

MODULE 6

Strategies to Address Feeding Difficulties for Children with Disabilities (6 months and older)

(Total time: 180 minutes)

6.1 Applying Responsive Feeding for Children with Feeding Difficulties

Time: 45 minutes

Preparation & materials required: Slide Deck, flipchart, markers, scissors, tape, C-IYCF Counseling Cards (generic or country-specific), communication for feeding sorting cards.

Objectives: At the end of this module, learners will be able to:

- Discuss considerations for introducing complementary feeding for children with disabilities.
- Describe responsive feeding strategies to use while feeding children with disabilities.

Key message(s) to take away for learners:

1. At about 6 months, infants need foods beyond breast milk. For infants with disabilities, timely introduction of complementary feeding and developmental considerations are crucial.
2. For children with disabilities, successful introduction of complementary foods requires careful consideration of their readiness, proper positioning and appropriate food textures.
3. When applied consistently, responsive feeding supports healthy growth and makes feeding positive, enjoyable, and a safe opportunity to build new skills.
4. Understanding the communication and cues of children with disabilities equips caregivers to provide responsive feeding and nurturing care.

Activity 6.1.1 (20 minutes)

Considerations for introducing complementary feeding

Activity Summary	Key message(s)	Slides & Material(s)
Simulation game	1&2	Slides 245-252 C-IYCF Counseling card: Starting Complementary Feeding When Baby Reaches 6 Months (Card 12) <i>Note: C-IYCF Counseling Card numbers may differ by country and the version used. Update prior to training.</i>

Instructions

- Introduce this section:
 - Starting at about 6 months, infants need other foods in addition to breast milk. The timely introduction of complementary feeding at 6 months is important for children with disabilities, too. For some children with disabilities, additional considerations may be necessary when introducing complementary foods.
 - The complementary feeding period represents an important window of opportunity to meet nutritional needs and support a child's development. This is also a critical time of learning and transition for children as they develop their feeding skills. Difficulties in this period can contribute to ongoing feeding difficulties.
- Ask participants to name some key messages around introduction of complementary feeding. Listen to responses and write briefly on flipchart.
- Use information below to expand or clarify the statements that participants share:
 - Refer to key messages from C-IYCF counselling card – “Starting complementary feeding when baby reaches 6 months” which focuses on frequency, amount, thickness, variety, active/responsive feeding, and hygiene.
 - The World Health Organization (WHO) recommends timely, adequate, and appropriate introduction of complementary foods beginning at 6 months of age.
 - *Timely*: Refers to introducing foods when an infant needs more energy and nutrients than they can get from breast milk or formula alone. When introducing new foods, it is also important to recognize a child's readiness and skill level to eat and drink safely.
 - *Adequate*: Refers to offering foods that provide sufficient energy, protein, and micronutrients to meet the child's nutritional needs.
 - *Appropriate*: Refers to offering foods that are both safe and properly fed.
 - *Safe* means foods are hygienically stored and prepared.
 - *Properly fed* means that the child is fed appropriately for their age. That includes providing the appropriate texture and meal frequency, and using responsive feeding techniques. **Responsive feeding** is when the adult acknowledges and responds warmly to the infant's or child's communication of hunger, fullness, discomfort, or readiness.

Activity (2 minutes):

- Ask participants to stand up.
- Instruct participants to begin by rubbing their stomach.
- Then, while continuing to rub their stomachs, instruct participants to close their eyes, then balance on one leg, and pat their head.
- Ask participants to share their experience with the activity.
- Explain that while this was mostly just a silly task, hopefully it also reminds us how difficult it can be when we have many demands placed on us and how difficult it can be for an infant who is required to learn many new skills.
- Present additional considerations for infants with disabilities:
 - Three key factors to consider when supporting mothers to introduce complementary feeding for children with disabilities are readiness, positioning, and food textures. We will come back to some of these concepts in more detail as we continue to discuss strategies to address feeding difficulties.

Readiness

- A child's readiness has to do with being equipped to learn and grow. This includes their willingness and confidence to advance to a new skill and a caregiver's responsiveness to the child.

- For feeding skills, this may include the child's readiness to begin first foods or to advance food textures, that is to progress from easy-to-eat foods to food textures that require more skills.
- Readiness is an important factor in developing feeding skills and an important consideration when introducing complementary foods for children with disabilities. The child must be able to move their lips, tongue, and jaw to prepare the food to be swallowed safely and easily.
- Advancing a diet when a child does not yet have the necessary feeding skills can lead to gagging, choking, coughing, fear, and refusal to eat.
- It is important to look closely at the skills the child has, and not just the skills we expect them to have at a certain age.

Positioning

- How the child sits can have a big impact on safe feeding. Proper positioning helps the child eat and drink safely and learn skills for more independence during mealtime.
- To introduce complementary foods, the child should be able to sit with minimal support. When feeding first foods, make sure the child is seated as upright as possible. Check that hips are steady and balanced, body is straight, head is upright, and feet are resting on a flat, firm surface. We will talk more in detail about positioning a bit later.
- Provide additional support if needed. Some children are not able to maintain proper positioning on their own. Children with disabilities that affect their body movement or posture may need additional support to make feeding safer.

