

Early intervention support strategies for children with cerebral palsy

Introduction

According to the National Health Service (2017) cerebral palsy is the name given for a group of lifelong conditions that affect a child's movement and co-ordination which is caused by a problem that occurs in the brain before, during or soon after birth. Cerebral palsy primarily affects body movement and muscle coordination thus impairing a child's gross and fine motor skills as well as their oral motor functioning (Cerebral Palsy, 2018).

Early intervention

According to the Early Intervention Foundation (2018) early intervention is an approach that involves identifying children and families who may be at risk of social exclusion, therefore it is the aim of early intervention programmes to provide support in a timely and effective fashion. For example early intervention is about enhancing the capabilities of parents and adults in order to provide a supportive and enriching environment that will allow children to develop holistically (Early Intervention Foundation, 2018). Early intervention can be targeted at children who are deemed at higher risk of disadvantage or it can be a universal approach (Bate, 2017). In addition the Department for Children, Schools and Families (2010) suggests that in order for early intervention to be effective there must be a multi-agency collaboration in order to ensure that all sectors within the early childhood field can work towards achieving the best outcomes for each individual child.

Inclusion

Inclusion is the right not to be discriminated against which is one key aspect of the United Nations Convention on the Rights of a Child (Save the Children, 2016). In addition, Save the Children (2016) notes that inclusive education allows children to work and learn together with support from others, in order to promote their development and achieve positive outcomes.

Code of practice and professional development

According to Grady (2017) professionals who work with children with certain disadvantages including cerebral palsy must follow the code of practice regulations, these regulations cover children from the age of 5 - 25 and puts the child at the centre of any decision making.). In addition, to following code of practice guidelines many practitioners are required to continue their professional development, which ensures that all staff within a setting are fully qualified and trained as the law changes, it also ensures that an employees skills, knowledge and understanding is up to date in order to comply with schools and other settings policy and regulations. In addition, Sylva et al., (2004) notes that the effective provision of pre-school education report revealed that settings whom employ staff that are highly qualified and trained generally receive higher quality scores and achieve the better outcomes for children.

Hydrotherapy

Hydrotherapy has been seen to be a highly effective form of physical therapy as water has a natural relaxing impact on people as it provides muscular workouts due to its natural resistance which allows endorphins to be released thus allowing a person to be relived of their pain (Hydrotherapy, No Date). Similarly according to Blohm (2018) hydrotherapy can have a number of benefits for children suffering from cerebral palsy as it has been seen to improve the gross motor skills of children, which has led to the better functions that are related to greater walking efficiency. However, according to the Cerebral Palsy Alliance Foundation (2018) even though hydrotherapy may be beneficial for a child's increased motor skills development, it can become extremely costly on the family as fees apply towards entry and necessary equipment needed in order to support the child. Hydrotherapy sessions can take up to 1 hour each day, therefore this could be taking time out of the child's education as well as taking time from the parents job (Cerebral Palsy Alliance, 2018).

Multi-sensory approach

According to Singh (2012) multi-sensory is presented via kinaesthetic and tactile stimulation along with auditory and visual modalities in order to reinforce the child's holistic development and learning. The Quality Improvement Agency For Lifelong Learning (2008) suggests that multi-sensory approaches can be particularly valuable in language and literacy learning. The Department for Education and Skills (2004) suggests that multi-sensory approaches may be beneficial for children suffering from cerebral palsy as it encourages learners to become aware of their senses in particular their touch and body movements in order to learn, thus promoting their fine and gross motor skills development. However, according to Stoffers (2011) even though a multi-sensory approach produces better educational attainment scores and allows children to develop holistically, the approach itself is quite structured. Therefore children are unable to use their own initiative, therefore they have less free will which may be detrimental for the child's mental health (Stoffers, 2011).

Conclusion

To conclude, there are a number of ways in which adults can use different support strategies in order to support a child suffering from cerebral palsy at an early age allowing them to develop holistically, learn and feel included within society.

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