

Introduction

This poster looks at what cerebral palsy is, and how life may look for children with this disability. This poster will identify the barriers to education and ability, and what may cause a child to develop cerebral palsy.

What is cerebral palsy?

According to Vitrikas, Dalton and Breish (2020) cerebral palsy is a disability that affects how person controls their movement, how they hold themselves and their balance ability. Cerebral palsy alliance (2022) is developed through an injury caused to the brain that is developing and is a disability for life that affects individuals differently over time.

Vitrikas, Dalton and Breish (2020) state that out of a thousand births that occur, between two or three children are born with cerebral palsy. Jones (2024) states that cerebral palsy effects on average one in every four hundred children within the UK.

Diagnosis of cerebral palsy

According to Carter *et al.* (2019) cerebral palsy is a childhood disability that is physical and develops in early life, and mostly children are diagnosed by the age to two years old and are identified to have multiple other health complications. Maitre (2020) identifies that risk factors are often identified soon after, during or before the child is born due to the child being born premature, fetal growth restriction, and if the child is born with a lack of oxygen.

Morgan *et al.* (2018) identifies that a barrier of diagnosis is medical professionals differentiate between cerebral palsy and other motor disabilities.

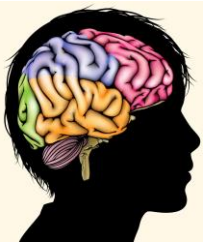
Cerebral palsy can be diagnosed with many tests, and over a period of time (NHS inform, 2024). The diagnosis process reviews the medical history of the child and their physical movement. Other tests include CT scans, MRI scans and EEG scans.

Symptoms of cerebral palsy

Gulati and Sondhi (2017) suggests that cerebral palsy symptoms are more recognisable between the ages of three and five years old. NHS (2023a) states that the main symptoms for cerebral palsy are movement delays and problems with development. Within a child this can look like being stiff or have hypotonia, and spasms in muscles. Children can have non-physical symptoms such as having trouble swallowing, or drooling and communication troubles (NHS, 2023b).

Neurocognitive behaviours, are also a sign either being extremely sleepy, poorly sleeping, vomit often, and their visual attention is poor. Children with cerebral palsy may struggle to reach developmental milestones for their age and stage (NHS, 2023). However, Jansheski (2024) recognises that each child develops individually.

(Source: Balter, 2015)



Cerebral Palsy



(Source: Physiotherapy Dubai, 2021)

Support for children with cerebral palsy

Patel *et al.* (2020) states that children with cerebral palsy are supported by assistance devices, interventions and mobility aids to ensure they can lead an independent life to the best of their ability. Physiotherapy is described by NHS (2022) as helping individuals to rehabilitate movement, meaning it is important that a holistic approach is taken. Patel *et al.* (2020) adds that physiotherapy improves the strength of muscles and joint movement for children with cerebral palsy. Physiotherapy sessions can include massages, treatments that include heat, and exercises to benefit the child's balance, movement and strength. Stretches and exercises help to improve and keep the muscles length, build flexibility and build muscle (Houx *et al.* 2021). Physiotherapy interventions can include:

- Cardiorespiratory training
- Electrical stimulation
- Hippotherapy

Children with cerebral palsy and education

According to Bourke – Taylor *et al.* (2018) the education sector has started introducing a whole school inclusion approach, enabling a positive education for all. According to Bourke – Taylor *et al.* (2018) through schools researching and understanding how to overcome the challenges and how to enable individuals, will help promote an environment that is inclusive for all children.

To support children in the school environment the SEND Code of Practice was introduced, laying out policies and duties. It is statutory guidance focusing closely on inclusion, identifying needs and support needed in school and the community (Education Advocacy, 2021).

Schools may work in multi-agency with other health professionals and social care to provide effective support (GOV.UK, 2015). For example, a multiagency may come together to support a child within a school, such as helping them with their mobility or recognising any learning difficulties.

Walker (2018) states that the role of the parent or carer must not be overlooked, as they should be involved and should be motivated to take part in making decisions and their consent to do so.

A child may need to use assistive technology within their school to assist them in being independent (Teacher Insitute, 2023). However, Karlsson, Johnston and Baker (2017) it suggests that more often teachers do not have the correct training needed or the expertise to use it correctly. Assistive devices could include:

- mobility devices.
- Communication technology.
- Special design pencil or grip, a laptop or keyboard.

Barriers for children with cerebral palsy

Children with cerebral palsy are faced with many barriers throughout life, ones that surround physical, social and community awareness and attitudes surrounding their disability (Longo, 2020). Parents and carers can also face barriers when caring for their child (Alaee *et al.* 2014). Families will come face to face with many barriers including not receiving the correct health services and school services or having the support that they need from their families (Alaee *et al.* 2014). Schulze (2024) children with cerebral palsy find it more difficult to accomplish tasks at the same quickness that other children without cerebral palsy might be able to do. For a child with cerebral palsy, it can be upsetting as they start noticing and can lead to bullying. Children with a disability such as cerebral palsy, were at a disadvantage of bullying by double than other children. Bullying is perceived as a “barrier to being”, which means it negatively impacts the child's self-esteem and risk of developing anxiety (Chatzitheochari *et al.* 2015).

Jeffreys (2024) has an opinion that funding has a negative impact on children, due to lack of budget means a less focus on a child's needs. A report by Estyn required the Welsh Government to review the support for children with disabilities and additional learning needs, stating that the funding for additional needs and learning for professionals would be supported productively.

Accessing services barriers can include an environment that does not suit the needs for the individual's accessibility, limit availability of devices that help with assistance, and lack of services (Coleman, 2024). Access other services such as taxis, holidays abroad and theatre events or concerts. If children are not offered a range of choices for different activities it can limit how well a child engages within different experiences of life (Office for National Statistics, 2022).

(Source: Bloom, 2014)

