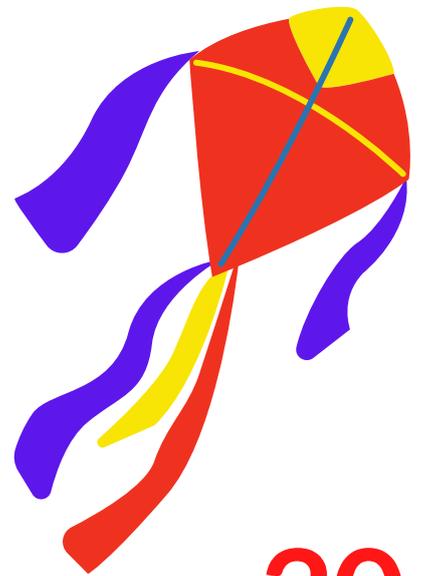




Prajaaahita
Foundation



UNNATHI 20 20



ONLINE CONFERENCE ON WELLBEING
OF CHILDREN WITH DISABILITIES

Follow us



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PRAJAAHITA FOUNDATION

Seeing Ability Beyond Impairment

Prajaahita Foundation is a non-governmental organization (incorporated under section 8 of Companies Act, 2013) which aspires to create a society of enlightened and compassionate citizens. The major objective of Prajaahita foundation is to build an integrated platform:

- To educate an individual on their rights and privileges
- To identify and support individuals who are denied of their rights and privilege
- To help in the rehabilitation of Person with disability To inspire and make the youth aware of their significant role in social welfare
- To develop a sense of compassion among fellow beings of a community

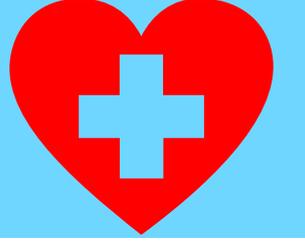
Mission

Our Mission is to bring and build an ecosystem with help of person with disability as a changing agent. Through this ecosystem, we are trying to bring possibilities for persons with disabilities and their families.

Vision

To enhance the wellbeing of persons with disabilities through harnessing technology and leveraging the networks of existing service providers.

Saukhyam



Our efforts is to dispense healthcare facilities for persons with disabilities on an individual as well as institutional level. The main theme of this program is to reach people and to get an insight into their issues, suggestions, and ideas. We hold their stories and experiences as our primary data which amplifies our efforts to make a change in their lives. Interacting with them on a personal basis has enabled us to realize the potential they possess to accomplish their aspirations.



UNNATHI 20 20

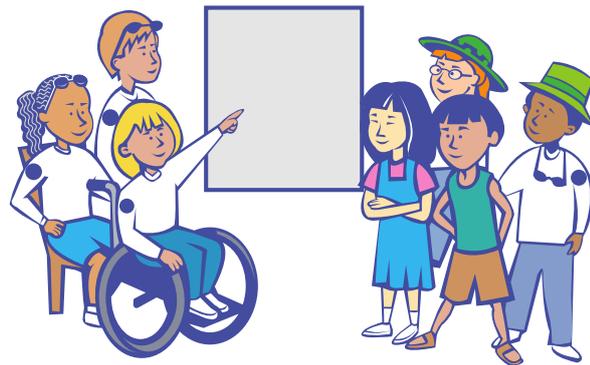
UNNATHI | Two-day conference for children, parents, teachers, and social workers who are involved in children with disability wellbeing.

The conference topics were:

14th November 2020:

Session 1: (2.00 pm to 3.30 pm)

Services/ Schemes available for Children with disabilities.



Session 2: (5.00 pm to 6.30 pm)

Early interventions and long-term health care plan for Children with disabilities.

15th November 2020:

Session 3: (2.00 pm to 3.30 pm)

Oral health care for children with disabilities.

Session 4: (5.00pm to 6.30pm)

Psycho-social Care

- a) Mental well-being of children with disabilities and parents,
- b) Building a positive and inclusive home environment,
- c) Transition from childhood to adulthood.

Our Speakers



Mr. Sureshan Puthiyadath

State Project Coordinator National Trust
Act Special Cell, Directorate of Social
Justice, Thiruvananthapuram



Dr. MKC Nair

Formerly Vice Chancellor
KUHS, Director, NIMS-
Spectrum CDRC.



Dr. Sreedevi Warriier

Consultant, Pallium India



Dr. Priya Treesa Thomas

Associate Professor,
Psychiatric Social Work ,NIMHANS



Dr. Manjusha Warriier. G

Assistant Professor, Dept. of
Psychology, Christ University,



Mr. Arun Sadasivan

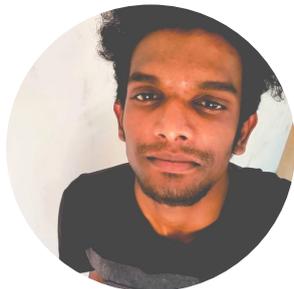
PhD Scholar, Dept of Psychiatric
Social Work, NIMHANS

Sign Language Interpreters



Nidhin Madhu

Sign language
interpreter NISH



Jibin K

DISLI student (NISH)



Jincy Mariam Jacob

DISLI student(NISH)

English Translators



Laya Rajan



Pooja B. Krishnan



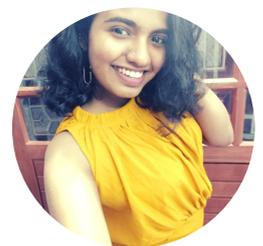
Nandhana Nair S B



Sangeetha T



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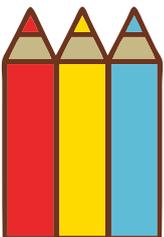


Saarika Gopinath

Our other projects

S . M . I . L . E

Supporting Mobility Identifying
talents Livelihood and Education.



