

Preschool Fact Pack

A Guide for
Early Childhood Staff



Formerly known as The Spastic Centre

For people with **cerebral palsy** and their families.

preschool **Fact Pack**



Formerly known as The Spastic Centre

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Preschool fact pack

The Preschool Pack is a series of factsheets designed to facilitate the successful inclusion of children with cerebral palsy into mainstream childcare centres and preschools.

The fact sheets will assist early childhood staff with information about cerebral palsy, frequently asked questions, strategies for successful inclusion, learning issues and a multitude of tips on equipment, communication, seating, mealtimes and toileting.

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Preschool fact pack

What is Cerebral Palsy?

Cerebral palsy (CP) is a permanent physical condition that affects movement.

There are three main types of CP and each involves the way a child moves. Movements can be unpredictable, muscles can be stiff or tight and in some cases children can have shaky movements or tremors. CP can be as mild as just a weakness in one hand ranging to almost complete lack of movement.

Children with CP may have seizures and other impairments affecting their speech, vision, hearing and/or intellect.

CP, except in its mildest forms, can be seen in the first 12-18 months of life. It presents when children fail to reach movement milestones. Babies most at risk of cerebral palsy are those born prematurely or with low birth weight.

In Australia it is estimated that a child is born with CP every 15 hours. Worldwide, the incidence of CP is the same - 1 in 400 births. There is no known cure and severity is on the increase. For most, the cause of CP is unknown.

Types of CP

There are three main types of CP:

Spastic cerebral palsy - This is the most common type of CP. Spasticity means stiffness or tightness of muscles. The muscles are stiff because the message to the muscles is sent incorrectly through the damaged part of the brain.

When children without CP perform a movement, some groups of muscles become tighter and some groups of muscles relax. In children with spastic CP, both groups of muscles may become tighter. This makes movement difficult or even impossible.

Athetoid cerebral palsy - Athetosis is the word used for involuntary unpredictable movements that occur in this type of CP. This involuntary movement is present even at rest and is often most noticeable when the person moves. Children with athetoid cerebral palsy often have very weak muscles or feel floppy when carried.

Ataxic cerebral palsy - This is the least common type of CP. Ataxia is the word used for unsteady shaky movements or tremor. Children with ataxia also have trouble keeping their balance.

Many children do not have just one type, but a mixture of several of these movement patterns.

What part of the body is affected by CP?

This is different from one person to another. In CP, certain words are used to describe the parts affected:

Hemiplegia - the leg and arm on one side of the body are affected. See Factsheet 13 for more information on Hemiplegia.

Diplegia - both legs are affected significantly more than the arms. Children with diplegia usually have some clumsiness with their hand movements.

Quadriplegia - Both arms and legs are affected. The muscles of the trunk, face and mouth can also be affected.

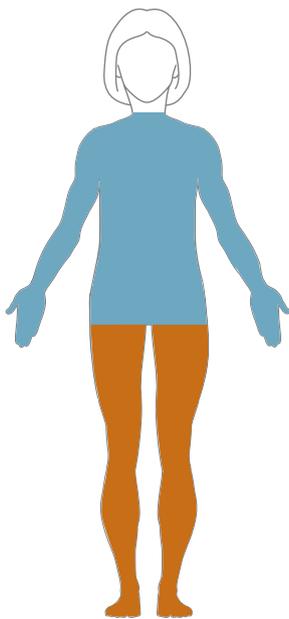
What causes CP?

CP results from damage to part of the brain. The term is used when the problem has occurred to the developing brain, usually before birth. For most children with CP, the cause is unknown.

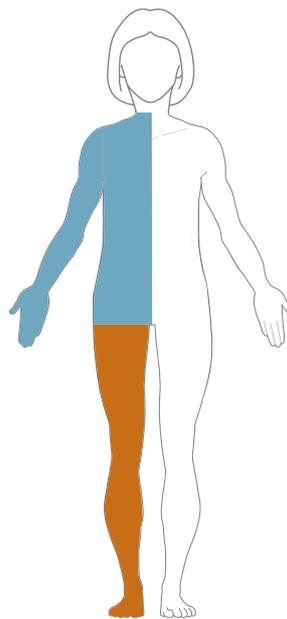
The risk is greater in babies born preterm and with low birthweight. Whilst the reasons for this remain unclear, CP may occur as a result of problems associated with preterm birth or may indicate an injury has occurred during the pregnancy that has caused the baby to be born early.

In some cases, damage to the brain may occur:

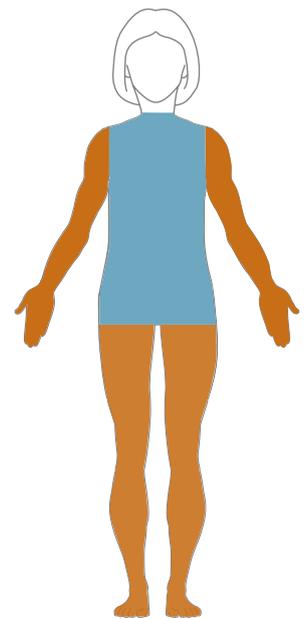
Parts of the body affected by cerebral palsy



diplegia



hemiplegia



quadriplegia



more affected areas



less affected areas

- due to the baby not growing at the correct rate during the pregnancy
- at any time if there is a lack of oxygen supplied to the baby. This is of particular concern during birth. Current research suggests that in some cases this may be due to abnormalities already present in the baby which affect the baby during the birth process
- in the period shortly after birth, if an infant develops a severe infection such as meningitis or encephalitis, which, in rare cases, may result in brain damage
- accidentally in the early years of life; for example, with a near drowning or car accident.

