MAITS

MULTI-AGENCY INTERNATIONAL
TRAINING AND SUPPORT

Working with

Children with Developmental Disabilities and their Caregivers

A Training Programme

for non-specialists in low-resource settings

Editors:

Mel Adams, Anjali Joshi and Georgina Sheppard

RANGOONWALA FOUNDATION

Authors

Mel Adams, Christine Staple-Ebanks, Anjali Joshi, Erin Mercer, Shabnam Rangwala.

Contributors

Mamoona Adnan, Saadia Asif, Bashudev Chaudhary, Bishnu Prashad Gautam, Nazia Hozaifa, Nasreen Khowaja, Dr Vibha Krishnamurthy, Claire Leadbeater, Lina Paudel, Bakhtawar Saleem, Aasiya Sashwani, Rajina Shrestha, Dr Pauline Watson-Campbell.

Acknowledgements

We would like to thank the Nathan E-banks Foundation and Cerebral Palsy Nepal for enabling the materials to be piloted in Jamaica. We would also like to acknowledge sources on which the content was drawn, including Care for child development (WHO & UNICEF, 2012), Disabled Village Children (David Werner, 2009), MAITS Guide for Parents Caring for Children with Developmental Disabilities, videos taken at ACELP Institute, Karachi, and programmes run by ADAPT (formerly the Spastic Society of India) and UMMEED Child Development Centre, Mumbai.

Artwork

Children at the inclusive school of the CRP, Bangladesh. CRP Centre for the Rehabilitation of the Paralysed

Published by:

Multi-Agency International Training and Support (MAITS)
Queen Anne Mansions
86/87 Wimpole Street
London, W1G 9RL
UK
info@maits.org.uk
UK Registered Charity No: 1126268

About the authors

Mel Adams, PhD, MRCSLT
Speech and Language Therapist, Consultant in Disability and International Development, Clinical Advisor and Programme Manager (MAITS)

Christine Staple-Ebanks
Author and Childhood Disabilities Advocate, Founder of the Nathan Ebanks Foundation, Jamaica

Anjali Joshi, M.Sc, FACOT
International Trainer and Consultant in Occupational Therapy & Sensory Integration

Erin Mercer, M.A., CCC-SLP
Speech Language Pathologist (ABG Therapy and Wellness Center, LLC)

Shabnam Rangwala, M.Sc, MAIOTA
Paediatric Occupational Therapist & International Trainer and Consultant (ADAPT – Mumbai)

About the artists

Kaji Ashraful Haque Anik (14) is a boy studying in class three of William and Marie Taylor Inclusive School of CRP. He plays very good cricket and is very popular amongst his friends, he also likes to draw.

Emon Hossain (12) is a boy with Cerebral Palsy. He was admitted to the Special Education Needs Unit but now studies in the William and Marie Taylor Inclusive School of CRP. He has a great interest in drawing and cultural programs. He dreams of becoming a doctor.

Zannatul Islam Rifat (13) is a child with Developmental Delay. He was admitted to the Special Education Needs Unit of CRP in 2010. Now he is in class three of William and Marie Taylor Inclusive School of CRP. His academic performance is good and he is interested in drawing, cultural programs and music.

Zakia Jannat (11) is a girl with Spastic Cerebral Palsy who was admitted to the Special Education Needs Unit in 2013. From Gazipur, she now studies in class one with other non-disabled students. A wheelchair user, she loves to participate in indoor and outdoor games. She likes drawing, music and dreams of becoming an artist.

Contents

Contents

Contents

Introduction to the Programme

Who the programme is for

This training programme is aimed at people who have experience of working with children, and preferably some experience of working with children with disabilities, enabling them to provide appropriate support to children with neurodevelopmental disabilities (NDD) in activities of daily living and to guide others on how to do the same. It also provides a foundation for staff wanting to use the MAITS Guide for Parent.

Aims of the programme

This programme aims to provide trainees with the following:

Knowledge

- Overview of childhood disabilities and their causes and impact
- An understanding of disability within a social context

Attitude

- Respect for people with disabilities
- Appreciation of the functional approach to promoting development and the importance of working with carers

Skills

To be able to:

- Identify child's functional strengths and needs
- Interview caregivers to set and review goals
- Identify appropriate sections of the MAITS Parent Guide to use with caregivers
- Handle the child appropriately
- Communicate appropriately with the child and caregivers
- Provide effective training and support to caregivers

Introduction to the Programme

Structure of the training

The training programme is divided into two parts

- Part 1: Introduction to Child Development and Disability
- Part 2: How to Work with Children with Developmental Disabilities

Part 1 comprises mostly class-based teaching and provides the theoretical knowledge necessary to complete Part 2. Part 2 covers the key areas for supporting the development of children with Developmental Disabilities and includes working with caregivers.

Part 1 can be a stand-alone course. It does not train students to work with children but provides an introduction to the issues, helps them to identify children who are developing differently in their own settings and know where to refer them to if needed.

Part 2 should be delivered to individuals who already have the knowledge contained in Part 1. The 6 days of live training should be followed by ongoing supervision from a qualified therapist. Based on video clips of the trainees and children they are supporting, the supervisor can provide guidance and feedback on child profiling, goal-setting and on how the trainee works with caregivers to support the children in specified activities of daily living. Trainees should also required to maintain a clinical log.

Issues to consider when planning your training

- Skill mix of trainers: The programme should be delivered by multidisciplinary teams – eg. pairs comprising 1x PT or OT + 1x SLT, or trios: 1x PT or OT + 1x SLT + 1x Psychologist.
- Knowledge/education of trainees - ensure the materials will be accessible.
- Timetable – what will work in the local context eg. consecutive days or spaced out over a period of time; what is an acceptable timetable for the day.
- Access to children who are happy to be used for modelling and practice.
- Obtaining consent for taking photos, videos and working with the children.
- Access to printing, computers, other equipment necessary.
- Modifications necessary to make appropriate for the local context eg. modification of case examples and translation of materials.

Part 1:

Introduction to Child Development and Disability

Part 1: Sample Timetable

	Morning Session 09:00 – 12:00		Afternoon Session 13:00 – 16:00	
Day 1	9:00-9:45am	Welcome, Housekeeping and Introductions, Pre-training Questionnaire	1:00-4:00pm	Session 3: Introduction to Childhood Disabilities
	9:45-10:15am	Session1: Introduction to the Course		
	10:15–12:00pm	Session 2: Growth and Development		
Day 2	9:00-9:30am	Quiz on Growth and Child Development	1:15-2:30pm	Session 6: Beliefs, attitudes and perspectives on disability
	9:30-10:45am	Session 4: Supporting the family		
	10:45-11:00am	BREAK	2:30-4:00pm	Test, Post-training Questionnaire and Q&A
	11:00-12:15pm	Session 5: Supporting the child		

Day 1:

Child Growth and Development

&

Introduction to Childhood Disabilities

Session 1:

- PPT 1: Introduction to the Programme
- Pre-training Questionnaire

PPT 1: Introduction to the Programme

Slide 1

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Introduction

Slide 2

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Please Introduce Yourself

Please share with us:

- Your **name**
- What **experience** you have working with children with disabilities

Slide 3

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Icebreaker: The donut

- Break into groups of 4-5
- Draw a donut with a hole in the middle
- In the inner circle write down the things that unite you as a group
- In the inner circle, write down the unique features about each one of you, that you are bringing to this workshop

Slide 4

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Ground rules

- Please turn off mobile phones
- Trust the process
- Be open to possibilities
- All questions are good questions
- Listen to others and give everyone their turn to speak
- Dare to be courageous
- Enjoy the company and opportunity to think with others
- Focus on the positives

Slide 5

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Introduction to the Overall Programme

This programme has been developed by MAITS, with the help of their partners. It is for non-specialists working with children with developmental disabilities and their families. The overall programme consists of the following:

Training

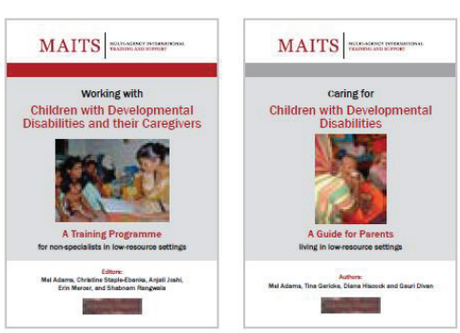
- Part 1: Introduction to Child Development and Disability
- Part 2: How to Work with Children with Developmental Disabilities

Resource to support guidance to parents (see next slide)

- Caring for Children with Developmental Disabilities – A Guide for Parents

Slide 6

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT



PPT 1: Introduction to the Programme

Slide 7

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Introduction to MAITS

MAITS is a charity providing international training and support to the disability and mental health sectors in low and middle income countries.

Therapists and special educators volunteer their time to share their expertise with organisations in their own country or abroad.

In addition to facilitating face-to-face training, MAITS has an ongoing programme of resource development, designing tools that assist in the support and inclusion of individuals with particular needs, whether it be at home, school or elsewhere in the community, in low-resource settings.

Slide 8

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Part 1: Introduction to Child Development and Disability

- Today is the beginning of this programme.
- Some of you may continue on to do Part 2 and learn to use the Parent Guide. Some of you may not.

Slide 9

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Course Content

Session 1: Introduction to the course
Session 2: Child growth and development
Session 3: Introduction to childhood disabilities
Session 4: Beliefs and perspectives on disability
Session 5: Understanding the impact of disability on families
Session 6: Supporting children with Developmental Disabilities

Slide 10

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Pre-training Questionnaire

Please could each trainee fill in the pre-training questionnaire.

Slide 11

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Core Strands

1. The children
2. The families
3. Support staff and teachers
4. Support systems
5. Resources

Slide 12

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Learning Objectives

To have a general understanding of:

- The stages of growth and development in childhood.
- The range of conditions affecting children's development.
- 'Disability' within the overall context of the child and impact of disability on child's and family's functioning.
- The rights of the child with disabilities and the role of society in promoting access to education, healthcare and participation in everyday life.
- The early warning signs that children may exhibit for a variety of conditions.

PPT 1: Introduction to the Programme

Slide 13

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Expectations

Turn to a colleague….

Talk about what you hope to gain as a result of this short course?

-What do you most want to learn about or know?

-What questions do you have?

Slide 14

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Having opportunities to learn is critical for the development of ALL children!


Early learning builds the foundation for all future learning.

Hopefully, you can use your role to locate and support children who need your help and the help of others to reach their full potential!

Slide 15

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Have you got any questions?

Slide 16

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Let's get started.

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Working with Children with Developmental Disabilities – Part 1

Pre-training Questionnaire

Name:
Today's date (dd/mm/yyyy):

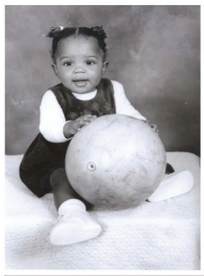
	Very little (1)	A fair amount (2)	A lot (3)
How much do you know about child development and disability?			
How confident are you your ability to identify a child who is developing differently?			
How much do you understand about the issues for families with a child with a disability?			
How much do you know about the rights of children with disabilities?			

Session 2:

- PPT 2: Child Growth and Development
- Trainer Notes

PPT 2: Child Growth and Development

Slide 1



MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Child Growth and Development

Slide 2

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Session Objectives

By the end of this session, trainees will be able to:

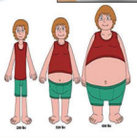
- Know the importance of monitoring child growth and development
- List the key areas of development
- List factors affecting growth and development
- Identify common signs of developmental delays/disorders or developmental issues

Slide 3

MAITS

Child Growth

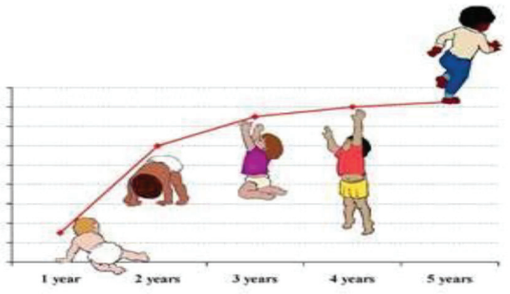
- Growth refers to an increase in physical size of the whole body or any of its parts.
- It can be measured in terms weight and height (+ head or upper arm circumference)
- It is an indication of a child's nutritional status, which is important for health and development.



Slide 4

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Child Growth (Image: WHO)



Slide 5

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Child Development

- Development refers to an increase in skills and abilities over time (level of 'functioning').
- It can be measured through observation, parent interviews and standardized tests.

Slide 6

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Factors affecting growth and development:

What do *you* think affects growth and development?

PPT 2: Child Growth and Development

Slide 7

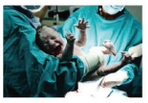
MAITS

Pre-natal

- Nutritional status and health of mother eg. Diabetes, rubella
- Exposure to toxins eg. radiation, smoking, drugs

During birth

- Complications leading to brain damage



Post-natal

- Nutritional status and health (eg. Encephalitis)
- Socio-economic status of the family and food security
- Family size and structure

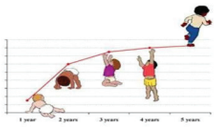
Slide 8

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

The importance of the early years

According to UNICEF:

- Early childhood is the most important and rapid period of development in a human life.
- The years from conception, through birth to 8 years of age are critical to the complete and healthy cognitive, emotional and physical growth of children



Slide 9

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Developmental difficulties

- Developmental problems in young children are common and have lifelong implications for health and wellbeing.
- Up to 15% of children under the age of 5 years may have difficulties in one or more areas of development, including speech and language, motor (gross motor and fine motor), social-emotional and cognitive.
- Early detection of developmental problems provides an opportunity for early intervention, and optimise the child's potential.

AFPIsMyChildNormal0911.pdf

Slide 10

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

By monitoring growth and understanding the stages of child development, parents/caregivers can monitor their children and look for risks and warning signs of developmental difficulties.

Slide 11

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Developmental charts

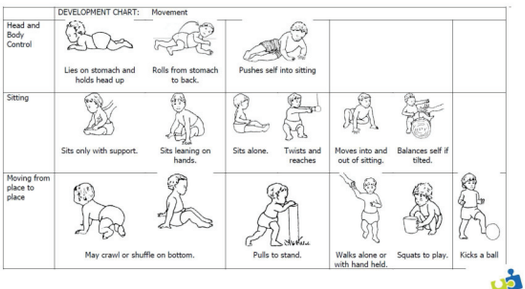
Have a look at the developmental charts (handouts)

- Are you already familiar with them?
- Are they easy to understand?

Slide 12

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

The Stages of Development

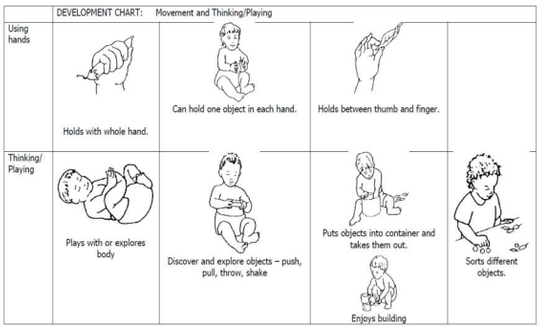


hambisela

PPT 2: Child Growth and Development

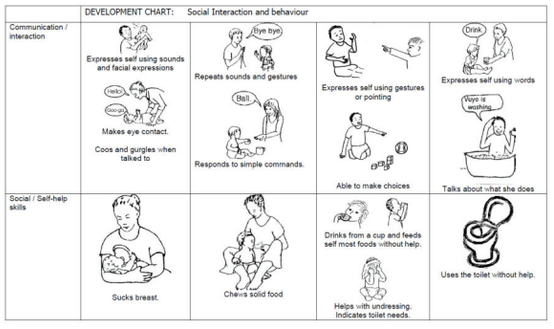
Slide 13

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT



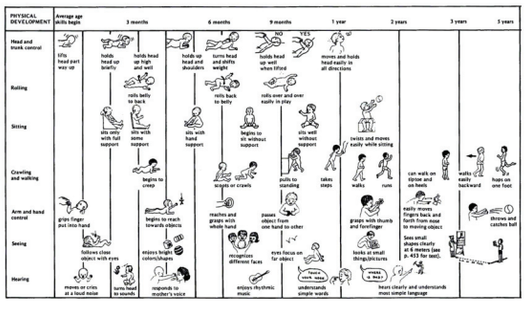
Slide 14

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT



Slide 15

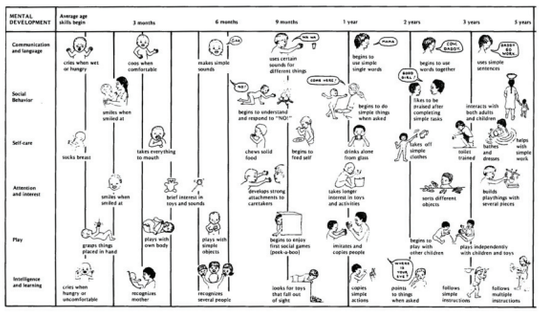
MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT



Disabled Village Children, D. Werner

Slide 16

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT



Disabled Village Children, D. Werner

Slide 17

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Warning signs of delay/difficulty

Slide 18

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Warning signs

- Child not growing at the same rate as other children of the same age
- Delay in key area(s)
- Developmental regression: where a child is going backward in one or more aspects of their development
- Difficulties with school work
- Few friends
- Challenging behaviour

PPT 2: Child Growth and Development

Slide 19

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Children particularly at risk:

- Born prematurely
- Congenital conditions eg. Down syndrome, significant hearing and/or vision problems, neurological impairment
- Major psychosocial/family risk factors
- Major and persistent parental concerns, even in the face of normal observation

Slide 20

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Comparing developmental age with real age

Slide 21

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

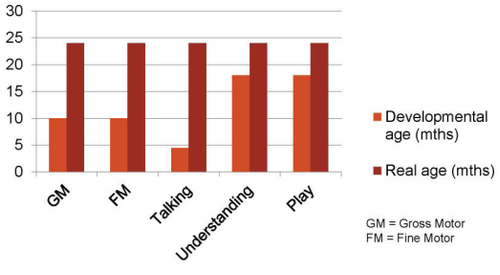
Case study: Noreen

- Noreen is a girl of 2 years, she walks holding onto furniture.
- She knows the words 'Mama' and 'Dada'.
- She enjoys picture books and loves listening to stories.
- She picks up things using the whole hand - she cannot use her thumb.
- She can point to the main body parts and pictures of common objects, when she hears the word

Slide 22

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Noreen's developmental profile



Slide 23

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Rahul is not walking yet either!

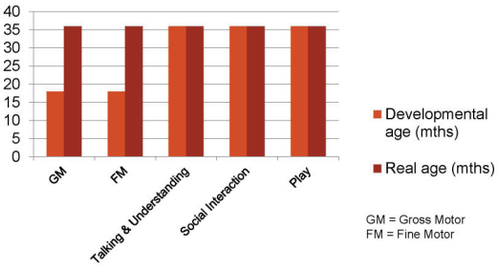
- Rahul is 3 years old. He walks in a very awkward manner and often trips over. He uses all five fingers to grip a pencil and struggles to hold it.
- His mother is also worried about his vision. He wears spectacles and has a squint. He loves to talk and speaks in short 3-word sentences.
- He is a lively young boy and he loves playing with other children. He enjoys playing pretend games with them.

23

Slide 24

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Rahul's developmental profile



PPT 2: Child Growth and Development

Slide 25

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Andy

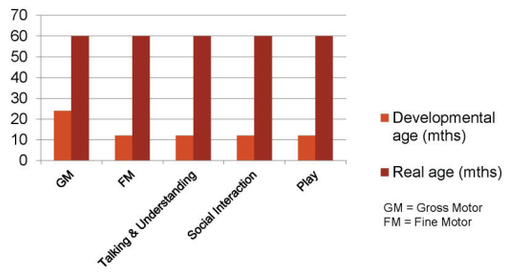
- Andy is 5 years old and he is having difficulties in school.
- He has poor eye contact and does not follow instructions even when combined with a gesture.
- He plays all alone.
- He does not speak often and repeats phrases from cartoon shows.
- He is able to pick up small items with his fingers.
- He only plays with the wheels of cars.
- When the teacher calls him by his name he does not look.
- He walks independently but has some difficulty climbing stairs.

25

Slide 27

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Andy's developmental profile



Slide 27

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Quiz

In pairs – work out the answers to the following:

1. Why is it important to monitor child growth and development?
2. What are the key areas of development?
3. List 3 factors can affect growth and development?
4. List 3 common signs of developmental delays/disorders or developmental issues

Slide 28

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What answers did you come up with?

Slide 29

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Any Questions??

Slide 30

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

References

- Every Child Matters: http://www.keap.org.uk/documents/eyfs_cards_0001207.pdf
- Hambisela: www.physiopedia.com/Hambisela_Project:_Cerebral_Palsy
- UNICEF Early Childhood Development https://www.unicef.org/dprk/ecd.pdf
- Werner, D. Disabled Village Children. http://www.dinf.ne.jp/doc/english/global/david/dwe002/dwe00201.html
- WHO Multicentre Growth Reference Study Group. WHO Motor Development Study: Windows of achievement for six gross motor development milestones. Acta Paediatrica Supplement. 2006;450:86-95
- World Health Organization (2012). Early childhood development and disability: discussion paper.

Trainer Notes: Part 1, Session 2

Child Growth and Development

Slide 4 – Child growth

- It does not progress at the same rate (↑ periods of growth in early childhood and adolescents & ↓ periods of growth in middle childhood).
- Not all body parts grow at the same rate at the same time.
- Each child grows in his/her own unique way.
- Genetic and environmental factors, such as health and nutrition have a great effect on a child's growth.

Slide 5 – Child development

- It happens in a predictable sequence.
- All the areas of development are interlinked, so a problem in one area affects development in another.
- Child development is affected by nurturing. Children need a safe environment, opportunities to learn and the presence of at least one constant caregiver.

Slide 9 – Developmental difficulties

- Explain the difference between gross motor and fine motor.

Slide 11 – Developmental charts

- The trainer should insert a video illustrating child development if it possible to source one locally.

Slide 12 – Developmental charts

- Give photocopies of charts as handouts.

Session 3:

- PPT 3: Introduction to Childhood Disabilities
- Trainer Notes
- Handout: Developmental charts
- Video clips to be added by trainers locally

PPT 3: Introduction to Childhood Disabilities

Slide 1

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Introduction to Childhood Disabilities

Slide 2

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Learning objectives

1. Learn about the most common causes of disability in infancy related to brain development.
2. Understand the factors affecting level of disability.
3. Know the key characteristics of the common childhood conditions causing disability and an overview of interventions for each.

Slide 3

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What do we mean by 'disability'?

Slide 4

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What do we mean by 'disability'?

The person is limited in their ability to perform certain activities

Slide 5

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Causes?

Slide 6

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Causes of disability

Things that make the **brain** or **body** work differently:

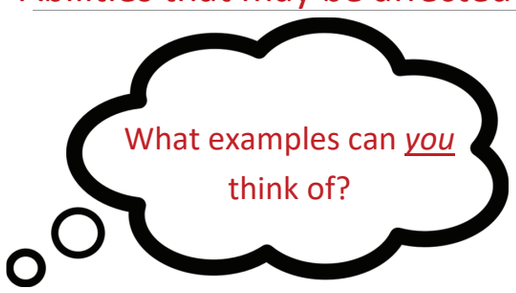
- Formed differently before birth
- Injured (accident or disease)
- Affected by a condition (eg. Autism)
- Lack of nutrition
- Emotional trauma

PPT 3: Introduction to Childhood Disabilities

Slide 7

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Abilities that may be affected



Slide 8

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

The ability to….

- See well
- Hear well
- Move parts of the body (eg.legs, arms, head, mouth)
  - ‘Gross motor’ and ‘fine motor’
- Work out how to do things
- Understand what people say or express self
- Socialise

Slide 9

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What activities might be affected?

Slide 10

Activities that might be affected

- Playing
- Walking
- Talking
- Understanding what people say
- Making friends
- Eating and drinking
- Learning to do things for yourself (toileting, washing, dressing, using money etc)
- Learning at school

Slide 11

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What causes the level of limitation??

Slide 12

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Example:
Suresh and Prakash have ‘cerebral palsy’. This causes difficulty with movement.

Suresh has moderate cerebral palsy and uses a wheelchair. Suresh’s school has a ramp and the toilet is on the ground floor

Prakash has moderate cerebral palsy and uses a wheelchair. Prakash’s school does not have a ramp or toilets on the ground floor.

PPT 3: Introduction to Childhood Disabilities

Slide 13

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Question.....

Do they have the same *level* of disability?

In other words.....are they limited in their lives to the same degree?

Slide 14

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Answer: No

Prakash is MORE disabled than Suresh.

He is excluded from education even though they have the same condition, and a similar impairment.

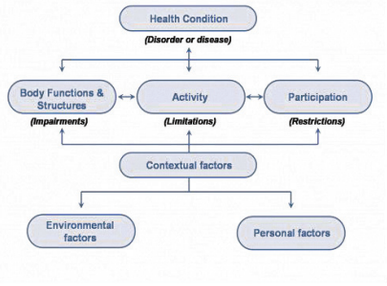
Slide 15

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

The *degree* (level) to which a person is 'disabled' depends on the person's environment (physical and social) and not the impairments themselves.

Slide 16

International Classification of Functioning and Disability



(WHO, 2001)

Slide 17

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Common causes of childhood disability

Slide 18

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Disabilities of Movement

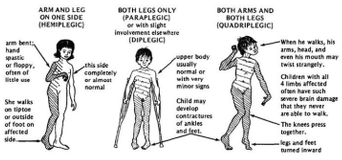
PPT 3: Introduction to Childhood Disabilities

Slide 19

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

CEREBRAL PALSY

Affects ability to make or control body movements



David Werner, 2009

Slide 20

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Early Signs of Cerebral Palsy

- Feeding difficulties
- Delayed physical development
- Differences in Motor Skills
  - Moves head to one side only
  - Unequal ability to use both sides of the body
  - Difficulty with head control, crawling, sitting up
  - Standing before learning to sit
  - Walking on toes
- Limbs may feel stiff or floppy

Slide 21

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

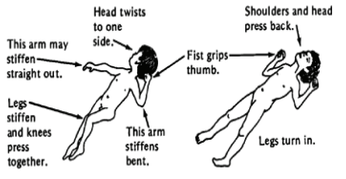
Types of cerebral palsy

- Spastic -high muscle tension (high 'tone')
- Hypotonic -low tension (low 'tone')
- Ataxic -uncoordinated movements
- Athetoid -uncontrolled movements
- Mixed -combination of the above

Slide 22

Spastic

Body stiffens like a board.



David Werner, 2009

Slide 23

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Hypotonic

FLOPPY

Child hangs in upside down 'U' with little or no movement.

David Werner, 2009

Slide 24

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Ataxic

To keep her balance the child with ataxia walks bent forward with feet wide apart. She takes irregular steps, like a sailor on a rough sea or someone who is drunk.

David Werner, 2009

PPT 3: Introduction to Childhood Disabilities

Slide 25

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Athetoid/dyskinetic

There are constant movements in this child's body which it cannot control.

Slide 27

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

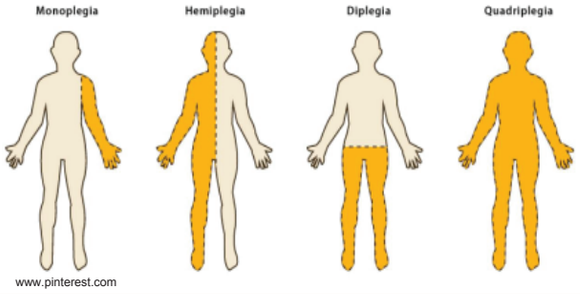
Mixed

Combination of the above

Slide 27

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

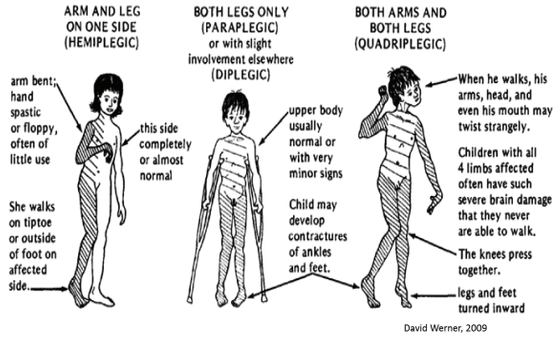
Parts of the body that can be affected



www.pinterest.com

Slide 28

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT



David Werner, 2009

SOURCE: MAITS MANUAL

Slide 29

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Common experiences of Children with Cerebral Palsy

1. Feeding difficulties: sucking, chewing, swallowing
2. Poor digestion: vomiting and regurgitation
3. Malnutrition and dehydration
4. Ill health: reflux, chest infections, constipation, UTI
5. Difficulty walking, talking, doing things for themselves
6. Pain
7. Sleep disturbances
8. Low mood

Slide 30

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What can help:

1. Parental guidance – how to support the child
2. Therapy and equipment - Physiotherapy, Speech Therapy, Occupational Therapy, Psychology, Special Educator, Nutritionist
3. Medical – Developmental pediatrician, Neurologist, Orthopedic surgeon
4. Education of the wider community on how to enable inclusion and participation of the child
5. Social inclusion and education

PPT 3: Introduction to Childhood Disabilities

Slide 31

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

MUSCULAR DYSTROPHY

- Affects body movement
- Progressive degenerative disorder of the muscles
- Most common type is called 'Duchenne's Muscular Dystrophy'

Slide 32

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Muscular Dystrophy….

Early Signs

- A child 4–5 years starts to fall over
- Struggles to get up from the floor
- Starts to become weaker but looks fatter

Slide 33

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

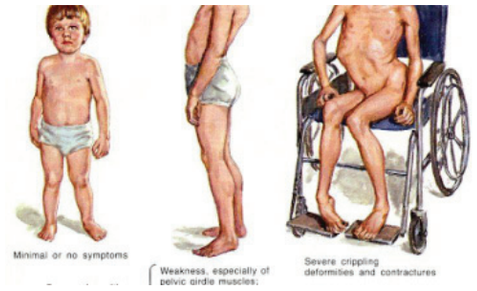
Muscular Dystrophy….

