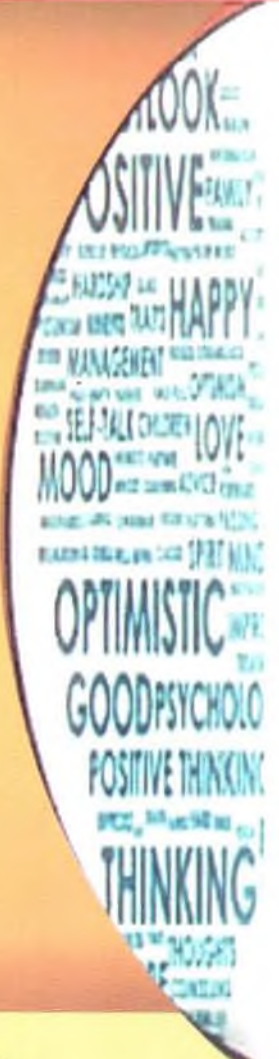


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THE JOURNAL OF POSITIVE PSYCHOLOGY AND COUNSELLING



A Publication of Positive Psychology Association, Nigeria
with headquarters in University of Ibadan, Nigeria

JPPC VOL. 10. JUNE 2022 | ISSN 2-630-6522

The Journal of Positive Psychology and Counselling



JPPC Vol. 10 June 2022 ISSN 2-630-6522

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Home Support Variables Affecting The Well-Being Of Children With Cerebral Palsy In Selected Children's Homes In Oyo State, Nigeria

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Abstract

The study investigated how some home support variables (home companionship support, home financial support and home physical exercise) affect the well-being of children with cerebral palsy in selected children's homes in Oyo State, Nigeria. The descriptive survey research designs of correlational and ex-post-facto types were employed for the study. The purposive sampling technique was used to select 153 participants for the study. They comprised 61 male and 92 female children with cerebral palsy whose ages range from 5 to 20 years and above. Four hypotheses were tested in the study at a 0.05 level of significance, using Multiple regression and Pearson Product Moment Correlation.

There was a significant relationship between each of the home support variables and well-being of children with cerebral palsy in selected children's homes in Oyo State as follow: home companionship support and well-being ($r = .575$, $N = 153$, $p < .05$), home financial support and well-being ($r = .672$, $N = 153$, $p < .05$) and home physical exercise and well-being ($r = .359$, $N = 153$, $p < .05$). There was a joint significant effect of home support variables (home companionship support, home financial support and home physical exercise) on the well-being of children with cerebral palsy in selected children's homes in Oyo State ($R = .673$, $R^2 = .452$, $\text{Adjusted } R^2 = .441$, $\text{Standard error of estimate} = 6.870$, $F(3/149) = 41.021$, $P < .05$). The study also revealed significant relative effects of each of the home support variables on well-being of children with cerebral palsy in selected children's homes in Oyo State as follow: home financial support ($\beta = 0.432$, $t = 9.825$, $p < .05$), home companionship support ($\beta = 0.140$, $t = 5.439$, $p < .05$), and home physical exercise ($\beta = 0.168$, $t = 4.352$, $p < .05$).

Based on the above findings some useful recommendations were made in the study which would go a long way in helping parents, homes, schools and other caregivers meet the needs of children with cerebral palsy and other children alike.

Keywords: Home support, Well-being of children, Cerebral Palsy, Children's homes.

Introduction

Cerebral palsy is a chronic medical condition (Yang and Wusthof, 2021), and the most common cause of disability in children. Bax, Flodman and Tydeman (2007) described cerebral palsy as a non-progressive insult to the central nervous system (CMS) that occurs during pregnancy, at birth, or during the first 18 months of life. It is characterized by impairments in motor control that contribute to functional limitations in posture and mobility.

“Cerebral” means “brain” and “palsy” means “a physical disorder”, which simply means “brain’s paralysis” (Pandit, Malarvizhi, and Gangshetty (2017). Victorio (2021) described it as a group of symptoms that involve difficulty moving and muscle stiffness (pasty). According to her, cerebral palsy results from malformations in or damage to the parts of the brain that control muscle movement (motor areas). It results from brain malformations before birth as the brain develops or from brain damage that occurs before, during, shortly after birth, or in early childhood. It is characterized by clumsiness, difficulty moving one or more limbs, paralysis, inability to move the joints at all (joints stiffness), intellectual disability, behavioural problems, difficulty in speaking, seeing or hearing, and seizure disorders mention a few. According to Victorio (2021), there are four main types of cerebral palsy namely, spastic, athetoid, ataxia and mixed cerebral palsy. Cerebral palsy could be treated by physical therapy, speech therapy, occupational therapy, braces, drugs, surgery, physiotherapy and psycho-social interventions to mention a few.

