

May 2005

The inclusion of children with cerebral palsy – including hemiplegia – in early years settings

Introduction

“*Soap-box time*, but if small people know that children like Aimee can attend nursery and school with them maybe their reactions will continue to be warm and we will have less restricting attitudes in our adults!” Parent of three-year-old

Scope and HemiHelp have worked in partnership to produce this information to provide early years workers with practical guidance to better support the inclusion of disabled children. It will be useful for children with a range of needs but clearly has an emphasis on cerebral palsy and hemiplegia.

This guidance is particularly aimed at nurseries but those working in playgroups, parent and toddler groups, crèches, opportunity groups and at home may also find it useful. The word “nursery” has been used as shorthand to describe this range of early years settings.

Early years workers may think they need to know about a wide range of conditions, and this may hold them back in feeling able to welcome and include all children, when in fact, including disabled children is more of a case of extending ordinary good practice and recognising that all children have interests, ideas and aptitudes whilst supporting early years workers working with the more complex impairments.

In particular it is hoped that using this information will contribute to the process whereby “the attitudes and behaviour of practitioners, children and parents demonstrate how unremarkable it is that disabled children are part of a wide cross-section of the local community using the service”.
All of us – inclusion checklist for settings. KIDSactive

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A note about protecting children

Throughout the topics covered in this series it is important that the child understands the meaning of right and wrong, yes and no. Not only is this vital for child protection, it will not help a child to become part of his or her community now or in the future if this message is denied to them. Whatever their impairment, they need to understand what behaviour is acceptable and what is not. Do not make an exception because of the child's ability; this helps no one, least of all them.

An excellent resource to support this is:

“Listen Up. Helping children with a learning disability complain about the services they use”. It contains a variety of resources that enable children to express their views, is produced by Mencap and can be ordered from the website. http://www.mencap.org.uk/html/listen_up/listen_up.htm



The successful inclusive nursery

In a successful inclusive nursery there is a positive attitude towards disabled children where staff support and encourage children to reach their potential. In order to achieve this staff need to:

- Understand the needs of children with cerebral palsy both in terms of the condition and how it might affect a child's learning and development.
- Ensure that the environment and activities are accessible for children with cerebral palsy.
- Know where to go for further information and advice.
- Have a proactive, planned approach to inclusion generally rather than reacting to individual referrals.
- Take into account the needs of disabled children when making changes to the environment or buying equipment or furniture.

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- Review policies and practices to ensure that they do not discriminate against disabled children.
- Focus on the free aspects of childhood, which can be easily overlooked amongst all the special treatment that a disabled child might receive.
- Address the mistaken belief that all children with cerebral palsy need one-to-one support.
- Look at each child as an individual and not just a 'batch of needs'.

These information sheets are designed to be used as a whole package or individually as necessary.

Each topic gives practical pointers and examples followed by signposting to follow up for more detailed information. Getting started tips are also highlighted for ease of reference at the start of each topic.

Topics in the series: "Including children with cerebral palsy and..."

1. Cerebral palsy overview
2. Physical practicalities
3. Communication
4. Playing and learning
5. Therapeutic roles, treatments and learning systems

This series of information is linked to Scope's Checklists for Inclusion in Early Years Settings.

1 Cerebral palsy overview

Introduction

From the moment of birth, or very soon after, children with cerebral palsy experience their world differently from their non-disabled peers.

Babies experience a short, frustrating, period of helplessness followed by an increasingly active exploration of their world. They experience their world through lying, sitting, reaching, rolling, crawling and standing. In a few months they are up and away. Some babies born with cerebral palsy do not explore their world independently at the same time as their peers, if at all. Many, in addition to the physical difficulties, have an altered perception of space and altered sensations of touch. The picture they build of their world may well be a very different one to others of their age.

If a child with cerebral palsy joins a nursery where staff have little or no previous experience to draw on, they may feel unsure of their ground. These information sheets aim to reassure them that their experience of working with and understanding the broad range of needs of all children will stand them in good stead. However, it is important for pre-school staff to have a basic understanding of what cerebral palsy is and how it affects children.

What is cerebral palsy?

Cerebral palsy is a condition that affects movement, posture and coordination and is caused by an injury – sometimes called an insult – to the brain usually before or very soon after birth. Fifteen hundred babies are affected each year, roughly one in 400 children in the UK. Cerebral palsy is not infectious and, although the effects may become more noticeable with age, it is not progressive. Cerebral palsy jumbles up the messages going from the brain to the muscles causing them to

behave oddly. Different terms are used to specify the type of cerebral palsy corresponding to the areas of the brain most affected by the injury.

