

Early Intervention in Inclusive
Education in Mumbai
The 'Why' and the 'How'

Manual 16

How to Include
Children with Disability



Mithu Alur and Jennifer Evans



Supported by the Canadian International Development Agency (CIDA)



Foreword

The *'How to Series of Inclusive Education'* is a set of manuals that have emerged from a study undertaken by The Spastics Society Of India, Mumbai in collaboration with UNICEF and supported by the Canadian International Development Agency (CIDA).

The title of the project is *Inclusive Education Practice in Early Childhood*. It is an action research project involving both intervention and research on a large scale covering 6000 families based in the impoverished areas of the Mumbai slums. Six hundred children, both disabled and non disabled, were placed in Demonstration Learning Centres within the community where an enrichment programme and a need based intervention was given over a two year period. The intervention strategies were carefully documented and the progress of the children tracked by external researchers not connected with the intervention team. The aim was to study the mechanism or *intervention* strategies needed to put *children with disabilities* into existing programmes being run by Government and non-Governmental agencies and the barriers that came in the way to accessibility and participation.

From this evidence based research emerged a series of instructional resource material: the *'How to Series of Inclusive Education.'* These manuals are relevant for any organisation, or agency, working to address the crucial need of bringing *children with any disability* into inclusive settings. They recommend *a whole community approach to inclusive education*, and although the research was carried out in India it can be used anywhere in the world.

Including children with Multiple Disabilities

There are different disabilities that may be termed as multiple disabilities. This is so because the children may face difficulties in multiple areas of functioning such as gross motor or fine motor functioning, visual perception, communication difficulties, hearing difficulties and intellectual difficulties.

The different conditions that result in these multiple disabilities are

- Cerebral palsy
- Spina bifida
- Muscular dystrophy
- Downs syndrome

There are other physical disabilities that can be termed as loco motor difficulties. In these disabilities the children only have difficulties of movements at their joints, and these disabilities are only limited to one particular area.

These loco motor disabilities are

- Poliomyelitis
- Rickets

Cerebral palsy

What is cerebral palsy ?

Cerebral Palsy means injury to the immature brain. A majority of children with cerebral palsy have motor difficulties coupled with other disabilities of vision, speech and hearing. They may also appear to have intellectual difficulties, which may be due to the lack of environmental stimulation caused due to their motor limitations.



Some important facts about cerebral palsy

- It is damage to the developing brain at the time of birth
- It cannot be cured by medicines or operation
- It is not necessarily associated with intellectual difficulties
- It is not an inherited disability

Why does cerebral palsy happen ?

Cerebral palsy can happen due to injury to the immature brain during pregnancy, at the time of birth or immediately after birth.

The chances of having cerebral palsy are increased if....

- ✓ the mother has high blood pressure
- ✓ she has had any illness during pregnancy
- ✓ the delivery has been difficult and prolonged
- ✓ the child has any infections immediately after birth
- ✓ the child meets with any accident after birth
- ✓ the child has convulsions/fits after birth

Points by which identification of Cerebral palsy can be made

- ✓ Child has not started to sit, stand at the expected time.
- ✓ Child feels stiff/floppy on handling/carrying
- ✓ Child may have feeding difficulties
- ✓ Child may have speech difficulties.
- ✓ Child may have involuntary movements when he attempts a movement

What are the difficulties faced by a child who has cerebral palsy ?

Children with cerebral palsy will face difficulty in moving about and in using their hands effectively. Often they also have associated problems like visual, speech or hearing involvement. They have greater chances of having convulsions. Frequently, it is assumed that they have intellectual difficulties. This assumption is based on the fact that they may have speech difficulties because of which everyone does not understand them, or their difficulties in performing movements may make a layperson assume that they have intellectual difficulties.

But with proper educational inputs they can achieve great milestones. Most of the times the intellectual difficulty is associated with lack of environmental inputs.

Specific strategies to assist children with cerebral palsy in overcoming their difficulties:

Proper seating, feeding, toileting and mobility aids, increases their independence.

Proper handling and carrying techniques, when taught to the parents and other persons working with the child, helps the child receive the correct type of stimulation.

A correct feeding technique when taught to the teachers and parents improves the child's independence and gives a sense of achievement. It also improves speech and language development.

Educational stimulation is also very important as this leads to overall development of the child.

Educating children with cerebral palsy may require certain modifications and adjustments to the school environment & teaching methods. With proper methods of teaching, modified curriculum, multilevel teaching & support systems the children can be educated in regular schools without any difficulty.

Information on aids and appliances is given in a separate manual.

Proper handling and carrying techniques:



- ✓ As far as possible always turn the child over to one side before picking him/her up.
- ✓ Keep legs apart while carrying.
- ✓ Give support to the shoulders and neck when child tends to push head behind.



