

**Rehabilitation Programme and pre-  
Vocational work for intellectually impaired  
persons with autism**

**Kalyani Life Institute**

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## PROBLEM STATEMENT

In Indian communities, social stigma and superstitious assumptions are still prevalent about children born with autism, cerebral palsy or any other mental or physical retardation. Discrimination against persons with disabilities is above all a human rights violation, and, indeed, it also holds back economic development. Persons with disabilities including autism, cerebral palsy and mentally retarded, who come from the poor BPL families of Rural part can not provide their own minimum standard of living. Peoples from these unprivileged sector can not spare their earning for a persons affected with autism and mentally retarded. Therefore after attaining age of 18 these persons removed from the mainstream of the society. Affordable services, such as personal assistants, peer-counseling services, assertive devices and technology and accessible transport are a prerequisite to enable persons with disabilities to live independently in the community and to participate in economic activities.



# DEFINING THE PROBLEM

1. In Indian communities, social stigma and superstitious assumptions are still prevalent about children born with autism, cerebral palsy or any other mental or physical retardation. Educating Indian communities is a challenging task for the organization.
2. Parents of children with autism are often dissatisfied with their communication with teachers and society which becomes worse as the children age.
3. Integrating the child with mainstream educational institutions and society.
4. In India, raising a child with ASD puts a tremendous strain on families due to competing commitments and expectations of parents from the child in comparison to the other children like , academics.
5. This initially leads to social withdrawal with later reintegration into social networks.
6. The impact is multidimensional, involving the personal sphere and the wider community with negative experiences of discrimination.
7. The parents actively try responding to these challenges through a range of approaches with help from existing and new social support networks and health care providers.
8. Professionals from the health, education, and religious sectors have a low awareness of the unique needs of families living with ASD which leads to a considerable economic and emotional burden on families.
9. Diagnosis gets delayed as doctors treat it as mental retardation or schizophrenia or blame bad parenting.
10. Superstitions and social stigma plays a havoc in Indian society for ASD and other mental disorders particularly in rural India.

# GEOGRAPHICAL AREA OF WORK



- Haringhata, Gede, Majdia, Duttapulua, Ranaghat, Chakdaha, Jagulia, Haringhata, Kalyani of Nadia,
- Bansberia, Chinsurah, Mogra, Bandel of Hooghly,
- Kanchrapara, Halisahar, Naihati of 24 Parganas.



## Mission

We champion the rights and interests of all people with Autism, Asperger's, Dyslexia, etc. and aim to provide these individuals and their families with help, support and services that they can access, trust and rely upon, which can make positive difference in their lives. Our mission is Inclusion, Mainstreaming and Segregation for betterment.

## Vision

A peaceful and healthy world offering the children and youth suffering from autism an opportunity to join the mainstream of the society.

## Shared Value

Every Child and Youth has a right to healthy life.

## Legality (registration)

Registered under Society Act 1961, endorsed with Persons with Disabilities Act, Kalyani Life Institute runs with a regular school plan under National Trust of Ministry of Social Justice and Empowerment, Government of India.



## **What is the issue of concern?**

Parents and family of autistic and similar children are dissatisfied with their communication with teachers and also in society. The communication worsens as children age. Parental and professional views always do not match.

On the other side as the child ages without proper intervention the following problems are on rise.

Anger and aggression

Self injurious Behaviour

Meltdowns and tantrums

Irritability

Non compliance

Hyper activity

Impulsivity

If not intervened on time it may become near to impossible to include them into the mainstream society.



## **Executive Summary**

Kalyani Life Institute was established on the 26th day of February 2010. The program was first implemented through early intervention with beneficiaries from their initial entry to ten years of age and Daycare has beneficiaries aged above ten years. The toddlers, children, and youth are intervened and taken care of by special educators and psychologists. The beneficiaries are given speech therapy, elementary and advanced educational skills like writing, reading, drawing, singing, dancing, playing. They are life skill education which includes all daily chores like eating, toilet habits, dressing up etc. Other than these they get vocational training, e-learning, physiotherapy and psychological counseling. Parents and family members are also given training and they are allowed to work as volunteers. Individual and family therapy, group counseling are done on a regular basis so that the families can help their children parallel along with the organization at home. Regular community awareness programs are conducted to encourage the community about PwDs.

## **The Gap We're Filling**

We develop educational, vocational, social and recreational opportunities to their fullest. We grow the awareness and understanding of our community and society to remove the social stigma. We integrate our beneficiaries into the mainstream of society.