HemiHelp is an organisation that deals specifically with hemiplegia which affects one side of the body. You can find their leaflet *What is Hemiplegia?* at www.hemihelp.org.uk/leaflets/hbleaflets01.htm

More information about commonly used terms are found on Scope's information sheet *Glossary of terms*, our parent leaflets *When a Child has Cerebral Palsy* and *What is Cerebral Palsy?* and the factsheets *An introduction to Cerebral Palsy* and *Further information about Cerebral Palsy*.

Supporting a child in the early years

There is no 'cure' for cerebral palsy. However, with appropriate early support and intervention, many children with cerebral palsy develop new skills and improve their muscle control and coordination. Some children with cerebral palsy, and their families, have contact with an enormous number of professionals in their lives. This might include, very broadly, a physiotherapist for support and advice with movement and positioning, an occupational therapist for support and advice on equipment, play and adaptations and a speech and language therapist for support and advice about eating and communication skills.

Additional needs

Each child is an individual and no two children with cerebral palsy are the same. They may have some additional needs that a setting would need to take into account.

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Visual and spatial awareness

Some children have a great deal of difficulty making sense of the information they get through their eyes. In the most severe cases these children may appear blind but many children can improve their useful vision with plenty of stimulation and support. More commonly children may have difficulty with pictures, line drawings and writing.

We have spatial awareness to work out where we are in relation to objects and people around us. For some this is a problem. If a child is walking or using a wheelchair themselves they may bump into things or move into spaces that are far too small. In bookwork they may find it difficult to “see” an object or picture in their heads and may need to use real objects for counting and other maths games for longer than usual.

Speech and/or chewing and swallowing difficulties

These are common. Speech and language therapists will suggest the best way to help an individual child communicate. They can also give advice on chewing and swallowing problems. Most children will use speech to communicate but speech may be delayed or very difficult for a few children and they will need help to support communication. A speech aid might be the best way forward if it is clear the child will find speaking very difficult but any child can benefit from using pictures or symbols to support playing and learning.

Hearing difficulties

Colds and glue ear can affect all children so hearing needs tend to be kept in mind. Some children with cerebral palsy might be more prone to hearing difficulties.

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Epilepsy

This is a common additional need. Usually this is well controlled with medication and the service may only need to find a volunteer to administer it if the child stays all day. However, the medication might affect the child's behaviour, ability to concentrate or need to use the toilet and these possibilities should be discussed. Where children may have a seizure, staff need to feel confident, through discussion and training, that they are able to deal with it effectively.

- ▶ See www.epilepsy.org.uk for more information on epilepsy.

Other issues

Although many of these areas are not so apparent until a child moves on to post-five provision, some children may have additional problems with concentration, memory, or sequencing (putting things in order), sleeping or toileting difficulties, a specific learning difficulty or learning difficulties.

- ▶ Both Scope's website and that of HemiHelp – the organisation focusing on hemiplegia (www.hemihelp.org.uk) have information to support this period in a child's life.

2 Physical practicalities

Getting started

- ▶ Do **with** the child not **to** the child – remember all activities are also learning experiences.
- ▶ Establish a toilet training routine – unless told otherwise delay in toilet training is not a medical experience, but usually a lack of opportunity/experience.
- ▶ Encourage hand/eye coordination – ask children to reach for things; don't just give them to them.
- ▶ Always give more time to achieve any physical task.

Introduction

This information focuses on the physical practicalities of everyday life. It highlights how children with cerebral palsy are just like all other children and that simple solutions are often the most effective.

Sometimes it is a long-standing approach to a child that has created the limitations. Some people find it tempting to over-protect a disabled child. It is easy to make assumptions about capabilities. Children with cerebral palsy are usually much more robust than we think!

The ideas here are only suggestions. Every child is unique, and you – working in partnership with parents and professionals – will find particular ways of dealing with these practicalities that work for that child!

Handling a child with cerebral palsy

This section is about how you lift, carry, hold, and position a child and learn to control any muscle stiffness or uncontrolled muscle movements. Obviously the best way to handle a baby or young child depends on age, type of cerebral palsy and how the body is affected.