Home support is help received from other people in difficult life situations or care received at home at times of crisis (Hande, 2017). Home support (also referred to as social care, home care, domiciliary care, in-home or in-house care) is supportive care provided in the home (Botton, 2014, Hande, 2017 Smith, 2020). Family members may provide care, licensed agencies who provide care and support for an individual with needs or professional caregivers who provide daily assistance to ensure that the activity of daily living is met.

According to Hassan (2021), home support refers to direct care services provided by community health workers to clients who require personal assistance with activities of daily living such as mobility, nutrition, lifts, and transfers, bathing and dressing, cueing (providing prompt to assist with the completion of tasks), grooming and toileting. Home support services may also include safety maintenance activities like clean-up, laundry of soiled bedding or clothing and meal preparation as a supplement to personal assistance.

Home support services help individuals remain independent and live in their homes as long as possible. It may be provided over a long period (months or years) or on a short-term basis. Therefore home/support is crucial to the well-being of children with cerebral palsy.

Well-being is generally understood as the quality of people’s lives (Rees, Bradshaw, Goswani and Keung 2009). According to Statham and Chase (2019), well-being is an enhanced dynamic state when people can fulfil their potential and social goals. It is understood both about objective measures such as household, income, educational resources and health status and subjective measures or indicators such as happiness, perception of quality of life and life satisfaction.

There is some emerging consensus that childhood well-being is multi-dimensional and includes dimensions of physical, emotional and social well-being (Statham and Chase, 2019)). In children having cerebral palsy, these three dimensions are likely to be affected while they try to adjust, cope or overcome their condition. Physical therapy, occupational therapy, braces, speech therapy, constraints-induced movement therapy, drugs and surgery are effective in improving muscle control, walking and speech or in reducing stiffness, however, they are clinic or centre-based, which sometimes may not be easily accessible, costly and not sufficient enough to enhance the well-being of children with cerebral palsy. Therefore, the present study is based on how home-based interventions in form of home companionship support, home financial support and home physical exercise could enhance the well-being of children with cerebral palsy.

Some studies have shown that home support contributes to the mobility, well-being and quality of life of children with cerebral palsy. For instance, Palisano, Tieman, Walter, Barlett, Rosenbaum,

Russell and Hanna (2003) examined whether children with cerebral palsy are more dependent on adult assistance for mobility in certain settings. They found that home support in form of companionship support influenced the mobility and well-being of the children. They found that some children with cerebral palsy were given adequate support while at home. They were carried by an adult, pushed by an adult, pushed by an adult in a stroller or wheelchair, moved on the floor and walk with support.

The importance of physical exercise in enhancing the well-being (physical, emotional and social well-being) of children with cerebral palsy has been demonstrated in some papers and studies. According to Verschuren. In addition to being and staying physically active, Darrah, Novak, Ketelaar and Wait (2014), replacing sedentary time with light physical activity might help children with cerebral palsy reach health benefits. Molina-Cantero, Merino-Monge, Castro-García, Pousada-García, Valenzuela-Moñoz, Gutiérrez-parraga, López-Alvaraz and Gomez-González, (2021) in their study among people with cerebral palsy found that regular participation in physical exercise (RPA) produces enormous benefits for health and motor functions whatever its intensity and duration. To enhance the health and well-being of children with cerebral palsy, they suggested some costless activities such as running, walking, playing sports, dancing, sit-to-stand, crawling, squatting, and exercises requiring low-cost equipment such as elastic bands, videogames to mention a few. Dodd, Taylor and Demiano (2002) in their systemic review found that up to ten studies showed consistent and significant strength improvements both in the upper and lower limb in people with cerebral palsy as a result of short-term programmes. Blundell, Shepherd, Dean, Adams and Cahill (2003) conducted a training programme for children with cerebral palsy. The programme consisted of walking, step-ups, sit-to-stands and leg presses. The exercises were carried out for one hour, twice a week. They found significant improvements in strength and functional performance of children with cerebral palsy.

