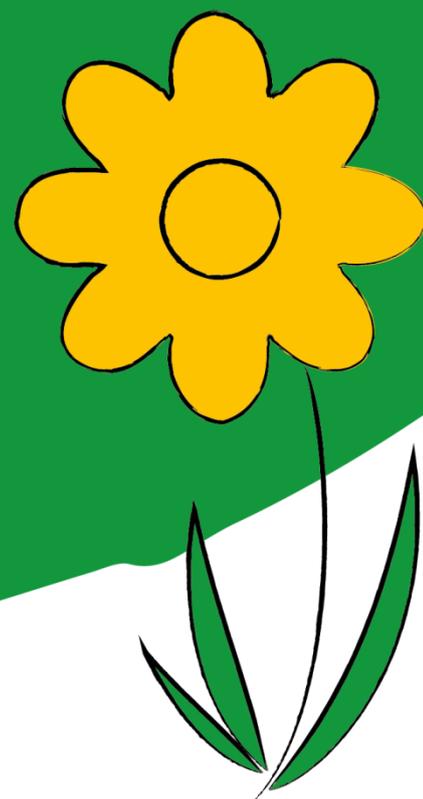


Acquired brain injury rehabilitation

Family information pack



Acquired brain injury rehabilitation at
The Children's Trust

 twitter.com/childrens_trust

 facebook.com/childrenstrust

Registered charity number 288018.


The Children's Trust
For children with brain injury

Contents:

1. Introduction
2. What is brain injury?
3. What is rehabilitation?
4. Team around your child
5. Family time
6. Resting
7. What do doctors do?
8. What do nurses and care staff do?
9. Your Key Worker and Coordinating Therapist
10. What do physiotherapists do?
11. What do speech and language therapists do?
12. What do occupational therapists do?
13. What do play therapists do?
14. What do music therapists do?
15. Recreation and play
16. What do psychologists do?
17. What do social workers do?
18. What about research?
19. What about school?
20. Your child's key staff
21. And finally...

1. Introduction



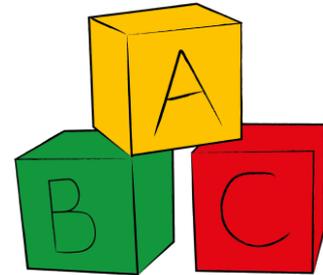
Welcome to our guide about the acquired brain injury rehabilitation service at The Children's Trust.

The Children's Trust is the UK's leading charity for children with brain injury. At our main centre in Tadworth, Surrey we run the country's largest brain injury rehabilitation centre for children and young people. Children come from all over the UK and other countries to stay with us. We also offer community-based services and support across the country.

2. What is brain injury?

An acquired brain injury (ABI) can have a range of causes such as a road accident, a fall, meningitis, encephalitis, brain tumour, stroke, choking or near-drowning. It can have significant, long-lasting effects.

Children's brains continue to develop well into adolescence and early adulthood, with new skills built on the foundations of each previous stage of development. This means that a brain injury early in life can disrupt ongoing development. It is easier to re-learn skills previously acquired than to learn new skills.



As a result of their brain injury your child may have been left with a range of difficulties: from serious impairments in their movement, speech, breathing and swallowing to more subtle, but just as significant, problems with their thinking, emotional maturity, social understanding and behaviour. Some children may have seizures.

Childhood brain injury is a complex issue and every child's journey will be different. To help you, The Children's Trust runs the Brain Injury Hub, an information website and discussion forum for parents of children with acquired brain injury. The site will give you more information and advice about childhood brain injury as well as the opportunity to share your experiences with other parents.

You can visit the site at www.braininjuryhub.co.uk.

3. What is rehabilitation?

While your child is staying with us we will be working with you and your child to help them return home as soon as possible having made the best recovery they can.

Rehabilitation can help a child's brain to learn new ways of doing the things which they can no longer do so well following their injury. Rehabilitation also includes managing issues that arise due to disability. In cases where a child's brain injury is so severe that they are unable to regain the skills they have lost, a rehabilitation programme can help to improve their quality of life by managing any issues they have with pain, sleep, reflux, etc. In addition, postural management can make them more comfortable and prevent later complications.

Each child's programme at The Children's Trust is tailored to their specific needs. Their programme will include medical and nursing care, therapy and education, as well as play and leisure activities.

During the first few weeks of their stay our inter-disciplinary team of clinicians will get to know your child and assess their needs before planning their programme of therapy and care.

The inter-disciplinary team around your child combines health, therapy and education. The team helps the children and young people participate in activities of daily living that they need to, want to or are expected to do:

- Caring for themselves
- Having fun
- Going to school

This is achieved through delivering 24 hour rehabilitation with agreed goals, activities, and programmes which are followed throughout the 24 hour period by the nursing rehabilitation team.