# BACKGROUND

Persons with disabilities have poorer health outcomes, lower education achievements, less economic participation and higher rates of poverty than persons without disabilities. Disability may increase the risk of poverty, and poverty may increase the risk of disability. Lack of support to persons with disabilities may increase the risk of poverty, seeing that efforts to promote development and poverty reduction have not always been adequately inclusive of persons with disabilities. Discrimination against persons with disabilities is above all a human rights violation, and, indeed, it also holds back economic development. When persons with disabilities and their families cannot access essential public services and support mechanisms that open up economic opportunities; when they cannot take part in income-generating activities or when they are prevented from making wider contributions to the lives of their families and communities, there are far-reaching economic, as well as, social consequences. Persons with disabilities including autism, cerebral palsy and mentally retarded, who come from the poor BPL families of Rural part of Nadia, North 24 Parganas and villages of hooghly can not provide their own minimum standard of living. Peoples from these unprivileged sector can not spare their earning for a persons affected with autism and mentally retarded. Therefore after attaining age of 18 these persons removed from the mainstream of the society. Households with a person with a disability experience material hardship, including lack of access to safe water and sanitation and food insecurity 9 and are faced with extra costs due to disability-related expenses. Affordable services, such as personal assistants, peer-counseling services, assistive devices and technology and accessible transport are a prerequisite to enable persons with disabilities to live independently in the community and to participate in economic activities. Magnitude that the project aims to address to the betterment and Mainstream the concerns of Boys women and girls with disabilities throughout plans to implement at the regional levels, and actively involve them in the planning, monitoring and evaluation of development programmes. It will impacted mostly to introduce measures and policies to ensure that persons with disabilities, including women, children, youth, older persons and indigenous persons with disabilities, are protected from poverty and benefit equally from mainstream poverty alleviation, development and wealth-creation programmes, which should contribute to the implementation of disability-inclusive social protection systems and measures in line.





## Impact Assessment

### DOING GEMBA, DATA COLLECTION AND MEASUREMENT

Kalyani Life Institute carries out its primary Gemba at the institute itself. Overall approach is participatory in nature. The improvement of the children is carried out by observation by parents, qualitative testing and analysis by the special educators, physiotherapists and psychologists. The following qualitative tests are performed by the psychologist to measure the beneficiaries improvement:

1. Developmental Screening Test
2. Vineland Social Maturity Scale
3. Seguin Form Board Test
4. Indian Scale for Assessment of Autism (ISAA)

### ANALYSIS OF DATA CONNECTED WITH THE PROBLEMS & DETERMINING POTENTIAL CAUSE(S) USING APPROPRIATE QUALITY TOOLS

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### ANALYSIS OF DATA CONNECTED WITH THE PROBLEMS & DETERMINING POTENTIAL CAUSE(S) USING APPROPRIATE QUALITY TOOLS

The qualitative statistical tools and measurement will be made using the data till now within the next step of submission.

### VALIDATION OF CAUSES, IDENTIFYING THE ROOT CAUSE AND FOCUSING ON IT

Kalyani Life Institute along with its qualified and highly competent team studies the recent advances and intervention strategies for each and every PwD. For every newcomer family and PwD the root cause of problem is analyzed using advanced technology and tools. The family and parents undergo individual and group counselling. Training is imparted to parents to help their children at home. When the problem is diagnosed and validated, early intervention process is started.

# CHOOSING THE BEST SOLUTION

KLI deals with Persons with autism, cerebral palsy, ADHD, Down's syndrome, multiple disabilities and other forms of mental disabilities. For successful implementation each PwD needs his/her own time. Psychologists, special educators, physiotherapist, professional social worker, physiologist and management takes decision for the best possible solution. KLI also takes into account for helping those who are economically and socially disadvantaged.

After the intervention process starts regular monitoring is done using scientific tools and methods. Accordingly alternative solutions are brainstormed for the best outcome. Our team always remains updated with recent advances through journals, research papers and other sources for implementation.



## GENERATE POTENTIAL SOLUTIONS

Educate the families and parents on Laws, Policies, Human Rights and opportunities available for their children.



## PLAN THE CHANGE

S.M.A.R.T analysis is used for the contingency planning. Though till now we have not used Gantt chart but are planning to do soon, so that we can submit it during your next step in processing.



## TRIAL IMPLEMENTATION OF BEST SOLUTION FOR VALIDATION

This area is not applicable for our beneficiary group as every child with mental disabilities is unique thereby every solution is unique. Same way every parent /family is unique depending on their economic, social, spiritual and educational Outlook.





# Objectives

For differently abled toddlers, children and youth, this organization do it's level best to support the social security, mental trauma, and trivial family issues that are common to these ill-fated families.