Proper Feeding Techniques:

What should be done to bring about an improvement in eating ?

- ✓ Focus on position of the child during feeding
- ✓ Focus on textures of food
- ✓ Help him to learn to swallow the foods one after the other, as per his swallowing ability, going from Clear liquids (milk, juice, tea, water) to thick liquids (milk shake, thick soups etc), to Soft solids (mashed boiled potato ground good), and finally solids (rice, chapatti, vegetables).
- ✓ Help the child eat a normal diet.

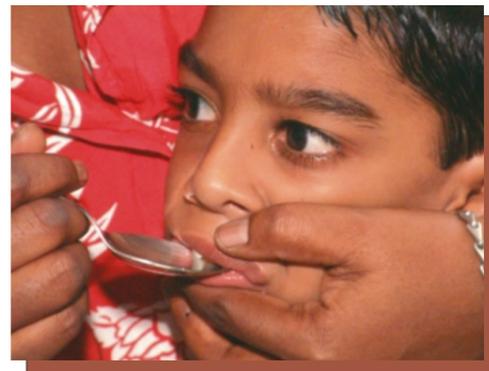
Strategies to improve chewing

Pretend to chew and make your child imitate the same action.

Give bigger pieces of fruit and put it between the teeth (towards the inner side).

Give assistance with fingers at the chin and the side of the jaw.

On command let the children open and close their mouth. Initially let it be done slowly, then slowly increase the speed of giving commands.



Assistance with fingers at the chin while feeding

Strategies to improve lip closure

Singing songs like "old MacDonald". The lips usually pucker and stretch open alternatively while saying i a i a - o

Help the child hold a bigger object with his lips and increase the duration slowly. Also slowly decrease the thickness of the object.

Blowing exercises as given above.

Apply pressure below the lower lip and push the mouth upwards.

Remind the child to keep lips closed.



Help closing lips

Lata

A young girl, with a motivated mother who was very concerned about her daughter's progress. At the time of inclusion, Lata was unable to sit for long periods of time. At the end of the project Lata was walking independently with confidence. She could handle all classroom activities. Her independence in all her daily living skills had improved remarkably.



Twinkle

Twinkle is a 3 year old girl from Jawahar Nagar, belonging to an orthodox family, where girls are not really given much of a priority. She was born prematurely, with a lot of complications at birth. Twinkle has cerebral Palsy. She did not recognize mother or interact with people. Hence mother was very apprehensive about sending her to school.

It took a lot of convincing for the mother to agree to send Twinkle to school.

We had placed a corner chair in class to increase Twinkle's sitting tolerance, so that she could attend to activities in class.

After nearly a year of poor attendance, Twinkle's mother started seeing changes in her daughter and then her attendance improved considerably. Twinkle started participating in all classroom activities.



Including children with Spina Bifida

Why does Spina Bifida occur ?

At the time of development in the mother's womb, the spinal vertebrae do not fuse properly at one end. These unprotected nerves have greater chances of getting infected and injured. Any damage to the nerves causes paralysis of the legs. The intellectual development of children with spina bifida is not hampered.

How can Spina Bifida be detected ?

- ✓ There is a 'bag-like' swelling on the lower back.
- ✓ Child has weakness of both legs
- ✓ Touch and temperature sensations in the legs are affected
- ✓ The child cannot perceive sensation of urination and of passing stools.

Special care that needs to be taken for children with Spina Bifida

Other than weakness of the limbs, children also lose their sensation. Hence they are not able to differentiate between hot, cold, soft, hard, etc. This can cause pressure sores. It is important to teach these children to observe their body parts for any injuries or redness.

Children with Spina Bifida do not have control over their bladder and this causes a little amount of urine to remain back in the bladder. The result is recurrent urinary infections. Therefore the parents need to have detailed information on bladder care for which they need to see a special doctor.

Mamta Bandhekar:

Mamta came forth as a very shy girl. Mamta has spina bifida,. Mamta had weak legs & hence was not able to walk. Her bladder control was poor, which made her constantly have a bad odour. The importance of hygiene was explained to her father. The need to check regularly for sores or wounds in her legs were also explained to her father.



A very regular student, Mamta enjoyed being in class. The parent was requested to encourage walking by Mamta & to use proper & comfortable shoes while doing so to prevent injuries. By the end of the year, Mamta was walking with minimal support. Academically, Mamta is an average student but the school has improved her social interaction. She talks more easily with strangers.

Mamta is now walking independently but with a wide base support. Her balance is still poor but now she participates in play more actively. We have provided her with insoles to be put inside her shoes so that her posture improves.