Here are some practical suggestions, by no means exhaustive:

- Try not to move the child suddenly or jerkily. The muscles may need time to respond to changes in position.
- Some children's muscles tense (spasm). Let muscles tense and relax in their own time – don't force movements.
- Fear can make muscle spasms worse, so give the child as much support as he needs when you are handling him, being careful not to give him more support than he needs.
- Whatever his size or level of impairment, make sure that he spends time in different positions.
- Try to position the child so he can see what is going on around him.
- Many physically disabled children are greatly advantaged by properly fitting and supportive seating.
- As a general rule feet should be flat on the floor, knees bending at right angles, with hips firmly against the back of the seat. Some children benefit from chairs with arms.
- Some children are particularly sensitive to losing their centre of gravity during rapid growth spurts and they can become clumsier and may be more disorganised.
- Physiotherapists and occupational therapists will advise on the appropriateness of any arrangement for an individual child. They may need to show staff how to handle or carry a child in a way that will help him develop the best possible control over his body, and prevent staff back strain or injury.

“People assume that if a child is disabled they want to spend all day in the same place – but disabled children have just the same aspirations – they want to see the changing world around them like everyone else. They just need physical help to get there!” Parent

Eating and mealtimes

Some children with cerebral palsy cannot suck and swallow and chew easily, so eating may be messy. It may also take longer but it is important to take time to ensure that the child has a healthy diet. A health visitor can advise, and a speech and language therapist can give specialist help and support if a child has difficulties when eating.

Staff may be the first to encourage a child to feed himself or to make choices about food and drinks. There are special cups and pieces of cutlery that may be helpful. They may already be in use at home or parents might have brought them in, but a health visitor or occupational therapist will be able to advise.

Brushing teeth is particularly important when children have eating difficulties since food can easily get stuck in their teeth and gums, and this can lead to tooth decay and gum disease. It may be worth checking the roof of the mouth if food has a tendency to become lodged there. Try to help the child brush his teeth after every meal and cut down on sugary food and drinks.

“It is a good idea to focus on low-tech aids that all children can use that don’t highlight differences – things like Velcro and rubber suction mats.” Parent

- ▶ Scope has general factsheets called *Mealtimes* and *Dental care* with more information available. Tel 0808 800 3333. www.scope.org.uk

Going to the toilet

Toilet training may be more difficult for a child with cerebral palsy. For example, it may be hard for him to relax or use his muscles to empty his bowels. Continence can sometimes be a problem, too. A therapist or health visitor can give help and support.

Scope has a factsheet *Coming out of nappies*, which contains more information.

- ▶ For specific advice about continence, you can contact the Continence Foundation Helpline. Tel 020 7831 9831. www.continence-foundation.org.uk
- ▶ You can also call National Action on Incontinence. Tel 020 7700 7035. www.incontact.org

Changing clothes

Getting dressed or changing clothes can sometimes be difficult for children with cerebral palsy. It is likely that parents will already have discovered the practicalities of loose, comfortable clothing. Velcro and elastic can be easier to manage than buttons and zips. There are also specialist suppliers who design clothes with the needs of disabled children in mind.

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- Always put the clothes on the most affected part of the body first.
- If her legs are bent before putting on socks and shoes it may help ease any stiffness in her ankles and feet and her toes are less likely to curl under.
- Encourage her to do things for herself, even if it takes longer, and give lots of praise for every achievement, however small it is.

▶ HemiHelp has a useful guide, *Dressing at* www.hemihelp.org.uk/Leaflets/hbleaflets12.htm

A comprehensive checklist to support the inclusion of children in early years settings is available on Scope's website along with information sheets about fatigue management and distraction reduction, which may support all of the areas above.

A useful reference to use alongside this:

▶ *The Dignity of Risk: a practical handbook for professionals working with disabled children and their families*, 2004 Council for Disabled Children, ISBN 1904787223. www.ncb.org.uk/cdc/

This book aims to promote the inclusion of disabled children in community life.

HemiHelp has information sheets on dressing, shoes and shoe lacing aimed at children with hemiplegia.

▶ www.hemihelp.org.uk/form_publications.htm

▶ HemiHelp's *Preschool Leaflet* and parts of the *The Child with Hemiplegia in Primary Education* can also be used for practical support. These are available from HemiHelp, Unit 1 Wellington Works, Wellington Road, London, SW19 8EQ.

3 Communication

“Communication falls into the same category as food, drink and shelter – it is essential for life, and without it life becomes worthless.” Anne McDonald, campaigner

Getting started

- ▶ Don't be afraid to speak directly to the child.
- ▶ Encourage eye contact.
- ▶ Say the child's name clearly as a way to start each communication.
- ▶ Find out what communication method the child uses and consider how to use it across the whole setting.
- ▶ Never underestimate parental experience.
- ▶ Encourage and give time for speech and/or vocalisations.
- ▶ Give children the chance to be active in their communication by giving choices.

