preschool academics, social skills, building on attention span, on seat behaviour
6.	Pooja	8y/ F	Clubbed feet. Intellectually at par with age. Short attention span. Focused work on building attention span, breaking problem behaviour	August 2011	Work completed	In class 2	
7	Neha	12	Slow learner	July	Continuing	In	Focused work on

		y/F	Independent in all the basic daily living skills, academically far below her class.	2011	ing	class 3	building on communication, social, self care & protection, attention span, memory, academic skills
8.	Sonia	11 y/F	Intellectually challenged, verbal, hyperactive, independent walker,	July 2011	continuing	In class 3	Focused work on building on communication, social, self care & protection, attention span, memory & academic skills.
9.	Kulsum	14 y/F	Progressive vision loss. Although intellectually at par, not learnt to read & write due to irregular schooling & vision problems	August 2011	continuing	In class 4	Focused work on finding suitable options (Braille training etc), resources developed for aural reading, oral evaluation, working closely with school for adopting these strategies
10	Nisha	13 y/F	Hearing impairment Nisha has been attending deaf school for the last three years. The focus there was on sign language. But her communication with peers in the community was limited due to language barrier. Hence at the centre	August 2011	completed	class 1 in school for hearing impaired	

			focused work on communication, social skills				
11	Mohit	6y/ M	Cerebral palsy Spastics diplegia Walks with support, verbal	January 2012	continuing	Admission process on	Focus on building academic, social, communication skills. At home on motor, daily living skills
12	Vishaka	9y/ F	Autism Verbal, limited meaningful communication. Focused work on early learning skills such as imitation, attention span, communication skills	January 2012	Shifted the residence.		
13	Subhista	8y/ F	Cerebral palsy with Mental retardation	July 2012	continuing	Got admission, but not going to school	Subhista has got admission in school, but she is not going due to family difficulties. Currently the child is being functional assessed in all the developmental area. At home focus is developing self help skills, counseling family to send her to school
14	Sandhya	8y/ F	Downs syndrome Walker, limited verbal communication & social skills	July 2012	continuing	Admitted in class 1 Going to school with keen interest	Sandhya is being currently assessed on communication, social and cognitive skills

15	Manthan	6y/ M	Cerebral Palsy, Spastics diplegia Wheel chair user, non verbal	July 2012	continuing		Focus on assessment in academic, social and communication, while he has been getting training on motor and daily living skills at home and with family exploring possibility transportation facility to go to school.
16	Himanshu	6y/ M	Down syndrome Non verbal, Walks with support	January 2012	continuing	Not going to school	Focused work on building non verbal communication, social, attention span, visual academic skills while focusing on daily living at home, and with family counseling for school admission
17	Prince	7y/ M	Cerebral Palsy with intellectual challenges and vision problem	January 2012	continuing	Not going to school	Prince has attended only a few sessions as family has been having difficulties in sending him. Together with parents, the key worker has been exploring various possibilities. Besides this, Prince has been getting input for building motor, daily living skills and visual stimulation.
18	Rinku	7y/ M	Vision difficulties	June 2012	continuing	Going to school, 2 std	Focus on vision assessment for academics.
19	Shweta	10 y/F	Ataxia Telangiechasis Is a wheel chair user.	July 2012	continuing	Admitted in school	Focus on assessment in academic area
20	Ruby	8y/ F	CP Diplegia Verbal, Wheel chair user	July 2012	Continuing	In class 1	Ruby has been going to school for the past two years. But the teachers have not been able to find right teaching strategies. Focus in the Intervention centre is to understand barriers in

							learning and provide strategies to teachers for better inclusion.
21	Pawan	8y/ M	Learning Disability	July 2012	continuing		Currently he is being assessed on reading, writing.
22	Maya	7y/ F	Disability is not clear. Has limited speech. Independent walker	July 2012	continuing	Class 1	Maya was going to school earlier. But the school could not handle disruptive behaviour, hence Maya dropped out. Maya has just been re admitted in school. Focus now is on holistic assessment of the child, family. Working closely with school.
23	Neelu	13 y/F	Cerebral Palsy, Spastics hemiplegia	July 2012	Continuing	Class 1	Neelu has not been to school ever. Focus is on assessing her need and supporting her in school
24	Mohan	14 y	Mild intellectual impairment, with speech difficulties.	July 2012	Drop out	Class3	While work at home for developing his self help skills continues, Mohan's parents have stopped sending him as they found a tutor near their home who is helping him with home work.

CAPACITY BUILDING OF STAFF

Participation of the staff in workshop on toy making

Two of our staff members participated in a workshop on the issue of Toy Making Workshop for Teachers Guiding children with special need. It was organized by Learn Today an initiative of the India Today Group on Dec. 1st 2011 at the Vasant Valley School Vasant Kunj. It was conducted by Professor Sudarshan Khanna. Play and subsequently toys are considered to be an ideal medium for teaching children both with and without disabilities. This workshop provided the participants with an insight into how toys could be used for teaching children with special needs. The approach to the workshop was very "hands on" and the participants were made to use their imagination and hands to create a number of very simple toys and use them to weave them into teaching concepts. It was a very interactive, creative and joyful experience where adults (as in participants) became children and enjoyed being a part of the entire experience.