Including children with Muscular Dystrophy

What is Muscular dystrophy ?

It is a progressive disorder of the muscles, which is caused due to certain genetic problems that take place during conception. Often it can be due to genes present in the father or the mother.

How can we recognize muscular dystrophy ?

- ✓ A child who is walking suddenly starts to fall frequently and then over time gradually stops walking.
- ✓ The disability increases with time and the child starts showing regression.
- ✓ There is gradual weakening of respiratory muscles leading to difficulty in breathing.
- ✓ The child is often unable to get up from the floor without help or uses knee support and indirectly comes to stand.
- ✓ Over a period of time there is thinning of the extremities.

What can we do to meet all the needs of a child with muscular dystrophy ?

The parents need to be informed about the progressive nature of the condition.

The parents as well as the children need emotional support.

We need to plan the child's educational goals keeping in mind the nature of the condition.

Persons around the child need to know that the child requires ample rest periods.
Children after a particular age require the help of aids like crutches or wheelchairs to move around.
It is important to teach the child breathing exercises.

Including children with Down's Syndrome

What is Down's syndrome ?

- ✓ It is a genetic disability
- ✓ It may be related to maternal age. That is, if mother's age at the time of delivery is less than 20 or more than 35 the chances of having a baby with Downs syndrome increases.
- ✓ It is usually associated with intellectual difficulty.

How do we recognize Down's syndrome ?

- ✓ Children with Down's syndrome have particular set of features. The features are small round eyes, short ears, open mouth, small head, flat, stout nose, short neck, short hands and straight smooth hair.
- ✓ On touching they feel soft due to their reduced muscle tone.
- ✓ This reduced tone may lead to delayed milestones.

What to do for children with Down's syndrome ?

As babies, often due to delay in achieving milestones, they require occupational therapy. Training in activities of daily living like feeding, dressing, toileting and communication helps the child to learn to become independent.
They can study in regular classroom set up with a modified curriculum.
Sometimes behaviour modification might be required for the children.

Mungesh:

Mungesh was born with Down's syndrome but has always had consistent encouragement from his mother. He is absolutely adept, with age-appropriate independent skills and now shows progress academically as well. His teachers' reported that he is equipped for mainstream school and would benefit from such education. He is familiar with his alphabet, a few numbers, parts of the body, identification of colors and objects. Mungesh has come a long way since the first time he started attending the anganwadi preschool at Mukund Nagar.

**Bushra**

Bushra is a pretty little girl with sparkling eyes who has Downs Syndrome. Bushra when enrolled at the SSI-Unicef project was withdrawn, non-verbal and totally un-interactive. The teachers were required to give constant and regular encouragement, with reinforcement from all the professional members of SSI-Unicef intervention team who visited the site. Gradually and surely they started seeing the change in Bushra. Earlier Bushra would sit facing the wall. She would not eat her food, or interact with peers, but now Bushra has started imitating actions of all the nursery rhymes taught to her. She also tries to say them. She pretends to play teacher at home and has started interacting with neighbours and other siblings. She started self-feeding and now enjoys group play activities.



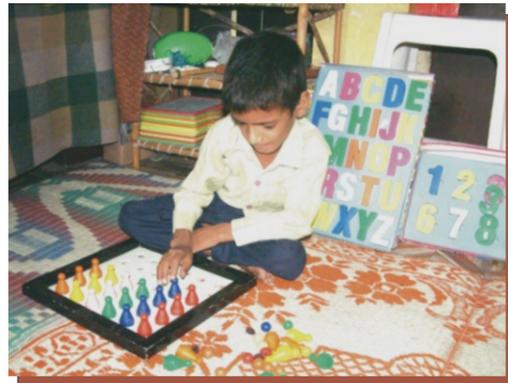
Including children with Locomotor Disabilities

All children with loco motor difficulties, as mentioned below, can go to regular classroom set-ups. They generally do not require any curriculum differentiation, but sometimes benefit with concessions like writer or extra time, especially where hands are weak.

Poliomyelitis

What is Polio ?

- ✓ Poliomyelitis is a viral infection caused due to unclean surroundings, dirty toilets, and presence of rubbish around the house.
- ✓ This infection leads to fever and cold, followed by stiffness of neck and weakness over parts of the body.
- ✓ What we see and call 'Polio' is actually the paralysis of usually one, or rarely, more limbs of the body
- ✓ It occurs anytime between the ages of 6 months 5 years.
- ✓ The affected limb becomes weak and starts to thin down.
- ✓ Intellectual functioning is not affected



Children with polio enrolled at the sites were mainstreamed without any difficulty. Therefore in the second year of the project we found that the parents themselves had included all children with polio.

