



Impact and outcomes report 2021-2023

Who we are and what we do

The Children’s Trust is the UK’s leading charity for children with brain injury and neurodisability. We provide a range of rehabilitation, education, care, and community services to children and young people from across the UK with acquired brain injury, neurodisability and complex health needs.

Through our highly skilled teams, we work with children and young people to give them the opportunity to live the best life possible.

Located just south of London in Tadworth, Surrey, our national specialist centre is home to the UK’s largest rehabilitation service for children with acquired brain injury. Widely recognised as the country’s leading centre of excellence, our service is one of the only ones outside of an acute hospital setting which can provide the most complex rehabilitation in the UK.



Our services are provided through:

▶ Individually tailored multidisciplinary rehabilitation programmes for children who have experienced a brain injury.

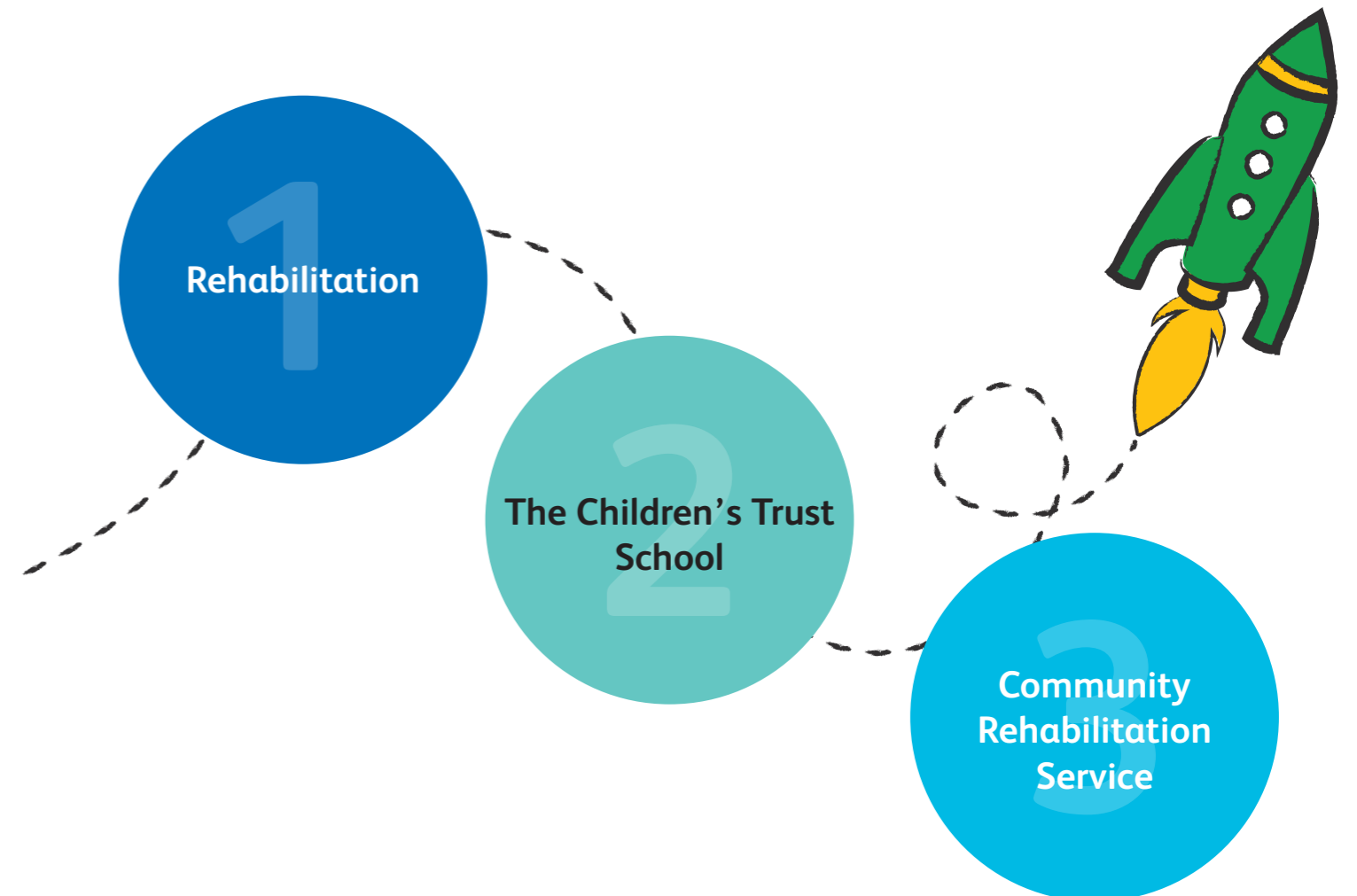
▶ The Children’s Trust School for children with complex health and care needs, alongside multiple barriers to learning. The School also offers an early years programme.

▶ Our Community Rehabilitation Service, including digital resources, virtual ABI advice and consultation, as well as community rehabilitation and outpatient packages for children with acquired brain injury.

Impact and outcomes 2021-2023

It is our mission to ensure that all children with brain injury and neurodisability have the opportunity to live the best life possible. Partners and funders believe in this mission and support us to deliver our services. In return it is vital that we can robustly demonstrate the impact we have on the children we support and the wider world.

This outcomes report, covering the period of April 2021-December 2023 is split into three sections reflecting our core services:



1. Rehabilitation

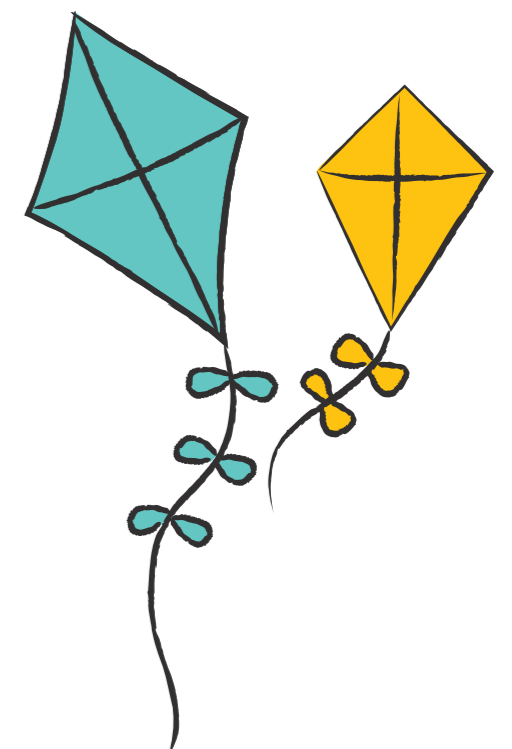
Our paediatric rehabilitation service is the largest of its kind in the UK, commissioned to deliver the most complex type of neurorehabilitation outside of an acute hospital setting. From our national specialist centre in Tadworth, our highly skilled and experienced team work with children and young people, and their families, rebuilding lives following their injury or illness.

These needs are classified as 'category A' and typically a child meeting this criteria will present with severe physical, cognitive and/or communicative disabilities.

These children have highly complex rehabilitation needs and require specialist facilities like those we offer at our national specialist centre, alongside intensive, coordinated, interdisciplinary interventions from four or more therapy disciplines.

We also support children with 'category B' needs, typically presenting with moderate to severe physical, cognitive and/or communicative disabilities.

Goals for children with category B needs may be similar to those with category A needs and a rehabilitation programme would usually involve an intensive, coordinated intervention between two to four therapy disciplines.



Rehabilitation functional outcomes

As one of the only services which can provide the most complex rehabilitation to children and young people with acquired brain injury (ABI) outside of a hospital setting, our work sees us support children from right across the UK.

Our rehabilitation service aims to:

maximise each child's potential

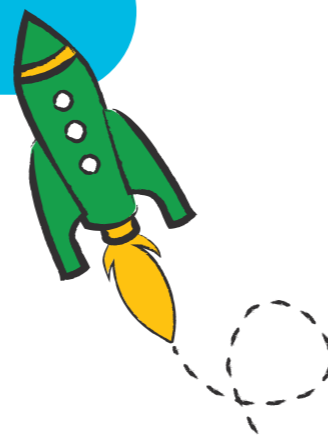
restore lost skills where possible, develop alternative skills and provide compensatory aids as needed

facilitate new learning beyond the end of the child's natural recovery period

develop an understanding of the child's needs

ensure the child's home environment is modified to support them after their brain injury

prevent secondary problems such as joint contractures developing. The rehabilitation team also works with the child and their family to help them adjust to their child's new needs.



Inpatient rehabilitation

From April 2021 to December 2023, a total of 161 children were admitted for a rehabilitation placement. **22 of these children had category B needs** and were funded by their respective integrated care board (ICB), and the remaining **139 children had category A needs**, with their placement supported by NHS England. The outcomes data for these placements has been combined for the purposes of this report.

