

Cerebral palsy in under 25s: assessment and management

Information for the public

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Cerebral palsy: the care you should expect

This information explains the care that NICE has said works best for children and young people under 25 who have cerebral palsy. It will help you know what to expect from health and care services.

This information is written for parents and carers, but older children and young people with cerebral palsy may also want to read it. There is a section for young people on the support they should get when they are [moving to adults' services](#).

Most people with cerebral palsy have spasticity. NICE has written separate information about [spasticity in under 19s](#).

Why is this important for you?

NICE aims to help people get the best care no matter who they are or where they live. This NICE advice aims to make sure:

- your child gets the care and treatment they need from an early stage
- families are given the information and support they need.

Your child's care team should know about this advice. Talk to a member of the team if you don't think your child is getting the care NICE has said they should have.

What is cerebral palsy?

Cerebral palsy mainly affects how the brain controls muscles and movement. Sometimes it can also affect other ways the brain works, such as how we see, hear, communicate, feel, understand and think. Cerebral palsy is caused when a problem occurs in the development of a baby's brain before, during or soon after they are born. The brain can't send messages to different parts of the body properly, and this causes problems with things like balance, movement and coordination, talking, chewing and swallowing. Everyone with cerebral palsy is affected differently – symptoms vary widely and the effects can range from minor problems to severe disability. Around 1 in 3 children with cerebral palsy have epilepsy (see [where can I find out more?](#)).

Although there is no cure for cerebral palsy, the problem in the brain that causes it does not get worse over time. But as a child grows and develops, the effects of cerebral palsy may change over time. Treatment and support can be given to help children and young people cope with their symptoms and become as independent as possible.

Types of cerebral palsy

There are different types of cerebral palsy depending on how movement and muscles are affected. The most common is called spastic cerebral palsy, where the muscles are stiff and movements can seem jerky. Less common types, such as dyskinetic (dystonic) or ataxic cerebral palsy, lead to problems with the control of movement or balance. Mixed cerebral palsy is a combination of other types. Your child's doctor should explain more about the type your child has.

Causes of cerebral palsy

Some common causes of cerebral palsy are:

- a problem in the way the brain develops in an unborn baby
- an infection in the baby before or shortly after birth
- a difficult or early (preterm) birth.

See [where can I find out more?](#) if you would like to know more about cerebral palsy.

Finding out if your child has cerebral palsy

Is my baby at risk of cerebral palsy?

It may not be obvious when a baby is born that they have cerebral palsy. But certain problems are linked to a higher risk of having it, so if anything in [causes of cerebral palsy](#) applies to your baby, it should be explained that they could be at risk.

If your baby is at higher risk of cerebral palsy, their movement and development should be closely checked. This should happen at their routine appointments up to 3 months of age. They should then have extra follow-up appointments to check for problems until they are 2.

Early signs

Parents and carers are often first to notice unusual signs in their child as they develop. For example:

- they have unusual movements as a baby
- their limbs seem either too floppy or too stiff
- they have difficulties with feeding
- they are late in sitting (after 8 months) or walking (after 18 months)
- they use 1 hand more than the other before they are 12 months old
- they often walk on tip-toes.

If your health visitor, GP or another doctor thinks your baby is showing any of these signs

that suggest possible cerebral palsy, they should refer them to a specialist team at the local child development service for more checks (see [who will we see?](#)).

When can you tell if my child has cerebral palsy?

For some children it may be possible to identify cerebral palsy straight away from their medical history, symptoms and development. For others it takes time to be sure. Some other conditions can look like cerebral palsy, and doctors may want to wait and watch your child closely as they grow. If so, they should explain to you why they can't yet confirm whether your child has cerebral palsy.

If doctors think your child might have a different condition they should refer you to a specialist in conditions that affect the brain and nervous system (called a neurologist or a neurodisability specialist) who works with children.

Questions you may want to ask

- What is the chance that my baby has cerebral palsy?
- What are the signs that a child might have cerebral palsy?
- What should I do if I spot any of these signs?
- How long will it take to find out if my child does have cerebral palsy?
- Can you tell me more about how cerebral palsy is identified?

Having a scan to find out the cause of cerebral palsy

Some children are offered an MRI scan, which gives a detailed view of the brain. An MRI scan should be offered if doctors need to look more closely at your child's brain, to see which parts are affected, help to work out the cause of their cerebral palsy or rule out some other conditions.