Food textures

- Select appropriate food textures when introducing complementary foods.
 - *Puree*: smooth, without lumps and no chewing is required
 - *Mashed – soft, lumpy, and thick*: may need to mash before swallowing
 - *Soft and bite-sized*: soft and tender pieces, must be chewed before swallowing
 - As you experienced when we discussed developmental feeding skills, a child who does not yet have the necessary skills to manage the texture provided may gag, choke, cough, become fearful, and refuse to eat.
 - Select food high in energy and nutrients. Encourage mothers to offer their child a diet that includes a variety of nutrient-dense foods.
 - Mothers can prepare the foods in a texture that is appropriate for the child's feeding abilities.
- Conclude this section:
 - For children with disabilities who may have delays in their feeding skills, consideration of their developmental skills and the textures of the foods being introduced are especially important for successful introduction of complementary foods.

Activity 6.1.2 (25 minutes)

Responsive feeding for children with disabilities

Activity Summary	Key message(s)	Slides & Material(s)
Communication for feeding sorting activity	3 & 4	Slides 253-259 Flipchart, markers, scissors, tape Mod 06_Activity Sheet_ Communication for Feeding Sorting Cards (1 set)

Instructions

- Introduce this section by explaining that a key strategy to support successful introduction of complementary foods and ongoing positive feeding experiences for children with disabilities is to encourage responsive feeding. Responsive mealtime practices help to make feeding positive, enjoyable, and a safe time for learning new skills.
- Ask: what does the term “responsive feeding” mean?
- Present information about responsive feeding:
 - Responsive feeding is when a child communicates hunger, fullness, discomfort, or readiness to eat and the adult responds appropriately.
 - The WHO states that infants and young children need assistance that is appropriate for their age and developmental needs to support adequate nutrition. The WHO definition includes:
 - feeding with a balance between giving assistance and encouraging self-feeding, as appropriate for the child’s abilities
 - feeding with positive verbal encouragement without coercion or forcing
 - feeding with age-appropriate and culturally-appropriate eating utensils
 - responding to early hunger cues
 - feeding within a safe and comfortable environment
 - feeding by someone with whom the child has a positive emotional relationship and is aware of the child’s needs.
- Present steps for applying responsive feeding:
 - When applied consistently, responsive feeding practices support skill development, communication, and healthy growth. Here are a few simple steps to help caregivers apply responsive feeding practices:
 - Pay attention to the child’s communication.
 - Respond warmly and promptly.
 - Feed the right food for the child’s age and stage.
 - Let the child stop when they are full.
 - Focus on being affectionate and nurturing.

Activity (15 minutes):

- Prior to training, cut out and prepare one set of communication for feeding activity cards. Place the cards into a bag, bowl, or other container from which they can be drawn.
- Introduce the activity:
 - Children communicate in many ways, even before they are able to talk. Adults also communicate with children during feeding to offer support, comfort, and encouragement.
 - Some children with disabilities may have delays in the development of their language or communication skills, but they still communicate in a variety of other ways. Responsive feeding can play an important role in reinforcing and supporting the development of a child’s communication skills.
- Tell participants that they are going to do an activity to explore the ways a young child may communicate during mealtime.
- On a flipchart, draw a vertical line down the center to divide the page in half.
- Draw a happy face on one side of flipchart. Explain:
 - This happy face represents a child who is ready to eat. This child is hungry and ready for the next bite.
- Draw a sad face on the other side of the flipchart. Explain:
 - This sad face represents a child who is not ready to eat. This child may be full, uncomfortable, or just not ready to take another bite.
- One at a time, have a participant draw one of the cards and read the phrase out loud. Instruct the participant to place the card on the correct side of the flipchart.

- If you have tape or adhesive, participants can stick the cards to the flipchart. If not, they can use a marker to copy the words from their card to the flipchart.
- Invite the other participants to provide feedback by sharing if they agree or disagree.
- Use answers below to discuss each of the examples and what the child is communicating.
 - *Happy face answers:* When feeding children, it is important to watch for them to communicate that they are ready for another bite.
 - *Mouth open:* When a child's mouth is open, they are telling you they are ready for the next bite.
 - *Looking at feeder:* When a child is looking at you as you feed them, they are telling you they are ready for the next bite.
 - *Leaning forward:* When a child is leaning forward, they are telling you they are ready for the next bite.
 - *Mouth empty:* When a child's mouth is empty after taking a bite, that means they have swallowed and are ready for the next bite.
 - *Awake and alert:* A child should be awake and alert to be ready for eating and drinking.
 - *Bringing hands to mouth:* Many infants will bring their hands to their mouth to communicate that they are ready for feeding.
 - *Sad face answers:* It is important to stop when a child communicates that they do not want to eat. The child may be full, uncomfortable, or even fearful. When caregivers respond to this communication, it helps the child feel safe and makes mealtime more positive
 - *Falling asleep:* When a child is falling asleep, they are telling you they are not ready to eat. Putting food in the mouth of a very sleepy child may increase the risk of choking or aspiration.
 - *Crying:* When a child is crying, they are telling you they are not ready to eat. Putting food in the mouth of a crying child may increase the risk of choking or aspiration. If the child is hungry, calm the child before feeding.
 - *Mouth closed:* When a child keeps their mouth closed when offered food or asked to open their mouth, they are telling you they are not ready to eat.
 - *Turning or leaning away:* When a child is leaning away or turning their head when offered a bite, they are telling you they are not ready to eat.
 - *Spitting out or pushing food away:* When a child is spitting out food or pushing it away, they are telling you they are not ready to eat.
 - *Mouth full of food:* When a child's mouth is still full of food, they are telling you they not ready for the next bite. If more food is placed in the child's mouth before they have finished, it can become more difficult to chew or move the food in the mouth. This is not safe and may increase the child's risk for choking, too. Encourage caregivers to wait for an empty mouth or signs that the child has swallowed, like watching the child's throat for movement. This allows the child to set the pace of feeding for eating that is safe and more efficient.
- Here are some simple ways that you can recommend to encourage mothers and fathers to communicate with their child during feeding:
 - Make eye contact.
 - Gently touch the child.
 - Hold or soothe the child.
 - Describe the food – *"This food is soft and easy to chew."*
 - Describe what you are doing – *"I am drinking from a cup."*
- Conclude this section:

- Inappropriate feeding practices can have a large impact on the health and development of children.
- Research has shown that caregivers need skilled support for appropriate and responsive feeding. This is also true in contexts with additional stress or trauma.
- Supporting a mother to recognize and respond to her child's communication during feeding is an important way to support pleasant and safe feeding for children with disabilities.



