

**What is the effect of postural management at night on hip stability and quality of sleep in children with bilateral CP, and how do the children and their parents view it?**

This case study explored the factors that influence the experience of night-time postural management equipment by children with cerebral palsy in the South-West of England. The aims were to explore the views of children on using a sleep system, the role of their parents and therapist in its use and the quality of sleep experienced before and during use of a sleep system. Further objectives were the identification of factors that affect the use of sleep systems and the production of findings to guide therapists' clinical practice.

Seven subunits made up the whole case, with each one consisting of a child, aged 18 months to nine years who had just been prescribed a sleep system, the child's therapist and parents. All participants, excepting children under three years old, were interviewed. Talking Mats, an innovative communication tool, was used to enable children with little or no verbal communication to give their views.

Children as young as three years old were able to express their views on sleeping in a sleep system and to provide reasons for waking in the night. The findings included sleep difficulties in six out of seven children, two of whom improved with the use of a sleep system. Six children were thought to experience regular pain or discomfort, two of whom were more comfortable when sleeping in their sleep system. Factors were identified that influenced whether a child and family were able to continue using a sleep system at night including the finding that some of the therapists who were prescribing sleep systems did not have the necessary knowledge and experience.

It was concluded that when children are given the appropriate tools they can have a voice and be able to practice making decisions about their healthcare. It is suggested that when considering prescription of a sleep system, use of the ICF framework model would assist clinicians in focussing on those factors that predict the child and family are most likely to continue to use it. Therapy services should consider the role of a specialist clinician to lead local postural management services and to put in place training and competency measures for generalist therapists to ensure that they have the necessary knowledge and experience.