Not all children are offered an MRI scan. It won't usually be needed if the cause of your child's cerebral palsy is clear from other tests and their medical history.

The doctor should explain why they are advising an MRI scan and talk to you about the best time to do it. They should listen to your views about this. If your child is under 2 they may advise waiting, because it can be difficult to see any changes in the brain before this. It can also be hard for a young child to lie still during an MRI, so they would usually need a general anaesthetic or sedation.

Sometimes it isn't possible to identify a cause of cerebral palsy, even after a scan. Your care team should explain if this is the case for your child.

Questions you may want to ask

- Does my child need an MRI scan?
- Can you explain why you are offering an MRI scan?
- What does an MRI scan involve?
- What might it show? What if it doesn't show anything?
- When we will get the results of the MRI?

What may happen in the future?

When families are told that their child has cerebral palsy, they often have lots of questions about what may happen in the future. Your child's outlook (prognosis) depends on how severely their cerebral palsy affects them. For example, some children have more problems than others learning skills like walking and talking. Most people with cerebral palsy have a normal life expectancy, but those with added severe complications have a higher risk of shorter lives.

The following should be explained to you as a guide. But all children are different, and your care team can give you more specific information about your child's outlook.

Walking

Children who can sit without help by the age of 2 are likely (but not certain) to be able to walk without help by the time they are 6. This may still be possible if they can roll at 2, even if they can't sit. If they can't sit or roll by this age, they are unlikely to be able to walk

without help.

Talking

About 1 in 3 children with cerebral palsy have difficulties with speech and language – this is more likely in children with some types of cerebral palsy than others. Problems with communicating are more likely if your child also has problems with learning or has epilepsy that is difficult to control (for more information about epilepsy, see [where can I find out more?](#)).

Questions you may want to ask

- How likely is it that my child will have difficulty learning to walk?
- How likely is it that my child will have difficulty learning to talk or communicate?
- How is my child's condition likely to change in the future?
- Might my child's cerebral palsy shorten their life?

Who will we see?

Your child will be cared for and supported by a multidisciplinary team (or MDT for short) of health and social care professionals working through the local child development service. The team should make sure that you and your child have a central role in making decisions about care, and work closely together to support your family and meet your child's needs. They should keep you involved when they contact each other so that you know what is happening, and keep your GP up to date about your child's care.

Professionals your child might see

- A paediatrician (a doctor who works with children)
- Other doctors specialising in different areas your child needs support with (see [treatment and support for your child](#))
- Nurses

- A physiotherapist, who helps with movement and positioning
- A dietitian, who helps with nutrition
- A speech and language therapist, who helps with [communication](#) and [swallowing](#)
- An occupational therapist, who supports people to carry out their everyday activities
- A psychologist, who can help with emotion, behaviour and learning
- A social worker

Questions you or your child may want to ask

- What different professionals might we see and what support will they give us?
- Who should we speak to if we have any questions or worries?
- Where will we need to go for my child's treatment and care?

What advice and support should we expect?

Information

When you find out your child has cerebral palsy, you should be told what this means, and what kind of treatment and support they might need. It is important to focus on what your child can do, not on what they can't. Your child's care team should help them build on their strengths and to become as active and independent as possible.

You and your child should be given information whenever you need it. It should be easy for you to use and understand. You might prefer to have a discussion, be given some leaflets, or use websites and apps. The care team should also explain things to your child through any special communication systems they use (see [speech and language](#)). If English is not your family's first language an interpreter should be provided if you need one.

What else should we be told about?

- Financial support that you may be entitled to.
- Social support to help ensure that your child is as active and independent as they can be within your family, as well as help with their care.
- How to get equipment for your child, like wheelchairs or walking support, and help with transport.
- How to get regular assessments of your own care and support needs.
- What respite care is available, to help you have a break from your caring responsibilities.
- Local support groups, both for your child and for you and your family, which can provide emotional and other support.
- Voluntary organisations that can also give information and support.
- Other services for children and young people with cerebral palsy, such as sports clubs, social groups and specialist schools.

Sex and sexuality

Older children and young people should be given their own information about sex education and related topics from an expert. This should cover things like having periods (for girls), sex, sexuality, contraception and starting a family.