Ongoing research is vital for the management of CP. An Australian CP Register has been set up to record the incidence and will guide future research in prevention, intervention and service provision.

Each student with cerebral palsy has individual needs. In partnership with the student and their family, Cerebral Palsy Alliance team can advise on their needs.

Frequently Asked Questions

General information on cerebral palsy can be obtained from the **What is Cerebral Palsy?** fact sheet.

Are there any other difficulties the child might have?

■ **Learning difficulties**

Children with cerebral palsy may experience specific learning difficulties. These may include a short attention span, motor planning difficulties (organisation and sequencing), perceptual difficulties and language difficulties. For more information, see the **Learning issues** fact sheet.

■ **Intellectual difficulties**

People with cerebral palsy vary widely in their intellectual capabilities. Some will show the same abilities as other people, despite their physical difficulties. Others will have some degree of intellectual disability, ranging from mild to significant.

Speech that is difficult to understand, saliva loss or the movements of children with cerebral palsy, may give the mistaken impression of an intellectual impairment.

■ **Perceptual difficulties**

Perception is the making sense of information gained from the senses. This enables children to do things such as move around obstacles, judge size and shape of objects and understand how lines are connected to form letters. For those who experience these difficulties, their problems may not become apparent until school or preschool.

■ **Communication/language difficulties**

Children with cerebral palsy may have difficulties with understanding and expressing ideas. They may require support to follow instructions, construct sentences, give specific information or tell stories that make sense. If a child is having any of these difficulties, it may have an effect on learning.

■ **Speech difficulties**

Because the muscles of the mouth may be affected, some children may find talking difficult. For those with restricted speech, an alternative communication system may assist them (for example communication board, book or electronic device).

Speech that is difficult to understand is not necessarily an indication of intellectual impairment.

■ **Eating and drinking difficulties**

Cerebral palsy may affect the muscles that open and close the mouth and move the lips and the tongue. Some children may show difficulties in chewing and swallowing food and drink.

For more information, see the **Mealtimes** fact sheet.

■ **Saliva loss**

Due to poor muscle control some children with cerebral palsy may have varying degrees of saliva loss (dribbling). The dribbling may be more noticeable when they are concentrating on a fine motor task.

■ Sensation

Loss of feeling (touch) may affect some children with cerebral palsy in their performance of both fine and gross motor tasks. This will depend on the degree of involvement of the limbs. This loss of feeling is often linked with a lack of awareness of their limbs and the child may need encouragement to use the limbs that are affected.

■ Vision

Some children may have visual impairments. One of these may be:

Strabismus (also known as ‘turned eye’ or ‘squint’) - One or both eyes are turned in or out and are prevented from working together. This may lead to double vision or focussing with one eye at a time.

■ Hearing

Some children with cerebral palsy may have a hearing loss.

■ Epilepsy

If this problem is present, the doctor may aim to control the seizures by choosing medicine that suits the child. It may be necessary to change the medication several times before the seizures are controlled. Sometimes they cannot be controlled.

Will the child’s condition change?

Cerebral palsy is a permanent condition. Children with cerebral palsy live with it all their lives. However, all children develop and learn as they grow and intervention can minimise the effect of the disability on their everyday life and encourage the child to reach their potential. It cannot however, cure cerebral palsy.

The damage to the brain early in life does not increase. However as with all children, children with cerebral palsy may have periods where progress appears to come to a standstill. This may be due to:

■ Increased expectations of children as they grow older

For a child with cerebral palsy, simple tasks may require more practice to achieve, e.g. dressing and eating independently may be achieved at a later stage than peers.

■ Illness

■ Stress (e.g. changes such as moving home, a new baby)

■ Epilepsy

■ A sudden spurt in one developmental area

Will the child learn to walk?

It is often not possible to be sure until the child has been observed by the paediatrician and therapists for some months or even years. Many children with mild and moderate degrees of cerebral palsy do learn to walk.

Will the child learn to talk?

Most children with cerebral palsy learn to talk. Some children will not, and others will have some speech, but it may be difficult to understand them. Some children who do not talk may have the skills to use augmentative/alternative communication such as a communication board (with pictures or symbols), signing or an electronic device that has a voice.

Will the child be able to look after him or herself?

The aim of early childhood intervention is to encourage the child to develop his/her self-help skills (eg toileting, eating) as much as possible. Some children who have mild cerebral palsy will have no problems with this. For others, it will be a slow process. In some with severe difficulties, considerable assistance from others will always be needed.

It is important to encourage and allow the child to do as much as possible for him or herself.