What can you tell the community so that Polio can be prevented ?

- ✓ Take children for timely and regular immunizations.
- ✓ Maintain hygienic conditions in and around the house.
- ✓ Provide the child with the required aid that is, calipers or calipers and crutches as soon as possible.

Including children with Rickets

What is rickets ?

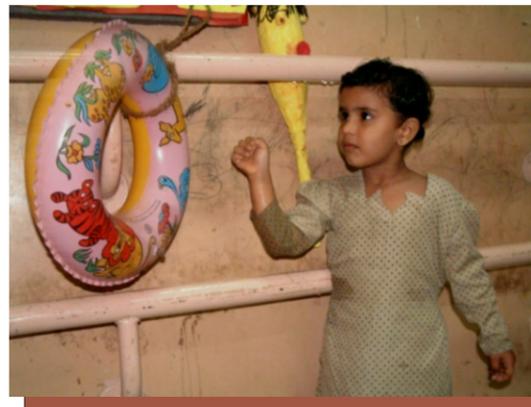
- ✓ It is a nutritional deficiency of vitamin D
- ✓ This causes weakness of the bones and improper built.
- ✓ There is no other associated disability.

Can rickets be prevented ?

- ✓ A proper diet rich in calcium and proper exposure to sun can prevent this condition.
- ✓ Mother's diet during pregnancy should also be nutritious as this might also be one of the causes of rickets.
- ✓ After the age of 40 mothers level of calcium in the body goes down, therefore a child born at a late age may be more prone to this condition

Tamanna:

Tamanna has rickets. The community workers had misdiagnosed her as polio. On assessment and parent interviews it was found that she had Rickets. Nutritional counseling was done with the parents and they were also referred to the local hospital for advice on further nutritional supplements in the form of medications.



Including children with Attention Deficit Hyperactivity Disorder

What is Attention Deficit Hyperactivity Disorder (ADHD) ?

Children with Attention Deficit Hyperactivity Disorder are:

- ✓ Unable to sit still
- ✓ Unable to plan ahead
- ✓ Unable to finish tasks
- ✓ Unable to be fully aware of what's going on around them.
- ✓ Unable to concentrate and attend to task.

The most common behaviors observed in ADHD are

- Inattention
- Hyperactivity
- Impulsivity

The children are inattentive, which means they

- ✓ Have a hard time keeping their mind on any one thing.
- ✓ May get bored with a task after only a few minutes.
- ✓ May not be able to focus their attention to completing the task at hand.

They are hyperactive, which means they

- ✓ Always seem to be moving around.
- ✓ Cannot sit still.
- ✓ May talk non-stop without much meaning.
- ✓ May squirm in their seat or roam around the room.
- ✓ Touch everything, or noisily tap their pencil.

- ✓ May be fidgety or may try to do several things together, bouncing around from one activity to another.

They are impulsive, that is they are

- ✓ Unable to think before they act, therefore may blurt out inappropriate comments or run into the street without looking.
- ✓ Cannot wait their turn.

NOTE: But this does not imply that anyone who blurts out things or bounces from one task to another, or is forgetful, is hyperactive.

How then can one recognize ADHD ?

- ✓ These behaviors should be in excess.
- ✓ They should occur more often than in other people.
- ✓ These behaviors should be present all the time and therefore cause embarrassment to the parents.

What are the Educational Options ?

Whenever possible, educators prefer not to segregate children, but to let them learn along with their peers.

What can be done to help children with ADHD in the anganwadi ?

- ✓ Seat the student in an area with few distractions.
- ✓ Provide an area where he/she can move around and release excessive energy.
- ✓ Establish a clearly posted system of rules, and reward appropriate behaviour.
- ✓ Sometimes just keeping a card or a picture on the desk can serve as a visual reminder to use the right school behaviour, like raising a hand instead of shouting out of turn, or staying in a seat instead of wandering around the room.
- ✓ Giving some children extra time on a test can sometimes make a difference.

- ✓ Reviewing instructions or writing assignments on the board, listing books and materials they will need for the task, may make it possible for disorganized, inattentive children to complete the work.
- ✓ Telling children in advance what they will learn, providing visual aids and giving written as well as oral instructions are all ways to help students focus and remember the key parts of the lessons.
- ✓ Teaching method should be
3D objects → Pictures/ flashcards → Worksheets
with colour coding
- ✓ Teach one concept at a time.
- ✓ Once the child masters one concept, then only introduce the next concept.

Can ADHD be outgrown or cured ?

Even though people don't outgrow ADHD, people do learn to adapt and live fulfilling lives.