Akinola, Gbiri and Odebiyi (2019) in their study on how aquatic exercise training programmes affected the motor function of children with cerebral palsy, found that only the experimental group showed significant improvement in all dimensions of gross motor function except for walking, running and jumping. They also found a significant difference between both groups for all dimensions of gross motor function after 10 weeks of intervention. They concluded that the aquatic exercise training programme is effective in the functional rehabilitation of children with cerebral palsy.

The implication of aerobic training exercise on children with cerebral palsy's health was demonstrated. For instance, Pitteti, Fernandez and Lanciault (1991) found that aerobic exercise with ergometric stations for the upper body increased VO_{2max} by approximately 12%. In aquatic exercises, Kelly and Darrah (2005) found that there were improvements in flexibility, respiratory function, muscle strength and motor coordination in children with cerebral palsy. In another systemic review, Priego-Quesada, Lucas-Cuevas, LLana-Belloch and Perez-Soriano (2014) found that both strength and aerobic training lead to significant benefits and improve the quality of life of patients having cerebral palsy via a reduction in dependency, muscular deficits and improved cardiorespiratory capacity.

In their study, Singh and Arora (2020) determined the correlation between socioeconomic status and quality of life in children with cerebral palsy between 4 to 12 years of age. They found that there was a positive and significant correlation between socioeconomic status and quality of life. They found that socioeconomic status had a positive association with both social and emotional well-being of children with cerebral palsy. They concluded that functioning with socioeconomic status reflected a positive correlation because the children belonged to higher socioeconomic status, and can afford higher technologies and regular treatment. Weissheimer, Mazza, Teodoro, Szylił, Ichikawa, and Schepelski (2020) investigated how family management affected the socioeconomic situation of children and adolescents with neurological disorders. They found that there was a

relationship between the highest family income and management skills and the lowest scores of family difficulty.

The impact of financial support on the well-being of children with special needs was demonstrated in the study conducted by Silva, Carvalho, Cordoni and Nuries in 2017. They found that lower-income families often depend on the public health system and as such, patients may be slow to access services because the demand for this type of care is higher. On the other hand, families with higher incomes may have faster access to services and/or resources they want for child/adolescent care (Davis, Shelly, Waters, Boyd, Cook, Diavern et al 2010), which can quickly enhance their well-being. A study conducted by Bourke-Taylor, Cotter and Stephan (2014) demonstrated the importance of financial support in caring for children with cerebral palsy. They found that costs to families raising a child with cerebral palsy and complex needs are direct and indirect. They revealed that children who needed more parental assistance to participate in play and recreation also required significantly more equipment overall for positioning, communication, self-care and toys/leisure. Furthermore, they found that families incur indirect costs in the form of loss of productive output because of required specialized care that someone else cannot easily provide. The financial burden of caring for children with special medical conditions can weigh heavily on families and other caregivers. Some parents may not be able to afford the cost of medications, equipment or assistive devices their children need. They may also not be able to afford the cost of transportation to hospitals, clinics and centres where they can get help for their children. These problems will negatively affect the well-being of children with cerebral palsy. Therefore, adequate financial support should be given to parents or homes caring for children with cerebral palsy and others with special needs. Relatives, friends, government, organizations and wealthy individuals in the society could render this support to enhance the care given to these children and their well-being.

The literature reviewed above points to the fact that home support, especially companionship support, financial support and physical exercise are crucial to the well-being of human beings and most especially the well-being of children with cerebral palsy. Therefore, the problem of this study is to address how home support could be adequately provided or given to children with cerebral palsy to enhance their well-being and improve the quality of their life.

Research Hypotheses

Hypothesis One: There are no significant joint and relative effects of home support variables (home companionship support, home financial support and home physical exercise) on the well-being of children with cerebral palsy in selected children's homes in Oyo State.

Hypothesis Two: There is no significant relationship between home companionship support and the well-being of children with cerebral palsy in selected children's homes in Oyo State.

Hypothesis Three: There is no significant relationship between home financial support and the well-being of children with cerebral palsy in selected children's homes in Oyo State.

Hypothesis Four: There is no significant relationship between home physical exercise and the well-being of children with cerebral palsy in selected children's homes in Oyo State.

Methodology

The study was carried out among 153 children with cerebral palsy in selected children's homes in Oyo State. They comprised 61 male and 92 female children who were purposively selected for the study. The participants were selected from Cheshire Home, Ijokodo, Ibadan, New Dawn Home, Ejioku, Lalupon, Ibadan and Special School, Durbar, Oyo. Their ages range from 5 to 20 years and above.

