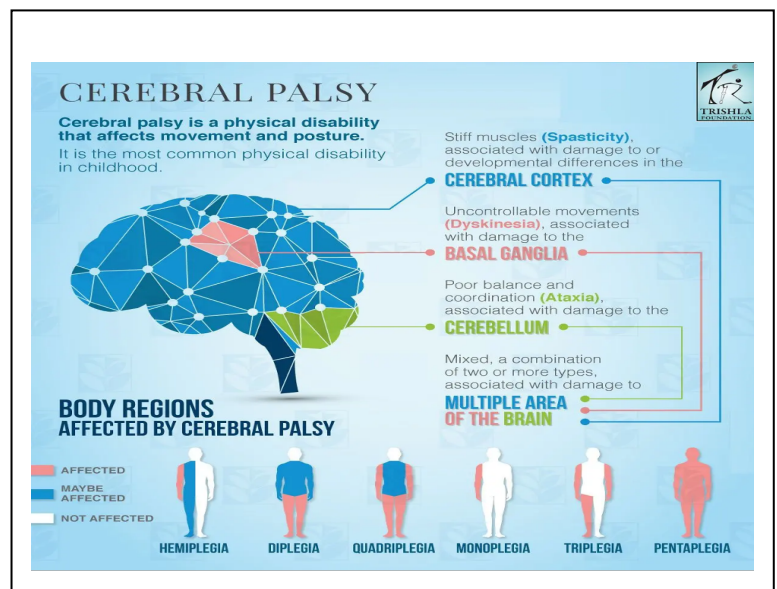


SEND Bulletin NO. 9



Cerebral palsy

Cerebral palsy is the generic name for a group of disorders affecting muscles and movement. If, for any reason, the movement part of the brain is injured or fails to develop normally, the child may be born with or develop cerebral palsy. Approximately two people in every 1,000 have cerebral palsy. It neither worsens nor ameliorates, but stays at the same level throughout life. However, children can be taught strategies to deal with it and to develop as much independence as possible.

In cerebral palsy, messages between the brain and the muscles are jumbled. There are three types of cerebral palsy, defined by which messages are affected. Many people with cerebral palsy have a combination of these three different types:

- Spastic cerebral palsy - results in stiffening of the muscles and difficulty with joint movements. Even the simplest activities may be very difficult to do. If one side of the body is affected this is called hemiplegia. If the legs are the most affected it is called diplegia and if both arms and legs are affected it is called quadriplegia.
- Athetoid cerebral palsy - results in involuntary movements as muscles tense and relax. Often there is difficulty controlling movements for breathing and speech. Hearing may also be affected.
- Ataxic cerebral palsy - results in the whole body being affected. The individual will probably be able to walk, but their balance and coordination will be affected. They will have jerky hand movements and speech.

An important fact to remember is that no two individuals with cerebral palsy are the same. Some are affected so mildly it's hardly noticeable at first, while in others the effects are immediately obvious.

Key characteristics

Children with cerebral palsy may have:

- very rigid limbs and limited or exaggerated movements
- difficulty in walking and moving

- either muscle weakness, stiffness, floppiness or spasms
- involuntary movements as muscles tense and relax
- difficulty talking or jerky speech
- hearing difficulties
- chewing and/or swallowing difficulties
- epilepsy
- a need for help with self-care skills
- difficulty distinguishing shapes (a problem with visual perception rather than eyesight) and may also have a squint
- learning difficulties, sometimes related to a specific activity such as reading, drawing or maths
- difficulties maintaining friendships if they cannot join in with other children's interests
- poor self-esteem.

Support strategies

You may need to:

- organise physical access to different parts of the school
- liaise on a regular basis with the relevant professionals
- ensure that appropriate adult support is provided
- make use of ICT as an aid to learning
- make use of audio-visual aids
- ensure that extra time is given for specific tasks
- adapt physical activities, especially PE
- use circle time to discuss inclusion issues for all the children in the class
- celebrate ability, not disability - some children may be very able in a specific area.

Support agencies

- Alliance for Inclusive Education: www.allfie.org.uk
- Capability Scotland: www.capability-scotland.org.uk
- KIDS: www.kids.org.uk

If you have any interesting information or resources which you would like to share with your colleagues via this fortnightly bulletin please e-mail them to me:

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Many thanks

Anne