Including children with epilepsy

Seizures can be of many types. Two of the most common types of seizures are:

1) Big seizures

In big seizures, a person's whole body tightens, there is uprolling of the eyes and a rhythmic movement of the body takes place. The person often loses consciousness and there may be frothing at the mouth. When they recover consciousness, often they are slightly disoriented as to place and time. The seizure time can vary from 5 minutes to $\frac{1}{2}$ hour. It can take place many times a day or once in 6-7 months, etc. Often children know when they will be getting a seizure. This awareness is known as the "aura". It is important for anganwadi workers to know and note this "aura", and move the concerned person to a safe place.

2) Small seizures

Small seizures can often be invisible ones. The time period for which they occur can be as brief as a second or so. During that time the person might suddenly stand and stare, not blink or appear not to have heard part of the conversation. Since this type of seizure is very brief, it often gets missed out.

Precautions before an attack:

- ✓ Before an epileptic attack several children are aware that they are about to have seizure. It is important to note this in order to move them into a safe place.
- ✓ Wearing a helmet is a way of preventing injuries.
- ✓ The parents and teachers should be aware of the duration for which the convulsions last and the medications to be given for the same.

Things to be kept in mind during a major attack



DO'S

- ✓ If an epileptic attack seems evident then the person should be immediately taken to a safe place and made to lie down.
- ✓ If an attack occurs, the person should not be moved during that time.
- ✓ All harmful objects to be kept out of reach of the child.

- ✓ Do not put anything in the mouth.
- ✓ During the attack keep the child's head turned to one side.
- ✓ If following the attack, the child is drowsy he should be allowed to sleep.



DON'T'S

- ✘ Do not allow people to gather around, and allow free air circulation and open all windows.
- ✘ Do not restrain the convulsive movements.

- ✘ Do not force anything between the tightly held teeth.
- ✘ Do not offer any thing to eat or drink.



What should you remember while teaching a child with epilepsy in your anganwadi ?

The anganwadi worker should be aware of what precautions to take before seizure, and what to do during the seizure in the classroom.

- The anganwadi worker should be aware of the
 - ✓ History of the seizures
 - ✓ Medications to be given.
- Information about the timings of the medication and whom to contact during seizure should be displayed on the display board.
- Medications should be regularly given on time
- The anganwadi workers should be aware of the sleeping patterns of the child and she should allow the child to sleep during those periods.
- Teaching method should be
3D objects → Pictures/ flashcards → Colour-coded Worksheets
- Teach one concept at a time.

Once the child masters one concept, only then introduce the next concept.

The teacher should ensure that children in the class know about the condition. Children with epilepsy benefit from regular teaching in the regular classrooms.

Some children took medicine for epilepsy before coming for the class, so most of the time they fell asleep and then the anganwadi workers did not know what to do. The anganwadi workers were advised to talk to the parents and find out the history of the children.

Including children with Autism

What causes Autism ?

Autism can present itself in a combination of various different types of difficulties. These difficulties can be in the area of social interaction, which could be with people or with the environment. There are also difficulties in communication, fine coordination activities, planning of actions and in understanding the information sent to the brain by the sense organs.

Disturbances in relating to persons:

- The child would avoid any eye contact with persons around him/her.
- The child will not return a smile.
- The child prefers to be left alone.
- The child will not make friends.

Disturbances in relating to things:

Toys are not used in the manner they are supposed to be used, but instead they are twirled, spun, flicked, tapped or in other ways manipulated, arranged or rearranged.

Use of play material is often rigid and inflexible.

The child will not be able to participate in group play activities or imaginative play (eg. Doctor doctor, Family play or Doll play).

Disturbances in communication:

- Child is usually not able to speak.
- If speech is present then it usually is repetitive. i.e. repeats phrases said to them.
- Child shows a lack of emotion during communication.
- If speech is present it occurs out of context and appears to be meaningless and have no communicative value.

Disturbances of Information gathering from the senses:

Children with autism tend to respond differently to visual and auditory stimuli. They also respond differently to any stimuli, which causes an alteration in balance.

They react differently to the same stimuli at different times i.e. they over react or under react to the same stimuli.

Children with autism may show certain typical movements, which are:

- Wiggling and flicking of fingers.
- Closing and opening of hands
- Rolling or banging of head.
- Body rocking and swaying.
- Flapping of arms.
- Clapping frequently for no apparent reason.

Autism often coexists with other issues such as intellectual difficulties, convulsions and fits.

What can be done for children with autism ?

To be able to help children with Autism it is important to recognize the condition as autism and not confuse it with other disorders like intellectual impairment and mental disorders.

Children with Autism need to be handled with a lot of patience and understanding.

An interdisciplinary approach should be used which should include a Speech & Language therapist, Occupational therapist, Special educator.

What should you remember while teaching a child with autism in your anganwadi ?