The descriptive survey research design of correlational and ex-post-facto types was used in carrying out the study. Ethical considerations and approvals were sought from the authorities of the selected children's homes for the conduct of the study. Informed consent of the parents and children was also gained before carrying out the study. A single questionnaire tagged "Home

Support and Cerebral Palsy Children’s Well-being Questionnaire (HSACPCWQ) was used to collect data for the study. It is divided into three sections, namely sections A, B and C. Section A contains 7 items measuring demographic variables such as age, sex, ethnicity and so on. Section B contains 36 items measuring home support variables (home companionship support, home financial support and home physical exercise). Out of these, 24 items measuring companionship and financial support were drawn from Gordon-Holingsworth, Thompson, Geary, Schexnauldre, Lai and Kelley’s (2015) social support scale. It yielded a Cronbach alpha value of 0.82.

Item measuring physical exercises or activities was 12 in number. They were drawn from Kowalski, Crocker and Donen’s (2004) The Physical Activity Questionnaire for older children (PAQ-C) and Adolescent Manual (PAQ-A). It yielded an alpha value of 0.79. Section C contains 12 items measuring the well-being of children with cerebral palsy. The items were isolated from Ian and Carter’s (2002) Children Well-being scale. It yielded a Cronbach alpha value of 0.80. A total of 153 copies of the questionnaire that the respondents properly completed were used for final data analysis. The data collected from the study were analysed, using Multiple Regression and Pearson Product Moment Correlation. The four stated hypotheses were tested at a 0.05 level of significance.

Results

H01: There are no significant joint and relative effects of home support variables (home companionship support, home financial support and home physical exercise) on the well-being of children with cerebral palsy in selected children’s homes in Oyo State.

Table 1.1: Multiple Regressions showing the joint effects of home support variables (home companionship support, home financial support and home physical exercise) on the well-being of children with cerebral palsy in selected children’s homes in Oyo State.

R	R square	Adjusted R square	Standard Error of Estimate		
.673	.452	.441	6.870		
ANOVA					
Source of variable	Sum of square	Df	Mean square	F	Sig.
Regression	5808.242	3	1936.081	41.021	.000
Residual	7032.437	149	47.198		
Total	12840.680	152			

Table 1.2: Multiple Regression showing relative effects of home support variables (home companionship support, home financial support and home physical exercise) on the well-being of children with cerebral palsy in selected children’s homes in Oyo State

Model	Unstandardized Coefficient		Standardized Coefficient		T	Sig.
	β	Standard Error	β	Rank		
Constant	18.946	3.619			3.416	.001
HCS	.326	.060	.140	2nd	5.439	.003
HFS	1.565	.093	.432	1st	9.825	.000
HPE	.093	0.43	.51	3rd	1.160	.000

The results in table 1.1 revealed that home support variables are significant joint predictors of the well-being of children with cerebral palsy ($R = .673$, $F(3.149) = 41.021$, $p < .05$). Hence, the home support variables jointly predict the well-being of children with cerebral palsy at a .05 level of significance. While in table 1.2, the regression model also reveals the effect of each of the predictors in the prediction of the well-being of children with cerebral palsy. Since the regression weight indicates the relative effect of each of the predictors, the result in table 1.2 shows that home financial support (HFS) is the most significant predictor of well-being of children with cerebral palsy ($\beta = 0.432$, $t = 9.825$, $p < .05$) followed by home companionship support (HCS) ($\beta = 0.140$, $t = 5.439$, $p < .05$) and home physical exercise (PHE) ($\beta = 0.168$, $t = 4.352$, $p < .05$) respectively. Since there were significant joint and relative effects of home support variables on the well-being of children with cerebral palsy, the null hypothesis is rejected.

Hypothesis 2

Ho2: There is no significant relationship between home companionship support and the well-being of children with cerebral palsy in selected children’s homes in Oyo State.

Table 2: Pearson Product Moment Correlation showing the relationship between home companionship support and well-being of children with cerebral palsy in selected children’s homes in Oyo State

Variable	Mean	Std. Dev.	n	r	p	Remark
Home companionship support	34.44	7.52	153	.575	.000	Sig.
The well-being of children with cerebral palsy	32.05	9.19				

It is shown in table 2 that there was a significant relationship between home companionship support and the well-being of children with cerebral palsy, ($r = .575$, $n = 153$, $p < .05$). This means that home companionship support positively enhanced the well-being of children with cerebral palsy. Hence, the null hypothesis is rejected.

Hypothesis 3

Ho3: There is no significant relationship between home financial support and the well-being of children with cerebral palsy in selected children’s homes in Oyo State.