Symptoms

- Gradual regression
- The muscles are hard, mainly calf and buttock muscles
- Breathing difficulty gradually increases over time
- Shortened life

Slide 34

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

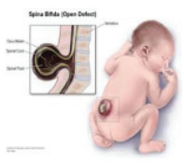


www.nextbigfigure.com

Slide 35

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

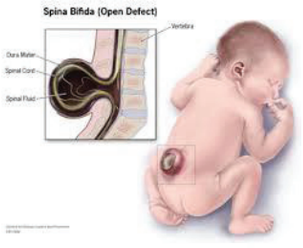
SPINA BIFIDA



- Affects movement and sensation of lower body
- From birth
- Involves:
  - Spinal cord and its coverings are exposed
  - Failure of fusion of the vertebrae at the bottom of the spine

Slide 36

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT



PPT 3: Introduction to Childhood Disabilities

Slide 37

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Spina Bifida…

Early Signs

- Dimple on back
- Weakness of both the lower limbs

Other symptoms

- No sensations below the waist
- Cannot perceive sensation of urination and passing stools.
- Cannot differentiate between hot/ cold, soft/hard, etc. This can cause pressure sores or burns
- May have a large head (Hydrocephalus)

Slide 38

BREAK

Slide 39

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Disabilities in learning or socialising

Slide 40

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

Children with ADHD find it difficult to:

- Concentrate and attend to the task
- Sit still (hyperactive)
- Finish tasks
- Plan ahead

Slide 41

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

ADHD …

Later symptoms

- Constantly moves in seat and talking
- Changes from one toy to another
- Cannot wait for their turn
- Does not recognize consequences of actions - breaks toys, impulsive – e.g. runs out into the street without looking

Slide 42

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

AUTISM

Affects the child's ability to:

- Socialize and communicate and
- Cope with change or uncertainty
- Cope with sensory information – noise, light, smell, taste, touch etc.

Some also have some movement and learning difficulties

PPT 3: Introduction to Childhood Disabilities

Slide 43

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Autism cont…

Signs:

- Fixation on one toy, one colour, one idea etc. and reject everything else.
- Prefers to play alone
- Prefers not to communicate much. Tends to repeat what other people say.
- Child becomes very upset if they are asked to behave differently from this.

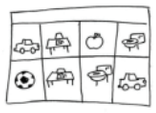
Approx 1 in 70 children (boys more than girls).
Apparent in the first three years of life.

Slide 44

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What can help

- Family education & counselling
- Encouraging communication through objects, pictures and gestures
- Showing the daily routine by using objects or pictures – and using this to remind the child what is happening next
- Being sensitive to the child's needs



Slide 45

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

INTELLECTUAL DISABILITY

- Formerly called 'Mental Retardation'
- Overall ability to understand and learn is less than other children of the same age
- This is affects their ability to perform activities of daily living

Slide 46

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Typical signs

- General delayed development
- Delayed speech and language skills
- Difficulty with school work

Slide 47

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

DOWN SYNDROME

- Approximately 1 in 700 children
- Affects child's ability to learn
- Affects muscle strength

Slide 48

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Down Syndrome

Early signs

- The new born appears floppy and weak (motor problems)
- Cries less than other babies
- General development is slower
- Eyes are small
- Ears are smaller and lower than normal
- Has a flat facial profile
- Neck and hands are very short
- Common health problems: respiratory infections, cardiac complications, atlantoaxial dislocation

PPT 3: Introduction to Childhood Disabilities

Slide 49

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

SPECIFIC LEARNING DIFFICULTY

- These children may be average or above average in overall intelligence but have difficulty with a specific academic area such as reading, writing, mathematics.
- Common conditions in this group include difficulty with reading and writing (dyslexia and dysgraphia) and with sums (dyscalculia).

Slide 50

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Specific Learning Difficulty…

Early signs:

- Clumsy, forgetful child who often appears to be day-dreaming
- Reading difficulties
- Difficulty with spelling
- Poor grammar
- Unable to complete work on time
- Difficulty with mathematics

Their performance in these areas is lower than their overall performance.

Slide 51

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What can help

- Alternative teaching and learning methods e.g. multisensory (tactile, visual, auditory…)
- Academic concessions such as extra exam time

Slide 52

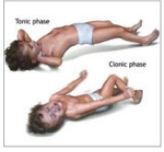
MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Associated Conditions

Slide 53

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

EPILEPSY



- Condition affecting brain functioning for short periods.
- May be mild or severe.
- Often causes frequent seizures
- Can affects child's ability to learning over time

Slide 54

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Signs of epilepsy

- Blanking spells
- Blinking of eyes with a dazed effect
- Twitching of any body part
- Sudden falls, especially after waking up
- A complete shaking of the body with frothing of mouth followed by unconsciousness

Seizures come in many forms - they could include any or all of the above.

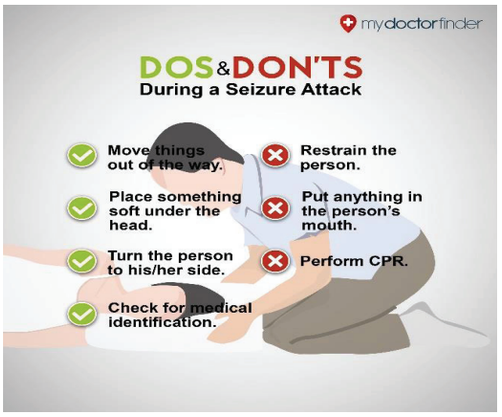
PPT 3: Introduction to Childhood Disabilities

Slide 55

Myths related to epilepsy

Discuss and challenge

Slide 56



Slide 57

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Treatment of Epilepsy

- Ongoing medication

Slide 58

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Activity 1 – Case studies

In small groups:

- Identify the overarching condition the child has
- What early identification signs you would expect to see?

Share with the rest of the group

Slide 59

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Case study 1

Jehan can walk using crutches.

He is independent in carrying out his daily living activities but takes longer to complete them.

He can write, but slowly, and can talk but his speech is not understood by everyone.

Slide 60

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Case study 2

Lisa is 12 years old, uses a wheelchair, she and attends a mainstream school. She can write beautifully and does well in her exams.

Lisa was recently hospitalised when she got burnt on her legs by mistake - she had come into contact with a very hot utensil in the kitchen. She has a catheter.

PPT 3: Introduction to Childhood Disabilities

Slide 61

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Case study 3

Arnold is a 7 year old boy. He has recently started putting on weight. Initially his parents were very happy with this but when he started falling down frequently his parents got worried.

Arnold is doing very well in his studies. Arnold has difficulty breathing when climbing stairs.

Slide 62

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Case study 4

Renne loves her reflection in the mirror.

She likes to smell everything, loves to line up cars and twirl the wheels.

She always has something in her hand. She does not speak but repeats what you say.

She plays alone and does not partake in group activities.

Slide 63

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Case study 5

Dina is a 5 year old girl. She only says a few words. She can recognise a few basic objects and body parts when asked.

She goes to school but cannot recite the nursery rhymes. She enjoys being with children and is very happy to just dance to music.

She scribbles on paper but is not able to colour in the object, unlike her peers.

Slide 64

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Any questions?

Slide 65

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

References

MAITS Guide for Parents

www.mydoctorfinder.com

Werner, D. Disabled Village Children. http://www.dinf.ne.jp/doc/english/global/david/dwe002/dwe00201.html

WHO

Trainer Notes: Part 1, Day 1

Introduction to Childhood Disabilities

Note: Ideally the trainer should insert video clips sourced locally to illustrate CP, intellectual disabilities and Autism.

Slide 16 – International Classification of Functioning and Disability

- Skip over this slide if it is too difficult.

Slide 60 – Case study 1

- Cerebral Palsy

Slide 61 – Case study 2

- Spina Bifida

Slide 62 – Case study 3

- Muscular Dystrophy

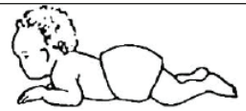
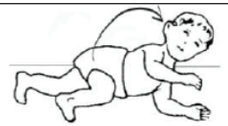
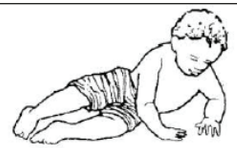
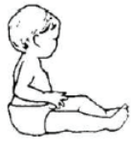
Slide 63 – Case study 4

- Autism

Slide 64 – Case study 5

- Intellectual disabilities
- Responses to disability have changed since the 1970s, prompted largely by the self-organisation of people with disabilities, and by the growing tendency to see disability as a human rights issue.
- Historically, people with disabilities have largely been provided for through solutions that segregate them, such as residential institutions and special schools.

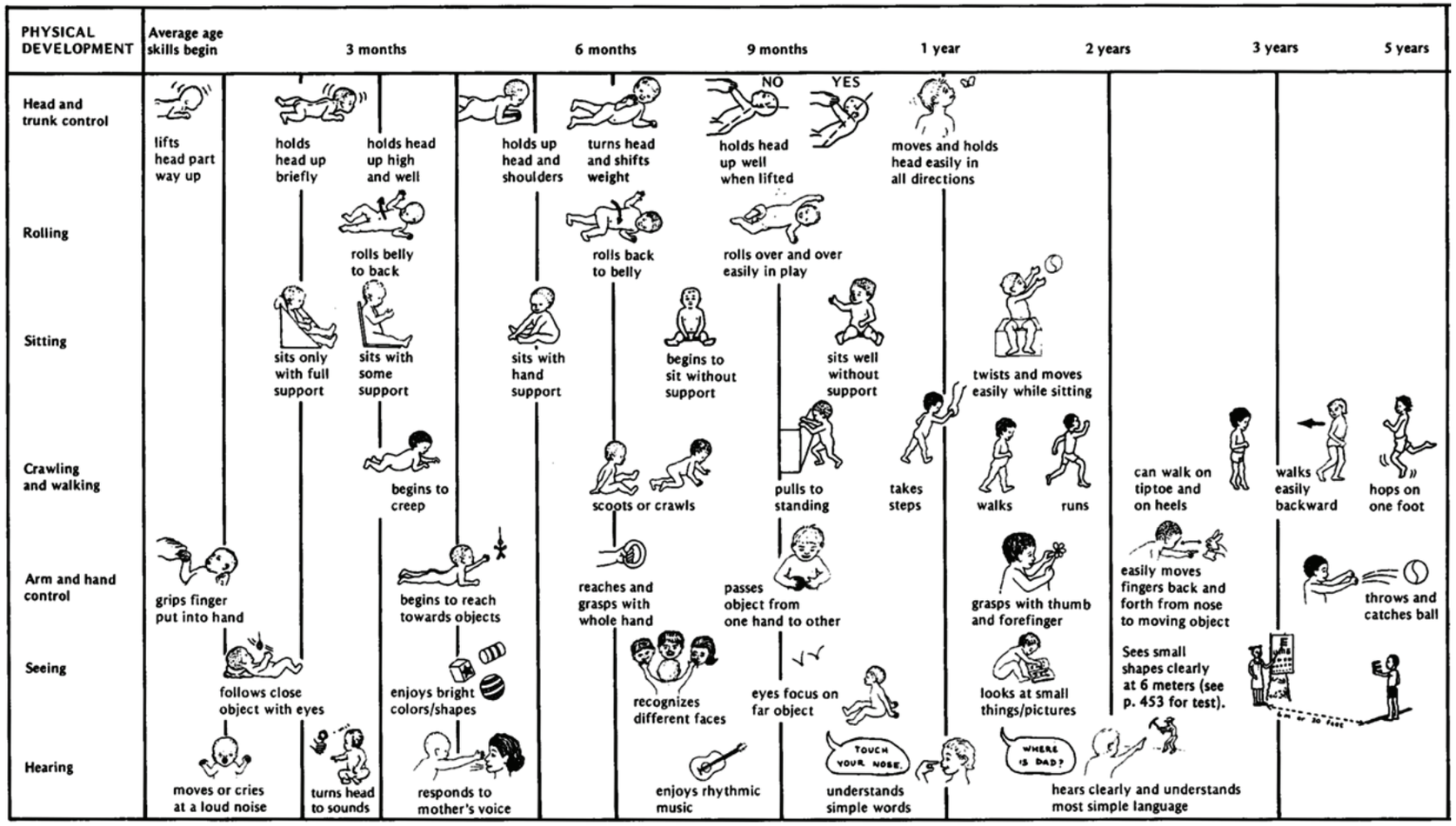
Developmental Charts: The Stages of Development

	DEVELOPMENT CHART: Movement					
Head and Body Control	 Lies on stomach and holds head up	 Rolls from stomach to back.	 Pushes self into sitting			
Sitting	 Sits only with support.	 Sits leaning on hands.	 Sits alone.	 Twists and reaches	 Moves into and out of sitting.	 Balances self if tilted.
Moving from place to place	  May crawl or shuffle on bottom.		 Pulls to stand.		 Walks alone or with hand held.	 Squats to play.	 Kicks a ball

	DEVELOPMENT CHART: Movement and Thinking/Playing			
Using hands	 Holds with whole hand.	 Can hold one object in each hand.	 Holds between thumb and finger.	
Thinking/ Playing	 Plays with or explores body	 Discover and explore objects – push, pull, throw, shake	 Puts objects into container and takes them out.  Enjoys building	 Sorts different objects.

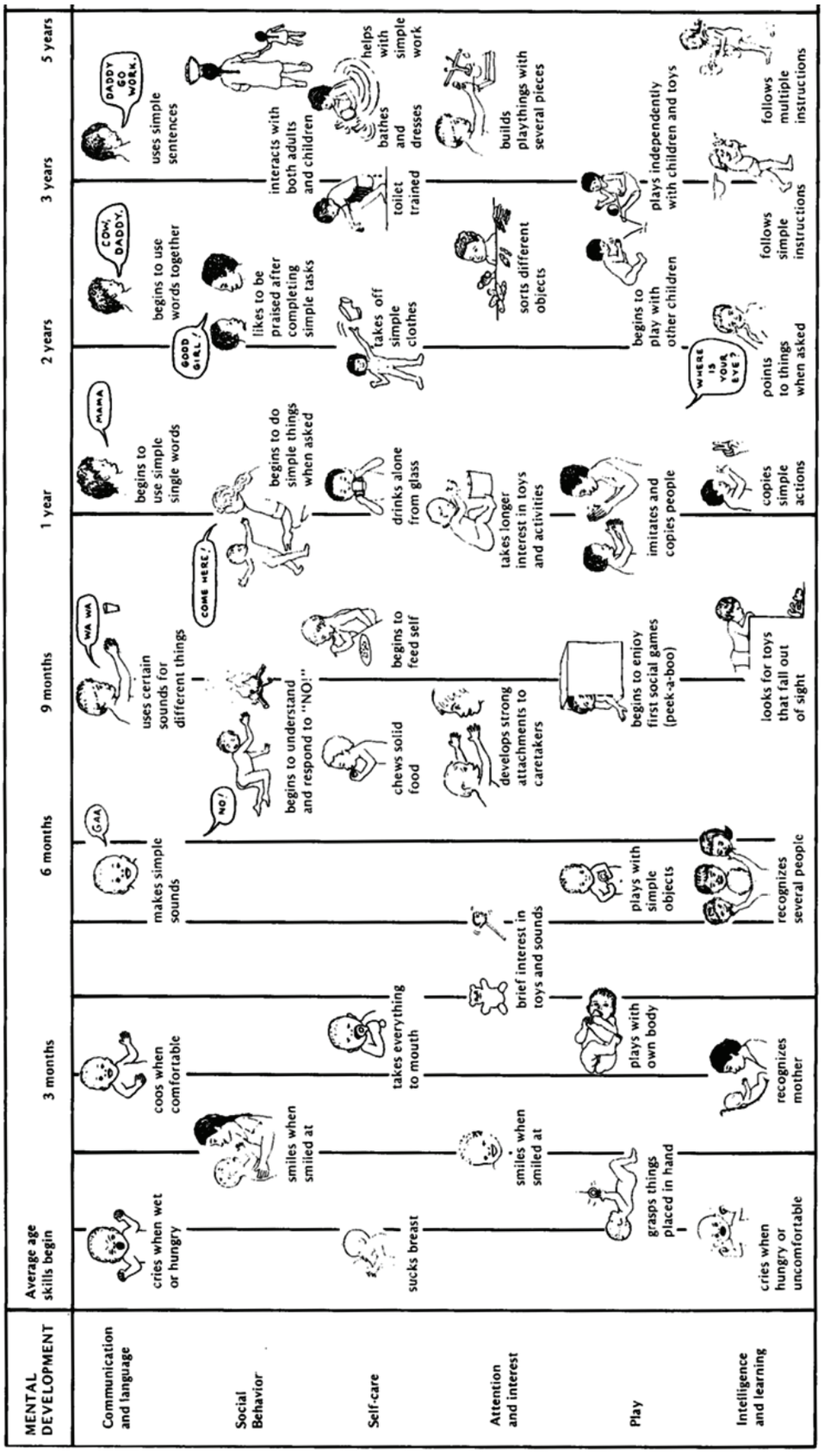
	DEVELOPMENT CHART: Social Interaction and behaviour			
Communication / interaction	 Expresses self using sounds and facial expressions  Makes eye contact. Coos and gurgles when talked to	 Repeats sounds and gestures  Responds to simple commands.	 Expresses self using gestures or pointing  Able to make choices	 Expresses self using words  Talks about what she does
Social / Self-help skills	 Sucks breast.	 Chews solid food	 Drinks from a cup and feeds self most foods without help.  Helps with undressing. Indicates toilet needs.	 Uses the toilet without help.

Developmental Charts: Physical Development 0-5 years



Disabled Village Children, D. Werner

Handout: Developmental charts



Disabled Village Children, D.Werner

Day 2:

Supporting the Family and the Child

&

Beliefs and Perspectives on Disability

Session 4:

- PPT 4: Supporting the Family
- Trainer Notes

PPT 4: Supporting the Family

Slide 1

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Supporting the family

Slide 2

MAITS

Brainstorm

What specific issues do you think that these children and their families have to deal with?

Slide 3

MAITS

Key UNICEF findings

- ❑ Poverty ⟷ Disability
- ❑ Children more vulnerable to abuse
- ❑ Girls face double discrimination
- ❑ Overlooked in emergency situations
- ❑ Greatest hindrance: stigma, prejudice, ignorance of others

Slide 4

MAITS

Additional issues

- Need for additional health care - associated with the child's condition eg. epilepsy
- Need for rehabilitation services and assistive devices
- Need for specialist education

Slide 5

MAITS

However….

- 80% children with disabilities live in under-resourced countries, where there are few resources.
- Only 10% of all children with disabilities are in school and most leave early as they are not benefitting.

Slide 6

MAITS

Partnership with families

- ALL new parents need support - struggle to feel 'ready' for the birth of their new child and for the adjustments they will have to make.
- BUT there is little guidance available
- This is ESPECIALLY challenging for families of children with disabilities.

PPT 4: Supporting the Family

Slide 7

MAITS

Working with families

Most parents know their child's strengths and needs.

All parents want the best for their child.

Promoting the child's independence at home and in the community should be an essential focus of families and child support programmes.

Slide 8

MAITS

Activity

Question:

Have you met a child with special needs?

How did the family talk about this child?

Slide 9

MAITS

The experience for parents

Slide 10

MAITS

Parent responses to news of a child's disability

"This can't be! No one in my family ever had this problem."

"What does this doctor know? The child seems okay to me. Let's go see someone else."

"I thought something was wrong but the doctor kept saying everything would be just fine."

"It must be my fault. I am a bad person."

"I must have done something wrong during the pregnancy."

Slide 11

MAITS

How do parents feel?

Slide 12

MAITS

Parents' feelings

Blame - most mothers wonder what they have done wrong, giving rise to strong feelings of self-recrimination, condemnation, and guilt.

Shame – many parents worry about what others think, leading to feelings of unworthiness, sinfulness, and disgust.

Fear– parents fear what the future holds for a child with disabilities, the child's safety and happiness.

PPT 4: Supporting the Family

Slide 13

MAITS

Additional difficulties

- They must make urgent decisions and solve complicated problems.
- These problems may be increased by social isolation and poverty

Slide 14

MAITS

Adjustment period

Initial shock > mourning period with combination of feelings:

Denial : The initial stage: *"It can't be happening."*

Anger : *"How dare you do this to me?!"* (either referring to God, oneself, or anybody perceived, rightly or wrongly, as "responsible")

Bargaining : *"I'll do anything if you take my child's disability away."*

Depression : *"I'm so sad, why bother with anything?"*

Acceptance : *"I love my child as they are."*

Slide 15

MAITS

Impact of stress on the family

- Some will adapt and grow closer; some will not adapt and the family will fall apart.
- We must also consider the impact on the whole family - fathers, siblings, grandparents, and other extended family members (time and money needed for disabled child = less time and money for rest of the family)

Slide 16

MAITS

Activity:

List specific stressors associated with raising a child with disabilities.

Slide 17

MAITS

Parental Stress

Higher stress scores (Bourne & Garano 2003)

Why?

- Expect too much from themselves
- Attitude of others – parents are to blame
- Increased financial and burden

Slide 18

MAITS

And……..

- Guilt
- Worry about the future
- Difficult behaviour of children with disabilities
- Feeling a need to protect their child
- Disagreement between parents about dealing with the child
- Disagreement between parents about the existence of a problem
- Difficulty finding services to help
- Sibling resentment of attention given the child with disabilities

PPT 4: Supporting the Family

Slide 19

MAITS

Coping with Stress: Strategies

- Support system
- Empowerment
- Problem-solving / time-management / goal-setting

Parent groups can provide both skill training and emotional support for parents of children with disabilities.

Slide 20

MAITS

Activity - Role play

1. Roleplay a doctor visiting a family. He is giving a prescription and being directive. He is not looking and listening to the family.
2. Roleplay a visiting doctor who is listening to the family, asking them what they are doing with the child, offering praise and adding additional suggestions to what they are already doing.

Discuss!

Slide 21

MAITS

Family-centered work

It is widely recognised that the family's needs must be at the centre of early intervention services.

- Strategies and programmes must therefore facilitate family involvement.
- Families need to be **empowered** and **enabled** in order to be able to cope.

Slide 22

MAITS

Enabling families means creating opportunities for family members to become more competent and self-sustaining with respect to their abilities to mobilize their social networks to get needs met and attain goals.

Empowering families means carrying out intervention in a manner in which family members acquire a sense of control over their own developmental course as a result of their own efforts to meet needs.

Slide 23

MAITS

Confidentiality

Brainstorm:

1. What is confidentiality?
2. What information do children and their families have the right to be kept private?
3. Why must confidentiality be maintained?

Slide 24

MAITS

Confidentiality cont.

1. What is confidentiality?

   Confidentiality is keeping certain information about a person private and only revealing it to others with their permission.

2. Why must confidentiality be maintained?

   It is the law to keep certain information confidential. It also shows respect for an individual.

3. What information do children and their families have the right to be kept private?

   The results of all formal and informal assessments must remain confidential.

PPT 4: Supporting the Family

Slide 25

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Confidentiality

Discuss:

In your work setting, what information is confidential and who should have access to it?

Slide 27

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

How to be responsive to the needs of families

- Take time to get to know the family.
- Create a variety of opportunities for sharing information.
- Recognise the importance of the family as the major constant factor in the child's life.
- Respect and accept that every family is unique.
- Be non-judgmental and sensitive toward the family's emotions.
- Respect confidentiality.
- Do not expect to meet all of the family's needs.

Slide 27

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

References

- Bourne EJ, Garano L (2003). Coping with Anxiety: 10 Simple Ways to Relieve Anxiety, Fear and Worry. New Harbinger Publications, Inc. Oakland, CA, USA.
- Kubler-Ross, Elisabeth (1969). On Death and Dying. Scribner, New York.
- Skelton, H. and Rosenbaum, P. (2010) Keeping Current in Disability and Child Development: integrating the concepts, KC#2010-01. CanChild Centre for Childhood Disability Research McMaster University. http://www.canchild.ca/en/canchildresources/resources/kc_disability_child%20development.pdf [accessed on 15.02.2013]

Slide 28

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

References

- Getting to know cerebral palsy: Working with parent groups : a training resource for facilitators, parents, caregivers, and persons with cerebral palsy. International Centre for Evidence in Disability (ICED). Download 15.4.2016 from http://disabilitycentre.lshtm.ac.uk/
- Children and Young People with Disabilities Fact Sheet (2013), UNICEF

Trainer Notes: Part 1, Day 2

Supporting the Family

Slide 3 – Key UNICEF findings

- Explain the Link between poverty and disability:
  - Children who are poor are more likely to become disabled through poor health care, malnutrition, lack of access to clean water and basic sanitation, dangerous living and working conditions.
  - Once disabled, they are more likely to be denied basic resources that would mitigate or prevent deepening poverty.
  - Poverty and disability reinforce each other, contributing to increased vulnerability and exclusion.

Slide 20 – Activity – Roleplay

- Discuss both these scenarios and ask them what they saw and if they have witnessed similar situations and how did they feel.
- Ask questions such as:
  - Which family will continue seeing the doctor and why.
  - Which one will follow up with the suggestions and why.
- Then introduce the concept of family centered care that the research say that this is most effective.

Session 5:

- PPT 5: Supporting the Child

PPT 5: Supporting the Child

Slide 1

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Supporting the Child

Slide 2

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

- Every child is different...
- Every family is different
- Look for the strengths in each family, to find the best strategies to help the child.
- Remember - even a little bit of help can make a big difference.

Slide 3

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What is our aim?

Slide 4

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Aims

To promote maximum:

- Health
- Development
- Emotional well-being
- Independence
- Social participation

Slide 5

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

This in turn has a positive impact on the family

Slide 6

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

How is it achieved?

PPT 5: Supporting the Child

Slide 7

MAITS

Through access to:

1. Appropriate health care
2. Adequate nutrition
3. Affection
4. Stimulation, communication, play
5. Education
6. Support to perform activities of daily living
7. Recreational and social activities
8. Everyday life with everyone else

Slide 8

MAITS

Who needs to be involved?

1. Caregivers
2. Specialist healthcare and Education professionals
3. Society

Slide 9

MAITS

Caregivers

Working with them 1:1 and in groups

Slide 10

MAITS

Why?

- Parents and caregivers have the most contact with children and therefore have the most impact on their lives.
- Skilling up caregivers is therefore the most valuable thing anyone can do, especially where there are few local specialists.

Slide 11

MAITS

1:1

- Provide advice and support tailored to the child and family's needs

Slide 12

MAITS

Parent groups

- Provide enormous amount of mutual support from meeting with other parents/caregivers.
- Help parents to find their own solutions
- Help families to fight for their rights and for services

PPT 5: Supporting the Child

Slide 13

MAITS

Specialists

- Trained community workers
- Doctors (neurology, orthopaedics, epilepsy)
- Nutrition advisers
- Therapists (physiotherapy, occupational therapy, speech therapy, psychology)
- Special educators

Slide 14

MAITS

Available expertise

Slide 15

MAITS

Working with the child and family in the home

Slide 16

MAITS

Elements of 'rehabilitation'

- 'Therapy'
- Teaching functional strategies
- Promoting social inclusion

Slide 17

MAITS

In pairs, think of 2 examples of each:

- Therapy activities
- Functional strategies
- Social inclusion

Slide 18

MAITS

What were your examples?

- Therapy activities
- Functional strategies
- Social inclusion

PPT 5: Supporting the Child

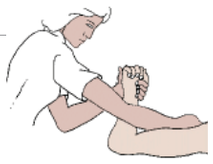
Slide 19

MAITS

Our Examples

Therapy activities

- Limb stretches
- Hand function exercises
- Oromotor exercises



Slide 20

MAITS

Our Examples

Functional strategies

- Sitting the child in a supportive seat to enable them to eat and drink better
- Wrapping a small piece of cloth round a pen to make it easier to hold
- Using picture to help communication

Slide 21

MAITS

Our Examples

Social inclusion

- Schools include ALL children and provide any necessary environmental adjustments/equipment
- Families welcome ALL children to family gatherings and celebrations

Slide 22

MAITS

Differences between Therapy & Functional Strategies

Therapy activities

- Designed by specialist
- Performed by someone with specific training
- Performed regularly, not necessarily as part of daily activities
- Aim is to 'fix' child, but no guaranteed 'success'

Slide 23

MAITS

Differences between Therapy & Functional approaches

Functional strategies

- Do not require such specialist skills
- Automatically facilitate the ability to perform daily activities and do not require extra time
- Accept child for who they are and don't try to 'fix'

Slide 24

MAITS

Think about your role

Will you be doing any of the following?

- Therapy activities
- Functional strategies
- Promoting social inclusion

PPT 5: Supporting the Child

Slide 25

MAITS

Your role…..

- Therapy activities – you *may* be taught to do exercises as part of a supervised therapy programme
- Functional strategies – you will be teaching these to the caregivers
- Social inclusion – you will be encouraging this in the families and communities where you work

Slide 27

MAITS

Support available for children and families where you live

Slide 27

MAITS

Activity

Break up into small groups and share your knowledge of local resources.

Then feed back to the group.

Slide 28

MAITS

Activity

In small groups or as a whole group – look at the case examples in the next slide

Discuss:

- What local services you would you recommend to the parents?
- Local legislation that you could use to advocate for more support for these children?

Slide 29

MAITS

Case examples

- 1 year old – developing slowly – you are not sure why.
- 3 years old – cerebral palsy - problems with sitting unaided, movement, communication, eating and drinking, growth.
- 5 years old – autistic characteristics and possible ADHD - difficulty concentrating at school, needs to get up and move around all the time and finds it hard to interact with others.
- 16 years old - profound and multiple disabilities.
- 14 years old – intellectual disability and you suspect she is being abused.

Slide 30

MAITS

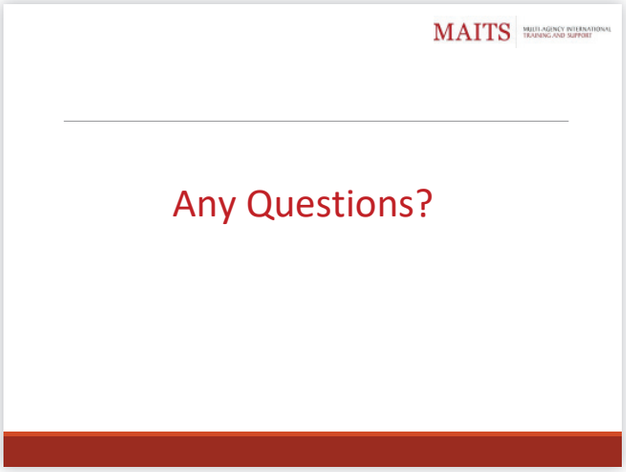
How would you advocate?

How would you support families to receive services?

Discuss your ideas….