- ✓ For meeting his/her educational needs, the child requires an individualized educational program.
- ✓ Activities planned for the child should progress at a very slow rate. Patience is the key to success.

- ✓ The child should be assisted in various tasks by his peers.



- ✓ He/ she should be seated next to the teacher within the group.
- ✓ Teaching should be through actual objects, and stress on enhancing communication with the child.
- ✓ Repetition of instructions is necessary.
- ✓ Instructions should be simple, using key words.
- ✓ Verbal instructions should be accompanied by gestures to help the child to understand.
- ✓ During teaching, the anganwadi workers should consistently involve all senses like visual, auditory, tactile, and kinesthetic to enhance learning.
- ✓ The child should be rewarded immediately for following instructions.

Lokanathan:

Lokanathan was initially diagnosed as being autistic. He exhibited strong autistic traits with regard to social interaction and lack of eye contact. He was usually self absorbed and was pre-occupied with particular toys like blocks etc. He would not participate in group activities and would barely respond to his name. However, now his site teacher has a different story to recite. She reports that Lokanathan gives constant eye contact for a relatively long period of time, and his attention shifts have reduced. He interacts with his peers and participates in group activities. He responds to his name and tries to communicate non-verbally. He comprehends instructions in his native language. However negligible improvements have been observed with regard to academic development. But one could infer that essential milestones have been crossed with regard to social development.



Including children with visual difficulties

What are visual difficulties ?

Persons who cannot see clearly or who are unable to see at all are said to have visual difficulties. In India there are about 45 million people with low vision and over 9 million people who cannot see at all.

How to recognize visual impairment ?

It will be very helpful if we refer the child to an eye specialist any time we notice any of the following habits, as these could be early signs of visual impairment.

- The child rubs his eyes constantly.
- Crossed or misalign eyes.
- He/she tilts head.
- The child bangs his head or pokes into his eyes.



We can play an important role in preventing permanent vision loss if we spot any vision problems.

The common visual impairments that we see in young children are nearsightedness and crossed eyes.

Nearsightedness (myopia) is a condition in which distant objects appear blurry, while crossed eyes is a condition in which one eye does not aim directly at the object to which the other eye is aimed. Both these conditions, if not treated, could lead to loss of vision in one eye.

How can we help a visually impaired child in the anganwadi ?

1. Do not hesitate to use the word 'see'. A visually impaired child uses this word in his own way.
2. Introduce him/her like all the other children.
3. Include them in all the activities of school. e.g. physical education, home science, etc.
4. Let the visually impaired child also follow the same rules in school as others do.
5. Encourage the child to pick up and keep his belongings by himself.
6. Use words instead of gestures while communicating with him.

7. An extra shelf or bench will be required in the class to keep his Braille books.
8. Let the other children know about visual impairment.
9. If the teacher's attitude towards the child is of acceptance, the whole class will accept the child.
10. Encourage the children in the class to interact with him.

How will a visually impaired child use regular printed material ?

1. Black boards- Encourage the visually impaired child to sit in the centre of the front row. Some children cannot stand bright light while some children need more light. All this should be taken into consideration.

2. What the teacher is writing on the board, she should also say out loudly. Thus the visually impaired child can also write.

3. If a child wants to see charts from close distance, let him do that.

4. Braille charts and maps can be used.

5. Textbooks/notes with larger print can be used.

6. Use textured surfaces or modified text using sandpaper for them to feel and understand.

7. Concepts of transport, fruits, vegetables, clothes etc should be taught using actual objects.

8. Concepts of animals and birds should be taught using stuffed animals and birds.



Including children with speech and language difficulties

What is Speech ?

Speech is the spoken production of language and is the fastest and most efficient means of communicating. It is one of the most natural modes of expression. This means speaking in a language, which is understood by people around us.

What is hearing ?

The ear is the organ for listening. Speech and language are usually acquired through hearing. Hearing loss can cause disturbances in individual speech and language systems and results in communication problems. A child who is deaf misses out on all the chatter and talk in his initial years. Hearing loss thus leads to language and communication problems and comes in the way of education



Speech and language is acquired through hearing

A few things to remember:

A deaf child is not necessarily mentally challenged

Children who are deaf are sometimes misdiagnosed as mentally challenged, because they do not acquire speech and understanding of spoken language.

Unusual sounding speech does not mean the person is mentally challenged.

Absence of speech does not necessarily point to hearing loss

There are children with normal hearing who do not spontaneously develop speech. This means that the absence of speech is not always an indication that there is deafness. We must not treat these children as deaf.

These children have to be trained to use different and alternative means of communicative devices such as gestures, communication boards, picture mats, flash cards etc.

