

# Cerebral Palsy – awareness raising training



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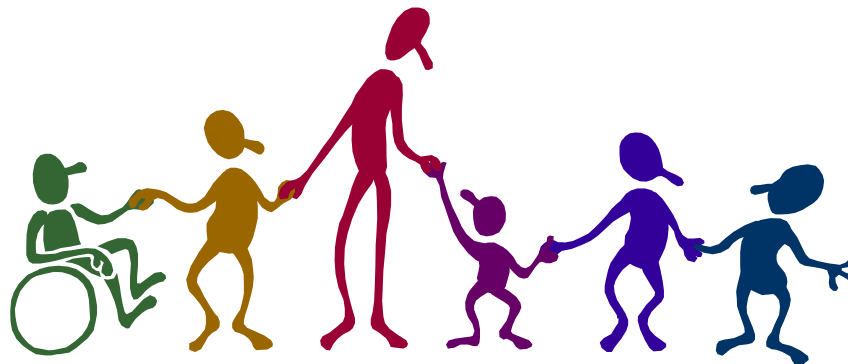


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- Date:
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# Cerebral Palsy – what is it?

Cerebral palsy is a condition that affects movement, posture and coordination and is caused by an injury – sometimes called an insult to the brain usually before or very soon after birth. Fifteen hundred babies are affected each year, roughly one in 400 children in the UK.

Cerebral palsy is not infectious and, although the effects may become more noticeable with age, it is not progressive. Cerebral palsy jumbles up the messages going from the brain to the muscles causing them to behave oddly.



An injury to the brain that causes CP usually happens before, around or soon after birth. This can be due to:

- 1) An infection during the first weeks of baby's development inside the womb.
- 2) A difficult or premature birth
- 3) Bleeding of the brain which is usually in premature babies
- 4) The baby's brain is not formed properly for no reason
- 5) A rare inherited disorder, even if both parents are unaffected.

**Remember:** No two children with cerebral palsy are the same. The effects of cerebral palsy are very individual just like all children. Some children with CP have hardly noticeable difficulties with movement, some are more severely affected.



# There are three types of CP

**Spastic** – this means stiff. This form stiffens muscles and limits the movements in the joints. This tightness of stiffness is always there and it means it is harder for the person to walk or move. The stiffness can affect different parts of the body:

- a) Hemiplegia – when either the left or right half of the body is affected.
- b) Diplegia – when both legs are affected but the arms are not, or are only slightly affected.
- c) Quadriplegia – when both legs and arms are equally affected.



**Athetoid** – this means involuntary movements because their muscles quickly change from floppy to tense in a way that they cannot control. Speech may also be hard to understand because they find it hard to control their tongue, breathing and vocal cords. Hearing can also be a problem.



# Ataxic

This means it is very difficult to balance and they have uncoordinated movements, It affects the whole of their bodies. Generally a person will be able to walk, but they will be unsteady and have shaky hand movements and jerky speech.





# Cerebral Palsy – CP - implications

## Visual and spatial awareness

Some children have a great deal of difficulty making sense of the information they get through their eyes. In the most severe cases these children may appear blind but many children can improve their useful vision with plenty of stimulation and support. More commonly children may have difficulty with pictures, line drawings and writing.

We have spatial awareness to work out where we are in relation to objects and people around us. For some this is a problem. If a child is walking or using a wheelchair themselves they may bump into things or move into spaces that are far too small. In bookwork they may find it difficult to “see” an object or picture in their heads.

# How can we help?

## Teacher actions/ reactions

- The child will need to use real objects for counting and other maths games for longer than usual.
- The child will need to see the final model, e.g. Father's Day card, flower picture. This can be backed up with providing him with pictures/photos.
- Providing him with the language of movement – left, right, forwards, backwards etc.
- Provide a clear defined physical environment, where all resources are labelled with a picture/photo to encourage Woody to self-resource.
- He may need more personal space than other children, e.g. at circle time or for painting.

# Cerebral Palsy – CP - implications

## Physical difficulties

The child may show some of these in any combination:

Clumsiness/messiness

Runs but can't stand still

Fidgets

Poor dressing skills

Comes into physical contact with others regularly

May not feel pain or may over-react to pain

Fatigue

Poor posture – sitting/ walking/ running

Awkward pen grip

Changes hands in tasks

Poor at PE

Doesn't have the correct equipment

Easily led

Needs more space

Loud

Pushes in

# How can we help?

## Teacher actions/ reactions

- Don't draw attention to the difficulty.
- Do have realistic expectations of performance and pace. Give the child more time to complete tasks.
- Do provide an alternative form of recording. Does he have to record an answer in written form?
- Do praise effort not outcome.
- Practice physical skills routines, e.g. lining up, sitting on the carpet. Make the expectations clear to the child.
- The child may find it easier to stand in line if he is first or last.
- Give the child more time to practice & repeat self-help skills, and be prepared to assist him as necessary.
- Give the child something to hold at circle/story time.
- Encourage the child to use both hands for tasks and when writing, ensure his feet are flat to the floor and his elbows resting in the table.
- Practice using a variety of pens & pen supports to find the most appropriate one. It may help to use a sloped board.

# Cerebral Palsy – CP - implications

## Language and comprehension

The child may show some of these in any combination:

Poor listening or difficulty in following instructions

Takes everything literally

Can't take teasing

Becomes hysterical

Blurts out information

Poor understanding of time and space

Poor memory and retrieval

Problems with spelling/word order/word finding

Poor copying skills

Immature speech

Can't follow the timetable

Gets on in some lessons but is rude/difficult in others

Has difficulty predicting the consequences of actions

Acts out distress rather than talks about it

May seem ok in school but have terrible tantrums at home

# How can we help?

## Teacher Action/ Reaction

- Ignore calling out wherever possible.
- Do support meaning with objects and pictures. Visual timetables or task lists are a good idea.
- Do check that he understands instructions. Direct instructions directly at Woody or write instructions down.
- Use low level language and give instructions more than once and don't expect the child to get his instructions second hand from the child next to him.
- Do provide lots of opportunities for success and to recognise this success as contributing to the class.
- Do consider access to ICT at an early stage.
- Use a visual timetable to help him organise his time alongside clear routines for group time, circle time etc.
- Ensure there are clear systems used within the classroom, e.g. book box, finished work box, etc.
- Providing a clear & consistent response to behaviour – all staff to be involved.
- Don't expect him to copy from the whiteboard.