Check before proceeding.

These are the key messages for this module. Have these been explicitly addressed and learners appear to have a good understanding of them?

1. At about 6 months, infants need foods beyond breast milk. For infants with disabilities, timely introduction of complementary feeding and developmental considerations are crucial.
2. For children with disabilities, successful introduction of complementary foods requires careful consideration of their readiness, proper positioning and appropriate food textures.
3. When applied consistently, responsive feeding supports healthy growth and makes feeding positive, enjoyable, and a safe opportunity to build new skills.
4. Understanding the communication and cues of children with disabilities equips caregivers to provide responsive feeding and nurturing care.

6.2 Addressing Feeding Difficulties for Children with Disabilities

Time: 90 minutes

Preparation & materials required: Slide Deck, flipchart, markers, scarf, towel/blanket, small box or foot stool, food items (soft mashable food and crunchy dissolvable food), utensils, plates or bowls, observing positioning activity cards, and strategies to address positioning handout.

Objectives: At the end of this module, learners will be able to:

- Discuss strategies for supporting children with disabilities to feed safely.
- Describe the impact positioning has on safe and efficient feeding and how to facilitate improved positioning.
- Summarize strategies to avoid harm when addressing feeding difficulties.
- Differentiate various food textures and the feeding skills required to eat each food texture.

Key message(s) to take away for learners:

1. Proper positioning provides a stable foundation for children to develop feeding skills, learn to eat and drink safely and efficiently, and become more independent during feeding.
2. The hips are the foundation of stability while seated, so it is important to begin there when observing and improving positioning for feeding.
3. While changing a child's position can improve their safety for feeding, making sudden changes to their typical position can also put some children at risk for more difficulties.
4. Work systematically to help children sit as upright as possible. While ideal positioning may not always be possible, small changes and using available objects for support can help the child feel more stable and safer during feeding.



5. We can modify food textures to match the feeding skills of a child. As a child is able, we can gradually change the texture to offer opportunities to practice and develop more feeding skills.

Activity 6.2.1 (30 minutes)

Positioning for safe and efficient feeding

Activity Summary	Key message(s)	Slides & Material(s)
Brainstorm activity	1 & 2	Slides 260-273
Observing positioning simulation activity		Flipchart, markers Mod 06_Activity Sheet_Observing Positioning Cards (4 sets)

Instructions

- Introduce this section:
 - Once you have identified that a child with disabilities is at risk for feeding difficulties, you may need to closely observe the child during feeding to better understand where the issues are.
 - The severity of feeding difficulties can range widely from one child to the next. As children grow and develop, there are a number of new skills developing for feeding, and a wide variety of factors that can contribute to feeding difficulties. Some feeding challenges can be quite complex and may need more specialized care and support. In these cases, referrals for targeted services will be necessary.
 - This module will focus on some strategies to support overall safe and efficient feeding for children with disabilities.
 - *Safety* refers to decreasing the risk of coughing, choking, or aspiration during mealtime.
 - *Efficiency* means that a child is able to take in the appropriate number of calories, in the right amount of time, without burning too many calories.
 - By counseling caregivers on practices that prioritize safety and efficiency, you can support children with disabilities to have more successful, safe, and positive feeding.
 - Two key strategies that support safe and efficient feeding are proper positioning and food textures that match the child's feeding skills. We will begin with proper positioning.
 - The position of a child's body during mealtime is critical for safe eating and drinking, feeding efficiency, and learning new skills and independence during mealtime.
 - The risk for feeding difficulties increases when a child is not in a safe and stable position for feeding, especially for some children with disabilities, who may have challenges achieving and maintaining a proper position.
 - Often the simplest and most effective way to improve safe feeding is by changing a child's position.

Activity (5 minutes):

- Introduce activity by defining some key terms:
 - *Positioning*, in the context of feeding children, is how the parts of the child's body are arranged, especially with the help of an adult.
 - *Posture* is defined as the position in which the child holds their body while standing or sitting.
 - *Postural control* is the ability to maintain posture for a period of time.