The organization acts as a welfare family where parents of these persons with disabilities can find a mental shelter forever and grow awareness of the laws and human rights issues associated with their children.

### *How has this need been determined?*

With the passing due to biological and environmental conditions autism and related problems are on rapid rise. Beneficiaries are referred to Kalyani Life Institute by doctors, psychologists, psychiatrists and schools. We have many beneficiaries from local communities where people are unable to afford even two square meals daily. KLI tries its level best to help the beneficiaries who come from these families. Due to lack of sufficient funds we are unable to meet this rising requirement.

Children and youth from distant places regularly come to KLI for special education. Children from families where both the parent need to work are facing problem. KLI wishes to build a home and needs more infrastructural facilities for this.

### *Has this issue been helped or addressed previously?*

Yes, Persons with Disabilities have undergone special education, dance and music therapy, sensory activities, occupational therapy, applied behavior analysis, physiotherapy and speech therapy by trained therapists and pathologists and educators.

Physiological, educational and psychological development of PWD with autism, cerebral palsy and multiple disabilities have been assessed periodically by distinguished board members consists of physician, mentor and psychologist.

# Milestone ONE

SUPPORT FOR SOCIAL SECURITY

For differently abled babies, children and youth, this organization do its level best of support for social security, mental trauma and trivial family issues that are common to these ill-fated families.

The organization acts as a welfare family where parents of these persons with disabilities can find a mental shelter for ever.

# Milestone TWO

WELFARE FAMILY

# Milestone THREE

DEVELOP EDUCATION

To support each individual to access and develop educational, vocational, social and recreational opportunities.

To grow the awareness and understanding within our community and society to remove the social stigma for Autism.

# Milestone FOUR

REMOVE THE SOCIAL STIGMA

## WHAT ARE WE TRYING TO ACCOMPLISH?

For differently abled toddlers, children and youth, this organization does its level best to support the social security, mental trauma, and trivial family issues that are common to these ill-fated families.

The organization acts as a welfare family where parents of these persons with disabilities can find a mental shelter forever.

To support each individual to access and develop his/her educational, vocational, social and recreational opportunities to their fullest.

To grow the awareness and understanding of our community and society to remove the social stigma.

To integrate our beneficiaries into the mainstream of society.

Kalyani life Institute has received several awards and nominations for its work in the field of Disability.

KLI is referred by doctors and other stakeholders to parents and families with PwDs.

Since the Programme initiation, we have been successful in integrating our beneficiaries into mainstream educational institutions and society to live a life of dignity.

Our main achievement is highly-satisfied, confident and smiling parents and family members of our beneficiaries.

Till now all our projects are finished within the time span and present projects are running on time.



# THEMATIC AREA OF WORK

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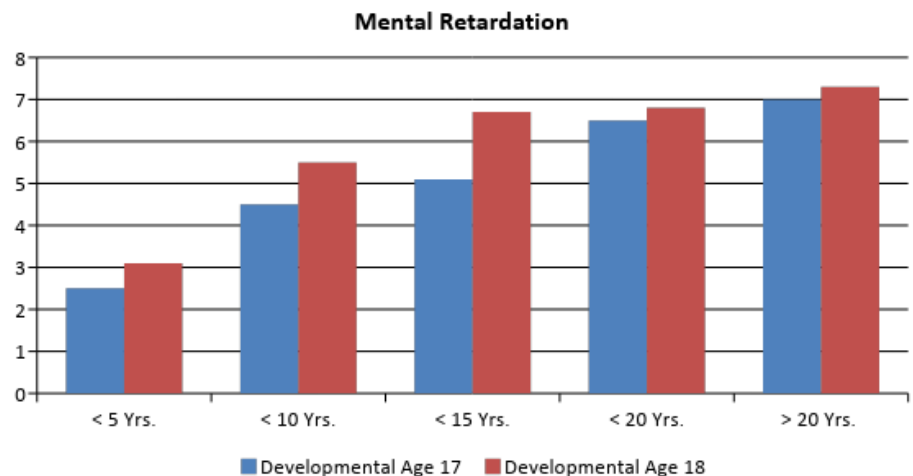


The Kalyani Life Institution currently provides day care to Seventy Five children with developmental disabilities, including cerebral palsy, autism, mentally retarded and Down's syndrome. The program includes basic social and life-skills training, and fundamental education focusing on counting and reading skills.

