



Early Intervention and Early Education for children with Development Delay

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Introduction to GiftAble

GiftAble foundation strives to create an ecosystem of like-minded individuals and collectively build a disabled-friendly society.

Spaces of change Impact projects



Health

- Early Intervention
- Health of Women with Disabilities
- Spinal Cord Injury Rehabilitation Support



Livelihood support through Supplier Diversity

- Pre vocational trainings (Mobility, Life skill training)
- Vocational trainings
- Self Employment opportunities

Impact So Far..



Early Childhood Development – Need and Challenges in India

What is Early Childhood Development?

Birth to six years, is the period when the foundation of cognitive, physical, socio – emotional development, language and personality are laid. The development starts in the womb. Hence this period is divided into sub groups – Conception to birth, Birth to six months, Six months to 3 years, 3 years to six years. Early Childhood Development, refers to the holistic development of the child.

Why Early Childhood Development Matters?

Every year 1.5 million children die in India before reaching the age of 6 because of lack of care and protection.



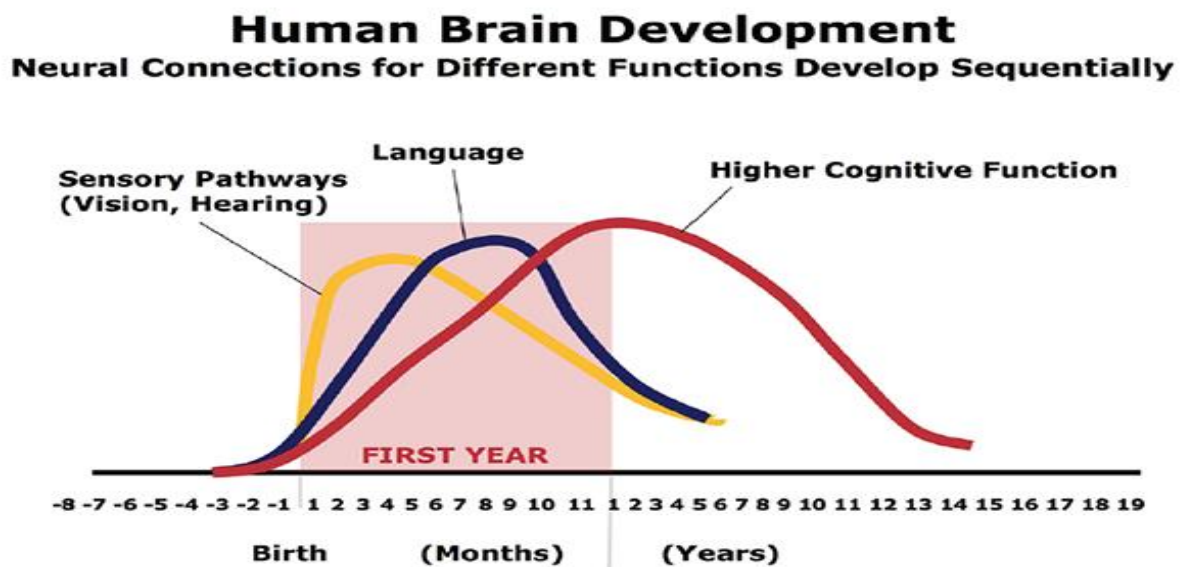
Those who survive, don't reach their full potential. They do not receive adequate nutrition, care and opportunities to learn. It is proven by neuroscience research that 90% of the child's brain growth occurs by the time a child is 5 years of age.

The reality: Early Childhood Development has never been a priority

As a result of low priority, the situation is dismal –

- 4 out of 5 children under 3 years of age in the country are anemic (National Family Health Survey (NFHS 3))
- 4 out of 100 babies are not alive to blow the candle on their first birthday
- The National Family Health Survey (NFHS) - 4 data for 15 States shows that 37 percent of children under the age of five are stunted; 22 per cent are wasted while 34 percent under the age of 5 are under weight.

Economic Survey of 2016 which clearly said that ‘India needs to invest more in improving nutrition among children to capitalize on the demographic advantage offered by its young population. Also the survey called in for more spending on maternal and child healthcare if India needs to grow at a faster pace.’



