Let’s Communicate  

Section 5

CEREBRAL PALSY

A handbook for people working with children with communication difficulties

United Nations Children’s Fund
New York

Rehabilitation Unit
World Health Organization
Geneva

Rehabilitation Unit
Ministry of Health, Zimbabwe
In the last section we looked at children who have communication difficulties caused by mental handicap.

In this section we will look at children who have communication difficulties caused by cerebral palsy.

By the end of this section you should be able to

- recognise children who have communication difficulties as a result of cerebral palsy
- understand the causes of cerebral palsy
- explain how communication is affected by cerebral palsy
- carry out a communication assessment of a child who has cerebral palsy
- set appropriate goals for a child who has cerebral palsy
- give general advice on how to communicate with a child with cerebral palsy
- recognise the need for, and give advice on alternative means of communication
- refer children with cerebral palsy appropriately for other specialist help.
- give advice on feeding skills and nutrition.
CEREBRAL PALSY

Parents' views:

Because Tiotenda is unable to sit up by herself or walk, or talk, people often think she is mentally handicapped and that she doesn't understand when you speak to her. But this isn't true! Tiotenda understands just like any other child of her age, it's just that she can't express herself easily. But if you watch her face and her eyes and her movements, you will see that she knows exactly what you're saying!

You know, it was very difficult for me and my family to understand and accept that Mufaro had cerebral palsy. I went to the rehabilitation department and met other parents with children the same as Mufaro and this helped me a lot. I started to realise that we were not the only ones with a child like her and that it is not my wife's fault that Mufaro has cerebral palsy. With time, I have come to love Mufaro just as I love my other children and everyday she teaches me something new!

I used to do everything for Brian because I felt sorry for him — I felt that I couldn't just stand by and watch him struggle to feed himself or to bath or dress himself. But the problem was, I was still doing everything for him when he was 8 years old when in fact he could do things for himself if he tried. Eventually I was persuaded to let him try, and now he can do many things for himself — he can feed himself and bath himself and take himself to the toilet. I realise now that I should have started to teach Brian to do these things for himself much earlier — it would have made life better for him and for me.

I feel very happy now because Tariro can tell me what she wants to play with, what she wants to eat and drink, when she needs to go to the toilet, and much, much more! Her speech has improved but it is still not very easy to understand, so it is thanks to the picture board that she is now able to tell me all these things.
About cerebral palsy...

• When a child has difficulty with movement and with body position as a result of brain damage, we say she has cerebral palsy.

• Sometimes it is only the part of the brain that controls movement that is damaged — the muscle centre. This centre controls the movements of all the muscles in the body.

• Sometimes other parts of the brain may also be damaged and a child may have difficulties with learning, understanding, behaviour, hearing and vision, as well as with movement.

• Many children with cerebral palsy have damage only to the muscle centre. This means that their intelligence and their understanding are not affected. Others have damage to the muscle centre and damage to other parts of the brain as well.

• The damage to the brain that causes cerebral palsy will not get better, nor will it get worse.

• But the difficulty with movement, body position, learning, understanding, and so on, can be made better or worse depending on how early a child is given help and on the sort of help that a child is given.

• There are different types of cerebral palsy and different degrees of severity. For all types what is most important is that a child receives help as early as possible. In this way, it is more likely that improvement can be made.

THINK!

Now... think for yourself...

In cerebral palsy the muscle centre is damaged and this controls the movement of all the muscles in the body.

What are all the possible ways in which communication might be affected by cerebral palsy?
• All children with cerebral palsy will have difficulty with movement, and many will also have difficulty with communication. In this section we will look specifically at those children who have difficulties with communication. Remember, communication cannot be seen in isolation from a child’s other physical abilities.

• This is because the different parts of a child’s body do not move in isolation from each other. The body acts as a whole. If a child is positioned well all movements will become easier for him.

• In this way a child’s ability to move and his ability to communicate using speech, gesture, body language etc. are linked, and should not be seen in isolation from each other. **So before we think about a child’s communication we must first think about his positioning.**

• Because a child with cerebral palsy has difficulty with movement and body position it is very likely that he will also have difficulty with self-help skills, such as bathing, dressing, eating, and looking after his own toilet needs.

• It is very important that a child is helped to be as independent as possible in all self help skills.

For more ideas on bathing, dressing and toiletting, turn to Section 10. Remember to adapt these ideas to suit the child’s physical ability. And for more ideas on eating, turn to page 50 of this section!

---

If a child with cerebral palsy is never going to get better, is it really worth us spending time with him?

Definitely yes! Remember what we’ve said—cerebral palsy cannot be cured, so in that respect a child will not “get better.” But a child with cerebral palsy can learn many skills, and in that respect we can say that he will “get better.” So you see, a child needs all the help he can get in order to learn and to reach his full potential.
What can we realistically expect of a child who has cerebral palsy?

Remember! A disabled child must be helped to achieve as much as she possibly can. If we expect more of her, she is likely to achieve more. If we expect less of her, she is likely not to achieve as much. So you see, our expectations are vitally important - make sure yours are positive and realistic.

What a child with cerebral palsy can achieve will depend on how severely the child's movement is affected, and on whether she has a mental handicap associated with the cerebral palsy. In this case her learning as well as her movement will be affected and her achievements may be limited.

A child who has cerebral palsy should be able to...

- communicate her needs in some way
- learn to be as independent as is physically possible for her in activities such as bathing, dressing, and eating and in generally caring for herself
- help with domestic activities according to her physical and learning ability and be appreciated as part of a family and community
- attend a school that will meet her physical and learning needs
- have opportunities to mix with other children and with adults in the community
- carry out work tasks depending on her ability.
It follows then, that the achievements of a child with cerebral palsy will depend partly on his physical ability and his ability to learn, and partly on the opportunities that are available to him. Some children may be able to attend a special school or class. For other children this will not be possible. But for all of these children, the most valuable opportunities for learning are in the home with their families and friends.

What are our aims for children with communication difficulties caused by cerebral palsy?

Our aims are:

- to improve all of the child’s communication skills
- to encourage any means of communication
- to give support and guidance to parents
- to help the child to be as independent as possible
- to provide opportunities for children with cerebral palsy to mix with other children
- to refer children on for other specialist help when needed, for example, pre-school, special education services, doctor...

Let's now look at the causes of cerebral palsy...
CAUSES

There are many causes of cerebral palsy, all of them resulting from some kind of damage to the brain. The damage can be caused before birth, around the time of birth; or after birth. Here are some of the most common causes that are known to us.

Before birth
- infections in the mother during pregnancy, such as German measles

During birth
- lack of oxygen, or birth injuries
- prematurity can sometimes result in cerebral palsy

After birth
- high fever due to infection in the baby
- lack of oxygen from drowning or suffocation
- brain tumours

It is useful to know the cause of a child's cerebral palsy, but it is not essential. We can help a child whether we know the cause of her difficulty or not. The most important thing is that she receives help as early as possible. Remember - there is no cure for cerebral palsy, but there is a lot we can do to help!
Now let's try to explain more how cerebral palsy affects a person's muscle movements

First of all let's look at how a person usually makes the movements he wants...

Inside our bodies we have a framework of bones — the skeleton.

Attached to all the bones are muscles, which contract and relax to make the body move.

But these muscles cannot move alone. They need orders. These orders, or messages, are sent from the muscle centre of the brain via pathways which we call the nerves.

So when a person decides to make a movement, the brain registers this. The muscle centre then sends a message to the muscles telling them what movements to make.

Now let's look at what happens to a person with cerebral palsy...

The bones, or skeleton of the body, is not damaged. There is no problem here.

The muscles of the body are not damaged. There is no problem here.

But when a child has cerebral palsy, the muscle centre of the brain is damaged and does not send the right messages along the nerves.

So, when a person decides to make a movement, the brain registers this, but the muscle centre sends a disordered, uncontrolled message, so the person is unable to make the movements he wants to. This affects all the muscles of the body.

So you see — in a child with cerebral palsy it is not the bones, or the muscles, or the nerves which have a problem. It is the muscle centre of the brain, which sends messages to tell the muscles which movements to make, that is damaged. All movements can be affected, including those of his face, mouth, tongue and lungs.
Cerebral palsy... questions and answers...

There are a lot of wrong beliefs about cerebral palsy...

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is it my fault that my child has cerebral palsy?</td>
<td>No. It is not your or your husband’s fault that your child has cerebral palsy. Neither does it have anything to do with bad spirits. Cerebral palsy occurs in children all over the world and has a definite medical reason.</td>
</tr>
<tr>
<td>Is there a cure for cerebral palsy?</td>
<td>There is no cure for cerebral palsy. There are no pills and no operations that will get rid of it. Rather than trying to find a cure, it is more important to accept the condition and help the child to live with it.</td>
</tr>
<tr>
<td>Is cerebral palsy contagious?</td>
<td>No. Cerebral palsy is not contagious. It cannot be passed from one person to another. People with cerebral palsy should be encouraged to mix freely with all other people.</td>
</tr>
<tr>
<td>Who can help our child?</td>
<td>Your local rehabilitation workers can give you ideas on how to help your child. But it is you, with the support of your family and community who can do most to help your child. You, the parents, are the most important people.</td>
</tr>
<tr>
<td>Will my child be able to care for himself?</td>
<td>Every child with cerebral palsy is different. Some children may learn to care for themselves, but many, who have more problems with movements and learning will find it difficult to do things for themselves and will need help. The most important thing is that we allow a child to become as independent as possible.</td>
</tr>
<tr>
<td>Will my child learn to talk?</td>
<td>For many children with cerebral palsy, talking is difficult because of the problems with muscle movement. Some children may learn to talk quite well, but others may always have difficulty with speaking. They should be encouraged to use a combination of speech, gesture, and pictures for communication.</td>
</tr>
<tr>
<td>Will my child ever be able to go to school?</td>
<td>Every child is different. Many children with cerebral palsy, especially those of normal intelligence, would benefit from schooling. But often, the child’s difficulties with movement make it hard for him to attend an ordinary pre-school. There are only a few places in special schools. Often it is the family who have to help the child learn.</td>
</tr>
<tr>
<td>Will my child be able to work for his living?</td>
<td>People with cerebral palsy do not always succeed in finding formal employment. But there are many jobs in the home and community, that people can do, provided they are given the opportunity.</td>
</tr>
</tbody>
</table>

These are the questions that people commonly ask. You might have more questions - never be afraid to ask or to find out more about cerebral palsy.
Can a doctor help a child with cerebral palsy?