- *Stability* refers to the ability to remain balanced.
- Make two columns on a flip chart. Label one “Proper” and the other “Poor.”
- Ask participants:
 - Why is proper positioning important during feeding?
 - What happens if a child has poor positioning during feeding?
- Use the information below to fill in both columns and build understanding of the impact of positioning:
 - Proper positioning during feeding:
 - Supports breathing
 - Provides stability, or balance and support
 - Allows the child to enjoy and focus on eating
 - Helps the child to more easily chew and swallow
 - Supports development of lifelong feeding skills
 - Poor positioning during feeding may lead to the following:
 - Coughing and choking
 - Increased risk for aspiration—when food or liquid enters the airway/lungs instead of the stomach
 - Difficulty moving food in the mouth and chewing
 - Losing food out of the mouth
 - Difficulty advancing feeding skills and learning self-feeding
 - Reduced efficiency
- Present information:
 - Muscle tone plays an important role in a child's posture. Children with a disability, such as cerebral palsy, that alters their muscle tone may have challenges with postural control. This is important because it can compromise a child's ability to do daily activities and increases the risk for complications like contractures or pressure sores. Children with disabilities that affect their postural control may need additional support for proper positioning to make mealtime safer, to develop more effective ways of moving, and to help prevent secondary complications.
 - Now that you understand the impact of positioning, it is important to talk about ideal positioning and the key parts of the body for proper positioning during mealtime.
 - The ideal position for a child during eating and drinking is as upright as possible.
 - The key body parts are the head, shoulders, trunk, hips, knees and feet.
 - Ask: When observing a child's position, which of those key body parts should be the first one you look at?
 - You might think to begin at the top and look from head to toe, but the hips are the foundation of stability while seated, so start there. Poor stability can lead to difficulty moving food or chewing and increased risk for choking and aspiration.
- Describe the ideal position during feeding for each of the key parts:
 - **Hips:** The ideal position for the hips is when the child is seated upright with the hips at about a 90-degree angle. They should be stable, symmetrical with weight evenly on both sides of the buttocks.
 - **Trunk:** The trunk, or torso, is supported by stable hips. The ideal position for the trunk is a straight line up from the hips. The trunk should not be leaning to one side or the other, curved forward, or arching backwards.
 - **Shoulders:** Shoulders are supported by a trunk that is in a straight line. The ideal position for the shoulders is relaxed and symmetrical, the same on both sides. When at rest or being fed by a caregiver, arms and hands should rest in front of the body on the lap or a table. The shoulders should not be one higher than the other, both pulled up near the child's ears, nor rounded forward.
 - **Head:** Properly positioned shoulders support the head and neck. The ideal position of the head is an upright, neutral position. This means the head rests over the spine,

between the shoulders with the chin level and the gaze of the eyes forward. The head should not be extended back, falling to one side, or all the way forward with the chin resting on the chest.

- **Knees:** Supported and well-positioned knees help a child remain stable at the hips. When a child is seated in a chair or on an adult's lap, the ideal position for the knees is resting comfortably over the edge of the chair or lap with the thighs supported. When seated on the floor, the ideal position can be straight with legs out in front, bent with legs crossed and one foot in front of the other, or bent with feet facing each other.
- **Feet:** Supported and properly positioned feet help a child remain stable at the hips. The ideal position for feet is resting flat on a firm surface like the floor or a foot rest. For a child seated in a caregiver's lap, if the adult is providing total support for the hips, trunk, and head, then foot support is optional. For a child seated on the floor, no additional support for the feet is needed.

Activity (15 minutes):

- Prior to training, prepare four sets of observing positioning activity cards by cutting along the dotted lines. Each set should include five cards.
- Introduce the activity by telling participants:
 - In order to improve positioning for feeding, we must first recognize when positioning is not ideal and needs adjustment. You will practice today by observing the key parts of the body to determine if the position is ideal for feeding.
- Divide participants into four groups.
- Give each group one set of cards.
- Explain the activity:
 - Each set includes five illustrated cards, each showing a different feeding position.
 - Within your group, you will each take turns acting out the positions shown on the card.
 - While one person demonstrates a position, the others will observe and assess whether each key part of the body is *ideal* for feeding or *in need of improvement*.
 - After discussing the first position, another group member will demonstrate a new position shown on the card, and the process repeats until all five positions have been practiced.
- Walk around the room to provide feedback and answer questions as needed.
- After 10 minutes, bring everyone back together.
- Review each position as a large group, discussing whether it was identified as *ideal* or *in need of improvement*.
 - *Position 1:* child seated on the floor leaning forward
 - The child's position needs improvement.
 - In this position, it may be difficult to keep food inside the mouth and move food in the mouth for chewing and swallowing.
 - *Position 2:* child seated in a chair
 - The child's position is as upright as possible and well-supported for mealtime.
 - Stable positioning supports safe swallowing and opportunities to develop feeding skills.
 - *Position 3:* child seated in reclined position with chin up and shoulders raised
 - The child's position needs improvement.
 - In this position, it may be difficult to swallow safely, control or move food in the mouth, and interact with the caregiver or peers
 - *Position 4:* child seated leaning to one side
 - The child's position needs improvement.
 - In this position, it may be difficult to move the food in the mouth for chewing and swallowing.
 - *Position 5:* child lying flat on the ground

- The child's position needs improvement.
- In this position, the child is at high risk for aspiration and choking. The child cannot engage in interactions with others and has little active involvement in the feeding process.
- Ask participants to save the cards to use for another activity.
- Conclude this section:
 - It takes time and practice to strengthen observation skills. In order to improve positioning, you must first recognize when positioning is not ideal for safe and efficient feeding.
 - With practice, your observation skills will continue to improve. Knowing the importance of stable positioning during feeding and having good observation skills will allow you to identify poor positioning and to help a child achieve improved positioning that supports safe and efficient feeding.