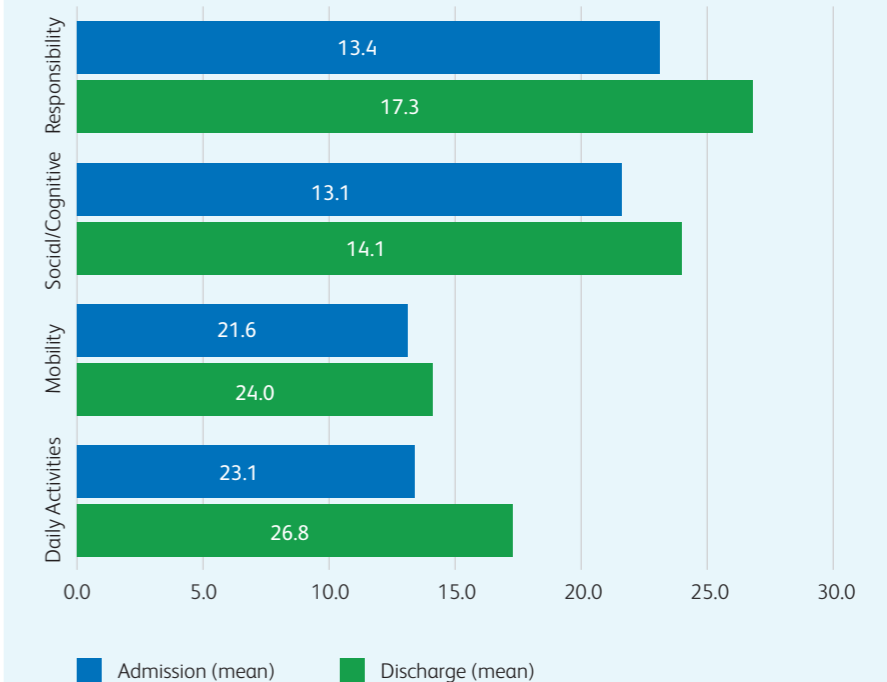
Children and young people are easier to care for when they make physical, cognitive, social and occupational gains following an ABI. A score is given as a measure of these gains which is referred to as a PEDI-CAT score.

When the group data is considered, there is a positive change across all the areas of functional ability and participation. PEDI-CAT items include: putting on a t-shirt; holding and eating a sandwich or burger; walking from room-to-room in home; fastening a wheelchair seatbelt; interacting briefly with a peer during play; checking traffic in both directions and knowing where it is safe to cross; choosing and arranging own social interactions.

Some children have difficulty gaining independence in these areas due to the complexity of their injury. Their progress is better reflected in the goal achievement measure, and the family's ability to manage their child's condition.

Admissions	01/04/21 to 31/03/22	01/04/22 to 31/03/23	01/04/23 to 31/12/23	Total 01/04/21 to 31/12/23
Cat A needs	40	63	36	139
Cat B needs	9	5	8	22
Total	49	68	44	161

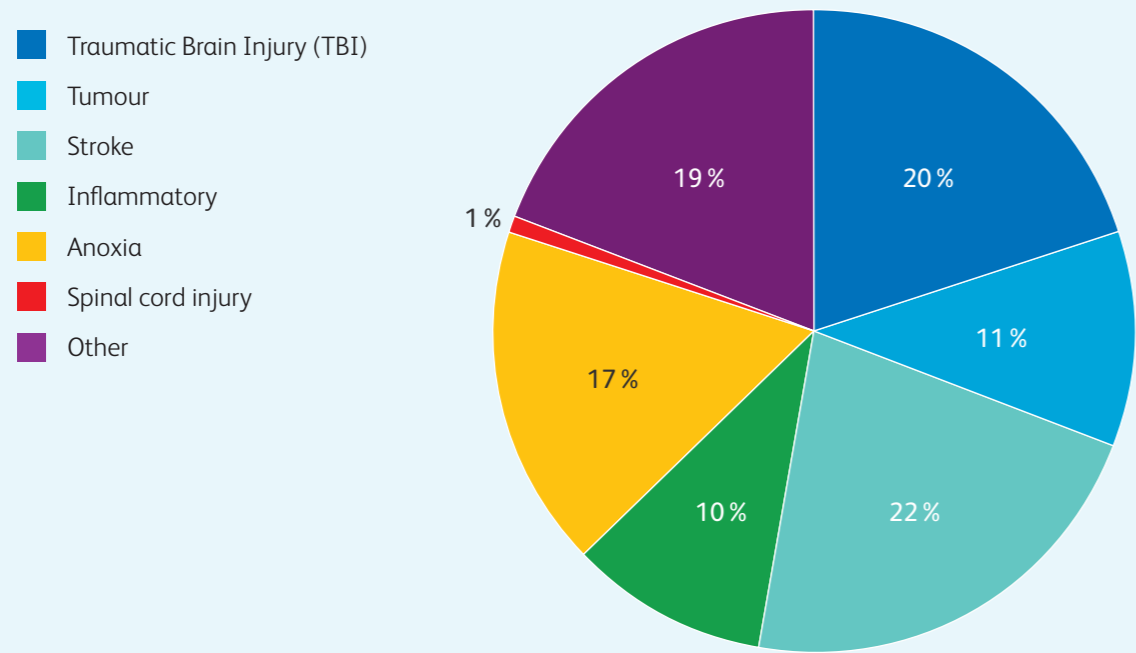
PEDI-CAT change scores



PEDI-CAT section	% change at discharge
Daily activities	+ 29%
Mobility	+ 8%
Social/Cognitive	+ 11%
Responsibility	+ 16%

Change in profile of children and young people and young people

Diagnoses of children and young people admitted to The Children's Trust between April 2021 and December 2023

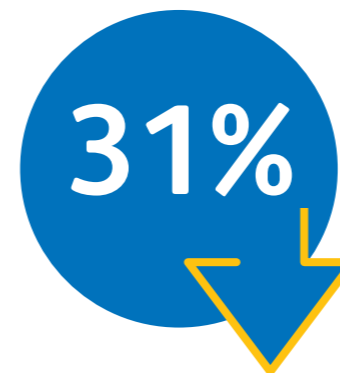
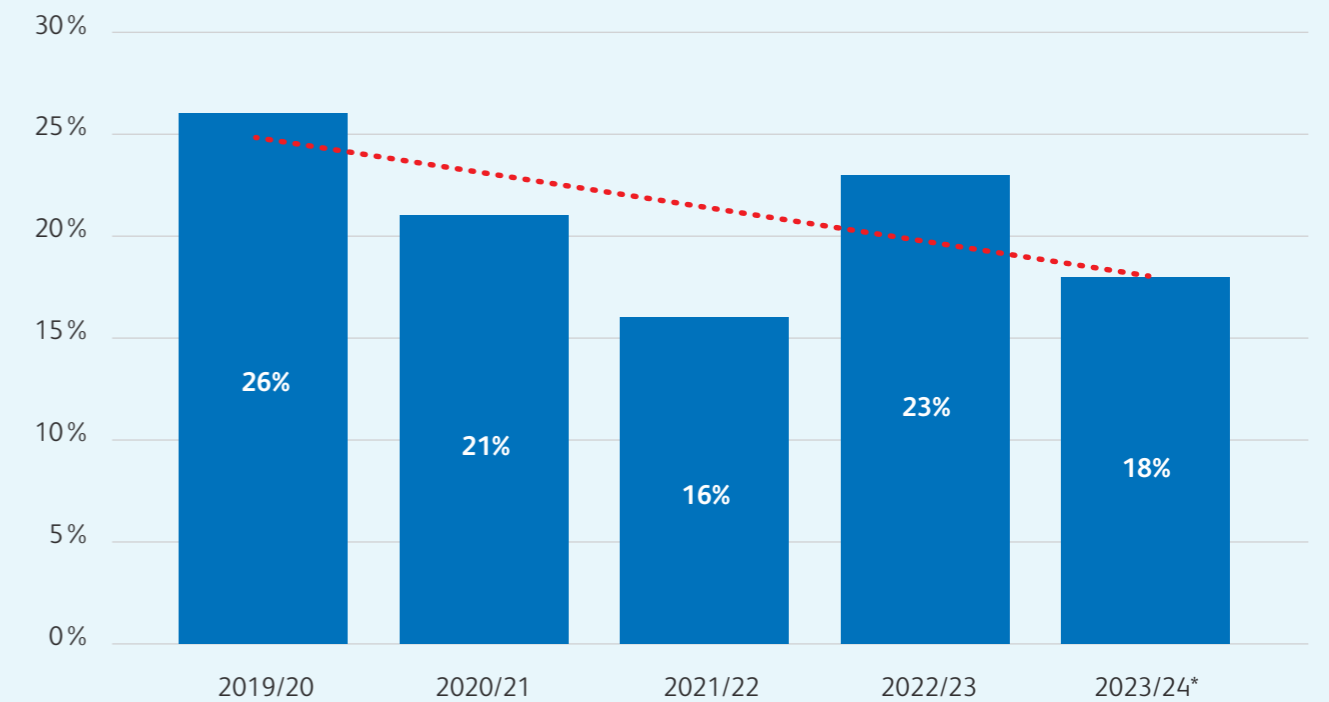


Diagnosis	01/04/21 to 31/03/22	01/04/22 to 31/03/23	01/04/23 to 31/12/23	Total 01/04/21 to 31/12/23
TBI	16%	23%	18%	20%
Tumour	11%	11%	9%	11%
Stroke	27%	20%	21%	23%
Inflammatory	9%	6%	18%	10%
Anoxia	16%	16%	21%	17%
Spinal cord injury	4%	0%	0%	1%
Other	16%	24%	14%	19%

During the COVID-19 pandemic, colleagues in trauma hospitals reported that the number of children sustaining a severe traumatic brain injury (TBI) decreased nationwide, as children had pandemic-related restrictions on their activities. We also saw this pattern reflected in the admissions to rehabilitation over this time, and this pattern has continued since.

TBI accounted for 26% of neurorehabilitation admissions in the year prior to COVID-19 compared to 18% of neurorehabilitation admissions in 2023/24 (to 31 December 2023).