Nirampakaram

Education initiative

For more details

visit:<https://www.prajaahita.org/programs-and-services>

SERVICES & SCHEMES FOR CHILDREN WITH DISABILITIES

By

Mr. Sureshan Puthiyadathu

The first speaker of the webinar Mr. Sureshan Puthiyadathu commenced the session with a brief introduction to Rights of Persons with Disabilities, RPWD Act, 2016. He spoke about the different facets of the RPWD Act. Talked about the need for the government to enforce and strengthen the operations on it. He also mentioned the importance of the awareness about this act for the persons with disabilities to secure their benefits and services offered by the government. With this, he sought to draw the importance of NGOs working for persons with disabilities to act as a collaborator between the persons and government. Later, he described various schemes, which are as follows:

NATIONAL TRUST ACT (1999)

The National Trust Act is a statutory body of the Ministry of Social Justice and Empowerment, Government of India, set up under the National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities.

The main objective of this act is to facilitate the realisation of equal opportunities, protection of rights and full participation of persons with disability.

NIRAMAYA HEALTH INSURANCE SCHEME

It is the scheme to provide affordable health insurance to persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities. It has a single premium across age band and it provides the same coverage irrespective of the type of disability covered under the National Trust Act. The applicants will be provided with Rs. One lakh health insurance for one year. The services range from medical checkups to hospitalization, therapy to corrective surgery, transportation and it will be available in both government and private hospitals. For people who belong to Above Poverty Line (APL) can apply to this scheme with Rs. 500 and Below Poverty Line (BPL) can apply with Rs. 250. In India, about one lakh people have availed this insurance. In Kerala enrolment for the scheme is free.

AGENCIES UNDER SOCIAL WELFARE DEPARTMENT FOR DISABILITY MANAGEMENT

- Kerala Social Security Mission
- National Institute for Speech and Hearing (NISH)
- Kerala State Handicapped Welfare Corporation.
- National Institute of Physical Medicine and Rehabilitation(NIPMR)
- Community Disability Management and Rehabilitation Programme(CDMRP)

OTHER INDIVIDUAL SCHEMES VIDYA JYOTHI SHEME

The Scheme is to provide financial aid to the students with disability for educational purposes. The scheme was under the Social Justice Department to help all of the children with disabilities who are continuing their studies. It aims for students in 9th,10th,+1, +2, ITI, Polytechnic, VHSE, Degree, Diploma, Professional course and Postgraduate students. Students who come under the Below Poverty Line have more preference. All Children with disabilities under RPWD Act can apply for this scheme.

VIDYA KIRANAM

It is a scheme which provides educational assistance to children of Adult with disabilities who are economically deprived. The scholarship is available for 10 months. The children have been categorized as:

- Standard 1 to 5 - Rs.300/ Month.
- Standard 6 to 10-Rs.500 / Month
- Standard +1, +2,ITI equivalent courses - Rs.750/ Month.
- Degree,PostGraduation,Polytechnic ,equivalent courses, training courses, professional courses - Rs.1000/ Month

SCHOLARSHIPS

The scholarship will be provided to children of parent with disabilities belonging to BPL Category. Assistance will be provided as one time for each class. And those benefiting from other educational assistance schemes are not eligible to apply under this scheme.

EQUIVALENCY EXAMS

Persons with disabilities who did not finish their education can attend equivalency exams without any fees and the courses for individuals can be availed without any fees payment. Equivalency exams are part of Kerala State Literacy Mission. There is no income restriction for this.

VIDHOORA VIDYABYASA

The scheme is for student with disabilities who are attending Graduation and Post Graduation.

They are entitled for benefit of Rs.10000. The applicant should be in a college or university inside Kerala and the annual family income should not be beyond 1 lakh per year.

SCHEME FOR PROVIDING ASSISTIVE DEVICES TO PERSONS WITH DISABILITIES:

Social Justice Department has initiated a new scheme which provides assistive devices to persons with disabilities for improving their quality of life in terms of mobility, communication and for performing their daily activities.

SWASRAYA SCHEME

Swasraya scheme is to provide financial assistance to mothers of severely disabled/ mentally challenged/ bed ridden children. An One time cash benefit of Rs35,000/- is being provided to the beneficiaries.

MATHRU JYOTHI SCHEME

The scheme is for providing financial assistance of Rs 2,000/- to visually impaired mothers for the aid and nurture of the baby after delivery and for the preparation of basic amenities. The assistance will be available until the child turns 2 years. The applicant's annual income should not exceed Rs 1, 00, 000/- and the mother should be a person having visual impairment 40% or more. The application should be given within 3 months.

PARIRAKSHA SCHEME

It is a scheme that comes under the social justice department for providing emergency medical assistance and food for persons with disabilities who are victims of natural calamities, victims of acid attacks and life threatening burns.

PARINAYAM SCHEME

It is a scheme for the marriage assistance to differently abled women and to the daughters of differently abled parents. Through this scheme an amount of Rs.30,000/- will be provided to the beneficiaries as one time assistance.

