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LET'S COMMUNICATE



A handbook for people working with children with communication difficulties



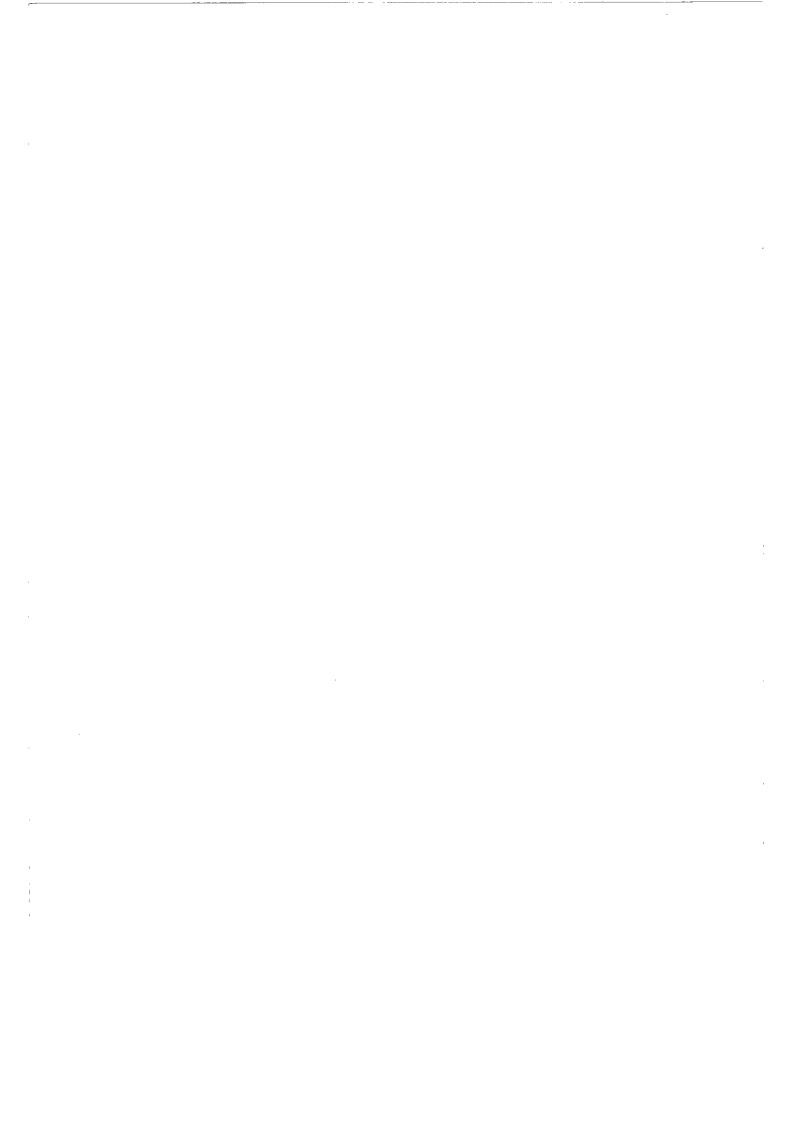
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Rehabilitation Unit World Health Organization Geneva



Rehabilitation Unit Ministry of Health, Zimbabwe



Introduction

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Abstract

This manual is intended for mid-level rehabilitation workers who are involved in helping children with communication difficulties and their parents. However, it can be useful for health and education workers at any level.

The manual includes information on general aspects of communication including its normal development and the early identification of difficulties. There are comprehensive sections on assessment and goal planning including suggestions of practical activity ideas. The manual looks in detail at five of the most common causes of communication impairment: mental handicap, cerebral palsy, hearing impairment, multiple disability and special difficulties with speech. Each of these sections include sample assessments and goal plans, advice for parents and teaching ideas for those involved in teaching other health and education workers, and parents.

The important topic of play is dealt with thoroughly and there is also detailed discussion and information on using everyday situations to encourage communication. A further section gives suggestions and examples of how to run groups for children and parents, and the final section discusses how health workers can liaise with their colleagues in education.

The overall aim of the manual is to improve the quality of service provided for children with communication difficulties, and ultimately to improve their quality of life.

Preface

The World Health Organization (WHO) has worked with other organizations to address the need for information about disabilities which can be used by mid-level rehabilitation workers. Such collaboration has produced manuals on cerebral palsy, spinal cord injuries and spina bifida and hydrocephalus. This manual, "Let's Communicate", has been produced in another way. It came to WHO from a Member State, Zimbabwe, where it was produced by speech and language therapists, Helen House and Jenny Morris, with support from the Ministry of Health. The manual addresses a well-recognized need in developing countries for information on how to work with children who have difficulty communicating.