Percentage of admissions to rehabilitation with TBI diagnosis



Total TBI admissions are nearly a third lower in 2023/24 than pre-covid 2019/20.

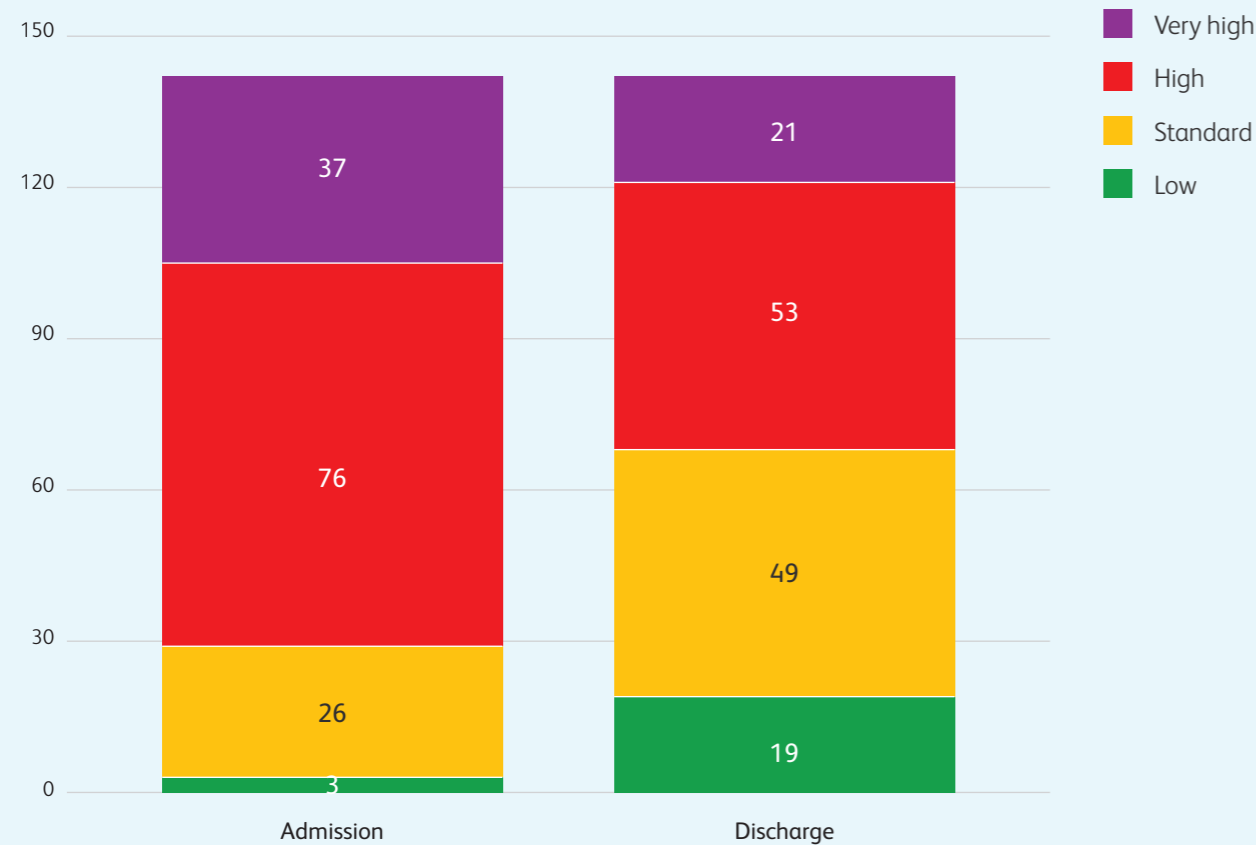
*April - December 2023

Rehabilitation complexity scale

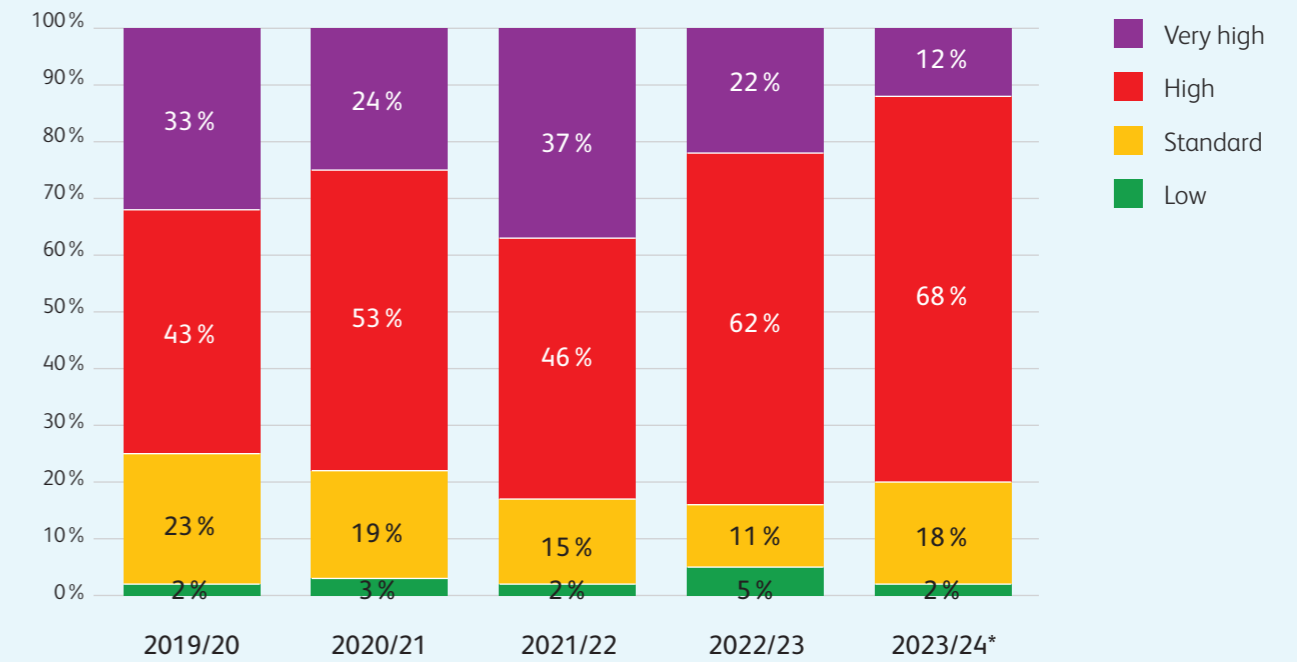
Using the Rehabilitation Complexity Scale (RCS), we are able to see that on leaving The Children’s Trust rehabilitation service, fewer children and young people are in the ‘very high’ and ‘high’ categories of complexity. Therefore, these young people are easier to care for and require less specialist service provision than at admission. The chart below details the changes in the children’s RCS scores during their stay, based upon an overall measure of their care, nursing, therapy, medical and equipment needs.

The RCS can also be used to determine the complexity of needs in terms of bed nights. Specialist rehabilitation providers, such as The Children’s Trust, would expect to have a higher proportion of those with high and very high needs within their service. The chart at the top of page 10 shows that there has been an increase in the complexity of total bed nights in the period highlighted in this report compared to the previous one, with regards to bed nights being categorised as ‘high’ or ‘very high’. Between April 2021 and December 2023, 83% of neurorehabilitation bed nights provided at The Children’s Trust were in this category, compared with less than 78% in the two years prior to this period.

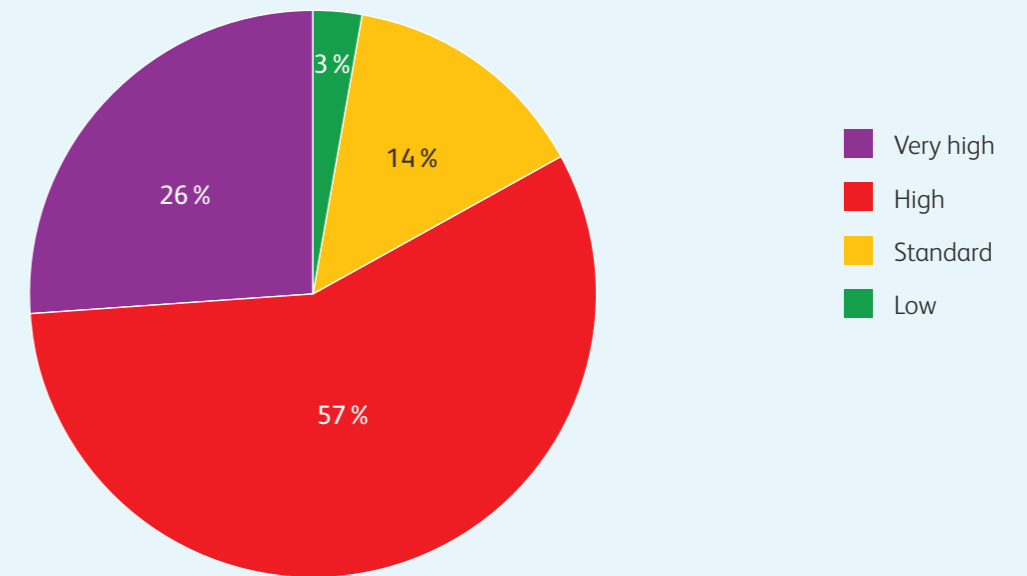
Change in complexity during placement (April 2021 to December 2023) (RCS scores, n=142)



Complexity of admissions by year (April 2019 to December 2023)



Total complexity of bed nights (April 2021 to December 2023)



Proportion of ‘Very high’ and ‘High’ bed nights provided (April 2021 to December 2023)

TBI	2019/20	2020/21	2021/22	2022/23	2023/24*
High + Very high	76%	78%	83%	84%	80%

*April - December 2023

Goal attainment scaling

At the start of a rehabilitation placement each child and their family are asked to set five goals that they want to achieve during their time with us. These are integrated into both individual and group therapy sessions and throughout the day.