BARRIERS FREE KERALA

It is a project under the social justice department aimed at converting public places and buildings in the district into disabled friendly. The initiative includes easy access for people with disabilities in government offices, public places like roads, bus stands, railway stations etc.

PUNARJJANI

It is a scheme for the people in Attappady block who are suffering with mental health issues.

NISH(National Institute of Speech and Hearing)

NISH is an institute for the education and rehabilitation of individuals with speech and hearing impairments. Its academic courses include Bachelor of audiology & speech and language pathology, Bachelor of science in computer science and Bachelor of fine arts.

SAMOOHYA SURAKSHA MISSION

It is a state initiative on disability projects under the Social Justice Department. It is a mission to extend service and support to destitute, poor, aged, children, women, chronically ill cancer patients and other weaker sections of the society. As part of this they have undertaken several awareness classes for anganwadi teachers, public nurses, ASHA workers, kudumbasree units etc.

EARLY INTERVENTION CENTRES

These centres are available in Kottayam, Thrissur, Alappuzha, Thiruvananthapuram and Kozhikode medical colleges for conducting early intervention in children.

MOBILE INTERVENTION CENTRES

As part of the Anuyathra campaign, the Kerala Social Security Mission, in association with the National Health Mission, is initiating mobile intervention units across the state to provide treatment to differently-abled children. Children diagnosed with disabilities would be provided physiotherapy and development therapy at the mobile units. News reports stated that the units would have one developmental therapist, physiotherapist, speech therapist and a special educator with necessary equipment.

KATHORAM

‘Kathoram’ - Hearing Disability Management with the objective of early screening and early intervention of hearing disability.

As per this scheme free surgery to hearing impaired children in the age group of 0-5 years and cochlear implantation are provided.

SPECIAL ANGANWADI

Aimed to identify the children with disabilities and train them with proper methods. In this Anganwadi, specially trained teachers are appointed. It was started in Kozhikode district.

MODEL CHILD REHABILITATION CENTRE

This project is in progress.

The speaker concludes the session saying that due to the time constraints he was not able to explain the central government schemes and scholarships for disabled and so he shared the concerned contacts. Portal address: www.scholarships.gov.in

Help Desk No: 18001201001

Website : sjdkerala.gov.in

Q&A with Mr.Sureshan Puthiyadathu

Q.1. How do the Mobile intervention unit functions in this Pandemic situation?

Ans. Presently it is not possible to go to the client's home, now it is done through phone and gives instructions to the children and their parents to continue their therapies. Counselling sessions are provided if needed through phone.

Q.2. Does the bank account of a child with Mild Autism(40%) is valid?

Ans. Yes, it is valid and his parents can use this account until the child turns 18. After that should submit an application to the Local level committee of National trust, mentioning that to allow the parent to be the legal guardian to function all the legal matters regarding his child.

After verification from the concerned office, the parent can use this account as legal guardian.

Q.3 Is there any age limit for disability certificates?

Ans. No, there is no such age limit for the disability that can be detected from the birth time itself, but for learning disability and Autism Spectrum disorder the disability certificate will be provided after complete detection after a certain age

Q.4 Is there any mandatory way of applying for the Swasraya scheme?

Ans. Only requirement to attain this the applicant must be the female guardian or mother of severelymentally retarded children. The amount is provided to enable them to find self employment to look after the child .

Q.5 Is there any limit for the number of children applying from each district for Vidhya kiranam scheme?

Ans.No, there is no such limit for this, but priorities are given to the child who has a higher percentage of disability.

Q.6. Are we ineligible to get the benefit of Niramaya health insurance, if we are not able to submit the required documents before 1 month?

Ans. The time limit 1 month is valid from the discharging date from the hospital, or in case if you are alone and not able to go to submit the document in person you can call the local level committee or social justice directorate, there will be a special cell to handle this matter and they will help you.

Q.7 Is it necessary to change the permanent disability certificate in which mental retardation is named as Profound bilateral hearing loss with global developmental delay?

Ans. No, actually the name referred to in the certificate is mental retardation , but if you are facing any problems due to this or not getting your benefits you can apply to change the disease name.

Q.8 Is ' Kathoram' is for children who have undergone cochlear implant surgery?

Ans. Kathoram is a project for identifying the hearing impaired and do surgery if needed and after post rehabilitation is also provided . Those who had done surgery in other sources (not under this project) are also eligible to post rehabilitation under this project . Age limit 0-5 yrs as it is the effective age to do this surgery.

EARLY INTERVENTION AND LONG TERM HEALTH CARE PLAN FOR CHILDREN WITH DISABILITIES.

By
Dr. MKC Nair

Early intervention means identifying and providing the required assistance in the early stage before the problem gets worse. This helps to minimise the effect of the problem towards the person . In the case of children with disability the early interventions and health plan according to that support the development and wellbeing of them.

The doctor then explains the importance of BIO-PSYCO-SOCIAL model , he explains the topic with an example; for the treatment for depression we need to consider three levels

BIOLOGICAL- Neurotransmitters - so need drug therapy.