Introduction

Communication is at the very centre of our lives. It is about expressing our identity as individuals and allowing us to have relationships with others. Imagine being denied one of our fundamental human rights that of the right to communicate. Communicating with one another happens in many different ways, with our hands, eye contact, and body language, crying

and laughing. Most of us who use the common form of communication ignore the many other methods of communicating, such as signs, symbols, behaviour, hand/eye-pointing, facial expression. This is called unaided communication. It does not involve any external materials or equipment, and is used by all of us unconsciously when speaking.

Disabled children are not always able to use the full range of unaided communication, but they still express the same feelings, albeit in a modified manner, such as going into extension spasm with excitement.

Aided communication is called augmentative communication and refers to techniques, symbols and strategies often referred to as low-tech that are needed to aid children with a communication need.

Augmentative and Alternative Communication (AAC) is a means of replacing spoken words by an individual. It can range from a movement or behaviour that is interpreted as meaningful, to the use of a code agreed between people where items have specific meaning i.e. language.

Communication resources to aid inclusion

- ▶ *Supporting Communication Through AAC Foundation Stage* is module 7 of a series of downloadable documents produced by Scope which can be found at www.scope.org.uk/downloads/aac/aac7.pdf

- ▶ *Play Talks* pack – Scope has produced a pack of fun ways to promote communication through play for children under five who have additional needs. It consists of colour-coded factsheets and a CD-ROM and costs £18 including postage and packaging. To order a copy call 020 7619 7342 or email publications@scope.org.uk

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The pack provides more information about useful organisations of which the following are a selection:

Communication Passports Template – Communication passports were developed by Sally Millar as a simple and practical guide to help everyone understand people with additional difficulties.

They contain personal information about the person's needs how he/she indicates yes or no and so on. They value the person, giving them a voice along with a choice, providing positive problem-solving solutions and in doing so help new people quickly understand their needs.

Scope has developed a template focusing on the child. It comes in three different sizes and assists parents/careers and professionals working hand in hand with the child to make a start creating their own individual communication passport. They are available on the *Play Talks* CD-ROM and can also be downloaded free from www.scope.org.uk/earlyyears/



For more details about communication passports contact Sally Millar, Call Centre, University of Edinburgh, Paterson's Land, Holyrood Road, Edinburgh EH8 8AQ. Tel 0131 651 6236. www.callcentrescotland.org.uk



1Voice Communicating Together is run by parents for users of low-tech and electronic communication aids and it offers information and support. www.1voice.info



First Steps, Communication Matters c/o The Ace Centre, 92 Windmill Road, Headington, Oxford, OX3 7DR. Tel 0870 606 5463. www.communicationmatters.org.uk

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The Talking Point website is a collaboration of three communication organisations to make the informative

▶ www.talkingpoint.org.uk/info.asp?type=9&item=1481

In particular it provides information on adapting the environment.

The Aidis Trust provides specialist computer equipment to disabled people of all ages to aid their communication. 1 Albany Park,

▶ Cabot Lane, Poole, Dorset BH17 7BX. Tel 01202 695244. www.aidis.org

AbilityNet gives advice on using computers through assessments, workshops and courses. It also has an extensive list of communication

▶ aid assessment centre/services. Tel 0800 269545. www.abilitynet.org.uk

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4 Playing and learning

“Once I saw that Helen could play, I stopped seeing her as a syndrome, a problem, and saw her as a child with imagination, ideas and potential.” Overheard from a parent

Getting started

- ▶ Children with cerebral palsy need the fun of play like their peers.
- ▶ You do not need to buy expensive equipment – adapt play to meet the child’s abilities.
- ▶ It is the play interactions between staff and children that matter.
- ▶ Make the child part of play.
- ▶ Follow the lead of the child you want to include – observe what activities the child enjoys.
- ▶ Find ways to stabilise toys to enable play e.g. with Velcro or non-slip mats.
- ▶ Use play to encourage children to recognise differences in all of us.

Introduction

All early years settings know that play is vital for all children. It is the way we explore the world about us and our place in it offering opportunities to relax, express feelings, experience success and failure, to learn about communication, our physical capacities – the list is endless.

Play allows parents and professionals to focus on the child’s abilities. It reinforces the positives and in doing so sends the message to all involved that the child is first and the impairment only part of their individual make-up.