# Impact Assessment

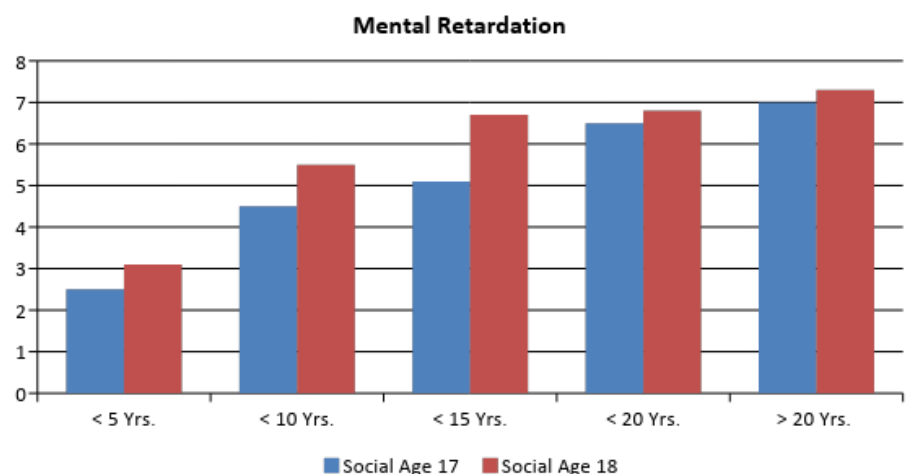
## Improvement in Developmental Quotient

Category	Developmental Age 17	Developmental Age 18
<5 Yrs.	2.5	3.1
<10 Yrs.	4.5	5.5
<15 Yrs.	5.1	6.7
<20 Yrs.	6.5	6.8
>20 Yrs.	7	7.3