PSYCHOLOGICAL-cognitive error-need counselling

SOCIAL-family and peers- need support

The speaker started with the history of laws and policies for persons with disabilities in india

- Lunacy act 1912
- Mental Health Act 1987
- Rehabilitation Council of India Act,1992
- Person with Disability Act (modified 2011)
- National Trust Act,1999
- Juvenile justice Act(modified2010)
- Integrated child protection Scheme(ICPS)
- National commission for PWD's
- National policy for PWD's

WHAT DOES THE INDIAN CONSTITUTION GUARANTEE FOR DISABILITY?

- Equality and equal protection of law for all.
- Prohibits discrimination on the basis of caste, religion, gender or any of them.
- PWD Act chapter on “non discrimination”builds on article 15 &16 of constitution

HUMAN RIGHTS FOR PERSON WITH DISABILITY

- Free education
- Privacy shelter
- Timely medical aid
- Fair trial, legal aid
- Right to live with dignity
- Right to healthy environment

What is disability?

According to WHO sequence of events that leads to disability or handicapped which are Injury or Disease (here we should need a proper medical treatment)

This injury further leads to impairment, which is neurological issues. Here comes the importance of the early intervention to avoid disability. Disability means that person cannot do anything with that particular organ (functional issues).For the person with disability there is a need of rehabilitation which prevent that person turns handicapped (which depends on the perception of the society on the appearance of that person). Then the speaker explains how disability is identified by the society. Most of the time only visible disabilities are noticed and invisible traits which lead to disability in future are ignored .So for the children below 6years , our focus should not be only on disability. We should focus on

Developmental delay, Communication delay, Language delay, and Motor delay

and also on 10 major neuro developmental disorders. The types and prevalence of these Neuro developmental disorders in childhood was explained

Types

- 1.Global Disability Delay/intellectual Disability
- 2.Cerebral palsy
- 3.NeuroMuscular Disorders
- 4.Autism Spectrum Disorders
- 5.Speech and Language Disorder
- 6.ADHD

- 7.Vision Impairment
- 8.Hearing Impairment
- 9.Learning Disability
- 10.Epilepsy

The persons who has permanent disability will be having any of these disorders at their younger stage. If we detect any of the symptoms at the earlier stage, that would be very helpful for an effective intervention . The speaker had written a book which depicts how the process of intervention is done through different stakeholders.

(DEVELOPMENTAL DISORDERS- EARLY DETECTION AND INTERVENTION - DR.MKC NAIR)

The doctor explains the severity of disability and its related causes and also makes the audience think about the possible risk that can be noticed and avoided by themselves to prevent the disability.

MILD (85%)due to lack of stimulation. this can be treated by allowing the child to have proper interaction with the peers and with the society.For this government had started ICDS anganwadi .

MODERATE (10%) due to hypoxia (lack of oxygen at birth)

Hypoglycemia(Lack of proper breastfeeding)

Septic shocks (infection due to lack of hygiene).
SEVERE(5%) (genetic disorders, metabolic and intrauterine infections)

HOW CAN A MOTHER DETECT THAT HER CHILD IS NORMAL?

The mother should ensure that her child's developmental stages is happening at proper time period.

Social Smile – 2 months
Head holding – 4 months
Sitting – 8 months
Standing – 12 months

Also the mother should ensure the child can see, hear and listen by using simple activities.

EFFECTIVENESS OF EARLY STIMULATION

The child having poor birth weight is vulnerable to poor intellectual developments, but if we give early stimulation through mother or grandmother that baby also can be changed as effectively as the normal baby. The speaker also explains the effectiveness of stimulation in disability management through the results of his research study done in this area. He also explained various simple stimulation practices that can be done by the mother and the caregiver at home. For the purpose of implementing the Early stimulation to overcome disability, a study was conducted in Thiruvananthapuram for children under 6 years.

In this study it was identified that developmental delay is the main issue, then speech delay and multiple disability. Based on the study conducted on childhood disability by Dr. MKC Nair, Child Development Referral Unit (CDRU) was started in taluk hospital. This model that we implemented before 30 years is now used by RBSK in the District early Intervention Centre in all Districts throughout the country. In this early intervention center there should be a development therapist, psychologist and speech therapist, physiotherapist and special educators for related assessment of the child in the intervention process.

STATISTICS ACCORDING TO THE STUDY

The speaker explains different statistics based on his studies, while considering Kerala, Wayanad has higher percentage of children with disability and Pathanamthitta the least. In India 10% of child under 10 years of age is facing problems of disability.

MODELS OF DISABILITY

The doctors then illustrated different models of disability which are:

MEDICAL MODEL

The medical doctor is the main service provider. Along with it all the rehabilitation therapist works together to assist the child.

SOCIAL MODEL

In this model we will not focus on the 10 disabilities but only on the social problems they are facing due to that disability. We have to arrange the physical access to those persons eg, wheelchair path, braille language etc. Providing employment to them, participating them in all events and arranging space to express their talents.

PARENT MODEL

ACTIVITIES OF DAILY LIVING

The parent should encourage the child to do his/her daily activities like brushing teeth, bathing, eating, combing etc. make sure that if the child has some difficulties related to their disability assist them with some simple tools to do the activity like using big spoons specially designed for them or support the hands to eat food. By doing these activities they will get some exercise too. So parents should encourage the child to do their daily activities by themselves.

- Minimisation of contractures
- Mobility and Ambulation
- Independent living
- Communication Education for earning

Q&A with DR. MKC NAIR

Q1. How do we enable children in decision making ?