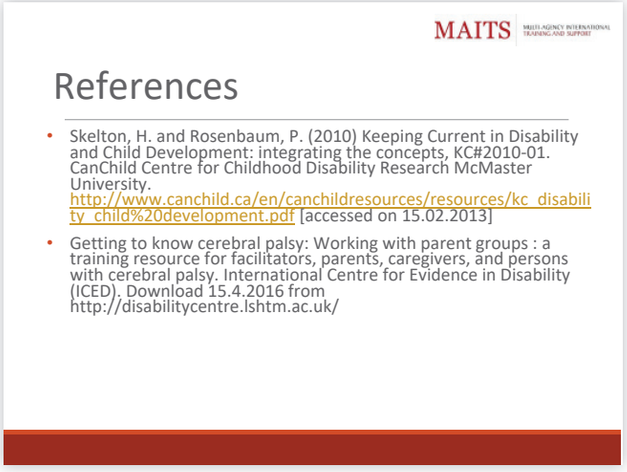
PPT 5: Supporting the Child

Slide 31



Slide 32

Slide 33



Session 6:

- PPT 6: Beliefs and Perspectives on Disability
- Trainer Notes
- End of Course Test (and Answer Sheet)
- Post-training Questionnaire
- Sample Certificate

PPT 6: Beliefs and Perspectives on Disability

Slide 1

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Beliefs and Perspectives on Disability

Slide 2

MAITS

What are *your* beliefs about children with disabilities?

Slide 3

MAITS

Activity

In small groups:

Brainstorm the feelings you experience when you are with children with disabilities.

Share with the whole group…

Slide 4

MAITS

Group discussion:

Where do our ideas about disabilities come from?

Slide 5

MAITS

Every human being is born with the right to life.

UNICEF

Slide 6

MAITS

Disability is a fact of everyone's life. As we grow older we all become disabled

WHO

PPT 6: Beliefs and Perspectives on Disability

Slide 7

MAITS

Social views of Disability

Views of disability have changed in recent years from the idea of the need to segregate, to concept of inclusion..

Slide 8

MAITS

UN Convention of Rights for Persons with Disabilities (CRPD)

The Convention on the Rights of Persons with Disabilities is an agreement by countries around the world to make sure that people with disabilities and people without disabilities are treated equally.

- Has this been ratified in your country?
- What laws and policies exist to promote the rights of and reduce discrimination towards children with disabilities in your country?
- How does each of these affect the lives of these children?

Slide 9

MAITS

Guiding Principles of the CRPD

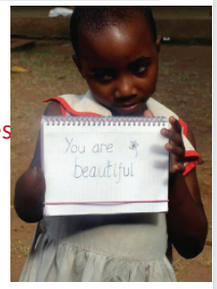
The guiding principles of the Convention speaks to PARTICIPATION, INCLUSION & NON-DISCRIMINATION of people with disabilities in society

Slide 10

MAITS

Children with impairments are disabled by:

- Social barriers
- Physical barriers
- Access to rehabilitation services
- Access to education



Slide 11

MAITS

A Global Snapshot

- **15%** of the world's population, experience some form of disability (*WHO, 2011).*
- **98%** of children with disabilities in developing countries do not receive an education. Boys with disabilities attend school more frequently than girls (*UNICEF, 2008).*
- Approximately **87%** of children with disabilities do not access appropriate medical and intervention support.

Slide 12

MAITS

Disability is a matter of perception

-Martina Navratilova

PPT 6: Beliefs and Perspectives on Disability

Slide 13

MAITS

Society's views

How does society view people with disabilities?

Discuss.....

Slide 14

MAITS

Perspectives on people with disabilities

- We feel sorry for them…OR….
- We turn them into heroes…AND
- We try to 'fix' them and make them 'normal'
- We exclude and separate

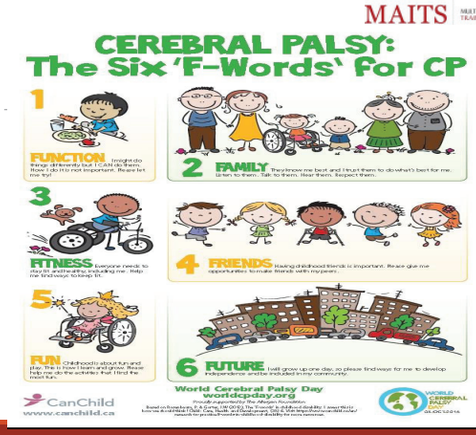
Slide 15

MAITS

What should we be focusing on instead…?.....

Slide 16

MAITS



Slide 17

MAITS

Strategies to ensure a respectful and inclusive approach to individuals with disabilities and their families

Slide 18

MAITS

Overcome Personal Barriers

What do you think your personal barriers might be when faced with a child with a disability?

Discuss this with your neighbour, then share with the group.

PPT 6: Beliefs and Perspectives on Disability

Slide 19

MAITS

Ways to overcome personal barriers

- Get to know the child and family
- Be kind to yourself – it is normal to experience a range of feelings
- Seek support for yourself when you need it

Slide 20

MAITS

Remember that the children in your care look to you as a role model. If you are positive, about a child's disability, other people will follow your lead.

Slide 21

MAITS

Disability Etiquette

Slide 22

MAITS

Language and Perceptions

- How we talk about individuals influences our attitude towards them.
- When people with disabilities are described negatively it can lead to negative attitudes towards them.

Slide 23

MAITS

Activity – Which of these terms are negative and which are acceptable?

Handicapped
Cognitive disabilities
Wheelchair etiquette
Wheelchair bound
Feebleminded
Deaf and dumb
Hard of hearing
Sufferer

Slide 24

MAITS

Negative Language

- Retarded
- Crippled
- Handicapped
- Crazy
- Palsied
- Suffers
- Dumb
- Mad
- Confined
- Wheelchair Bound
- Idiot
- Abnormal
- Mental
- Burden
- Special
- Victim
- Child Like
- Affected

PPT 6: Beliefs and Perspectives on Disability

Slide 25

MAITS

Putting the person first

Language should:

- Put the emphasis on the person.
- Describe the person and not a condition.

Slide 27

MAITS

Acceptable Terminologies

- Person with a disability
- Has a disability
- Blind or low vision
- Deaf or Hard of hearing
- Communication disability
- Wheelchair user
- Cognitive disabilities

Slide 27

MAITS

Key Messages

Persons with disabilities are first and foremost people.

Question: what would your key message be?

Slide 28

MAITS

What have you learnt?
&
What is your feedback?

Please complete the test and Post-training Questionnaire

Slide 29

MAITS

References

- CanChild website: https://canchild.ca/
- Snow, Kathie. Disability is Natural: Revolutionary Common Sense for Raising Successful Children with Disabilities; Third Edition. Brave Heart Press; Third edition (July 31, 2013).
- United Nations Convention for the Rights of Persons with Disabilities. Retrieved 10.9.2016 from https://www.equalityhumanrights.com/en/our-human-rights-work/monitoring-and-promoting-un-treaties/un-convention-rights-persons-disabilities
- World Disability Report (2011). World Health Organization.

Trainer Notes: Part 1, Day 2

Beliefs and Perspectives on Disability

Slide 5 – Every human being is born with the right to life

- UNICEF states that:
  - The inclusion of children with disabilities is a matter of social justice and a critical investment in the future of society.
  - Many children with disabilities live their life ignored, discounted and are more vulnerable to abuse and violence.

Slide 6 – Disability is a fact of everyone's life

- The WHO points out that:
  - Almost everyone will be temporarily or permanently disabled at some point in their life, and those who survive to old age will experience increasing difficulties in functioning.
  - Most extended families have a disabled member, and many non-disabled people take responsibility for supporting and caring for their relatives and friends with disabilities.

Slide 7 – Social views of Disability

- Responses to disability have changed since the 1970s, prompted largely by the self-organisation of people with disabilities, and by the growing tendency to see disability as a human rights issue.
- Historically, people with disabilities have largely been provided for through solutions that segregate them, such as residential institutions and special schools.

End of Course Test

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Name: Date:

Introduction to Child Development and Disability: End of Course Test

1. What is the difference between an impairment and a disability?

2. Which of these terms are acceptable (please circle)?
   A) Deaf B) Dumb C) Deficient D) Wheelchair-user E) Sufferer

3. Which is the most common childhood condition leading to disability?
   1.

4. Name any two associated difficulties that children with disabilities may have:
   1.
   2.

5. Name one warning sign that a child is not developing in the same way as other children:
   1.

6. List two common characteristics of each of the following:

Cerebral Palsy:	1.	2.
Intellectual (Learning) Disability	1.	2.
Autism spectrum disorder	1.	2.

7. List the first and last stages of emotion that people go through when grieving (according to Kubler Ross's 5 stages of grief).

8. List three key principles to providing effective support to children with disabilities and their families.
   1.
   2.
   3.

End of Course Answer Sheet

Introduction to Child Development and Disability:
End of Course Test: SAMPLE ANSWERS

(i) What is the difference between an impairment and a disability?

An impairment refers to the underlying physical difficulty. Disability refers to the limits placed on how well the individual can function with their underlying difficulty/ies, and is variable depending on external factors such as physical access, available assistive devices, learnt coping strategies, attitudes of others…

(ii) Which of these terms are acceptable (please circle)?

Deaf Dumb Deficient **Wheelchair-user** Sufferer

(iii) Which is the most common childhood condition leading to disability?

ASD

(iv) Name any two associated difficulties that children with disabilities may have

1. Epilepsy
2. Hearing impairment

(v) List the key characteristic of each of the following:

Cerebral Palsy:	Altered muscle tone
Intellectual (Learning) Disability:	Slow to learn
Autism spectrum disorder:	Social communication difficulties

(vi) List the first and last stages of emotion that people go through when grieving (according to Kubler Ross's 5 stages of grief)

First:. Denial
Last: Acceptance

(vii) List the key principles to providing effective support to children with disabilities and their families

1. Inclusive environment
2. Structured routine with broad programme of activities, together with individualised personal plans
3. Strengths-based, family-centred approach: build on what the child and caregiver can do and emphasise the positives

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Working with Children with Developmental Disabilities – Part 1

Post-training Questionnaire

Name:
Today's date (dd/mm/yyyy):

	A little (1)	A fair amount (2)	A lot (3)	Comments eg. What was helpful in the training? What additional training would you like?
How satisfied are you **with what you know about child development and disability?**				
How confident to you feel in your ability to identify a child who is developing differently?				
How much do you understand about the issues for families with a child with a disability?				

Is there anything else you would like to tell us about the training?

Sample Certificate

MAITS

MULTI-AGENCY INTERNATIONAL
TRAINING AND SUPPORT

CERTIFICATE OF ATTENDANCE

This certificate is awarded to

Sadia Mirza

for successfully completing the following course:

Introduction to Child development and Disability

Karachi, 20th ~ 22th March 2018

.....

Shilpi Begum, MAITS Master Trainer

On behalf of
MAITS, 86/87 Wimpole Street, London, W1G 9RL
UK registered charity no. 1126268

Part 2:

How to Work with Children with Developmental Disabilities

Part 2: Sample Timetable

	Morning Session 08:00 – 12:30	Afternoon Session 13:30 – 16:00
Day 1	Introduction to Part 2	Introduction to Play
Day 2	Handling and Positioning	Activities of Daily Living
Day 3	Communication and Behaviour	AACs and assessment of communication difficulties
Day 4	Eating and Drinking: Theory	Eating and Drinking: Practical
Day 5	Child Assessment and orientation to the MAITS Guide	Child Assessment Practical
Day 6	Goal Setting Communication with Carers	Record Keeping Summary of Training/Assessment

Day 1:

Introduction to Part 2 & Introduction to Play

Trainer Notes: Part 2, Day 1

Introduction to Part 2 & Introduction to Play

Materials required:

- Flipchart paper and pens
- PowerPoint projector and screen
- PowerPoint presentations: ***PPT 1.1 Introduction to Part 2; PPT 1.2 Play (+ videos)***
- Pictures of local children of different ages for Activity 1 or ***Child Growth & Development Quiz***
- Photocopies of ***Pre-training Questionnaire***
- Handouts: ***HO 1.1 Case studies; HO 1.2 Developmental Charts*** (same as Part 1, Day 1); ***HO 1.3 Activities that Promote Play***
- Readily available materials that can be used to make toys from (optional activity)

Indicates a PowerPoint presentation.

Indicates activities where the trainer needs to provide own materials.

Indicates where the trainer needs to show a video.

Learning Objectives:

1. **To review child development and the general differences between typically developing children and children with disabilities**
2. **To understand play and the importance of play for children with disabilities**
3. **To observe and participate in facilitated play sessions for children with different types of disabilities**

08:00 – 09:00: Introduction to trainers and the training programme

- **PowerPoint presentation:** ***PPT 1.1 Introduction to Part 2***
- Give an overview and expectations of the course as a whole. Remind trainees that this is Part 2 of the training programme for Community Health Workers and other non-specialists.
- **Ask** trainees to complete ***WWCDD – Pre-training Questionnaire***.
- Go through the learning objectives for the day (above).

9:00 – 10:30: Review of child development

- **Activity 1:** Divide the group into teams and make this a competition.
  - EITHER show pictures of children at different ages and ask what they can do (You will need to prepare these yourselves, ensuring that they are appropriate to the local context) OR do the ***Child Development Quiz***. If the trainees require more detailed information, use resources from session 2 in Part 1 of the programme.
- **Review** the difference between chronological age and developmental age
- **Brainstorm** or **explain**:
  - *Chronological Age* is the number of years a person has lived. Chronological age is based upon a person's date of birth.
  - *Developmental Age* is the age at which a person functions emotionally, physically, cognitively and socially. Developmental age may not match a person's chronological age. Also, a person's developmental age for physical development may not match a person's developmental age for cognitive thought.
- **Activity 2:** Break the group up into pairs or trios. Give each pair/trio a case study to analyse and copies of the Developmental Charts (***HO 1.1 Case studies***; ***HO 1.2 Developmental Chart***). Each pair/trio is to mark on their charts what stage and age of development the child in their case study has reached in as many areas as they can. Ask each pair/trio to report their findings to the group with justification for why/how the group came up with their answer.

10:30 – 11:00: BREAK

11:00 – 12:00: Introduction to play

- **PowerPoint presentation:** ***PPT 1.2 Play***
- **Prepare** trainees for the afternoon session. Go through the guidelines for practical sessions (below).

12:00 – 13:00: LUNCH

13:00 – 15:00: Play practical

- **Pre-session preparation:**
- Set up logistics for inviting 3-4 children with their caregivers based on the number of trainees. Children selected should preferably be in the younger age group and have multiple functional challenges.
- Set up the training area with mats/toys/positioning equipment etc.
- Trainees to be briefed on ground rules for family/child/interactions (see below).
- Obtain written consent from carers for participation and video recording.
- **Guidelines for practical sessions:**
    1. Introduce yourselves to the carers.
    2. Build rapport with the child prior to handling.
    3. If the child is not comfortable, ask for help from a family member.
    4. Maintain confidentiality.
    5. Do not talk amongst yourselves during the session.
    6. Thank the family and carer at the end of session.
- **Demonstrate** group play, play for children using wheelchairs, outdoor sensory play for children with social communication issues and Autism.

  Include the following:
  - Play with a purpose
  - Modifying activities to engage children with physical challenges
  - Providing hand over hand opportunities for those who are unable to help themselves
  - Providing positive feedback/reinforcement
- **Trainee participation:** Provide trainees with ***HO 1.3 Activities that Promote Play*** and invite them to play with the children. **Observe and offer guidance** on modifying activities and facilitating play where appropriate.

15:00 – 15:30: Discussion

- **Review** of the practical play session.
- **Ask** the following:
    1. What did you observe during the play practical? What did you learn?
    2. How was the play session facilitating learning, language, speech and/or motor development?
    3. How could the play session further emphasize learning, language, speech, fine and gross motor development?
    4. Can you think of other play activities that would facilitate learning, language, speech and/or motor development?
- **Talk about** the importance of tone and its impact on a child's physical ability to participate in play, and that this will be covered tomorrow.

15:30 – 16:00: Review of the day's activities

- **Invite** questions and comments.
- **Recap** of learning objectives and main learning points.
  - We reviewed the key areas of child development (speech, language, fine motor, gross motor, cognition, ADLs) and mapped out the developmental progress of children using case studies.
  - We discussed the importance of play, ways to facilitate play, how play facilitates language, speech, and motor development.
  - You had a go at facilitating playing with children, bearing these factors in mind.

Optional activity

If you have time during the training course for an additional activity, you can do the following:

'Making your own toys'

- Using readily available materials, each person makes a toy for a child.
- Each person takes their turn to talk about the therapeutic value of the toy they have made and the age group it can be used with.

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Working with Children with Developmental Disabilities – Part 2

Pre-training Questionnaire

Interview each trainee at the start of the training programme, and complete the table below. Record the conversation if you can.

Name:
Today's date (dd/mm/yyyy):
ASK: How do you feel about working children with disabilities and their families?

	Low (1)	Medium (2)	High (3)	If answered (1) or (2) – ASK: a. Can you explain why? b. What would help you?
Level of **confidence**				
Level of **knowledge**				
Level of **practical skill**				

Child Growth and Development Quiz

Trainer Instructions

Complete the quiz as a class exercise; divide the group into teams and call out the questions.

Growth and Development

1. Question. What is the difference between the terms GROWTH and DEVELOPMENT?

Answer. Growth – refers to specific changes in the body – size, weight, height, body mass – can be easily measured. Development – refers to an increase in complexity – it involves progression – the child acquires more refined knowledge, behaviour and skills. The sequence is the same, but, the rate varies

2. Question. What areas of the body are children able to control the movement of first?
Answer. Head and neck, followed by their arms and legs

3. Question. What are the 3 key things that children need in order to grow?
Answer. Good nutrition, adequate sleep, regular exercise

4. Question. Do children grow at a steady rate throughout their childhood?
Answer. No.

5. Question. Do children differ in their growth rate?
Answer. Yes, some children are taller, some shorter. Some children are smaller, while others are larger.

Developmental Domains

6. Question. What are Developmental Milestones in children?
Answer. A developmental milestone (DM) is an ability that is achieved by most children by a certain age

7. Question. Is the developmental sequence the same for all children?
Answer. Yes, but the rate varies.

8. Question. What are the 6 Domains of Development?
Answer.

1. Physical Health
2. Motor Development
3. Cognitive Development and General Knowledge
4. Language and Communication
5. Social and Emotional
6. Approaches to Learning

9. Question. How do we identify a child who may be experiencing delays in development?
Answer. We must first identify the child's chronological age and the developmental milestones for that age.

Child Growth and Development Quiz

10. Question. By the age of 8 months, a baby can usually:

A) Roll over 180 degrees - while resting on its back or stomach
B) Pick up objects using its finger and thumb
C) Sit alone without support
D) All of the above

Answer: D. All of the above. The reflexive behaviours of babies start changing when they are 4 to 8 months old. You can see all the above developments in your infant, plus, that they may start pulling themselves into crawling positions.

11. Question. A baby should able to stand on his or her own and squat by:

A) 6 months
B) 8 months
C) 11 months
D) 16 months

Answer: C. 11 Months. By the 10th month, a baby will figure out how to bend his/her knees and sit down. Past 11 months, you can expect it to stand on its own, but may take a few more weeks' few steps to walk without anyone's help.

12. Question. At what age are babies able to drink from a cup?

A) 3 months old
B) 6 months old
C) 9 months old
D) 12 months old

Answer: D. 12 Months. Babies learn to grasp an object by the time they are 9 months old. However, learning to drink from a cup while grasping it tightly with both hands is a task is accomplished only at the age of 12 months and even later for some children.

13. Question. Most young children cling onto their caregivers when they sense that the caregiver is going to leave them behind unattended. This behaviour is an indication of …

a) Stranger anxiety.
b) Childhood anxiety.
c) Separation anxiety.
d) **None of the above.**

16. Question. True or False?

Family is important to a child's development

A. True
B. False

Child Growth and Development Quiz

Cuddling in essential to an infant's sense of security

A. True

B. False

Infants' basic needs are the same as adults' basic needs

A. True

B. False

17. Question. Why should child care professionals learn about the principles of child development?

Answer. Care and the environment can support or hinder development. The knowledgeable worker can support a child in learning new skills. When a child is struggling with a new skill, timely intervention can help him overcome a problem and "catch back up." The knowledgeable worker can "detect indicators of possible delays, and can help get the child the assistance he needs.

PPT 1.1: Introduction to Part 2

Slide 1

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

How to Work with Children with Development Disabilities

Session 1:

Introduction to the course

Slide 2

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Ground rules

- Please turn off mobile phones
- Trust the process
- Be open to possibilities
- All questions are good questions
- Listen to others and give everyone their turn to speak
- Dare to be courageous
- Enjoy the company and opportunity to think with others
- Focus on the positives

Slide 3

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Introduction to the Overall Programme

This programme has been developed by MAITS, with the help of their partners. It is for non-specialists working with children with developmental disabilities and their families. The overall programme consists of the following:

Training

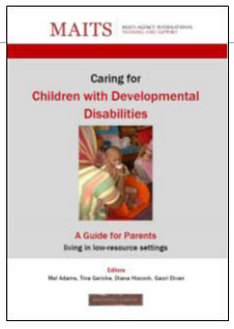
- Part 1: Introduction to Child Development and Disability
- Part 2: How to Work with Children with Developmental Disabilities

Resource to support guidance to parents (see next slide)

- Caring for Children with Developmental Disabilities – A Guide for Parents

Slide 4

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT



Slide 5

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Part 2: How to Work with Children with Developmental Disabilities

This course allows for further clarification of theory and areas discussed during the Introduction to Child Development and Disability and aims to provide trainees with ideas and hands-on experience in providing functional support to these children and on training their caregivers to do the same.

Slide 6

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Course Content

Day 1:	Revision of child development Play
Day 2:	Positioning and handling Activities of Daily Living
Day 3:	Communication Behaviour
Day 4:	Eating and Drinking
Day 5:	Assessing the child and Using the MAITS Guide for Parents
Day 6:	Working with caregivers and Using the MAITS Guide for Parents

PPT 1.1: Introduction to Part 2

Slide 7

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

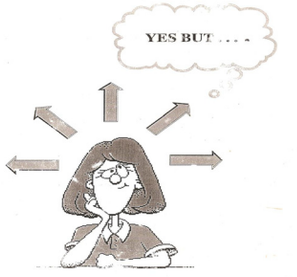
Pre-training Questionnaire

Please could each trainee fill in the pre-training questionnaire.

Slide 8

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Have you got any questions?



Slide 9

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Let's get started.

Slide 10

PPT 1.2: Play

Slide 1

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Zakia Jannat

Play

Slide 2

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What and Why?

What do we mean by 'play'?

Why is it important?

Slide 3

Play

Playing is fun! Helps ALL children learn and get stronger...

1. Play by exploring shapes, sizes, colours and feel of objects – helps to developing cognitive skills
2. Play with other people - helps communication skills and social and emotional development
3. Physical play - helps develop strength and coordination.

Slide 4

Play

When children play, they learn from people and things around them

Hear: e.g. Caregiver talking to them or singing songs

See: e.g. Watching someone stack colourful blocks and the tower falling over.

Hear
See
Touch
Taste

Taste: e.g. Different kinds of food and drink

Touch: e.g. Moving a ball around, learning how it rolls and bounces.

Without these experiences, learning cannot happen.

©MAITS, 2014

Slide 5

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Types of play

What examples can *you* think of?

Slide 6

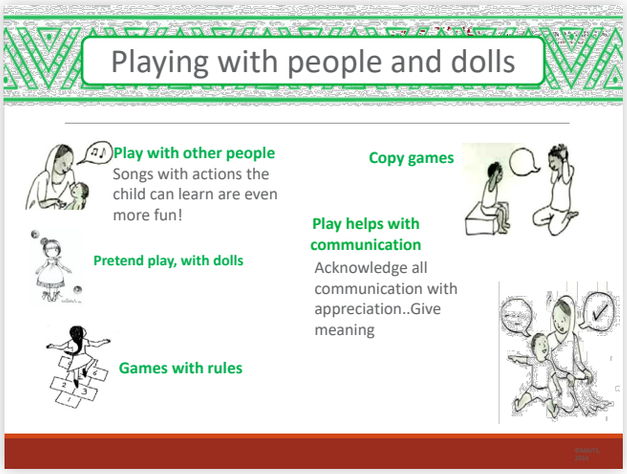
Playing with object/toys

1. Use things from your kitchen. Pots, pans, lids, bowls, spoons and cups
2. Play with a mirror.
3. Use a large box or a piece of wire to hang things off.
4. Fill bottles with rice or water to make shakers.

Be creative! Toys can come from around your home. They don't need to be bought.

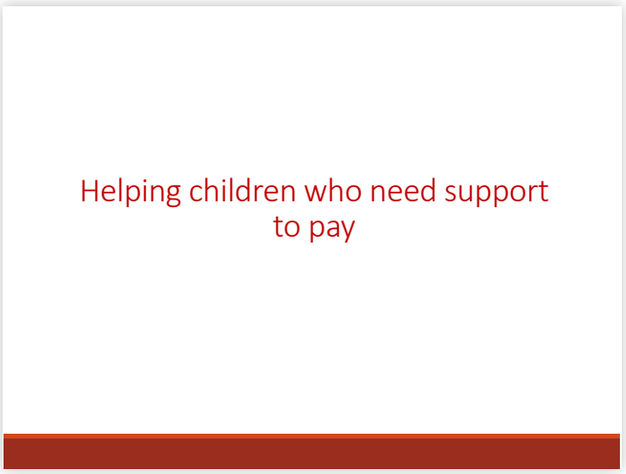
PPT 1.2: Play

Slide 7

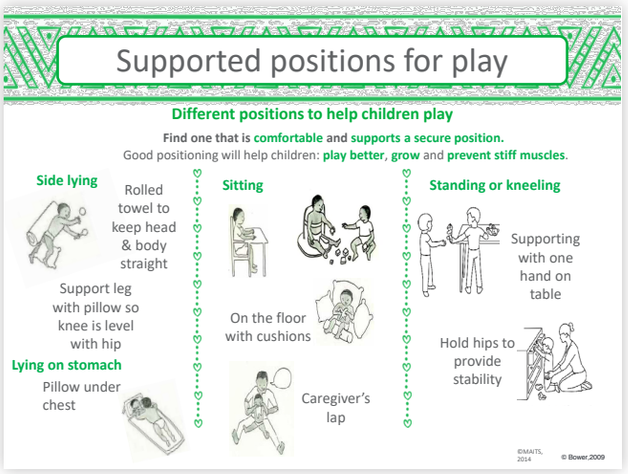


Slide 8

Slide 9



Slide 10



Slide 11

Slide 12

PPT 1.2: Play

Slide 13

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Postural support for play: standing frame

Slide 14

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Recap and your thoughts

- Did you learn anything new?
- How confident do you feel about helping children to play?
- How will you encourage parents to play with their children?

Handout: HO 1.1 Case Studies

Case study 1

• Noreen is a girl of 2 years, she walks holding onto furniture.

• She knows the words 'Mama' and 'Dada'.

• She enjoys picture books and loves listening to stories.

• She picks up things using the whole hand - she cannot use her thumb.

• She can point to the main body parts and pictures of common objects, when she hears the word

Case study 2

• Rahul is 3 years old. He walks in a very awkward manner and often trips over. He uses all five fingers to grip a pencil and struggles to hold it.

• His mother is also worried about his vision. He wears spectacles and has a squint. He loves to talk and speaks in short 3-word sentences.

• He is a lively young boy and he loves playing with other children. He enjoys playing pretend games with them.

Case study 3

• Andy is 5 years old and he is having difficulties in school.

• He has poor eye contact and does not follow instructions even when combined with a gesture.

• He plays all alone.

• He does not speak often and repeats phrases from cartoon shows.

• He is able to pick up small items with his fingers.

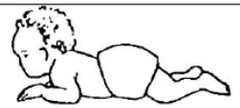
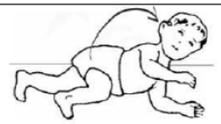
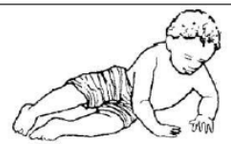
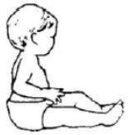
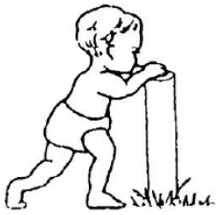
• He only plays with the wheels of cars.

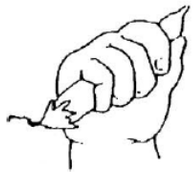
• When the teacher calls him by his name he does not look.

• He walks independently but has some difficulty climbing stairs.

