Choosing Children’s Daily Living Equipment

FACTSHEET: EATING AND DRINKING

INTRODUCTION

The aim of this factsheet is to provide preliminary information on the equipment available to help children with eating and drinking.

Eating a good and balanced diet is essential to our health and wellbeing, but sitting down to a family or group meal also provides us with an opportunity to socialize. And, since enjoying good food and pleasant company contributes to our psychological wellbeing, group or family mealtimes should be encouraged.

Sometimes, particularly if the task of eating is very messy and personal dignity is at stake, the child may choose to eat alone, with help at hand, if necessary. However with the use of assistive feeding equipment feeding can be less messy and give your child increased independence.

ADVICE AND INFORMATION – WHO CAN HELP

Before you buy equipment for your child we would advise you to seek specialist advice. A speech and language therapist can give advice if your child has difficulty with chewing food or swallowing foods or liquids.

An occupational therapist can advise on feeding and drinking techniques and equipment to overcome various difficulties.

For further information on occupational therapists in Jamaica and to download the practitioners’ directory go to the Occupational Therapy Association of Jamaica (OTAJ) website: www.occupationaltherapyjamaica.com

PRACTICALITIES

Whilst it is essential to match the child’s personal needs to items of equipment that are helpful, and which he/she like and want to use, there are some practical issues around choosing and using equipment that you should think about. Consider:

- whether cutlery and crockery items can be washed in a dishwasher.
- whether parts are easy or fiddly to clean, e.g. drinking spouts.
- suitability for microwave use.
- How robust items are if they are likely to be subjected to heavy handling.

Make sure the child is adequately supported when sitting to eat or drink. Poor seating can contribute to eating difficulties if seating does not position the child correctly so that he/she can eat and drink with ease. For example, opening the mouth, chewing and swallowing food is very difficult if the child is sitting in a slumped position with head forward and chin on chest.

USE of BIBS

When a child has difficulty with chewing and swallowing you may need to consider using protective clothing to keep the child’s clothes clean during meal times. You should keep in mind garments to use. Traditionally, bibs are
associated with feeding infants and therefore using a bib that is 'childish' in appearance is not appropriate for an older child or young adult.

You should also look at the way the bib fastens: ties can be fiddly, pull-over styles have to be managed carefully when a soiled bib is removed; popper or Velcro fastening may be more convenient.

Styles that are available include:
- Disposable bibs
- Plastic-backed bibs - to prevent fluid seeping through the bib onto clothing.
- Bibs with an integral trough at the bottom to catch spilt food.
- Aprons and capes - that cover the child’s lap.

**DRINKING EQUIPMENT**

If your child has difficulty holding a cup, there are several items that may help.

**Cups with enlarged handles**
These allow children to use all of their hand to grasp the handle, or they can put their fingers through the handle and grasp the cup so that a tight grip is not necessary.

**Heavy or weighted cups**
These may help to reduce tremor; shaking of the hands.

**Cups with two handles**
Control of the cup might be improved by using two hands, rather than one.

**Cups with lids and spouts**
A cup with a lid can be used to prevent the contents spilling. A spout may make drinking easier.
Angled or cut-out cups
These cups either slope downwards front to back, or they have a cut-out at the back of the cup, enabling the cup to be tilted without tipping the head back.

Figure 4: Example of cut out cup

Cutlery that incorporates a hand strap
If maintaining a grip on the handle is a problem a hand strap with a slot to hold the handle of the cutlery running over the back of the child's hand will retain the cutlery in the hand.

Figure 7: Example of spoon with strap

Cutlery with moulded handles
This style of cutlery has handles that are shaped to fit the contours of the hand so that the user can grip the handles more securely.

Figure 6: Example of moulded handled cutlery

CUTLERY
Holding and handling cutlery effectively is essential to independence. A child may benefit from specialised cutlery to help them achieve independent eating.

Large grip cutlery
A larger grip means that the child's fingers do not need to be wrapped tightly around the cutlery handle to hold it securely.

Figure 5: Example of large gripped cutlery

Weighted cutlery
Children with tremor can find heavier cutlery particularly helpful as the extra weight can suppress unwanted movement. A weighted wrist cuff may produce the same effect.

Plastic or plastic coated cutlery
Spoons made of plastic or with a plastic coated head may prevent damage to the teeth if the child has a strong bite reflex or
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Poor control when bringing the spoon up to the mouth.

**Figure 8: Example of plastic cutlery**

**Deep bowl spoons**
Food can be kept more securely on the spoon if the bowl of the spoon is deep, although it may be more difficult to take food from the spoon. Some deep bowl spoons are specially shaped to make sipping from them easier.

**USE OF ONE HAND ONLY**
Using cutlery is usually a two handed task - the food is secured by a fork in one hand, whilst the other hand uses a knife to cut the food. The following items may overcome this problem:

**Combination cutlery**
This combines the features of two or more pieces of cutlery so that the child does not need to swap from a fork to a knife when eating. The cutlery may combine a knife edge and a fork; a spoon and a fork; or all three implements. Because of the obvious risk of injury, care should be taken when using this cutlery.

**Knives with rocker blades**
These knives cut food using a rocking action rather than the conventional way of drawing the knife forwards and backwards over the food (which requires a fork to stabilise the food).

**Angled cutlery**
This style of cutlery has the head positioned at an angle to the handle so that less movement is required to bring the fork or spoon up to the mouth.

**Figure 9: Example of combination cutlery; spoon and fork**

**Figure 10: Example of rocker knife**

**Figure 11: Example of angled cutlery**
PLATES AND BOWLS

THE USE OF ONE HAND ONLY
Having the effective use of only one hand means that picking up food from a plate can be difficult, particularly items that need to be scooped up, rather than prodded with a fork.

Plates and bowls with high rims
These items incorporate a high rim around part or the entire perimeter, providing a barrier to prevent food falling off the plate, and to give an edge to push food up against when loading a spoon or fork.

Figure 12: Example of high rimmed plate
If the plate slides on the table surface, a slip-resistant mat can be placed between the plate and the table.

Figure 12: Example of sloped dish
Plates and bowls with sloping bases
These function in a similar way to a raised edge. The base of the plate or bowl slopes away to one side making it easier to scoop up food.

Partitioned bowls
These bowls have compartments to separate food and which also provide walls to push food against to help pick it up. They may be considered 'child-like' in appearance and not acceptable for use by older children.

Figure 14: Example of partitioned dish
Insulated bowls
These bowls have a double-skinned wall to help retain heat. Others have a reservoir to take hot water to keep the plate warm. This keeps the food warm for children who eat slowly.

FEEDING SYSTEMS
Children who have very little hand and arm movement, or who have poor control over their muscles, may be very dependent on a carer for feeding. There are systems available that can give the child with disability back a degree of independence. Equipment of this type is often expensive.

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These feeding systems deliver food to the child's mouth via, for example, a rotating plate and a mechanical or electronically controlled spoon. Some systems are powered; others are hand- or foot operated.

Figure 15: Example of feeding system

Speak to your child’s occupational therapist or speech therapist to discuss your child’s feeding or drinking needs and options.

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