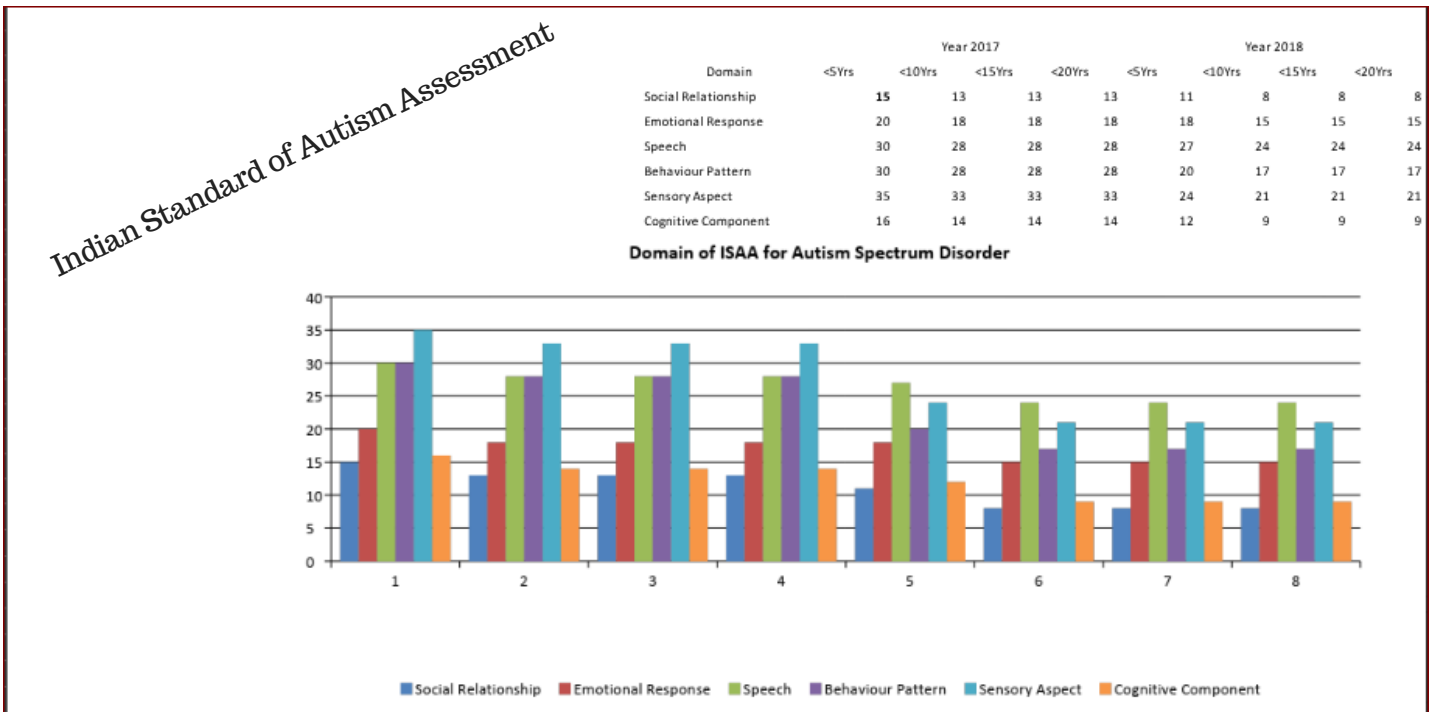
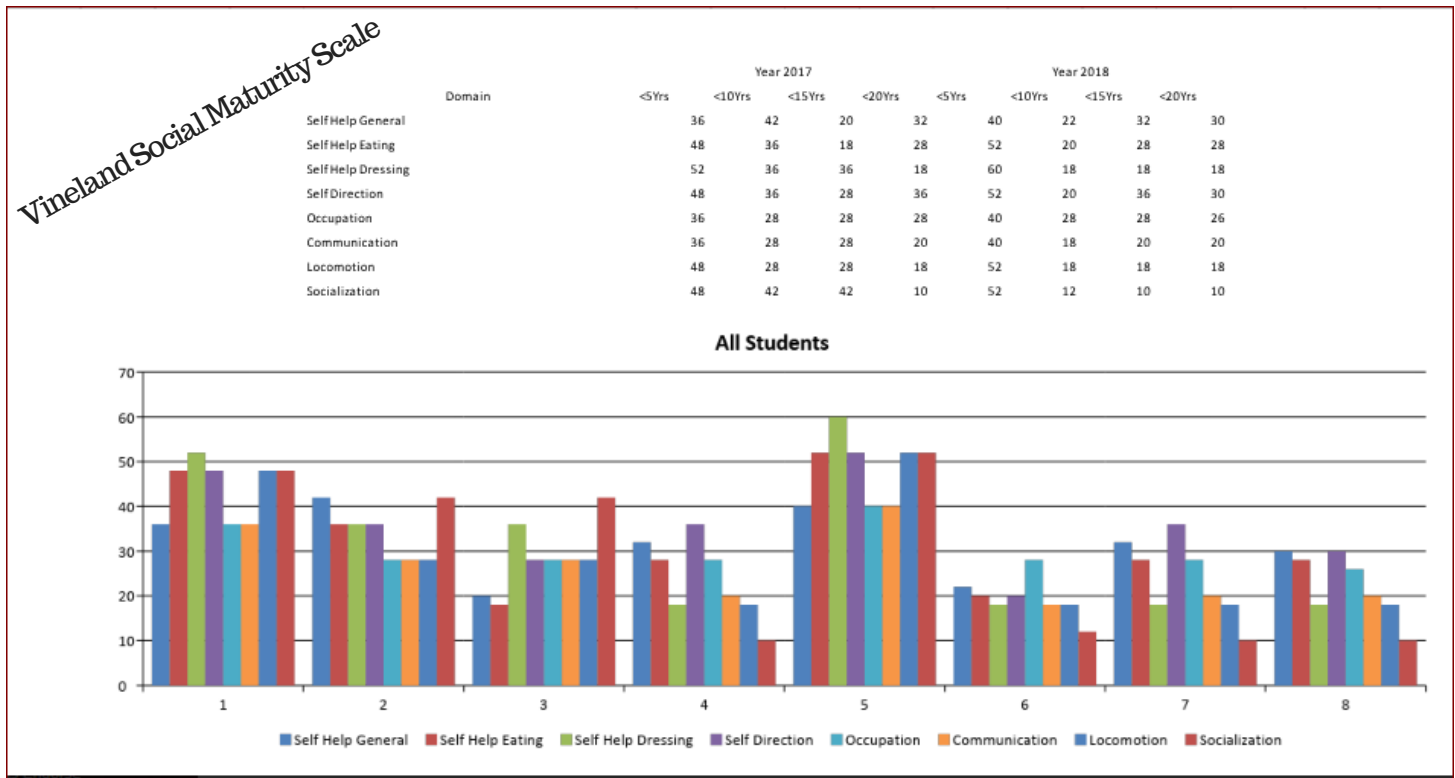