Activity 6.2.2 (30 minutes)

Improving positioning for safe feeding

Activity Summary	Key message(s)	Slides & Material(s)
Improving positioning role play	2, 3 & 4	Slides 274-281
Brainstorm activity		Flipchart, markers
		Scarf, towel/blanket, small box or footstool
		Mod 06_Activity Sheet_Observing Positioning Activity Cards (<i>use the same cards from Activity 6.2.1</i>)
		Mod 06_Handout_Strategies to Address Positioning

Instructions

- Introduce this section by explaining that once you have identified a need for improvement in a child's position, it is important to work toward a position that is as upright as possible to support safe and efficient feeding.
- Present information on avoiding harm:
 - Before you attempt to change a child's position, it is important to remember to first, and always, **do no harm**. That is, do not accidentally make a situation worse with your changes.
 - While changing a child's position can improve their safety for feeding, making sudden changes to their typical position can also put some children at risk for more difficulties.
 - Sometimes children are unable to move or help with movement, and you must physically move them to improve positioning. When that is the case:
 - Use firm, but gentle, and flat hands (not finger tips) when moving the child.
 - Do not pull or drag a child into position using the child's limbs. Place hands on the trunk to facilitate movement and provide head and neck support when necessary.
 - Do not force a child into any position. Some children with disabilities have altered muscle tone or may be at risk for secondary complications like

- contractures or pressure sores. Forcing a child into an "ideal" position could cause serious pain or injury.
 - Sitting upright can be difficult or even scary for children who are not accustomed to this position, and it may take time and repeated opportunities for the child to tolerate it.
- Present information on improving position for feeding:
 - Ideal positioning may not be possible for all children with disabilities. You may still be able to improve positioning so they are more upright, stable, and safe for feeding. Aim to establish symmetry and alignment as much as possible.
 - The child and caregiver should both feel comfortable when positioned for mealtime. At first, the child may not tolerate the new position and may require time to adjust to a new position. This may mean partially compromising what is ideal. Do not ask caregivers to assume a position that cannot be comfortably maintained for the duration of feeding.
 - A child should be stable, but never stuck. Good positioning supports better posture and movement. While additional support may be necessary for a child who cannot maintain a position on their own, the child should be stable and able to experience movement, but not be restricted or stuck.
 - When working on improving positioning for children with disabilities, remember these four principles to ensure that you do no harm:
 - *Be responsive:* Pay close attention to what the child is communicating and respond promptly and warmly. Remember that communication is more than words. Watch for signs of distress like arching, crying, or fussing. If you see signs of distress, adjust the child's position so they feel safe and more comfortable.
 - *Take it slow:* Make changes slowly to determine what is most helpful for each child and what the child is able to tolerate. Make sure that the physical movement to transition from the child's typical position to a more ideal position is slow and not too sudden. Allow enough time for the child to adjust and experience each change. Watch for signs that the child is tolerating the change in positioning.
 - *Make small changes:* Some children may be able to tolerate small changes, but not all of the changes required to achieve ideal positioning. Instead of changing all of the key body parts to the ideal position immediately, make smaller changes to start. For example, if a child is accustomed to lying flat and is not yet able to tolerate his hips positioned at 90 degrees, try propping the child more and more upright as he is able to tolerate it.
 - *Practice outside of mealtime:* Start by practicing more upright positioning for 5-10 minutes during play or other activities. As the child increases their ability to tolerate the new position, increase the amount of time in that position to work toward the 20-30 minutes required for a typical mealtime. Practice moving more and more upright outside of mealtime and then gradually begin practicing during mealtime, as tolerated.

Activity (10 minutes):

- Invite two people to come to the front of the room who are willing to participate in a role play about how to improve positioning. *Note: This will require one person to physically assist the other one to move their body into a more ideal position.*
 - One person will be the child. Using the observing positioning activity cards from the last section, have the participant assume one of the positions on a card (Position 1, 3, 4, and 5).
 - The other person will work to improve the "child's" position so they are as upright as possible.
 - Participants observing can offer guidance as needed.

- Provide support as needed to help those doing the role play to facilitate a functional, upright position.
- If time allows, repeat the role play with new volunteers for each of the “not ideal” positions (Position 1, 3, 4, and 5)
- Invite participants who participated in the role play to reflect on the experience and share about how it felt in each role.

Activity (10 minutes):

- Introduce the activity:
 - Ask participants: What would you do if the child is not able to maintain that improved or more ideal position?
 - In some places, specialized seating equipment or other assistive technology may be available to provide customized support and to meet the positioning needs of a child with disabilities for feeding and other activities. However, this kind of specialized equipment is often expensive and not always available locally.
 - You can still try to provide additional support for children using objects that are easy to find such as blankets, towels, scarves, or boxes.
 - Let's brainstorm some ideas about ways to support more ideal positioning of key body parts.
- Ask participants to share their ideas about how they can support each of the key body parts:
 - Hips
 - Trunk
 - Shoulders
 - Head
 - Knees
 - Feet
- Record responses on a flipchart.
- Use the content provided below to supplement the discussion with additional strategies:
 - Hips*
 - To achieve stable hips, buttocks resting all the way back in the seat, and weight on both sides:
 - Use a seatbelt, scarf, or soft strap pulled down and back to secure low and across the hips. Make sure it is tight enough to support stable hips, but not too tight to cause discomfort. Avoid securing above the hips or around the child's stomach.
 - If the child is independently seated on the floor, but is sinking or sliding down too far, try putting a firm, folded towel or blanket under the child's buttocks.
 - Trunk*
 - To achieve symmetrical trunk, in the middle, in a straight line up from the hips:
 - Use small pillows or rolled towels placed along both sides of the trunk.
 - Some children have postural control that affects one side of the body more than the other. They may only need a rolled towel to provide support on one side of their body. Focus on getting the trunk in alignment, straight up from the hips.
 - Provide a table or tray and adjust the chair, table, or tray to allow the child to rest their arms and elbows on the surface.
 - Shoulders*
 - To achieve symmetrical and relaxed shoulders:
 - Provide a table or tray and adjusting the table, chair, or tray so that the child can rest their arms and elbows to help provide support.
 - When seated in a chair, lap, or on the floor, try bringing the child's arms forward to rest on their lap. This will bring the shoulders forward.
 - Head*

- To achieve an upright and neutral head and neck position:
 - Place shaped pillows or rolled towels along both sides of the head or a head rest.
 - While seated on a caregiver's lap, the caregiver can use the upper arm firmly against the back of the child's head (not the neck) for support.
 - If the caregiver is seated on the ground, have the caregiver try raising one knee and resting the upper arm on the knee while supporting the back of the child's head (not the neck).