Handout: HO 1.2 Developmental Charts

Developmental Charts: The Stages of Development

	DEVELOPMENT CHART: Movement					
Head and Body Control	 Lies on stomach and holds head up	 Rolls from stomach to back.	 Pushes self into sitting			
Sitting	 Sits only with support.	 Sits leaning on hands.	 Sits alone.	 Twists and reaches	 Moves into and out of sitting.	 Balances self if tilted.
Moving from place to place	  May crawl or shuffle on bottom.		 Pulls to stand.		 Walks alone or with hand held.	 Squats to play.	 Kicks a ball

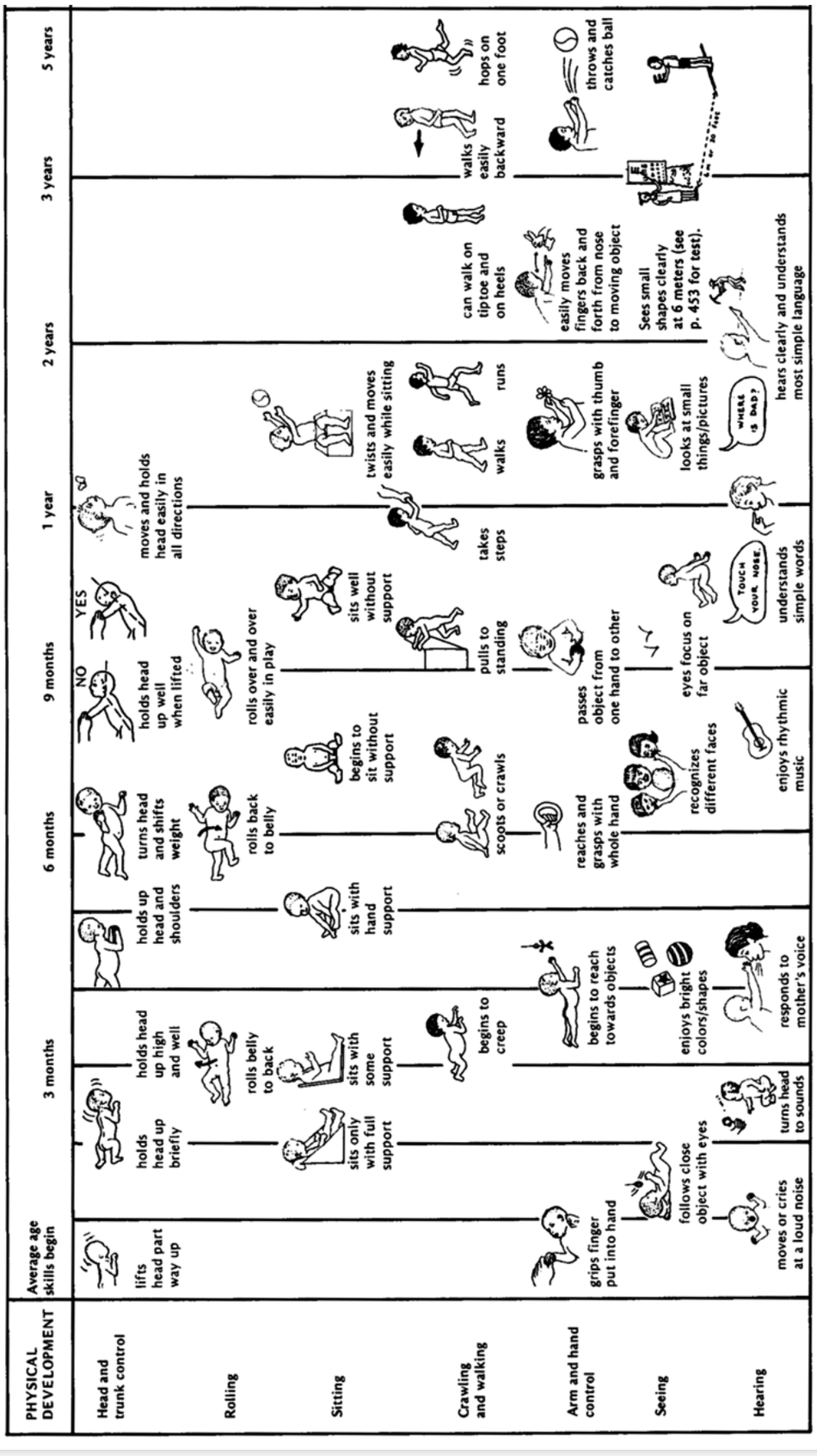
	DEVELOPMENT CHART: Movement and Thinking/Playing			
Using hands	 Holds with whole hand.	 Can hold one object in each hand.	 Holds between thumb and finger.	
Thinking/ Playing	 Plays with or explores body	 Discover and explore objects – push, pull, throw, shake	 Puts objects into container and takes them out.  Enjoys building	 Sorts different objects.

Handout: HO 1.2 Developmental Charts

	DEVELOPMENT CHART: Social Interaction and behaviour			
Communication / interaction	 Expresses self using sounds and facial expressions  Makes eye contact. Coos and gurgles when talked to	 Repeats sounds and gestures  Responds to simple commands.	 Expresses self using gestures or pointing  Able to make choices	 Expresses self using words  Talks about what she does
Social / Self-help skills	 Sucks breast.	 Chews solid food	 Drinks from a cup and feeds self most foods without help.  Helps with undressing. Indicates toilet needs.	 Uses the toilet without help.

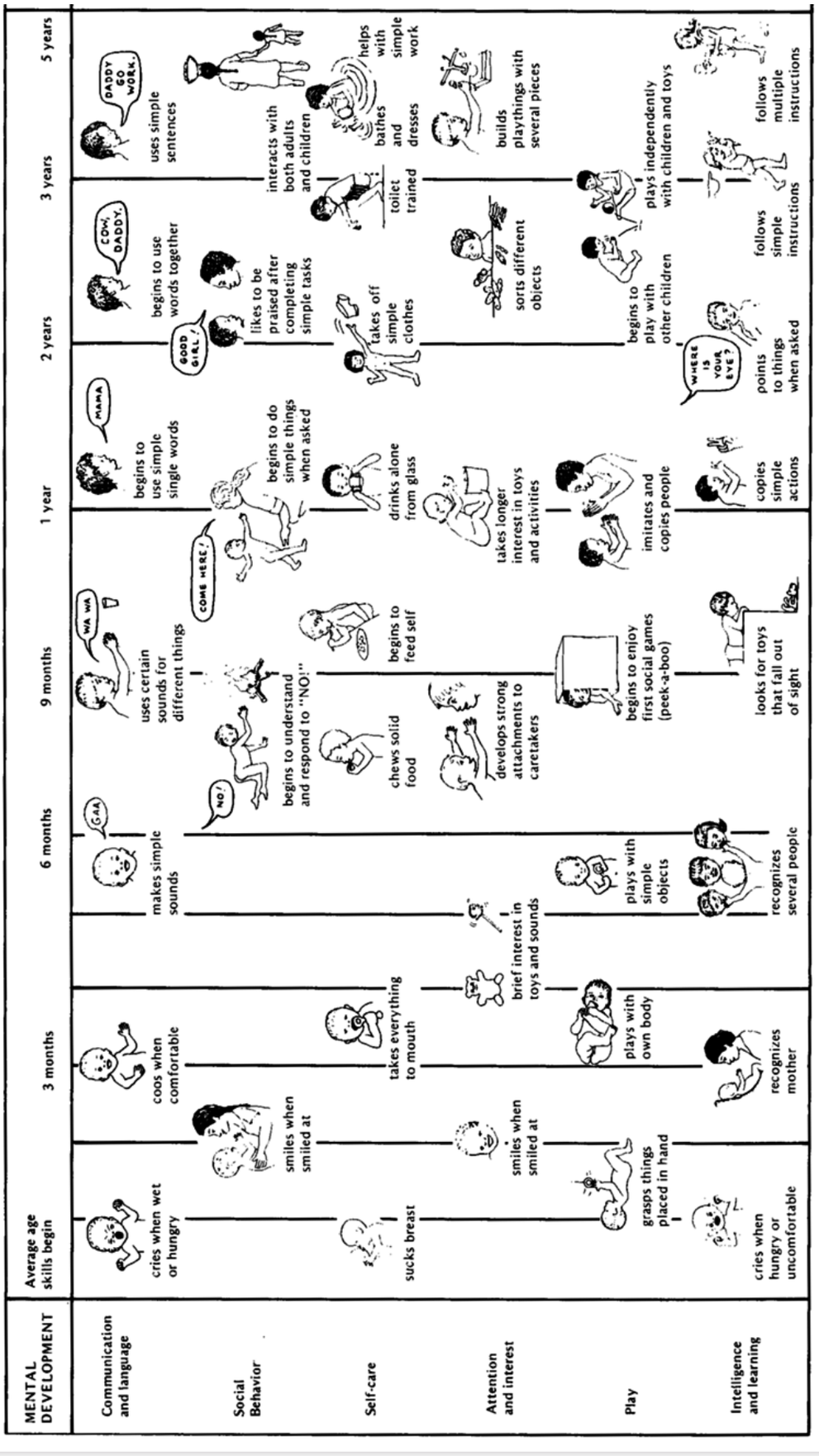
Handout: HO 1.2 Developmental Charts

Developmental Charts: Physical Development 0-5 years



Disabled Village Children, D. Werner

Handout: HO 1.2 Developmental Charts



Disabled Village Children, D.Werner

Handout: HO 1.3 Activities to Promote Play

Different types of play include:

- **Social play**
- **Imaginary play**
- **Construction**
- **Games with Rules**

Examples of games that incorporate the above:

1. Ball games (all can be played by children in wheelchairs with good arm function):
   - Cricket
   - Football
   - Basketball

2. Physical games:
   - Tag – one child is tagged. They chase the other children, when one is caught they are then tagged.
   - Doggy, Doggy where's your bone? – A child sits with their back to the class and an eraser (or any small object) placed under the chair. While their back is turned someone sneaks up, takes the eraser and hides it on their person then everyone sings: *Doggy Doggy where's your bone? Somebody's stolen it from your home.* The child has three chances to guess who took the rubber.
   - Parachute – children spread out around a parachute (or large sheet) holding it tight by the edges. A ball is placed in the middle and the children move and bounce it with the parachute. Oranges and Lemons (Poshampa) – two children stand with their hands together creating an arch and sing a song (Oranges and Lemons in the UK). The other children take it in turns to pass through the arch until the song ends and the arms come down – whoever is caught in the middle is out.
   - Hopscotch (Kith Kith, Piko, Nondi) – numbered rectangles are drawn in chalk on the ground in a one, two formation. The children take it in turns to throw a stone onto the grid and then hop or jump through the spaces to retrieve it.
   - Freeze – leader picks an action or situation to act out (e.g. hopping, pretending to go shopping), children carry out action until the leader shouts freeze. Everyone freezes and last one to freeze is out. Then a different action is picked and the game continues.

3. Imaginary games:
   - Play with toy cars
   - Play houses
   - Herding imaginary livestock

4. Other games:
   - Jacks (Gutte) – need 6 stones or 5 jacks and a ball. Throw jacks on the ground. Throw the ball in the air and try to pick up a jack before catching the ball, Repeat increasing the number of jacks picked up each time.
   - Noughts and Crosses (Tic Tac Toe, X and O) - For two players. 3x3 grid is drawn. Each player is assigned a symbol and they take it in turns to place a symbol in a box of the grid. The first to get three symbols in a row is the winner.
   - Blocks – using blocks or lego to construct things e.g. buildings, vehicles.

Day 2:

Physical Management & Activities of Daily Living

Trainer Notes: Part 2, Day 2

Physical Management & Activities of Daily Living

Materials required:

- Flipchart paper and pens
- PowerPoint projector and screen
- PowerPoint presentations: ***PPT 2.1 Positioning and Handling (+ video clips)***; ***PPT 2.2 Mobility (+ video clips)***; ***PPT 2.3 Activities of Daily Living & Toilet Training***
- Activity 1: Rag dolls/pillows etc.
- Activity 2: Towels (to roll up for pelvic, trunk and neck support) and cushions of different sizes etc.

Indicates a PowerPoint presentation.

Indicates activities where the trainer needs to provide own materials.

Indicates where the trainer needs to show a video.

Learning Objectives:

1. **To understand concepts of positioning & postural management.**
2. **To understand the importance of good posture, good handling and mobility**
3. **To understand the role of ADLs in child development and the use of low tech aids.**

08:00 – 11:15: Introduction to handling, positioning and seating

- **PowerPoint presentation:** ***PPT 2.1 Positioning & Handling***
- Includes Activity 1, Activity 2 and a BREAK.

11:15 – 12:00: Mobility

- **PowerPoint presentation:** ***PPT 2.2 Mobility***

12:00 – 13:00: LUNCH

13:00 – 14.00: Activities of daily living (ADLs) and their therapeutic role

- **Discussion:** What are activities of daily living? Do you think they can be used in a therapeutic way? Why or why not?

- **PowerPoint presentation:** ***PPT 2.3 Activities of Daily Living & Toilet Training*** *– slides 1-18*

14:00: BREAK

14:30 – 15.30: Introduction to Toilet Training

- **PowerPoint presentation:** ***PPT 2.3 Activities of Daily Living & Toilet Training*** *– slides 19-34*
- **Discussion:** People share experiences of working with children who have difficulties with toileting. What challenges did they experience? How could you have encouraged greater independence and managed any behaviour difficulties?

15:30 – 16:00: Review of day's activities

- **Invite** questions and comments.
- **Recap** of learning objectives and main learning points.

PPT 2.1: Positioning and Handling

Slide 1

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Positioning & Handling

Slide 2

Children's development is influenced by WHAT activities they do every day, and HOW they do them

- Lying
- Sitting
- Standing
- Moving
- Eating and drinking
- Dressing
- Bathing
- Toileting
- Communicating
- Playing/educational activity
- Sleeping

Slide 3

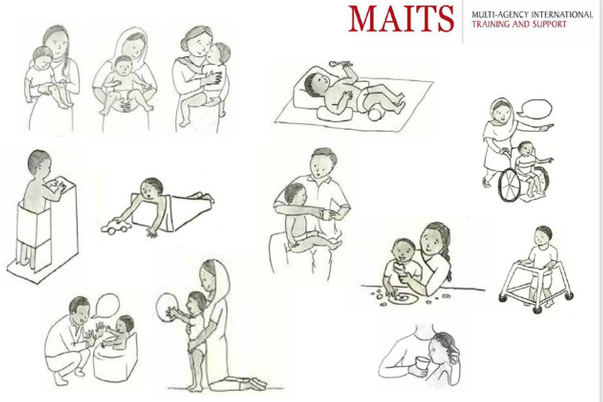
MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Correct positioning and handling and support with mobility

help the child to develop

Slide 4

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT



Slide 5

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Why are good handling and positioning important?

Slide 6

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Good handling and positioning:

- Help the child to control their movements to their best ability and so can things more easily
  - eg. eating, drinking, playing and communicating
- Make it easier to care for the child

Good positioning:

- Avoids the development of unnecessary deformities (needs to be 24 hours a day)
- Makes eating and drinking 'safer'.

PPT 2.1: Positioning and Handling

Slide 7

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Handling

Slide 8

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Appropriate carrying techniques:

MAITS, 2017

©Werner, 1999

For a child with stiff legs (high tone)

For a child with low tone

Slide 9

Handling and carrying: Younger children

Good handling:

(i) Protects both the child and yourself from unnecessary injury.

(ii) Relaxes a stiff child and supports a floppy child

When lifting keep your back straight, bending from your hips or knees if lifting from the ground.

For example:

Keep **back straight**

Support **head**

Grasp under **shoulders**

© Bower, 2009

Slide 10

Handling and carrying: Younger children

Hold child close to your body

Head & body Keep head and body straight

Hips & legs Keep hips & knees slightly bent and knees apart

Shoulders & arms In front of body, holding caregiver or free for playing

If carrying on hip, change sides often

to **prevent injury** to **your back** and to keep the **child's body straight**

Take care of your own back

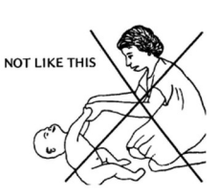
Children will **grow in size and weight**. **Encourage movement** to avoid lifting their total body weight.

Hold on!

Slide 11

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Handling techniques:



©Werner, 1999

Slide 12

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Teaching handling to a family

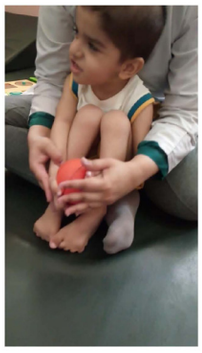
- Observe how the child is handled by their carers.
- Reinforce appropriate skills and acknowledge their efforts.
- Demonstrate handling techniques that are easier and more effective where necessary.
- Practice Practice Practice!!!!.

PPT 2.1: Positioning and Handling

Slide 13

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Handling a stiff child



Slide 14

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Carrying a stiff child

Slide 15

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Activity 1

Now you practice

Take turns to lift a doll from lying, and to carry in the ways you have been shown

Slide 16

BREAK

Slide 17

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Positioning

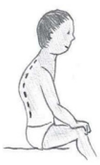
Slide 18

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Common positions of children with CP

Crossing of legs or keeping them bent most of the time

Sacral sitting

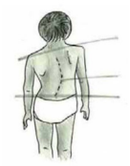


Hips not in line or asymmetrical positioning

PPT 2.1: Positioning and Handling

Slide 19

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT



Spinal curvature: Turning of spine in an S shape

Slide 20

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Brainstorm

- Consequences of bad positioning

?

Slide 21

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Consequences:

- Pain and discomfort

- Increased risk of contractures

Slide 22

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

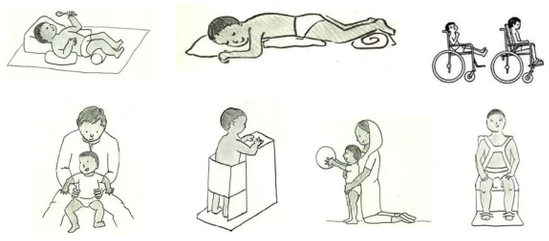
Good Positioning

- Good positioning provides stability & relaxes the child
- If the child is relaxed they will be able to stay in the position for longer.
- The child may need time to get used to a new position – start with short period of time and build up.
- Helps to build up muscle strength

Slide 23

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Positioning for tight muscles



Slide 24

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

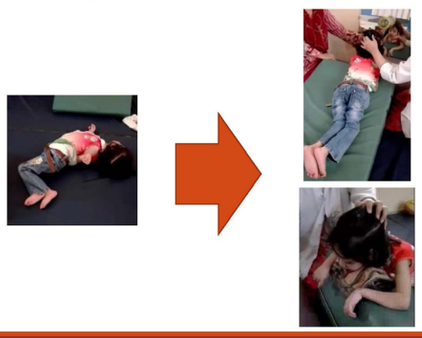
Resting position for child with tight muscles

PPT 2.1: Positioning and Handling

Slide 25

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

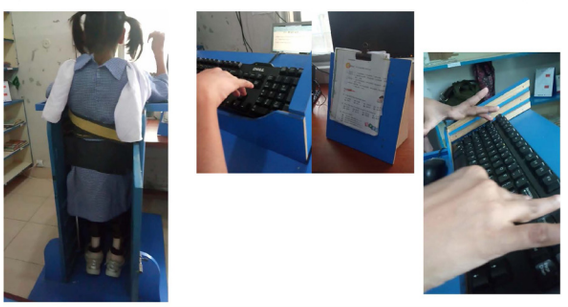
Positioning a 'stiff' child in lying



Slide 26

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Positioning in standing



Slide 27

The Importance of Sitting

1. Children learn by watching, copying and interacting. When sitting, children can see more and so learn more.
2. It is **easier** and **safer** for children to eat while sitting. Also, while sitting children can practice feeding themselves.
3. Children learn from playing. When sitting for play, children can reach, explore and learn from things around them.
4. Being in a seated position helps children build the muscles and coordination needed for standing and walking.

Slide 28

Remember!

A child's position should be changed every **30 minutes**. Otherwise the child may get seriously injured.

Change their position often.

Slide 29

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

The importance of a GOOD Sitting position –stable & well-supported

Child can use the upper body more effectively

Can develop other skills eg. head control, chewing and swallowing, playing and learning, talking, self-feeding etc.

Slide 30

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

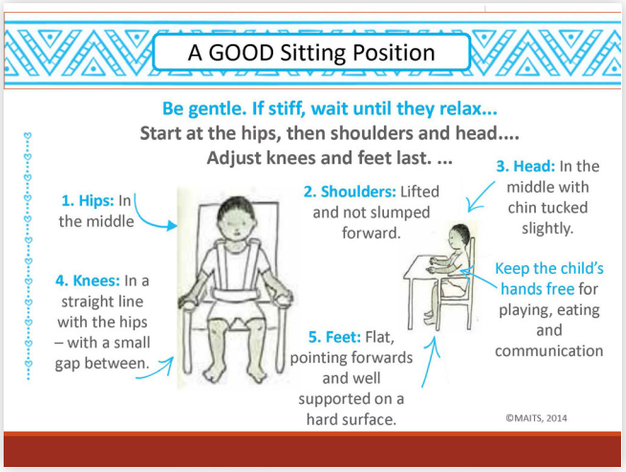
What is a GOOD sitting position?

- Straight and similar on both sides.
- Use a variety of positions to facilitate exploration and reduce the risk of stiffness.
- Change position often, about every 30 minutes, and encourage the child to do it actively. Being in the same position for a long time can cause pressure sores and contractures.

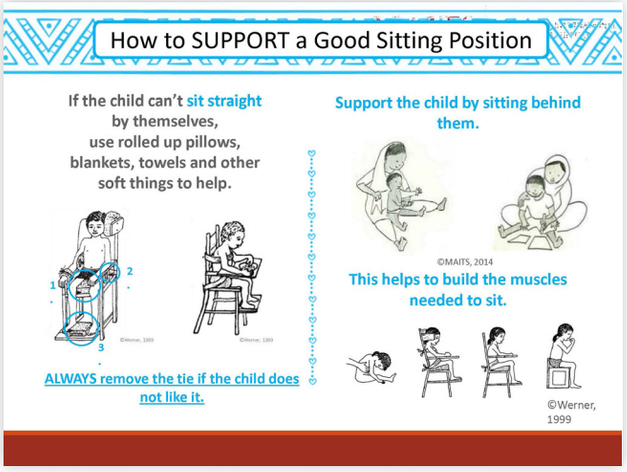
PPT 2.1: Positioning and Handling

Slide 31

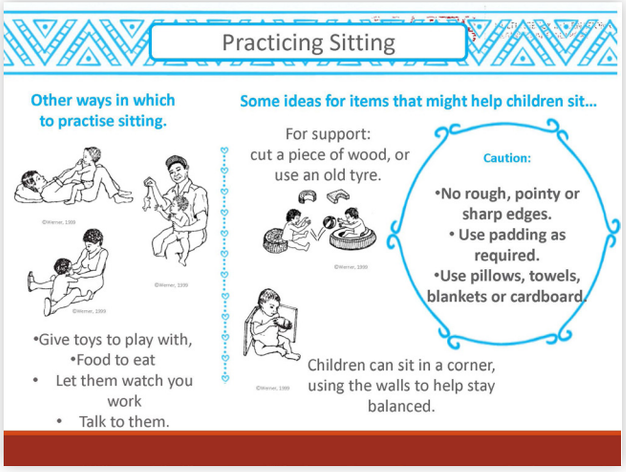
Slide 32



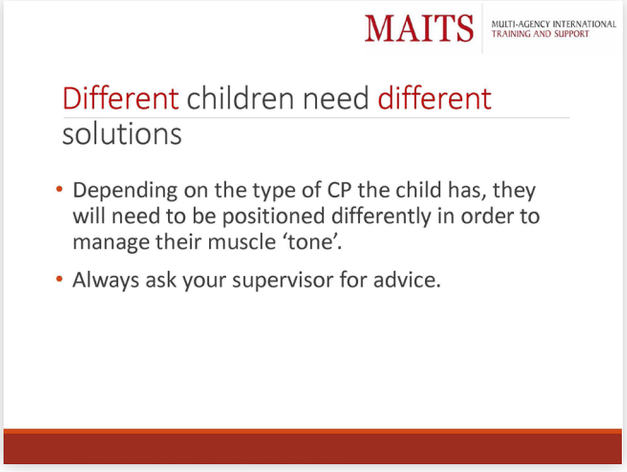
Slide 33



Slide 34



Slide 35



Slide 36

PPT 2.1: Positioning and Handling

Slide 37

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Positioning a 'stiff' child in sitting

Slide 38

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Examples of supportive seats

Slide 39

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Toilet seat

Modification for western toilet

Slide 40

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Commode toilet

Slide 41

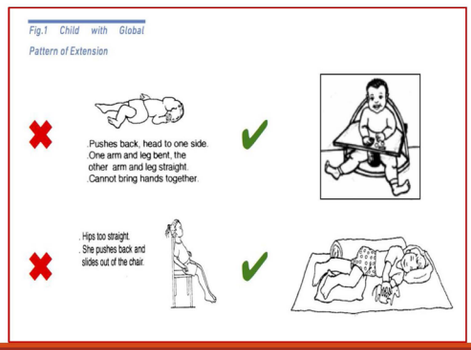
MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Bathing

Slide 42

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Examples of good and bad positioning:

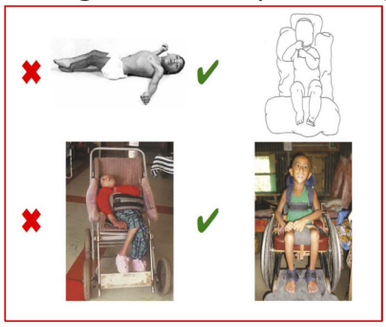


PPT 2.1: Positioning and Handling

Slide 43

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

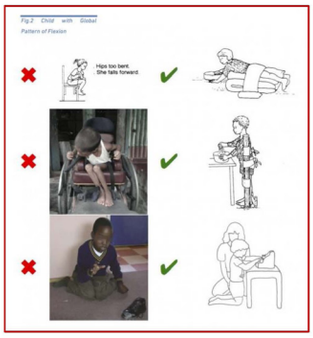
Examples of good and bad positioning:



CBM: Module 3

Slide 44

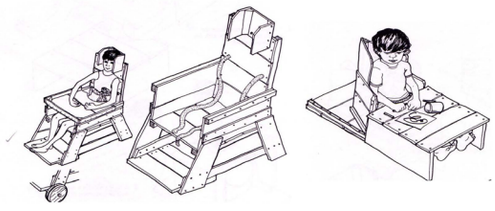
MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT



Slide 45

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Examples of low cost seating equipment:



©Werner, 1999

Slide 46

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

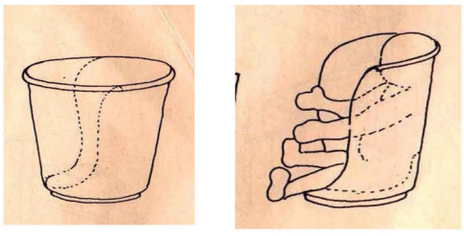
Examples of low cost seating equipment

Corner seat with cushions

Slide 47

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Examples of low cost seating equipment



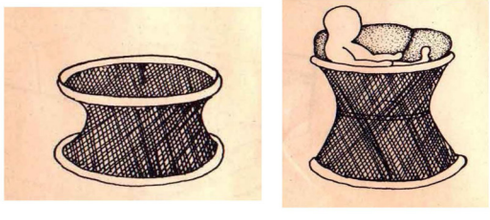
Using a bucket

@Upkaran (The Spastics society of India)

Slide 48

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Examples of low cost seating equipment:



@Upkaran (The Spastics society of India)

PPT 2.1: Positioning and Handling

Slide 49

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Examples of low cost seating equipment:

Plastic chair with foam padding

Using paper technology

Slide 50

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Activity 2

- Get into pairs.
- Take turns to adopt an asymmetrical position and for your partner to practice the best method to achieve a good supported position and maintain it.
- Each pair to present their strategy to the group.

Use the pillows etc. provided

Slide 51

References

Information and strategies contained in the resource are based on current best practice, generalised to meet the wide-ranging needs of community health workers in marginalised areas. Note that some references are only available in text.

Bower, E. (2009). ***Finnie's Handling the Young Child with Cerebral Palsy at Home***. Elsevier, London.

Case-Smith, J. & O'Brien, J. (2014). ***Occupational Therapy for Children and Adolescents***. Mosby.