Table 3: Pearson Product Moment Correlation showing the relationship between home financial support and well-being of children with cerebral palsy in selected children’s homes in Oyo State.

Variable	Mean	Std. Dev.	n	r	p	Remark
Home financial support	36.32	9.69	153	.672	.000	Sig.
The well-being of children with cerebral palsy	32.05	9.19				

Table 2 revealed that there was a significant relationship between home financial support and the well-being of children with cerebral palsy, ($r = .672$, $n = 153$, $p < .05$). This means that home financial support positively enhanced the well-being of children with cerebral palsy. Hence, the null hypothesis is rejected.

Hypothesis 4

Ho4: There is no significant relationship between home physical exercise and the well-being of children with cerebral palsy in selected children's homes in Oyo State.

Table 4: Pearson Product Moment Correlation showing the relationship between home physical exercise and well-being of children with cerebral palsy in selected children's homes in Oyo State

Variable	Mean	Std. Dev.	n	r	p	Remark
Home physical exercise	27.83	12.38	153	.359	.000	Sig.
The well-being of children with cerebral palsy	32.05	9.19				

The results in table 4 revealed that there was a significant relationship between home physical exercise and the well-being of children with cerebral palsy, ($r = .359, n = 153, p < .05$). This means that home physical exercise positively enhanced the well-being of children with cerebral palsy. Hence, the null hypothesis is rejected.

Discussion of Findings

The result obtained from testing the first hypothesis revealed that there were significant joint and relative effects of home support variables (home companionship support, home financial support and home physical exercise) on the well-being of children with cerebral palsy in selected children's homes in Oyo State. The above findings are consistent with the finding of Palisano et. al. (2003) that home support influences the mobility and well-being of children with cerebral palsy. The results also give support to the finding of Tieman et. al. (2004) that home support had a significant impact on gross motor capability, the performance of motor ability and the well-being of children with cerebral palsy. Furthermore, the above result is in tandem with the finding of Tessier et. al. (2014) that family-centred care was associated with high psychosocial quality of life among children with cerebral palsy. The result is consistent with the finding of Davis et. al. (2010) that there was a relationship between the highest family income and faster access to health care services which enhance the well-being of children with special needs. The above result supports the finding of Blundell et. al. (2003) that physical exercises significantly improve the strength and functional performance of children with cerebral palsy.

The result of hypothesis two indicated that there was a significant relationship between home companionship support and the well-being of children with cerebral palsy in selected children's homes in Oyo State. This implies that the children received adequate companionship support in the homes that cared for them, enhancing their well-being. The result corroborates the finding of Riquelme et. al. (2021) that companionship supports significantly influenced the health and well-being of children with cerebral palsy. Similarly, the result gives support to the finding of Palisano, et. al. (2003) that companionship support influenced the well-being of children with cerebral palsy.

The result obtained from testing the third hypothesis indicated that there was a significant relationship between home financial support and the well-being of children with cerebral palsy in selected children's homes in Oyo State. This implies that the children received adequate financial support in the homes that cared for them and experienced enhanced well-being.

The result is consistent with the finding of Singh and Arora (2020) that socioeconomic status positively correlates with the social and emotional well-being of children with cerebral palsy. The result also gives support to the finding of Weissheimer et. al. (2020) that there was a relationship between the highest family income and management skills and the lowest scores of family difficulty in caring for children and adolescents with cerebral palsy. Furthermore, the result is in

line with the finding of Davis et. al. (2010) that higher-income families have faster access to services and/or resources they want for their child/adolescent, which quickly enhance their health and well-being.

The result of hypothesis four revealed that there was a significant relationship between home physical exercise and the well-being of children with cerebral palsy in selected children's homes in Oyo State. The result suggests that the children actively participated in some physical exercises provided by the homes that cared for them (e.g. aerobic exercises, in-door and out-door games), which enhanced their health and well-being. The result supports the findings of Engel et. al. (2002) and Hirsch et. al. (2011) that physical exercise was moderately effective in reducing pain and significantly impacted the quality of life of people with cerebral palsy. The result also corroborates the findings of Bjorson et. al. (2008) and Maher et. al. (2016) that physical exercise had a positive association with physical behaviour, emotional behaviour and social quality of life. Furthermore, the result is consistent with Akinola, Gbiri and Odebiyi (2019) finding that an aquatic exercise training programme is effective in the functional rehabilitation of children with cerebral palsy. The result agrees with the finding of Molina-Cantero et. al. (2021) that regular physical exercise produces enormous benefits for health, well-being and motor functions whatever its intensity and duration.