As we have already said cerebral palsy cannot be cured, and a doctor cannot usually help a child with cerebral palsy unless the child has associated medical problems.

- A medical problem that is sometimes associated with cerebral palsy is epilepsy, when a child has fits or convulsions. These children must receive medical help to control their epilepsy.

- Because a child with cerebral palsy has difficulty with movement, and posture, and with the muscles used for coughing, respiratory problems can occur. These should be treated early by a doctor.

- Children with cerebral palsy have difficulty with eating. This means they may be unable to take in sufficient food and may suffer from malnutrition. Any illness or infection resulting from this must be treated medically. For ideas on how to avoid malnutrition, see page 50 onwards of this section.

- Occasionally, surgery is used to correct severe contractures (shortening of the muscles) in a child with cerebral palsy. However, one needs to think very carefully before doing such an operation and must seek expert advice.

So remember ~ a doctor cannot cure cerebral palsy, but her help should be sought for any medical difficulties that a child might have.

Now let's think about the communication cycle ...
Where will the breakdown in the communication cycle be?

Communication is often one of the areas of difficulty for a child who has cerebral palsy. The degree of communication breakdown will depend on whether a child has a mental handicap as well as cerebral palsy, or whether the child only has a physical difficulty. Let's first look at where the breakdown in the communication cycle might be for a child who has cerebral palsy with mental handicap...

Understanding of verbal and non-verbal messages

1. Hear and see the message
2. Register what you see and hear
3. Recognise what you see and hear
4. Recognise the meaning
5. Decide on the response
6. Decide how to send the response
7. Choose sounds and words
8. Know the order of symbols
9. Send the response - monitor and correct it

Expression using verbal and non-verbal messages

A child who has a mental handicap with cerebral palsy will have difficulty with the steps of both understanding and expression. The extent of the difficulties will depend on the severity of both the physical and mental handicap.
And now let's look at where the breakdown in the communication cycle might be for a child who has cerebral palsy without mental handicap...

**Understanding of verbal and non-verbal messages**

1. **Hear and see the message**
   - Where is the cup?

2. **Register what you see and hear**
   - What sounds are those?
   - Is it a dog?
   - Is it a person?

3. **Recognise what you see and hear**
   - I recognise some of those words...
   - Cup...

4. **Recognise the meaning**
   - Ask! He wants to know where the cup is.

5. **Decide on the response**
   - I need to tell him that the cup is on the table.

6. **Speech is the only way I know...**

7. **Choose signs**
   - I'll give it a try...

8. **Choose pictures, letters and words**
   - ...here goes...

9. **...but no-one understands me...**

**Expression using verbal and non-verbal messages**

- A child who has cerebral palsy and whose intelligence is not impaired will have no difficulty with understanding and no difficulty deciding what response to make.
- A child who is able to talk will be able to say out a response, even if it is a little unclear.
- Difficulties may arise when there is a child who is unable to speak. She has to decide how to send her response.
- A child who cannot say out words, needs to be shown that she can use gestures, or point to pictures in order to send a message.
- If she is not given an alternative to speech, she may have difficulty sending a response, and the communication cycle breaks down.
Because communication is often one of the main areas of difficulty for children who have cerebral palsy, this is an area in which we need to give them help.

To achieve our long term goal of enabling a child with cerebral palsy to communicate in some way, we need to carry out an assessment of the child’s communication skills. In this way we can plan appropriate short term goals to help the child achieve the long term goal.

**ASSESSMENT**

In Section 2 we looked in detail at how to assess a child’s communication skills.

To assess the communication of a child with cerebral palsy we must use the form and follow the guidelines described in that section.

On the next pages we will look at typical assessment checklist profiles of:

- a child who has cerebral palsy and no other difficulties
- a child who has cerebral palsy and no other difficulties, but for whom speech will never be the main means of communication
- a child who has cerebral palsy and other difficulties.

On page 17 we will compare the strengths and needs of these children with children who have other disabilities.

All this information will help us to decide how much difficulty a child has with communication and where his main needs are.

Once we have carried out the assessment, we can start to plan appropriate short term goals to meet the child’s needs.
Tell me - what will the assessment checklist profile look like for a child who has cerebral palsy and no other difficulties?

Well...just look at the checklist for Tongai, below...

<table>
<thead>
<tr>
<th>STAGE</th>
<th>1 (0-6 months)</th>
<th>2 (6-12 months)</th>
<th>3 (12-18 months)</th>
<th>4 (1½-3 years)</th>
<th>5+ (3-5 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-6 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPEECH</td>
<td>Does child make</td>
<td>Does child repeat</td>
<td>Does child use</td>
<td>Does child</td>
<td>Does child put</td>
</tr>
<tr>
<td></td>
<td>coughing and</td>
<td>sounds and babble</td>
<td>sounds with</td>
<td>different</td>
<td>words together</td>
</tr>
<tr>
<td></td>
<td>babbling sounds?</td>
<td>tunefully?</td>
<td>meaningful and</td>
<td>simple words and</td>
<td>but not clearly</td>
</tr>
<tr>
<td></td>
<td>✓</td>
<td>✓</td>
<td>some recognisable</td>
<td>sometimes put 2</td>
<td>produced. ✓</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>words?</td>
<td>words together?</td>
<td></td>
</tr>
<tr>
<td>UNDER-</td>
<td>Does child understand how</td>
<td>Does child</td>
<td>Does child follow</td>
<td>Does child</td>
<td>Can follow</td>
</tr>
<tr>
<td>STANDING</td>
<td>basic needs will be</td>
<td>understand simple</td>
<td>instructions when</td>
<td>understand some</td>
<td>and take part in</td>
</tr>
<tr>
<td></td>
<td>met, e.g. crying</td>
<td>gestures are not</td>
<td>gestures are not</td>
<td>words like other</td>
<td>conversations.</td>
</tr>
<tr>
<td></td>
<td>if hungry or wet?</td>
<td>used, e.g. shows</td>
<td>used, e.g. shows</td>
<td>children of her</td>
<td>no problems</td>
</tr>
<tr>
<td></td>
<td>✓</td>
<td>parts of her body</td>
<td>parts of her body</td>
<td>age?</td>
<td>with understanding, but</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>his response is</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>not always clear.</td>
</tr>
<tr>
<td>GESTURE</td>
<td>Does child smile,</td>
<td>Does child point</td>
<td>Does child link</td>
<td>Does child use</td>
<td>Does child use</td>
</tr>
<tr>
<td></td>
<td>frown, laugh?</td>
<td>to objects or people</td>
<td>gestures with a</td>
<td>use gesture to</td>
<td>to get other</td>
</tr>
<tr>
<td></td>
<td>✓</td>
<td>that she is</td>
<td>situation, e.g.</td>
<td>other people to</td>
<td>people to do</td>
</tr>
<tr>
<td></td>
<td></td>
<td>interested in?</td>
<td>waves &quot;bye bye&quot;,</td>
<td>things for her, e.g.</td>
<td>things for her, e.g.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓</td>
<td>claps &quot;thank you&quot;</td>
<td>points to</td>
<td>points to</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>cup when she</td>
<td>cup when she</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>wants a drink?</td>
<td>wants a drink?</td>
</tr>
<tr>
<td>PLAY</td>
<td>Is child interested in</td>
<td>Does child explore</td>
<td>Does child like</td>
<td>Does child build</td>
<td>Does child enjoy</td>
</tr>
<tr>
<td></td>
<td>people and objects?</td>
<td>Hidden objects?</td>
<td>simple pretend</td>
<td>with bricks?</td>
<td>games with rules?</td>
</tr>
<tr>
<td></td>
<td>✓</td>
<td>✓</td>
<td>play, e.g. putting</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>spoon in cup,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>pretending to feed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>herself?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATTENTION</td>
<td>Does child look</td>
<td>Does child look</td>
<td>Can child attend</td>
<td>Does child attend</td>
<td>Can child listen</td>
</tr>
<tr>
<td></td>
<td>at mother/carer when</td>
<td>towards new</td>
<td>to simple tasks and</td>
<td>for longer periods of</td>
<td>and speak to</td>
</tr>
<tr>
<td></td>
<td>she speaks?</td>
<td>sounds or things?</td>
<td>not be distracted</td>
<td>more difficult</td>
<td>people while</td>
</tr>
<tr>
<td></td>
<td>✓</td>
<td>✓</td>
<td>by new sounds or</td>
<td>tasks, e.g. building</td>
<td>she is doing a</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>things?</td>
<td>bricks, pretend</td>
<td>task?</td>
</tr>
<tr>
<td>LISTENING</td>
<td>Does child respond</td>
<td>Does child</td>
<td>Does child listen</td>
<td>Does child listen</td>
<td>In a noisy place can</td>
</tr>
<tr>
<td></td>
<td>to sound and look</td>
<td>recognise</td>
<td>when mother/carer</td>
<td>when mother/carer</td>
<td>child ignore</td>
</tr>
<tr>
<td></td>
<td>to where it is</td>
<td>differences in</td>
<td>speaks to her?</td>
<td>speaks to her?</td>
<td>background noise</td>
</tr>
<tr>
<td></td>
<td>coming from?</td>
<td>sounds and their</td>
<td>✓</td>
<td>✓</td>
<td>and listen to</td>
</tr>
<tr>
<td></td>
<td>✓</td>
<td>meanings, e.g.</td>
<td></td>
<td></td>
<td>mother/carer?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>dog barking, bus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>arriving?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TURN-TAKING &amp; IMITATION</td>
<td>Does child take</td>
<td>Does child repeat</td>
<td>Does child imitate</td>
<td>Does child try to</td>
<td>Can child take</td>
</tr>
<tr>
<td></td>
<td>turns in making</td>
<td>her own sounds in</td>
<td>adult's actions and</td>
<td>copy words she</td>
<td>turns in</td>
</tr>
<tr>
<td></td>
<td>turns in making</td>
<td>a playful way?</td>
<td>sounds? difficulty</td>
<td>hears?</td>
<td>a conversation?</td>
</tr>
<tr>
<td></td>
<td>turns in making</td>
<td>✓</td>
<td>with sounds?</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>sounds with</td>
<td>✓</td>
<td>Sounds...</td>
<td></td>
<td>but he is ✓</td>
</tr>
<tr>
<td></td>
<td>mother/carer, i.e.</td>
<td>Does child</td>
<td>Does child repeat</td>
<td>tries, but not</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>if mother copies</td>
<td>repeat her own sounds in</td>
<td>adult to take turns</td>
<td>great difficulty</td>
<td></td>
</tr>
<tr>
<td></td>
<td>child's sounds</td>
<td>a playful way?</td>
<td>in her games?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>will she repeat them?</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACTIVITIES</td>
<td>Can child close</td>
<td>Does child chew</td>
<td>Does child feed</td>
<td>Does she wash</td>
<td>Can she wash and</td>
</tr>
<tr>
<td>OF DAILY</td>
<td>lips on a spoon?</td>
<td>food and drink from</td>
<td>herself?</td>
<td>her hands?</td>
<td>dry her hands?</td>
</tr>
<tr>
<td>LIVING</td>
<td></td>
<td>a cup? has difficulty</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Does she cooperate</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>in dressing?</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GROSS</td>
<td>Does child bring</td>
<td>Can child crawl?</td>
<td>Does child feed</td>
<td>Does she wash</td>
<td>Can she wash and</td>
</tr>
<tr>
<td>MOTOR</td>
<td>hands to midline?</td>
<td>✓</td>
<td>herself?</td>
<td>her face and</td>
<td>dry her hands?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>hands?</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Can child sit with</td>
<td>Does she</td>
<td>Can she put</td>
<td>Can she wear</td>
</tr>
<tr>
<td></td>
<td></td>
<td>support?</td>
<td>take off simple</td>
<td>simple clothes?</td>
<td>her own clothes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓</td>
<td>clothes?</td>
<td>with help</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Can she pull up</td>
<td>Is she starting</td>
<td>Does she</td>
<td>Can she wear</td>
</tr>
<tr>
<td></td>
<td></td>
<td>to standing?</td>
<td>toilet training?</td>
<td>take off simple</td>
<td>her own clothes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>clothes?</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Can she walk with</td>
<td>Often falls</td>
<td>Can she run</td>
<td>Can she run</td>
</tr>
<tr>
<td></td>
<td></td>
<td>support?</td>
<td>over</td>
<td>freely?</td>
<td>freely?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Can she jump with</td>
<td>Can she jump</td>
<td>Can she wear</td>
<td>Can she wear</td>
</tr>
<tr>
<td></td>
<td></td>
<td>both feet together</td>
<td>both feet</td>
<td>her own clothes</td>
<td>her own clothes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>together?</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Can child skip?</td>
<td>Can she</td>
<td>Can she wear</td>
<td>Can she wear</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓</td>
<td>jump?</td>
<td>her own clothes</td>
<td>her own clothes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