Sharing information

Your care team should work with you and your child to put together information that is unique to your child – a 'personal file'. This might be in an electronic format or notes on paper, whichever you prefer. It can be shared with everyone who supports your family, including friends, family members, health professionals, social workers and teachers. It could include your child's medical history, information about their abilities, conditions, medicines and other treatments, care plans, any special communication needs, equipment needs, and who to contact in an emergency.

Making decisions together

You and your child should be at the centre of all decisions, so that you can agree the care and support that is best for them. Every child and family are different, and the care team should talk to you about their and your needs. They should involve you by:

- checking regularly and talking to you about whether and how your child's care needs are changing as they grow up, and explaining about the options that are available at every stage
- talking to you so that they understand what matters to you – for example, they should respect any social, cultural, spiritual or religious support that is important to your family
- explaining if they think something that is mentioned here won't work for your child and why, and discussing other options you could try instead
- giving you details of someone in the care team that you can contact if you have any questions.

There is more information about involving people in their care in the [your care](#) section of our website.

Questions you or your child may want to ask

- Who will see the information about my child's care?
- Can we keep a copy of my child's personal file?
- What help is available from social services?
- What kind of respite care is available?
- Are there any local support groups for my child and for us and our family?
- What other support are we entitled to as a family?
- Can we get support with my child's education?
- Who can we contact if we have any concerns?
- Is there someone my child can talk to about sex and sexuality if they want to?

Treatment and support for your child

Children and young people can have a wide range of difficulties or conditions because of their cerebral palsy. The treatment and support they need will change as they grow up, so it is important for them to have regular check-ups where you and they can ask the care team questions and talk about any concerns.

Parents and carers know their child best, and can often spot problems earlier than anyone else (including doctors and therapists) – so your care team should always take your views and concerns seriously. If an agreed treatment plan does not seem to be helping your child, your care team should refer them for specialist help.

The following sections cover areas that NICE has looked at where many children and young people with cerebral palsy need treatment and support. Not all of them will be relevant for every child and family. Ask your care team if your child is affected by a condition that is not covered here. There are also links to more information – including [NICE advice about care and treatment for children and young people with spasticity](#) – in [where can I find out more?](#)

Eating, drinking and swallowing

Children and young people who have difficulty with swallowing should be seen by a speech and language therapist who specialises in treating swallowing problems.

As part of assessing your child, the therapist should watch them during a normal mealtime. They should also ask if they have had any chest infections, because this might mean that food is getting into their airway. The therapist should then work with you to make a care plan based on your child's needs.

It's important to work with everyone in the family, and with anyone else who feeds your child. Setting goals can help you see whether things are improving – your therapist should help you do this and ask regularly about how your child is doing.

How the therapist can help

- Showing you the best position for your child to sit in when they eat

- Changing flavours and textures of food and drinks
- Trying out specialised cups, plates and cutlery
- Helping with behavioural problems to do with eating
- Trying different techniques when feeding your child – such as placing the spoon differently or changing how fast or slowly you help them eat.

You should not be advised to try devices placed in the mouth (called intra-oral devices) – these have not been found to help with swallowing problems in children and young people with cerebral palsy.

Children and young people who have ongoing difficulties with eating and drinking, or who get regular chest infections, should be seen by a team that specialises in treating swallowing problems. Such difficulties may include choking or gagging, or regular stressful mealtimes. Sometimes the team might suggest that your child has a type of X-ray called videofluoroscopy, which shows what happens when someone eats or drinks.

A healthy diet

It is important that your child gets enough nourishment from their diet. They should usually have their height and weight measured regularly to check that they are growing well. Sometimes it is difficult to accurately weigh and measure the height of a child with cerebral palsy, so other measurements (such as knee height or upper arm circumference) might be taken instead. Your care team will explain about these other measurements if they are needed.

If your child has problems with eating, drinking and swallowing it can be difficult to make sure they get enough energy and all the vitamins and minerals they need from their diet. If there are concerns about this, they should be seen by a dietitian for treatment and advice. Any child or young person who is unable to get enough nutrients from their diet should be seen by a specialist team, who will discuss with you whether additional support, such as supplements or a feeding tube, might help.

Vomiting, regurgitation and reflux

Babies, children and young people with cerebral palsy can be prone to:

- vomiting (being sick) – if the usual pattern of your child's vomiting changes, tell the care team so they can assess your child
- regurgitation (food coming back up after reaching the stomach)
- reflux (when stomach acid leaks up into the gullet) – sometimes called gastro-oesophageal reflux disease, or GORD for short (see [where can I find out more?](#) for more information).

