



MAURITIUS RESEARCH COUNCIL



**MINISTRY OF
CIVIL SERVICE &
ADMINISTRATIVE REFORMS**

HALF-DAY SEMINAR

Public Sector Collaborative Research Grant Scheme

*Development of a Communication Assessment Protocol for
Young Children with Cleft Lip and/or Palate in Mauritius*

*Presented by: Mrs R Gopal
Chief Speech Therapist & Audiologist
ENT Hospital*

PROGRAMME

Venue: Mauritius Research Council

Date: 4th June 2008

Time: 09:15 hours

Mauritius Research Council
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Development of a Communication Assessment Protocol for Young Children with Cleft Lip and/or Palate in Mauritius

Background

In sub-saharan Africa, there are an estimated 130 million children younger than 6 years. Of these, several million have some form of communication disorder which can potentially hamper their progress as they grow up. Approximately 1 to 2 in every 1000 infants is born with a cleft lip and/or palate. The appearance of this anomaly directly impacts the life of individuals who are affected and influences that of their family members.

Beyond the effects on appearance, important functional areas such as feeding, hearing, communication skills, speech-language development, dentition and psychological development, are also influenced. Preventing communication delays/disorders is crucial to enabling the normal development of these children. Children with clefts require surgery to repair the cleft and the support of a multidisciplinary specialist team, including speech-language therapists and audiologists, to help identify and assess communication development problems and provide early intervention. To facilitate this level of support, speech-language therapists and audiologists need assessment tools that are applicable within the local context.

Objective of the research project

The objective of this project was to develop a generic Communication Assessment Protocol (CAP) that could be used to improve the care provided to young children with clefts in Mauritius. A CAP was developed based on international recommendations for the standardised assessment of young children, and was evaluated among 80 children with cleft lip and/or palate divided into two age groups: (i) younger than 36 months old, and (ii) between 36 and 78 months old. Simple, non-invasive and auditory-perceptual procedures were used to assess feeding, hearing, language development, speech and voice of the children. While the clinical application and acceptability of the CAP were determined through focus groups discussions with speech-language therapists and audiologists, the project also benefited from the participation of assistants in the public health sector, as well as the parents of the children involved in the project.

This is the first comprehensive, simple and standardised assessment tool for communication disorders developed with local relevance. In addition to its immediate application in the national health system, this project has resulted in the setting up of a country-wide register for all individuals with cleft lip and/or palate, which will be useful in planning future services and development in this area. There is also scope for adapting and implementing this assessment tool on a regional basis, through collaborations aimed at improving the quality of healthcare services provided to young children.

PROGRAMME

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| 09:15 – 09:30 | Registration of Participants |
| 09:30 – 09:35 | Welcome Address <i>Dr A Suddhoo, Executive Director, Mauritius Research Council</i> |
| 09:35 – 09:40 | Address <i>Prof S Jugessur, Chairman Mauritius Research Council</i> |
| 09:40 – 09:45 | Address <i>Mr P Jhugroo, Supervising Officer Ministry of Civil Service and Administrative Reforms</i> |
| <i>Development of a Communication Assessment Protocol for Young Children with Cleft Lip and/or Palate in Mauritius</i> | |
| 09:45 – 10:30 | Presentation of Research Findings <i>Mrs R Gopal, Chief Speech Therapist & Audiologist, ENT Hospital</i> |
| 10:30 – 10:50 | Questions and Answers |
| 10:50 – 11:00 | Vote of Thanks <i>Dr N Gopaul, Research Coordinator, Mauritius Research Council</i> |
| 11:00 | TEA BREAK |