Strengths: Understanding, Gesture, Play, Attention, Listening, Turn-taking, Imitation.

Needs: Speech, ADL (especially eating)
And what about the assessment checklist profile of a child who has cerebral palsy and no other difficulties, but for whom speech will never be the main means of communication?

Just look at the checklist for Munyaradzo...

<table>
<thead>
<tr>
<th>STAGE</th>
<th>AGE</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>(4)</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-6 months</td>
<td>6-12 months</td>
<td>12-18 months</td>
<td>1½ - 3 years</td>
<td>3-5 years</td>
<td></td>
</tr>
<tr>
<td>SPEECH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Does child make cooing and babbling sounds?</td>
<td>❌</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNDERSTANDING</td>
<td>Does child understand basic needs will be met, e.g. crying if hungry or wet?</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GESTURE</td>
<td>Does child point to objects or people that she is interested in?</td>
<td>❌</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>PLAY</td>
<td>Is child interested in people and objects?</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>ATTENTION</td>
<td>Does child look towards new sounds or things?</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LISTENING</td>
<td>Does child respond to sound and look to where it is coming from?</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TURNTAKING &amp; IMITATION</td>
<td>Does child repeat her own sounds in a playful way?</td>
<td>❌</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>ACTIVITIES OF DAILY LIVING</td>
<td>Can child close lips on a spoon?</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GROSS MOTOR</td>
<td>Can child bring hands to midline?</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Strengths: Understanding, Attention, Listening.

Needs: Speech, Gross motor, ADL (especially eating)
And now, let's look at the checklist profile for Sharon, a child who has cerebral palsy and other difficulties...

<table>
<thead>
<tr>
<th>STAGE</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5*</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td>0-6 months</td>
<td>6-12 months</td>
<td>12-18 months</td>
<td>1½ - 3 years</td>
<td>3-5 years</td>
</tr>
<tr>
<td>UNDERSTANDING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Does child understand how basic needs will be met, e.g. crying if hungry or wet?</td>
</tr>
<tr>
<td>GESTURE</td>
<td></td>
<td></td>
<td>Does child follow instructions when gestures are not used, e.g. shows parts of her body?</td>
<td>Does child use gestures to get other people to do things for her, e.g. points to cup when she wants a drink?</td>
<td></td>
</tr>
<tr>
<td>PLAY</td>
<td>Does child smile, frown, laugh?</td>
<td>Does child point to objects or people that she is interested in?</td>
<td>Does child like simple pretend play, e.g. putting spoon in cup, pretending to feed herself?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATTENTION</td>
<td>Does child look at mother/carer when she speaks?</td>
<td>Does child look towards new sounds or things? but too easily distracted</td>
<td>Can child attend to simple tasks and not be distracted by new sounds or things?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LISTENING</td>
<td></td>
<td>Does child listen more carefully to speech?</td>
<td></td>
<td>In a noisy place can child ignore background noise and listen to mother/carer?</td>
<td></td>
</tr>
<tr>
<td>TURN-TAKING &amp; IMITATION</td>
<td>Does child take turns in making sounds with mother/carer, i.e. if mother copies child's sounds will she repeat them?</td>
<td>Does child imitate adult's actions and sounds?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACTIVITIES OF DAILY LIVING</td>
<td>Can child close lips on a spoon?</td>
<td>Does child chew food and drink from a cup?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GROSS MOTOR</td>
<td>Does child bring hands to midline?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Strengths: Understanding, Gesture.


As well as having cerebral palsy, has some learning difficulties. All her communication skills are developing. How will this change our goal plan for Sharon?
Now let's summarise and compare the abilities of a child who has cerebral palsy with those of children who have other disabilities.

Checking your assessment profile against the column below will help you to decide whether the main problem for the child you have assessed is his physical disability, or whether his associated difficulties are in fact his major problem.

<table>
<thead>
<tr>
<th>MENTAL HANDICAP</th>
<th>DEVELOPMENTAL DELAY</th>
<th>CEREBRAL PALSY</th>
<th>HEARING IMPAIRMENT</th>
<th>MULTIPLE DISABILITY</th>
<th>SPECIAL DIFFICULTIES WITH SPEECH</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Section 4)</td>
<td>(Section 4)</td>
<td>(Section 5)</td>
<td>(Section 6)</td>
<td>(Section 7)</td>
<td></td>
</tr>
<tr>
<td>SPEECH</td>
<td>Mildly - severely affected</td>
<td>Mostly delayed</td>
<td>Mostly delayed</td>
<td>May take much extra difficulty in speech</td>
<td>Severely affected</td>
</tr>
<tr>
<td>UNDERSTANDING</td>
<td>Mildly - severely affected</td>
<td>Mostly delayed</td>
<td>Mostly delayed</td>
<td>May have difficulty understanding, moderate hearing difficulties</td>
<td>Severely affected</td>
</tr>
<tr>
<td>GESTURE</td>
<td>Severe speech delay</td>
<td>Mostly delayed</td>
<td>Mostly delayed</td>
<td>May have difficulty understanding, moderate hearing difficulties</td>
<td>Severely affected</td>
</tr>
<tr>
<td>PLAY</td>
<td>Unable to express</td>
<td>Mostly delayed</td>
<td>Mostly delayed</td>
<td>May have difficulty understanding, moderate hearing difficulties</td>
<td>Severely affected</td>
</tr>
<tr>
<td>ATTENTION</td>
<td>Often severely affected</td>
<td>Mostly delayed</td>
<td>Mostly delayed</td>
<td>May have difficulty understanding, moderate hearing difficulties</td>
<td>Severely affected</td>
</tr>
<tr>
<td>LISTENING</td>
<td>Often severely affected</td>
<td>Mostly delayed</td>
<td>Mostly delayed</td>
<td>May have difficulty understanding, moderate hearing difficulties</td>
<td>Severely affected</td>
</tr>
<tr>
<td>TURN-TAKING &amp; IMITATION</td>
<td>Often affected</td>
<td>Mostly delayed</td>
<td>Mostly delayed</td>
<td>May have difficulty understanding, moderate hearing difficulties</td>
<td>Severely affected</td>
</tr>
<tr>
<td>ACTIVITIES OF DAILY LIVING</td>
<td>Mostly - severely affected</td>
<td>Mostly delayed</td>
<td>Mostly delayed</td>
<td>May have difficulty understanding, moderate hearing difficulties</td>
<td>Severely affected</td>
</tr>
</tbody>
</table>

So you see ... the communication skills of a child with cerebral palsy will be effected in different ways according to the severity of the cerebral palsy, and whether the child has other difficulties associated with it.

We must always remember that every child is different and our goal plans must reflect each child's individual needs.
We looked at the general principles of goal planning in Section 3. Look back to that section now and refresh your memory about how to do a goal plan.

Now, for more ideas on goal planning specifically for a child who has cerebral palsy, read on...

First of all, we need to think about where the child has most difficulty. Then we can think about our short term goals and plan activities to achieve them.

As we have already said, every child with cerebral palsy is different and their needs and goal plans will be different. Let's think about the three children we have assessed here ...