Constipation

Constipation affects 3 in 5 children and young people with cerebral palsy. It can be painful, and your child should be assessed for it regularly and offered treatments as needed. See [where can I find out more?](#) for more information.

Questions you or your child may want to ask

- Why does my child have swallowing problems?
- Can you suggest how to change my child's food or how they eat, to make it easier to manage?
- Is there any special equipment we can use?
- What help and treatment is available if my child is finding it difficult to eat enough?
- How can you tell if my child is growing well if it is difficult to weigh and measure them?
- How might a feeding tube help?
- If my child has a feeding tube is it safe for them to eat and drink as well?
- What treatments could help my child's reflux?
- What treatments could help my child's constipation?

Speech and language

Difficulties with talking and understanding affect around half of children and young people with cerebral palsy. Problems with speech and language may or may not be related to a

learning disability (having a learning disability means it is harder to learn and remember new things; this can also be called 'intellectual disability').

Early support to help improve communication is vital, so the care team should check your child's progress at every check-up, and refer them if needed to a speech and language therapist. If they are able to talk, the therapist can work with them to make their talking clearer – they should offer help with controlling breathing, positioning and how they produce sounds.

Some children have difficulty using and understanding speech and need to learn a different way to communicate – these are called 'augmentative and alternative communication systems', or AAC for short. This could involve using pictures, signs and symbols, or communication aids (speech-generating devices). Your child's progress should be followed to make sure the system works well for them. To help your child communicate with those around them, everyone else needs to be taught the system too, including staff in nurseries and schools, carers and family members.

If your child has ongoing problems with communication they should be referred to a specialist service so that a system can be designed for them.

Questions you or your child may want to ask

- What can we try to make my child's speech clearer?
- Please tell me about the different types of augmentative and alternative communication systems.
- How often will my child's speech and communication be checked?

Controlling drooling

Having difficulty with swallowing or controlling muscles around the mouth can lead to your child drooling (dribbling). This can be distressing for them and you, and lead to health problems such as skin rashes. If your child is drooling, their care team should check first that anything making it worse has been treated, like dental problems, side effects of medicines or conditions like reflux (see [vomiting, regurgitation and reflux](#)).

There are different treatments that can help to reduce drooling, but not all of these are

suitable for everyone. Some medicines can be taken as a tablet or through a feeding tube. Another type of medicine is given as a patch on the skin. The care team should discuss the options with you, and take into account your preferences and those of your child.

A further option is an injection of botulinum toxin A into the salivary glands, to reduce the production of saliva. Your child would need to be referred to a specialist for this treatment.

There should be regular checks by the care team to see whether treatments for drooling help and to watch out for side effects.

Another option – that should only be considered when your child is older and other treatments aren't suitable or haven't worked – is an operation to move their salivary glands so that saliva goes down their throat instead of forwards in their mouth. This is only possible if your child is able to swallow safely. A surgeon may discuss this option with you if your child might otherwise need to take medicine for drooling for the rest of their life.

Off-label medicines

At the time of publication some medicines for drooling may be recommended for 'off-label' use. Your doctor should tell you this and explain what it means for you. There is more information about when medicines are used off-label on [NHS Choices](#).

Questions you or your child may want to ask

- What could be causing my child's drooling?
- Is there anything we can do to improve it?
- Can you explain about the different treatments for drooling?
- Which treatment might be best for my child?
- Are there any side effects of the different treatments?
- How often would botulinum toxin injections be given?
- What would an operation involve?

Bone health

The bones of children and young people with cerebral palsy may not develop normally, for a variety of reasons. This means their bones can break easily, even from small bumps or knocks. Children who can't move around by themselves are especially likely to have weak bones. It is important for families and carers to know that special care is needed in moving your child, to reduce the risk of breaks.

The risk of breaking a bone is also higher if your child has any of the following:

- problems with [eating, drinking and swallowing](#)
- low vitamin D levels in their blood
- is underweight for their age
- takes a medicine for epilepsy.

If your care team think your child is not getting enough vitamin D and calcium in their diet, they may offer them a blood test to check. They might also suggest taking a supplement.

The care team should also make a care plan to help lower the chances of your child breaking a bone. Movement and exercises can help, and the care team should give you advice on this.