## Improvement in Social Quotient

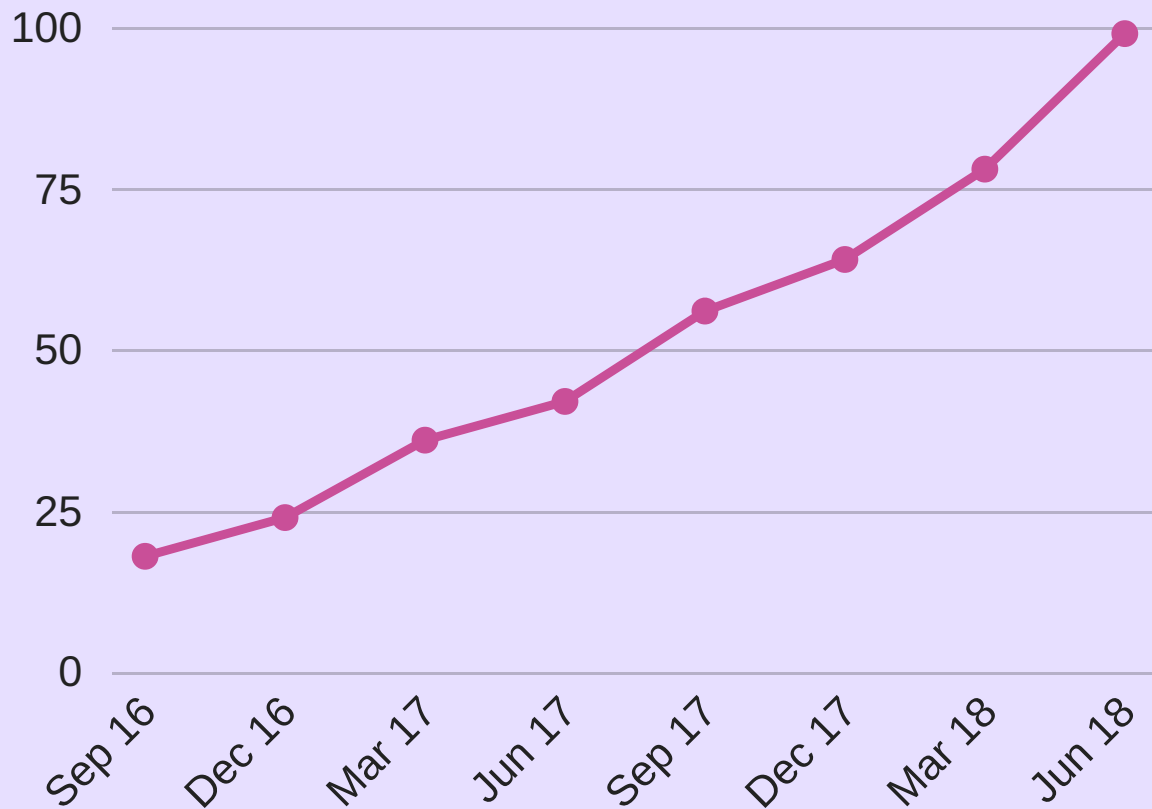
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# Impact Assessment