- **Tongai’s main areas of need** are speech and ADL (especially eating).

- **Munyaradzo’s main areas of need** are speech, ADL (especially eating) and gross motor.

- **Sharon’s main areas of need** are speech, play, attention, listening, gross motor skills and activities of daily living.

For each of these children our long term goal is to improve their communication by giving help in the areas in which they have most difficulty. Read on for ideas on how to help each of these children ...
But tell me - how do we know which of a child's areas of need we should work on first?

Well... do you remember the communication house? In section 3 we talked about how the idea of the communication house can help us with our goal planning. Let's use this to help us with planning goals for Tongai and Munyaradzo....

...Tongai and Munyaradzo both have difficulty with speech but the rest of their communication skills are good. Their house is standing firm, but the paint work - the speech - isn't so good! Now, because Tongai already has some recognisable speech, our long term goal for him will be to develop that. But, for Munyaradzo, his speech will never be an effective means of communication, so our long term goal for him will be to help him communicate in another way.

With all children we must think about whether speech is a realistic aim for them and set goals accordingly.

And now let's think about Sharon...

Sharon also has cerebral palsy but unlike Tongai and Munyaradzo she has difficulties in many areas of communication, not just in speech. Her communication house is shaky from the foundations! Her main areas of difficulty are attention, listening, play and speech. Think for yourself - what would your goals for Sharon be?
We have already said that our long term goal for Tongai, who has cerebral palsy and no other difficulty, is to improve **speech** and **ADL (especially eating)**.

For Munyaradzo, who has cerebral palsy, no other difficulty, but for whom speech will never be his main means of communication, our goal is to **develop some other means of communication** (i.e. sounds, gestures and pictures), to improve **gross motor skills** and **ADL (especially eating)**.

For Sharon, who has cerebral palsy and other difficulties, our goal is to improve **attention, listening, play, speech, gross motor skills** and **activities of daily living**.

Note! These children may need help with their gross motor skills and activities of daily living, but in this handbook we will just be looking at their **communication needs**.

- Now we need to look at how the communication goals can be achieved.
- First of all, we need to think about our short term goals.
- Next, we need to think about activities that will help us achieve these goals.

**To do this, use the relevant activity ideas shown in section 3 of this handbook...**
Here is an example of a goal plan for Tongai. Remember, he has cerebral palsy and no other difficulty.

**Aims**

**Long term goals**: improve *speech* • *ADL (eating skills)*

<table>
<thead>
<tr>
<th>Short term goals</th>
<th>How?</th>
<th>By whom?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To make Tongai’s speech more clear</td>
<td>~ Play games with Tongai looking in the mirror and pulling different faces. Copy each other’s faces.</td>
<td>Mother and older sister.</td>
</tr>
<tr>
<td></td>
<td>~ Put peanut butter, jam or sugar around Tongai’s lips. Encourage him to lick it off.</td>
<td>Brother.</td>
</tr>
<tr>
<td></td>
<td>~ Play a game of blowing a piece of paper, or a leaf, to each other across a table.</td>
<td>Brother and sister.</td>
</tr>
<tr>
<td>2.</td>
<td>~ When Tongai says a word which is not clear, encourage him to repeat it more clearly.</td>
<td>Everyone.</td>
</tr>
<tr>
<td>3.</td>
<td>~ Introduce Tongai to different textures to eat - not just soft foods. Place crusts of bread, or pieces of meat to the side of his mouth between his teeth.</td>
<td>Mother.</td>
</tr>
<tr>
<td>4. For Tongai to develop better chewing skills</td>
<td>~ To find out more about how to improve page 30 of this section...</td>
<td></td>
</tr>
</tbody>
</table>

Follow up appointment date?  April 4th 1993

Name of interviewer: C. Sithole

Date: 3/3/93

Remember! As Tongai’s needs change over time, so must his goal plan. Be prepared to re-assess and change accordingly.
Now here is Munyaradzo's goal plan. He has cerebral palsy with no other difficulty, but speech will never be his main means of communication.

### Aims

**Long term goal:** To develop an effective means of expression; to improve ADL (especially eating)

<table>
<thead>
<tr>
<th>Short term goals</th>
<th>How?</th>
<th>By whom?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. For Munyaradzo's family to support the use of another means of communication.</td>
<td>Meet with Munyaradzo's family to discuss his communication difficulties and to highlight the need for developing another means of expression.</td>
<td>Rehabilitation technician to arrange date for meeting.</td>
</tr>
<tr>
<td>2. For the idea of using signs and pictures for communication to be introduced.</td>
<td>Make 10 individual pictures which are relevant to Munyaradzo's needs: e.g., drink, ball, Mum, sadza.</td>
<td>Mother and brothers and sisters.</td>
</tr>
<tr>
<td>3.</td>
<td>Take each picture in turn and teach M. what each one means and the appropriate sign for each. Stick all the pictures on a board so that M. can see all of them and can touch all of them. Use the pictures for real communication. For example, ask M. what he wants—help him to show you by using a sign or by pointing to a picture.</td>
<td>For ideas on improving eating skills, turn to page 50 of this section...</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Follow up appointment date?** 9th July 1992

**Name of interviewer** Ncube

**Date** 4th May 1992

We should never force a person to speak. If she can be helped to communicate more effectively by using another means of communication then we must help her to do so. Turn to page 26 of this section for more ideas...
And finally we have Sharon’s goal plan. She has cerebral palsy and other difficulties.

### Aims

**Long term goal:** To improve attention; listening; play; speech

<table>
<thead>
<tr>
<th>Short term goals</th>
<th>How?</th>
<th>By whom?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. For Sharon to look more carefully at faces and objects.</td>
<td>When talking to Sharon use an interesting voice and face to get her attention. Hold objects that you are talking about, close to your face.</td>
<td>Whole family.</td>
</tr>
<tr>
<td>2. For Sharon to look towards sounds.</td>
<td>Shake a rattle to the side of Sharon’s face and help her to look at it. Shake it on the other side and again help her to turn to it.</td>
<td>Whole family.</td>
</tr>
<tr>
<td>3. For Sharon to explore objects.</td>
<td>Help Sharon to feel different objects. Take her hands in yours to feel a ball, a spoon, your face, and any other objects.</td>
<td>Brothers and sisters.</td>
</tr>
<tr>
<td>4. For Sharon to make more sounds.</td>
<td>Play games with Sharon that use noises - splashing water in the bath; bouncing her on your knees; blowing on her tummy.</td>
<td>Brothers and sisters.</td>
</tr>
</tbody>
</table>

Follow up appointment date?  
November 1st, 1992

Name of interviewer: J. Nkungo  
Date: 1.10.1992

You can see that Sharon’s goal plan is very different from that of Tongai and Munyagadzo. This is because she has a mental handicap as well as cerebral palsy.
- As well as a child’s individual goal plan it is most important that we remember that our day-to-day approach to a child with cerebral palsy is what can help her most.
- If we use our communication skills well, this will encourage her to communicate in her own way.

Look carefully at the following ideas:

**How to talk to a child with cerebral palsy...**

<table>
<thead>
<tr>
<th>Talk to the child about things happening around her.</th>
<th>![Example Image]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get down to the child’s level and face her when you talk.</td>
<td>![Example Image]</td>
</tr>
<tr>
<td>Before you talk to the child get her attention by tapping her and calling her name. Make sure she is looking at you when you talk.</td>
<td>![Example Image]</td>
</tr>
<tr>
<td>Show her what you are talking about and, if possible, bring objects to her, to feel or look at.</td>
<td>![Example Image]</td>
</tr>
<tr>
<td>Do not force the child to speak.</td>
<td>![Example Image]</td>
</tr>
<tr>
<td><strong>Be alert to any attempt the child makes to communicate and always respond to him.</strong></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td></td>
</tr>
<tr>
<td><strong>Encourage any means of communication.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Give your child time to respond.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Take time to sit with your child and talk to each other without lots of other distractions.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Make sure you do not talk about the child in front of him.</strong></td>
<td></td>
</tr>
</tbody>
</table>

---

Try to remember all the above points whenever you are communicating with a child who has cerebral palsy!

...and now, let's think about communication by all means...
# Communication by all means

<table>
<thead>
<tr>
<th>What do you mean by communication by all means?</th>
<th>We have already said that there are many ways of communicating. The main ways are by using speech, signs or gesture, pictures, and writing. When we talk about communication by all means we mean using a combination of any of these to get our message across.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why do we need to encourage other means of communication?</td>
<td>Most people use speech as their main means of communication with the other ways supporting it. But people who are unable to speak clearly should be encouraged to use the other means of communication to get their message across. Remember it is getting our message across that is important no matter what means we use. We need to accept all means of communication.</td>
</tr>
<tr>
<td>When would we use other means of communication?</td>
<td>Whenever a person is having difficulty sending a message using speech, we should encourage them to use another means of communication to get their message across. This should be accepted as being their way of communicating, just as speech might be yours. It should be used in all situations, just as you would use speech.</td>
</tr>
<tr>
<td>How do we encourage a child to use other means of communication?</td>
<td>We can encourage a child to use other means of communication by valuing other means ourselves, by using it with her, by responding to her when she uses it, and by praising her. It's not very different from encouraging a child to learn to talk.</td>
</tr>
</tbody>
</table>

A child with cerebral palsy will often need to use another means of communication either to support her speech or instead of speech. This is very important. Read on!
I've heard people say that if we encourage a child to use other ways of communicating, he will become lazy and will give up even trying to speak. Is this true?

No, it's not! In fact you might be surprised to know that it is quite the opposite—giving a child an alternative means of communication can actually help him to speak. Read through the following points...

**Giving a child with cerebral palsy an alternative means of communication will:**

- help to prevent the communication cycle from breaking down
- enable a child to get his message across successfully and thus increase his motivation to communicate
- give a child a way of expressing his needs and of having some control over his environment which will reduce possible frustration
- enable him to develop good communication skills
- reduce the pressure on him to speak (the relief that this brings often results in a spontaneous improvement in spoken language)
- reduce the physical demand put on a child because the motor control needed either for making gestures or for pointing at pictures is less than that required for speech.