If your child has had broken bones before, they might be offered a specialist X-ray (called a DEXA scan) to see how strong their bones are. They might be referred to a specialist if medicine to strengthen their bones could help.

Questions you or your child may want to ask

- Please explain more about why my child might be at risk of breaking bones.
- How can I protect my child from injury?
- Are there any treatments or changes we could make that might help?
- What does a DEXA scan involve, and what will it show?

Pain, discomfort, distress and disturbed sleep

Pain, discomfort and distress

It is common for children and young people with cerebral palsy to have pain or discomfort, or to be distressed, especially if they have severe disability. They might have a painful spine or hips, muscle stiffness and spasms, or other problems like constipation or reflux. Sometimes it can be hard for them to let people know they are in pain – especially if they have communication problems, learning disabilities or sensory problems – so they may show their pain or discomfort in other ways. They might cry often or find it difficult to sleep. Your care team should always ask you about these possible signs of pain or discomfort. Speak to them if you think your child is in pain.

You and the care team should make a note of when your child seems to be in pain and how long it lasts, to help find the cause and make sure that they are offered treatments that can help. It is also important to rule out other causes of pain and distress not directly related to cerebral palsy (like headaches, back pain, period pain, emotional problems, hunger or thirst).

To treat your child's pain your care team may suggest trying a short course of painkillers such as paracetamol or ibuprofen. If you need more help, your child should be referred to a specialist pain service – they may have a combined assessment of their pain, discomfort, distress and sleep problems.

Pain during treatments

Treatments to help conditions caused by cerebral palsy can cause pain – for example surgery, physical therapies or injections to reduce muscle spasms or drooling. Your care team should manage your child's pain during the treatment, and make sure that any necessary equipment and rehabilitation is available.

Disturbed sleep

Children and young people with cerebral palsy may struggle to fall asleep and stay asleep, or be sleepy during the day. Disturbed sleep is a possible sign of pain, but there are many

other things that can cause, or add to, sleep problems. Your child's care team should look at these with you. Problems can include:

- needing help to turn over
- seizures (fits)
- breathing problems when they are asleep
- effects of medicines
- hunger or thirst
- needing to use splints (orthoses) or feeding tubes at night.

Keeping a sleep diary may help you work out what is causing the problem. Your care team should then work with you to help your child sleep better. This might include changes to their bedtime routine or where they sleep.

Over time, the effects of disturbed sleep can be distressing for families, but you should not be given sedatives for your child without specialist advice. If a cause for the sleep problems is not found after you have had support from your care team, they might offer a medicine called melatonin to help your child fall asleep. They should refer your child to a sleep specialist if things don't get better.

Using melatonin 'off-label'

At the time of publication, melatonin is recommended for 'off-label' use if it is used for anyone under the age of 18. Your doctor should tell you this and explain what it means for you. There is more information about when medicines are used off-label on [NHS Choices](#).

Questions you or your child may want to ask

- How will my child be assessed if they are not able to tell us about their pain?
- What happens if the cause of my child's pain is not clear?
- What treatments are there for pain?
- What support can we get for my child's sleep problems?

- How might melatonin help with sleep problems? Are there any side effects?

Emotions and behaviour

Living with the challenges of cerebral palsy can be difficult and, for some children and young people, can lead to emotional or behavioural problems. They may be more likely to get depression or anxiety, or may show behaviours that other people find difficult or upsetting (called 'behaviour that challenges'). They may also be more likely to have conditions such as autism and ADHD (attention deficit hyperactivity disorder). Medicines they are taking for other problems can make emotional or behavioural difficulties more likely.

Emotional and behavioural difficulties might make it harder for a child or young person to make friends, join in with activities and relate to those in their peer group. Addressing these problems is just as important for your child's wellbeing as getting treatment for their physical difficulties, and the care team should work closely with you and your child to do this.

It is important to look at what may be causing or adding to your child's emotional or behavioural problems. It could be frustration due to problems in communicating, lack of sleep, pain, or something in particular they are worried about, such as a change in their care arrangements.

Families should be supported to spot behavioural problems early, and given ongoing help to deal with them. The care team should also find out what support parents and carers need. Your child should be referred to a specialist team if they need more support.