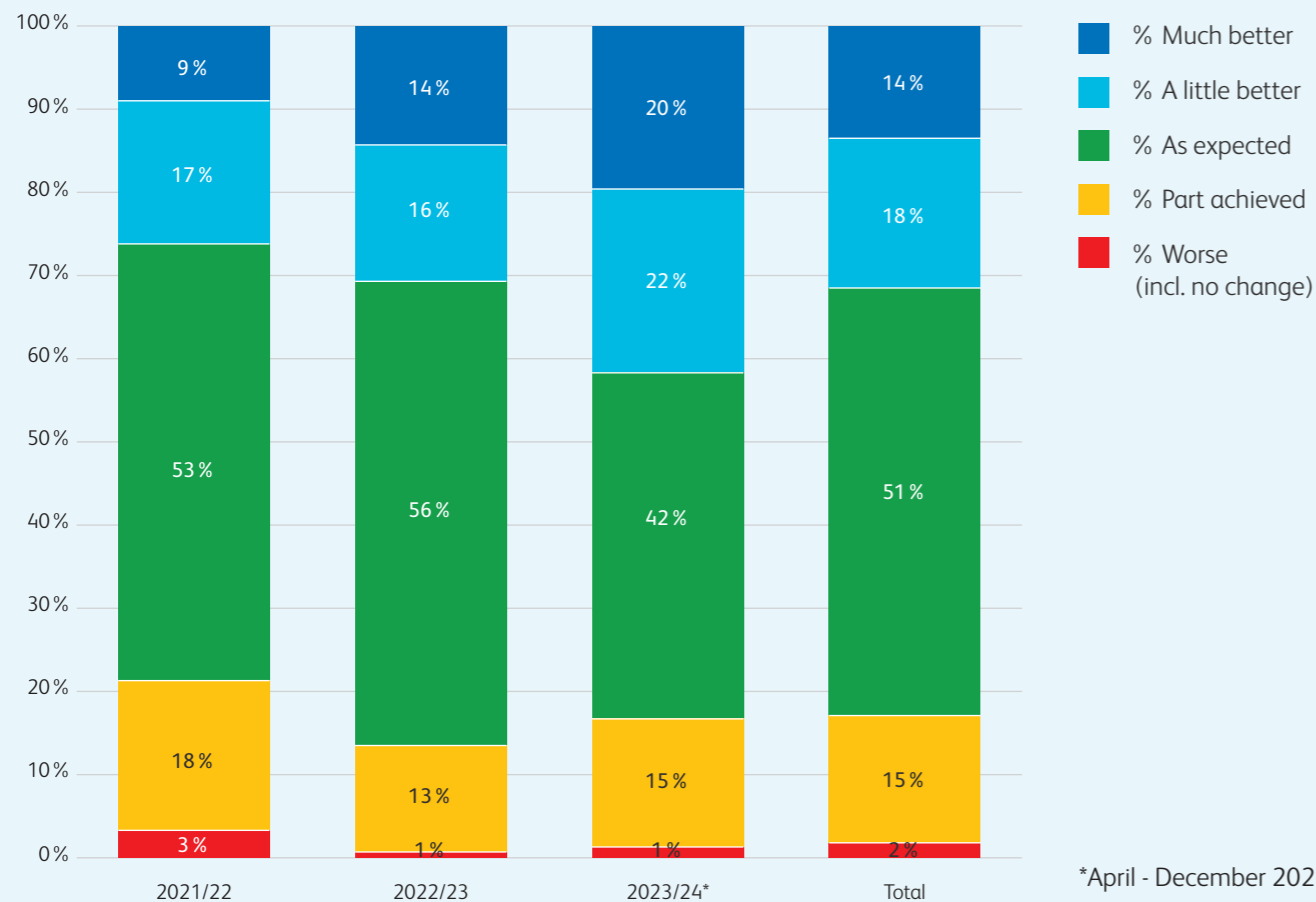
127 children were discharged from April 2021 to December 2023 with their GAS (goal attainment scaling) goals documented by the therapy team in their discharge reports. They set an average of 5.3 goals each, totalling 667 goals overall.

It is encouraging to see that from the 667 individualised goals, jointly set by children, families and the teams supporting the children, so many are met as expected and above. This demonstrates that our rehabilitation service is helping children meet therapy goals and achieve their personal targets, giving them a better quality of life after a brain injury.

The chart below shows the results of these goals over the period of time looked at in this report, as well as achievement in each year.

In this period, 83% of the goals set were achieved as expected, or more than expected.

Goal outcomes compared each year from 2021/22 to 2023/24*



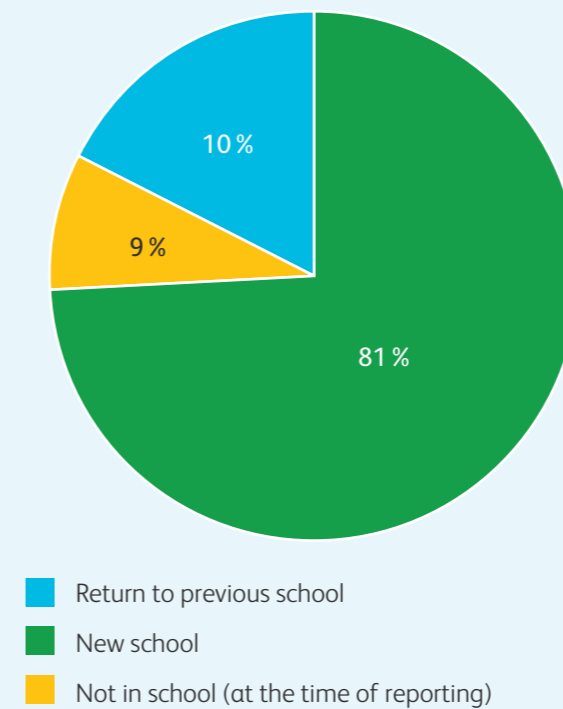
Discharge destination

The children and young people who access the NHS England funded specialist rehabilitation service at The Children's Trust have a more severe presentation and often require adaptations to their environment at home and at school to participate in daily life following a residential placement.

In the most recent academic year (2022-23), 68 children of school age left the Surrey Teaching Service that supports children with their education during their rehabilitation stay with us. 55 went back to their previous educational setting (81%). Our multidisciplinary team supported six children and young people into a new school. Seven children are yet to return to school (at the time of reporting). In the last academic year reported on (2020/21), 60% of children returned to their previous educational setting.

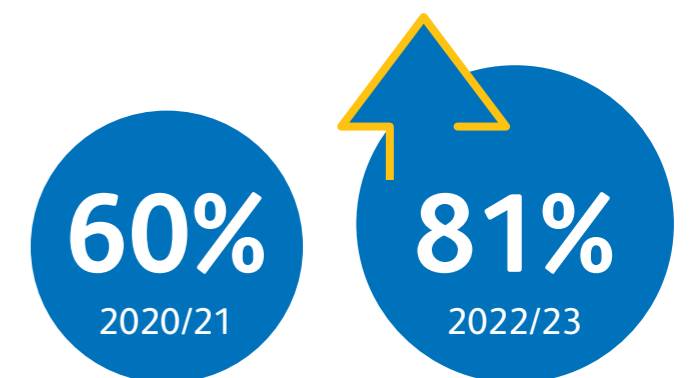
In terms of a child's home situation after discharge i.e. whether any adaptive accommodation or rehousing was needed, most children returned home from their stay at The Children's Trust not needing any adaptation or only minor equipment. From the previous report, it has been observed that significantly more children discharged from a neurorehabilitation placement at The Children's Trust are discharged back to their home (either with no or minor adaptations): 68% in 2020/21 to 84% in 2023/24*.