...and what's more—gestures and pictures are easier to understand and to use than speech!
Now hang on ~ what do you mean by "gestures and pictures are easier to understand and to use than speech"? Can you explain?

Yes, sure ... The table below looks at spoken language, sign language and picture language, and sets out the different skills that are needed for each. Before we decide which method of communication to concentrate on with a child, we must think "does the child have the necessary skills?": For example, a child might not have the skills needed for spoken language but he might well have the skills needed for signs or gestures or pictures ...

<table>
<thead>
<tr>
<th>What is it?</th>
<th>What skills does it use?</th>
<th>What are its advantages?</th>
<th>What are its disadvantages?</th>
</tr>
</thead>
</table>
| Spoken language                                | A system of putting speech sounds together to form meaningful words, and of putting words together to form meaningful sentences | • Hearing and listening  
• Auditory memory  
• Understanding of spoken words  
• Articulation and production of sounds | • Most commonly used and understood means of communication  
• Efficient  
• Effective  
• Quick | • Complex  
• Needs good hearing and listening skills  
• Needs good auditory memory  
• Needs understanding of spoken language  
• Needs accurate movement of the speech organs |
| Sign language                                  | A system of making meaningful signs or gestures using parts of the body, in particular the hands, arms and face, to send a message | • Vision and attention  
• Visual memory  
• Understanding of signs/gestures  
• Ability to use hands, arms, face etc. to form signs/gestures | • Extension of natural means of communication  
• Easier to remember and to learn  
• Easier to understand  
• Physically easier to produce | • Not as commonly used or understood  
• Not as effective or as efficient  
• Requires some physical ability |
| Picture language                               | A system of pointing to pictures displayed on a chart to send a meaningful message     | • Vision and attention  
• Visual memory  
• Understanding of pictures  
• Ability to point to or to indicate pictures in some way | • Less physically demanding  
• Easier to remember and to learn  
• Easier to understand | • Not as commonly used or understood  
• Not as effective or as efficient  
• Requires a board or chart for a display  
• Natural flow of communication is affected |
And don't forget ...

**Written language!**

There are some children with cerebral palsy for whom spoken language and use of gestures are too physically demanding, but for whom picture language is too simple intellectually. These children may be able to learn to read and can use a communication chart made up of written words and sentences.

![Image of children with communication chart]

**Points to think about:**

- Every child with cerebral palsy is different and we must look at each one individually before deciding which method of communication to concentrate on.

- Even though a child may rely mainly on one particular method of communication, he should be encouraged to use a combination of methods in order to get his message across as effectively as possible.

- If spoken language is a realistic goal for a child with cerebral palsy, then it should be encouraged, as this is the most effective method of communication.

- However, for some children, spoken language will not be a realistic goal and then we must help a child to develop either sign language, picture language or written language as his main means of communication.

![Image of children eating and using communication chart]

---

29
O.K. - I now understand that different methods of communication require different skills and that depending on the abilities of a child one method may be easier to learn than another. Can you give me more ideas to help me decide when to concentrate on spoken language, or on sign language or on picture language with a particular child?

Yes, I can - we'll go on to think about that next. But first, I just want to remind you of how important it is that you have the support and involvement of the child's parents before you make any decisions. This is essential!

**Choosing a method of communication**

- There are no rules to guide us in making a decision to use one particular method of communication rather than another. Every child is different and has different abilities and disabilities.

- Choosing a method of communication to concentrate on with a child is not an easy decision. We must use our knowledge of the child we are working with, together with our knowledge of the different methods of communication and make the best decision we can for each individual child.

- Some of the things we might think about are:
  - age of child
  - her motivation to communicate
  - how effective her present means of communication is
  - her level of understanding
  - family support
  - visual ability
  - physical ability

- We must be prepared to change our minds if, after a time it turns out that we made the wrong decision, or if the child's needs change.

Now let's look in turn at:
- spoken language
- sign/gestured language
- picture language
...about spoken language...

- Not all children with cerebral palsy will learn to use spoken language as their main means of communication.
- Because spoken language is the most effective means of communication, we must help every child to develop skills in this area if he can.
- Some children might develop spoken language to the level where they are able to put words together in sentences. Other children may not progress beyond the stage where they can use sounds with meaning.
- The main factors that will affect a child's ability to develop spoken language are: the extent of his mental handicap; the extent of his physical disability; the amount of stimulation he receives.
- We must always remember that some children with cerebral palsy may have good understanding of spoken language but may themselves be unable to speak.
- A child should never be forced to speak — any activities for developing spoken language should be enjoyable and relaxed — turn to the next page for ideas...
- If too much pressure is put on a child to speak, this will actually slow down the development of spoken language.
- Meaningful, everyday situations are the best times for encouraging the understanding and use of spoken language.

- All young children with cerebral palsy should be helped to develop all methods of communication.
- If it becomes clear as a child gets older that spoken language will be his main means of communication, then we should concentrate on helping him to develop his skills in this area.
- However, for many children with cerebral palsy, it will become clear that spoken language will not be their main means of communication.
- With these children we must concentrate on helping them to develop the skills needed for using signed or gestured language, or picture language, or written language.

If a child...
- is over the age of 6 years and has no spoken language
- is already communicating well using either gestures or pictures
- has little or no understanding of spoken language
- is frustrated by his inability to get his message across using spoken language

...think twice before concentrating on spoken language.
Activities for helping spoken language...

Note: Before we even start to work on spoken language with a child, we must be sure that she is in a stable, secure and comfortable position, whether on a chair, on a carer's lap, or wherever she is.

- Play sound games where you and the child copy the different sounds. When your child makes a sound, copy her and encourage her to make more.

- Play games where you pull different funny faces at each other. If you have a mirror, watch the faces you are pulling. Copy each other's faces.

- Play “lip games”, for example, go “Brrrr” on the child's hand or tummy. Encourage her to go “Brrrr” on your hand. Flap the child's lips up and down with your finger to help her to make funny noises.

Always remember -
- Give praise and encouragement for any attempts the child makes at producing sounds or words.
- Encourage the whole family to take an active part in the activities.
- Encourage the child to use sounds to communicate his needs in everyday situations.
• Encourage the child to eat foods of different textures, he should have a chance to eat harder foods, like bread crusts and pieces of meat, so that he learns to chew.

• When the child is lying on his back play games where you push gently on his chest and jiggle it. If he makes a sound, respond to him.

• Give the child opportunities to try and speak. For example, rather than just giving him food or toys, ask him what he wants. Take time to talk to him and listen to him – give him time to respond.

The aim of these activities is not to get a child merely to repeat words. The aim is to help a child use sounds and words for meaningful communication.
Using gestures **alongside spoken language** will help a child's understanding. In the early years this is important for all children with cerebral palsy. In later years children who have good understanding of spoken language do not need gestures to be used with them. Those children who struggle to understand spoken language will continue to need gestures used with them to help their understanding.

Sign language provides a model of another easier method of communication which a child can copy and use to get her message across.

Using gestures may become a child's main means of communication; or she may just use it to support another system. For example, a child may use mainly spoken language, but also use some gestures to help get her message across.

Some children might develop gestures to the level where they are able to make clear, accurate signs with their hands and their faces. Other children may not progress beyond the stage of making large movements with their arms, faces or whole bodies to send a basic message.

The main factors that will affect a child's ability to use signs or gestures as a means of communication are: the extent of her physical disability; the extent of her mental handicap; the amount of stimulation she receives.

A child cannot be forced to use gestures — many children might spontaneously develop their own gestures that are understood by their family and this should be encouraged. Ideas for developing a child's gestures further are given on the next page...

It is very important that everyone who is involved with the child knows and uses the same gestures with her — the repetition and consistency that this will bring will help her in her learning.

Meaningful, everyday situations are the best times for encouraging understanding and use of gestures.

**Remember** — we should always use gestures with spoken language. Never use gestures alone when you are talking to a child.

**As a general rule...** always use gestures when you talk to a child with cerebral palsy. This will never do any harm, and in fact, it is more likely to help the child.
Activities for helping gestures...

Note: Before we even start to work on helping a child to use gestures, we must be sure that he is in a stable, secure and comfortable position, whether on a chair, on a carer's lap, or wherever he is.

- Play hand and finger games with the child, tickling and blowing on his hands, playing with his fingers, moving his arms.

- Let the child hold and feel different objects.

- When you talk about objects, show them to the child, and make the gesture for them. Help the child to make the gesture, by moulding his hand.

• And again, remember:
  • Give praise and encouragement every time the child tries to use a gesture.
  • Encourage the child to use gestures to express his needs in everyday situations.
  • Make sure everyone who comes into contact with the child uses gestures with him.
...more activities for helping gestures...

- Play games where you match gestures to objects. When the child is good at this, try matching gestures to pictures.

- Play memory games. Place a row of objects in front of the child. Name them and help the child to make the gesture for each of them. Tell her to look carefully and remember them, then she must shut her eyes. You take 1 object away. She opens her eyes and must use a gesture to tell you which object has gone.

- Play guessing games with a child who understands spoken language well. Describe an object to the child, but don’t give its name. The child must think and show the gesture of the object described. Take turns. Let the child think of an object, show with her hands what you do with it, and make the gesture for it. You guess what it is, and name it.

---

The aim of these activities is not to enable a child to merely copy gestures. The aim is to help a child to use gestures to communicate his messages to other people.

---

What’s this?  Is this communication?  NO!

What’s this?  Is this communication?  YES!

What did you buy today?  Oh! a book?

Was it a big or little book?  Oh— it was a big book!
Some children with cerebral palsy will find it difficult to express themselves using only speech and gesture, because people do not understand their sounds and their movements. For these children, picture language can be a useful means of communication.

Using pictures is very rarely the child's only means of communication. As long as a child can get his message across using sounds and gesture, he will be most likely to use those. But when people do not understand his efforts, he could use pictures. So pictures are often used with spoken and gestured language.

Some children may just have a few basic pictures which they use occasionally to express a need. Others may have a whole collection of pictures which they use for quite complex communication.

The main factors that may affect a child's ability to use pictures as a means of communication are: the extent of mental handicap in the child which may prevent him from recognising and using pictures; the extent of visual impairment in the child; lack of stimulation, for example, a child may never have been exposed to pictures.

