Useful Contacts

| Physiotherapist | | Under |
|--|--|----------|
| Name Telephone number | | |
| Occupational Therapist Name | | Ce |
| Telephone number | | |
| Advisory Teacher Name | | |
| Telephone number | | Informa |
| Speech & Language Therapist Name | | intorina |
| Telephone number | | |
| Other Name | | |
| Telephone number | | |
| | aching Service | |
| BA | SES | |
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derstanding and responding to pupils with

rebral Palsy

ion and advice for schools





Background to Cerebral Palsy (CP)

What is Cerebral palsy?

- It involves neurological damage to the parts of the brain that ٠ control movement, coordination and posture.
- About 1 in 400 (~1,800) babies are diagnosed a year. ٠
- It is not a disease or illness; not curable; not progressive, • although symptoms can worsen.

How is it caused?

It is the result of damage to the brain before, during or just after • birth e.g. prematurity, maternal infections and can occur up to age 2.

What are the physical effects?

The muscles of the body are affected, leading to 3 main types of Cerebral palsy:

| Spasticity | this means that the muscles are very tight leading to joints being extended/straight or flexed/bent. |
|------------|--|
| Athetesia | this loads to hig is further uncentralled maxaments |

this leads to big, jerky uncontrolled movements. Athetosis in this case the person has a muscle tremor. Ataxia

The effect of CP can range from barely visible to very severe. It can affect 1, 2, 3 or 4 limbs and/or the trunk and head in a variety of combinations, CP can also affect internal muscles and thus have implications for breathing, eating, vision and speech.

Additional problems that may occur are:

- epilepsy ٠
- visual and/or hearing impairment •
- perceptual difficulties, as messages to and from the brain are ٠ affected
- social, emotional and mental health needs •
- fatigue can limit learning opportunities

In an educational setting

What are the challenges?

- Accessing some aspects of the school curriculum e.g. practical ٠ activities
- Accessing different areas of the school ٠
- Ensuring pupils can sit correctly, comfortably and safely ٠
- Some pupils may experience pain and/or fatigue which may • affect their ability to focus in lessons
- Enabling self esteem, particularly in secondary schools e.g. ٠ overcoming stereotypical attitudes

How to help?

- Consider whole child, i.e. social, personal and cognitive as \checkmark well as physical needs.
- Include physio, occupational, speech and language and other \checkmark therapies as appropriate.
- \checkmark Medication and operations providing adaptations to ensure safe access to the curriculum.
- Use general and specialised equipment. \checkmark
- \checkmark Ensure safety.
- \checkmark Decide priorities.
- \checkmark Establish short, medium and long-term goals.
- \checkmark Work closely with the child's family, especially at times of change.
- \checkmark Allow for extra time as appropriate, e.g. to move between different areas of the school.
- Allow for fatigue and any other associated difficulties. \checkmark
- \checkmark Refer to the school's Access Audit or Accessibility Plan and provide a risk assessment as appropriate.
- Provide positive role models to pupils and their peers. \checkmark

Useful websites

www.scope.org.uk www.cerebra.org.uk www.hemihelp.org.uk