CBM. (2012). ***Helping Children Who Have Cerebral Palsy. A Manual for Fieldworkers, Parents and Caregivers***. Access here: http://www.cbm.org/article/downloads/54741/Cerebral_Palsy_Toolkit_-_Part_2__Manual__English_.pdf

Center on the Social and Emotional Foundations for Early Learning. (2009). ***Practical Strategies for Teachers/Caregivers***. Access here: http://csefel.vanderbilt.edu/resources/strategies.html#boo knook

Cerebral Palsy Alliance (CPA). ***Preschool Fact Pack: A Guide for Early Childhood Staff***. Access here: https://worldcpday.org/wp-content/uploads/2015/10/preschool_fact_pack.pdf

Early Childhood Intervention Australia (ECIA). (2016). ***National Guidelines: Best Practice in Early Childhood Intervention***. Access here: www.ecia.org.au/resources/best-practice-guidelines

London School of Hygiene & Tropical Medicine (LSHTM). (2015). ***Getting to know cerebral palsy. Working with parent groups – a9 training resource for facilitators, parents, caregivers and persons with cerebral palsy.*** Access here: http://disabilitycentre.lshtm.ac.uk/getting-to-know-cerebral-palsy/

Multi Agency International Training and Support (MAITS). (2014). ***A Guide for Community Health Workers: Supporting Children with Disabilities***. Access here: www.maits.org.uk/resources/a-guide-for-community-workers/

Slide 52

References

Raising Children Network Australia. (2016). ***Guide to therapies***. Access here: http://raisingchildren.net.au/parents_guide_to_therapies/parents_guide_to_therapies.html

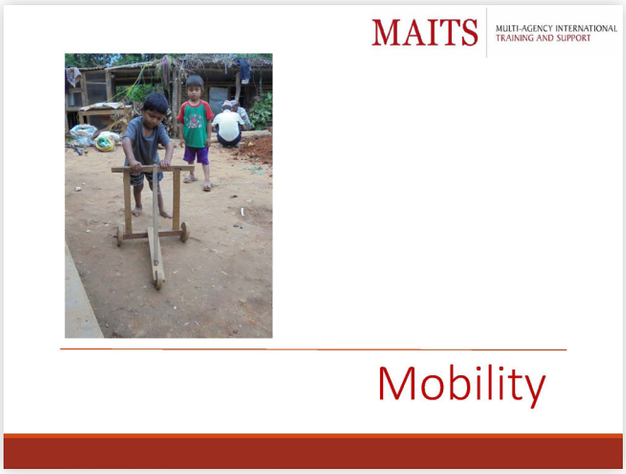
Technical Assistance Centre on Social Emotional Intervention. (2011). ***The Process of Positive Behaviour Support.*** Access here: http://challengingbehavior.fmhi.usf.edu/explore/pbs/process.htm

UNICEF. (2013). ***The Care for Child Development Package***. Access here: www.unicef.org/earlychildhood/index_68195.html

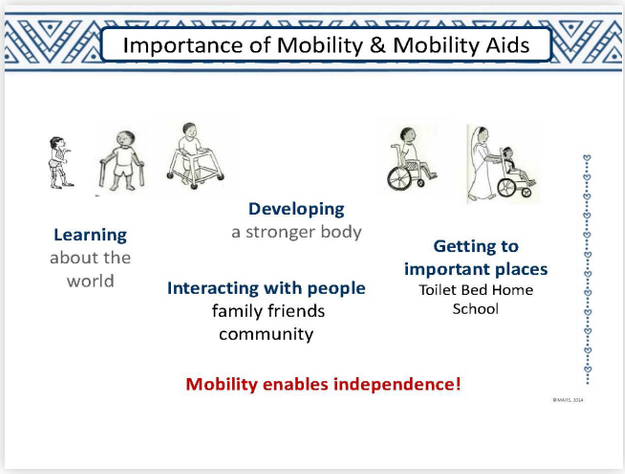
Werner, D. (1999). ***Disabled Village Children: A guide for community health workers***. The Hisperian Foundation, Palo Alto. Access here: www.dinf.ne.jp/doc/english/global/david/dwe002/dwe00201.html

PPT 2.2: Mobility

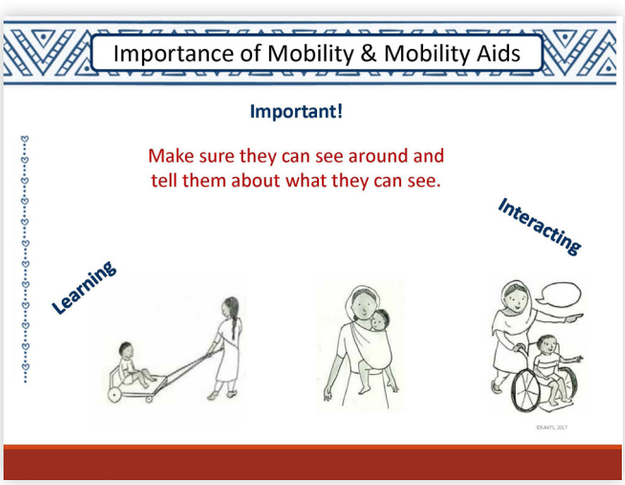
Slide 1



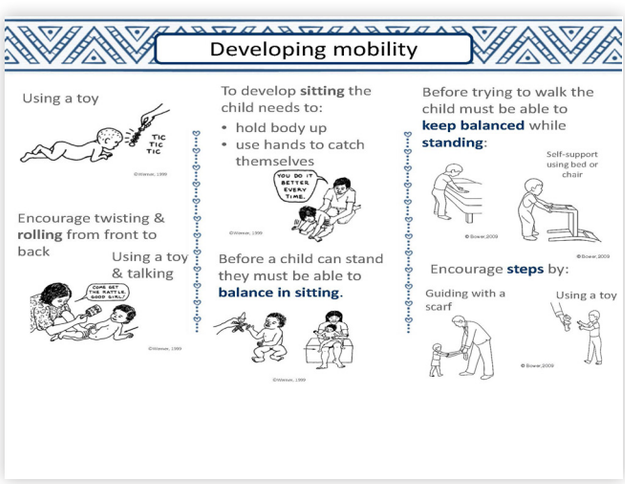
Slide 2



Slide 3

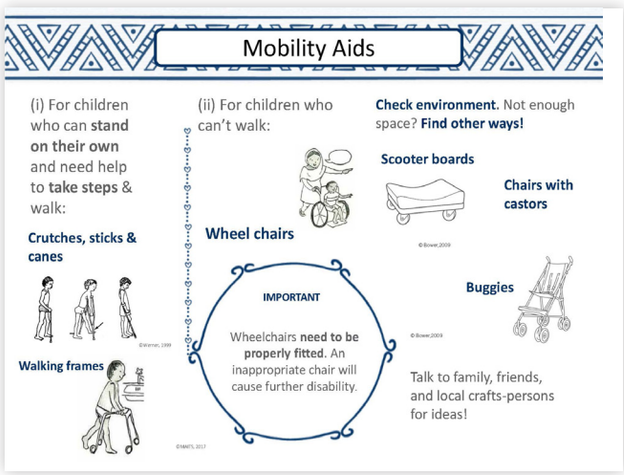


Slide 4



Slide 5

Slide 6



PPT 2.2: Mobility

Slide 7

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Getting to class

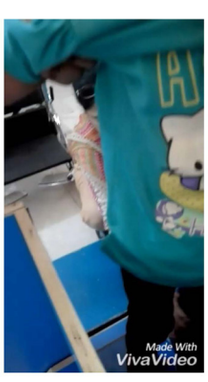
Slide 8

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Climbing upstairs with a rail

Slide 9

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

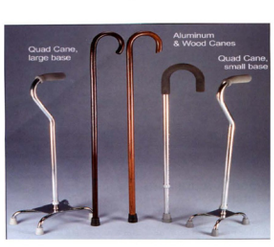


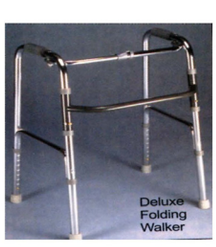
Getting to the hand-basin

Slide 10

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Mobility Aids:

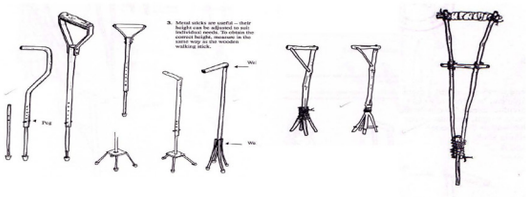




Slide 11

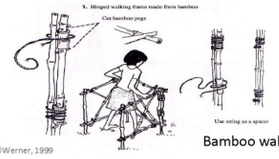
MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Locally made mobility devices:



Slide 12

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT



Bamboo walker

Metal or appropriate paper technology walker

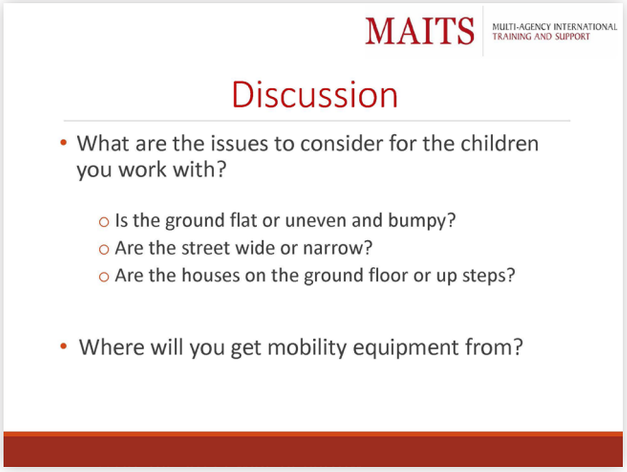
MAITS, 2017

Trolley

Wooden walker

PPT 2.2: Mobility

Slide 13



PPT 2.3: Activities of Daily Living & Toilet Training

Slide 1

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Emon Hossain

Activities of daily living & toilet training

Slide 2

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Examples of Basic 'ADLs'

- Eating and Drinking
- Grooming
- Dressing and undressing
- Bathing
- Toileting
- Communication
- Household jobs: washing clothes, cooking, growing vegetables

Slide 3

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Factors affecting ability to carry out ADLs

- Developmental age & age in years
- Level and type of disability
- Cultural practices
- Physical environment

Slide 4

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Assessment of abilities in ADLs

- Child and carer interviews.
- Observations: structured or naturalistic.

Slide 5

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Important issues to consider:

- Is activity appropriate for child's age?
- Is it realistic? Can they learn it?
- Useful? Functional?
- Does this improve child's health and safety?
- Preferences of the child and family?
- Cultural issues that may influence how tasks are taught?
- Can it be practiced in a variety of environments?

Slide 6

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Importance of ADLs

The end goal of all interventions MUST be to make the child independent in his/her functional skills by providing the child with:

1. Encouragement to try
2. Assistance and support if needed
3. Opportunities to do things independently

PPT 2.3: Activities of Daily Living & Toilet Training

Slide 7

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Example 1: Dressing and undressing

Typical development – child is independent by age of 6 years.

Specific challenges:

- Physical impairments
- Intellectual impairments

Slide 8

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What can we do?

Use dressing as an opportunity for working on sensory awareness, balance, movement, and language.

Physical impairments:

- Positioning device
- Training caregiver & child
- Adapting equipment/clothing

Intellectual impairments:

- Repeated training

Slide 9

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Level 1: Assisted Dressing

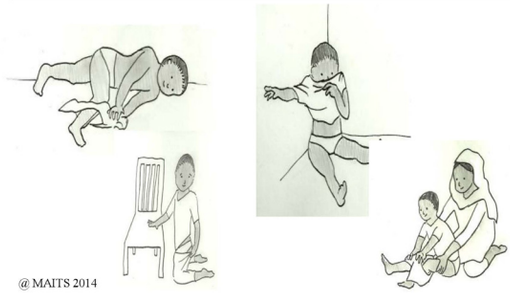
@ MAITS 2014

9

Slide 10

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Level 2: Learning to dress



@ MAITS 2014

Slide 11

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Level 3: Gaining independence

@ MAITS 2014

Slide 12

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Example 2: Tooth Brushing

Specific challenges:

- Difficulty moving their tongue
- Drooling
- Open mouth
- Rinsing difficult
- Therefore more prone to dental issues

PPT 2.3: Activities of Daily Living & Toilet Training

Slide 13

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

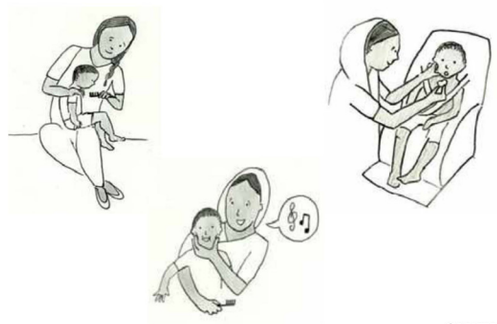
Tips for brushing

Considerations:

- Position - head and neck forwards.
- Use a small bowl rather than basin.
- Give pressure on the cheeks towards the lips to assist if necessary.
- Sensitive mouths make cleaning difficult.

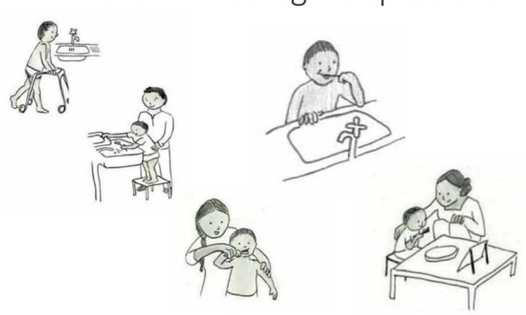
Slide 14

Level 1: Support with tooth brushing



Slide 15

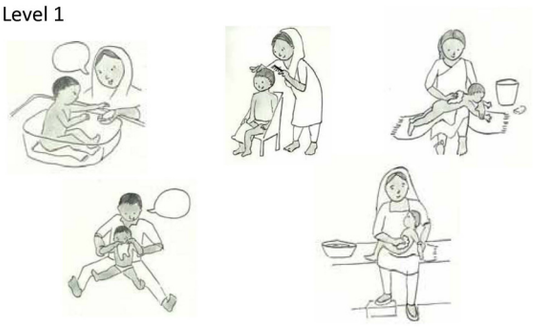
Level 2 & 3: Increasing independence



Slide 16

Example 3: Bathing and Grooming

Level 1

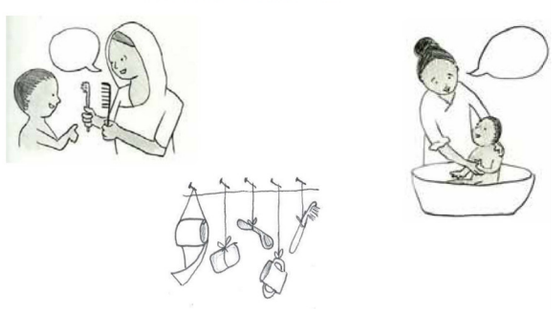


Slide 17

Level 2 & 3: Gaining independence

Slide 18

Bathing and grooming are a good time for communication!



PPT 2.3: Activities of Daily Living & Toilet Training

Slide 19

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Toilet Training

Slide 20

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Developmental sequence of toileting skills

Age	Control
10 months	Indicates when wet/soiled
12 months	Regularity of bowel movements
22 months	Indicates need to go to the toilet
24 months	Daytime control with occasional 'accidents'
3 – 4 years	Child may need help with clothing
4 – 5 years	Completely independent

Slide 21

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Issues affecting independence in toileting

- Children with limited motor skills
- Children with cognitive limitations
- Children with sensory processing challenges
- Children with assistive devices and adapted clothing

Slide 22

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Important considerations: Toilet training

Start only when the child is ready.

There are 3 indicators for this:

1. **Bladder control**
   - Child stays dry for at least for a couple of hours, can give some indication of wanting to pass urine by action or gesture
2. **Readiness to cooperate**
   - When child can do a few simple things like lie down, sit up, point to parts of her body and imitate an action like hand clapping
3. **Physical readiness**
   - Can walk or move self fairly well, sit on a stool, and keep their balance
   - If not the child will need assistance

22

Slide 23

Typical child is ready by 2 years.

Start with physical prompts for undressing, praise and maintain regularity.

Children **will take time** to understand toileting and be able to communicate the need to go. **Be patient and consistent.**

Begin early: Talk to the child about toileting when changing nappy/changing clothes.

Slide 24

PPT 2.3: Activities of Daily Living & Toilet Training

Slide 25

To improve understanding also try **pointing, gestures or facial expressions.**

e.g. If the child goes, **clap** your hands, **kiss** them, **show** what they have done, and **let them know how pleased you are.**

Look for **subtle gestures** like fidgeting, holding body parts or facial expression.

Be consistent > stick with routine > reward good behaviour.

Slide 26

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Beginning toilet training

Start a routine early – Set timings:

- Aim for the child to sit on potty or toilet: when **waking up, before going to bed, after meals** and times **between meals**
- **Reward** if child goes.
- If child does not go, do not force them. **Ignore** and move onto other daily activities. **Do not punish!**

Slide 27

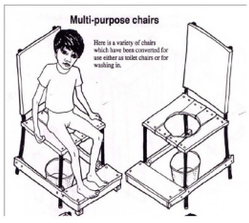
MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

As child grows older give support

MAITS, 2017

Slide 28

Toileting Aids



David Werner, 1999

ADAPT, The Spastics Society of India

Slide 29

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Toileting Aids

Folding Grab bars

Fixed Grab bars

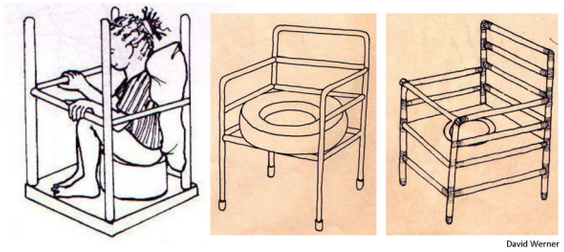
Grab bars provide for balance and easier transfer.

Slide 30

PPT 2.3: Activities of Daily Living & Toilet Training

Slide 31

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT



David Werner

Slide 32

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Sensory issues and toileting

- As with all other activities, toileting requires attending to and responding to sensory information.
- Toileting can be difficult for children with sensory challenges.

  For example: some children dislike squatting or dislike the sounds or smells associated with toileting.

Slide 33

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Strategies to help

- Place a pictorial sign outside the toilet
- Schedule toileting
- Provide footwear to avoid bare feet
- Place a stool under the feet
- Provide hand-over-hand support where needed
- Use a modified toilet seat
- Be consistent and patient
- Do not flush while the child is too near

Slide 34

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Any questions?

Day 3:

Communication and Behaviour

Trainer Notes: Part 2, Day 3

Communication and Behaviour

Materials required:

- PowerPoint projector and screen
- PowerPoint presentations: ***PPT 3.1 Communication (+trainer notes)***; ***PPT 3.2 Let's talk about Behaviour (+video clips)***; ***PPT 3.3 Communication Observation Activity***
- Activity 2: Examples of picture system
- Activity 3: Videos of local children – to be sourced locally. Handout: ***HO 3.1 Communication Observation Activity***
- Blank paper, pencils, felt pens, scissors and glue

Indicates a PowerPoint presentation.

Indicates activities where the trainer needs to provide own materials.

Indicates where the trainer needs to show a video.

Learning Objectives:

1. **To understand about human communication, the impact of disability and how to promote communication skills.**
2. **To understand the role of communication in behaviour.**
3. **To understand the connection between sensory challenges and behaviour.**
4. **To gain ideas on how to use positive behaviour strategies.**

08:00 – 09:30: Communication

- **PowerPoint presentation:** ***PPT 3.1 Communication***
- Introduction to why and how we communicate and the impact that a developmental disability may have on this. Summary of interventions and tools that can be used to help children with developmental disabilities to overcome communication difficulties. Includes Activity 1 – roleplay and trainer notes.

9:30 – 9:45: MINI-BREAK

9:45 – 10:30: Communication and Behaviour Part 1

- **PowerPoint presentation:** ***PPT 3.2 Let's Talk About Behaviour*** *(slides 1-18)*

10:30 – 11:00: BREAK

11:00 – 12:00: Communication and Behaviour Part 2

- **PowerPoint presentation:** ***PPT 3.2 Let's Talk About Behaviour*** *(slides 19-30)*

12:00 – 13:00: LUNCH

13:00 – 14:30: Building picture systems

- **Activity 2:** Provide trainees with examples of picture systems and schedules used for specific ADL's (e.g. toileting, hand washing, brushing teeth). Trainees create their own picture system, whether it be a schedule, choice board, first/then board etc. for a particular child.

14:30 – 15:30: Communication Observation Activity

- **PowerPoint presentation:** ***PPT 3.3 Communication Observation Activity.*** This explains the activity below.

- **Activity 3:** Trainer to provide videos of local children – see suggested videos below. Trainees watch video clips that the trainer has prepared of children living locally. **Give trainees** ***HO 3.1 Communication Observation Activity***.

- **Ask** them to consider the following to help identify the difference between speech, language and social communication difficulties and strategies that can be used to help:
  - Does the child understand what the adult is saying to them in the way you would expect for their age?
  - Do they talk in a similar way to the other children of the same age?
    - Does s/he know the words for things?
    - Is s/he putting words together in phrases/sentences as you would expect?
    - Does his/her speech sound clear or slurred?
  - Is the child interested in the other children in the room, or does s/he prefer to play alone?
  - Is the child looking at other people when they talk to him/her?
  - What strategies is the adult using to help?
- **Prompt** trainees to share their observations with the whole group, discussing each video one by one

Suggested videos

1. A child engaging in a 1:1 table-top activity with an adult. The child has difficulties understanding what the adult is asking them to do. The adult uses gesture and pictures to help guide the child through the activity.
2. A child who you would expect to be using whole sentences playing with an adult. The child can only say single words or two-word phrases. The adult repeats back what the child is saying but modelling longer phrases.
3. A child with CP choosing what they want to play with. The child has slurred speech which is difficult to understand. The adult then shows a picture board with 6 different games on it and the child points to the one they want.
4. A child with Autism/social communication difficulties playing in a room full of other children. The child is playing on their own. Other children come up and try to play with the child but the child shows no interest and carries on with their own game.

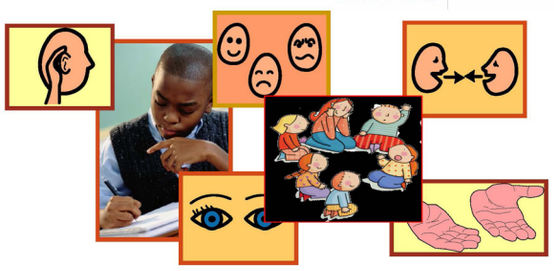
15:30 – 16:00: Review of the day's activities

- **Invite** questions and comments.
- **Recap** of learning objectives and main learning points.

PPT 3.1: Communication

Slide 1

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT



Communication

Slide 2

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Understanding Communication and the Impact of Disability

Slide 3

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Activity 1: Roleplay

2 volunteers – please come to the front and have a conversation

- Talk about where you both live, how you both got to the training venue this morning and what your day has been like so far.
- Use as much facial expression and gesture as you can and use pen and paper to draw a map showing where you live.

Slide 4

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What is 'communication'?

What did you see in the roleplay conversation?

- How did they communicate?
- Why did they communicate?
- How did they feel at the end of it?

Slide 5

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

So, Why do we communicate?

Slide 6

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Why?

- To build relationships – bond with caregiver.
- To ask for things and express our feelings.
- To listen to others – get to know people and learn about things.
- To exchange ideas / everyday information – conversation.
- Makes us 'human'.

PPT 3.1: Communication

Slide 7

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What do we *really mean* by 'communication'?

Communication

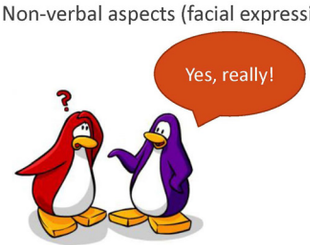
Language **Speech**

Slide 8

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Communication

- Two-way exchange between people
- Verbal aspects (spoken / written word)
- Non-verbal aspects (facial expression / gesture)

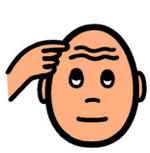


Slide 9

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Language

- Understanding the words people say
- Expressing yourself through single words, sentences, or sign language



Slide 10

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

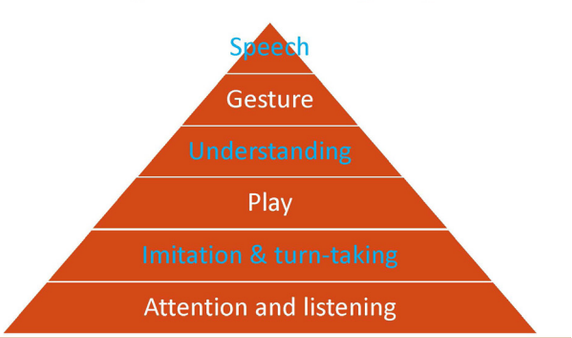
Speech

- Sounds combine to form words
- Involves movement of mouth, lips, teeth, tongue

Slide 11

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Building blocks for learning to speak



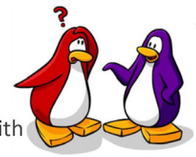
Slide 12

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What do we need for this to happen?

PPT 3.1: Communication

Slide 13



We need:

- Someone to interact / communicate with
- Something to communicate about
- Sensory skills – vision and hearing
- Motor skills – body, limbs, hands, voice, face, lips, tongue
- Cognitive skills – understand and produce language (i.e. words and sentences)

AND…

Slide 14

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

…the desire to interact and socialise

For some children this is difficult:

Eg. Social communication difficulties and Autism spectrum disorders

Slide 15

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Impact of developmental disability on early communication skills?

- How do you think having cerebral palsy would affect the way a baby communicates?
- Will that affect how the mother responds?
- What impact will *that* have on the child's development (social interaction skills, communication skills)

Slide 16

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

And as they grow up……??? How will communication skills be affected?

- ❑ Cerebral Palsy
- ❑ Intellectual disability
- ❑ Social communication disorders and autism

Slide 17

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What can you do to help?

Slide 18

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Communication: General Principles

- ✓ Make sure that you have the child's attention before speaking.
- ✓ Make sure that you are close to the child, preferably at their height.
- ✓ Avoid background noise and distractions.
- ✓ For children who are slow to learn, speak clearly, use simple words and sentences.
- ✓ Use TOTAL communication - facial expression and body language, gesture, objects, pictures and words to communicate your message… and encourage them to do the same!

PPT 3.1: Communication

Slide 19

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Examples of Visual Aids –

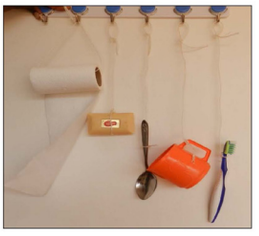
objects, gestures & pictures

Slide 20

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Objects of Reference: used to symbolise an activity

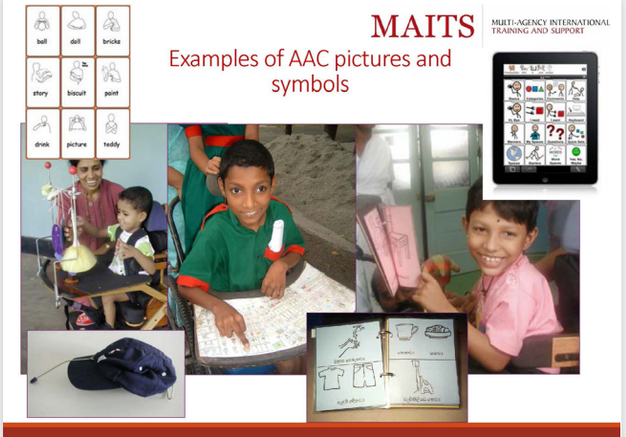
Visual Timetable: to remind child of the day's activities



Slide 21

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Examples of AAC pictures and symbols



Slide 22

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Gestures/signs: standard vocabulary (optional)

Slide 23

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Deciding on the best system

1. Can the child speak words? Yes/No
2. Do people understand the child? Yes/No

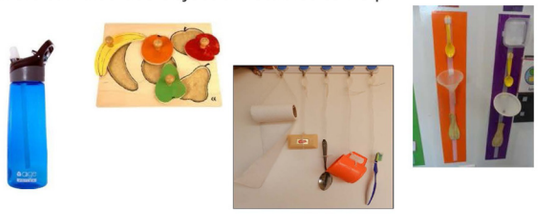
If No to 1 or 2 above, then they will need a visual system.

Slide 24

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

If the child cannot speak and doesn't understand pictures then they can be taught to use real objects to communicate what they need.

Carers can also use object timetables to help.



PPT 3.1: Communication

Slide 25

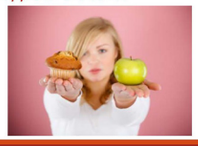
MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

How to start: Offer Choices

Help the child to communicate through eye-pointing, finger-pointing or touching an object or picture – to show you what they want.

Offer choices using these methods. Build up from choice between 2, 3, etc. items.

Asks…"What do you want? The apple or the cake?"



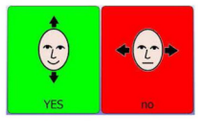
Eye points…The cake (of course!)

Slide 26

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

If the child cannot speak, but understands pictures, they can be taught to point at pictures.

-using the part of their body that works best (eyes, hands, head, feet)



Slide 27

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

If the child cannot speak clearly, but understands pictures and has **good hand control** then they can be taught to use picture boards, or technology to communicate (e.g. iPad app).

Slide 28

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

When to use visual tools?

ALL THE TIME

- Conversation
- Asking for things
- Making choices about snacks or clothes to wear
- Joining in with songs
- Joining in with stories
- Answering questions in class

Slide 29

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Discussion

- Do you know children who could use these systems?
- What are the advantages and disadvantages?
- Do you think they will stop a child learning to talk?
- How will a child get used to using one?

Slide 30

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

References and sources

Satter, E. M. (1990). The feeding relationship. *Journal of American Dietetic Association, 86,* 352-356.

Getting to know CP: www.disabilitycentre.lshtm.ac.uk/getting-to-know-cerebral-palsy/

Claire Leadbeater. Communication training in Jamaica, 2015

MAITS Guide for Community Health Workers: Supporting children with disabilities, 2014

PPT 3.2: Let's Talk About Behaviour

Slide 1

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Let's talk about behaviour!

Slide 2

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Part 1

Slide 3

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What is behaviour?

What do *you* think?

Slide 4

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What is behaviour?

Behaviour is the way in which a person **acts**..

Behaviour can be **learned over time**, and **shaped through situations and experiences**.

Slide 5

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What purpose?

What do *you* think?

Slide 6

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Purpose of behaviour

- Obtaining a desired object or outcome
- Escaping a task or situation
- Gaining attention
- Attempting to self-calm, self-regulate, or feel good
- Staying away from something painful
- Responding to pain or discomfort
- Attempting to gain control over the environment or situation

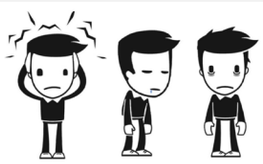
Taken from Autism Speaks

PPT 3.2: Let's Talk About Behaviour

Slide 7

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Behaviour and Communication



Negative behaviours can arise if someone:

- has difficulty understanding what is being said or what is happening around them
- cannot express themselves effectively

Slide 8

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

How do you think behavior changes if we have trouble understanding other people?

Slide 9

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

How do you think our behaviour changes if we do not have adequate ways to express ourselves?

Slide 10

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

5- minute Activity

With the person next to you, give directions on how to get to the shops without using words.

Challenging? How did it make you feel?

Slide 11

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

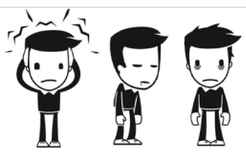
Some more factors that affect behaviour

- Medication
- Lack of sleep
- Change in routine
- Illness
- Hunger
- Absence of toys or activities
- Uncomfortable clothes
- Too hot or cold

Slide 12

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Behaviour and Sensory Integration



Negative behaviours can arise if someone has difficulty understanding:
-what they see and/or hear and/or touch and/or smell and/or taste
-what position their body position is in

These difficulties are common in children with Autism and ADHD

PPT 3.2: Let's Talk About Behaviour

Slide 13

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Illustration by Jennifer Veerendall

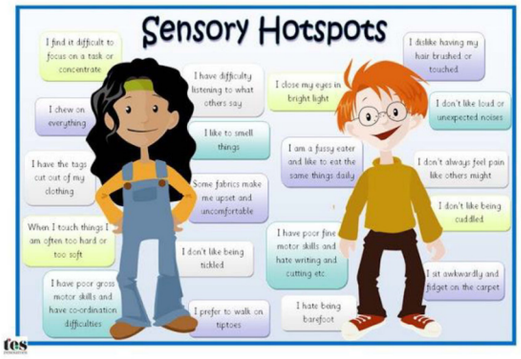
Slide 14

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Signs of
Sensory Processing or
Sensory Integration
difficulties

Slide 15

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT



Slide 16

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Some more signs...

- Cannot stay seated and is distractible
- May move slowly and in a daze
- Avoids group play
- Impulsive - will take undue risks
- Appears Clumsy
- Falls frequently
- Resistance to new situations
- Challenging behaviour

Slide 17

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Challenging Behaviour

These behaviours could include:

- Constant running around and fidgeting
- Self-injury or inappropriate self-stimulation
- Throwing things
- Being aggressive and destructive

Slide 18

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

BREAK

PPT 3.2: Let's Talk About Behaviour

Slide 19

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Part 2

Slide 20

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Discussion

Do you have ideas on how to support children with behavioural challenges?