The pictures given to a child to help him communicate should be appropriate to his age, his needs, and his background. The pictures should be displayed in a way that enables the child to point to them and use them, taking account of his physical disability. See pages 40 to 45 for details of how to make a picture chart.

It is important that everyone who is involved with the child knows about the pictures so that they can include the child in conversations where he can respond and take part by pointing to the relevant pictures on his chart.

Meaningful, everyday situations are the best times for encouraging a child to use pictures for communication.

---

Does this mean that we must use pictures to speak to the child?

No! We talk to the child just as we would talk to anyone else, and remembering to use gestures if necessary. The child listens and looks, understands, and then responds to us by pointing to a picture. He uses the pictures to express a message to us. We use the pictures to understand his message!

---

If a child...

- is communicating perfectly well using spoken language and gestures
- has great difficulty recognising and understanding pictures

...think twice before concentrating on picture language.
• Activities for helping with picture language...

Note: Before we start to work on picture language we must make sure that wherever the child is sitting, she is in a stable, secure and comfortable position where she can see all the pictures clearly and can point to them easily.

For these activities you will need a set of pictures of familiar, everyday objects. See page 45.

• Play a game where the child matches pictures to well known objects. Check that the child knows the objects by asking her to point to, or look at the one you name. Then place 2 of the objects in front of her. Show her a picture of one of them. She is to point to the object it represents. As she gets used to the activity, increase the number of objects and pictures.

• Take a set of pairs of pictures. Place them all face down on a table. Take turns picking up 2 cards. If a person picks a pair, she keeps it. If she picks up 2 different cards, she must replace them, face down and let the next person take a turn. The aim is to remember where the pairs are, and try to collect as many as possible.

• Have 4 familiar objects available, and pictures of each of these objects. Line up the pictures in front of the child. Name them all and tell her to remember them. She must then shut her eyes, take one picture away. She must try to remember which has gone, and then tell you, either by using a gesture if she is able, or by pointing at the object whose picture is missing.
• Take 3 pictures. Place them in a row. The child must look at them carefully and remember what order they are in. The cards are then muddled up and the child must replace them in their original order. Make the activity harder by increasing the number of pictures.

• Take a set of pictures and place them in front of the child. Ask him, “Show me all the things we wear”, “Show me all the things we eat”, “Show me all the things with wheels.” Play games putting the pictures into different groups.

• Have a conversation with the child, using the pictures. Ask him questions which can be answered by pointing at the pictures, for example, “How did you come here today?” “What did you eat for breakfast?” “What is your favourite drink?” “Show me what things you have in your home?”

The aim of these activities is not to enable a child to merely recognise pictures, but to actually use pictures to communicate a message to other people.

Is this communication? NO!

What shall we play with?
The ball – O.K.!

Is this communication? YES!

Did you know... pictures can be put together to make a chart for communication. Read on...
# Making a communication chart

<table>
<thead>
<tr>
<th><strong>What is a communication chart?</strong></th>
<th>It is a simple chart, made of card, or wood, on which there is a display of pictures or words which show the daily needs of a person.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who is it for?</strong></td>
<td>A communication chart can be used for any person who is unable to communicate fully using spoken or gestured language. The chart can be used in conjunction with spoken and gestured language when a person can express some things, but is unable to communicate all her needs.</td>
</tr>
<tr>
<td><strong>When is it used?</strong></td>
<td>At all times! It should be near to the child all the time so that she can use it to communicate with those around her.</td>
</tr>
<tr>
<td><strong>How is it used?</strong></td>
<td>First of all, the child needs to get the attention of the person with whom she wishes to communicate. She would then point, in some way, to the pictures or words which express her needs. The other person should respond immediately, and can carry on a conversation by talking to the child and asking her questions which can be answered using the chart. In this way a simple chart becomes a means of communication!</td>
</tr>
</tbody>
</table>

**Remember!**

Before you decide that a communication chart is the way ahead for a particular child, discuss it with the child’s family and teacher. It is essential that everyone supports the idea of a chart so that they can be fully involved in developing and using it.

D.K.- now let’s make a Communication chart!
Hold on - not so fast! Before you start to make a communication chart you should think about the following points ...

- **Explain to the parents** of the child what you are doing and why you are making the chart. **Involve them** fully in the making of the chart.

- **Get the child used to pictures** by doing the activities on pages 38 and 39 with him.

- Discuss with the parents what needs, thoughts, wishes the child may want to communicate, and decide **which pictures would be most appropriate** for the child to have on the chart. The chart should include pictures of social expressions, people, things, actions, descriptions, feelings. The pictures should be appropriate to the child’s background and should show things he is familiar with.

- Decide **how the pictures should be displayed**. To do this you will need to assess the child’s mobility. According to what he is physically able to do, decide what kind of display would be most easy for him to use. Some children may need the pictures displayed on a tray at a particular angle on their wheelchair; others may carry the display in a bag over their shoulder or around their necks. Think which display is best for each child and prepare this for him, with the help of his parents.

- Find out what **method of pointing** is easiest and most accurate for the child. Some children may be able to point with their finger, but there are others whose physical disability makes finger-pointing difficult. These children may point with their chins, or with a pointer strapped to their foreheads, or even with their eyes alone.
before making a communication chart...

- Plan **how to lay the pictures out.** This will depend on how far the child can reach when she points, and how accurate her pointing is. Do not place pictures where the child cannot reach them. Also do not place the pictures too close together so the child cannot point accurately at them.

- Check **what size the pictures should be.** Consider the child's vision and the ease with which she is able to recognise pictures. You may start by giving the child a chart with large pictures and as she gets used to them, introduce smaller pictures.

- Think what **number of pictures** will suit the child best. At first, a child may get confused if there are too many pictures. Start with just a few pictures. Gradually add more as the child gets used to them and as she starts to use the chart more and more for communication.

And now, if you're sure you have considered all the above points, you can go on to make the chart...
• Prepare the chart according to the kind of display the child needs. The pictures may be arranged in a folder, on a piece of strong card, on a wooden tray...

• Stick the pictures you have chosen onto the chart with the layout and spacing that suits the child best.

• If possible cover the chart in strong plastic to protect it.

• Be sure to make the chart in such a way that you can alter it, or add pictures, according to the child’s changing needs.

• Introduce the chart to the child and ensure that it is used for real communication!
... let's have a look at some of the displays and layouts that different children have used for their communication charts.

Bellam.

What do you notice about each of the charts?

Charles

Lena.

NOTE... For a child who is able to read, you can make a communication chart using written words instead of pictures. Simply follow all the same steps as for making a picture chart, but rather than using pictures, use words! And turn to pages 46 and 47 for more ideas.
To help you with picture language, here is a set of simple pictures for you to trace or copy, and use as you wish. You may want to make a set of picture cards covered with plastic, for a child... or you may want to use them as part of a communication chart. Then you can make more pictures yourself, according to the child's needs.

Never be afraid to draw your own pictures...    ...they only need to be simple...    ...there is an artist in all of us!
Using written language for communication

- As we’ve already said in this section, some children with cerebral palsy may be able to learn to use written language for communication.

- These children may start off by using a communication chart made up of pictures with written words and later on, progress to using a chart made up of written words only.

- To make a chart of written words, we would follow the same steps as we went through to make a picture chart, but this time we would use written words instead of pictures.

- Turn to pages 40 to 44 to remind yourself of how to make a communication chart.

- To be able to use written language for communication a child needs to learn how to read.

- Here are some activities to help a child in the early stages of learning to read.

- **Match words to pictures**
  Take 2 pictures of familiar objects, write words to match them. Place each word under its correct picture. Let the child look at them. Talk about them. Now mix the words up. The child must try to remember which word fitted which picture, and she must replace the words correctly. As the child begins to recognise those words correctly, play the game using new pictures and words. Gradually make the game harder by using more pictures and words.

- **Match letters to letters**
  Write different letters on cards. On a piece of paper, write down one of the letters. Ask the child to match the correct card with that letter.
  Write down a word, give the child one of the letter cards. She must try to find that letter in the written word.
• **Label household items**
Write clear labels for all the main household items in the child's home. Attach the labels to the items and talk about them with the child. Play a game where the child is given a written word and must go round and find the label which matches the word.

![Image of a kitchen scene with labels on objects]

• **Match words to words**
Make 2 sets of word cards so that you have 2 of every word.

```
house  tree  cup  pot
house  tree  cup  pot
```

Lay out one set of cards. Take one card from the other set and ask the child to match it with the card which looks similar.

```
house  tree  cup  pot
```

Play a game of “pairs” where both of the cards are placed face down, and mixed up. Take turns picking up 2 cards at a time, if the cards match keep the pair. If they do not, replace them and let the next person take a turn.

![Image of a boy and girl matching cards]

• **Pairs game matching words to pictures**
Take the set of pictures, with their set of matching labels. Go over them with the child, remind him which words match which pictures. Now place all the cards face down. Take turns picking up one picture card and one word card. If they match, keep the pair. If they do not match, replace them face down and let the next person take their turn.

![Image of cards and matching labels]

• **Joining words**
Help the child to learn more words, and start joining words together, by matching groups of pictures, to group of words.

![Image of matching cards and labels]

• **A bag of objects with matching words**
Collect familiar objects and place them in a bag. Make a set of word labels to match the objects. Lay out these labels. The child must feel in the bag and pull out an object. He must then find the word label which matches this object.

![Image of a child taking an object from a bag]

In addition to these activities, use the ideas given on pages 38 and 39 of this section, but use written words instead of pictures. Also, ask your local preschool and primary school teachers for more ideas on how to teach a child to read.
To help you in making a decision about which method of communication would be better for a child, think about the following points...

What is likely to be this child's most effective means of communication? Is it different from the method she is using now?

Is the child motivated to communicate? Do her family want to help her with communication?

Do I have a clear idea in my own head of how to introduce another method of communication? Do I feel able to teach the child's parents?

Think!

Do I know when it is appropriate to concentrate on encouraging spoken language, and do I know the best ways of doing it?

Am I as sure as I can be that the child's method of communication will be functional and of use to her in real life situations?