Positive signals of prioritization in the Global and National Policy Environment:

Links Between Health And Wider Sdg's Agenda



Ensure healthy lives and promote well-being for all



Target 1.3: Implement social protection systems for all



Target 2.2 : End malnutrition, achieve targets for reductions child stunting and wasting



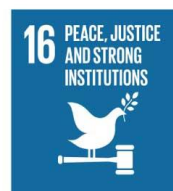
Target 4.2 : Ensure access to early childhood development, care and pre – primary education



Target 5.2: End all forms of violence against all women and girls



Target 6.1 : Achieve universal and equitable access to safe and affordable drinking water



Target 16.1: Reduce all forms of violence and related death rates everywhere



explicitly
reference

DISABILITY



Achieving 17 Global Goals will leave no one behind

Inclusion in SDGs - a ray of hope- It is heartening to note that the International communities are also recognizing the importance of early child Development. Early Child Development is included in Goal 4 and mentioned in target 4.2: *“By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education”.*

Proposed Project: Early intervention for children with development delays

What is early intervention?

While all children grow and develop in unique ways, some children experience delays in their development.

Early intervention is a system of services that helps children with developmental delays or disabilities. Early intervention focuses on helping eligible children learn the basic and brand-new skills that typically develop during the first three years of life, such as:

- *physical (reaching, rolling, crawling, and walking);*
- *cognitive (thinking, learning, solving problems);*
- *communication (talking, listening, understanding);*
- *social/emotional (playing, feeling secure and happy); and*
- *Adaptive (eating, dressing).*

More details: <https://www.youtube.com/watch?v=vtApfNlrjY8>

Examples of early intervention services | If an infant or toddler has a disability or a developmental delay in one or more of the developmental areas, that child will likely be eligible for early intervention services. Those services will be tailored to meet the child's individual needs and may include:

- Assistive technology (devices a child might need)
- Audiology or hearing services
- Speech and language services
- Counseling and training for a family
- Medical services
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services

Services may also be provided to address the **needs and priorities of the child's family**. Family-directed services are meant to help family members understand the special needs of their child and how to enhance his or her development.

Who's eligible for early intervention?

Early intervention is intended for infants and toddlers who have a ***developmental delay or disability***. Eligibility is determined by evaluating the child (with parents' consent) to see if the little one does, in fact, have a delay in development or a disability. Eligible children can receive early intervention services from birth through the six (and sometimes beyond).

- **For some children, from birth** | Sometimes it is known from the moment a child is born that early intervention services will be essential in helping the child grow and develop. Often this is so for children who are diagnosed at birth with a specific condition or who experience significant prematurity, very low birth weight, illness, or surgery soon after being born.
- **For others, because of delays in development** | some children have a relatively routine entry into the world, but may develop more slowly than others, experience setbacks, or develop in ways that seem very different from other children.

GiftAble Methodology

Family centered

this means that the intervention:

- includes parents and other family members so everyone can work alongside the professionals and learn how to help their child
- is flexible – it can be offered in their home as well as in other settings such as early intervention centers
- provides individual family with support and guidance.

Developmentally appropriate

this means that the intervention:

- is specially designed for children with disability
- has staff who are specially trained in the intervention and services they provide
- develops an individual plan for your child and reviews the plan regularly
- track child's progress with regular assessments.

Child focused

This means the intervention:

- focuses on developing specific skills
- includes strategies to help child learn new skills and use them in different settings
- prepares and supports child for the move to school
- finds ways of get child with disability together with typically developing children (ideally of the same age).

Supportive and structured

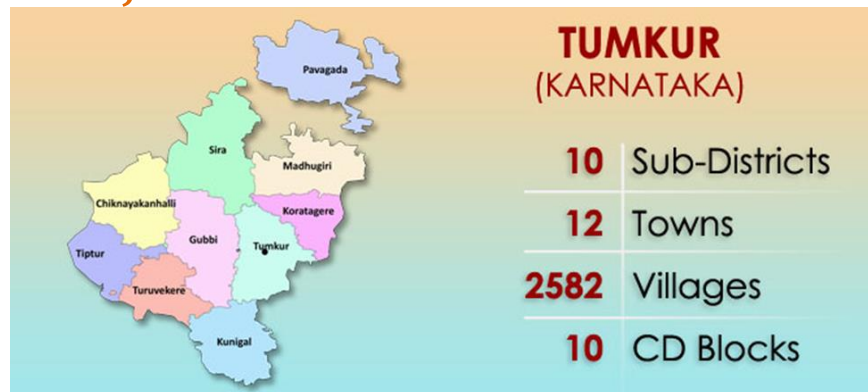
This means the intervention:

- provides a supportive learning environment – where child feels comfortable and supported
- is highly structured, well organised, regular and predictable.

