



Nutrition Eating & Drinking



*Children with
disabilities*



MAITS

MULTI-AGENCY INTERNATIONAL
TRAINING AND SUPPORT

What difficulties do your children
have with eating & drinking?

Difficulties children with disabilities have

1. Chewing
2. Swallowing - coughing / choking / chest infections
3. Communication – can't indicate hungry, full etc.
4. Self-feeding – unable to self-feed OR puts too much in the mouth at once OR eats too quickly
5. Vomiting / regurgitation ('reflux')
6. Fussy eating or refusal to eat

Possible Consequences

- Can't always eat all types of food or eat enough food at each meal (gets too tired) → malnourished & sick
- Can't drink enough → dehydrated and constipated
- Food goes the wrong way, onto the lungs → chest infections

- What are the biggest issues for you?
- How do you get round them?

Nutrition

- Why is nutrition important for children?
 - Survival, growth and development
 - Good health
 - Energy
 - Mental ability
 - Well-being

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How do we achieve good nutrition?

- Enough food
- Good food

What is good food?

A balanced diet



What food is good for children with disabilities?

- High nutrient density for all
- High calorie - for CP/physical problems
- Smooth consistency - for CP/physical problems
- Foods to *avoid* for children with Autism – additives and sugar

Food and Drink

Meals:

- Give your child *smaller* meals, as they get too tired.

Drinks:

- Give PLENTY of water: Keep a 1 litre bottle for your child and make sure it is finished at the end of the day.
- Give small amounts THROUGHOUT the day, not only at mealtimes

Good or bad? *Why?*

Biscuits

Nsima/ugali

Rice with cabbage or kale strips

Chappati

Mandazi

Bread

Mashed beans

Cassava

Avocado

Good or bad texture?

X Biscuits

√ Nsima/ugali

X Rice with cabbage or kale strips

X Chappati

X Mandazi

X Bread

√ Mashed beans

X Cassava

√ Avocado

What local recipes?

- What do your children eat?
- How could you modify the nutrient value?
- How could you modify the consistency?
- What snacks can you give *between* meals to compensate for the smaller meals your child eats?

Discuss local recipes:

- Modifications to increase calories & nutrients
- Modifications needed for appropriate consistency

(see *Guidelines* for details)

Communication

- How do your children know it is time to eat?
- How can they tell you they are hungry/thirsty?
- How do they say they are full or want more?
- Can you offer choices?



‘Total Communication’

Total Communication

This means using several forms of communication at once, to help your child understand you, and to model methods *they* can use.

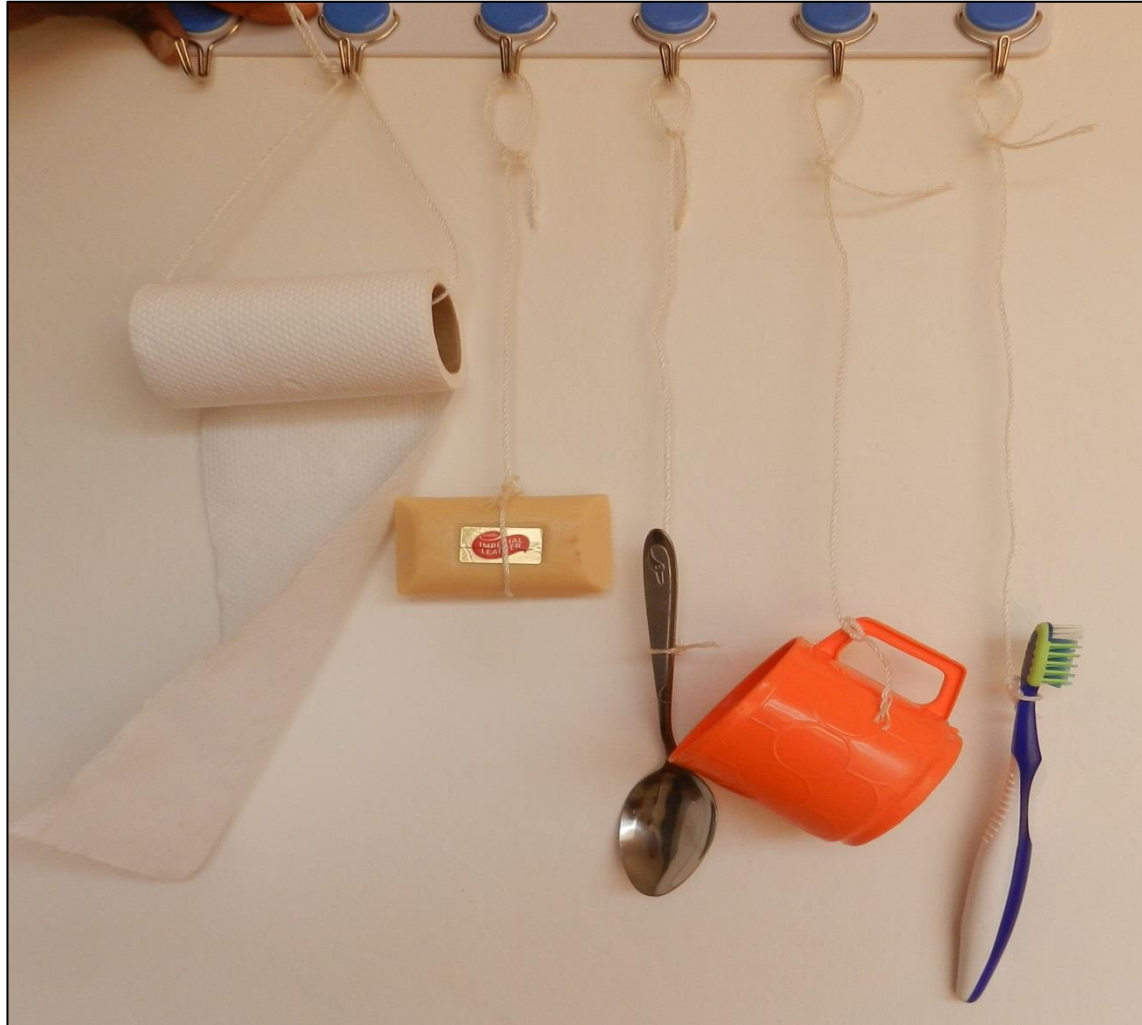
Start with:

- Talking & Objects & Gestures

Later:

- Talking & Pictures & Signs

Objects of Reference



PRACTICAL

During the break

- Feed your partner sitting slouched - give the food quickly.
- Lean your head back when you drink your tea and swallow your food
- Try feeding partner when they are blind-folded

Describe to the group what it was like - discuss...

What else?

- Environment, hygiene & teeth-cleaning
- Positioning
- Utensils
- Support with self-feeding
- Responsive feeding methods – self or other

Hygiene

Discuss:

- Hand-washing (flowing source + soap or ash + air dry – avoid shared towel)
- Utensils (rinse in good water & dry in sun)
- Washing children's hands (same way as yours)
- Washing children's face before eating
- Wiping table clean (use clean cloth)
- Clean teeth of children at risk of chest infection *before* eating as well as after

Positioning

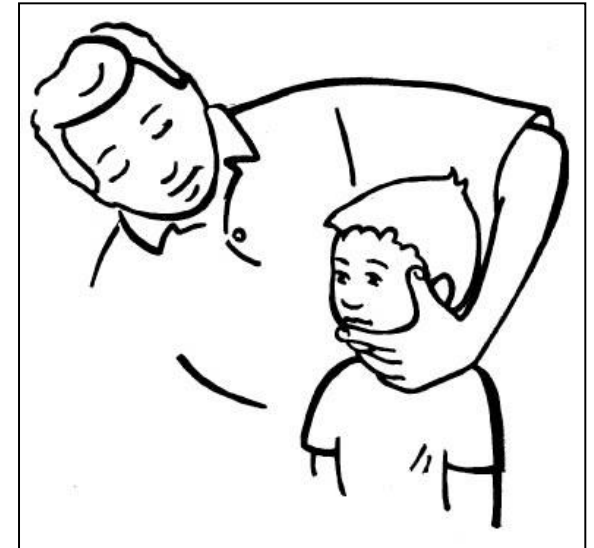
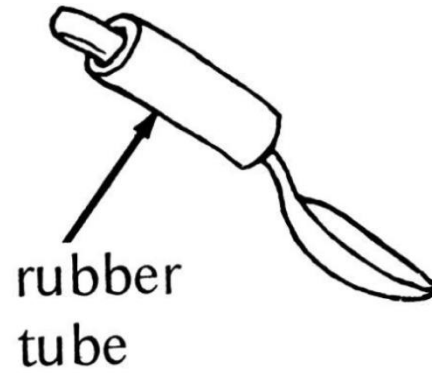


Figure 10 An example of a good lying position
Note: The child is well supported and calm; he is symmetrical; his neck is elongated; his arm is relaxed; the adult is providing oral control; there is good eye contact between them.

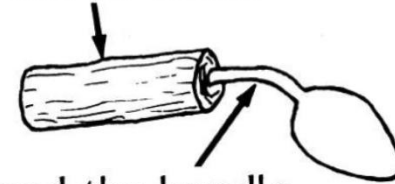
Seating



Utensils



piece of wood



bend the handle
to fit the
child's grip



Responsive and Sensitive

- *Talk* to the child
- Give *small* mouthfuls – food AND drink
- Feed at the right *speed* and *pause frequently* for the child to rest
- *Watch* for signs of discomfort/distress...and *wait*
- *Support them to learn to self feed* with their hand first, then a spoon (hand-over-hand)
- *Be patient with fussy eaters*. Allow them to explore food. Find out how they like their food to be presented (colour, texture, temperature, together or separate etc.)
- *NEVER force-feed* (it is cruel, risks choking and food/drink on the lungs, causes fear and increased refusal to eat)

Seeking medical help

- Frequent vomiting / regurgitation
- Epilepsy
- Severe malnutrition or dehydration
- Chest infection

What has changed?

Before & after



Before & after



Before & after



Watch videos

Before: what suggestions would you give for change

After: what has changed? What is good about this. Is there anything you would still like to change further?

What will you do differently?

Remember:

- It will take time for you and your child to get used to a new way of feeding.
- Be patient and keep trying because it is really worth it!
- In time, mealtimes will be easier and your child will be happier and healthier.

Summary

- Follow good hygiene practices – feeder & child
- Give smaller meals more often: high nutrient & calorie content; smooth texture
- Communicate with child in positive manner
- Position – support child in upright position with chin slightly down (use special chair)
- Use correct utensils (small plastic cup & spoon)
- Feed sensitively: small mouthfuls, slowly, watching & pausing. NEVER FORCE
- Go to doctor if malnourished, dehydrated, chest infection, frequent vomiting, fits (epilepsy)

Educational Video Drama

FEEDBACK

A. Knowledge **before** 1. low 2. medium 3. high

B. Knowledge **after** 1. low 2. medium 3. high

C. Training was

1. not very useful
2. somewhat useful
3. very useful