This is very important and should be done in an atmosphere of playfulness.

The following points may come in as handy.

- Playing with sounds. Sounds of vehicles, animal sounds.
- Imitating sounds of train, siren etc.
- Making sounds with ones own body. Clapping hands, snapping fingers etc
- Sitting quietly, and listening to the sounds around you. (Even the softest ones, one's own breathing)
- Language concepts of soft\loud or slow\fast can be taught.

What the teacher needs to know about the hearing aid ?

She needs to know;

The function of the hearing aid:

- How to insert and remove the hearing aid(s).
- What batteries to use and how to insert or remove them.
- How to use the volume control.
- Operation of on-off switch.
- How to clean the hearing aid and the ear mould

What is Communication ?

Communication begins because we have something to say.

It is a transfer of a message from one person to another.

To communicate we must talk to each other.



Tranfer of message from one person to onother

What is language ?

Language is what you talk or the content of your conversation. Most often this transfer or communication takes place through language.

How to express language ?

Language can be expressed in the form of Gestures,
Facial expressions,
Speech,
Writing, and art form. (Drawing, scribbling, painting)

What Is Augmentative and Alternative means of Communication? (AAC)

A large number of people with disabilities are unable to communicate with the help of speech.

Among these are children, adolescents and adults with motor problems, mental disabilities, autism, learning disabilities, cerebral palsy, delayed speech and other developmental or acquired language disorders.

People who are unable to communicate with the aid of speech, or those who experience persistent difficulties in producing intelligible speech are often given alternative and augmentative communication (AAC) Systems.

The four main kinds of symbols used in AAC are:

What can we do to help children with speech and language difficulties ?

Early language stimulation in the form of play will benefit children with speech and language difficulties.

- ✓ Tell parents to talk to the child as much as possible.
- ✓ Encourage use of picture books in early childhood.
- ✓ Providing for a hearing aid or an communication board as per the need of the child.
- ✓ Encourage usage of sounds in whichever way the child can reproduce them.

What should you remember while teaching children with hearing, speech and communication difficulties in an anganwadi ?

For children with hearing difficulties:

- ✓ Anganwadi worker should train and encourage the child to understand, and communicate by using words and gestures that are part of our normal life.
- ✓ Language needs to be purposefully presented and language experiences need to be ongoing.
- ✓ Construction materials (clay, dough, blocks) and educational toys like puppets should be constantly used for language development.
- ✓ Language should be generated by engaging the child in make-believe and role play.

Role play should be encouraged by using tyres, ropes, building blocks, cardboard boxes, a dressing box with caps, old shoes, bags, beads, spectacles, dresses, (all used material bought from children home itself.)

Role-play should be developed on certain themes, like a local visit, to the grocery shop, to the local post office, to the nearest railway station.

- ✓ There should be strong lighting all over the room
- ✓ While teaching in the classroom the child should look at you.
- ✓ Talk in a natural manner combined with gestures.
- ✓ The child should be exposed to only one language.
- ✓ You should talk to the child having hearing difficulty although he may not seem to understand you initially.
- ✓ If the child is wearing a hearing aid, then encourage wearing it all the time.
- ✓ Regularly check whether the hearing aid is working, is on or not.

- ✓ Use all kinds of clues to communicate what you are talking about; pointing, drawings, pictures, flash cards, key words on the blackboard, dramatizing.
- ✓ The child should be encouraged to imitate lip movements of the teacher.
- ✓ Repeat comments, questions, and answers from the children about what is going on.
- ✓ Use the sense of touch for experience, for example; get in the box, get in the bus, go into the house, get in the bed, get under the table.
- ✓ Use toys for explanation. E.g. the ball is in the box, the doll is on the bed, the books are inside the almirah.
- ✓ Conversation should focus on everyday happenings.
- ✓ Listen attentively with interest when the child has something to say; if he signs, make sentences interpreting his signs as you go along.
- ✓ Encourage the child to perform some sort of rhythmic activity along with the music. (twist, shake, roll on the ground)

For children with speech and communication difficulties:

- ✓ Keep reminding the child to look at you.
- ✓ Seating should be proper so that the child has support for his neck and trunk and you sit at the eye level of the child (that is your face level).
- ✓ Change your facial expression/voice while expressing various words and sentences.
- ✓ Tell the child to look at you while he talks or whenever he talks or let him imitate lip movement by looking at the mirror
- ✓ Encourage the child to use one-word utterances or two words phrases. Move on from simple sentences to complex ones as per his ability. If he can say one word then encourage him to use two words combinations. Words such as throw, ball, mama, or give. Later two word combinations would include mama ball. Mama give, throw ball.