Questions you or your child may want to ask

- Can you explain how to spot signs of anxiety or depression in my child?
- Who should I contact if I am worried about my child's mental health?
- What kind of support is available to help us manage behavioural problems?
- How will emotional or behavioural problems be assessed if my child has communication difficulties?

Sight, hearing and sensory problems

Sight

Around half of children and young people with cerebral palsy have problems with their eyesight. These can be caused by difficulties in focusing or controlling eye movements, or by problems in how the brain processes messages sent from the eyes. The care team should explain about the different types of sight problems.

Your child should have a detailed eye and sight assessment when their cerebral palsy is first identified. Their sight should then be checked regularly. Tell the care team if you have any concerns. Your child may be referred to a specialist team if they seem to have a problem with their sight.

Hearing

Hearing problems affect about 1 in 10 children and young people with cerebral palsy. Your child should have their hearing checked regularly to pick up any problems.

Sensory problems

Some children with cerebral palsy have difficulty understanding or processing sensory information. This can make problems with movement and learning worse and affect their ability to carry out day-to-day activities. They may find it harder to do certain things (such as walking up and down stairs, or concentrating). It is not clear what treatments work best to help with this. Your child's care team should work with them and you to gradually improve their skills and think about goals to work towards.

Questions you or your child may want to ask

- What kind of sight and hearing checks should my child have?
- How often do they need them?
- What help is available for sight or hearing problems?

- How might problems with understanding or processing sensory information affect my child? What can be done to help?

Moving to adults' services: information for young people with cerebral palsy

This section is aimed at young people with cerebral palsy, but will also be of interest to parents and carers.

Care and support to help you live with cerebral palsy will carry on as you get older, and there will come a time when your care will move from children's to adults' services. This move is called 'transition'. There may be more than 1 transition happening in your life as things change – you may be about to go to college or starting to live more independently – and this may also affect your care.

NICE's advice about [moving from children's to adult's services](#) has a lot more information on transition.

What care and advice should I expect?

Your care team should help you choose someone to be your main contact. This person is called a 'named worker'. They should be one of the professionals you know already (such as your GP, a nurse, a therapist or a social worker) and get on well with. They will act as a link between you and people from other services who support you. You should be able to go to them with any worries or questions. They will help you understand what your care and support options will be after you move to adults' services.

It is important that this move is planned well in advance and carried out carefully, so that you and your family feel prepared and have all the information you need. The timing will depend on your particular needs, and should be agreed with you and your family. Your named worker should help you make a plan for your transition – this should set out what is important to you, things you can do and things you would like to do in the future. All your needs should be thought about, especially those to do with learning and communication.

All your different needs should already be recorded and kept up to date in your personal file (see [sharing information](#)). Using this will help to make sure nothing is forgotten during

your transition. It's also important for the professionals supporting you to bear in mind that your needs are likely to change over time.

You should be told who will be looking after you in adults' services – you should still have care from professionals who are experts in supporting people with cerebral palsy. Your GP should be involved in your care before, during and after transition.

Questions you or your parent or carer may want to ask

- When will my care move to adults' services? Can I wait if I'm not ready?
- When will we start planning transition?
- How will my care change after I move?
- What services will be available to me as an adult?
- Can you give me some information to read about transition?
- Who will my named worker be? Can I choose who they are?
- What will my named worker do?
- How will my GP be involved?

Where can I find out more?

Patient organisations

- [Cerebra](#), 0800 328 1159
- [HemiHelp](#), 0845 123 2372
- [Scope](#), 0808 800 3333
- [Together for short lives](#), 0808 8088 100

You can also go to [NHS Choices](#) for more information on cerebral palsy.

NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

NICE advice

NICE has written separate advice about conditions that can affect children and young people with cerebral palsy, including:

- [spasticity](#)
- [epilepsy](#)
- [constipation](#)
- [gastro-oesophageal reflux disease \(GORD\)](#)
- [depression](#).

You may also like to read NICE's information for the public on:

- [moving from children's to adult's services](#)
- [patient experience in adult NHS services](#) – this sets out what adults should be able to expect when they use the NHS.

What are NICE guidelines?

NICE gives advice to staff working in health and social care. Our guidelines help them to give the best care to people with different conditions and needs. We wrote this guideline with people who have been affected by cerebral palsy and staff who treat and support them. All the decisions are based on the best research available. You can read the [guideline](#) written for people who work in health and care services.

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Accreditation