When WHO received a draft of this manual, internal discussions had already started regarding the need for such a book. The task of preparing one seemed formidable because there are many possible causes for difficulty with communication. WHO had initiated discussions with the World Federation of the Deaf (WFD) and the International Federation of the Hard of Hearing (IFHOH) to address only the communication difficulties due to hearing impairments. Then "Let's Communicate" arrived at the Rehabilitation Unit with the request that WHO produce and distribute the manual so that it could reach a wider audience than the rehabilitation personnel in Zimbabwe. Although it was in draft form, countries nearby Zimbabwe had already heard about the book and were requesting copies of it. The Ministry of Health, and the authors of the book, wanted to share the information, but they did not have the capability to produce and distribute the book internationally.

WHO asked two centres with staff that have a broad knowledge of communication difficulties, the University of Manchester in the UK and the Handicap Institute in Sweden, to review the draft for its application internationally. The World Federation of the Deaf (WFD) and the International Federation of the Hard of Hearing (IFHOH) made specific requests to expand the section of the manual on hearing impairment. The Zimbabwe Ministry of Health agreed that changes could be made and that WHO could then print and distribute the book.

Because this manual was originally produced in Zimbabwe for use by rehabilitation technicians in that country, the illustrations represent the people of Zimbabwe. Although there were suggestions to change some of the illustrations to reflect other countries and other areas of the world, we decided that such an extensive change was not necessary. The technical content meets international standards, and we are confident that readers will appreciate the fact that this manual was prepared in one country and that the rehabilitation personnel in that country want to share their work for the benefit of many countries.

WHO wishes to thank the Zimbabwe Ministry of Health and the authors and illustrators, Jenny Morris and Helen House, for sharing the produce of their work with other countries. We also wish to thank those who were involved in reviewing the book: Ms Margita Lundman from the Handicap Institute; Ms Jennifer Warner and Ms Julie Marshall from the School of Education, University of Manchester; Ms Liise Kauppinen, World Federation for the Deaf (WFD); and Dr Mark Ross, International Federation of Hard of Hearing (IFHOH). Gratitude is also extended to Dr Ann Goerdt, a former staff member in the WHO Rehabilitation Unit, who coordinated the revisions for the final text of this book.

In the context of WHO and UNICEF collaboration to assist children in difficult circumstances, UNICEF has agreed to join in the production and distribution of this book. This collaboration is very much appreciated.

WHO wishes to thank the Swedish International Development Cooperation Agency (SIDA) for its continuous cooperation in the preparation and printing of the majority of WHO/RHB documents.

Dr Enrico Pupulin Chief Medical Officer Rehabilitation unit World Health Organization

Lunco Pyrlin

Geneva - Switzerland



by

Dr. Timothy Stamps, Minister of Health, Zimbabwe

In recent years, in Zimbabwe, there has been a growing understanding and awareness of the needs of disabled people. The Department of Rehabilitation has been developing throughout the 1980s, and with the training of intermediate-level rehabilitation workers, the Ministry of Health has come a long way towards making a comprehensive service available to the disabled members of both the urban and rural community in Zimbabwe.

In 1989 a National Disability Survey was conducted in Zimbabwe. It revealed that, of the total number of disabled children identified, over 50% had communication difficulties. Yet it is in this very area that the rehabilitation services have been most lacking.

Communication difficulty is the disability which is the most misunderstood, and is thus the most neglected in many countries of the world. Zimbabwe was no exception. It is only recently that communication has been seen as ranking alongside other therapies in importance. Unlike physiotherapy and occupational therapy, no local training programme was set up for speech and language therapy. Before 1988, not one speech and language therapist was employed by the Ministry of Health. Within the last few years however, a concerted effort has been made to develop a speech and language therapy service for Zimbabwe by increasing public awareness and by building up the knowledge and skills of rehabilitation technicians in this area of their work within the community.

Communication plays a major role in every person's life. It is the means by which an individual is integrated into the community. Consequently, it is vital that any service dealing with communication should be directly related to the life and culture of each specific community. To create a service appropriate to Zimbabwe, it is necessary to develop training and materials relevant to the needs of the local people. Too often, we, in "developing" countries, look to Europe, America or other western nations for our materials and models. We follow the ideas of those countries without looking closely at the true needs of our own people.