Will the child have difficulties with behaviour?

Cerebral palsy is a physical condition and is not strongly associated with particular behaviour problems. As with other areas, there are individual differences in the way children behave and learn to cope with the day-to-day demands in their lives. Children who do show behaviour difficulties need to be managed in the same way as their peers.

If the child also has an intellectual disability, you might make some allowances as you would for a younger child. However, the child should still be helped to function as a member of the group.

Will the child have a normal life expectancy?

Most children with cerebral palsy are healthy, and can expect a normal life span.

How important is the role of preschool/child care?

Whatever the skills or needs of the individual child with cerebral palsy, the childcare centre provides many learning opportunities. The most important learning is that which will prepare the child to cope at school and in the wider community.

Early childhood centres provide ideal opportunities for children to develop social communication and self-help skills. These are the skills all children, including those with disabilities, will need to become competent and confident in future social contexts.

Children with cerebral palsy may learn to do things in the childcare setting, which they have never done elsewhere. Copying other children and trying to conform to behavioural expectations of the whole group can greatly enhance a child's skills. Wanting to be like other children is a powerful motivator which may not be available at home or in therapy sessions.

What can the childcare/preschool do to help?

The preschool / childcare centre can enhance a child's development by:

- Remembering a child with cerebral palsy is very much like any other child. The child gets the same enjoyment as other children from play.
- Focussing on what a child can do and the ways in which the child's capabilities can be developed to his/her maximum potential.
- Allowing the child the opportunity to participate in all aspects of the program.
- Remaining optimistic yet realistic about the child's progress.
- Working closely with parents and early childhood intervention professionals to help the child maximise his/her potential.

What is early childhood intervention?

Early Childhood Intervention provides support for infants and young children who have developmental delays or disabilities, their families and communities, in order to promote the child's development and inclusion.

At the Spastic Centre we work to provide a family centred service which meets the particular needs of each child with cerebral palsy and his/her family. Our programs usually involve the parents and caregivers coming to a session where ideas are discussed to incorporate into play and everyday routines at home or in the community. This means children are receiving more opportunities for learning and developing their skills than just in therapy sessions.

Who delivers early childhood intervention services?

Early Childhood Intervention services are offered by a range of personnel including, special education teachers, physiotherapists, occupational therapists, speech pathologists, psychologists, social workers, medical officers, nurses, orthoptists, audiologists and others depending on the needs of the child.

Cerebral Palsy Alliance offers a range of services to children with cerebral palsy.

Each student with cerebral palsy has individual needs. In partnership with the student and their family, Cerebral Palsy Alliance team can advise on their needs.

Facilitating Successful Inclusion

One of the most important aims of including children with cerebral palsy into mainstream childcare settings is the development of social competence and self esteem.

Successful inclusion means being included in all the daily activities of the early childhood setting including free play, group times, routines and transition between activities.

As with any child, a child with cerebral palsy may develop at different rates in different areas. It is important to get to know the child's strengths and needs in all areas of development, as well as interests, likes and dislikes, to plan and support learning, and to include the child as fully as possible.

It is advisable that families and all agencies involved, including centre staff, cooperate in planning a smooth transition to the centre. This can be done through sharing information and arranging visits before the child starts at the centre.

At a later stage, an Individualised Education Program (IEP) can be developed through joint meetings.

Ideas to consider:

- Ensure that all staff members at the centre are familiar with the strengths and needs of the child with cerebral palsy and can be involved in supporting the child. This reduces dependence on any one staff member.
- Appropriate positioning of children with cerebral palsy enhances participation and maximises skill development, social interactions and independence. It also decreases the need for a constant 1:1 child staff ratio with them.
- It is important not to leave a child at the same activity or in the same position for extended periods.
- Plan ahead by having any equipment or modifications that may be needed by the child ready at the appropriate activities. Also, ensure that all activities are easily accessible with clear spaces allowing access with walking frame or sticks.
- Some children with cerebral palsy may not be motivated to play and explore and may require some help to learn to play.
- Provide opportunities to allow the child to participate as fully and **independently** as possible. Plan to allow play without an adult always in immediate proximity - this encourages other children to view the child in his / her own right as part of their group and provides opportunities for social interactions which may otherwise not occur.
- Children with cerebral palsy may need to be allowed more time to complete activities and move from one activity to another. They may also need opportunities to demonstrate understanding in their own ways.
- Making the most of routines: by incorporating the preschool routine into programming, children with additional needs are provided with further opportunities to practise specific skills in a busy group situation.

- As with all children at the centre, it is important to expect the child with cerebral palsy to follow the rules and routines of the group.



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Learning Issues

A percentage of children including those with cerebral palsy may experience learning difficulties. It is important to consider that some children presenting with disruptive or avoidance behaviours and low self-esteem may have underlying learning problems.

Learning situations need to be structured to provide opportunities for children to increase their self-esteem, sense of identity and belonging. Experiencing success increases the child's awareness of their own abilities and develops their bank of skills. Use the child's interests and strengths to encourage participation in activities.

The child may show difficulties in interacting with others, taking turns with peers or changing to a new activity. It also may be hard for children to understand consequences of actions or words. A well-planned, consistent program will need to be implemented to assist behaviour changes for the child.