Knees:

- To achieve knees bent comfortably over the edge of the chair or seat:
 - Add a cushion behind the child to bring them forward in the chair.

Feet

- To achieve feet flat on a surface while sitting in a chair:
 - Use a footrest, stool, or box if the child's feet cannot reach a flat surface.

- Conclude this section:
 - Check for questions and clarify understanding.
 - Distribute the handout on strategies for addressing positioning.

Activity 6.2.3 (30 minutes)

Food textures

Activity Summary	Key message(s)	Slides & Material(s)
Food texture experience activity	5	Slides 282-286 Food items: soft and mashable food (bananas or avocados), crunchy and dissolvable food (Marie biscuits, crackers) Flipchart, markers, utensils (spoons, forks), plates or bowls for food samples

Instructions

Note: The International Dysphagia Diet Standardisation Initiative (IDDSI) uses specific descriptions for the textures of foods and drinks and is working to make those descriptions consistent across the globe. Their descriptions are in line with WHO recommendations. While simplified terms have been used to refer to food textures throughout this training, the descriptions are in line with IDDSI specifications. Please note, there are a number of other specific levels of textures that are not covered within this lesson.

- Introduce this section by telling participants that now that we have discussed positioning, let's take a look at the other key strategy for safe and efficient feeding: food textures that match the child's feeding skills.
- Present information about food textures:
 - It is important to ensure that children are being provided with food textures that are appropriate for their age and abilities. The WHO recommends that the consistency of complementary foods "should change across the first year of life and should adapt to the child's requirements and abilities."
 - When food texture is too difficult, the child may gag or choke. It can make digestion more challenging, too. When children do not advance to more difficult textures at

- the appropriate time, they may miss important developmental opportunities to learn independence and build feeding skills.
- Understanding the difference between various textures of food will help you know how to support caregivers to prepare foods in the manner that is most appropriate for the child.
 - Present a description of the food textures that will be used in this session:
 - **Puree:** This consistency of food is smooth, without any lumps. It usually is eaten with a spoon. A puree holds its shape on the spoon and falls off fairly easily if the spoon is tilted (*IDDSI-4: puree*)
 - **Mashed:** This consistency is soft and moist and tends to be thicker and more textured than puree. It might be lumpy or chunky. It may be scooped on a fork without liquid dripping or crumbs falling. (*IDDSI-5: minced and moist*)
 - **Soft and bite-sized:** This consistency of food is soft, tender, and moist, but without liquid dripping from the food. Foods that are soft and bite-sized should be tender enough that if you were to push down on a piece with a fork, the food would smash completely and not retain the original shape. (*IDDSI-6: Soft and bite sized*)
 - **Crunchy and dissolvable solid** (also called a meltable solid): foods that are firm or crispy, but that dissolve easily with munching or mashing or minimal chewing. (*IDDSI: Transitional foods*)
 - **Mixed textures:** are foods that contain more than one food texture. This includes foods such as soup with broth and pieces of meat or vegetables. This texture is the most difficult for children to learn to manage. (*IDDSI-7: regular*)

Activity (20 minutes):

- Introduce activity by telling participants that they are now going to practice preparing food in different food textures.
- Distribute each of the food items (soft, mashable food and crunchy dissolvable food), utensils and plates or bowls to all participants. *Note: The soft, mashable food will be used for puree, mashed, and soft & bite-sized textures. Participants will need to use a utensil to prepare their food in the appropriate texture.*
- Explain the activity:
 - You have two food items in front of you.
 - Your task will be to modify each food item in front of you so it matches each food texture. You will then sample each texture and consider the following questions:
 - What do you have to do with your mouth (jaw, lips, tongue) to easily eat this food texture?
 - What are examples of foods from your country that are already prepared or can easily be prepared in this texture?
 - As a group, we go through this activity step-by-step, one texture at a time, and discuss each food texture before moving to the next,
- Lead the large group through the activity in this order:
 - Soft & bite-sized
 - Mashed
 - Puree
 - Crunchy & dissolvable
- Use the content provided below to prompt each food texture and lead a discussion about each food texture:
 - *Soft & bite-sized*
 - Prepare your food item as a soft and bite-sized texture. This can easily be done by cutting soft foods (those that are soft when ripe or cooked to an appropriate texture) with a knife or the edge of a spoon or fork. The size of the pieces should be appropriate for the child's mouth.
 - Skills: The ability to bite off a piece of food is not necessary, but the ability to chew pieces so they are safe to swallow is required. The tongue moves