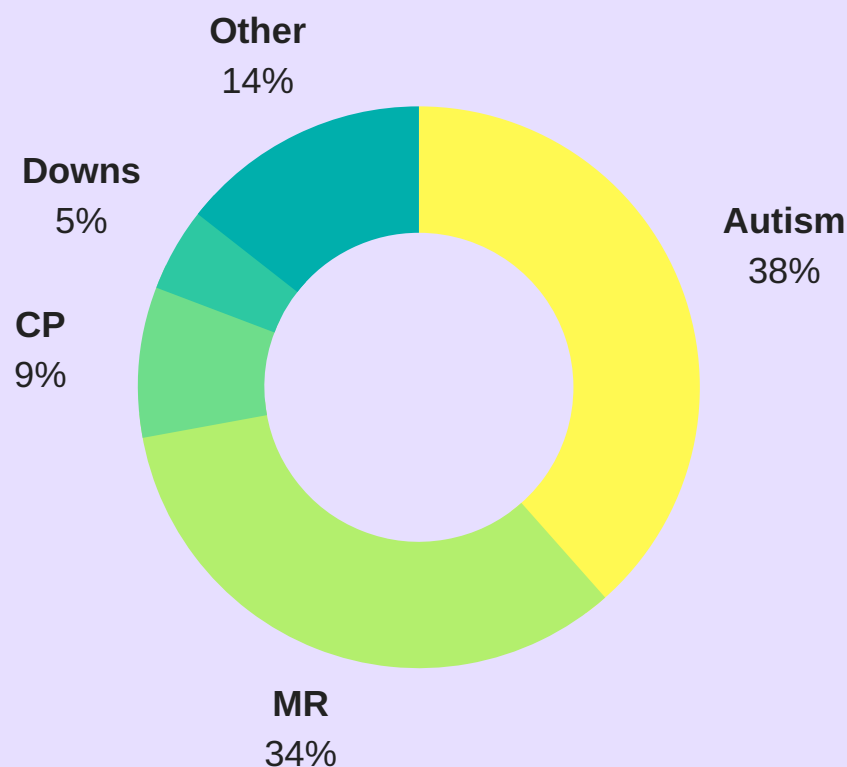


# No of Beneficiaries over the year



## Diagnosis

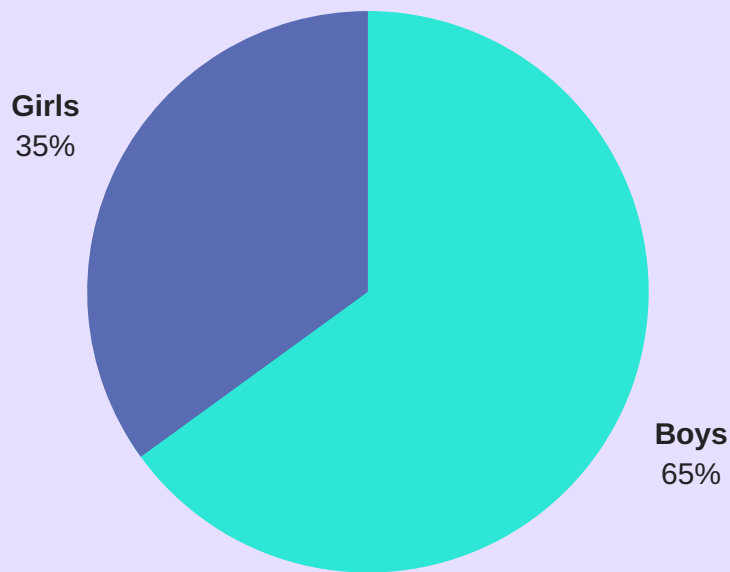
As on June 2018



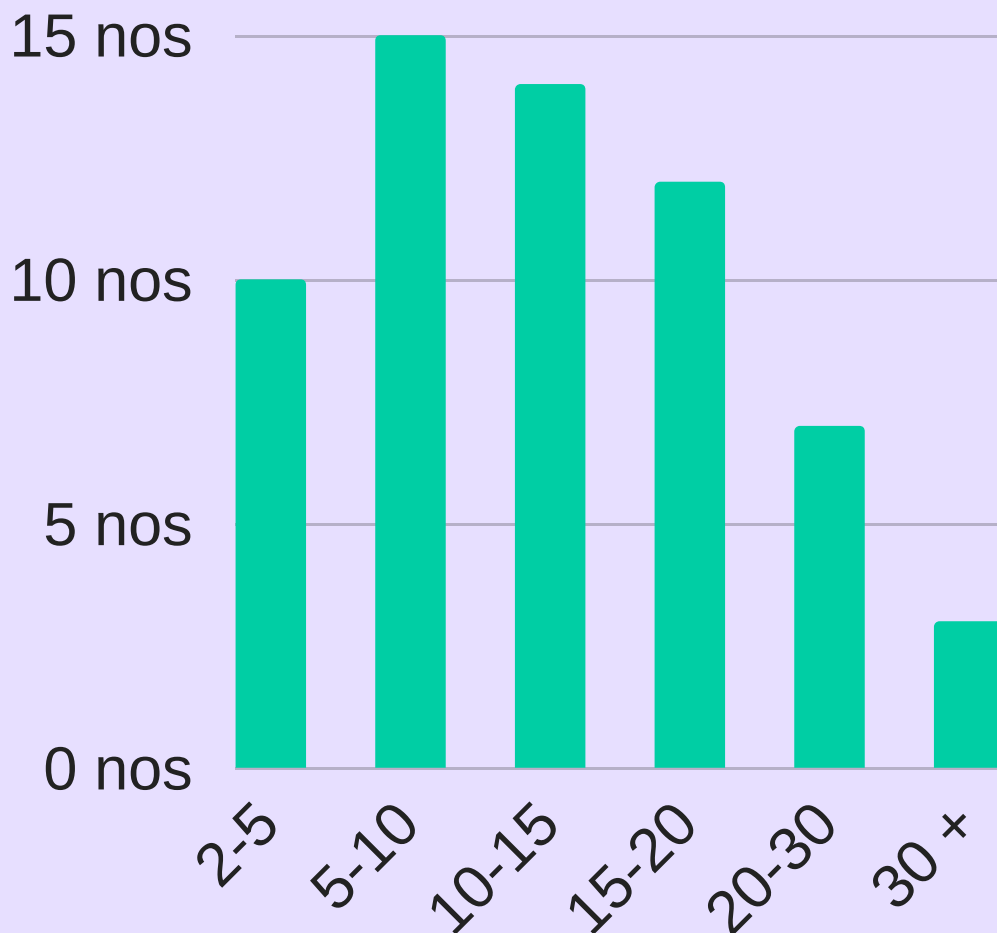


As on June 2018

## Male-Female Ratio



## Age distribution

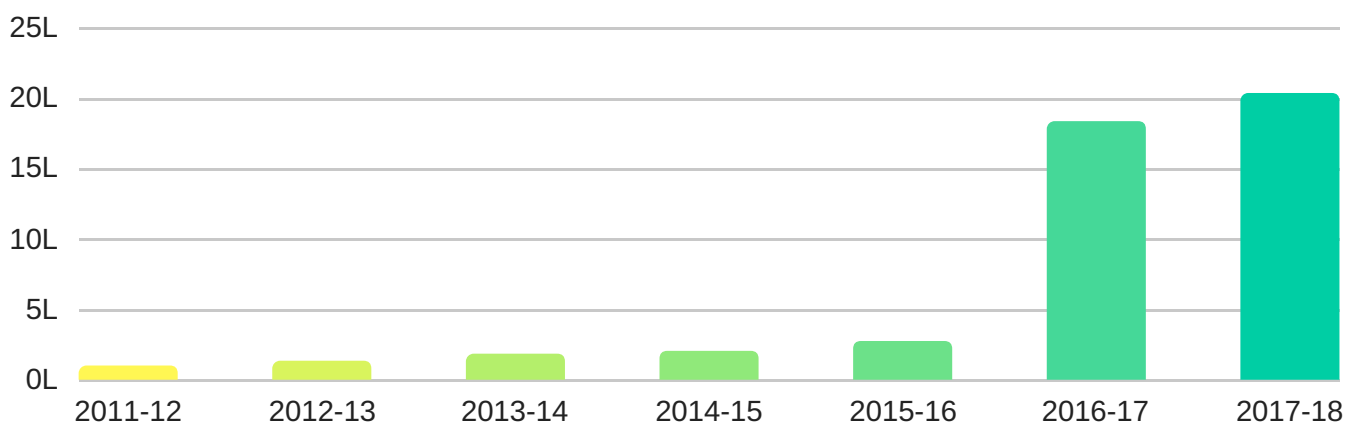


# Budget and Project Sponsors

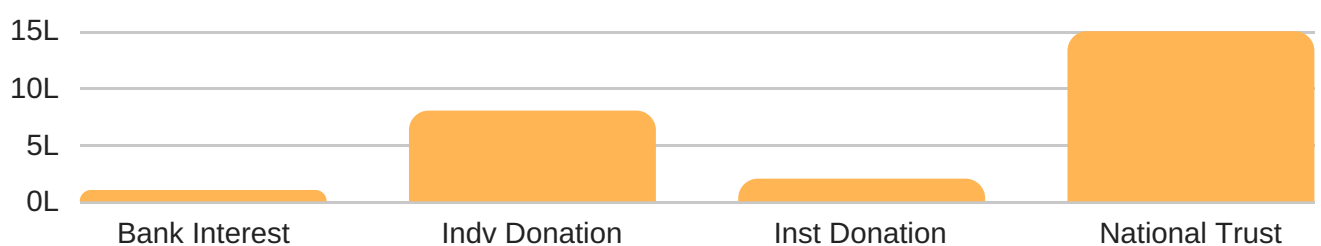


WORKING BUDGET:

**15,00,000 INR**



**Sponsor**



# PROJECT SUMMARY AND FUTURE PLANS

Kalyani Life Institute was established on the 26th day of February 2010. The program was first implemented through early intervention with beneficiaries from their initial entry to ten years of age and Daycare has beneficiaries aged above ten years. The toddlers, children, and youth are intervened and taken care of by special educators and psychologists. The beneficiaries are given speech therapy, elementary and advanced educational skills like writing, reading, drawing, singing, dancing, playing. They are life skill education which includes all daily chores like eating, toilet habits, dressing up etc. Other than these they get vocational training, e-learning, physiotherapy and psychological counseling. Parents and family members are also given training and they are allowed to work as volunteers. Individual and family therapy, group counseling are done on a regular basis so that the families can help their children parallel along with the organization at home. Regular community awareness programs are conducted to encourage the community about PwDs.

## FUTURE PLANS

1. Open a residential home for beneficiaries coming from distant places, Nuclear families and working parents.
2. Open new avenues for the new type of vocational training programs to make the PwD self-sufficient.
3. Open branches of Kalyani Life Institute in other states of India and also in other districts of West Bengal.
4. Increase number of beneficiaries to be ready for mainstream.
5. Reach out to the underprivileged communities for awareness and help them to help their PwDs Family members.