School destination at discharge 2022/23 (n=68)

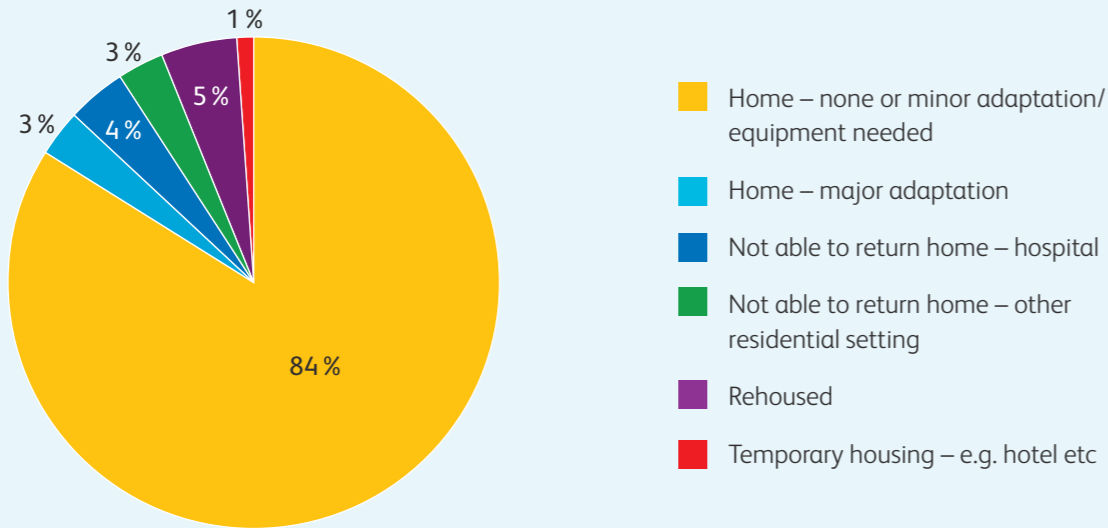


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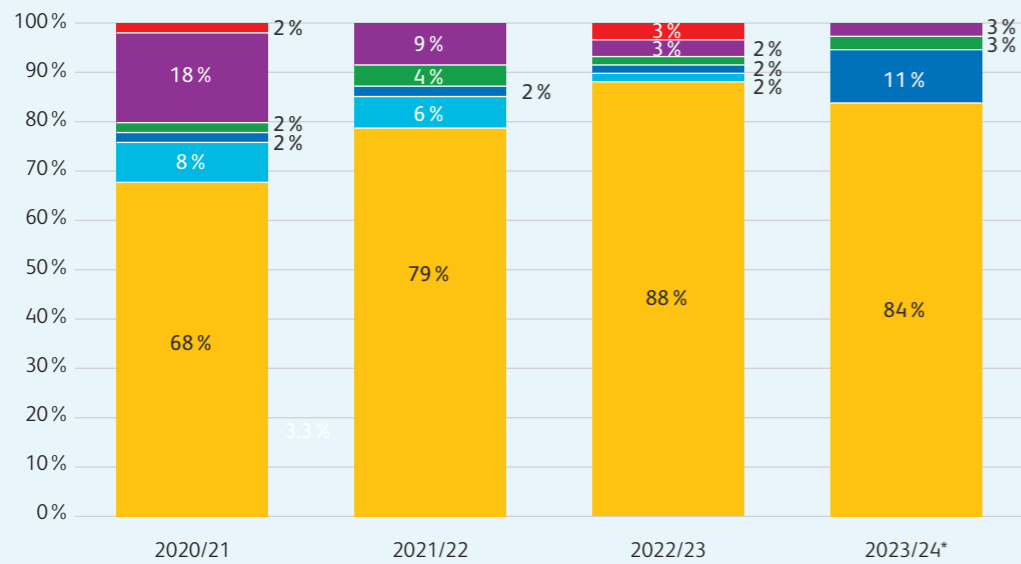
Return to previous school



Home situation on discharge (April 2021 to December 2023)



Home situation on discharge (April 2021 to December 2023)



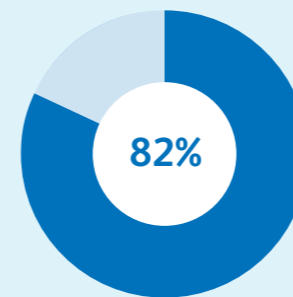
Home destination on discharge	01/04/21 to 31/03/22	01/04/22 to 31/03/23	01/04/23 to 31/12/23	Total 01/04/21 to 31/12/23
Home – none or minor adaptation/equipment needed	37	51	31	119
Home – major adaptation	3	1	0	4
Not able to return home – hospital	1	1	4	6
Not able to return home – other residential setting	2	1	1	4
Rehoused	4	2	1	7
Temporary housing – e.g. hotel etc	0	2	0	2
Total	47	58	37	142

*April - December 2023

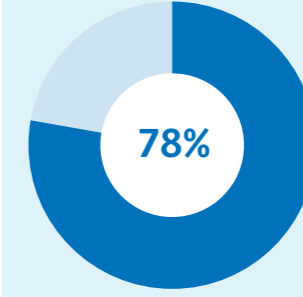
Family-centred care

Families complete a questionnaire at the end of their child’s rehabilitation placement to report their experience of the care that they received.

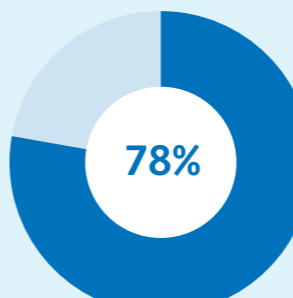
From the responses of families who have recently completed the Measure of Process of Care (MPOC) survey:



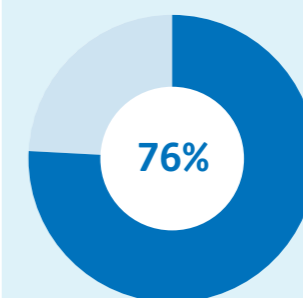
82% of families reported that during their child’s stay The Children’s Trust the team working with their child provided a **caring atmosphere** rather than just giving them information (to a very great or great extent).



78% of families reported that the team working with their child at The Children’s Trust worked with them to **plan together** so they were all pulling in the same direction (to a very great or great extent).

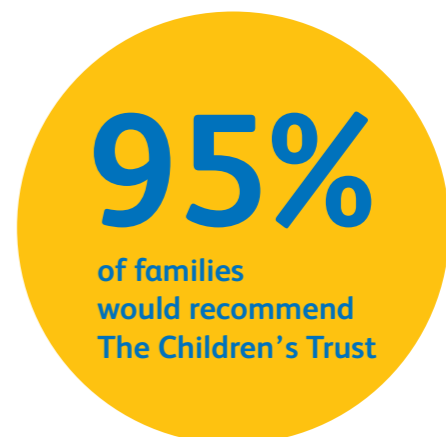


78% of families responded that during their child’s stay the team at The Children’s Trust **treated them as an equal** rather than just as the parent of a patient (to a very great or great extent).



76% of families reported that during their child’s stay The Children’s Trust looked at the **need of the “whole” child** (e.g. at mental, emotional and social needs) instead of just physical (to a very great or great extent).

In addition, The Children’s Trust has adapted the NHS ‘Friends & Family Test’ to help understand whether the families of children accessing services are happy with the service provided. The feedback from this measure showed that, in the period from April 2021 to December 2023, 95% of parents responded that they would be ‘extremely likely’ or ‘likely’ to recommend The Children’s Trust to friends, family and other parents if they needed similar care or treatment.



Case study

Riley's determination to achieve his goals

Twelve-year-old Riley was having a normal New Year's Day when he suddenly experienced an aneurysm and had to be rushed to Great Ormond Street hospital for life-saving surgery.

Riley spent the next five weeks in hospital recovering from his surgery. He was heavily sedated and unable to speak or move much more than lifting his head.



"Seeing him walk was just incredible, there's no feeling like it. I heard The Children's Trust was amazing before I got here, we were praying for miracles... and we got them."

Emma, Riley's mum

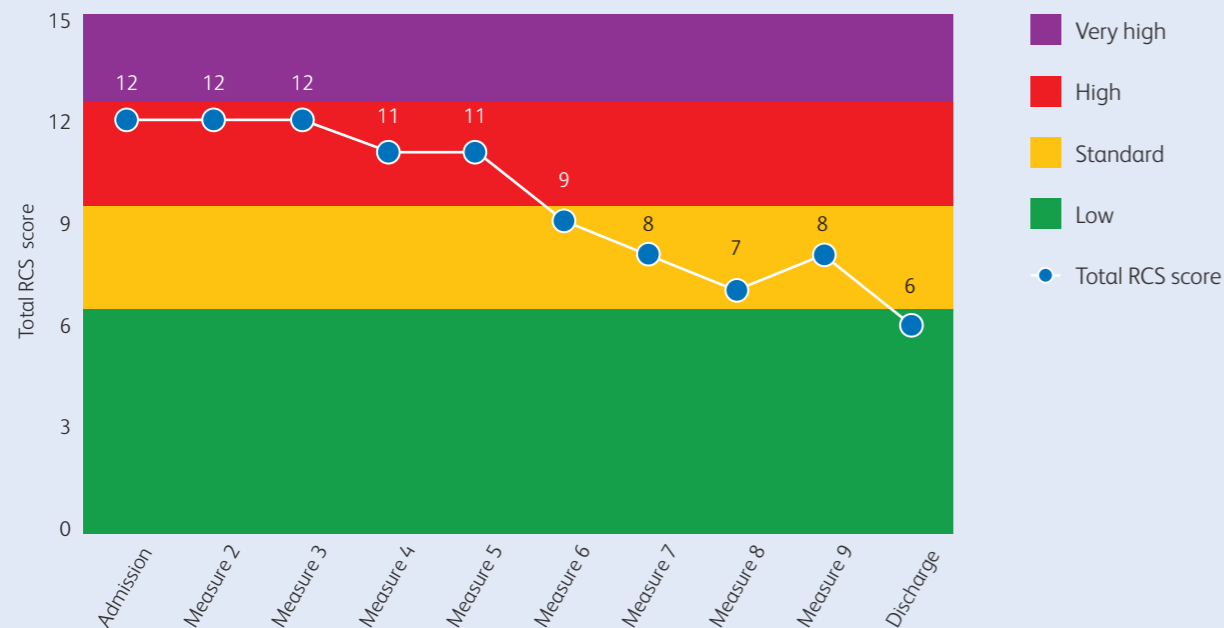
It was then that Riley came to The Children's Trust to start his rehabilitation.

Here he had a personalised weekly timetable with sessions including speech and language therapy, music therapy, physiotherapy, occupational therapy, hydrotherapy and more.