- side to side to move food to gums or teeth to mash or chew, jaw moves up/down.
 - Examples: Diced soft fruits and vegetables (avocado, banana, cooked sweet potato), scrambled eggs, tender pieces of fish cooked soft enough.
- *Mashed*
 - Prepare your food item as a mashed texture. This can be easily done by mashing a soft or tender food with a fork, spoon, or other utensil to a soft consistency with small lumps.
 - Skills: No biting is necessary and only minimal mashing is required. Lumps can be easily mashed with the tongue before swallowing. The ability to bite off a piece is not necessary. Tongue moves up/down to mash, forward and back to move the food to swallow.
 - Examples: oatmeal, porridge, or soft, not sticky, rice with a thick, smooth sauce to hold it together. Many other foods, though, can be modified to a mashed texture.
- *Puree*
 - Prepare your food item as a pureed texture. This can easily be done with soft foods using a spoon, fork, or other utensil to mash it to a smooth consistency without lumps. A smooth puree can also be prepared using a high-speed blender, when available.
 - Skills: It does not require any chewing, usually eaten with a spoon. Tongue moves forward/back to move purees.
 - Examples: Yogurt, hummus, custard, blended soft or cooked fruits or vegetables
- *Crunchy & dissolvable solid*
 - This food is already in the appropriate texture. Foods of this texture are generally prepared commercially and are often pre-packaged.
 - Skills: The ability to move the jaw up/down to mash or munch is necessary, but more advanced chewing skills are not necessary. Texture easily dissolves with addition of moisture from saliva or water. Because the texture dissolves easily, it can be a useful texture to safely help children learn the jaw and tongue movements for early chewing skills with less risk of gagging or choking. While foods in this texture can support skill development, they are not nutrient-dense and therefore, should not make up the bulk of a child's diet.
 - Examples: biscuits, crackers, rice rusks.
- Conclude this section:
 - As children grow, they develop skills to eat more advanced textures of food. Children eat safely when we match the texture of the food to the child's feeding skills and advance to include a variety of textures as the child learns.
 - By gradually increasing the texture of the food, a child can improve feeding skills safely and become a more competent feeder. This allows them to improve chewing skills as well as increase ability to tolerate the texture.
 - We can modify the texture of food very easily to match the texture to the skill of a child. As a child is able, we can change the texture to slowly offer opportunities to practice and develop more feeding skills.



Check before proceeding.

These are the key messages for this module. Have these been explicitly addressed and learners appear to have a good understanding of them?

1. Proper positioning provides a stable foundation for children to develop feeding skills, learn to eat and drink safely and efficiently, and become more independent during feeding.



2. The hips are the foundation of stability while seated, so it is important to begin there when observing and improving positioning for feeding.
3. While changing a child's position can improve their safety for feeding, making sudden changes to their typical position can also put some children at risk for more difficulties.
4. Work systematically to help children sit as upright as possible. While ideal positioning may not always be possible, small changes and using available objects for support can help the child feel more stable and safer during feeding.
5. We can modify food textures to match the feeding skills of a child. As a child is able, we can gradually change the texture to offer opportunities to practice and develop more feeding skills.

6.3 Building Skill for Positive and Safe Feeding

Time: 45 minutes

Preparation & materials required: Slide Deck, flipchart, markers, adaptive feeding tools cards, adaptive feeding tools handout.

Objectives: At the end of this module, learners will be able to:

- Describe four ways to support children to build skills for feeding.
- Discuss adaptive feeding tools and equipment and how they can be used to build skills and increase participation for feeding.

Key message(s) to take away for learners:

1. We can support a child to build skills for feeding by modeling skills, providing physical support, making modifications, and offering opportunities to practice at the appropriate level for the child.
2. Adaptive feeding tools, such as modified or adapted feeding utensils, are designed to help children with disabilities participate in feeding and, for many, may help facilitate learning to eat as independently as possible.

Activity 6.3.1 (20 minutes)

Strategies to build skills for feeding

Activity Summary	Key message(s)	Slides & Material(s)
Building skills brainstorm	1	Slides 287-291 Flipchart, markers

Instructions

- Introduce this section by telling participants that you will discuss some simple strategies to help caregivers support their child with a disability to build skills for feeding.
 - All children learn and develop new skills over time when
 - they are offered the opportunity to try tasks that are appropriate for their age and abilities,
 - provided with support to complete those tasks, and
 - given the chance to practice.

- Some children with disabilities need more assistance and require more practice in order to build feeding skills. This sets them up for safer and more enjoyable mealtimes and more independence.
- Present information on strategies to build feeding skills:
 - *Physical support*
 - Physical support is when a caregiver directly assists a child to carry out a mealtime task. Physical support can and should be decreased as the child is able to complete more of the task on their own. With practice, children can become more independent.
 - This may include providing hand-over-hand support – when an adult places their hand directly over the child's hand to guide a task.
 - Some children may need less physical support to begin with, like when an adult holds the bowl while the child scoops or simply sits near the child ready to offer help when assistance is needed.
 - *Modelling skills*
 - Children learn a great deal by observing others. Mealtime is a great opportunity for caregivers to model feeding skills and other mealtime behaviors. When caregivers are engaged in mealtime with children, they can demonstrate skills, including how to try new foods, how to use utensils, and how to participate in other mealtime routines.
 - *Modifications*
 - Modify the environment by reducing distractions or changing how or where the child sits for mealtime.
 - Change the tools by adapting utensils to help children be more successful when they practice new skills.
 - Modify the food by selecting specific types of food or changing how we present the food.
 - *Opportunities to practice*
 - Offer opportunities to practice at the appropriate level for the child. Children learn and get better at new skills when they are provided with tasks that are appropriate for their age and development and are given the chance to practice them. Feeding occurs multiple times per day and can be used to provide opportunities to practice specific feeding skills. Practicing skills during play and outside of mealtime can also support building skills for feeding, too.