Ans. For decision making, it depends on the capacity of the child to make decision. So a child with a normal IQ can take decision. Also we have the background of the child and have to know whether the child has Autism. For autistic child even with better IQ, it is difficult to take decisions. To know whether the child has vision impairment and hearing impairment and also the age of the child, then only I can give appropriate answer to this question.

Q2. When there is a child with physical disability in the family . how do we include the siblings in giving care to the child ?

Ans. Parents are the mirror to the children , they will reflect what they will see through the parents, So parents should act as a model to the children. Involve the normal child in every matter of his sibling having disability. Appreciate him in front of others for his service to his siblings. This will make him happy and promote him to do later. Don't make him feel that the parents give much care to the child with a disability. Explain the normal child with some examples that the parents are assisting his sibling with disability

because he has some limitation to do that activity

Q3.What is the reason for frequent fits and falls in children, even if taking medicines ?

Ans.Consult with a good neurologist. In a good hospital there will be better equipment to take

Q4.Is over dosage of BCG medicine cause Fits in children?

Ans.No, there is not such a possibility to this, the only side effect that may happen to occur is the chance of gland growth under arms

Topic related books by the speaker

1.Developmental disorders- Early detection and intervention.

- Dr.MKC Nair

2.The High Risk NewBorns

- Dr.MKC Nair

3.The development of infant and young child

-Dr.MKC Nair

4.Developmental pediatrics

-Dr.MKC Nair

5.Managing the differently abled child

- Dr.MKC Nair

ORAL HEALTH CARE FOR CHILDREN WITH DISABILITY

By

Dr. Sreedevi Warriar

The speaker starts the session by sharing the basic information about the dental system. First she dealt with the structure of the human dental system. Then she explained the various dental problems and how it is a risk to children with disability. The preventive measures and tricks were also discussed.

STRUCTURE OF TEETH

Teeth consist of different parts. The crown, neck and the root. The crown is projected outward whereas the root descends below the gumline. A protective layer called enamel covers the teeth. The part between the crown and the root is called the neck. Root is the portion that extends through the gum and into the bone of the jaw.

MILK TEETH

It is the primary teeth in a child's mouth. These teeth start forming when the baby is in the mother's womb. It starts coming out after 6 months of birth. A total of 20 milk teeth come out of the child's jaw by the age of 2/3 years. A child needs these milk teeth for chewing, proper facial appearance, clarity in speech. Milk teeth are small and whiter.

PERMANENT TEETH

The first permanent teeth in our mouth are Molar teeth. All the permanent teeth erupt between the age of 6 to 21 years. It consists of 32 teeth, 16 in each jaw. They are stronger and yellowish in color.

WHY IS ORAL HEALTH IMPORTANT FOR CHILDREN WITH DISABILITY?

It is very important to take good care of oral health for children with disabilities. Mostly, these children are prone to chronic physical, developmental and emotional conditions. Thus, extra care needs to be taken. The speaker shared that in her opinion for the children who are having developmental disabilities their smile is the best way of interaction with the world, so it is very important to take extra care to their teeth to maintain their sweet smile. Most of these children have so many medications to take daily for different problems. So in such cases less priority is given to their dental health. But when it comes to situations having bad dental health it becomes very difficult to treat such children. It is very difficult to take them to a dental hospital when they have tooth pain. The most important concern is it is difficult to regain their sweet smile.

which is their only way of interaction with their loved ones.

WHY ARE THEY AT GREAT RISK?

IMPAIRED COGNITIVE ABILITY

It becomes difficult for them to understand and follow instructions from the dentist. Different children have different issues, some having physical disabilities but they can understand the instructions given by others. But some have no physical disability but having poor cognitive ability. In such cases diagnosis of such children for dental problems is very difficult. Because they cannot follow the instructions given by the doctor like open your mouth, show your teeth, etc.

BEHAVIOURAL PROBLEMS

Some children with disabilities have behavioral issues, like they get panic when seeing strangers. So they will not cooperate with the doctor for diagnosis and that will be a major risk to give oral health care.

IMPAIRED MOBILITY

In our country, there are no special arrangements for the mobility of people with disabilities. And also there are no special facilities for these persons in dental hospitals. There is no wheelchair path in many of the hospitals. So it would be a great issue for these groups.

NEUROMUSCULAR ISSUES

Some children have persistent drooling or chewing issues. They find it doesn't swallow or chew the food properly. Some children may have vomiting tendencies when some hard food happens to swallow. The same condition will happen when the dentist puts some tools into the mouth and continuous drooling is also a high risk for treating them.

CARDIAC DISORDER

In children with disabilities like down syndrome, they are prone to many cardiac diseases like mitral valve prolapse and heart valve damage. If the teeth care of this children is not done in a proper way, leads to infection of the teeth. This infection will affect the weak valve of the heart through blood and cause heart infection.

UNCONTROLLED BODY MOVEMENTS

Some children with disabilities do not have the control of their body movements, in such cases their diagnosis in teeth is not possible with any tools.

SEIZURES

Most of the children with developmental disabilities are having seizures throughout their life, so they happen to chip their teeth, bite tongue and cheeks during that time. This all are the additional risk than normal child. Besides this, while going to

the dentist these children are prone to seizures when drilling sound, or spraying water to mouth. So visiting a dental hospital is very difficult for such children.