Key components of 24 hour rehabilitation:

- Child and family centred
- Goal oriented
- Inter-disciplinary team around the child
- Individualised rehabilitation programmes
- Working in collaboration with external specialists and agencies

The success of rehabilitation is dependent on working closely with the child/young person and families and identifying which interventions a child/young person requires and how they interact with each other; for example pain management may require combining knowledge of postural management and communication to ultimately enable participation in meaningful activities.

4. Team around your child

The team around the child approach ensures the child/young person and family are placed at the centre of the rehabilitation process. It ensures you and your child's involvement (where possible) in setting realistic, achievable and personally meaningful rehabilitation goals

Each child/young person will have a set of programmes written by specialist members of the team to address specific issues and work towards the goals set with the child/young person (where possible) and their family. These programmes ensure the children/young people are working towards their goals and getting therapy throughout the whole day.

5. Family time

Parents are welcome here at all times and are encouraged to spend as much time with their child as possible. Parents play an important role in the rehabilitation process and we aim to provide you with the skills you will need to care for your child following their brain injury.

We have a limited amount of charity-funded accommodation for parents to use during their child's stay. It may be possible for your child to go home at weekends, depending on their needs. We will discuss all the options with you when while your child is settling in. If you are unable to stay on site we will find ways for you to keep in touch regularly with your child, such as online or over the phone.

Other members of your family, friends or your child's friends are also welcome to visit. If they would like to sit in on therapy sessions this can be arranged.

6. Resting

Fatigue is a common symptom following a brain injury. Many children will need to have rests scheduled during the day and these will be shown on your child's timetable. Re-learning a lost skill or trying to develop a new one can be incredibly hard work, whether it is physically or mentally challenging. Some children who cannot process lots of information will need quiet time with little stimulation to help them rest. Rest periods are a key part of all rehabilitation programmes. How long and how often they are depends on each child and their needs.



7. What do Doctors do?

On arriving at The Children's Trust your child will be introduced to one of our doctors, your child will have a consultant in charge of their medical management here.

Our doctors will keep in contact with the hospital who most recently looked after your child and will also let your GP and community paediatrician know how your child is getting on. There are also visiting consultants who may see your child.



8. What do nurses and care staff do?

Our nurses and healthcare assistants work both day and night in the residential houses. The care they provide to your child may include:

- Personal hygiene and bathing
- Going to the toilet
- Dressing and undressing
- Feeding
- Supporting play and leisure activities
- Listening to any concerns and helping to resolve them
- Supporting you and/or professionals from your local community with advice on how to care for your child, including how to use any special equipment.



Therapy assistants also work in some of the houses helping to deliver therapy programmes as well as supporting activities of daily living.

9. Your Key Worker and Coordinating Therapist

When your child arrives you will be introduced to your key worker – they will be a nurse or senior carer who will be the key point of contact for you and your family while you are here. They will be able to answer any questions and can talk with doctors and therapists for you.

Your child will also be allocated a coordinating therapist to be your link person for the therapy team. The key worker and coordinating therapist work closely together and are responsible for coordinating care and treatment, providing information and emotional and practical support.

10. What do physiotherapists do?

Our team of physiotherapists work to re-educate and teach new or alternative ways to move to help a child with any movement difficulties they are experiencing. The aim is to help each child to reach his/her potential and this will be different for each child. Physiotherapy is targeted to each child's needs whether this be the gaining of head and trunk control or in some cases extend to facilitating sports and recreational skills. Our physiotherapists may use with a child:

- Activities which are play or function based to encourage relearning of movement so that they can practise these movements and skills so that their ability to move is improved
- Various equipment to facilitate movement such as standing frames, wheelchairs, assistive devices for walking
- Plaster casts and other splinting materials to increase movement at a joint that has become tight

- Orthoses (splinting to support the foot) to promote foot placement in sitting, standing and where appropriate walking
- Aquatic therapy if this is appropriate for the child and this is delivered in our on-site aquatic therapy pool

At all times, your physiotherapist will be aiming to alter and adapt a child's physiotherapy sessions to their current level of ability and promote further function.



11. What do speech and language therapists do?

Speech and language therapists work with children and their families to enhance their ability to communicate, eat, drink and swallow. Speech and language therapists will carry out a full assessment which will include looking at what the child can understand and how they communicate with different people. This may be using body movement, eye gaze, speech, pictures, objects or gestures. Therapy goals will then be set to work on what is most important to your child and family.

The things the speech and language therapist may help with include:

- Pre-intentional and intentional communication signals
- Use of alternative and augmentative communication (AAC)
- Production and use of speech
- Understanding and using language
- Eating and drinking
- Stammering and voice

12. What do occupational therapists do?

Occupational therapy enables children and young people to participate in the everyday activities or occupations they want to, need to, or are expected to do, for example playing, going to school and looking after themselves (self-care). Occupational therapists work with children and families to develop routines for 'real-life' situations such as dressing, preparing a meal, socialising or accessing the community. Occupational therapists work alongside their team around the child colleagues ensuring an integrated approach to assessment and interventions.