Have I thought very carefully about which method of communication will be best for the child? Could I give reasons for my choice?

Am I doing all I can to ensure that communication is fun for the child and her family?

We owe it to every child with cerebral palsy to help her develop any means of communication from as early an age as possible. Make sure you do all you can to help!
Important points to remember about communication by all means

- It is essential that a child is helped to develop some means of communication from an early age.
- Some children with cerebral palsy may not develop spoken language, but they can all learn to communicate in some way.
- Different methods of communication require the child to use different skills — it is our responsibility to see what skills a child has and to decide which method of communication would be most appropriate for him.
- In addition to speech, gestures, pictures or written words can also be used for effective communication.
- With a young child with cerebral palsy we should use all means of communication when we talk to him, and we should encourage him to communicate in any way he can.
- As a child develops he might come to rely mainly on one particular method of communication, or he may continue to use a combination of methods.
- A child might move on from using one method of communication to needing to use another method as he develops. We must be flexible and prepared to change our approach according to the needs of the child.
- Whatever method of communication a child uses, it must be made to be useful and functional to him in real life situations.
- Using different methods of communication rather than just concentrating on spoken language can actually help a child’s development of spoken language.
- Before deciding which method of communication to concentrate on with a child we must ask ourselves why we chose a particular method, and we must know how to teach it to the parents and to the child.
- A child’s family must be closely involved in any efforts to help their child’s communication.
Good nutrition is essential for good child development. Poor nutrition can result in a child’s physical and mental development being slowed down. Because children with cerebral palsy often have difficulties with eating, they can be in particular danger of becoming malnourished. It is very important, then, that we should think about feeding and nutrition when helping these children. In the next pages we will be giving information and ideas on how to help with feeding difficulties and nutrition ...

A mother’s story

Innocent is 11 months old. He has cerebral palsy. Innocent was recently seen at the rehabilitation department because his mother was worried about his development. In particular, Mai Innocent found that feeding Innocent was very difficult for her. This is her story:

"I came to the Rehabilitation department because I was having difficulties feeding Innocent. The only way I knew how to feed him was to lie him on his back and feed him porridge and milk. I couldn’t give him any more solid foods because he was unable to chew them. Also, his tongue just pushed the food out all the time. It was a problem.

Since coming to the Rehabilitation department, I have learnt how to feed Innocent better. I have been taught how to hold him with his shoulders and arms forward and with his body position well.

To help him learn to chew, I’ve been putting pieces of bread between his teeth at the side of his mouth. Now, I can see his tongue moving from side to side and he can eat sadza and bread without any problem.

To try to stop the tongue from pushing the food out I press down on his tongue with the spoon when I am feeding him.

Before coming to the Rehabilitation department I hadn’t really thought about the links between eating and speech development. But since Innocent’s feeding has improved, I have noticed that he is making many more babbling sounds, too. So by helping him with his feeding I’ve also helped him with his talking."
### About Feeding Therapy

| **What** are the aims of feeding therapy with children? | - To help a child to learn to eat independently  
- To make feeding a child who is not independent, easier and more enjoyable for both the carer and the child. |
| **When** would you become involved? | - As early as possible after the problem is identified! |
| **Why** get involved so early? | - Because to survive and to thrive a child needs to eat  
- Because during early feeding, essential mother/child interaction begins  
- Because if we teach a child good eating patterns early on, he is more likely to have good control for eating and speech in later years. Remember! Changing the habits of an older child can be difficult. |
| **How** would you do it? | - By clearly teaching the mother/carer how she can help the child, and by explaining to her the aims of each treatment suggestion you give  
- By practising the treatment suggestions in between mealtimes until the mother/carer and child have learnt the new skills and are able to use them during mealtimes without causing frustration. |
<p>| <strong>When</strong> can I start? | - Right now! Use the ideas given on the next pages together with the ideas you already know, and try to help children who have difficulty eating. |</p>
<table>
<thead>
<tr>
<th>Age</th>
<th>Eating skills</th>
<th>Communication &amp; speech skills</th>
</tr>
</thead>
</table>
| 0-6 months| • sucks well  
• tongue moves backwards and forwards  
• cheeks active                                                                                                                                  | • cries  
• becomes quiet when talked to                                                                  |
| 3-4 months| • starts to take food from spoon  
• begins to eat porridge  
• brings hands and objects to mouth  
• lips and tongue become used to different textures  | • vocalises with vowel sounds  
• for example, “a, a, a” “e, e, e”  
• watches mother while feeding  
• “shows” mother when wants more, or has had enough                                                   |
| 6-7 months| • begins to chew  
• tongue moves up and down  
• closes lips on spoon  
• begins to drink from cup                                                                                                                      | • begins to babble — p, b, m, k, g, d sounds  
• wants to take an active part in feeding  
• good interaction with mother during feeding                                                            |
| 8-9 months| • eats thickened porridge with lumps  
• moves tongue side to side when chewing  
• takes food to mouth when food is placed in hand  
• puts hand on cup when drinking                                                                         | • increased babbling sounds  
• imitates sounds  
• actively involved in feeding  
• clearly shows likes and dislikes                                                                         |
| 12 months | • chews lumps of sadza  
• swallows with lip closure  
• begins to hold and use spoon  
• takes food but not objects to mouth                                                                    | • imitates sounds more accurately  
• uses a few recognisable sounds or words                                                                  |
| 18 months | • chews meat easily  
• chews and swallows with good lip closure  
• feeds self with spoon  
• drinks well from cup                                                                                     | • uses more recognisable words  
• imitates short phrases  
• enjoys talking                                                                                          |
| 2-3 years | • drinks well with good lip closure  
• eats and chews most food well  
• feeds independently                                                                                           | • uses recognisable words  
• puts words together to make short sentences  
• some speech sounds still immature                                                                     |
... and now, let's look at how to help a child who has feeding difficulties...
The first thing we need to think about is positioning.

**Positioning**
"Control the lips through the hips!" You may have heard this expression before and wondered what it meant. Well...

- We cannot control the mouth in isolation. We need to look at the whole body.
- It is by establishing good control of the rest of the body that the child can gain better control of the mouth.
- To establish good control of the body, we need to improve the child's positioning. This will help the child to gain good control of his limbs, his breathing, his swallowing and his mouth.

So you can see why it is important to look at positioning before you work on any other area! **But remember:**
- Do not suddenly change a child’s position. Allow him to adjust gradually.
- Wait until mother and child are happy with the new position before you introduce any other new technique.

**How much do you know about positioning?** Here is a short quiz for you to try. Choose from each pair, which is the best position for feeding, a or b:

Now turn to page 56 to find the correct answers...
Disabled children are often in greater danger of malnutrition than others. Here are some ideas on nutrition:

<table>
<thead>
<tr>
<th>0-6 months</th>
<th>6 months and over</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Breast milk is the best food for a baby. It is clean, nutritious, and protects baby against infection. Powdered milks are not as good as breast milk. <strong>Remember: Breast is best!</strong> • If a child has difficulty sucking, the mother should express her milk into a cup and feed her child with cup and spoon. • Avoid baby bottles! They often spread infection.</td>
<td>• Continue breast feeding and also start to give other foods, e.g., fruits, beans (boiled, skinned, mashed), peanut butter, eggs, porridge. • Small stomachs need food often! Feed children under 1 year old at least 5 times per day. • If a child has problems eating solids, don’t keep giving him only breast milk. Mash other foods to make a nutritious soup. • By 1 year old a child should be eating the same foods as the rest of the family, even if it has to be mashed.</td>
</tr>
</tbody>
</table>

**Ideas of nutritious foods**

We have said that children with feeding difficulties are at risk of becoming malnourished. Here are some ideas of nutritious foods that can help them:

- Add margarine, oil, or peanut butter to porridge.
- Add an egg to milk or porridge.
- Cook and mash beans.
- Mash a hard boiled egg and add margarine.
- Mashed bananas.
- Add egg or margarine to mashed potatoes.
- Add margarine or peanut butter to mashed vegetables.
- Add dried milk to real milk or to sour milk.

It is important that a disabled child gets enough to eat, but it is also important that he does not get fat by eating too many fatty or sweet foods. Extra weight makes it difficult for a child to move, so...

do not let a disabled child get fat!
More about nutrition...

Textures
A child needs to experience a variety of different textures of food from an early age otherwise her mouth becomes over sensitive, and cannot accept different types of food. Also, to learn to chew, a child needs to try different textures. She needs some of each of the following every day:

- Water
- Milk
- Tea
- Juice
- Porridge
- Cooked vegetables
- Soup
- Bread
- Soda
- Mashed banana
- Bread crusts
- Biscuits
- Apple

For more ideas on nutritious foods, look on page 55.

Hopefully, these ideas will help you to improve a child's feeding skills and to give suggestions to parents on the best nutrition for their children.

Answers to 'Positioning' Quiz

1. b. Child held upright to make lip closure and swallowing easier. It is very difficult to swallow with your head back.

2. a. Don't force head forward. Cradle base of head in your bent arm using same arm to bring child's arm forward. Use your other hand to press firmly on child's sternum.

3. a. Support base of head in bend of your arm. Hold child's arms firmly forward. This, and pressure on sternum (mentioned in 2), help to reduce extensor pattern.

4. b. Use your legs to support child in a good, upright position with child's hips and knees flexed.

5. b. While sitting, hips and knees should be flexed at 90°. Arms should be forward with tray as support. Feet should be supported.

6. a. Give food from the front, slightly below. Ensure child's head is symmetrical. This makes eating and swallowing easier.
Important points to remember about feeding and nutrition

• Because children with cerebral palsy often have difficulty with eating, they may be in danger of malnutrition. Parents need to be advised on the best nutrition for their child.

• Advising parents on eating and nutrition is an important part of our efforts to help children with cerebral palsy.

• Children with cerebral palsy have difficulties with eating because of their poor muscle control.

• Good eating patterns are essential both for a child’s survival, and for the later development of speech.

• The muscles used for eating are the same as those used for speech, so by improving a child’s eating patterns we can help the development of his speech.

