

Understanding Cerebral Palsy in Early Years

Cerebral palsy is a physical disability that affects movement and posture.



pal-sy / lack of muscle control

(Source: UWTSD, 2022)

What is Cerebral Palsy?

Cerebral palsy is a condition that affects muscle tone, movement, and coordination, (Mayo Clinic 2022). The brain cannot function properly and does not send messages to the muscles on how to move in smooth or in well-coordinated ways. According to NHS (2022) Cerebral Palsy is caused by damage to the brain, it would have been before or soon after birth.

NICE (2022a) states that over 1500 babies are affected every year and one in 400 children in the UK are diagnosis with Cerebral Palsy. Furthermore, NHS (2022b) explains that Cerebral Palsy is not infectious and over time it will become more evident, it is not progressive.



(Source: cparf.org, 2018)

Challenges of identification and Diagnosis

According to CPG (2022a) Cerebral Palsy is the most common form of physical disability in childhood. By identifying the signs sooner than later can cause less emotional, physical pain for the future for the child (Cohen *et al.*, 2012, p.10). CDC (2022) implies that children that such as infants and babies can start to show signs very early on in their lives. Cerebral Palsy is most common in boy than girls.

However, Montgomery (2022) implies that there are many signs such as, delays in movement, motor skills, finding it hard to keep their head up, sitting down or crawling, rather than challenging their themselves to walk. Greisen *et al.*, (2014) states that early intervention is critical in helping children with Cerebral Palsy.

There is simple or straight forward test for Cerebral Palsy. Ball *et al.*, (2015) says that to get a more accurate diagnosis, multiple tests and various observations will be carried out and then in theory rule out any other possible condition. According to Raising Children (2022), finding those signs and seeking medical advice early from either a paediatrician, or other specialists can help those families, on how to support the child going forward.

Cerebral Palsy is not a curable condition according to Hopkins Medicine (2022). Although, the condition will not get worse, there are many therapies and medical treatments that can be used to reduce certain aspects of their condition to control and prevent seizures, symptoms, and pain, CPG (2022b). Cerebral palsy falls into four categories,

- Spastic Cerebral Palsy, (most common, spasticity increased muscle tone)
- Dyskinetic Cerebral Palsy, (poor posture and painful movements)
- Ataxic Cerebral Palsy, (least common, poor balance, limited coordination)
- Mixed Cerebral Palsy, (mixture of Dyskinetic and Ataxic)

Barriers

Knowledge can be a barrier that would hold many people back. CPG (2022c) implies that a child with cerebral palsy not only has every right to an inclusive practise in a school setting, like other children, but also inclusion needs to be strongly practised.

Welsh Government (2022) states that teachers understand their obligation and accountability, many do not always have the knowledge or experience in dealing with children with this disability.

Furthermore, CPA (2022) working with disabilities like cerebral palsy, can be challenging for some individuals. Department of Education (2018) states that every teacher can get advice and training to help and support them and the children. NIH (2022) states that most children with Cerebral Palsy have other conditions also, most will commonly have Epilepsy, again training is regularly undertaken at most school settings.

Finally, Eliadis (2021) implies that it is vital that the environment is always an inclusive environment.

Social Model of Disability

According to Scope, (2022) the social model of disability plays a key component in every disabled child's life and especially in the educational establishment they are attending. Additionally, Age of Montessori, (2021) says that is important that all avenues are available and accessible to the child. For example, if the child requires a ramp for their wheelchair, then there must always be one available at the venue or accessible to be put in place for when they attend, same with door frames and panels, (Welsh Government 2018).

Furthermore, Eagle (2022) says that it is important that there is a room or facility available for them to have possible therapies such as physiotherapy which can help their muscle tone to build and strengthen, as well a toilet facility that is designed to face the challenges ahead.

Strategies/Interventions

Offering choice on activities

According to CDC, (2020) children with physical disabilities are regularly left out of physical activities in school environments. In addition, Hoare (2018) implies that children even with limitations can participate in most sporting and recreation activities. When teachers plan their lessons, it is important to ensure that all children are included, (NEU 2019).

However, Hoare (2018) suggests that there are going to be times when certain sporting activities are going to be challenging for the child i.e., football and rugby. Nevertheless, Welsh Government (2016b) supports this by stating that there are other sporting activities that they can get involved with, by adjusting the venue and resources and strengthen the inclusion with the parents' involvement and supporting choice.

Working with parents

According to Welsh Government (2016a) the children's family are key contributors to the plan of inclusion for the child. Talking to the child's family will help and support the child's learning and reinforce the children's unique strengths, personal preferences, which can be adapted with the teacher and their teaching style, (Foundation years 2012).

Furthermore, Welsh Government (2017) states that methods of communication will need to be addressed and an IDP to be completed, alongside the child's care plan, depending on the celerity of the child's condition. Finally, Department of Education (2021) implies that the individual development plan will be put together by the teaching staff and family of the child, to make provisions to get the best out of the child's unique abilities and skills and possible interventions required.

Conclusion

To conclude, children with Cerebral Palsy should be provided with enhanced available provisions during their lives and assisted in every area to ensure the best abilities and skills are developed, early rather than later. According to Shvarts and Bakker, (2019), implies that Vygotsky's Scaffolding theory to understand the importance of early identification.

However, teachers and other practitioners must provide the correct provisions and plan to succeed in future developments. Early intervention will therefore enable teachers and other practitioners to support the children and strengthen their abilities mentally, physically, and emotionally to ensure development, for both the child and their families, (Liew, et al., 2011).

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