With the support of his family and our multidisciplinary team, Riley achieved all his goals during his five-month placement.

Rehabilitation Complexity Scale

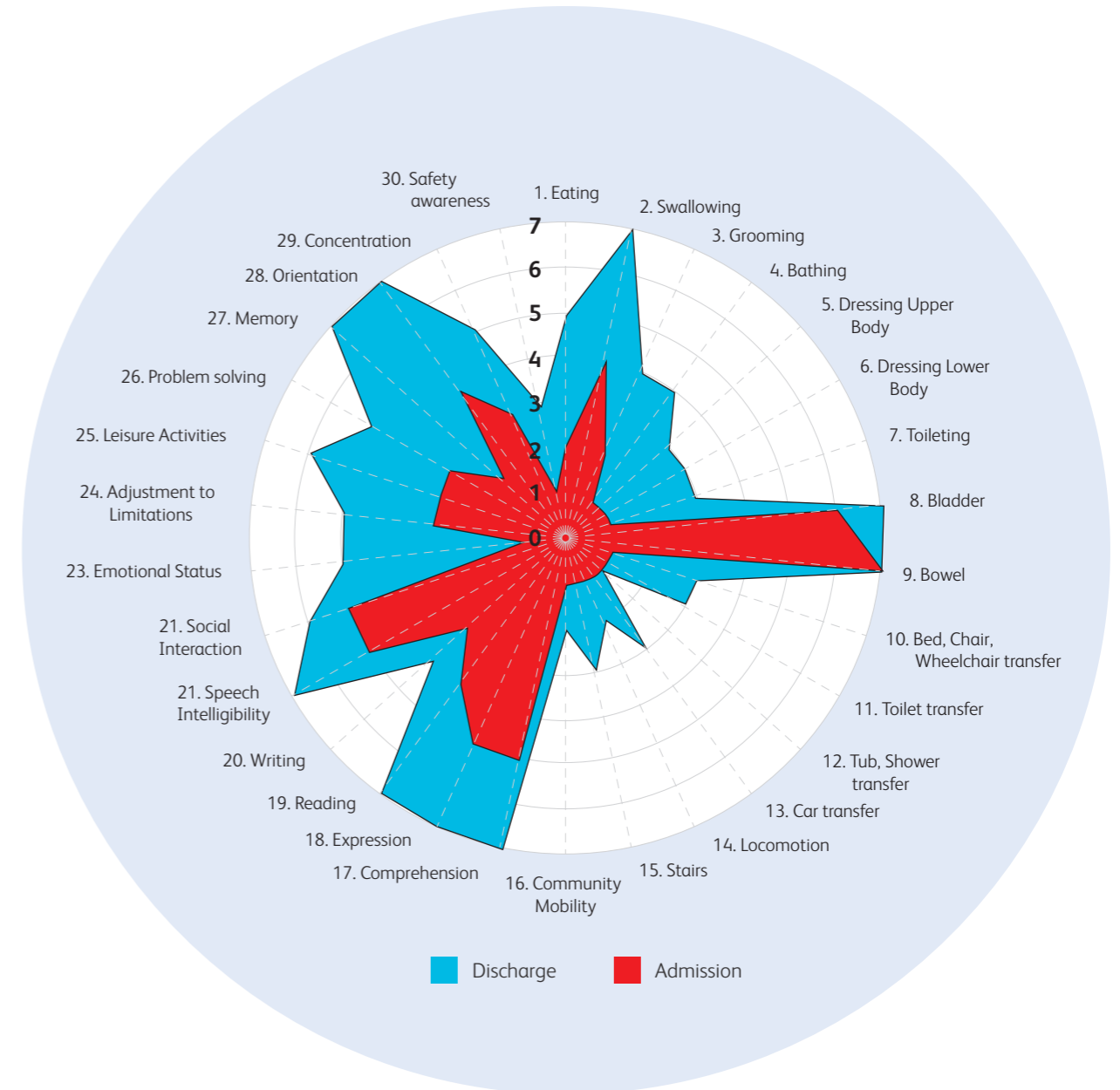
During Riley's 16-week rehabilitation placement with us, his complexity decreased from high on admission to low when he was discharged.



FIM + FAM

The Functional Independence Measure (FIM) and Functional Assessment Measure (FAM) are designed for measuring disability in a brain-injured population. It has an ordinal scoring system for all 30 items from 1-7 (1 = complete dependence and 7 = fully independent).

During Riley's rehabilitation placement at The Children's Trust, his FIM+FAM scores indicate greater independence and function on discharge.



GAS goals:

GAS goal summary	Outcome
1 To walk on my own again	As expected
2 To complete my self-care tasks: washing, dressing, toileting, brushing teeth	
3 Have fun with friends and family again	
4 To be able to return to gaming using both hands	
5 To be able to return to school	

"Physiotherapy is the most important one for me. I want to be able to walk again and get some use out of my left arm."

Riley

2. The Children's Trust School



“Pupils flourish at this school. Their individuality is recognised and nurtured. One parent told us that ‘this school opens up a whole new world for its pupils’.”

Ofsted, September 2023.



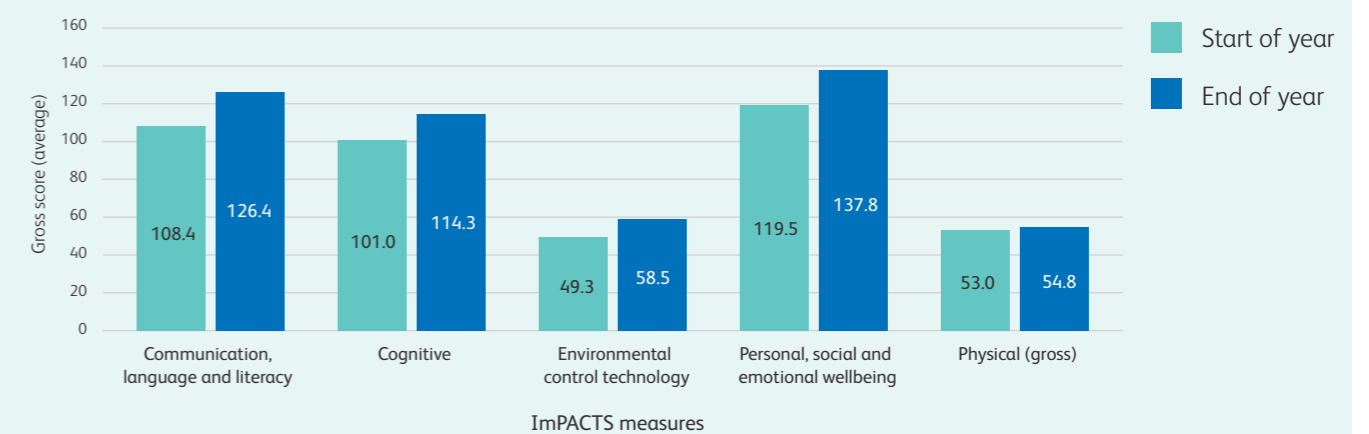
The Children's Trust School is a non-maintained special school supporting children and young people aged 2-19 with a wide range of complex health and care needs alongside multiple barriers to learning. Offering day and residential placements, in the 2022/23 academic year, the School supported 33 residents, 10 day placements and seven nursery children.

The Children's Trust School uses the ImPACTS curriculum to set annual goals for each child and young person. ImPACTS is an assessment tool and curriculum that has been developed to ensure the pupil is at the centre of the assessment and planning process. It is used widely by schools that support children with profound and multiple learning difficulties and our goal setting and scoring is externally moderated with partner schools. The chart below uses a normative T-score to measure targets set for the children on admission and targets reached on discharge. Progress was made in all areas of their targets.

Some goal examples set for the pupils include:

- respond to a known adult voice
- track sound-making objects
- show clear responses to a small range of stimuli
- attempt to repeat a movement again for desired effect, such as banging a drum
- vocalise in response to a favourite activity.

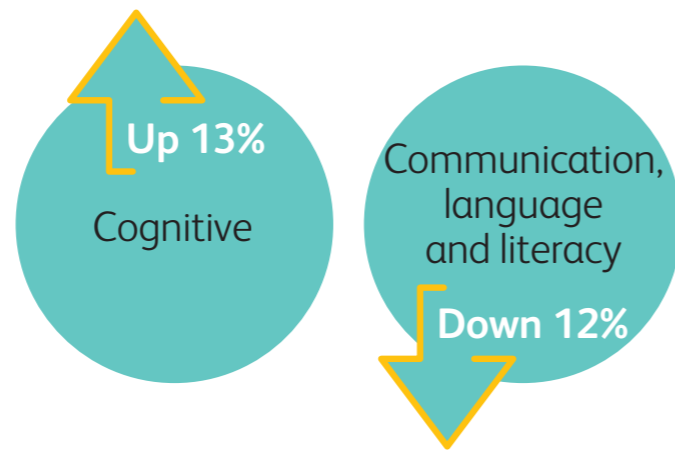
2022/23 academic year – ImPACTS progress



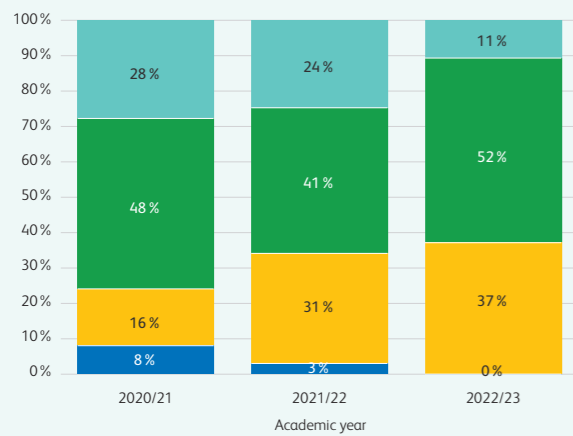
ImPACTS measures	% change over 2022/23 academic year
Communication, language and literacy (CLL)	+ 17%
Cognitive	+ 13%
Environmental control technology (ECT)	+ 19%
Personal, social and emotional wellbeing (PSEW)	+ 15%
Physical (Gross)	+ 3%

We also look at the comparison between targets achieved compared to the previous year.