Relevant materials and information on speech and language therapy have been unavailable. With the publication of this handbook, we now have a locally developed resource to train people in how to help children with communication difficulties. This handbook has been written in Zimbabwe, by two qualified speech and language therapists. It is based on the knowledge and experience they have gained over four years of training rehabilitation technicians at the Children's Rehabilitation Unit of Harare Hospital, and of working in the field with disabled children and their parents in both urban and rural communities.

This handbook combines a professional knowledge of speech and language therapy with a strong awareness of local needs and will be valuable for health and education workers in Zimbabwe. It is our hope that rehabilitation workers in many countries will have access to this book and will benefit from the experience gained in Zimbabwe. Our children, and their communities, will benefit. It is one more important step on the road to better health for all.

Authors' Comment

This handbook has arisen out of several years of work experience in Zimbabwe with children who have communication difficulties, speech and language therapists, rehabilitation technicians, and other people involved in working with these children. It is an area in which many people show great interest and have expressed a need to develop their skills.

At present there are few opportunities in Zimbabwe for training in this area of work and very little in the way of appropriate resource materials. It is hoped that this handbook will go some way to filling these gaps by providing a practical and useful guide to helping children with communication difficulties in the community. Ultimately it is they and their families who should benefit from this handbook.

Written in English, as this is the medium of instruction in Zimbabwe and many other "developing" countries, this handbook is intended to be used as a basis for teaching people involved with children who have communication difficulties. It emphasizes helping children who are functioning below the age of 6 years as it is in these early years that a child can be helped most.

Any person who is involved with a child who has a communication difficulty is able to help that child. The most important people are the child's family and community, but the awareness and understanding of workers in health and education is a vital support. A genuine commitment, along with the necessary skills, can enable those workers to improve significantly the child and family's quality of life.

The aim of this handbook is to give ideas on how to

- improve a child's communication skills
- encourage different means of communication
- help parents develop their children's communication skills

• link with other people involved in helping children with communication difficulties.

Our ultimate aim is to improve a child's quality of life.

The contents of this handbook are divided into twelve sections.

Each section covers a different topic related to working with children with communication difficulties. To make the handbook easy to use, it is divided into separate sections.

The first three sections outline the basic approach to working with children with communication difficulties. These are the most important sections and should be read before proceeding to any other section.

Sections 4 to 8 look specifically at the most common communication difficulties in children.

Sections 9 to 11 look in detail at the most valuable situations for building up a child's communication skills.

The final section emphasises the necessity of linking with colleagues in education.

Important:

Everyone who uses this handbook should first read sections 1,2 and 3. Then, take a brief look at all other sections before focusing on the section of particular interest to you.

Acknowledgments

We sincerely thank all those people, friends and colleagues, who have helped us to see this handbook through from an idea to a reality.

In particular we would like to thank:

- The Ministry of Health in Zimbabwe who made it possible for us to write the handbook.
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- Therapists in Zimbabwe and other developing countries who gave us continuous encouragement and who have been using many of the materials and given us valuable feedback on them.
- The rehabilitation technicians, in particular Marceline Rambawasvika and Julia Chinamora, who helped and supported us in running workshops and groups and advising parents, and who shared their ideas with us. Without them our work at the Children's Rehabilitation Unit would not have been possible.
- All the other rehabilitation technicians we have known in Zimbabwe, who have always been so positive and interested and who gave us the idea to write this handbook.

Lastly but most importantly, our special thanks go to the children and parents we have come into contact with, who are our ongoing inspiration.

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(Authors and Illustrators)

— "Communication is a basic human right".



I'm unable to walk, I can't use my hands well and my speech is difficult to understand. Because my physical difficulties are the most obvious, people often assume that they are my greatest difficulty. But they are wrong! In terms of my acceptance in the community, it is my communication that is my greatest handicap.

Mike Watson-Harare lawyer who has cerebral palsy

All too often, people will avoid communicating with those of us with communication difficulties because they fear that they will not be successful and that frustration and embarrassment will result. If the general public had a better understanding of how to communicate with us then perhaps they would feel more confident about trying and we would feel less isolated. You see, when it comes to communication it is your problem as well as ours!



VVVV

Shirirayi Chiwara-Harare secretary who is hearing impaired

It is through communication that every one of us expresses our individual character — who we are, our ideas, our thoughts, our beliefs. The way each of us communicates is unique. We form friendships and relationships and establish ourselves as valued social beings through communication.

Think for yourself for a moment — how would your life be if you had difficulties communicating?

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