Slide 21

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

General Principles to encourage Positive Behaviour

- Make sure the child knows what to expect and what is expected of him / her – use visual timetables and communicate in ways the child can understand
- Make sure the child has available communication aids to help them express themselves if needed
- Offer choices where possible
- Reward good behaviour
- Ignore negative behaviour
- Be consistent in your approach – staff and parents

Slide 22

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Responding to challenging behaviour

- Stay calm and try to understand what has caused the behaviour
- For younger children – distract their attention
- Encourage the child to explain what is wrong – using all forms of communication if needed (pictures, gestures etc.)
- Change the activity or remind the child of what the activity involves (what is next, when it will end) – use pictures, gestures to help

Slide 23

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Try to understand the cause

Example 1: *Child screams after being asked to toilet & is punished for not listening.*

- **Possible reason:** Child might be scared of sitting on the toilet, and has no other way of communicating fear. The **punishment does not change the behaviour**.

Example 2: *Child runs away whenever they can. They are chased by caregivers.*

- **Possible reason:** Child runs when they want to play or get attention from others and they also enjoy the sensation of moving.

Note - there may be more than one reason!

Slide 24

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

How can
Visual Communication Aids
help?

PPT 3.2: Let's Talk About Behaviour

Slide 25

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Picture Systems

Can be used to help child navigate through the day or through an activity.

- Timetables/schedules
- First/then'

Facilitate expressive communication:

- Yes/no
- Choices

Slide 26

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Using pictures to learn the sequence of an ADL

Slide 27

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Using pictures to encourage non-verbal child to communicate

Slide 28

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Discussion

- Why is it important to provide positive reinforcement for good behaviour?
- Are there other ways to deal with negative behaviours other than using punishment?

Slide 29

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

In summary.....

NEVER

- Shout at the child
- Hit the child
- Restrain the child with a physical tie

ALWAYS **be calm** > **consistent** > **reward good behaviour**

Slide 30

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Discussion

- What has your experience been?
- How do parents /teachers manage challenging behaviour?
- How will persuade people to use POSITIVE methods?

PPT 3.2: Let's Talk About Behaviour

Slide 31

PPT 3.3: Communication Observation Activity

Slide 1

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Communication Observation Activity

Slide 2

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

How do you know if a child has difficulties with communication?

The child may have problems with:

- Understanding what people say
- Finding the words to say what they want
- Moving their mouth to make speech sounds
- Interacting with people

Slide 3

Video Activity: Observe……

- Does the child understand what the adult is saying to them in the way you would expect for their age?
- Do they talk in a similar way to the other children of the same age?
  - Does s/he know the words for things?
  - Is s/he putting words together in phrases/sentences as you would expect?
  - Does his/her speech sound clear or slurred?
- Is the child interested in the other children in the room, or does s/he prefer to play alone?
- Is the child looking at other people when they talk to him/her?
- What strategies is the adult using to help?

Slide 4

After each video clip, share your thoughts with the whole group

Slide 5

Handout: HO 3.1 Communication Observation Activity

- Does the child understand what the adult is saying to them in the way you would expect for their age?
- Do they talk in a similar way to the other children of the same age?
    - Does s/he know the words for things?
    - Is s/he putting words together in phrases/sentences as you would expect?
    - Does his/her speech sound clear or slurred?
- Is the child interested in the other children in the room, or does s/he prefer to play alone?
- Is the child looking at other people when they talk to him/her?
- What strategies is the adult using to help?

Day 4:

Eating and Drinking

Trainer Notes: Part 2, Day 4

Eating and Drinking

Materials required:

- PowerPoint projector and screen
- Flip chart paper and pen
- PowerPoint presentations: ***PPT 4.1 Eating and Drinking part 1 (+ video clip)***; ***PPT 4.2 Eating and Drinking part 2 (+ trainer notes video clips)***
- Handouts: ***HO 4.1: Feeding Screen***; ***H0 4.2: Universal Guidelines***; ***HO 4.3 Case Studies***
- Practical activity:
  - Children with feeding difficulties and a parent
  - Food – brought in by parents or provided by the school
  - Range of feeding utensils available locally and materials to modify them – including appropriate spoons, cups, non-slip mats, material to wrap round handles etc.
  - Additional food options to trial (e.g. Banana, mango pieces) and something to change consistency to be more liquid or solid (e.g. milk, water, powered Nestam)

Indicates a PowerPoint presentation.

Indicates activities where the trainer needs to provide own materials.

Indicates where the trainer needs to show a video.

Learning Objectives:

1. **To understand the difficulties with eating and drinking that can be experienced by children with neurodevelopmental disabilities and the implications of these.**
2. **To know the signs of eating and drinking difficulties and what can be done to support safe and effective feeding.**
3. **To gain some practical experience in supporting safe and effective feeding.**

08:00 – 9:00: Introduction to Eating & Drinking difficulties and screening

- **PowerPoint presentation:** ***4.2 Eating and Drinking part 2 (slides 25-67)*** and ***HO 4.1 Feeding Screen***

9:00 – 9:45: The Management of Eating & Drinking difficulties

- **PowerPoint presentation:** ***PPT 4.2 Eating and Drinking part 2*** *(slides 1-25)*

  Trainer needs to tailor the information on slides 19 & 20, using examples of local foods.

9:45 – 10:15 BREAK

10:15 – 11:15 The Management of Eating & Drinking difficulties *contd*

- **PowerPoint presentation:** ***PPT 4.2 Eating and Drinking part 2*** (slides 25-67) and ***HO 4.2 Universal Guidelines***

11:15 – 12.00

- **Activity 1:** Approx 45 mins. Divide participants into small groups and give each group a case study *(**HO 4.3**)*. Groups should discuss and present to the class on the following points.
  - Seating position/type of seating aid to be given if any
  - Type of food to be given
  - Type of feeding aids to be used if any
  - Any preparatory activity to be done if any
  - Position of the carer and child
  - Demonstrate facilitating safe/effective feeding
  - Discuss task analysis of self-feeding to lead to greater feeding independence or steps to achieve greater acceptance of food types

12:00 – 13:00: LUNCH

13:00 – 14.30: Practical activity – mealtime practice

- **Purpose:**
  1. To practise safe feeding practises in real life situations
  2. To further understand good posture as related to feeding
  3. To have a practical understanding of the concept of varying food consistencies for every child.
  4. To conduct task analysis for feeding that would lead to greater independence in feeding/to achieve greater acceptance of food types

- **Pre-session preparation:**
  - Set up logistics for inviting 3-4 children with their caregivers based on the number of trainees. Children selected should preferably be in the younger age group and have multiple functional challenges.
  - Set up the training area with mats/toys/positioning equipment etc. and feeding equipment.
  - Make children's regular diet available, as well as foods of different consistencies.
  - Trainees to be briefed on ground rules for family/child/interactions.
  - Obtain written consent from carers for participation and video recording
- **Activity Plan:**
  - Divide trainees into small groups and pair with a caregiver and a child.
  - Trainees to practise the skill of feeding learnt during the morning session, trying foods brought in by carer and foods of different consistencies under supervision.
- **Guidelines for trainees:**
  - Introduce yourselves to the carers.
  - Build rapport with the child prior to handling.
  - If the child is not comfortable, ask for help from a carer.
  - Maintain confidentiality.
  - Do not talk amongst yourselves during the session.
  - Thank the family and carer at the end of session.
  - Try and make notes of the observations using the assessment form, during the assessment if possible, or immediately after the assessment.

14:30 – 15:30: Group discussion

- **Discussion:** Small groups feed back on the activity and how they conducted it, the challenges they faced if any, aids and diets used and their plan for leading to greater independence/ greater acceptance of food types.

15:30 – 16:00: Review of the day's activities

- **Invite** questions and comments.
- **Recap** of learning objectives and main learning points.

PPT 4.1: Eating and Drinking – Part 1

Slide 1

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Kaji Ashraful Haque Anik

Working with Children with Eating & Drinking Difficulties

Part 1: Introduction to the issues

Slide 2

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Aims for today

To learn about:

- Usual development of eating and drinking skills in children
- What can go wrong
- How you know
- Why is this significant – the impact
- What you can do to help

Slide 3

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Gross motor skills ⟷ Feeding skills

Motivation UK

Slide 4

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Feeding patterns

The movement patterns used by babies and young children change as they develop, and as the food they eat also changes:

Sucking (milk)

Munching (soft/moist food – weaning food)

Chewing (solids)

Slide 5

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Anatomy

The shape of a baby's throat changes from 3-6 months of age.

Young babies can be fed in lying position with no risk to milk going onto their lungs.

Older babies and children need to be sitting more upright drink passing down the wrong way.

Slide 6

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

So, what if a child has motor impairments?

How might this impact on eating and drinking?

PPT 4.1: Eating and Drinking – Part 1

Slide 7

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Recap: Who do we mean by motor impairments?

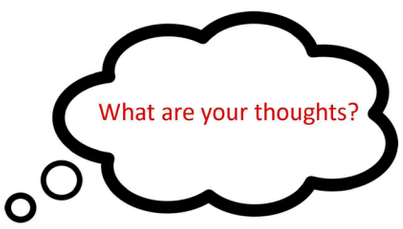
Conditions that affect the nerves and muscles and can cause paralysis or poor function of the tongue, muscles in the throat, oesophagus and vocal folds.

E.g. Cerebral palsy, muscular dystrophy, brain infection (e.g. meningitis), stroke, head injury, tumour, nerve injury.

Slide 8

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

How might this impact on eating and drinking?



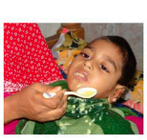
Slide 9

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

How might this impact on eating and drinking?

1. Ability to chew and swallow

40-90% of all children with Cerebral Palsy. Feeding difficulty more severe with severe motor impairment.



2. Ability to go and look for snacks when hungry or to feed self – therefore they will be reliant on the availability of a caregiver for feeding or they eat less.

Slide 10

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What else might be affected?

3. Ability to feed self in a 'safe' way
(ie. without it going down onto the lungs)
Requires: holding head in right position, taking in right amount per mouthful, eating at a speed can manage etc.)

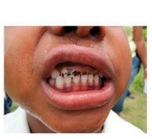
4. Ability to ask for things
Difficulty telling caregiver when hungry or thirsty (or had enough)

Slide 11

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

And.....

6. Ability to keep mouth clean
Limited tongue movement and dislike of teeth-cleaning) ➡ tooth decay and breathing germs into lungs.



7. Digestive difficulties – most common is called 'reflux' – causing vomiting during or after meals.

Slide 12

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What do you think might be the signs that a child has these types of feeding difficulties?

PPT 4.1: Eating and Drinking – Part 1

Slide 13

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

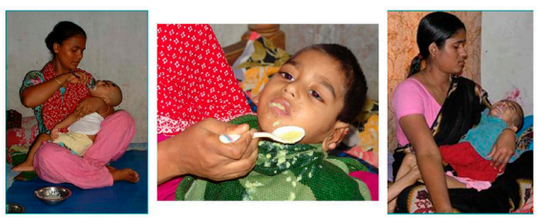
General signs and symptoms of feeding difficulties:

- Recurring chest infections and generally poor health
- Underweight, with no other reasons
- Mealtimes taking longer than should
- Difficulty transitioning from soft to solid food
- Unable to eat same amount as other children in one sitting
- Increased drooling
- Dehydration (passing urine less often, urine is a darker colour)
- Constipation

Slide 14

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What do chewing and swallowing problems look like?



Slide 15

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Signs during feeding

- Tongue pushing forwards
- Excessive drooling and spillage of food
- Several attempts at trying to swallow something
- Signs of pain in face, face changing colour, tears in eyes (food has gone down the wrong way – is 'aspirated')
- Coughing and choking
- Regurgitation
- Child noticeably uncomfortable or upset (crying)
- Food refusal

Slide 16

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

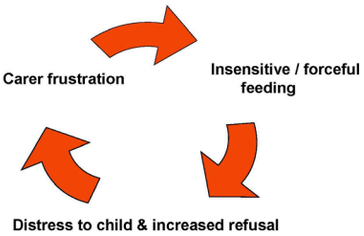
Potential consequences

- Eat less ➡ less energy and nutrition to develop and learn.
- Drink less ➡ dehydration
- Food and/or drink goes onto lungs ➡ chest infections
- Negative relationship between caregiver and child.
- Negative impact on caregiver and family.
  - Emotional stress
  - Financial burden (paying extra doctor's bills and medication as child is often sick)
  - Less time for other members of the family or to go out to work.
- Early death – from malnutrition or chest infection

Slide 17

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Emotional Stress



Slide 18

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

PPT 4.1: Eating and Drinking – Part 1

Slide 19

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

"I always feel impatient because he cries a lot, so I shout at him and bite him. When he cries it's deafening. I feel angry because the food spills out, he vomits and cries, and because he can't feed himself."

"I feel angry sometimes and hit him when I have to force him hard to eat. At that time I have to hold all his limbs down in lying position."

"Sometimes I feel so angry that I stop feeding her."

Caregivers in Bangladesh (Adams, 2009)

Slide 20

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What if a child has specific sensory or behavioural issues?

Slide 21

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Possible causes

- Started eating solid food later than other children
- Negative experiences
  - force-feeding
  - surgical intervention
  - NG tube
- Sensory processing difficulties due to eg. Autism

Slide 22

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Signs:

- Child refuses food to be put in their mouth

OR

- 'Picky' or 'selective' eater

-Very specific about the foods they like and don't like, depending on: temperature, taste, smell, colour, texture.

Slide 23

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Consequences

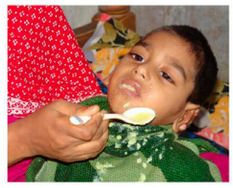
- Eat a narrow range of foods
- Constipation and digestive problems
- Stressful mealtimes
- Poor motivation to eat

Slide 24

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Assessment

Focus: children with motor impairments



PPT 4.1: Eating and Drinking – Part 1

Slide 25

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Assessment

Interview, mealtime observations, medical and anthropometric assessment.

Slide 26

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Feeding Assessment

A basic, informal assessment may include:

1. Background and medical history
2. Carer report on feeding / mealtimes
3. General developmental skills
4. Measurement of growth ('Anthropometry' including weight & length)
5. Nutritional & fluid intake (e.g. 24 hour recall)
6. Observation of feeding

Slide 27

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Observation of feeding:

- Child's feeding pattern (sucking, munching, chewing)
- Texture of food (liquid, puree, mash, chewy, crumbly, crispy, mixed etc.)
- Positioning and stability (especially trunk & head)
- Utensils (hand, cup or spoon - & shape/size/ material)
- How child is coping (e.g. signs of distress or aspiration)
- Carer feeding techniques (pacing of spoon feeding or drinking, quantity per mouthful, sensitivity to child's needs, communication style)

Slide 28

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Screening for feeding difficulties

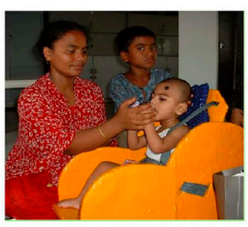
Talk through the MAITS screening form

(handout)

PPT 4.2: Eating and Drinking – Part 2

Slide 1

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT



Working with Children with Eating & Drinking Difficulties

Part 2: What can be done to help?

Slide 2

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Recap:

What are the main consequences of eating and drinking difficulties?

What can you remember?

Slide 3

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Recap of consequences

- Undernutrition and poor health (poor development & early mortality)
- Chest infections caused by aspiration (early mortality)
- Dehydration and Constipation
- Time-consuming for caregiver
- Unhappy mealtimes for child and caregiver
- Negative impact on the family (time, money…)

Slide 4

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Interventions for children with a motor impairment

Focus on:

- Hygiene (including oral hygiene)
- Nutrition and hydration
- Communication
- Readiness to feed
- Feeding methods
- Encouraging self-feeding

a) Universal Strategies

b) Specific Strategies to manage particular issues

Slide 5

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Hygiene

How do you do these things locally?

Slide 6

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Hygiene

- **Hand-washing** (important that water comes from flowing source + soap or ash + air dry – avoid shared towel)
- **Utensils** (rinse in 'good' water & dry in sun, rather than cloth, if possible)
- **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***

PPT 4.2: Eating and Drinking – Part 2

Slide 7

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Nutrition

Why is nutrition important for children?

- Survival, growth and development
- Good health
- Energy
- Mental ability
- Well-being

Slide 8

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What food is good for children with disabilities?

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

Slide 9

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Factors affecting ability to eat well:

- Alert or drowsy
- Well-nourished or malnourished
- Overall health (especially respiratory health)
- Ability to feed self or ask for food
- Good positioning and appropriate caregiver feeding practices
- Medications (some suppress hunger)
- Frequency of bowel movements

Slide 10

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

How do we achieve good nutrition?

Enough food

Good food

Slide 11

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Access to food

- Are children with disabilities offered the same amount of food as their siblings?

If not – why not?

- Are children with disabilities offered the same quality of food as their siblings?

If not – why not?

Slide 12

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Access to nutrition services

- Do you have contact with local nutrition services?
- Do they help children with disabilities in your area?

Research studies tell us that they generally lack the training to be willing/able to help

PPT 4.2: Eating and Drinking – Part 2

Slide 13

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

A balanced diet

Slide 14

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Ensuring the right consistency

Chewy, dry, crispy, crumbly, floppy, stringy, seeds.

Soft & smooth

Runny or runny and solid bits together.

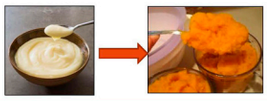
Slide 15

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Food consistency cont…

- Some foods and recipes are naturally of an easy consistency to manage
- Others need to be modified by mashing or sieving (in their raw form or during cooking)

- Consider the child's stage of development – move *slowly* from puree to mash (extremely thick puree) by gradually altering the texture.



Slide 16

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

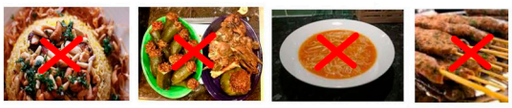
'Extremely Thick Puree'

- Thick enough to eat with a fork.
- Holds its shape on a spoon or plate
- Cannot be poured and does <u>not</u> 'spread out' if spilled.
- Does not require chewing.
- Has no lumps or bits - is smooth throughout *(no lumps, fibres, bits of shell/skin, bits of husk, gristle/bone etc).*
- Is not sticky.
- Is moist but there is no liquid separating from the solid.

Slide 17

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Some foods need to be avoided altogether…



- Mixed texture (thick and thin together, runny with lumps)
- Hard, tough, chewy, sticky, fibrous, stringy, dry, crispy, crunchy or crumbly.
- Pips, seeds, skin, bone
- Floppy food eg. cabbage

Slide 18

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Good or bad? Why? Can it be modified?

What do YOU think about the following??

How does it need to be prepared?

PPT 4.2: Eating and Drinking – Part 2

Slide 19

	OK?	Why not? Can be modified?
Rice		
Chappati		
Yoghurt/curd		
Egg		
Papaya		
Orange pieces		
Spinach bhaji		

Slide 20

	OK?	Why not? Can be modified?
Banana		
Pumpkin		
Spices		
Steamed fish		
Potato chips		
Chicken curry		
Khichuri		

Slide 21

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Local solutions?

- What do children with disabilities here eat?
- How could you modify the consistency to make it easier/'safer' to manage?
- How could you improve the nutrient value?
- 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

Slide 22

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Smaller meals more often

- Eating is hard work and children get tired
- Tired children find chewing and swallowing more difficult

They cannot eat enough food
Food goes onto the their lungs

Solution:
Give smaller meals more often

Slide 23

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Don't forget drinks!

- Give PLENTY to drink: Fill a 1 litre bottle and make sure it is finished at the end of the day.
- Give small amounts THROUGHOUT the day, not too much at mealtimes.
- Give very carefully – child sitting upright, small sips, slowly.
- Give nutritious drinks where possible – milk, juice.
- Give naturally thinker drinks where possible – shakes, thick juice.

Slide 24

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Constipation

- Ensure the child eats enough fibre – e.g. millet
- Ensure the child is drinking enough water
- Gently massage the child's tummy after eating

PPT 4.2: Eating and Drinking – Part 2

Slide 25

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

BREAK

Slide 26

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Learning
good ways to feed

Slide 27

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Readiness for feeding

It's important that the child is ready to eat – awake and calm

If a child is drowsy or agitated, gently help to prepare them using:

Touch Movement Smell Taste Sound

Slide 28

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Communication

- How do 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?

Slide 29

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Optimising Communication

- Feed in a place with few distractions.
- Face the child where possible.
- Communicate in a way the child can understand.
- Encourage the child to make choices and indicate their needs and wants.
- Be responsive and follow the child.

Slide 30

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Optimising Communication

PPT 4.2: Eating and Drinking – Part 2

Slide 31

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Use 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 and Gestures

Later: Talking + Pictures and Signs

Slide 32

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What else?

- Positioning and physical support for eating and drinking
- Utensils
- Support with learning to chew and self-feeding
- Responsive feeding methods – self or other

Slide 33

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Practical Activity

- Try to swallow your saliva with your mouth open.
- Feed your partner a biscuit sitting slouched and blind-folded – push it in the mouth quickly.
- Give your partner some water with their head leaning back slightly.

Describe to the group what it was like. Discuss…

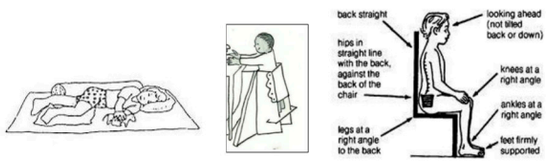
Slide 34

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Positioning

Key principles:

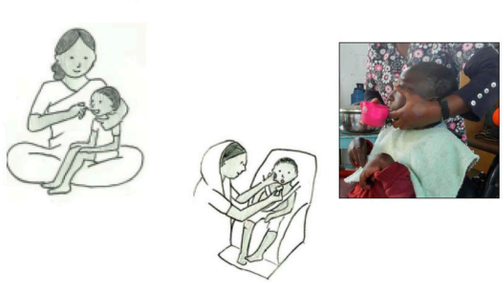
- Sitting well supported – with body aligned and head straight
- If this is isn't possible, then side-lying or supported standing, are options.
- Sit upright for 30 minutes to ensure food is digested well



Slide 35

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Optimising positioning…



Slide 36

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Achieving optimum positioning

- It helps to have a seat
  -roll up towels and small cushions to support the child around the hips and to ensure the neck
- A tray in front
  -enables playing with the food and learning to self-feed
- Feet on the ground / foot rest

PPT 4.2: Eating and Drinking – Part 2

Slide 37

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Head Position for drinking

- Head position is particularly important, as fluids travel so quickly and are therefore difficult to control.
- Head back, increases the risk of drink going down onto the lungs ('aspiration').
- Head slightly forwards with chin tucked in – safest.

Slide 38

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Other physical support

Jaw stability:

Children with poor head control and/or jaw stability will require jaw support in order to eat and drink safely and efficiently.

How?

Jaw stability can be provided by the feeding either from the front or from the side

Slide 39

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Stabilising jaw from the front

Slide 40

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Stabilising jaw from the side

Slide 41

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Utensils

Should ensure small mouthfuls and be of a material that will not harm the child if they bite on it.

Spoons: small strong plastics

Cups: made of plastic, short with small rims, or rims cut in a shape to make space for the nose – avoids head tipping back.

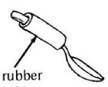
Double-handled beakers to aid independence.

Slide 42

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

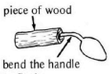
Utensils

Plastic spoon (not brittle)



rubber tube

piece of wood



bend the handle to fit the child's grip

Non-slip mat

PPT 4.2: Eating and Drinking – Part 2

Slide 43

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What is available in here?

Share your experiences…

Slide 44

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Learning to chew

Slowly change consistency:

puree

↓

mash

↓

easy-to-bite foods

placed between the side teeth on strong side
(eg. mango, papaya, boiled pumpkin or potato, boiled egg, banana)

Be sure the child is able to manage the changes. Watch to see if they struggle.

Slide 45

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Independent (self-)feeding

Why self-feeding?

- Gives child control/self directed – encourages positive attitude to feeding.
- Works well with aversive feeders.
- Independence is a natural part of development.

Slide 46

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

How?

- Practice the specific skills needed

  e.g. skills for lifting a loaded spoon to the mouth and taking food to the mouth.

  -Can this skill be practiced as a play activity?

  -Use physical prompting, hand over hand, as well as verbal prompting.

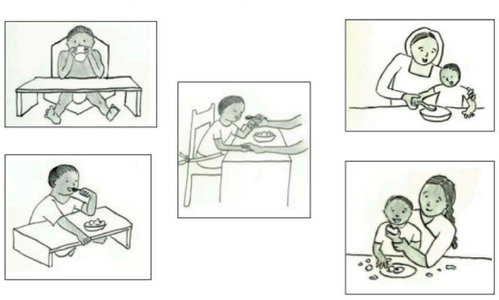
- Start with finger food

  Independent feeding should be encouraged as soon as it is 'safe' to do so.

Slide 47

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

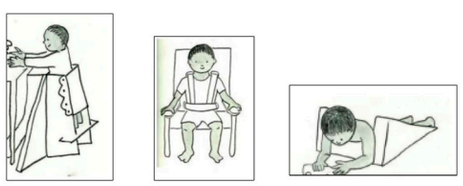
Positioning for Independent Feeding



Slide 48

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Positioning for Independent Feeding



PPT 4.2: Eating and Drinking – Part 2

Slide 49

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Supporting independent spoon feeding/cup-drinking
(hand over hand support)

Slide 50

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Responsive and Sensitive Feeding

- *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.

Slide 51

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

When to Seek Medical Help

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

Slide 52

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Activity: What has changed?

Look at the photos in the next 3 slides. What has changed from before and after training?

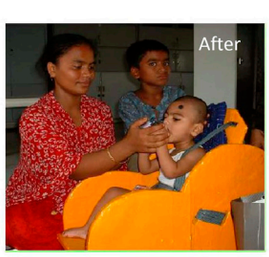
Think about:

- Positioning (and what is used to help)
- Utensils
- Communication
- Support being given by caregiver
- Involvement of child in self-feeding (and note subsequent change in apparent abilities)
- Child and caregiver mood

Slide 53

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What has changed?



Slide 54

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What has changed?

PPT 4.2: Eating and Drinking – Part 2

Slide 55

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What has changed?

Slide 56

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Activity

In pairs, write a list of guidelines that you would give all caregivers of children with cerebral palsy.

Slide 57

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Sample Universal Guidelines

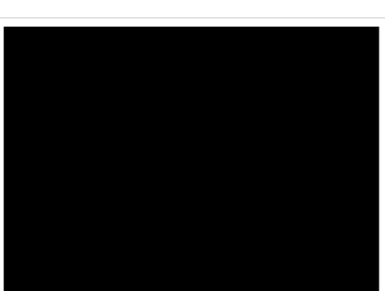
Look at the MAITS Universal Guidelines (handout)

Slide 58

Slide 59

Slide 60

Video 2: Change in caregiver feeding practices - before and after training

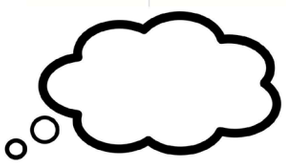


PPT 4.2: Eating and Drinking – Part 2

Slide 61

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What changed?

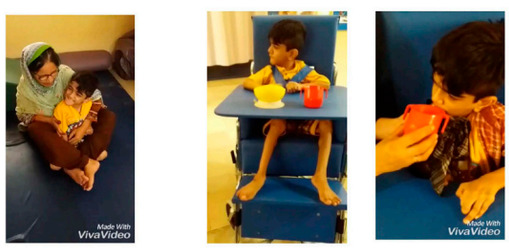


- What did the caregiver do differently after training?
- What difference di it make to the child?
  - Think about ease of eating, signs of aspiration, emotional well-being .....

Slide 62

Video 3: Feeding the child with high muscle tone

IN LAP IN SEAT

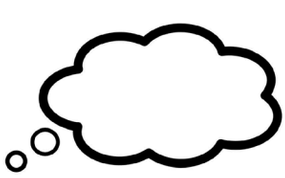


Slide 63

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What worked best – lap or seat?

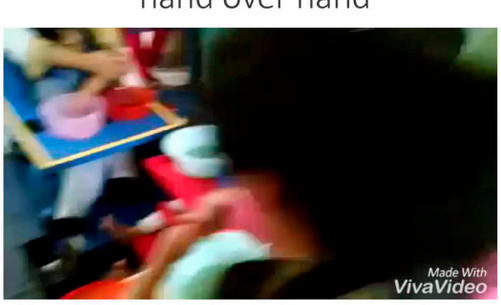
Why?



Think about the child's comfort and level in independence.....

Slide 64

Video 4: Teaching skills for self-feeding -hand over hand

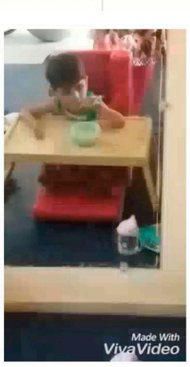


Slide 65

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Video 5: Teaching self-feeding -

hand over hand



Slide 66

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Sensory feeding disorders:
How to help

PPT 4.2: Eating and Drinking – Part 2

Slide 67

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Sensory feeding disorders

General principles:

- Prepare the child for mealtimes using a communication system they are familiar with e.g. visual timetable, objects of reference, symbol card.
- Always follow child's cues – never force.
- Encourage desensitisation though mouthing of toys, messy play with hands, touching food.
- Incorporate oral stimulation into daily activities e.g. tooth-brushing, face washing, powder on the face (choose a time when child is alert and happy).

Slide 68

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

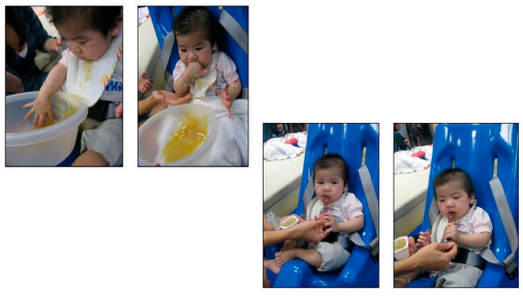
Sensory feeding disorders: management

Desensitisation

1. To reduce the fear and anxiety about eating
2. To build up tolerance of different:
   - food textures
   - food tastes
3. To help child get used to being touched

Slide 69

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT



Slide 70

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

References

Adams, M.S., Khan, N.Z., Begum, S.A., Begum, D., Wirz, S.L., Hesketh, T., Pring, T.R. (2011). Feeding difficulties in children with cerebral palsy: low-cost caregiver training in Dhaka, Bangladesh. *Child: care, health and development, 38, 6,* 878–888.

Beckman, D.A. (2006). Beckman Oral Motor Assessment and Intervention

Gisel, E.G. & Patrick, J. (1988). Identification of children with cerebral palsy unable to maintain a normal nutritional state. *Lancet, 1,* 283-286.