VISUAL IMPAIRMENT OR HEARING LOSS

For such children , they cannot understand what happens around them. While during the diagnosis parents are instructed to wait outside, this will make the child panic and will not cooperate. Another risk is to convey them the instructions they have to follow.

MAJOR TEETH PROBLEMS

- Tooth decay
- Malocclusion- Misalignment and incorrect alignment
- Gum disease- Bacteria or plague built up in gum causing inflammation.
- Damaging Oral habit- thumb sucking or tongue thrusting can cause bad habits
- Oral malformation
- Delayed tooth eruption
- Trauma and injury
- Tongue thrusting, Lip sucking
- Early tooth decay- early tooth decay causes damage to milk teeth. Normally, people tend to take the decayed teeth out. But this can affect the alignment of teeth inside the mouth. This will cause the permanent tooth to come in a different alignment.

BABY BOTTLE TOOTH DECAY

It happens when the baby happens to sleep with a milk bottle and some quantity of milk happens to leave at the nipple space . This will gradually cause damage to those teeth. To prevent this allow the baby to wash the teeth after feeding. At night it is not possible, so do not leave them to sleep while feeding. if we cannot wash such children , give them plain water after feeding.

TOOTH DECAY

Bacteria are usually present in our mouth. But when we eat more sugar, it produces an acid inside the mouth which activates these bacteria in the outer lining or enamel on our teeth. The teeth, even if it is stronger than the bones get damaged. Cavities are formed. Cavities are formed near the gum, chewing area, and between the teeth. These cavities can be capped in the initial stages.

IDENTIFICATION

- Hot and sour sensitivity
- Lingering sensitivity to sweets
- Staining
- Hole
- During the initial stages, it can be seen as a white spot. There are no many symptoms. But if it is left unattended, toothache or tooth sensitivity occurs. If this continues, a pocket of the puss is formed which causes pain, swelling, and fever.

HELPFUL TIPS

- Brushing twice daily for two minutes.

Fluoride paste- This can prevent tooth decay to an extent (This will not lather much)

- Topical fluoride application- consult a doctor for application
- Mouthwash after each meal
- Modify toothbrush- Many children have difficulty in holding brushes. By using innovative methods, this can be reduced. (Inserting the toothbrush inside a sponge smiley ball, or a bottle head. etc.)
- Videos- Sometimes, children tend to copy what they see in social media or in visual mode. By showing them these videos might encourage these children to practice good oral hygiene

- **GUM DISEASE**

Bacteria and mucus form a thin layer around the teeth called plaque. This can be removed by regular brushing habits. But if left unattended, it can cause tartar formation. Due to medication, gums tend to swell or saliva is reduced. This can cause damage to teeth as well as difficulty in chewing. Drinking plenty of water can reduce this effect.

EFFECTS

- Bad breath
- Red or swollen gum
- Tender or bleeding gum
- Loose or sensitive teeth

PREVENTION

Good brushing habits Saline water mouthwash Professional help for cleaning (when the tartar is formed, brushing won't remove it)

DAMAGING ORAL HABITS

- Teeth clenching or grinding
- Tongue thrusting
- Mouth breathing
- Pouching- Keeping the food within the mouth without swallowing
- Thumb sucking- It is normal till the age of 5. After that one must be encouraged to stop this habit. It affects the speech of children. By positive reinforcements or by constant reminders, it can be stopped.

DROOLING

It is the condition that saliva discharges continuously. It happens because of inability of the child to close the lips, lack of reflex to swallow the saliva. They were unaware about how to swallow.

Abnormal movement of the lips and tongue, sometimes difficulty in swallowing also lead to drooling. This habit will cause some difficulties to the parents, when they go outside with this child.

TIPS TO OVERCOME DROOLING

Using mirrors as a reminder . encourage them to say 'mmm" for lip sealing exercise. Practice them with suck and swallow command. Allow them to blow

straws and candles., keeping paper between the mouth and telling them to hold it for some time, or blowing games. Encourage them with rewards for doing these exercises with some gifts (other than food). These are some of the successful therapies for drooling. In some cases medications are also given.

DRY MOUTH

Due to the impact of their disease and the intake of several medicines some children are facing dry mouth. This may happen due to the less intake of water and also due to the medicines. This condition will cause pain, difficulty in swallowing and speech. Drinking plenty of water is the only successful remedy to this condition.

HOW TO BRUSH YOUR TEETH?

Use a soft brush and brush twice a day. While brushing your upper teeth, move your brush top to bottom. While brushing your lower teeth, move your brush bottom up. Use round movement for brushing the teeth on either side and back and forth movement for chewing teeth. The quantity of toothpaste to be used should be less. The amount should only be less than half of a pea. Children also have a tendency to swallow the paste. Even if they do, try to complete the brushing process with your toothbrush. Also, teach them to spit. Besides this

explanation the doctor also presented a video, that demonstrating the way of brushing teeth. Always have a healthy oral habit.

Q&A WITH DR. SEEDEVI WARRIER

Q1. My son is having redness in his mouth. Though there is no swelling, there are boils on the gums of mouth walls. What is the cause for it and its remedy?

Ans. Boils are formed either due to excessive dosage of medicines or due to vitamin deficiency. Providing a Vitamin C or B complex tablet is good for this. Any multivitamin syrup is also good. Also, there are different ointments that can be applied. But care should be taken after application. On applying the ointment, a numbness is created. This will cause a tendency for the children to bite and cause bleeding. Hence apply it around 30 min before food. It is ok if the kid swallows a small amount of the ointment as well.