Learning difficulties may include:

A short attention span:

Some children may be more easily distracted and / or unable to concentrate for as long as their peers. It is important to have realistic expectations of what a child can achieve.

Ideas to consider:

- Ensure correct seating so children's efforts are put into concentration rather than maintaining balance.
- Use the children's interests to motivate them to participate in activities.
- Seat the child close to the front or near an adult who can prompt him/her to the degree needed to attend and complete activity, gradually withdrawing help to encourage as much independence as possible.
- Gradually increase the length of time spent on each activity and/or at group time.
- Limit distractions where possible - e.g. picking a relatively quiet place for some activities, not having too many toys on the table the child is working on, placing the activity on a plain coloured placemat to help focus attention.

Motor planning difficulties:

Children who have motor planning problems know what they want to do but have difficulty planning in their minds how to go about it. Learning tasks can take more effort, concentration and energy and they may have difficulty generalising skills.

These children may be able to do some tasks automatically. However when they are requested to do something or are under pressure to perform, they may have more difficulty planning and executing the task. They often seem to rush into activities without carefully planning the stages required in order to complete them.

Ideas to consider:

- Break up complex activities into smaller, achievable steps.
- Encourage the child to stop and think first in order to plan what he/she has to do before starting the activity.
- Encourage the child to identify a starting point and then to complete one step of the activity at a time, while verbalising each step in the sequence.
- Some children may need to have the activity demonstrated and may require some physical prompts initially. This assistance could be gradually withdrawn.
- Try to establish regular routines in the day and for each activity he/she has to do in order to help motor planning.
- Practise and repeat the same sequences.
- Praise success as well as effort and be specific about what is being praised.
- Ensure that the activity is simple, but challenging enough to ensure co-operation and interest.
- Difficulties with motor planning may be more marked when doing a new or unfamiliar activity or when in a new setting.

Perceptual difficulties:

Some children may have difficulties with interpreting information from the senses; this includes activities such as judging the size and shape of objects, moving around obstacles, distinguishing between different sounds and understanding spatial positions. Perceptual difficulties impact on learning in all areas of development.

Ideas to consider:

- Activities to develop visual perceptual skills include gross motor activities such as climbing frames, obstacle courses, tunnels, etc, and body awareness games.
- Copying block patterns and sequences, sorting and matching, dot to dot games, doing puzzles and “spot the difference” games can also help develop these skills.
- Progress from three-dimensional activities (e.g. Lego, blocks) to two-dimensional pencil and paper activities. Encourage working from left to right and from top to bottom for paper and pencil activities.
- Place the activity on a plain coloured placemat to reduce background clutter and help focus the child’s attention.
- Activities to develop auditory perceptual skills include listening games like Sound Lotto, “I hear”, “Simon says” which involve finding and identifying sounds and listening to instructions, rhymes, clapping to rhythms.

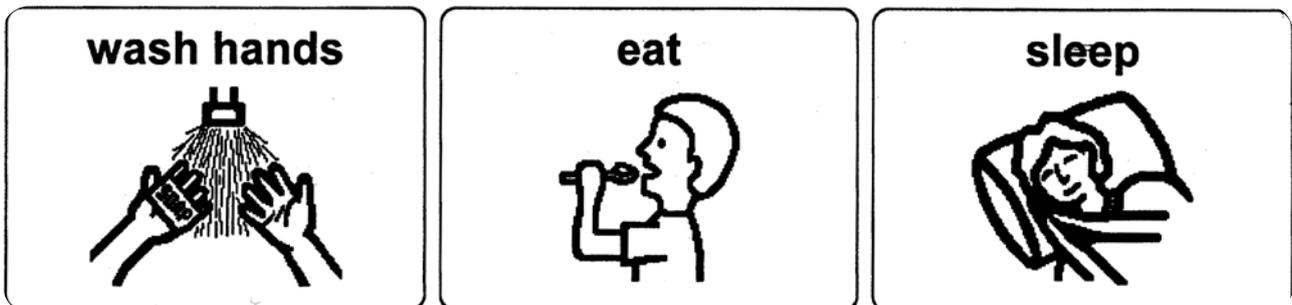
Communication/language difficulties:

There may be difficulties with understanding language such as following instructions and understanding concepts. Some children may also have difficulty expressing themselves e.g. naming objects, maintaining a conversation, making a choice or request and finding the words they need. Sometimes these difficulties may go unrecognised especially if children become adept at watching and following their peers.

Ideas to consider:

- Simplify instructions by using simple language and breaking down instructions into smaller steps.
- Repeat instructions and provide additional cues such as gestures, pictures or showing the child what to do.
- Encourage the child to ask for help if the instruction has not been understood.
- Encourage all attempts at communication and provide opportunities for the child to demonstrate understanding in his/her own way e.g. providing verbal/visual choices to pick from.

The use of pictures in a picture sequence or timetable is a valuable cue to use with children with a variety of learning difficulties. A picture sequence can help children develop an understanding of a routine or sequence of activities.



