

# SISS

**S**pecialist **I**nclusion **S**upport **S**ervice

**Sensory and Physical Team**

# **Including Children With Cerebral Palsy**

# Aims for training

- **Extend the good practice in school to best support each child to reach their potential.**
- **To maintain and develop inclusive ethos, environment and practice.**
- **Understand how the condition may affect learning and development and have a bank of strategies to overcome these difficulties.**
- **Raise any issues or questions and sign post to further information or support.**
- **Address the commonly mistaken belief that children with Cerebral Palsy always need 1:1 support.**

# DDA, Equality Act and Inclusion

- *It is generally considered appropriate for children and particularly those with physical disabilities to attend their local settings/schools alongside their friends and in their local communities.*
- *The Equality Act 2010 states that we must not **discriminate** against those with a disability or put into our practice anything that will **disadvantage** them. We need to take **reasonable adjustments** to ensure they are included and have equality of opportunity.*
- *This act applies to all service providers (whether or not a charge made for them).*
- *The Children and Families Act places pupils and families at the centre of planning.*

# To move in a smooth, efficient and coordinated way we need.....

- An intact brain and nervous system with the ability to learn
- A stable skeleton
- Muscles which work in a 'normal' way
- Joints which can move and aren't restricted
- Sensory and motor feedback



# How Movement Happens



Idea or need to move



Excitement in the brain  
(motor cortex)



Message to brainstem



Message to spinal cord



Message to nerve cells

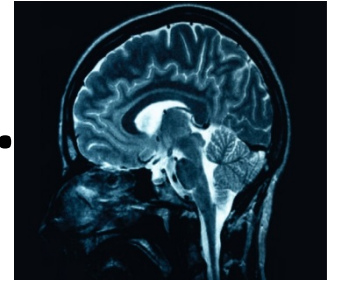


Message to relevant muscles  
to contract or relax



**Required movement**

# What is Cerebral Palsy?...



- 1500 babies are affected by CP each year. That is about 1 in 400. It is a condition that affects movement, posture and co-ordination. It is caused by a brain injury – usually before or very soon after birth.
- It is not progressive. C.P. jumbles up messages going from the brain to the muscles, causing them to behave oddly. There are different terms used to specify the type of C.P. corresponding to the area of the brain most affected by injury. There is no cure for Cerebral Palsy.

# Types of Cerebral Palsy

Monoplegia



Affects one limb, usually an arm.

Hemiplegia



Affects one side of the body; leg, trunk and arm.

Diplegia



Affects either both arms or both legs.

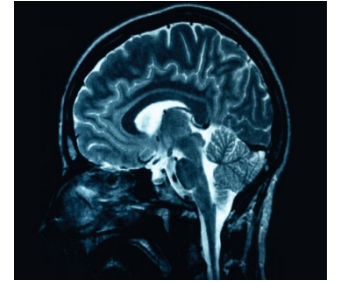
Quadriplegia



Affects all four limbs of the body.



# What is Cerebral Palsy ?



- With the right level of support and intervention we are able to support children with C.P.
- It is important to note that most people with Cerebral Palsy have average and often above average intelligence even when the level of physical disability is severe.
- The effects of Cerebral Palsy can vary with each individual.
- Importantly, children with Cerebral Palsy are children first and foremost.

# Difficulties you **may** see

- Vision, perception and sensory
- Speech, language and processing
- Epilepsy
- Memory and concentration
- Sequencing, time and organisation
- Fatigue
- Toileting
- Feeding
- Mobility and motor skills
- Self esteem, social and emotional

# Strategies

- Focus on low tech aids and simple strategies so that these can be used for all children. In that way we are not focussing on difference.
- Always include the child in decisions.
- Ask parents- they are likely to be able to offer the best solutions.
- **The strategies below will not give you all the answers but should help you to see issues and difficulties in a constructive way: develop a solution focussed approach; a creative way of thinking around the barrier.**

# Vision and Perception and Sensory

Child may have visual field difficulty so unable to see what is happening on both sides. This could impact on the ability to scan letters from left to right. Alter position of book or provide cue for start and end of line.

