Thousands of children and their families are affected by acquired brain injury every year.

It can be an uncertain time, and families often have many questions. We hope to answer some of them here.
What is acquired brain injury?

You might hear it shortened to ‘ABI’. The ‘acquired’ part means that the child wasn’t born with their injury – it is the result of an accident or illness that has happened later.

Acquired brain injury may be the result of:

- traumatic brain injury (TBI): the result of an impact to the head. An example might be a car accident or a fall.
- non-traumatic brain injury, which some professionals call ‘atraumatic brain injury’: the result of something like meningitis or a brain tumour.

What happens after an acquired brain injury?

What can families expect?

Each child is as unique in the way they respond to a brain injury as they are in every other aspect of their lives. Every brain is different, and every brain injury is different.

The brain is the ‘command centre’ for the rest of our bodies, so there is an enormous range of difficulties a child might face. These might range from minor problems with memory to more serious, long-term physical and learning disabilities.

Some parents talk about a ‘personality change’ as their child’s behaviour changes after their injury. This can be deeply distressing for families.

One way in which healthcare professionals try to determine how a child will be affected is by assessing the ‘severity’ of the injury.

They carry out tests and classify brain injuries as either ‘mild’, ‘moderate’ or ‘severe’.

Some children with severe acquired brain injury may lose the ability to walk or talk. Some have difficulty eating or drinking. For some children, these difficulties may be temporary, while others learn to manage these difficulties in the long term.

But categorising injuries like this isn’t an accurate way to work out how a child will be affected by their injury. Even a so-called ‘mild’ injury may cause long-term difficulties for a child.

Some of the common effects of acquired brain injury

The majority of children who are affected will be diagnosed with a mild or moderate injury. Here are some of the more common effects of these kinds of injury:

- weakness of limbs, difficulties getting around
- tiredness (sometimes called ‘fatigue’)
- difficulties with attention/concentration
- changes in behaviour – irritability (a ‘short fuse’), behaving impulsively or inappropriately
- difficulties learning new things/learning disabilities
- problems with memory
- emotional difficulties such as anxiety or depression
- difficulties understanding and using language, difficulties keeping up with conversations
- difficulties organising and planning, difficulties carrying out everyday tasks
- difficulty with empathy – putting themselves ‘in someone else’s shoes’
- feeling less confident, difficulties socialising.

For more information on childhood brain injury visit braininjuryhub.co.uk
Hidden difficulties

Acquired brain injury is sometimes called the ‘hidden disability’. This is because an injured child may appear to make a full physical recovery from their injury, but be affected in more subtle ways.

Some parents say their child may appear much like any other child their age to friends or neighbours. But the people close to the child may see changes that are very clear to them and this is often a very upsetting experience.

Some parents say they grieve for the child as they were before their injury.

Young brains are vulnerable

There is a very important difference between the way a brain injury affects a child, and the way an adult is affected.

This is because the brain continues to develop until we are in our twenties. And if part of the brain is injured during its earlier stages of development, a child may not go on to pick up some of the skills they might be expected to.

Delayed effects

We’ve spoken about the way the young brain is a ‘work in progress’. Another important aspect of acquired brain injury is that some of the effects might only come to the surface later on.

One example might be a five year old with a frontal lobe injury. It’s the part of the brain responsible for decision-making, judgement and problem solving. The effects of the injury might not become clear until the age of about 11 or 12, when typically developing children are beginning to use these skills more.

Again, this is an aspect of acquired brain injury that can be very distressing for families.

So how can we know what’s going to happen?

The truth is that nobody has all the answers with acquired brain injury. Parents face an uncertain time and their patience is often stretched as they look for signs of recovery.

But in all this uncertainty there is also great possibility. The experts may not be able to guarantee the level of recovery, but neither can they rule out the dramatic improvements many families have witnessed.

Research has suggested a supportive and positive family environment can help children in their recovery.

What about school?

Most children make a return to education after their injury.

An important point to keep in mind in these early stages is to keep in touch with your child’s school about what has happened.

Many parents have found it helpful to keep open the lines of communication with the school (and a child’s friends, if possible).

Where can we read more?

There are a number of information resources available to parents. The Children’s Trust’s Brain Injury Hub has information on education, behaviour and parent wellbeing as well as a discussion forum and real-life case studies.
Whether you’re a parent, grandparent, friend or just want to know more, the Brain Injury Hub is packed full of information on childhood brain injury, including:

- being in hospital
- returning to school
- parent & sibling wellbeing
- a discussion forum
- …and much more.

We also publish an award-winning range of books, which are available at thechildrenstrust.org.uk/books.