These pictures are from Boardmaker™ Application Software (1994) Dennis L. King

Each student with cerebral palsy has individual needs. In partnership with the student and their family, Cerebral Palsy Alliance team can advise on their needs.

Talking About Disability in Your Centre

Discuss with the family of the child with cerebral palsy what information they would like shared about their child's disability with other children and families and staff. Some parents may prefer not to do anything special.

Sharing with other families and staff:

- Discuss with the family what terminology centre staff may use with children and other adults - some families prefer general terms, e.g. additional needs rather than naming the disability.
- Have information on cerebral palsy available for families to read/borrow. Ensure they are aware of the benefits of inclusion for all children.
- A talk at a staff meeting or parents' group by the child's parents or educational/therapy staff may be useful.

Some families may be concerned that their child will miss out because too much time will be given to the child with additional needs - reassure them that this will not occur. There are benefits to all children in the centre, e.g. support staff/aide will assist the teacher and staff team, not just work with the child with the disability.



Things to do in the classroom:

Talk about what different people:

- **Do well** e.g. painting, drawing, climbing, using a computer
- **Find hard to do** e.g. whistle, tie shoe laces, doing somersaults

Talk about some people's particular difficulties and the things they can do.

This can apply to all students. What can help them to learn to do things as independently as possible?

e.g. cannot see but **can.....**

cannot walk but **learning to ...**

cannot talk but is **signing** (talk with hands) or **using a communication device**

Show and explain the use of any specific equipment the student may use e.g. communication device, walking frame. The student may like to help demonstrate these. If the student and family are willing, other students may like to try out the equipment under adult supervision.

Show pictures and read books about people with disability to the students

Particular ones that include cerebral palsy:

Why do some people use wheelchairs?

Atkinson, M., (1997)
Dorling Kindersley, London
ISBN 0 7513 - 5603 - 4

We can do it

(1997)
Starbright Books, New York

Nicholas Nigel Norris

Publication of The Cerebral Palsy Association of Western Australia, (2000)
A story book and accompanying "CP and Me" workbook - pages can be adapted for individual classes

Ideas to consider when the child comes to your class

- Sometimes small groups can be set up by the adult e.g. turn taking games.
- Encourage peers to include the child in their play and talk... particularly in activities the child enjoys. Could start by handing a spade to the child... doing a puzzle together, taking turns.
- Encourage children to learn what the child can do and only help when really needed. Some children can be over helpful and do not allow time for the child to try to respond and learn to do as much as he/she can independently.
- If peers think the child needs help, encourage them to tell adults.
- If signs or pictures are being used with the child, encourage all children to use these while speaking to the child. Also use signs with some songs and games, children love them.
- Show any specific equipment the child may use... Allow other children to have a turn but be aware when the child with cerebral palsy needs it.

See also Resources fact sheet

Each student with cerebral palsy has individual needs.
In partnership with the student and their family,
Cerebral Palsy Alliance team can advise on their needs.

Ideas for Adapting Equipment

The aim for all children at childcare/preschool is to be included with other children in play and to learn to be as independent as possible in play and life skills.

The child with cerebral palsy needs the same opportunities as other children.

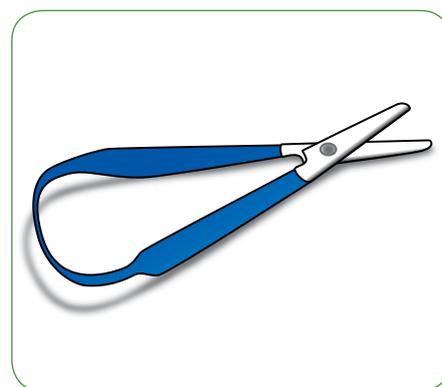
Sometimes it may be necessary to make changes to equipment and plan how materials will be presented, so that the child with cerebral palsy can participate as much as possible in all areas of play and activities. However, use the same equipment for all children where possible.

Whatever the activity, ensure the child is positioned well with good posture and balance. Some children may need more supportive seating on the floor or a chair while for others a simple adjustment to the centre's chair or a footrest may be sufficient. For some children, the use of a standing frame may enable them to participate more independently.

Ideas to consider:

Art and craft activities

- Non slip mat can be used under paper or boxes.
- Brushes - using thicker and/or shorter handles on brushes may make them easier to hold. Add some tubing to the handle of thinner brushes or try knob brushes.
- Knobs can be attached to stamps to make them easier to grip.
- Cotton buds can be stuck in a styrofoam block.
- Use slope boards on table tops to hold papers for painting or drawing for children who have difficulty drawing on a flat surface or have visual difficulties.
- A variety of easy to use scissors are available eg self opening, spring-loaded, styrex or mounted.
- Consider using thicker textas, knob crayons or bent textas as alternatives.
- Holders can be used for brushes, textas or crayons.
- Think about the height and stability of the easel.



Puzzles

- Larger knobs on puzzles - corks can be stuck onto existing small knobs to make them easier to hold.
- Non-slip matting can be used to stabilise puzzles.