• By positioning a child with cerebral palsy correctly, we can help him to gain control of all his body movements, including the movements of his mouth. Finding the right position is the first step in helping a child’s eating.
Mike Watson says “I feel privileged to be disabled.”

Mike Watson is a lawyer who works in Harare. Mike has cerebral palsy. He uses a wheelchair to get around, and writes with a typewriter. His speech is difficult to understand and he says that communication is his greatest disability. He attended a special school for his early education, but after 8 years old he attended ordinary schools in Zimbabwe and later studied law at University of Zimbabwe.

“...I developed cerebral palsy at birth. At that time few people, even in Britain, knew much about the disease. At special school, I was one of the better-off in physical development, and this taught me to be grateful for the abilities I had. I cannot ever remember being greatly depressed by my disabilities. I think each individual must make the best of what he or she is. Nobody has an absolutely perfect body or mind. If we all were envious of our neighbours for things they can do, but we can’t do, the world would be in a far worse state than it is now.

In fact I feel privileged to be ‘disabled’.

Most ‘normal’ people have a boring life — they wake up and know exactly what will happen each day. However, we disabled people wake up and never know what new obstacle we will have to overcome — Will we be able to get dressed properly? Will we be able to get from A to B? Will other people understand us when we talk to them? It is by facing challenges that a person gains true understanding of life. I feel that we disabled people can gain a special understanding and this makes us privileged and fortunate.

Even if we do not all get good jobs, or public recognition, we can still achieve great things each day within our own lives, by overcoming the challenges which face us.”
Important points to remember about cerebral palsy

- Cerebral palsy affects the part of the brain that controls muscle movement. This usually means that all the muscles of the body are affected, including those used for eating and speaking.

- Many children with cerebral palsy have damage to the muscle centre of the brain only, so their intelligence and understanding is not affected.

- Some children with cerebral palsy have damage in other areas of the brain as well as the muscle centre, so their intelligence, understanding, hearing or vision may also be affected.

- There is no cure for cerebral palsy but there are many ways in which we can help a child to improve the quality of his life.

- A child with cerebral palsy may need to use another means of communication either to support his spoken language, or instead of spoken language. He may use gestured language, a picture language, or a combination of all 3 methods.

- We need to think very carefully before choosing a method of communication for a child.

- Some of the muscles used for eating are the same as those used for speech, so by improving a child’s eating patterns we may also be able to help the development of his speech. Helping a child’s eating is an important part of our work.

- When helping a child with cerebral palsy, we need to look at every aspect of his development — his movement, his positioning, his eating, his communication and his ability to live, as far as possible, as an independent, social being.
On the next few pages we will be looking at the following 2 teaching ideas:

- How cerebral palsy affects the muscles

- Making a communication chart
How cerebral palsy affects the muscles

This is a set of posters which shows how people’s muscles usually move, and how these movements may be affected by cerebral palsy. It can be used for teaching parents and health workers and anyone interested in learning more about cerebral palsy. The aim is to explain clearly why cerebral palsy affects a person’s movement (see page 7 of this section).

You will need: scissors, card/paper, coloured pens.

To make the posters:

- Cut out 8 posters each approximately 80 cm x 40 cm.
- On the first 4 posters draw the body of a person not affected by cerebral palsy.
  
  
  
  
  
  
  
  
  

  poster 1 — the bones
  poster 2 — the bones with muscle attached to them
  poster 3 — the bones, and the muscle and the nerves
  poster 4 — the person moving smoothly and easily.

- On the next 4 posters draw the body of a person who is affected by cerebral palsy.
  
  
  
  
  
  
  
  

  poster 5 — the bones
  poster 6 — the bones with the muscles attached to them
  poster 7 — the bones, the muscles and nerves which do not carry the correct message
  poster 8 — the person unable to make the movements he wants to.
Before you use this teaching aid, be sure that you yourself understand how cerebral palsy affects muscle movements (see page 7).

To use this teaching aid:

- Go through posters 1–4 one by one, explaining carefully how a person usually makes muscle movements.

- Go through posters 5–8 one by one, explaining how, in a child with cerebral palsy, the muscle centre of the brain is damaged and the wrong messages are sent to the muscle.

When the display is complete, go through the posters again briefly, and answer any questions. Emphasise that it is not the bones or the muscles or the nerves which are damaged but the muscle centre in the brain. If a child with cerebral palsy has difficulty speaking, it is not because she has tongue-tie, but because the muscle centre of the brain is sending the wrong message to the tongue and lips.
Making a communication chart

This is a teaching activity which explains how to make a useful and appropriate communication chart for a child who is unable to communicate in other ways. It can be used for teaching parents and health workers and anyone interested in making a communication chart. The aim is to illustrate clearly, all the factors to be considered when making a chart for an individual child (see pages 40-45).

You will need: scissors, card/paper, pens, plastic-covering, pictures (hand-drawn or cut from a magazine).

To do the activity:

- Write out on cards brief case histories of 3 individual children: Chipo, Peter and Sibongile:

  **Chipo**
  - girl aged 8 years
  - lives in rural area and has no contact with town
  - large family with little money
  - child not at school
  - moves by crawling around
  - able to point with hand, but not accurately
  - able to reach well with arm.

  **Peter**
  - boy aged 7 years
  - lives in low-density suburb in city
  - only child of well-to-do parents
  - starting to attend school
  - moves around in a wheelchair
  - able to point well
  - unable to reach far.

  **Sibongile**
  - girl aged 10 years
  - lives in a high-density suburb
  - brothers and sisters all at school
  - cared for by mother
  - moves around in a wheelchair
  - unable to point at all using hands.
• With the group, go through all the important steps in making a communication chart (see pages 40-45).

• Divide the group into 3 smaller groups. Give each group one of the case history cards.

• They must discuss together and make plans of what sort of communication chart they would make for the child described on their card. They should take into account:
  – which pictures would be appropriate
  – the display
  – the layout
  – the method of pointing
  – size of pictures
  – number of pictures.

• When each group has finished planning their child’s communication chart, the class will come together. One person from each group will describe:
  – their child
  – the communication chart appropriate for the child.

• The whole class should discuss each group’s plans and suggest how the ideas could be improved. Answer any questions.

• For homework, each person must make a chart for the child described in their group.

• Later on when each person has finished their project, display the charts and discuss good and bad points of each person’s chart. As well as the points already mentioned, also take into account:
  – clarity of pictures
  – durability of chart
  – the attractiveness of the chart
  – whether it will be easy for the child to carry around.

Over the page are suggestions for the charts which would suit the 3 children described. If you have time, make these charts yourself so that you have model charts to show to your group.
<table>
<thead>
<tr>
<th><strong>Chipo:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pictures:</strong></td>
</tr>
<tr>
<td>Should suit the needs of an 8 year old girl, from a largely illiterate family and a poor rural background.</td>
</tr>
<tr>
<td><strong>Include:</strong></td>
</tr>
<tr>
<td>- food and drink common in her home</td>
</tr>
<tr>
<td>- household items</td>
</tr>
<tr>
<td>- family and friends</td>
</tr>
<tr>
<td>- animals</td>
</tr>
<tr>
<td>- weather</td>
</tr>
<tr>
<td>- actions</td>
</tr>
<tr>
<td>- descriptions</td>
</tr>
<tr>
<td>- social</td>
</tr>
</tbody>
</table>

| **Display:** |
| As Chipo crawls around, the pictures may be best displayed on a fold-out chart, protected by a bag, which the child wears over her neck or shoulder. |

| **Layout:** |
| As Chipo is not good at pointing, the pictures should be far enough apart for us to know which she is pointing at. Her reach is good, so they can be spread out. |

| **Method of pointing:** |
| Fist or fingers, when possible. |

| **Number of pictures:** |
| This child may not be used to pictures, so begin with a few, but gradually add more as she gets used to them and uses the chart increasingly for communication. |

<table>
<thead>
<tr>
<th><strong>Peter:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pictures:</strong></td>
</tr>
<tr>
<td>Should suit the needs of a 7 year old boy who is from a well-educated family and a wealthy, urban background, and who will soon be attending school.</td>
</tr>
<tr>
<td><strong>Include:</strong></td>
</tr>
<tr>
<td>- food, drink and items common in the home</td>
</tr>
<tr>
<td>- family and friends</td>
</tr>
<tr>
<td>- pets/cars</td>
</tr>
<tr>
<td>- school and things and people associated with it</td>
</tr>
<tr>
<td>- actions</td>
</tr>
<tr>
<td>- descriptions</td>
</tr>
<tr>
<td>- social</td>
</tr>
</tbody>
</table>

| **Display:** |
| As Peter is in a wheelchair, the pictures are best displayed on a chart attached to a tray on the wheelchair. |

| **Layout:** |
| As Peter is able to point well, the pictures can be placed close together. As he is unable to reach far they should be placed within his range. |

| **Method of pointing:** |
| Finger. |

| **Number of pictures:** |
| Although you would begin with a few pictures they can be built up fairly quickly to as many as fit the board, and meet the child’s needs. |

<table>
<thead>
<tr>
<th><strong>Sibongile:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pictures:</strong></td>
</tr>
<tr>
<td>Should suit the needs of a 10 year old girl, from a literate, but large and poor family living in a high-density suburb.</td>
</tr>
<tr>
<td><strong>Include:</strong></td>
</tr>
<tr>
<td>- food, drink and items common in her home</td>
</tr>
<tr>
<td>- family and friends</td>
</tr>
<tr>
<td>- public transport</td>
</tr>
<tr>
<td>- sport and entertainment</td>
</tr>
<tr>
<td>- action</td>
</tr>
<tr>
<td>- description</td>
</tr>
<tr>
<td>- social</td>
</tr>
</tbody>
</table>

| **Display:** |
| As Sibongile is in a wheelchair, the pictures are best displayed on a chart raised at an angle, attached to a tray on her wheelchair. |

| **Layout:** |
| The pictures should be placed far apart so it is clear what she is pointing at. |

| **Method of pointing:** |
| Pointer attached to strap around her forehead or pointer held in her mouth. |

| **Number of pictures:** |
| As many as fit on the chart. |

**Introduce written words by writing the name of each picture above or below it. Some children may learn to use a word card for communication.**