Groce, N., Challenger, E., Berman-Bieler R., Farkas, A., Yilmaz, N., Schultink, W., Clark, D., Kaplan, C., Kerac, M. (2014). Malnutrition and disability: unexplored opportunities for collaboration. *Paediatr Int Child Health, Nov;34(4):*308-14.

IDDSI International Dysphagia Diet Standardisation Initiative, www.iddsi.org, Sep 25th, 2015

MAITS Dysphagia training for therapists and other MAITS resources (www.maits.org.uk)

Slide 71

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

References cont

Reilly S. & Skuse D. (1992). Characteristics and management of feeding problems of young children with cerebral palsy. *Developmental Medicine and Child Neurology, 34,* 379-388.

Richmond, Megan-Lynette (2006) Oral Motor Developmental Milestones, Super duper Handy Handouts! Number 122.

Stallings, V. A., Zemel, B. S., Davies, J. C., Cronk, C. E., & Charney, E. B. (1996). Energy expenditure of children and adolescents with severe disabilities: a cerebral palsy model. *American Journal of Clinical Nutrition, 64,* 627-634.

Trier, E. & Thomas, A. G. (1998). Feeding the disabled child. *Nutrition, 14,* 801-805.

Werner D. (2009). *Disabled Village Children*. The Hisperian Foundation, USA.

Winstock, A. (1994). *Practical Management of Eating and Drinking Difficulties in Children.* Winslow Press, Oxfordshire, UK.

Handout: HO 4.1 Feeding Assessment Screen

Date:_____ **Child's name:**_____ **Age:**_____

MAITS
Screen for
FEEDING DIFFICULTIES

Care's name_____**Relationship to child**_____

Address_____

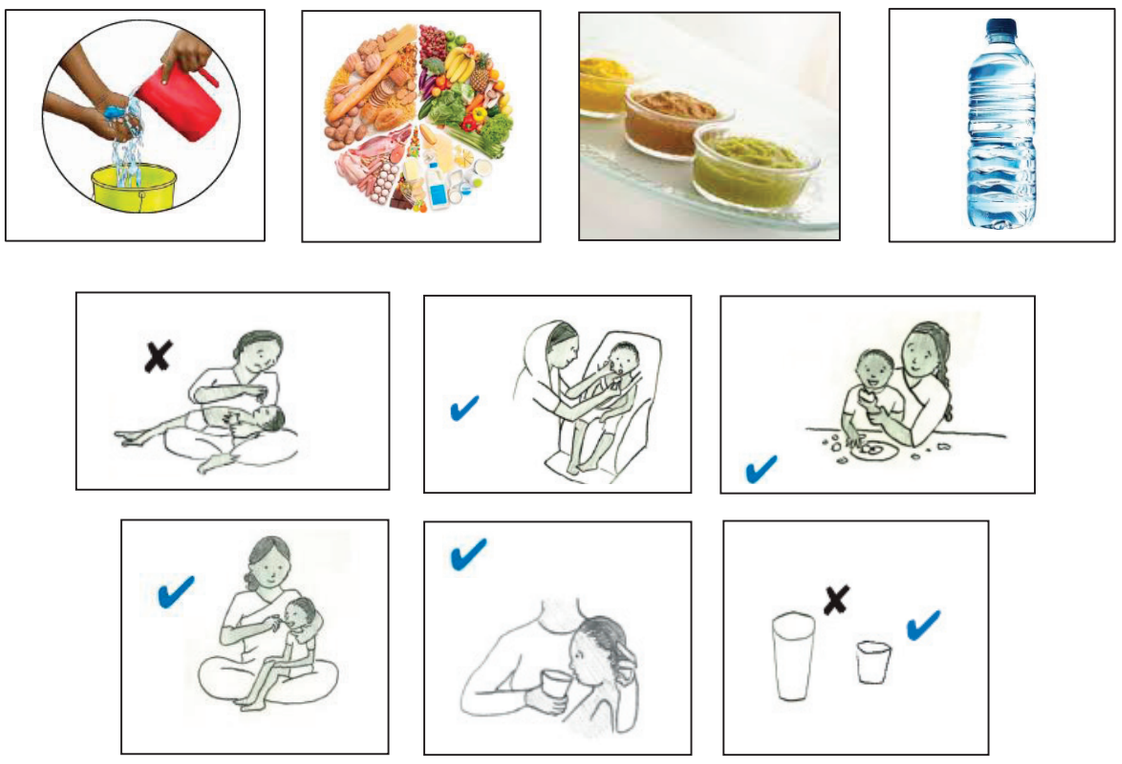
Name of person conducting the screen _____

		1	2	3	4
1	**Does your child have any problems with eating and drinking?**	**Always**	**Some-times**	Occas-ionally	Never
2	**Does your child eat <u>less</u> food or <u>different</u> food compared with other children of the same age (in your family / your neighbourhood)?**	**Always**	**Some-times**	Occas-ionally	Never
3	**Does your child cough or choke while eating or drinking?**	**Always**	**Some-times**	Occas-ionally	Never
4	**Does your child dribble/drool more than other children?**	**Always**	**Some-times**	Occas-ionally	Never
5	**Does your child vomit during/after a meal? How often?**	**Always**	**Some-times**	Occas-ionally	Never
6	**Is your child growing more slowly or putting on less weight compared with other children of the same age?**	**Definitely**	**Maybe**	I don't think so	Definitely not
7	**Does your child have any breathing difficulties?** asthma / wheeze / prolonged cough / chesty cold / pneumonia	**Always**	**Some-times**	Occas-ionally	Never
8	**Does your child have constipation?**	**Always**	**Some-times**	Occas-ionally	Never

If there answer to any of the questions 1-6 is in column 1 or 2, refer for a further assessment.

M. Adams, PhD. 2017

Handout: HO 4.2 Universal Guidelines



Hygiene: Follow good hygiene practices – caregiver & child.

Food: Give smaller meals more often: high nutrient & calorie diet; smooth texture, not too runny.

Drink: Give small sips of water throughout the day (minimum 1 litre per day).

Communication: Encourage child to eat using positive words.

Position: Support child in an upright position with the chin slightly down (use special seating where possible).

Utensils: Use a small cup (lid of baby's bottle or medicine cup) and small spoon, made of strong plastic.

Feed sensitively: Give small mouthfuls, slowly, watching & pausing.

NEVER FORCE FEED

Support for self-feeding: Help the child to learn to feed themselves.

Be vigilant: Go to the doctor if child is malnourished, dehydrated, has chest infection, frequent vomiting, fits (epilepsy).

Handout: HO 4.3 Case Studies

Child 1:
Anil has moderate autism (level II). He dislikes all green food and food that he has to pick up in his hands. He needs verbal and physical encouragement to feed himself.

Child 2:
Rosa has moderate athetoid cerebral palsy (level II). She has some physical support needs and some difficulty managing food that is dry or of mixed consistency.

Child 3:
Roni has severe cerebral palsy (level III). He cannot sit unaided, cannot self-feed and has difficulty with chewing and swallowing.

Day 5:

Child Assessment

&

Using the MAITS Guide for Parents

Trainer Notes: Part 2, Day 5

Child Assessment & Using the MAITS Guide for Parents

Materials required:

- PowerPoint projector and screen
- Flipchart paper and pens
- PowerPoint presentation: ***PPT 5.1 Child Assessment & Using the MAITS Guide for Parents***
- Copies to share of the ***MAITS Guide for Parents***
- Handouts: ***HO 5.1 Case Studies***
- Photocopies: ***MAITS Child Profile***; ***MAITS Informal Observation Checklist***; ***Washington Group Questions***; ***MAITS Child Health and Well-being Form*** (all found in the MAITS Guide for Parents Appendices); ***Trainee Assessment Form***
- Video clips of children interacting with adults and each other (including CP, ID and Autism) – to be sourced by trainers locally


Indicates a PowerPoint presentation.


Indicates activities where the trainer needs to provide own materials.


Indicates where the trainer needs to show a video.

Note to trainers: Replace the Washington Group Questions and the MAITS Informal Child Observation with what is used locally, if the trainees are used to using their own forms for these.

Learning Objectives:

1. **To understand the purpose of the MAITS Guide for Parents.**
2. **To gain experience in basic screening and assessment using the Washington Group Questions and MAITS Child Observation Checklist.**
3. **To practice profiling children's skills using the MAITS level descriptors and the MAITS Child Profile.**

8:00 – 10:00: Introduction to assessment and the MAITS Guide for Parents

- **Explain** that today the trainees will be introduced to the ***MAITS Guide for Parents*** and to the assessment and profiling tools that accompany the Guide. They will practice their assessment skills and be evaluated by the trainers.

- **PowerPoint presentation:** ***PPT 5.1 Child Assessment & Using the MAITS Guide for Parents***

10:00 – 10:30: BREAK

10:30 – 11:00: Practice completing Child Profiles

- **Activity 1:** Break the group into pairs/threes and hand out the ***Case Studies*** and photocopies of the ***MAITS Child Profile***. Ask trainees to complete a Child Profile on each case study for practice. Refer to the ***Level Descriptors*** in the Casebook to help (Guide for Parents – Appendices)

11:00-12:00: Practicing observation skills

- **Activity 2:** Break the group into pairs. And give them photocopies of the ***Informal Observation Checklist***. Show video clips of children interacting with adults and each other. Ask trainees to complete an Informal Observation Checklist on the children in the videos. Then, as a group, ask everyone to compare their thoughts.

12:00 – 13:00: LUNCH

13:00 – 15:30: Practical session

- **Explain** the purpose:
  1. To practice developing a rapport with caregivers and children.
  2. To practice conducting an informal assessment and using the tools in the MAITS package.
  3. For trainers to assess trainees' skills in the above.

- **Pre-session preparation:**
  - Set up logistics for inviting 3-4 children with their caregivers based on the number of trainees. Children selected should preferably be in the younger age group and have multiple functional challenges.
  - Set up the training area with mats/toys/positioning equipment etc.
  - Trainees to be briefed on ground rules for family/child/interactions.
  - Obtain written consent from carers for participation and video recording.

- **Activity Plan:**
  - Divide trainees into small groups and pair them with a caregiver and child.
  - Give trainees copies of the ***Washington Group Questions***, ***MAITS Informal Observation Checklist*** and the ***MAITS Child Health and Well-being Form*** and ***MAITS Child Profile*** and ***Level Descriptors*** to refer to.
  - Ask trainees to use the tools provided to assess the child and to complete the relevant sections, during and after the assessment session.
  - Trainers to observe trainees during this activity and complete the ***Trainee Assessment Forms***.
- **Guidelines for trainees:**
  - Introduce yourselves to the carers.
  - Build rapport with the child prior to handling.
  - If the child is not comfortable, ask for help from a carer.
  - Maintain confidentiality.
  - Do not talk amongst yourselves during the session.
  - Thank the family and carer at the end of session.
  - Try and make notes of the observations using the assessment form, during the assessment.
  - if possible, or immediately after the assessment.

15:30 – 16:00: Review of day's activities

- **Invite** questions and comments.
- **Recap** of learning objectives and main learning points.

PPT 5.1: Child Assessment & Using the MAITS Guide for Parents

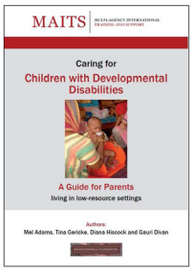
Slide 1

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Child Assessment & Using the MAITS Guide for Parents

Slide 2

Introducing the MAITS Guide for Parents



Slide 3

Familiarise yourselves

Activity:

In pairs, spend 5 minutes looking through the Guide

Slide 4

What is the Guide for?

- It gives guidance on how to support a child with a developmental disability (cerebral palsy, and/or intellectual disabilities and/or autism) during the usual activities of the day.
- Following this guidance helps to prevent the child's disabilities from increasing and promotes child development, health and independence.

Slide 5

Why is the Guide useful?

This guide

- Helps to make your suggestions and recommendations to parents simple and structured.
- Emphasises the child's participation in daily life - using his/her strengths and being mindful of his/her limitations.
- Highlights the role of the family in the child's development and in making the child as independent as possible.
- Does not teach 'therapy' to fix the problem and does not demand any extra time from the caregivers.

Slide 6

Summary of Key Elements

- Promotes functional abilities in daily activities
- Simple but specific (categorises advice according to disability type and level of severity)
- No extra time for carer(s)

PPT 5.1: Child Assessment & Using the MAITS Guide for Parents

Slide 7

How to use the Guide

Before you decide to use it:

- The child will have been screened to identify a developmental disability
- You, or a specialist, will have completed a functional assessment (ie. the child's skills and areas of difficulty)

Slide 8

ASSESSMENT

Slide 9

Revision: Why assess a child?

Brainstorm your ideas

Slide 10

Why?

- Helps to identify if a young child is developing differently from their peers – you may be the first people to identify that a child has, or shows signs of having special needs (and therefore requires monitoring) and that the parents need support.
- Will alert you to the need to seek full assessment from a specialist where possible - **non-specialist support** or 'intervention' **does not** replace input from specialists, but should go alongside.
- Knowing about the child's skills and needs will help you to give appropriate guidance to the parent.
- Help to show to parents what the child CAN do.

Slide 11

Revision: What?

Brainstorm your ideas

Slide 12

What?

Areas of development:

- Motor skills
- Speech and language
- Cognition
- Social and Emotional
- Play
- Independence in self-help skills

PPT 5.1: Child Assessment & Using the MAITS Guide for Parents

Slide 13

How?

Ask: ask the caregiver what the child can do if they have any concerns

Look: observe the child when he/she is playing or doing something

Listen: understand what the parents and child feel is important for the child

Slide 14

What tools will you use?

Screening and basic functional assessment:

- Washington Group Q's on Child Functioning
- MAITS Child Observation Checklist
- MAITS level descriptors for (i) cerebral palsy, (ii) intellectual disability, (iii) autism spectrum

Slide 15

Screening questions

Activity:

Divide into pairs and go through the Washington Group Questions on Child Functioning (both sets)

- Do you understand each question?
- What would you say to a parents before doing the screen?
- Would you have any concerns in using this?

Share your thoughts with the group

Slide 16

Health questions

You will also want to know about the child's overall health and well-being

Child Health and Well-being

Child name:
Address:

Today's date.....

Name of caregiver(s) being interviewed.....

Age/ DOB	Weight (kg)	Height (cm)	Ask parents how many chest infections in last 3 months	Ask parents about the child's health compared to other children	Ask parents how often this child is happy	Ask parents how much the child participates in social activities
				1. Poor 2. Reasonable 3. Good	1. Rarely/never 2. Sometimes 3. Mostly	1. Rarely/never 2. Sometimes 3. Often

Slide 17

Health questions

Activity:

Divide into pairs and go through the Health and Well-being form

- Do you understand each question?
- Would you have any concerns in using this?
- What equipment would you need?

Share your thoughts with the group

Slide 18

Observation

Look at the copies of the MAITS Child Observation Checklist

- Go through it as a whole group

Discuss: How will you observe these things in every child? What activities will you need to set up?

PPT 5.1: Child Assessment & Using the MAITS Guide for Parents

Slide 19

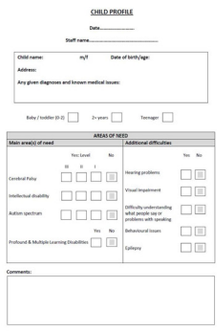
Next step

- Once you have decided to use the Guide for Parents, you will complete a profile of the child's strengths and needs.

There is a form for this called *Child Profile* (see next slide)

Slide 20

The Child Profile


CHILD PROFILE

Date.....

Staff name.....

Child name: m/f Date of birth/age:

Address:

Any given diagnoses and known medical issues:

Baby / toddler (0-2) 2+ years Teenager

AREAS OF NEED

Main area(s) of need

Yes Level No

III II I

Cerebral Palsy

Intellectual disability

Autism spectrum

Yes No

Profound & Multiple Learning Disabilities

Additional difficulties

Yes No

Hearing problems

Visual impairment

Difficulty understanding what people say or problems with speaking

Behavioural issues

Epilepsy

Comments:

Slide 21

Next steps

- You will interview the parents/caregivers (and child where possible) to identify 3 goals for intervention (*see Parent Interview - baseline*)
- You will then find relevant sections of the Guide
- You will use the Guide to train the parents
- You will re-interview the parents (and child where possible) to monitor progress and decide on next steps (see *Parent Interview - review*)

Slide 22

In summary:

Screen and assess

↓

Complete a Child Profile (see your copy)

↓

Interview parents (and child where possible) to identify 3 goals for intervention (*see Parent Interview - baseline*)

↓

Find relevant sections of the Guide

↓

Use the Guide to train the parents

↓

Re-interview the parents (and child where possible) to monitor progress and decide on next steps (*see Parent Interview - review*)

Slide 23

MAITS level descriptors

If the child shows signs of the following:

- Cerebral palsy
- Intellectual disability
- Autism spectrum

.....you will need to work out what level of difficulty they have, using the MAITS level descriptors.

Activity:

- In pairs, read through the level descriptors (see your copies)
- Share comments and questions with the whole group

Slide 24

Cerebral palsy

Level III (severe)

This child needs full physical support for all activities. She is not able to sit, stand, or walk without adequate support and will probably need lifting. She has very limited use of her hands. If this child is able to talk, her speech is very difficult to understand even by people who know her well. She has difficulties eating and drinking (feeding herself, chewing and/or swallowing).

Level II (moderate)

This child cannot walk on his own, but he can sit if he has support. (He may need help from an adult to get into and out of a sitting position). He can hold his toothbrush or spoon, but needs help to use them. His speech is difficult to understand by people who do not know him well. He may have some difficulties with chewing or swallowing.

Level I (mild)

This child can walk, but is unsteady on her feet and may need a walking aid. She is able to do things with her hands, but with some difficulty and may have problems with sitting balance when using both her hands. Her speech is fairly clear, but may be a little difficult to understand at times. She might have difficulties chewing or swallowing some foods (e.g. very crunchy, hard or chewy).

PPT 5.1: Child Assessment & Using the MAITS Guide for Parents

Slide 25

Intellectual Disability

Level III (severe)

This child needs help with all activities. She does not understand the task (why she needs to do it and how to go about it) nor why something could be dangerous. Her behaviour is like that of a much younger child (e.g. mouthing objects, throwing objects). Her behaviour can be repetitive and be done to stimulate or calm herself (e.g. rocking, chewing hand). She does not speak and does not understand others; others have to interpret her communication by understanding her behaviour. She may have some difficulties with eating and drinking.

Level II (moderate)

This child needs help to carry out tasks, but with lots of repetition might learn to do them independently (e.g. dressing, washing, eating). He understands and uses some simple familiar phrases. He does not always know how to behave appropriately in different situations.

Level I (mild)

This child will learn to be independent with a little more help than is usually required. She is generally a slow learner, but with support will learn in time. She can talk, but usually in simple sentences. She understands everyday conversations. She will not achieve the same levels at school as her peers.

Slide 26

Autism Spectrum

Level III

This child does not use speech. He rarely approaches adults and may not show awareness of an adult nearby. He finds it difficult to show his needs and does not seem interested in others. He often shows a high degree of interest in sensory stimulation and shows repetitive behaviour such as rocking, mouthing objects, flapping hands, etc. He can seem like he is in a world of his own. He may have behaviours that can hurt himself or others (e.g. head banging, biting self or others).

Level II

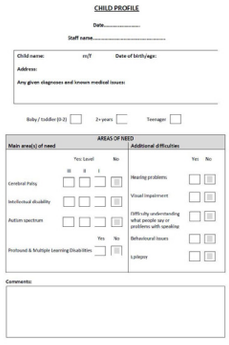
This child uses some words and some learnt phrases, but often repeats what he hears again and again (this may include songs, television commercials, sounds, etc.). Rather than asking for things he may either try to fetch it himself, or may place an adult's arm on the object (eg. Packet of biscuits) without looking at the adult. He can show particular interest or be disturbed by certain sensory experiences. He is obsessed with the same routines and objects. He may have rituals and interests in unusual objects or parts of objects. He likes to play alone and does not share.

Level I

This child seems to be developing like other children, but prefers adult company or playing alone. He may have difficulties having a conversation, but speaks normally in all other ways. He likes his routines and can become upset when these are changed. He can be extra sensitive to particular sensory experiences. As the child grows up he has more and more difficulties fitting in socially, making friends, and understanding other people's point of view.

Slide 27

Completing the Child Profile



CHILD PROFILE

Date.....

Staff name.....

Child name: m/f Date of birth/age:

Address:

Any given diagnoses and known medical issues:

Baby / toddler (0-2) ☐ 2+ years ☐ Teenager ☐

AREAS OF NEED

Main area(s) of need — Yes: Level III II I / No

Cerebral Palsy ☐ ☐ ☐ ☐

Intellectual disability ☐ ☐ ☐ ☐

Autism spectrum ☐ ☐ ☐ ☐

Profound & Multiple Learning Disabilities — Yes ☐ No ☐

Additional difficulties — Yes / No

Hearing problems ☐ ☐

Visual impairment ☐ ☐

Difficulty understanding what people say or problems with speaking ☐ ☐

Behavioural issues ☐ ☐

Epilepsy ☐ ☐

Comments:

Slide 28

Example 1

Sudique is 5. He has moderate cerebral palsy and mild intellectual disabilities.

He goes to a special school where he enjoys studying. He has a good group of friends and a playful personality.

Sudique has some visual problems. He also finds it difficult to understand complex conversation and has slurred speech, which is unclear to strangers.

Slide 29

Sudique's profile looks like this:

Baby / toddler (0-2) ☐ 2+ years [x] Teenager ☐

AREAS OF NEED							
Main area(s) of need	Yes: Level III	II	I	No	Additional difficulties	Yes	No
Cerebral Palsy		x		☐	Hearing problems		☐
Intellectual disability			x	☐	Visual impairment	x	☐
Autism spectrum				☐	Difficulty understanding what people say or problems with speaking	x	☐
			Yes	No	Behavioural issues		☐
Profound & Multiple Learning Disabilities			☐	☐	Epilepsy		☐

Slide 30

Example 2

Ameena is 13. She has moderate autism spectrum difficulties and mild intellectual disabilities. She has epilepsy.

Ameena likes going to school and gets on well with the teachers. She prefers to use pictures to communicate what she wants, rather than talking.

Ameena likes to follow the same routine every day. She is not so keen to try new things and her behaviour can be challenging at times.

PPT 5.1: Child Assessment & Using the MAITS Guide for Parents

Slide 31

Ameena's profile looks like this:

Baby / toddler (0-2) ☐ 2+ years ☐ Teenager ☒

AREAS OF NEED							
Main area(s) of need					**Additional difficulties**		
	Yes: Level			No		Yes	No
	III	II	I				
Cerebral Palsy	☐	☐	☐	☐	Hearing problems	☐	☐
Intellectual disability	☐	☐	☒	☐	Visual impairment	☐	☐
Autism spectrum	☐	☒	☐	☐	Difficulty understanding what people say or problems with speaking	☒	☐
			Yes	No	Behavioural issues	☒	☐
Profound & Multiple Learning Disabilities			☐	☐	Epilepsy	☒	☐

Slide 32

Child Profiles – practice

Activity:

- Break into pairs/threes
- Complete a MAITS Child Profile on each case study you are given (refer to the level descriptors to help)

> Share your answers with the group

Slide 33

Issues

How will you talk to parents and observe the child?

-Work in pairs?

-Other solutions?

Other issues you want to discuss?

Slide 34

References

http://www.washingtongroup-disability.com/washington-group-question-sets/child-disability/

Caring for Children with Developmental Disabilities: A Guide for Parents– www.maits.org.uk/resources

Handout: HO 5.1 Case Studies

Case study 1

- Nasreen is 2 years old. She has cerebral palsy but can walk holding onto furniture.
- She can say the words ‘Mama’ and ‘Dada’ but tends to point at things rather than talk.
- She enjoys looking at picture books and loves listening to stories.
- She can point to the main body parts and pictures of common objects, when she hears the word.

Case study 2

- Tonmoy is 3 years old. He is not talking in full sentences and sometimes has difficulty understanding verbal instructions.
- His mother is worried about his vision. He wears spectacles and has a squint.
- He is a lively and sociable young boy and he loves running around and playing with other children. He enjoys playing games that younger children play.

Case study 3

- Roger is 5 years old and he is having difficulties in school.
- He has poor eye contact and does not follow instructions even when combined with a gesture. When the teacher calls him by his name he does not look.
- He does not speak often and repeats phrases from cartoon shows.
- He plays all alone and only plays with the wheels of toy cars.
- He walks independently but has some difficulty climbing stairs.

MAITS | MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Working with Children with Developmental Disabilities

TRAINEE ASSESSMENT FORM

Observation of initial assessment and advice session

Trainee name…… **Date……** **Assessor's name……**

Core activities:

i. Complete Child Profile
ii. Complete 'Parent' Interview to identify areas to focus on
iii. Guide and demonstrate to the caregivers how to support the child in chosen activities

Core skills being assessed:

Identifying child and the family's strengths and recognising what strategies would work within the child's environment, through skills in the following

i. Communication skills with caregiver
ii. Communication and handling skills with child
iii. Profiling child
iv. Establishing key areas (ADL) to focus on in discussion with caregiver and rating caregiver perception
v. Finding appropriate sections of the Guide
vi. Caregiver training

PROFESSIONALISM demonstrated throughout training	Yes	Some-what	No	Comments
1. Is punctual				
2. Communicates with others in a respectful manner				
3. Actively participates and interacts positively during the training				
GENERAL SKILLS IN COMMUNICATION	**Yes**	**Some-what**	**No**	**Comments**
4. Greets the caregiver cordially at the beginning of the visit				
5. Looks at the child and makes friendly remarks frequently throughout the visit				
6. Gives the caregiver many opportunities to talk throughout the visit and encourages her talking				
7. Behaves in a friendly but professional manner and uses positive non-verbal communication and body language throughout the visit				
8. Gives the caregiver adequate opportunities to practice the skill taught				
9. Uses language that the caregiver understands throughout the visit. Does not use medical words or if so, explains them immediately to the caregiver				
10. Uses objects or drawings to assist explanations at least once				
11. Encourages the caregiver to ask questions at least once throughout the visit				

SKILLS IN ASSESSMENT, HANDLING AND SUGGESTING RECOMMENDATIONS	Yes	Some-what	No	Comments
12. Handles and communicates with the child appropriately				
13. Completes the child profile accurately using a combination of observation, interaction with the child and questioning of the caregiver				
14. Conducts the Caregiver ('Parent') Interview successfully – communicating in a facilitative manner with the caregiver in order to identify key areas to focus on in ADL				
15. Asks how the caregiver currently carries out the activities that have been identified as a current priority – taking note in particular of how the caregiver communicates with the child and supports them physically				
16. Praises caregiver appropriately (at least once) for the way she/he currently communicates with and supports the child				
17. Identifies appropriate sections of the MAITS guide for advising carer-according to the identified priority areas to focus on for the next few weeks (eg. Toileting, and feeding) and the child's profile (eg. Cerebral palsy level 3, intellectual disability level 2)				
18. Demonstrates how to carry out the suggestions in the identified sections of the Guide.				
19. Uses objects and toys / equipment to demonstrate				
20. Checks if the caregiver has understood the recommendations				
21. Watches the caregiver doing the activity and gives constructive feedback and support until the caregiver feels confident				
22. Encourages the caregiver to talk about the problems he/she may face in carrying out the recommendations				

23. Supports the caregiver to solve the problems in carrying out these recommendations				
24.Praises the caregiver for his/her solutions to these problems				
25. Advises on when will return for follow-up visit				

Reference:
This tool is a modified version of **APPENDIX A.3.3 - OBSERVATION OF PROVIDER'S SKILLS (OOPS) {BEFORE AND AFTER CCDI}**
from 'Care for child development' (CCD by Unicef) www.unicef.org/early**childhood**/files/2.CCD

How to use this tool: This instrument is to be used by observers who will be present during the clinical encounters. The information will be more reliable if the observers using the instrument are unbiased observers who are preferably blinded to content of training and whether or not the provider has been trained in the CDI. Also observers with backgrounds and prior training in fields that incorporate human observations (such as psychology, child development, early intervention, or nursing) may provide more reliable observations.

Day 6:

Working with Caregivers

&

Using the MAITS Guide for Parents

Trainer Notes: Part 2, Day 6

Working with Caregivers & Using the MAITS Guide for Parents

Materials required:

- Flipchart paper and pens
- PowerPoint projector and screen
- PowerPoint: ***PPT 6.1 Working with Caregivers & Using the MAITS Guide for Parents***
- Copies to share of the ***MAITS Guide for Parents***
- Photocopies of ***Parent Interview – Baseline (MAITS Guide for Parents – Appendices – Casebook); Trainee Self-assessment Form, Post-training Questionnaire***
- Completed Child Profiles from Day 5
- ***Certificates***
- Props – rag dolls, mats, supportive seats, cushions an towels, clothes, plastic cups and plastic teaspoons


Indicates a PowerPoint presentation.


Indicates activities where the trainer needs to provide own materials.


Indicates where the trainer needs to show a video.

Learning Objectives:

1. **To gain experience using the MAITS parent interview forms to identify target areas.**
2. **To practice techniques for training caregivers.**
3. **To consider the importance of record keeping and communication systems with parents.**

08:00 – 12:30: Identifying target areas

- **PowerPoint presentation:** ***PPT 6.1 Working with Caregivers & Using the MAITS Guide for Parents*** – includes a short break

12:30 – 13:30: LUNCH

13:30 – 14:30: Record-keeping

- **Discussion:** Group to share ideas on record-keeping and why this is important. Look at the ***Visit Summaries*** form in the MAITS Parent Guide and discuss how it might be filled in.
- **Discussion:** Group to share ideas on communication systems with parents – regular reporting and how. Will they give parents a way of noting things that happen between visits?

14:30 – 15:15: Round up of the training

- **Recap** learning objectives for Day 6 and then the course as a whole.
- **Ask** for any feedback or questions the trainees may have on any of the areas covered. What would they like further training or practice in? Clarify arrangements for trainee assessment.

15:15 – 16:00: Trainee feedback

- **Assist** trainees in completing ***Trainee Self-assessment Form*** and ***Post-training Questionnaire***.
- **Give out *Certificates***.

PPT 6.1: Working with Caregivers & Using the MAITS Guide for Parents

Slide 1

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Zannatul Islam Rifat

Working with Caregivers &
Using the MAITS Guide for Parents

Slide 2

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What now?