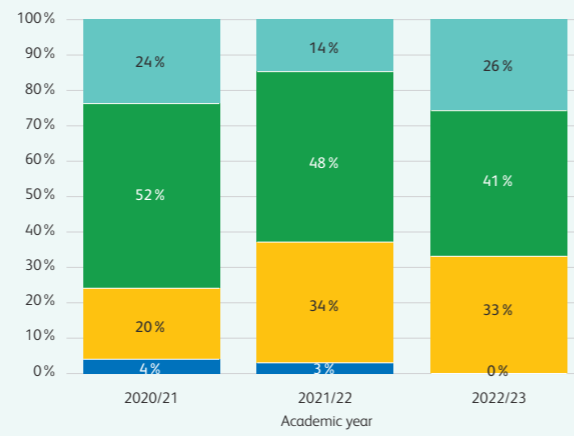
The graph below shows that in the 2022/23 academic year the young people in the School achieved a greater number of targets as 'expected' and above than the previous year with regards to the 'cognitive' targets within the ImPACTS curriculum. More targets were achieved at 'above expectations' than in the previous year, so not only have these targets been achieved but the young people have gone above what was expected of them for the goals in this section. However, fewer targets were achieved as 'expected' or above in 2022/23 within the 'communication, language and literacy' targets than in the previous academic year.



Breakdown of targets achieved and at what level – cognitive



Breakdown of targets achieved and at what level – communication, language and literacy



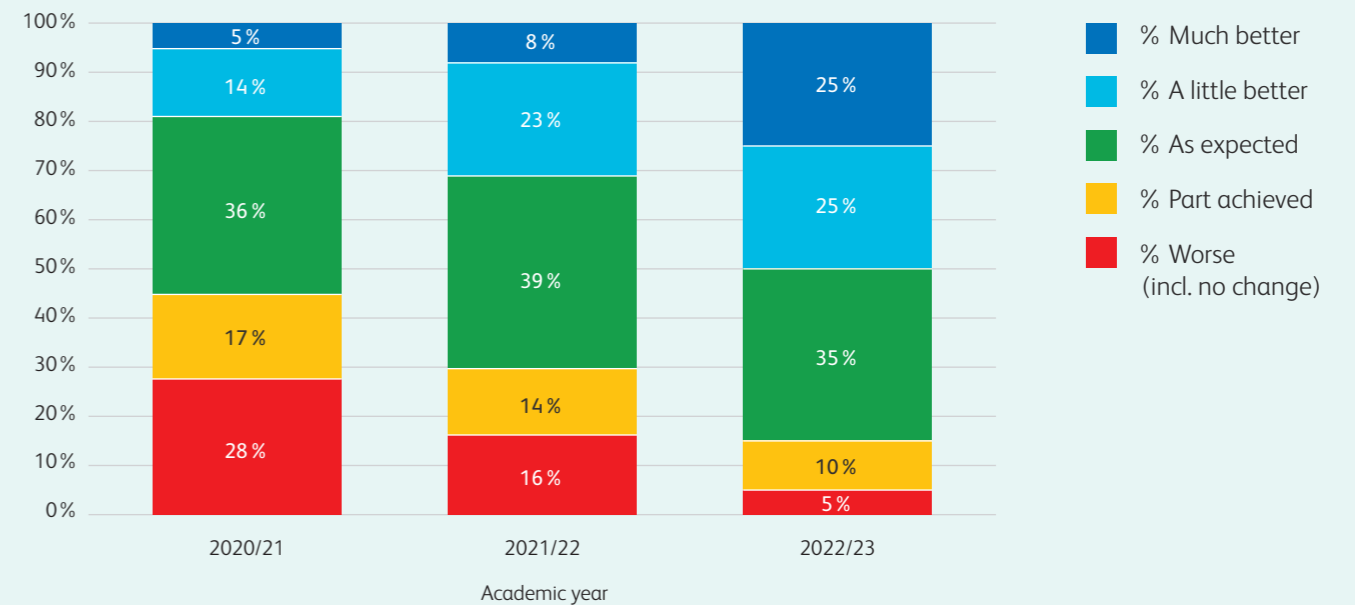
■ >20% exceptional ■ <6% expected
■ >6% above expectations ■ <2% MDT review

In addition to using the ImPACTS curriculum to set goals, The Children's Trust School also uses the Goal Attainment Scale (GAS) goals. This is a more developmental goal-scaling approach for use across disciplines with any students where individual goals are set as part of the therapy process.

Throughout the academic year the students and their families are asked to set goals that they want to achieve. These goals are integrated into sessions in the student's individual house and class sessions. Some goals are set within very specific and measurable timeframes, whereas others may represent aspirations of the child and family, such as supporting quality of life or reducing pain.

The graph below shows the achievement of goals, at what level, and in comparison to the last academic year (2020/21) reported. In the previous impact report 45% of goals were not achieved. Following this, work was carried out by the School team to ensure that the goal setting process occurred more frequently and better allowed the capture of the incremental changes and progress that occurs throughout a school year. This change in the goal setting process has positively impacted the school students' goal attainment in the previous two academic years, with 85% of goals set being achieved as expected or better in the results of the last full academic year (2022/23).

School goals attainment scale (academic years 2020/21 to 2022/23)



	% Worse (incl. no change)	% Part achieved	% As expected	% A little better	% Much better	As expected or above
2020/21	28%	17%	36%	14%	5%	55%
2021/22	16%	14%	39%	23%	8%	70%
2022/23	5%	10%	35%	25%	25%	85%

Case study

Josiah's learning goals

Josiah has cerebral palsy and dystonia. He became a learner at The Children's Trust School in March 2020, where he quickly became an integral member of the class, developing positive relationships with staff and peers alike.

As part of his residential placement at the School, Josiah receives 24-hour therapy and care support to facilitate most aspects of his daily life.

A sensory curriculum and total communication approach supports Josiah in his learning goals, and he has made progress in all areas of the curriculum, particularly in his cognition and communication skills.

Josiah is encouraged to work hard on these skills throughout all areas of his school day and has made good progress.

Josiah's teachers have supported him in growing his understanding of the world around him and developing his own tastes and interests.



All the activities Josiah takes part in are designed to support his learning and development. For example, in his weekly yoga session, where he has learned to anticipate activities within the session and started using his voice to respond when it is his turn.

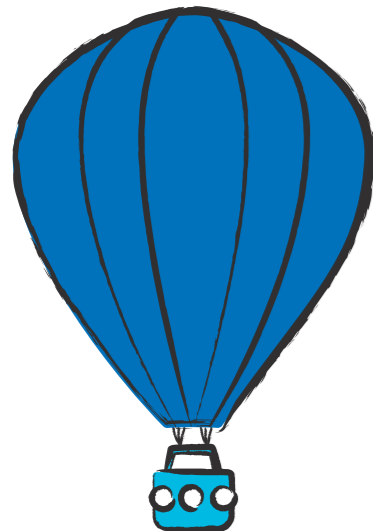
"Here you have specialist, professional staff members that really put the children at the heart of everything they do."

Sylvia, Josiah's mum

Category	22/23 progress against start of year	Progress data analysis
Total ImpACTS Progress	5%	
Communication, language and literacy	13%	>6% Above expectations
Cognitive	12%	>6% Above expectations

GAS goals:

GAS goal summary	Outcome
1 For Josiah to make a definite choice between two items or activities	Partially achieved
2 For Josiah to maintain head control independently with verbal prompting for 20 seconds at a time in a supported bench sitting position	As expected