Team

1. Physiotherapist
 2. Occupational therapist
 3. Speech therapist
 4. Special Educator
 5. Field coordinators
- [Early Interventionist]
- **Occupational therapy** can help with fine motor skills, play and self-help skills like dressing and toileting.
 - **Physiotherapy** can help with motor skills like balance, sitting, crawling and walking.
 - **Speech therapy** can help with speech, language, eating and drinking skills.
 - **Special Educator** can help with early education of children.
 - **Field coordinators** identifying and survey of development delay or disabilities.

Current Project in Tumkur



Tumkur district age wise disability data from Census 2011

Age	PwD	Male	Female
0-4	1705	891	814
5-9	3402	1922	1480
10-19	9312	5317	3995
20-29	9573	5271	4302
30-39	8203	4463	3740
40-49	7431	4322	3109
50-59	5878	3394	2484
60-69	6541	3481	3060
70-79	4439	2331	2108
80-89	1904	855	1049
90+	505	200	305
Age Not Stated	64	32	32
Total	58957	32479	26478

Why Tumkur ??

Total children (0-6) in Tumkur city are 29,655 as per figure from Census India report on 2011. There were 15,233 boys while 14,422 are girls. **Around 5,000 Children are having development delays under age 10. Who will be left out of school?**

Tumkur Early Intervention Center





“My grandson M D Hussein, 2.5 year old now after 3 months of intervention, is able to get his neck control, I would like to see him going to school like any other children one day, and this center has given me the confidence that my child can be one like any other in this society”

- Mahabubi, Carer

Project includes:

- To organize screening programs for children under the age of 0 – 8 years for early identification, assessments and interventions.
- Organize screening camps for early identification and assessment by involving three Primary Health Centers' (PHC).
 - Screening camps will be organized in 60 villages/wards of Tumkur Taluq involving PHCs which are functional in the Tumkur.
 - Approximately, 10,000 Children with development delay will be screened in PHCs in two years. Out of them around 150 children with disability would be identified and included under the program in two years.
- Clinical assessment and re- assessment.
- Organize and facilitate sensitization workshops on early intervention for ANMs, nurses and ASHA workers & doctors every year.
- Ensure follow up mechanism for early intervention of identified children.
- Capacity building for community workers on early stimulation and inclusion.
 - Conduct a training program for anganwadi teachers.
- Provide assistance and support for therapy for children.
 - weekly clinics for therapeutic support on regular basis.
- Support for assistive devices & mobility aids.
 - Identify the needs of mobility aids and assistive devices for children to get appropriate mobility aids and assistive devices on ongoing basis.
- Surgical interventions as per the requirement.
 - Identify the surgical intervention needs for children with different disabilities and support every year.
 - Network with hospitals in the region to access surgical services by sensitize and orient the doctors / management of the hospitals.
 - Motivate and prepare parents.
 - Refer to district hospital and other multi-specialty hospitals for severe and complicated cases.
- Inclusion of children with disabilities in anganwadi centres.
- Sensitize and training anganwadi workers on inclusion of children with disabilities.
- Motivate parents and assist them to establish good rapport with the anganwadi workers to create better learning environment in an inclusion setup for their children with specific needs.
- Awareness camps on spreading awareness on the inter relative marriages, one of the main causes for the disability.

Impact:

Life of Children with Development Delay

- Will help in their development through therapeutic services
- Mainstreamed to schools, hence no disrupt in education
- Aids and Appliances help increase the functional ability and confidence

Community Development

- Parents committee would work as further change makers in the village
- Human resource development in the communities

Technology & Sustainability

- Software Application/ Advance technology usage
- Self sustainable model

EXPECTED PROJECT OUTCOMES:

- At the end of second year 100 (70%) children enrolled in ICDS/Anganwadi centers and attend regularly Anganwadi/ Schools.
- Estimate of 100 (70%) children will show improvement in FIM score*(refer next page) and move to next developmental milestone in a period of six months.
- Estimate of 70% of the children will receive various social entitlements from government.
- At the end of one year 20% of the referral from the govt. front line workers like ASHA, ANM.
- At the end of the program this will be a unique Early Intervention Model to Implement across India.

*FIM Score Sheet

Name: _____

Birth date: _____












































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EVALUATION OF A CHILD'S LEVEL OF PHYSICAL DEVELOPMENT

Note: Although on these guides physical and mental skills are separated, the two are often closely interrelated.