Many children may have impaired vision, often a squint in one or both eyes. This might lead to difficulties perceiving the movement of people around them. It might be best to move first to avoid the rush in a small group.

## Strategies

Use different and high contrast colours on board or avoid copying from the board. Sit face on to board. Copy from white board placed vertically in front of them. Use paper holder. Allow child to read with reading book placed vertically.

Provide lots of play opportunities for judging and positioning of objects. Use drawer knobs on inset jigsaws, use stickle bricks or magnetic blocks for building. Allow child to select pieces even if they are not able to place pieces.

# Speech Language and Processing

Use encapsulation. Tell child what will happen, do activity and then review activity saying what has happened. Provide a model to show what finished activity/task should look like.

Provide concrete objects as much as possible or pictures and symbols. Write instructions down. Provide parents with vocabulary for topic so it can be practised beforehand.

## Strategies

Provide lots of opportunities to talk and give the child a chance to be active in their communication by giving them choices and using language in social situations.

Give time...to process and respond. If you repeat instructions give time between each one to allow for processing. Use talk partners. Clarify understanding-child to repeat back instruction.

# Memory and Concentration

Might need to plan short opportunities to learn in low distraction environment. Can try memory games.

Use digital camera/ipad to record teacher demonstration or use post its to record child's response so that they do not forget what they have said... Especially in carpet session. Ask questions to prompt memory.

## strategies

Child with C.P might find it difficult to sit and concentrate for carpet session due to sheer amount of effort required to sit still and up straight. Take advice from Physiotherapist but consider offering choice of sitting on a chair with a friend or leaning against a piece of furniture.

Always begin a new session by a recap on previous related activity- attempt to make learning activity relevant to student.

# Sequencing, Time and Organisation.

Use visual timetables using  
photographs/pictures/  
symbols/colours

Time can be a very difficult concept  
for students with C.P. Yet it is a really  
important life skill to develop. What  
is taught and understood in early  
years can have a very important  
impact on later life.

strategies

Provide a large see through pencil  
case with an easy grip zip. A school  
bag with a light lining will help the  
child get things independently.

IEP should address important life  
skills. Teach these skills to mastery.

# Fatigue

Children with Cerebral palsy might have difficulty sleeping, finding it hard to switch off. They may experience higher levels of fatigue especially towards end of week/term. Offer short rest periods only if needed.

Allow time for completing tasks

## Strategies

Plan timetable so that there is a variety of activity levels. Avoid PE last thing on a Friday.

Save energy for most important task. For example, in writing task print off learning objective, provide child with date stamp and give them a highlighter to mark important text rather than copying it out.



# Sleep

70% of children have sleep problems if that have additional needs  
30% of neurotypical children have sleep problems.

Ask parents about the quality of sleep that their child has. It is really important to be aware of this day to day.



# Fine Motor Skills

Ensure seating position is appropriate. Ensure table and chair are at appropriate height and feet are flat on the floor. Allow adequate space for affected arm (hemi). Seek professional advice for more specialist seating.

Use a selection of adapted tools and equipment for writing such as pencil grips, triangular pencil crayons, writing slopes and adapted rulers. Allow books to be used landscape rather than vertical. Provide alternative scissors. It is hard to tell what equipment will best suit.

## strategies

Focus on letter formation. A base line will help but 2 or more lines may not be helpful. Use clip board on table to allow the paper to be angled appropriately. Blu-tack will fix the paper still. Dycem could be used.

Practise fine motor activities in an intervention group or within usual activities or jobs in the class.

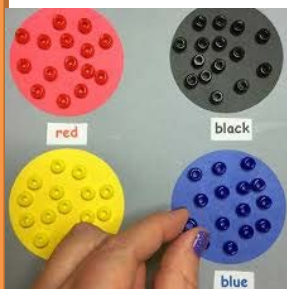
# Fine Motor Skills activities for Index and thumb



clothes pegs



Moving  
small  
beads  
from pot  
to pot



Using  
tweezers or  
Chinese  
chopsticks



Winding  
wind-up toys



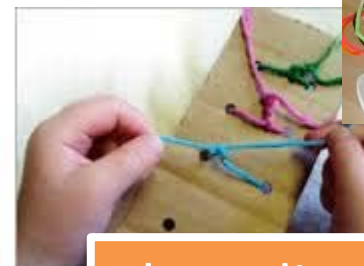
Peeling stickers  
off



Tearing paper to  
make paper chains



Popping bubble wrap



Threading/lacing

# Gross Motor

Provide an area for physiotherapy to be carried out in school if necessary. Incorporate physiotherapy activities in usual PE lesson if appropriate.