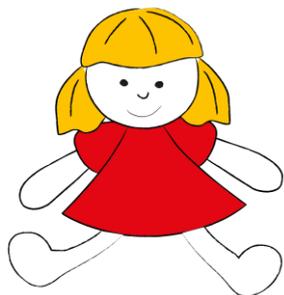
The things the occupational therapist may help with include:

- Getting washed and dressed
- Having a bath and going to the toilet
- Sitting at the table, eating and drinking
- Making drinks and cooking
- Shopping and crossing the road
- Using their hand to hold things, play games, draw and write
- Improving their memory
- Using their eyes and understanding what they see
- Improving their concentration



If your child's hand or arm is tight or difficult to move the occupational therapist may make a splint, or help to practice moving their arm in games or exercises.

Working alongside a physiotherapist they can also help your child get comfortable in different positions like sitting and lying, allowing them to move easily and do their school work, eat dinner, watch television or have a rest.



13. What do play therapists do?

Play therapists help children to explore their feelings and make better sense of difficult experiences and upsetting events they have had through play. They provide the child with emotional support and allow them to use toys and craft materials to work through their anxieties without having to directly explain what is troubling them.

During their assessment it will be decided whether your child is able to access play therapy.

14. What do music therapists do?

Music therapists also provide emotional support. It is an approach that can particularly benefit children who cannot speak as it allows them to express themselves without words.

The music therapist improvises music in response to each child's musical playing, singing, movements, breathing pattern or mood.

During their assessment it will be decided whether your child is able to access music therapy.



15. Recreation and play



When your child comes to The Children's Trust they will meet other children and join them in activities.

They will have regular sessions with our health play specialists who will encourage them to play games, go on outings and enjoy their own hobbies as well as explore new activities they may enjoy.

After their injury your child may find it more difficult to decide what they want to do with their free time or remember how to do certain things. Our health play specialists are here to help make your child's stay happy and enjoyable.



The health play specialists may also go with your child to clinics, appointments or certain procedures, for example if a child needs an injection. By using play they can help distract a child to reduce their anxiety or discomfort.

16. What do psychologists do?

The team at The Children's Trust includes clinical psychologists and Educational psychologists.

The role of the clinical psychologist depends on a child's age and particular needs. Sometimes children are offered individual counselling sessions to help them understand and cope with their brain injury.



Educational psychologists advise on the support your child might need when they return home and go to school. They will communicate with your local authority about putting this support in place.

They will assess your child's thinking skills, such as their ability to solve problems, their memory and concentration. This can be helpful to you as a family and to your child's school.

If your child would be best suited attending a special school when they go home, our educational psychologists

can help you in the process of choosing the right school.

17. What do social workers do?

Our social workers are available to give support, advice and information to you and members of your family. They are always happy to listen to your child or family members and will help the rest of the team to understand any concerns or worries. The social worker will help plan for when your child leaves The Children's Trust by talking to people in your local community about what might be needed at school or at home. They ensure that each child and their family are involved in this process.



They can also help with some of the practical things like applying for benefits and filling in forms.

We also offer support to parents in the form of family therapy. Our qualified family therapist works with parents, siblings and members of the extended family, offering a safe and supported space where they can talk about the difficulties they face and the help available to them to find ways to move forward together.

18. What about research?

The Children's Trust is committed to using research in our work and carrying out research studies to find out more about rehabilitation for acquired brain injuries. All of our research projects are screened by a panel at The Children's Trust, and approved by the NHS ethics committee if necessary. You or your child may be asked if you agree to take part in research studies. You will be given information about the project and time to decide if you would like to be involved.

You do not have to take part in research studies if you do not want to. It is important that you know you can ask questions at any time, and your child is free to stop taking part at any time. You do not have to give a reason. If you or your child feels you would like to stop, it will not affect the care you receive in any way.

19. What about school?

If a child is of school age then education will play an important role in their rehabilitation. School sessions are run by the Surrey Teaching Centre, a pupil referral unit that is funded by the Department for Education and located on site in the New Cheyne Centre (the same building where therapy sessions take place).



School sessions are run between Monday and Friday during the usual school year and are a mix of one-to-one and group sessions.



20. Your child's key staff

You can use this space to make a note of the names of the main members of staff working with your child:

Consultant Doctor _____

Nurse Manager _____

Key Worker _____

Co-Key Worker _____

Coordinating Therapist _____

Physiotherapist _____

Speech & Language Therapist _____

Occupational Therapist _____

Play Therapist (if applicable) _____

Music Therapist (if applicable) _____

Health Play Specialist _____

Clinical Psychologist: _____

Educational Psychologist _____

Social Worker _____

Teacher _____

Others _____

21. And finally...

We hope your child's stay with us will be a happy one.