These charts show roughly the average age that a normal child develops different skills. But there is great variation within what is normal.

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PHYSICAL DEVELOPMENT	Average age skills begin	3 months	6 months	9 months	1 year	2 years	3 years	5 years	What to do if a child is behind
Head and trunk control	 lifts head part way up	 holds head up briefly	 holds head up high and well	 holds up head and shoulders	 turns head and shifts weight	 holds head up well when lifted	 moves and holds head easily in all directions		Activities to improve head and trunk control (see p. 302).
Rolling		 rolls belly to back	 rolls back to belly	 rolls over and over easily in play					Activities to develop rolling and twisting (see p. 304).
Sitting		 sits only with full support	 sits with some support	 sits with hand support	 begins to sit without support	 sits well without support	 twists and moves easily while sitting		Work on sitting. Special seating if needed (p. 308).
Crawling and walking		 begins to creep	 scoots or crawls	 pulls to standing	 takes steps	 walks	 runs	 can walk on tiptoe and on heels	Activities to improve balance (see p. 306).
Arm and hand control	 grips finger put into hand	 begins to reach towards objects	 reaches and grasps with whole hand	 passes object from one hand to other	 grasps with thumb and forefinger	 easily moves fingers back and forth from nose to moving object	 throws and catches ball		Eye-hand activities. Use toys and games to develop hand and finger control (see p. 305).
Seeing	 follows close object with eyes	 enjoys bright colors/shapes	 recognizes different faces	 eyes focus on far object	 looks at small things/pictures	 Sees small shapes clearly at 6 meters (see p. 453 for test).	 Sees small shapes clearly at 6 meters (see p. 453 for test).		Have eyes checked (see p. 452). If poor, see Chapter 30.
Hearing	 moves or cries at a loud noise	 turns head to sounds	 responds to mother's voice	 enjoys rhythmic music	 understands simple words	 hears clearly and understands most simple language			Have hearing checked. If poor, see Chapter 31.

Name: _____

Birth date: _____

Date: _____

EVALUATION OF A CHILD'S LEVEL OF MENTAL AND SOCIAL DEVELOPMENT

MENTAL DEVELOPMENT	Average age skills begin	3 months	6 months	9 months	1 year	2 years	3 years	5 years	What to do if a child is behind
Communication and language	cries when wet or hungry	coos when comfortable	makes simple sounds	uses certain sounds for different things	begins to use simple single words	begins to use words together	uses simple sentences		Speak and sing often to child. If needed, develop alternatives to speech (p. 313).
Social Behavior		smiles when smiled at		begins to understand and respond to "NO!"	begins to do simple things when asked	likes to be praised after completing simple tasks	interacts with both adults and children		Consider trying behavioral approach to social behavior (see p. 349).
Self-care	sucks breast	takes everything to mouth		chews solid food	drinks alone from glass	takes off simple clothes	toilet trained	helps with simple work	Encourage child to help self if possible. Use behavioral approach to learning (see p. 350).
Attention and interest		smiles when smiled at	brief interest in toys and sounds	develops strong attachments to caretakers	takes longer interest in toys and activities	sorts different objects	builds playthings with several pieces		Early stimulation activities (see Chapter 35). Provide toys and "fun" objects.
Play	grasps things placed in hand	plays with own body	plays with simple objects	begins to enjoy first social games (peek-a-boo)	imitates and copies people	begins to play with other children	plays independently with children and toys		Guided play, lots of stimulation and interaction with other children.
Intelligence and learning	cries when hungry or uncomfortable	recognizes mother	recognizes several people	looks for toys that fall out of sight	copies simple actions	points to things when asked	follows simple instructions	follows multiple instructions	Early stimulation (p. 316). Lots of toys, talk, and step-by-step training.

Put a **circle** around the level of development that the child is now at in each area.

Put a **square** around the skill to the right of the one you circled, and focus training on that skill.

If the child has reached an age and has not mastered the corresponding level of skill, special training may be needed.

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Focus

Investing in young children through Early Child Development programmes – ensuring they have the right stimulation, nurturing and nutrition – is one of the smartest investments a country can make to address inequity, break the cycle of poverty, ensure gender justice and contribute to human development. There are ample reasons to believe how critical the early age is for a small child. However, the worst sufferers are poor and neglected children as they suffer from the adversities of being poor like inadequate access to basics like food, shelter, water, sanitation, education and health.



Begin the journey of building an inclusive community with GiftAble

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