Activity (15 minutes):

- Tell participant that we will now brainstorm some ideas on how to build skills in common feeding tasks.
- Divide participants into five groups.
- Assign each group a feeding task:
 - Self-feeding with a spoon
 - Drinking from a cup
 - Pouring liquids
 - Washing hands before or after a meal
 - Using a napkin or cloth to clean face or hands during a meal
- Ask each group to discuss examples of the ways they can help a child learn the skills for their assigned feeding task.
- After 5 minutes, bring groups back together to share their ideas. When appropriate, encourage groups to demonstrate how they might help.
- Conclude this section:
 - We can help a child build skill by providing physical support, modeling skills, making modifications, and offering opportunities to practice at the appropriate level for

the child. When children are given the opportunity to try new foods and textures, or to feed themselves, they experience less fear and stress. This helps them learn to enjoy eating and build important feeding skills.

- Ask participants to reflect:
 - What cultural beliefs or practices around feeding and care might make it harder for children to build independence and feeding skills?
 - How do you expect these to be different, or not, for children with disabilities?
 - Can you share examples from your own experience or community?
(Prompts: ask about who feeds the child, how much mess is acceptable, or when a child should start feeding themselves).

Activity 6.3.2 (25 minutes)

Adaptive feeding tools

Activity Summary	Key message(s)	Slides & Material(s)
Small group discussion	2	Slides 292-316
Review activity		Mod 06_Activity Sheet_Adaptive Feeding Tools Cards (1 set) Mod 06_Handout_Adaptive Feeding Tools

Instructions

- Introduce this section:
- Present information about equipment and tools:
 - Some children may benefit from assistive technology (AT), such as adapted or modified feeding tools, that make it easier to participate in feeding or to build independence with feeding themselves.
 - Specialty feeding utensils or other feeding equipment are meant to help children with disabilities participate in feeding and many of them may help facilitate the child to eat as independently as possible, too.
- Ask: What specialty equipment, utensils, or tools have you seen or used with children with disabilities?
 - Some examples might include:
 - A curved fork or spoon
 - A utensil with a larger handle that is easy to hold
 - A strap to hold a utensil on the hand so it is not so easily dropped
 - A cup with a lid that helps prevent spilling
 - Pads or mats that prevent bowls or plates from sliding on the table or tray
 - A bowl with a curved edge to prevent food from falling out of the container or off the spoon while scooping

Activity (10 minutes):

- Prior to training, prepare one set of adaptive feeding tools cards by cutting along the dotted lines.
- Divide participants into four groups.
- Distribute two adaptive feeding tools cards to each group.
- Explain the activity:
 - Review your assigned tools with your group, including the purpose of the tool.
 - Discuss with your group who the tool might be most useful for

- After 5 minutes, each group will take turns presenting about their assigned tools and who the tool might be most useful for.
- Use the images on the slide deck to show each tool as groups present about them. Use the Adaptive Feeding Tools handout to support the discussion about for whom the tool is most beneficial.
- To conclude the activity, explain that specialized equipment can be difficult to find or too expensive in some places. If we look at these adaptive feeding tools, we may be able to come up with ideas for ways to adapt and change the tools we do have access to in order to meet the same needs.
- Ask participants: Do you have any ideas for ways to change or adapt a readily available utensil or tool to make it easier for a child to participate in feeding?
- Distribute the Adaptive Feeding Tools handout to all participants.

Activity (5 minutes):

- Tell participants:
 - As we conclude this section, let's do an activity to help bring it all together.
- Explain the activity:
 - I will read a scenario of a health worker addressing a feeding difficulty for a child with disability. The scenario is broken into small parts. After each part, your task is to identify which strategies discussed today is being used.
- Display the first part of the scenario on the slide.
- Read it aloud and pause to let participants respond. Ask: "Which strategy is being used in this part of the scenario?"
- Then, advance the slide to reveal the correct answer.
- Repeat this process for each part of the scenario.
- You have the full scenario text, with key components underlined and corresponding strategies indicated between brackets for your reference during facilitation.
 - Sarah is a 3-year-old with cerebral palsy and has not yet learned to drink from a cup. On the few occasions when she has been given the opportunity to try, she tilted her head all the way back, spilling water everywhere and coughing as the water flooded her mouth. Her mother does not know how to help her and is nervous to try. *[no strategies to identify]*
 - During her last visit, the health worker offered to help mom work on cup drinking. The health worker began by getting a glass of water for herself, for Sarah, and for Sarah's mother so they could all drink water together. *[modelling]*
 - The health worker encouraged Sarah's mother to hold Sarah supported on her lap, using one arm to support along Sarah's body and the other to offer the cup for small sips of water. *[positioning]*
 - Sarah's mother placed her daughter's hand on her own as she held the cup and tilted it to pour water into Sarah's mouth very slowly. *(physical support)*
 - As the water filled her mouth, Sarah began to grimace and lean away from her mother. Sarah's mother noticed the change and asked the health worker what she should do. *[responsive feeding]*
 - Sarah's mother was given a small cup, with one side cut out to make room for Sarah's nose during drinking. The health worker coached Sarah's mom to place the rim of the cup on Sarah's bottom lip and bring the liquid to the edge of the cup for small, single sips, one at a time. *[adaptive feeding tools]*
 - Sarah took several small sips and her mother smiled at her warmly to encourage her. As they ended their session, the health worker asked the mother to think about 1-2 times each day that she could do this again for just a few minutes with Sarah. Sarah's mother knew just how to add it to their routine and was eager to see how Sarah's abilities might improve. *[opportunities to practice]*



Check before proceeding.

These are the key messages for this module. Have these been explicitly addressed and learners appear to have a good understanding of them?

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2. Adaptive feeding tools, such as modified or adapted feeding utensils, are designed to help children with disabilities participate in feeding and, for many, may help facilitate learning to eat as independently as possible.