General activities

- Curtain rings attached to objects such as parachutes, zippers or pull-a-long toys make them easier to hold.
- Switch toys - battery operated toys can be operated by a simple push switch (jellybean switch). Similarly, specialised software and/or a modified switch can be used with a mouse to operate a computer.
- Phone books covered in contact are ideal to put under a child's feet if his/her chair is too high.



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Communication

Helping children to communicate their needs is probably the most important contribution that can be made to their long-term independence and social competence.

Some general principles in encouraging communication:

- Provide opportunities for children to communicate at their level. Do not anticipate every need - either provide choices or when appropriate, wait for children to initiate communication.
- Provide opportunities for choice making. Making choices is an important foundation for communication and helps children to develop a sense of control over their surroundings. Objects / pictures / photos / symbols can be used to encourage choice making in all situations e.g. selecting a snack at morning tea, choosing activities during free play, picking a favourite song at group time, etc.
- Gain children's attention before talking to them.
- Many children with cerebral palsy communicate as easily as other children their age. Others experience difficulties ranging from mild to severe, such as:
 - Unclear speech because of difficulties with the movements required for speech.
 - Difficulties with understanding and/or expressing ideas.
 - Inability to talk but may use alternative forms of communication such as signing or picture boards.

Ideas to consider:

- Some children may be slow to respond - so allow adequate time for responses. Encourage and accept every attempt made by the child to communicate whether by speaking, looking or gesturing.
- Instructions may need to be simplified and given one step at a time.
- Setting up and using appropriate communication aids for all activities allows the child to communicate and enhances participation. This may involve using signs and gestures to accompany verbal instructions, using picture cards to display the pre-school routine, etc.
- Communication devices are sometimes needed for children to express their needs. An example of such a device is the Big Mack switch that prerecords a message that can be played by pressing the switch. It could be used by children to get attention or make requests, to participate in group songs or tell news.

Whichever methods of communication are used it is important for all people involved with the child to use a consistent approach.

Seating

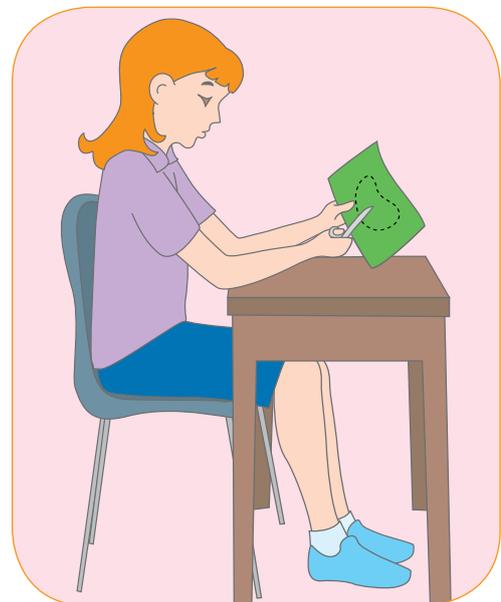
Appropriate seating is essential for all children in order to attend, participate and successfully complete activities.

The principles of a good sitting posture include:

- Pelvis: Symmetrical and upright with bottom well back in the seat
- Hips: flexed (bent) at 90 degrees
- Back: straight
- Head: upright and symmetrical
- Feet: flat on the floor
- A table at the correct height is essential. Ensure the child can rest their elbows comfortably on the table.

When the children sit on the floor, a good sitting posture is again encouraged for stability and balance. Some good positions include: side sitting, cross-legged or straight-legged sitting. Sitting in the “W” position or frog sitting should be strongly discouraged as it stops the hips and knees developing correctly.

Wherever possible, children with cerebral palsy should be seated at the same level as the other children in their group. Some children may require adapted seating such as corner chairs or bucket seats to allow them to participate in all activities. Other children may require simple adaptations to existing chairs.



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Mealtimes

For all children, sharing morning tea or lunch provides an important opportunity for socialising. Many children with cerebral palsy can eat independently. Others will have varying degrees of difficulty, while some may be completely dependent.¹

Some children may show difficulties with chewing and swallowing food and drink. They may involuntarily bite on a spoon and may not be able to use their lips to get the food from the spoon. Sometimes, their tongue may protrude when swallowing food and drink.

Ideas to consider:

- All children should experience the opportunity to be part of the group and follow the same mealtime routine.
- Where possible, children should be seated with the group at the same height as their peers.
- Some children with cerebral palsy may need more time to complete their meal regardless of the amount of assistance required.
- It is important for a child who has difficulty with eating to be seated well with good posture and balance.
- If a child has difficulty swallowing ensure that his/her head is forward and in the midline with the chin slightly down. This may reduce the risk of food or drink going down the wrong way.
- Adapted cups or cutlery may be useful.
- At the end of the meal ensure that the child has finished all that is in his/her mouth before moving onto another activity or rest time.

¹ *Let's Eat - Little Kids First* (1996) Cerebral Palsy Association of Western Australia.

Toileting

A child needs to be physically and emotionally ready for toilet training to succeed.

The time taken for a child to be trained varies considerably.

As with all children, it is important to be led by the child's parents as to when they want to start toilet training. This may vary from approximately 20 months to 4 yrs.