The implication of the study

There is no gainsaying the fact that findings from the study have many useful implications. In the first instance, findings from the study would help the medical social workers understand the nature of home support that children with cerebral palsy need which would help them to cope successfully with their challenges, experience positive health, and well-being and enjoy a good quality of life. Findings from the study would also be of benefit to the parents having children with cerebral palsy in that they would be able to understand the nature and symptoms of cerebral palsy in their children and how to meet their needs promptly and adequately. The various home that cares for children with cerebral palsy would find the results of this study useful. They would become knowledgeable about how home companionship, financial supports, and home exercise contribute to the well-being of children in their care. Findings from the study would also help each home understand the need to provide a conducive environment for this group of children to enhance their health, well-being and quality of life.

The study's results would benefit the health workers, special educators, and health agencies. The study's results would help them design and provide appropriate treatments or interventions for children with cerebral palsy. Findings from the study would be helpful to the government and the ministry of health in formulating policies that will ease the emotional, material and financial burdens of caring for children with special needs. Finally, it is believed that findings emanating from the study would add to the body of knowledge and provide a reference for future research.

Conclusion and Recommendations

Cerebral palsy may bring about adverse emotional effects like withdrawn behaviour anxiety, depression or angry outbursts in children having it. Therefore, it becomes necessary for the parents, homes and other people that care for children with cerebral palsy to give them adequate emotional or companionship support to alleviate their emotional distress, enhance their well-being and improve the quality of their life.

There are a lot of needs the parents or caregivers have to meet while caring for children having cerebral palsy, among which are needs for medical treatments, learning, physical training, exercises, feeding or nutrition, accommodation, special equipment or assistive devices transportation and so on. All these call for adequate financing, which is crucial to the enhancement of the health and well-being of children with cerebral palsy.

well-being Findings from the study indicated that children with cerebral palsy understudied received adequate companionship and financial support from their caregivers (parents, relatives, home carers etc.) which enhanced their well-being. They also participated actively in some exercises the homes recommended for them, contributing to their health and well-being. It can, therefore, be summarily concluded that when the children with cerebral palsy are given adequate companionship and financial support (by their parents, friends, and other significant people) or are encouraged to participate in some prescribed physical exercises in their homes or in homes that care for them, they would experience positive health and well-being and also enjoy a good quality life.

The following recommendations are made based on the findings of the study:

Like any other child, children with cerebral palsy want to fit in, make friends and be accepted by peers. However, due to their disorder, some of them may develop emotional issues when daily challenges arise. It, therefore, behoves the parents, and caregivers to understand these difficulties and work actively to ensure that these children have a positive support system and correct medical treatment if needed.

Children with disabilities often target bullying at school, neighbourhood or elsewhere. For this reason, the parents, school or class teachers, and other caregivers are responsible for encouraging or advising other school children and neighbourhood friends to avoid or desist from bullying children with cerebral palsy.

Caring for children with cerebral palsy may be stressful to the parents, and this may cause emotional issues in all children. To avoid giving inadequate care due to stress or frustration, parents who felt stressed out from caring should enrol in classes or groups that can help them.

Government, non-governmental organizations, and wealthy individuals in the society should help by providing assistive technologies and adaptive equipment (e.g. braces, walkers, wheelchairs and others) for children with cerebral palsy, which may be too expensive for parents and homes, that care for them.

Parents and management of children's homes should ensure effective participation of children with cerebral palsy in light to moderate physical exercises (e.g. walking briskly, dancing, basketball, etc.) regularly which would help in reducing sedentary behaviour and other risks.

The authority of each children's home should employ the services of physical therapists, and physiotherapists who would prescribe and engage the children in cardiorespiratory endurance training and muscle strengthening exercises to reduce their sedentary behaviours, improve their gross motor functions and enhance their well-being.

The parents of each children's home should seek the services of speech pathologists who would help the children to overcome their eating, drinking and swallowing difficulties or train the children in the proper way of speaking and communicating how to manage saliva loss, and recommend special exercises for their face and mouth.

The authority of each children's home should employ health caregivers (medical doctor, medical social worker, clinical psychologist, counsellor, nurse, ophthalmologist, ear, nose and throat specialist, nutritionist, occupational therapist) and special educators who would help in identifying the needs of the children and meet them adequately to enhance their well-being and improve the quality of their life.

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