Participation in a workshop focusing on Early Intervention

Five of our staff members participated in a five days Training Programme to encourage Initiation and development of Early Intervention Services for Children with Sensory Multiple Disabilities organized by Vishwas ,an NGO running an inclusive school in the community in partnership with the National Trust. The theme of this training was Early Intervention for Children with sensory multiple disabilities, teaching children with sensory multiple disabilities, developing meaningful activities for children, handling and positioning for children with Muscular Dystrophy during various daily living activities at home and in school, identifying community resources and developing effective program models.

This training was very useful for our staff. It has helped them to work with children for their early Intervention in a play way method.

SUCCESS STORIES:

Sudeep's Story (Group 1)



Sudeep(2nd in the row) is a little boy, going on six years, who has a number of difficulties beginning with Attention Deficit, Vision related difficulties, being non-verbal, behavioural anomalies to certain features which point towards him being in the ASD.

When he came to us, it was difficult getting him to sit even for a few minutes at a stretch, much less get him to do anything. Attempts were made to establish reinforcers that

would help him settle and at least establish eye contact with the teachers .This turned out to be a challenge because other than cartoons on the computer nothing else seemed to interest him. Sudeep wasn't terribly fond of any particular food item that he may have worked for so other means had to be thought about for him to settle down.

Slowly but certainly, over a period of time, we got him to start sitting in one place by playing some songs/rhymes on the computer and using that as a reinforcer for him to begin working.

From there on today, this little boy, greets people at the centre when he comes in with folded hands, participates in the morning prayers and also attempts to do some simple exercises that have been taught. He has shown progress in doing simple jigsaw puzzles but still remains prompt dependent (physical prompts).

But what is most endearing is that brief eye contact, the smile of recognition and the intention to participate in group activities that has been coming across quite strongly, Quite commendable are also the efforts made by the family, particularly the mother who is Sudeep's constant companion as also his father and sister who have been putting in their best and it is much of their efforts also that this little boy has been able to move forward.

Sudip was admitted in the school a year back. But because of his difficulty to sit in one place, teachers did not want him in the class unless the mother stays with him all the time. This was not possible for mother to stay in school for the whole duration.

However with Sudip's ability to sit for more than an hour in the class with out mother being around, the parents are being suggested to approach school for readmission and provide Sudip the classroom experience for one hour to begin with while he continues to come to the Intervention Centre for building other skills.

Himanshu's story (Group 1)



Himanshu is a six years old child with Down's syndrome. He also has vision, hearing and speech impairments.

Coming from a family much ridden with internal issues, somehow this child's progress became subject to this. Also, as is the case in many families, delayed milestones were not given importance enough to be treated as serious, believing that things would be alright in due course of time.

This little boy came to the Centre with his mother and grandmother. Though the family lives just round the corner, his father insisted on dropping and picking him up on his bike. The family resides in a second floor flat and the child was carried down instead of being allowed to walk up and down the stairwell. This had led to the child developing an unsteady gait.

After much discussion with the family members, we were able to convince the mother and the grandmother that Himanshu needs to walk by himself and gain confidence in doing so. There was much deliberation at home and despite much objections and protests from the father, the ladies were able to hold out and from there started Himanshu's walk from home to the centre and back. Since the process had been initiated before the onset of severe winter, the child took to it quite happily and today even attempts to walk without holding hands-which, of course, is not allowed.

Himanshu also had gotten into a habit of eating soft food, as for some reason, the parents believed that the child would choke on it. With due intervention, both at the Centre and at home, we have been able to promote feeding of solid food and the child now eats vegetables with rotis and rice without much difficulty. This has also helped improve his swallowing reflex.

Himanshu has also been able to sit on his high chair in class without being tied, as he had a tendency to slide down from his seat earlier on. Though the child's attention span still remains a reason to be concerned about, some life skills that he is beginning to learn would constantly be a source of encouragement for us.

Initially Himanshu was taken up on an individual basis and not with the rest. But as he started settling in, he was inducted in with the rest and he has coped with this transition quite well.

Now the family is ready to talk to school for admission.

Kulsum's story (Group 2)



Kulsum is a student of Class 4 in a government school. She has been diagnosed with *Retinitis pigmentosa*.

She has been losing vision like two other of her siblings, from gradual failing vision leading to eventual complete loss of vision. The children are being brought up by their mother alone and this impending condition has them all worried as to what the future holds for them.

She can copy and write from close quarters and when lessons are read out to her, she can answer relevant questions correctly.

The purpose of bringing Kulsum to Intervention & Resource Centre was to provide her with a second opinion as regards her condition and to provide her with assistive devices that may help her make better progress in life.

Staffs at the Centre as also in the community have been constantly counseling the girl and her mother, projecting the fact that she needs to go to school regularly and have also projected training in Braille as an alternate for continuing education.

Kulsum, when at the Centre enjoys active participation in the art and craft activities or those associated with daily living. She is particularly good at mental maths and this makes it particularly helpful in dealing with buying/selling activities.

What she needs at this point is constant moral support and encouragement to use assistive devices for furtherance of her education as also hone in on her existent skills to teach her a vocation that would be of financial help to her later on in life.

Kulsum's awareness during assessments has been found good and aural method of learning and oral evaluation was tried out, and it seemed to work. The same was conveyed to teacher. Her current teacher is open and she has been adapting the same method. In fact her teacher finds her more intelligent than rest of the children.