Q2. My child is having red gums and tooth issues causing pain. Should she have it removed or what should be done?

Ans. If it is permanent teeth, treatment is necessary. Consult the doctor and close the gap. It is easier to pluck the teeth, but this is not good in the long term. So, it is better to consult a doctor and take a wise decision.

Q3. My child is 10 years old. She is having a gap as well should we close it?

Ans. If the molar teeth are milk teeth, it is not necessary. But if it's a permanent tooth, we should fill it. Use fluoride toothpaste. Sometimes, sedation is necessary for this. This will make the child cooperate. Therefore, identify a place where this facility is available. Normally it is available in dental colleges.

Q4. Do oral issues cause skin disease or damage?

Ans. Gum disease won't affect the skin. But it could be the other way around. Sometimes, skin disease can cause damage to the gum.

PSYCHOSOCIAL CARE FOR CHILDREN WITH DISABILITIES

BY

Dr Priya Treesa Thomas

Dr. Manjusha Warriar G

Mr. Arun Sadasivan

The whole session was divided into 3 parts & the first session was handled by Dr. Priya Treesa Thomas

In the first session she explained the importance of providing psychosocial support to the children with disability. For children with disabilities most of the people give proper medical care and neglect the importance of psychological support. We must identify their tastes and areas where they need support. Also listen to the minute facts of children with disabilities, it will help us to solve the huge problems. So we planned this session in such a perspective that what are the things that we should notice even in our single steps while giving care to the child and the areas that we think to improve. What improvements can we have to do in those areas. In this discussion the main topic is to discuss those important areas - the psychosocial areas of our children.

Root agenda is that even though they are children with disabilities they are children. We give them the opportunity to play, learn and grow together. All the persons who choose their profession to work in this area, focus to identify their abilities

rather than their weakness. The need for psychological support varies with the physical property, individual difference, environment and treatment. We have to understand their physical and psychological needs. This means that they are able in a different way. If the child shows a physical and behaviour change at a sudden, then we need to give more attention to the child because it may need psychological support. We are able to see their physical problems or any disability, so we gave them medical care. So the child gets the medical care, but medicare is incomplete until his psychosocial wellbeing is not considered. The parents or caregivers find it difficult to handle the psychological side of the child's disability. Various factors which affect the psychosocial health are biological, psychological, social and the treatment modes. The Difficulties should be treated with an evidence based approach or interventions with the expert. Very much importance should be given to the early intervention to avoid the severe impact of the disability in children in future. If the child is provided with appropriate support from the related stakeholders every

child will develop effectively with potential outcome.

Different children have disabilities in different areas, like physical, cognitive, behavioral, sensory and chronic health disabilities. Along with these visible disabilities we have to give much attention to the psychosocial problems related to these disabilities.

SPECIFIC AREAS OF RISK THAT THE PARENTS SHOULD NOTICE

If the child had any difficulties in interaction with the friends, if he/she become isolated from peers, family and society, the parent has to know if it happened due to the disability of the child and have to support them to overcome the problem. Parents need to understand the difficult areas of disability which leads the child to draw back from his peer group. Ensure them full support to overcome such difficulties. Sometimes the child is very aggressive and agitated in nature, but be with them in their problematic condition. The parents and the siblings can do much to support him.

The parents can do a lot in the field before that they should get enough support from others. The support system can include doctors, psychologists, counselors etc. Sometimes the disorder takes time to progress but sometimes it is rapid. Screening should be done to identify the disorder, as the time of treatment is as important as treatment.

Counselling, educational intervention etc can benefit. Parent is the main care coordinator. They can connect the children with the health circle like friends, school and peer, social media platform etc. These circles encourage them to become autonomy and build self esteem. Nowadays the teachers prepare individual education plans for differently abled children, is very helpful for the educational purpose of these children and this is an appreciating effort. So we can conclude that the parents and adults should give attention to the differently abled children and connect them with the supporting factors.

ABOUT BUILDING A POSITIVE AND INCLUSIVE HOME ENVIRONMENT

Dr. Manjusha Warriar G.

Home environment will determine child's self determination. Though many of the children with disabilities try to attend school, but most of the time that won't work.

Especially during this pandemic situation most of the children spend much of the time at home. Playing is an important aspect for the development of child. This will help them to acquire many skills. The physical and social environment at home enables the child for a better way of development.

The assistive technologies are found to be very useful. Each and every support that we provided are considered as assistive technology, but ensure that the facilities are provided in an appropriate way. Assistive technologies aimed at improving or creating opportunities at certain domains of the physical environment such as the

NURTURANCE: Light, temperature, color, texture, room arrangement can enhance child feelings of safety and security.

TERRITORY: claiming control over a particular area and they can reach favourite toys or regulate stimulation.

IDENTITY: children should have their identity reflected in their surroundings and they should enjoy some freedom to express their identity through the personalization of space.

STIMULATION: everything in the home setting provides stimulation for young children.

MANIPULATION: children derive satisfaction from actively shaping and changing the environment.

SOCIALIZATION: The contribution of the family to social interaction and friendship formation for children with disabilities. For providing inclusive home environment family characteristics, interactions and relationship, resources, life span issues are need to

be considered. As a conclusion she mentioned that building a positive and inclusive home environment for children with disabilities need some requirements. It is, interaction and interventions focusing on enhancing facilities and comfort at homes, as well as improving the family system, subsystem and the family's connection with the community.