- What are you going to do with the knowledge you have about the child?
- What is your role in helping the child and parents?
- How will you know where to start?

Slide 3

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What is your role?

Slide 4

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Your role

- Monitor, facilitate and support child development
- Refer to specialists
- Provide guidance to caregivers on how to support their child through the day
- Support the family
- Monitor progress and keep records

Slide 5

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

How to reassure parents?

- Ask their permission to work with them
- Listen to them, do not judge them. Reassure them that you can work as a team to help their child develop and to make things easier
- Find out if anyone has talked to them before about their child's difficulties
- Reassure them that they are not alone – there are many other similar children and families
- Explain that this is no one's fault

Slide 6

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Once the parents have agreed to work with you.....

- Start by finding out what their priorities are (parents and child if possible)
- Decide together on a maximum of 3 activities of daily living to focus on for the next few weeks
  e.g. Toileting, Eating & Drinking, Play
- Choose one or two key pieces of guidance that the parents and child can achieve within that activity, so that they can make progress.

PPT 6.1: Working with Caregivers & Using the MAITS Guide for Parents

Slide 7

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

INTERVENTION

Step 1: Provide general information to the parents from Part 2, according to the child's age and needs.

Step 2: Go through the suggestions in the Guide on the Daily Activities they have chosen to focus on. Use all of the sections relevant to the child's identified areas of need (e.g. CP and ID; ID and Autism) and levels of functioning in each.

Step 3: Support the family with these for the next few weeks.

REVIEW

Step 1: Complete the Child Health and Well-being: REVIEW and Parent (and child) Interview: REVIEW, including the child where possible.

Step 2: Discuss any changes in the scores, with the parents and child, and explore the barriers, if any, to achieving greater change.

Step 3: Reset targets with parents and child, based on this discussion. Talk about what they want to work on next. They may want to continue to work on the same activity, but to progress *within* it.

Slide 8

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Parent Interview

Look at the Parent Interview form in the casebook

Slide 9

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Parent (and child) Interview: BASELINE

Please tick the correct box:

Scores below were given by the interviewer following the interview ☐
Or
Scores were given during the interview as reported exactly by the parents ☐

Ask the parent, and child if possible: "How well is your child managing in the following?"

Activity of daily living	How well is your child managing? (1-5) 
1. Toileting	1 2 3 4 5
2. Bathing	1 2 3 4 5
3. Dressing	1 2 3 4 5

Slide 10

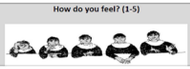
MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

	
4. Grooming	1 2 3 4 5
5. Eating & drinking	1 2 3 4 5
6. Brushing teeth	1 2 3 4 5
7. Educational activities/Play	1 2 3 4 5
8. Resting & sleeping	1 2 3 4 5
9. Household jobs	1 2 3 4 5
10. Going to school	1 2 3 4 5
11. Going out: to the shops / the fields	1 2 3 4 5

Slide 11

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Say to the parents: "I want to ask you a few questions about how you're feeling about caring for this child/(use child's name). Is that OK?"

	How do you feel? (1-5) 
How *confident* are you in caring for your child? Do you know how to help your child to grow and develop?	1 2 3 4 5
How do you *feel* about caring for your child?	1 2 3 4 5
What do you find hardest and what do you find easiest?	
Is there anything specific that you think would help you?	

We're going to choose some areas to focus on with your child's learning. As your child learns to do things, it will be easier to care for them.

Summary: List targets areas selected to focus on for the next 2 months

1. .....
2. .....
3. .....

Slide 12

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Activity 1: Parent Interview and identifying target areas

- Divide into pairs.
- Each pair will take turns to conduct a parent interview in front of the rest of the group, using the Parent Interview form, and based on one of the Child Profiles completed in the previous session. Identify 3 target areas.
- The group will provide feedback on the interview.

PPT 6.1: Working with Caregivers & Using the MAITS Guide for Parents

Slide 13

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

How might parents feel after this?

What can you do to help?

Discuss

Slide 14

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Activity 2: General Guidance

In the same pair, look at the Child Profile again, and find the sections in the Parent Guide that give **general advice** relevant to the child.

Look at the general advice regarding:

- The child's age-group eg. children under 2 years, teenagers
- The child's condition eg. cerebral palsy, profound and multiple disabilities
- Additional difficulties eg. communication, hearing, vision, epilepsy

Slide 15

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Activity 3: Specific Guidance

In the same pair,

- Now look for the sections of the Parent Guide which relate to the specific target areas you have chosen. You need to consider their main impairment or 'condition' (CP, ID, Autism) and the severity level.

Note: For children with more than one condition, you will need to look at more than one section of the Guide.

Slide 16

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Keep it simple

- There is a lot of guidance to share
- Think about how much guidance you are going to give at one time
- Once the parents understand the general advice, you can focus on the specific activities you have selected in the daily routine.
- Choose two key pieces of guidance that the parents and child can achieve within that activity, so that they can make progress.

Slide 17

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Break

Slide 18

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Training others

Discuss as a whole group

- What are your own experiences of being trained?
- How do you learn best (being told vs doing for oneself)
- What do you need to be careful of?
- How will you empower the caregivers?
  Eg. take a strengths-based, collaborative approach (team work with child and caregivers) and give constructive feedback

PPT 6.1: Working with Caregivers & Using the MAITS Guide for Parents

Slide 19

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Practice

- In your pairs, choose one activity of daily living from your target areas.
- Using the dolls and equipment provided, take turns to practice explaining and demonstrating the section from the Guide to each other, asking the parent to try it themselves and then giving feedback.
- Think about how you break a task down. Sometimes it is easiest to teach the last part of the task first e.g. with dressing.
- Feed back your experiences to the group.

Slide 20

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Review

- After 6-8 weeks, you will review how the parents and child are progressing
- You will use the
  - Child Health and Well-being form
  - Parent Interview (Review)

Find these in your casebook.....

Slide 21

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Look at the forms.....

Step 1 - You will ask:

(i) Have you noticed any changes in how your child *goes to the toilet?*

(ii) If yes, what changes have you noticed?

.....
.....

Slide 22

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

(iii) How is your child managing now?

1 2 3 4 5

Slide 23

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

How do the parents feel now?

Ask the parents:

	How do you feel? (1-5) 
How *confident* are you in caring for your child? Do you know how to help your child to grow and develop?	1 2 3 4 5
How do you *feel* about caring for your child?	1 2 3 4 5
What do you find hardest and what do you find easiest?	
What has been the most helpful thing you have learned from me?	
What else would help?	

Slide 24

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Step 2: Discuss any changes in the scores, with the parents and child and explore the barriers, if any, to achieving greater change.

Step 3: Reset targets with parents and child, based on this discussion. Talk about what they want to work on next. They may want to continue to work on the same activity, but to progress *within* it.

Go back and use to Guide ....REPEAT

PPT 6.1: Working with Caregivers & Using the MAITS Guide for Parents

Slide 25

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Concerns

If the child is losing weight or showing other signs for concern – discuss this immediately with your supervisor.

Slide 26

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Motivating parents

What do you say to parents who

- Feel that there is no point
- Want to see greater change

?

What else might be difficult to respond to?

Slide 27

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Remember

- Acknowledge the feelings of the parents and child.
- Reassure them that you are working with them as a team to make things better and easier.
- Do not be judgemental.
- Be honest when you don't have an answer to their questions.
- Seek the help of your supervisor/an expert when you feel you are struggling

Slide 28

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Any questions?

Trainee Self-assessment Form

MAITS | MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Working with Children with Developmental Disabilities

TRAINEE SELF-ASSESSMENT FORM

Trainee name:……**Today's date:** Month…… Day……Year…….

1 2 3 4

Strongly disagree **Strongly agree**

1. Please tick the statement that you believe to be true

I believe that children with disabilities have the same rights as all children

I believe that every child with whatever level of disability and/age can achieve more and attain a better quality of life when they and their families are provided with the right support

I am comfortable working with children with disabilities

I am knowledgeable about working with children with disabilities

I am skilled in providing support to children with disabilities to enable to them carry out activities of daily living to their maximum ability

I have sufficient knowledge of working with children with disabilities am knowledgeable about working with children with disabilities

Trainee Self-assessment Form

I am skilled in providing support to children with disabilities to enable to them carry out activities of daily living to their maximum ability

While working with the child with special needs, It is important to involve the parents/ caregivers

2. Please tick the statement that most reflects your learning

What I learn will be really useful in my work

Trainee Self-assessment Form

3. Please circle the number which indicates how competent you feel about each statement below (1-2 = not competent, 3 = slightly competent, 4 = competent, 5 = totally competent)

1	I have theoretical knowledge about how young children develop	1 2 3 4 5
2	I can apply child development concepts into my practice when I am providing services	1 2 3 4 5
3	I have theoretical knowledge about childhood disability and associated health issues	1 2 3 4 5
4	I can apply my knowledge of childhood disability and associated health issues while providing services	1 2 3 4 5
5	I can use listening and understanding techniques when communicating with families/caregivers	1 2 3 4 5
6	I can determine strengths in caregiving and provide specific praise to caregivers during my practices	1 2 3 4 5
7	I have skills to involve fathers and family members in my counselling about child development	1 2 3 4 5
8	I have skills to communicate with children in ways that will promote their overall development	1 2 3 4 5
9	I have skills in handling and positioning children with disabilities that will promote their overall development	1 2 3 4 5
10	I can counsel families/caregivers of children 2 years and older on specific communication,-play activities and physical support in daily activities that promote development	1 2 3 4 5
11	I have skills to assess a child's areas of strength and need and complete the MAITS Child Profile form accurately	1 2 3 4 5
12	I have the skills to conduct a 'Parent Interview' using the MAITS form to identify with the caregiver, areas to focus on in a programme of intervention to promote functional abilities	1 2 3 4 5
13	I have the skills to know which sections of the MAITS Guide are relevant for a child	1 2 3 4 5
14	I have the skills to train and support caregivers in how to carry out the advice in the MAITS Guide	1 2 3 4 5
15	I have skills to provide case management to children with developmental difficulties	12 3 4 5

Form modified from 'Care for child development' (CCD by Unicef) www.unicef.org/earlychildhood/files/2.CCD
APPENDIX A.3.1: PERCEIVED COMPETENCE OF PROVIDERS (PCOP) {BEFORE AND AFTER CCDI TRAINING}

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Working with Children with Developmental Disabilities – Part 2

Post-training Questionnaire

Interview each trainee at the end of the training programme, and complete the table below. Record the conversation if you can.

Name:
Today's date (dd/mm/yyyy):
ASK: How do you feel about working children with disabilities and their families?

	 1 2 3 4 5	**If answered (1) or (2) – ASK: a. Can you explain why?** **b. What would help you?** **ASK: Has this increased since receiving the training? If so, what helped you?**
Level of **confidence**		
Level of **knowledge**		
Level of **practical skill**		

ASK: Is there anything else you would like to tell us about the training?

MAITS

MULTI-AGENCY INTERNATIONAL
TRAINING AND SUPPORT

CERTIFICATE OF ATTENDANCE

This certificate is awarded to

Sadia Mirza

for successfully completing the MAITS course on

Working with Children Developmental Disabilities and their Caregivers – a training programme for non-specialists in low-resource settings

Karachi, 23th ~ 30th March 2018

.....

Shilpi Begum, MAITS Master Trainer

On behalf of
MAITS, 86/87 Wimpole Street, London, W1G 9RL
UK registered charity no. 1126268

Appendices

Appendix 1: Casebook

MAITS

MULTI-AGENCY INTERNATIONAL
TRAINING AND SUPPORT

CASE BOOK

For use with the Parent Guide

Caring for
Children with Developmental Disabilities

Appendix 1: Casebook

HOW TO USE THE GUIDE

ASSESSMENT

Step 1: Carry out your informal screening and assessment (see samples in appendices) – in pairs with a colleague > Refer on to specialists services where needed/possible

Step 2: Complete the Child Profile and Child Health and Well-being: BASELINE

Step 3: Conduct the Parent (and child) Interview: BASELINE, involving the child where possible, and together select 3 Daily Activities to focus on (eg. Toileting, Eating & Drinking, Play/educational activities).

INTERVENTION

Step 1: Provide general information to the parents from Part 2, according to the child's age and needs.

Step 2: Go through the suggestions in the Guide on the Daily Activities they have chosen to focus on. Use all of the sections relevant to the child's identified areas of need (e.g. CP and ID; ID and Autism) and levels of functioning in each.

Step 3: Support the family with these for the next few weeks.

REVIEW

Step 1: Complete the Child Health and Well-being: REVIEW and Parent (and child) Interview: REVIEW, including the child where possible.

Step 2: Discuss any changes in the scores, with the parents and child, and explore the barriers, if any, to achieving greater change.

Step 3: Reset targets with parents and child, based on this discussion. Talk about what they want to work on next. They may want to continue to work on the same activity, but to progress *within* it.

Appendix 1: Casebook

CHILD PROFILE

Date……

Staff name……..

Child name:	**m/f**	**Date of birth/age:**
Address:		
Any given diagnoses and known medical issues:		

Baby / toddler (0-2) ☐ 2+ years ☐ Teenager ☐

AREAS OF NEED							
Main area(s) of need					**Additional difficulties**		
	Yes: Level			No		Yes	No
	III	II	I				
Cerebral Palsy	☐	☐	☐	☐	Hearing problems	☐	☐
Intellectual disability	☐	☐	☐	☐	Visual impairment	☐	☐
Autism spectrum	☐	☐	☐	☐	Difficulty understanding what people say or problems with speaking	☐	☐
			Yes	No	Behavioural issues	☐	☐
Profound & Multiple Learning Disabilities			☐	☐	Epilepsy	☐	☐

Comments:

Level Descriptors

	Level III	Level II	Level I
Cerebral Palsy	 *This child needs full physical support for all activities. She is not able to sit, stand, or walk without adequate support and will probably need lifting. She has very limited use of her hands. If this child is able to talk, her speech is very difficult to understand even by people who know her well. She has difficulties eating and drinking (feeding herself, chewing and/or swallowing).*	 *This child cannot walk on his own, but he can sit if he has support. (He may need help from an adult to get into and out of a sitting position). He can hold his toothbrush or spoon, but needs help to use them. His speech is difficult to understand by people who do not know him well. He may have some difficulties with chewing or swallowing.*	 *This child can walk, but is unsteady on her feet and may need a walking aid. She is able to do things with her hands, but with some difficulty and may have problems with sitting balance when using both her hands. Her speech is fairly clear, but may be a little difficult to understand at times. She might have difficulties chewing or swallowing some foods (e.g. very crunchy, hard or chewy).*
Intellectual Disability	*This child needs help with all activities. She does not understand the task (why she needs to do it and how to go about it) nor why something could be dangerous. Her behaviour is like that of a much younger child (e.g. mouthing objects, throwing objects). Her behaviour can be repetitive and be done to stimulate or calm herself (e.g. rocking, chewing hand). She does not speak and does not understand others; others have to interpret her communication by understanding her behaviour. She may have some difficulties with eating and drinking.*	*This child needs help to carry out tasks, but with lots of repetition might learn to do them independently (e.g. dressing, washing, eating). He understands and uses some simple familiar phrases. He does not always know how to behave appropriately in different situations.*	*This child will learn to be independent with a little more help than is usually required. She is generally a slow learner, but with support will learn in time. She can talk, but usually in simple sentences. She understands everyday conversations. She will not achieve the same levels at school as her peers*

Autism spectrum	*This child does not use speech. He rarely approaches adults and may not show awareness of an adult nearby. He finds it difficult to show his needs and does not seem interested in others. He often shows a high degree of interest in sensory stimulation and shows repetitive behaviour such as rocking, mouthing objects, flapping hands, etc. He can seem like he is in a world of his own. He may have behaviours that can hurt himself or others (e.g. head banging, biting self or others).*	*This child uses some words and some learnt phrases, but often repeats what he hears again and again (this may include songs, television commercials, sounds, etc.). Rather than asking for things he may either try to fetch it himself, or may place an adult's arm on the object (eg. Packet of biscuits) without looking at the adult. He can show particular interest or be disturbed by certain sensory experiences. He is obsessed with the same routines and objects. He may have rituals and interests in unusual objects or parts of objects. He likes to play alone and does not share.*	*This child seems to be developing like other children, but prefers adult company or playing alone. He may have difficulties having a conversation, but speaks normally in all other ways. He likes his routines and can become upset when these are changed. He can be extra sensitive to particular sensory experiences. As the child grows up he has more and more difficulties fitting in socially, making friends, and understanding other people's point of view.*

Child Health and Well-being: BASELINE

Child name:
Address:

Today's date……

Name of caregiver(s) being interviewed……

Age/ DOB	Weight (kg)	Height (cm)	Ask parents how many chest infections in last 3 months	Ask parents about the child's health compared to other children	Ask parents how often this child is happy	Ask parents how much the child participates in social activities
				1. Poor 2. Reasonable 3. Good	1. Rarely/never 2. Sometimes 3. Mostly	1. Rarely/never 2. Sometimes 3. Often

Parent (and child) Interview: BASELINE

Please tick the correct box:

Scores below were given by the interviewer following the interview ☐
Or
Scores were given during the interview as reported exactly by the parents ☐

Ask the parent, and child if possible: "How well is your child managing in the following?"

Activity of daily living	**How well is your child managing? (1-5)** 
1. Toileting	1 2 3 4 5
2. Bathing	1 2 3 4 5
3. Dressing	1 2 3 4 5

	
4. Grooming	1 2 3 4 5
5. Eating & drinking	1 2 3 4 5
6. Brushing teeth	1 2 3 4 5
7. Educational activities/Play	1 2 3 4 5
8. Resting & sleeping	1 2 3 4 5
9. Household jobs	1 2 3 4 5
10. Going to school	1 2 3 4 5
11. Going out: to the shops / the fields	1 2 3 4 5

Say to the parents: "I want to ask you a few questions about how you're feeling about caring for this child/(use child's name). Is that OK?"

	How do you feel? (1-5) 
How *confident* are you in caring for your child? Do you know how to help your child to grow and develop?	1 2 3 4 5
How do you *feel* about caring for your child?	1 2 3 4 5
What do you find hardest and what do you find easiest?	
Is there anything specific that you think would help you?	

We're going to choose some areas to focus on with your child's learning. As your child learns to do things, it will be easier to care for them.

Summary: List targets areas selected to focus on for the next 2 months

1. **……**
2. **……**
3. **……**

INTERVENTION

<u>Step 1</u>: Introduce key principles to parents (Part 2 of manual)

Go through Part 2 of the Guide, selecting relevant sections based on the Child Profile

- Importance of the Daily Routine (relevant to *all* children)
- Babies and Toddlers
- Important considerations and general principles for children with CP
- Important considerations and general principles for supporting children with Social Communication Difficulties and Autism
- Supporting children with profound and multiple learning disabilities
- Supporting teenagers (additional considerations)

- Top tips: Children with hearing impairment
- Top tips: Children with visual impairment
- Top tips: Communicating with children with disabilities
- Top tips: Understanding and managing behaviour
- Basic principles on the management of Epilepsy

<u>Step 2</u>: Follow the guidelines for 3 core activities (Part 3 of the Guide)

Once everyone is familiar with the basic principles, use the advice in Section 3 of the manual to help guide parents on 3 activities of daily living. Select the section(s) of the Guide that are relevant to the child's profile eg. CP level II, Intellectual disability level III etc.

You may like to start with: Toileting, Eating & drinking, Educational activities (play)

Visit Summaries

Visit	Date	What did you discuss (include what activities you have chosen to work on)	What materials did you use (assessment forms, sections of Guide etc)
1			
2			
3			
4			

Appendix 1: Casebook

5	6	7	8

Child Health and Well-being: REVIEW

Child name:
Address:

Today's date……

Name of caregiver(s) being interviewed……

Age/ DOB	Weight (kg)	Height (cm)	Ask parents how many chest infections in last 3 months	Ask parents about the child's health compared to other children	Ask parents how often this child is happy	Ask parents how much the child participates in social activities
				1. Poor 2. Reasonable 3. Good	1. Rarely/never 2. Sometimes 3. Mostly	1. Rarely/never 2. Sometimes 3. Often

Parent (and child) Interview: REVIEW

Ask the parents (and child, if possible): "Have you noticed any changes in any of the following?"

Activity of daily living	Any change: Yes/No	Describe the changes, if any	How is your child managing now? 
1. Toileting	Y / N		1 2 3 4 5
2. Bathing	Y / N		1 2 3 4 5
3. Dressing	Y / N		1 2 3 4 5
4. Grooming	Y / N		1 2 3 4 5

5. Eating & drinking	Y / N		1 2 3 4 5
6. Brushing teeth	Y / N		1 2 3 4 5
7. Educational activities/Play	Y / N		1 2 3 4 5
8. Resting & sleeping	Y / N		1 2 3 4 5
9. Household jobs	Y / N		1 2 3 4 5
10. Going to school	Y / N		1 2 3 4 5
11. Going out: to the shops / the fields	Y / N		1 2 3 4 5

Ask the parents:

	How do you feel? (1-5) 
How *confident* are you in caring for your child? Do you know how to help your child to grow and develop?	1 2 3 4 5
How do you *feel* about caring for your child?	1 2 3 4 5
What do you find hardest and what do you find easiest?	
What has been the most helpful thing you have learned from me?	
What else would help?	

Reset targets

- Discuss any changes in the child data sheets and interview scores, with the parents and child and explore the barriers, if any, to achieving greater change.

Note the discussion here:

- Use this as a basis to talk about what they want to work on next. They may want to continue to work on the same activity, but to progress *within* it.

New targets:

1. ……..
2. ……..
3. ……..

Appendix 2: Top Tips on Training Others

Slide 1

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

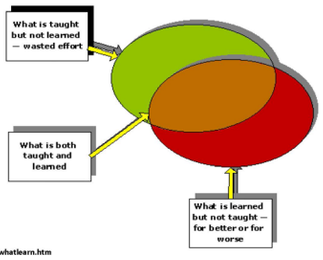
Training others

Slide 2

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

What is Learning ?

- What is taught is not the same as what is learned.



http://www.learningandteaching.info/learning/whatlearn.htm

Slide 3

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Things to consider

Slide 4

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

We all *see* things differently

Slide 5

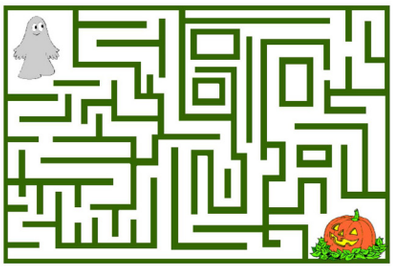
MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

We are *organise* things differently

Slide 6

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

We go about *doing things* differently



but usually end up in the same place

Appendix 2: Top Tips on Training Others

Slide 7

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

This is because our brains are wired up differently-

unique to us and our own experiences

Slide 8

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Types of learning

- **Surface Learning**

Learning by rote and memorising facts without necessarily putting into perspective and often imposed

- **Deep Learning**

Understanding meaning, interactive with content, relates to new ideas and builds on previous knowledge and relates to evidence and logic

Slide 9

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

How do we learn?

Brainstorm:

- What makes you motivated to learn?
- What teaching style helps you – being told or finding out for yourself?
- What makes learning fun / boring? – think about activity types etc

Slide 10

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Things to remember about adult learners

- They bring a package of experiences and values – each unique
- They bring expectations about the learning process
- They have competing interests – the realities of their lives
- They have their own set patterns of learning

Slide 11

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Adults

- –need to know why they need to learn
- –need to learn experientially
- –learn through problem-solving
- –learn best when the topic is of immediate value

Andragogy (Knowles 1978)

Slide 12

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Tips

- Create a positive, respectful atmosphere
- Learning activities relevant to circumstances
- Make sure the you use the learner's past experiences in the process
- Encourage self-directed learning
- See yourself as a facilitator rather than a traditional teacher
- Make allowances for people's own individual learning needs and styles

Appendix 2: Top Tips on Training Others

Slide 13

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Teaching a practical skill

Slide 14

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

The Learning Process

Unskilled

Skilled

Awareness

Acquisition

Development

Mastery

Adaptability

Slide 15

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

The Learning Process

Unskilled

Skilled

Awareness
- Reflection

Acquisition
- Rehearsal

Development
- Repetition

Mastery
- Review

Adaptability

Slide 16

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Teaching a practical skill - Four Step Approach

1. Demonstrate the skill with no words
2. Demonstrate and explain what you are doing
3. The learner explains what you should do as you follow their instructions
4. The learner **performs** the skill whilst explaining to you what they are doing

Slide 17

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Activity

- Get into pairs
- One of you will teach the other how to make an origami swan (ask your trainer for the instruction sheet)
- Teach using the 4 step approach:

1. Demonstrate the skill with no words
2. Demonstrate and explain what you are doing
3. The learner explains what you should do as you follow their instructions
4. The learner **performs** the skill whilst explaining to you what they are doing

Slide 18

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Activity contd

'Trainee' – give feedback to the person who trained you.

Think about HOW you are giving feedback

Appendix 2: Top Tips on Training Others

Slide 19

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Giving Feedback

Slide 20

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Activity

- You are teaching someone to position a child for feeding.
- You observe your trainee to handle the child roughly and not talk to the child whilst positioning them.

Brainstorm:

- What might you say?
- What might you do?

Slide 21

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

The seven principles of well-delivered feedback

1. Facilitates the development of self-assessment (reflection) in learning
2. Encourages teacher and peer dialogue around learning
3. Helps clarify what good performance is (goals, criteria, standards expected)
4. Provides opportunities to close the gap between current and desired performance
5. Delivers high quality information to students about their learning
6. Encourages positive motivational beliefs and self-esteem
7. Provides information to teachers that can be used to help shape the teaching

(HEA 2004)

Slide 22

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

General guidelines for trainers

- Ask the learner to tell you what went well
- Then the trainer discusses what went well
- Ask the learner to describe what could have been done differently and make suggestions for change
- The trainer identifies what could be done differently and gives options for change

Based on Pendleton et al 1984

Slide 23

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

The Feedback Sandwich

- Give some positive feedback first
- Then make a suggestion for change
- Be specific and describe what you have seen that could improve and offer choices for change
- Then give another positive message

Slide 24

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Non-judgemental Feedback

Descriptive	**v**	**evaluative**
Specific	**v**	**generalised**
Behaviour	**v**	**personality**
Explore choices	**v**	**telling what to do**

Brainstorm: Think of examples for each of the above

http://www.gp-training.net/training/educational_theory/feedback/non_judjmental_feedback.htm

Appendix 2: Top Tips on Training Others

Slide 25

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Managing groups

Slide 26

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Tuckman's Model of Group Development and Behaviour

- forming
- storming
- norming
- performing
- adjourning

In other words: The group comes together; there may be some conflict whilst people find their position in the group; things calm down; the group can then become productive; and then they finally go their separate ways.

http://www.businessballs.com/tuckmanformingstormingnormingperforming.htm

Slide 27

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

The role of the facilitator

- To support the group achieve the outcome of their learning needs
  - Encourages divergent thinking skills
  - Helps to generate ideas
  - Allows free flowing open discussion
  - Seeks diverse points of view
  - Suspends judgment

Slide 28

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Activity

Imagine that within your group of trainees, some of them do not appear interested / motivated and are talking to each other a lot

Brainstorm:

- What might be the reasons?
- What will you say?
- What will you do?

Slide 29

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

Final thoughts and comments

What will you do differently as a result of this session?

Slide 30

MAITS MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

References

Train the Trainers' Toolkit Helping others to facilitate learning in the workplace: A Practical Guide, NHS Education for Scotland, 2013

MEDIA CONSENT FORM

I consent to the use of photographs of me and my child

For your report to your organisation

In a published report for anyone to read

For teaching purposes

In leaflets and publications

On an organisation's website

I consent to the and use of videos of me and my child

For your report to your organisation

In a published report for anyone to read

For teaching purposes

In leaflets and publications

On an organisation's website

Child's name……..

My name ……..

My relationship to the child ……

Signature ……

Date …….

Appendix 4: Glossary of Terms

Physical terms

Affected (side/hand/leg etc.) – part of the body that has the problem with movement or sensation

Asymmetric (movements) - non matching parts of the body

Contracture - permanent shortening of muscle or scar tissue, resulting in distortion or deformity

Deformities - parts of the body that are is miss-shapen, malformed or fixed in abnormal positions

Extension –in a full stretch

Flexed / flexion – in a bent or curled up position

Floppy – very little or no muscle tone or control

Handling – holding and moving a child

Hemiplegic - paralysis affecting only one side of the body.

Long-sitting – sitting on the floor with legs straight out in front of the body

Maintain full range of movement – keeping the body joints flexible (bending and stretching) in all directions

Mobility – moving around from one place to another

Muscle tone – muscle tension

Over-mobilise- move the joints in the body outside of their normal range

Pelvic strap – belt that holds the hips back in a chair, in order to keep the person stable whilst sitting.

Posture - holding your body in a position

Postural deformities – these include limb contractures, hip dislocation and spinal deformities

Prone – lying on your front with your head down

Reflex patterns –movements that are not in the child's control

Sit squarely -sitting with feet flat, knees and hips bent at 90 °, back not twisted and knees in line with one another

Sling –piece of cloth to support your arm or leg

Splints – an aid to hold your arm or leg in a good position to help you improve a movement, standing, walking, using your hand etc.

Stable position / stability – when the child is not going to fall into a different position

Stiff / stiffen – (non-technical) – due to increased tone - spasticity or rigidity

Supine – lying on the back

Supported seat /chair /seating - sitting on chair with a back and sides which gives greater support

Appendix 4: Glossary of Terms

Symmetrical - both sides of the body matching, or moving together in the same way
Transfers – moving between positions; from lying to sitting; from sitting to standing; from standing back to sitting; from chair to another chair; from wheelchair to toilet
Walker – supportive frame to support child as he/she walks
Weight-bearing - taking body weight on your feet, such in as standing

Other:

Finger-foods – foods that can be held in the hand eg. biscuits
Fits – seizure resulting in reduced or loss of consciousness and/or abnormal body movements
Flash cards – picture cards to demonstrate an activity
Non-verbal cues - gestures or other body movements that communicate what the child is feeling or wanting
Pretend play – creative or imaginary play eg. the child uses a stone to pretend it is a ship; a doll for a baby..
Socialisation - meeting with different people and communicating with them
Total Communication – using several forms of communication at once, eg. showing an object, using gestures, and saying the word.
Visual timetable – a chart showing the activities of the day using pictures or objects to illustrate these, as well as the written word.