Parents have a key role in developing play opportunities since they are in position to bring in aids and adapted toys from home and have been working on ways to include their child.

“For the private nursery, I take in most of Arron’s equipment – chair, switch toys and other specific toys. Staff are creative and make mobiles, etc but generally, he is included in most of the activities with use of his chair (Jenx whale) or the Bumbo.*”

Parent of three-year-old at mainstream nursery and playgroup

* Make of chair.

Practical ideas

Scope has developed two useful play resources:

- *Playing and Learning* – a booklet designed for parents and full of practical inclusive play ideas downloadable from www.scope.org.uk/earlyyears/



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- *Play Talks* – a pack containing fun ways to promote communication through play for children under five who have additional needs. It consists of colour-coded factsheets and a CD-ROM and costs £18 including postage and packaging. To order a copy, call 020 7619 7342 or email publications@scope.org.uk

HemiHelp has a series of leaflets available from its website and the *Preschool Leaflet* and parts of the *The Child with Hemiplegia in Primary Education* can also be used for practical support. See

www.hemihelp.org.uk/form_publications.htm

KIDSactive aims to ensure that the play needs of disabled children are fulfilled. It does this nationally by promoting inclusive play through training, consultancy and publications. For example, *Planning Inclusive Play* (PIP) is a Level 3 course that provides theoretical and practical training for team leaders to support them implementing inclusive policy and practice. www.kidsactive.org.uk

Pre School Learning Alliance is a community pre-schools support and campaigning organisation. 69 Kings Cross Road, London WC1X 9LL.

Tel 020 7833 0991. Email pla@pre-school.org.uk

www.pre-school.org.uk

National Association of Toy and Leisure Libraries aims to create and support high-quality play opportunities through advice and support, training, toy appraisal and information. 68 Churchway, London NW1 1LT. Tel 020 7255 4600. www.natll.org.uk

It produces an annual *Good Toy Guide* which can be ordered free from the website www.goodtoyguide.co.uk

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Play Matters (part of the National Association of Toy and Leisure Libraries) have produced a video “Play Helps” presented by Roma Lear.

Roma spent her professional life as a teacher in hospital schools. She started one of the first toy libraries in the UK for children with special needs, and has lectured throughout the world at international conferences on this subject. This video is a reminder to all involved in play that toys do not have to be complicated or expensive to have recreational value. This is a hands-on video with many ideas.

- ▶ Play Matters, 68 Churchway, London NW1 1LT. Tel 020 7387 9592. Email admin@playmatters.co.uk or visit the NATLL website.

Play Matters also produce three activity packs that are available as above:

- Playing and Learning at home 3–6 year old
- Playsense for play for babies and young children
- Playing to Learn activity pack with game cards

Bag Books is a charity producing multi-sensory stories packaged in boxes – not bags – aiming to involve the listener to feel, hear, smell or look as the story unfolds. Suitable for small groups, as well as one-to-one.

- ▶ Costs to parents are less than for organisations. 60 Waltham Grove, London SW6 1QR. Tel 020 7385 4021. www.bagbooks.org

Portage – “Portage is a home visiting educational service for pre-school children with additional support needs and their families. It takes place in the child’s own home and aims to equip parents with the skills and confidence they will need to help their child, no matter what the child's difficulties may be. Portage offers practical help and ideas to encourage a child's interests and make learning fun for all the family.”

- ▶ Families have found Portage invaluable in supporting inclusion in early years settings. www.portage.org.uk

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Useful reading material

Rachel Scott (Editor) 2000: *Side by Side: Guidelines for Inclusive Play* KIDSactive 2000. ISBN: 0952629518.

Mary Dickens and Judy Denziloe: *All Together: how to create inclusive services for children and their families*. NCB Books. This book promotes the ideals of inclusion in the care and education of young disabled children with information about legislation and guidance.



Tel 020 7843 6029. www.ncb-books.org.uk/index.html

Philip Douch: *It Doesn't Just Happen: A guide to inclusive management in children's play provision* Kidsactive.

This book offers a step-by-step guide to planning and managing inclusive play; the ethos of inclusion; guidance on how to create and improve policies and practice; examples of good practice and details of relevant legislation, useful organisations and publications.

5 Therapeutic roles, treatments and learning systems

“Staff are keen to learn and take regular input from professionals. Some activities have been re-designed to include my son.” Mother of child at nursery since four months old

Getting started

- ▶ Find out what the interventions plan to achieve and any role your setting might have – ask parents for any current tasks/targets from therapists and so on.
- ▶ Keep communication lines open with parents and professionals – ask questions.
- ▶ Check if there are alternative ways of doing things.
- ▶ Familiarise yourself with the specialist equipment provided.
- ▶ Parents may need a bit of extra time for exchange of information.
- ▶ Positive feedback is particularly valued by parents.