TRANSITION FROM CHILDHOOD TO ADULTHOOD.

Mr. Arun Sadasivan.

Transition is not just about a shift in age from childhood to adulthood but also a period of development and self equipment. It is a dynamic process and everyone will undergo this despite any personal challenges or limitations. There are several indicators to mark these changes like social indicators. Emotional and behavioural changes also becomes visible. Based on these indicators we can say that a child is developing or has developed based on their age. These developments occur in different stages. Every stage is interconnected and is challenging also.

Children need support while they are going through these transitions. Parent's perspectives and child's perspectives of transition

are to be considered by the professionals. Children also have different perspectives. It is seen that there is a lack of support.

When the perspectives of parents change, then the perspective of a child will change.

When children grow older; they tend to be scared of expressing emotions like anger, silence, hostility and deep sorrows. This is the perspective that the children take from their parents. Here we need the support of medical professionals and trained counsellors. Most of the time, a communication barrier is observed.

Either parents don't communicate with children or children don't communicate with parents. This forms major challenges observed in the transition period. All people have a wide mindset from their childhood. A child's mind is huge, and their imagination capacity is also high. But it is observed that most of the environment even restrict child ability to imagine and dream. Children are restricted and caged. There are many minute facts to be considered here too. Parents tend to focus on larger goals like treatment or complete recovery. This makes the micro goals invisible.

Children can face different kinds of diseases. Some of them are progressive in nature, whereas some are not.

Specialized care is essential at these times. Along with that, it is also important to provide opportunities for the children.

Apart from the involvement of the parents and the associated foundations, the active support from the peers and young people are necessary. Make development of skills like self management and self determination, supported psychosocial development, make provision of choice and information. Coming years we need society to share their responsibilities. Peer involvement is one of the effective factors. The inner motivation of a child is also very important. Areas focused during transition are activities of daily living, mobility, transportation, health care, living arrangements, recreation, leisure and community participation. It will help them be capable of understanding and accepting their present conditions so as to prepare to meet at later. He also discusses two models. The traditional medical model and the Psycho-social/ independent living model. Traditional medical models focus on fixing problems related to functional limitations and inadequate performance of activities of daily living. Psychosocial or independent living models focus on attitudes, adjustments, control, accessibility, availability of independent living support.

QUESTION AND ANSWER SESSION

Q1. My child has autism spectrum disorder and cannot speak and walk. How can I manage him ?

Ans. Your child is having multiple disabilities. We should give him primary care. Identify the domains which they can improve. These two factors we must accept and go forward. Also you should identify the possibilities of the child and how to strengthen him. The main factor is that long term care of the child. So we want the basic assessment of the child. There are three main factors for treating the child. a) Primary care. b) Give exposure based on disability. c) Treat the child without any difficulties. Intervention format is dependent upon the disability. Every child is unique, their challenges and strengths are different. In this session we discussed only the general guidelines. You should seek care and support from special educators, doctors and psychologists. They can help you and provide an individualized care plan. If you want any support please ask us. We will support you.

Q2. My child is having cerebral palsy plus microcephalic. Before lock

down we gave physiotherapy and speech therapy. But physically she didn't feel any improvement. During lockdown we followed the therapy at home by self . Now she has a lot of improvement. We are confused about whether we want to go to a physiotherapist or we do it ourselves?

Ans. It's a good and positive indicator because now the child has improved. The fact behind the improvement may be that you had got much time to interact with the child . There are two types of physiotherapies. Passive physiotherapy and Active physiotherapy. Passive physiotherapy is like you can do exercise by yourself. Active physiotherapy means somebody has to make you do those exercises. Yet you should spend time with the child and engage in more activities and massage along with the warmth of the parents. Also, you must follow the instructions from physiotherapists and continue the home based physiotherapy. Please continue the successful practice.

Q3. In your opinion, inclusive education or special education is better for children with disabilities?

Ans. Inclusive education is better for children with disabilities because they get opportunities to interact with a lot of children who

don't have a disability. Science is also telling that inclusiveness. Prajaahita's projects are also for inclusive education.

Q4. My daughter who is 22 years old was affected with Encephalitis at the age of 18 months. Till ten years she doesn't walk and speak. We did physiotherapy and a lot of treatments in Chithra hospital. Now she can walk and speak little. But she didn't know anything about academics. Last ten years she has been going to a special school. But till now she wasn't able to write her own name. So what can I do? Will there be any further improvement?

Ans. It is because of brain damage. Cortical cells are necessary for normal development. In this case those cells are damaged. Development occurs in certain areas and development disappears in a few other areas. Now she is aware of the social system. But she isn't able to understand the role functioning. Because of brain damage, development stops. Now the child has become independent and developed. It is only because of your support. Try to change the child's focus and give exposure in the field which is interesting to the child.

THANK YOU



All those who contributed to the conference
Thank you for all your Support!

It is fair to conclude that the conference was a great success! Esteemed speakers, valuable participants, moderators and hard-working translators and sign language interpreters have contributed in so many ways to turn this event into a smoothly running meeting with many very interesting presentations and a very good atmosphere for discussion.

You as participants are thanked for all your great input and for many fruitful discussions and good interaction.

Thank you for being so positive!

-Prajaahita Foundation