Provide a range of alternative PE equipment to support all pupils with physical co-ordination difficulties. Take advice from Physiotherapist.

## Strategies

Provide small group gross motor groups such as BEAM and seek individual advice on how to include child with C.P.

Children with CP needs to be included in the PE lesson. If necessary provide an adapted activity or present activity with different levels of challenge.



High kneeling



standing



Long sitting



Tummy lying



The physiotherapist would advise on best position

Observe and respond –physical difficulties will change...it is never job done!

# Mobility

Try to give the child time to move. Do not move child in sudden or jerky way as the muscles need time to respond to changes in position. Fear or anxiety can make the muscles tense. Mobility might be affected by growth spurts.

Consider mobility issues for trips, residential and swimming. Ensure plan is put in place and individual risk assessment carried out if needed.

## Strategies

Gain advice and support around mobility aids and manual handling if needed.

Consider movement at break. Might be best to go out on playground first with a few friends so as to be able to move safely to appropriate position. Provide zoned areas for different levels of activity.



# outside classroom

- Adult supervision to encourage safe inclusive play.
- Your pupil should not be lifted onto outside play equipment, encourage safe independent play.
- Alternative play activities may have to be considered.



# Dressing and Undressing

Parents and school need to work together and use same strategies. Discuss with child what support they would like, encourage them to direct assistance they require.

Encourage child to sit on sturdy chair or on floor leaning against something. Have coat peg on the end of line to ensure child has plenty of space for taking coat off without being bumped.

strategies

Encourage use of easy fastenings so that independence can be promoted. Ensure socks are plenty big enough!

Child should change for PE. Allow them to begin getting changed first so that they are not always last to get changed.



# Dressing tips....

## ***Backward Chaining....***

- Here the adult begins the task, with the child only doing the last step. Gradually the adult does less as the child is able to do more of the task themselves.
- This way the child always gets the reward of finishing the task.



# Self Esteem

Self esteem issues can impact more than condition itself. Have books available that include positive characters with disability and particularly cerebral palsy. See SCOPE booklist.

If child has adult support the support needs to be used to develop independence. Allow time away from adult to ensure student remains popular with their friends. Playtimes need to be a social and active time.

## Strategies

Children with condition can have difficulty keeping up with academic work. Allow time for child to finish work and to do it independently. Allow the child to make as many choices each day as possible.

Praise individual achievement .Give pupil opportunity to beat their own record rather than be in competition with their peers. Acknowledge the much greater effort that is required to complete a task .

# Emotional Aspects



- Even the very young child will be aware that they can't do the same as the others. **Simply** acknowledge difficulty.
- Other children as young as 3 pick up the difference.
- Ensure all staff demonstrate age an appropriate relationship from the start.



# Lots of professionals!

- Physiotherapist
- Occupational Therapist
- Speech Therapist
- Specialist Chair Reps
- Consultant
- Dietician
- Orthotist
- School Nurse
- SCOPE
- Wheelchair services

# Families

- Families are on a journey with their child and the impact of disability can follow individual paths.
- The extent of the disability may have little to do with where the parents are on that journey.
- Parents who are adjusting to information about disability can express intense feelings.
- The role of professionals is to offer the family empathy and support and to accompany them on their journey.
- Remember families can get overwhelmed and confused by the number of professionals.
- Sisters and brothers can feel invisible as their sibling gets a great deal of attention from adults around.
- Parents can usually provide the best solution, they know their child best.

# More Information....

- SCOPE - <http://www.scope.org.uk>
- Hemi- Help - <http://www.hemihelp.org.uk>