

TRANSCRIPT: Feeding issues

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The role of a speech and language therapist depends a lot on the environment you're working in but, in a special school, we'll deal with all aspects of communication and helping children to develop good eating and drinking skills.

So, what we're aiming towards is for the children to be as independent as possible with eating and also for them to be communicating as effectively as possible, and there's, obviously, a link there between the feeding and the communication because we're using the same muscles and part of the body for that. So, the earlier that we start helping them to develop their feeding so that they get good oral skills, that will have a positive effect on their ability to use their mouths for talking as well.

If you're not very good at chewing food and you're given something very difficult to chew, the main danger is that some of the food or drink might go down onto your lungs, that's called 'aspiration,' and you're in danger of chest infections.

So, we will assess children and we'll look at what food textures are going to be safest for them. So, for some of those children they might need food that is mashed and fairly moist but still has some lumps in, and other children with very limited oral movement, they might need their food to be completely pureed.

We liaise with kitchen staff a lot on the specific needs of the student but also just general advice on menus. A lot of children here, the vast majority, need a normal healthy diet and that's lots of fruit and vegetables and so, sometimes, things like the carrots might need to be boiled so that we can mash them.

If a child is gonna feed safely, the first thing that needs to be sorted is their seating so we liaise with physiotherapists. The position is really important for safe feeding - the position of the trunk, the position of the head.

Issues around cutlery and self-feeding, we'd liaise with occupational therapists. Some children won't have very good hand or trunk control and so they will need help to develop their independent skills, so they might need adapted cutlery. Sometimes they'll need some assistance.

We do have quite a number of children who are PEG fed, so that's where the food would go straight into the stomach, if they're not able to eat orally. Most of them can have tastes of food but for most of their nutrition it will have to go through the PEG.

One of the things that can happen with children who are fed with gastrostomies is you can get reflux, which is where whatever's in the stomach is coming back up into the back of the throat and then, sometimes, they'll have problems with aspiration due to reflux, but for most of those gastrostomy issues, they're dealt with by the nursing staff.

One of our main roles around feeding is to do with staff training because, obviously, the speech and language therapists aren't able to feed all the children who need feeding in school. All new staff have a basic awareness session and then we do on-going monitoring and dealing with specific issues, and we talk to parents about what the child needs and what we advise that they do at home.

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