Introduction

Usually when we talk about therapy for cerebral palsy we mean the three mainstream therapies – physiotherapy, occupational therapy and speech and language therapy, or forms of treatment that involve some or all of these. This factsheet aims to give basic information about what therapists do and how they can help. It also signposts to some of the other treatments and complementary therapies that children with cerebral palsy may be experiencing. This is important especially since the parent may need support to communicate their child’s experiences.

“I have to provide regular feedback to the nursery on the requirements of other therapies due to cross-boundary problems.” Parent of a three-year-old

How therapy can help children with cerebral palsy

Physiotherapists, occupational therapists and speech therapists often work closely together to devise treatment programmes that will meet the needs of both the child and the family. As the nature of cerebral palsy varies immensely, the therapy is adapted to the needs of the individual child. For example:

Physiotherapists might

- work at teaching children how to inhibit spasticity (stiffness) in their muscles in order to promote and produce good patterns of movement. This is achieved through the use of exercise, structured physical activity and, if necessary, the use of splints.
- look at the best posture, walking pattern and, in conjunction with an occupational therapist, seating for the child, implementing programmes to address a specific difficulty.

Occupational therapists might

- try to develop certain physical and learning skills using special play equipment and advise on equipment to help mobility such as tricycles and trolleys.
- give advice on equipment and aids that may enable the child to achieve greater success with everyday activities.
- look at visual perception and be suggesting exercises to address issues here.

Speech and language therapists may be

- involved very early on if a child has eating, drinking or swallowing problems.
- working towards implementing programmes to address a specific speech difficulty.
- supporting a child with delayed language because they may be unable to play and explore like non-disabled children.
- working with early years workers, occupational therapists and parents to encourage suitable learning activities.
- providing aids (this might include the use of sign language, symbol speech or a communication aid to support communication) to help a child who is having major problems with language or speech.

Interventions will often lessen the frustration that an individual experiences at not being able to communicate their wishes and desires.

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“The physios made up a postural management file, which was useful to show staff photos of how to position Emma in her equipment – standing frame, seating system etc. Also explained how different positions – e.g. using wedge, bench, gaiters – could be used to promote inclusion and provide therapy simultaneously.” Comment from parent

Other treatments, therapies and learning systems

Scope produces information sheets on a range of treatments, therapies and learning systems including

- An introduction to therapy
- Bobath Therapy
- Botulinum Toxin A
- Dolphin Therapy
- Intrathecal Baclofen Therapy (ITB for spasticity)
- Lycra dynamic splinting: The UPSuit
- Targeted Training; and
- Conductive Education



It may be useful to know about Scope’s links to the Schools for Parents network and Peto UK. Find out more at www.scope.org.uk

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For more information about cerebral palsy and Scope services

Contact Scope's Cerebral Palsy Helpline for information, advice and support. Copies of all Scope's factsheets, including a glossary of terms relevant to cerebral palsy, can be downloaded from the website or obtained from the Cerebral Palsy Helpline. Referrals to Scope's Community Teams and services can be made through the Helpline.

The Cerebral Palsy Helpline hours are:

Monday – Friday 9 am to 9 pm

Weekends 2 pm to 6 pm



Cerebral Palsy Helpline

PO Box 833

Milton Keynes

MK12 5NY

Tel: 0808 800 3333

Fax: 01908 321051

Email: cphelpline@scope.org.uk

Website: www.scope.org.uk

Scope acknowledges the help and support of everyone who has been involved in the production of this information.

This factsheet can be made available in other formats if required e.g. large print or tape.

Scope is able to offer a telephone interpreting service to people whose preferred language is not English. We have information on Scope and cerebral palsy available on audiotape in a number of languages. Please contact Scope's Cerebral Palsy Helpline for more details of these services.

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For more information about hemiplegia and HemiHelp services

HemiHelp provides information and support to children and young people with hemiplegia and their families.



HemiHelp

Unit 1 Wellington Works
Wellington Road
London, SW19 8EQ

The HemiHelp Helpline hours are:

Monday – Friday 10.00am to 1.00pm.

HemiHelp Helpline: 0845 123 2372

Email: helpline@hemihelp.org.uk

Website: www.hemihelp.org.uk

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