Each family has different priorities and concerns about toileting and these need to be approached sensitively.

Children with cerebral palsy may be ready for preschool but not toilet trained.

This may be due to:

- decreased sensory awareness (not know if wet)
- immature bladder or bowel
- lack of understanding of toileting sequence
- inability to communicate the need to go

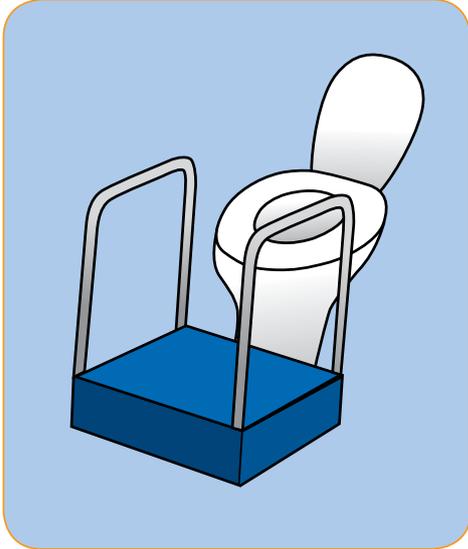
Some children may be aware of the toileting sequence and communicate their desire to go to the toilet but due to problems with mobility or balance when seated, not be totally independent.

Once a program has been planned with the family, all members of the Centre's team need to be aware of the details so that a consistent approach is used.

Ideas to consider:

- For children who are not toilet trained, consideration for safety, self-esteem and privacy needs to be given when nappy changing.
- For older children consider using pull-ups rather than nappies as they can be changed more discretely.
- Ensure that all the team knows the child's mode of communicating a need to go to the toilet. This may be by signs, sounds, words or pointing to a picture or symbol e.g. symbol of toilet on a watch.
- Allow sufficient time for the child to get to the bathroom and complete the toileting routine.
- Plan for timing of toileting so that the child does not miss out on other activities e.g. send him/her first in the group.
- Ways of transferring the child who is not walking to the bathroom so that the safest lifting and carrying techniques are used.
- Extra time may be needed to allow the child to become as independent as possible.

- Adaptations may be needed to assist the child with toileting e.g. rails, steps, potty chair, accessible taps, hand-dryers or towels.



Each student with cerebral palsy has individual needs. In partnership with the student and their family, Cerebral Palsy Alliance team can advise on their needs.

Support Services

What support services are available to children with cerebral palsy who wish to attend their local childcare centre, preschool or family day care?

Some children with additional needs may require extra resources to maximise their inclusion in the childcare setting. For those children assistance is available through:

Inclusion and Professional Support Program (IPSP) The Inclusion and Professional Support Program is the Federal Government program that supplies children's services with practical advice and support in including children with additional needs into a quality child care environment.

18 Inclusion Support Agencies (ISAs) are funded in NSW to work directly with children's services to provide practical advice and facilitate access to a range of supports designed to build services' capacity to create a quality care environment inclusive of all children.

Inclusion Support Subsidy (ISS) This Subsidy helps build the capacity of Federally funded child care centres to successfully include children with ongoing high support needs. The subsidy can provide funding towards the cost of additional staff and specialised equipment.

Bicultural Support Pool Formerly known as the Casual Ethnic Workers Pool (CEWP), the Bicultural Support Pool is a special group of Bicultural Support Workers that assist children's services to work successfully with an Indigenous child or a child from a Culturally and Linguistically Diverse (CALD) background.

These workers are available to assist in the initial settling-in period of children, introduce the child's culture to the service, and provide initial language assistance to children, parents and staff, in order to help families and the service communicate.

The service is free of charge for eligible children's services.

For further information regarding the IPSP, ISS and Bicultural Support Pool visit the Children's Services Central website on www.cscentral.org.au/inclusion

Intervention Support Program (ISP) Provides supplementary support towards the cost of delivery of educational services for children with disabilities. This program supports learning and educational development opportunities for children with disabilities who are below school age and are attending non-profit early childhood settings which prepare them for or support their inclusion into regular preschools and schools. This funding is available through the Department of Education and Training (02) 9266 8222. Guidelines and application forms can be found at www.det.nsw.edu.au/eas/isp/



SCAN - The Supporting Children with Additional Needs program provides funding to eligible NSW services to help children with additional needs access a quality early childhood or vacation care experience.

For further information visit

<http://www.sdn.org.au/our-programs/scan/>

or

Visit the Family and Community Services Website

Cerebral Palsy Alliance team work with childcare centres, preschools, family day care and occasional care centres to support the inclusion of children with additional needs. This may include consultation and/or visits to the child care setting.

Each student with cerebral palsy has individual needs.
In partnership with the student and their family,
Cerebral Palsy Alliance team can advise on their needs.

Transition to School

Starting school is a big step for all children and families and it is important that transition to school is a positive experience for everyone.

To ensure a smooth transition to school for children, it is important that families, preschool / daycare staff, and early intervention service teams plan well, working together so that information is shared and provided to everyone.

Every child with cerebral palsy has different abilities and needs so the plan for transition will vary according to the family's goals as well as resources at the school and early childhood setting.