Imitating lip movement by looking at the mirror

- ✓ If the child can say two words then encourage him to use three words and then progress to simple sentences.
- ✓ If the child cannot use speech for expressing, or if the clarity is poor, then use the communication board as per his ability.
- ✓ For communication board, train the child to point to pictures then proceed to pointing to alphabets and numbers.



Child using a picture communication board

Including children with intellectual difficulties

What is intellectual difficulty ?

There are some disabilities that can be termed as intellectual impairment. In this, the children have difficulty in understanding basic concepts and are unable to grasp difficult academic concepts Eg. Does not recognize body parts, sometimes may not even recognize family members, cannot understand number value. They usually do not have any difficulties of movements of their joints.

What are some of the barriers faced by children with intellectual difficulty ?

Children with intellectual difficulties face the following barriers

- Difficulty in understanding ideas and words,
- Difficulty in understanding instructions resulting in the child facing a difficulty in carrying out the tasks that require basic self-help skills.
- Difficulty in grasping the school curriculum.
- Difficulties in communication.
- Difficulty in recalling information that the child has learnt earlier.

What can be done to help children with intellectual difficulties ?

Some solutions that would help children with learning difficulties at varying levels in the anganwadi include,

- ✓ Breaking down complex questions into simpler ones.
- ✓ Dealing with one concept at a time.
- ✓ It is important to remember that each child learns differently and therefore requires different attention and techniques from the teacher.
- ✓ **Demonstrations** should always be used to explain words or ideas.
- ✓ A lot of **repetition** of the same information is required for the child to remember it better.
- ✓ Each idea should be explained using, **firstly pictures, then through an object, and lastly through play.**
- ✓ Each idea/word should be **taught one at time.**
- ✓ A new idea should not be taught till **the previous one has been learnt properly.**
- ✓ A child with intellectual difficulties may need some **time alone with the teacher to understand a concept.** Hence the teacher may spend 15-20 minutes alone with children facing intellectual problems.
- ✓ Children should also be **encouraged to answer within a classroom situation** and be rewarded accordingly. Some rewards that should be used are:
 - **Stars**
 - **Smiley faces**
 - **Praise and appreciation by the teacher**
 - **Applause by the class**



- A sweet on some occasions. However material reinforcements should be avoided as far as possible
 - The ladder.
- ✓ If a child is hyperactive and exhibits frequent attention shifts, then one of the children should be placed with him who will help him in his work.
 - ✓ He should be given work that holds his interest and should be told that if he finishes this work in ten minutes, then he will be rewarded. This should be tried everyday
 - ✓ If a child throws tantrums and acts stubborn, as his needs are not fulfilled, it should be explained to him that only if he keeps quiet for five minutes would his needs get satisfied. And such a pattern of behavior should be reinforced time and again.
 - ✓ If a child is an introvert and experiences social isolation, he should be involved in group activities where interaction would be encouraged and reinforced. Responsibility should be delegated in order to enhance his self-esteem.
 - ✓ He should be encouraged to talk more often and rewarded for such behaviour. We should refrain from using negative reinforcement.

A child with intellectual difficulties finds it difficult to remember words or syllables taught in class. He should be taught by teaching aids which bring out an association. For example if the anganwadi teacher is teaching the child about fruits, one fruit should be introduced weekly. It should be taught through pictures on one day and the next day through actual fruits. Sometimes a whole group of fruits can be mixed and the child should be asked to sort. This exercise can be done through pictures as well.

Sultana:

When Sultana was first brought into the SSI/UNICEF anganwadi, she had just turned four. Her initial assessment indicated that she experienced severe intellectual problems coupled with motor and speech difficulties.

In the beginning Sultana hardly interacted with her peers and made no attempts to strike any form of communication with them. She expressed apprehension when confronted



by a new face. She only acknowledged her mother's presence and responded to her when called. Her teachers also indicated that she was unable to comprehend simple instructions put forth to her.

As time went by, the teachers started noticing that she was gradually beginning to open up and interact with the children sitting near her. She was encouraged to participate in group activities. The community workers everyday gave special attention for five minutes, which time they spent in teaching simple concepts like parts of the body, identifying common objects etc.

A year after Sultana's enrollment there was a marked improvement in her social development. Now, it is difficult to see Sultana without a smile. She welcomes every new face who comes to the sites and will make attempts to interact with them non-verbally through her cooing and giggles. Initially she was apprehensive when walking, but now she walks with big strides confidently. However she still is unable to communicate verbally and her academic development is limited to comprehension of simple instructions. Yet, the teachers believe that Sultana has come a long way and it is this enthusiasm that will make her succeed.

Sometimes children with other disorders may also have associated intellectual difficulties. These disorders include Down's syndrome Autism ADHD