It can be a stressful time for families when choosing a school, and discovering how different it will be compared to preschool / childcare settings.

It is so important that families are listened to and supported in the process of transition to school for their child and that communication channels are kept open.

It is recommended that families choose a transition to school coordinator to give them the support needed. The coordinator may be from preschool / childcare, early intervention setting or a family member.

1. Planning Ahead

Choosing the School

There are many school options available for children. All children have the right to attend their local Department of Education Primary School. Other options that may be considered include:

- Catholic Schools
- Independent schools (waiting lists often apply)
- Supported settings in Dept Ed Schools (eg. Special schools, support classes within mainstream schools)

Where a child with a physical disability needs modifications to the school environment, the transition process needs to commence 18 months - 2 years ahead.

The transition to school coordinator can assist with completion of relevant paperwork that accompanies applications to any school.

Parents should be encouraged to visit the schools they are considering eg. on open days or by appointment with the Principal. The Department of Education has a representative that can support visits to public schools.

2. Preparing the Way

Once a school has been chosen, an Early Learning Support Team is usually formed, consisting of parents, childcare staff, school staff and other relevant persons who are involved with the child. This team will be involved in:

- Assessment of the school environment eg. Ramps and rails may need to be added.
- Sharing of information.
- Attending meetings to determine the child's support needs and funding requests.
- Providing reports when requested.

Cerebral Palsy Alliance staff can be available to give information sessions to the school if requested.

3. Nearly there

All schools have orientation programs where children beginning school come to visit. This varies from school to school. Some children may require an extended orientation, which can be organized with the school, involving more visits to the school, perhaps at different times of the day.

The Preschool/Childcare centre can encourage the family to talk about school with their children eg:

- What will happen there.
- Which friends are going too.
- What fun it will be at "big school".

4. Getting Ready

Children will have a more positive experience of starting school if they have had opportunity to learn the skills they will need, in the year before they commence.

The Preschool / Childcare centre can assist the family by sharing ideas to help their child learn skills such as concentration span, self-care, responsibility for own belongings, communicating and interacting with peers and adults etc. as well as preparing for the 3 R's.

Each student with cerebral palsy has individual needs. In partnership with the student and their family, Cerebral Palsy Alliance team can advise on their needs.

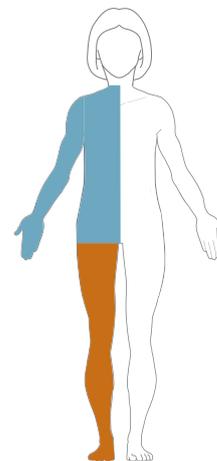
Hemiplegia

Hemiplegia is a type of cerebral palsy which affects one side of the body, most noticeably voluntary movements of the arm, hand, leg or foot. It may impact on the stability of the trunk, and the child may tend to lean to one side. The child may also have difficulties with eating, saliva control, speech or vision.

As the child grows, muscle imbalance can become more noticeable, especially during growth spurts. Children may need to wear splints on their arms and legs or have Botox™ injections to reduce muscle tightness and help improve their walking or hand skills.

Children with hemiplegia tend to:

- Have muscle imbalances, which can impair voluntary movements, balance and coordination.
- Have alterations in muscles tone. This can vary from floppy (low tone) to tight (high tone) muscles.
- Neglect or have poor awareness of the affected side
- Overuse their 'good' side.
- Take longer to master motor skills and may be slower to perform activities.
- Easily trip or fall and have slower protective responses when falling.



Other effects of hemiplegia may include:

- Altered sensation on the affected side (e.g. decreased or heightened sensitivity to pain or touch)
- Perceptual and motor planning difficulties (see Learning Issues Factsheet 4)
- Behavioural difficulties such as anxiety, frustration, distractibility and reduced concentration spans
- Difficulty with organising and managing themselves due to limited hand/arm function
- Poor quality of movement, e.g. tendency to move too quickly during activities
- Difficulty with two-handed movements, e.g. cutting and catching a ball.

Ideas to consider:

- Allow more time for children to settle in to childcare or preschool
- Encourage participation in all activities. You may need to plan for increased support and/or time for children to be successful
- Encourage independence and participation in all aspects of routines including toileting, dressing and eating
- Encourage a symmetrical sitting position on the floor or in a chair. This minimises the child's need to use extra energy to maintain their posture. This will also improve attention and fine motor control (see Seating Factsheet 8)
- Children should be encouraged to stand with their weight evenly distributed on both feet and front on to the activity they are performing
- Because of balance difficulties, consider spacing between furniture in the classroom and be aware of trip hazards e.g. mats, uneven playground surfaces
- Encourage children to use two hands together in activities e.g. play, eating and dressing and to use both sides of their body in gross motor play, e.g climbing
- Toys and equipment may need to be stabilised e.g. tape paper to the table, put non-slip matting under puzzles

Remember that children with hemiplegia use more energy than their peers to achieve the same goals and will tire more easily

Each student with cerebral palsy has individual needs. In partnership with the student and their family, Cerebral Palsy Alliance team can advise on their needs.