3. Community Rehabilitation Service

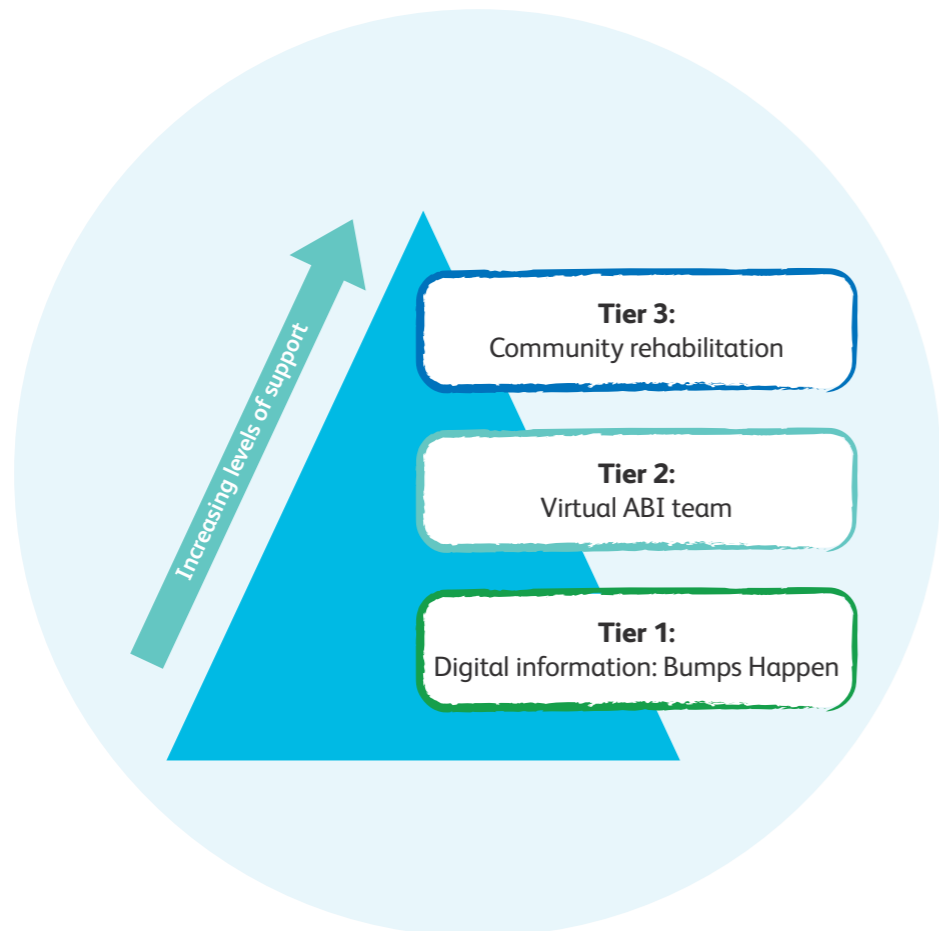


Community Rehabilitation Service

The Children’s Trust Community Rehabilitation Service provides specialist goal-orientated neurorehabilitation delivered in the child’s environment, either in school, at home, or a combination of both. Our ultimate goal is to maximise the child’s participation in everyday life.

In late 2022 we transformed the way in which we deliver community brain injury rehabilitation. The newly formed, innovative Community Rehabilitation Service offers online information and resources, as well as support to children, young people, and families through a nationwide Virtual Acquired Brain Injury Team. In addition, the team offers an intensive, hands-on therapy service to children and young people living in the South East, alongside virtual hybrid packages of support for those further afield.

The new look Community Rehabilitation Service provides a range of support across a tiered model, with increasing levels of support based on the level of need and identified goals.

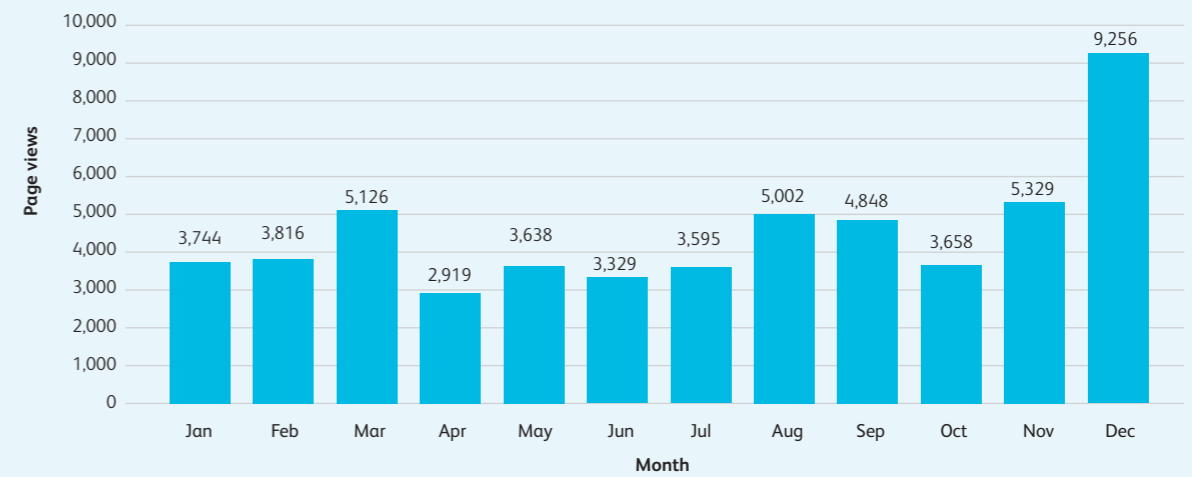


Digital Information: Bumps Happen

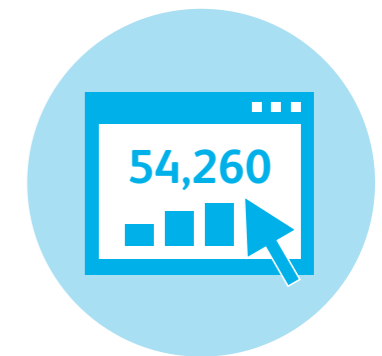
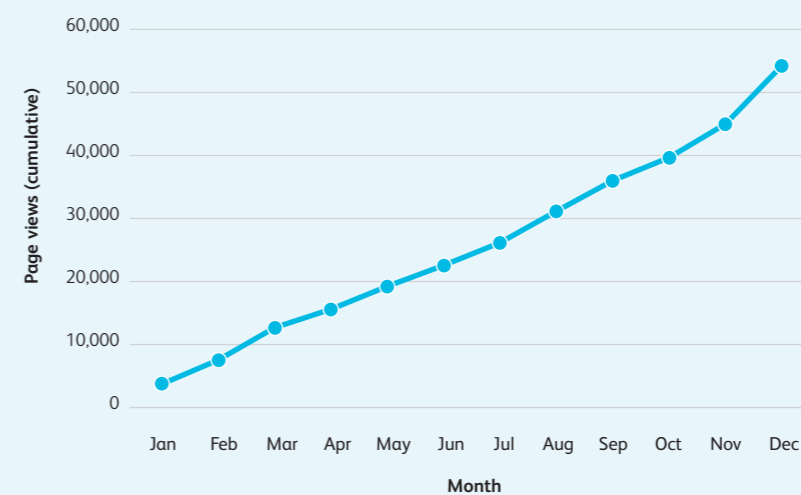
Bumps Happen offers information and advice to support a child’s recovery and return to activity following a concussion. The aim is to ensure that families can access information in a timely manner. Bumps Happen is split into eight different information modules. Each of these deliver information at different stages of the recovery journey, covering advice in the immediate aftermath of a head injury, through to the days and weeks that follow.

The website is designed to be self-service, meaning users should be able to get the information they require without needing to interact with a clinician. The site also has a dedicated chat bot feature. Curated by a fictional head injury specialist, Zoe, she guides users to the information they require via a series of simple multiple-choice questions. If users still feel they need to speak with a member of our team, they can contact a member of The Children’s Trust team by submitting a short contact form.

Bumps Happen – total page views (2023)



Bumps Happen – cumulative page views (2023)



Bumps Happen page views during 2023

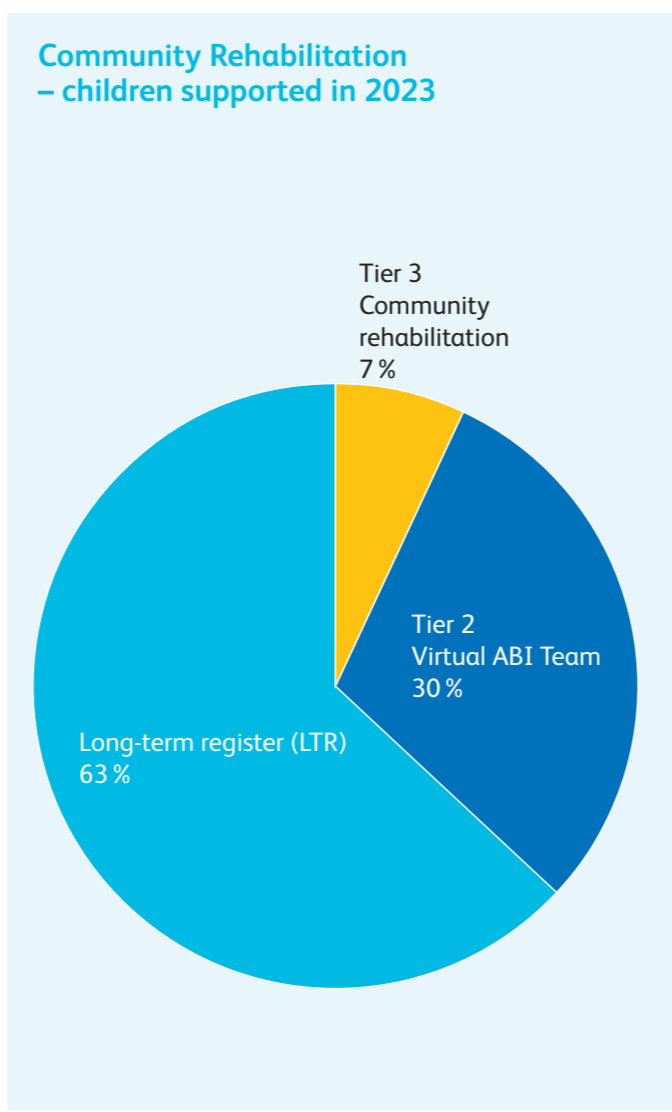
Virtual ABI Team

The Children’s Trust’s Virtual ABI Team provide a free, goal-directed digital rehabilitation support service for children, young people and families living with acquired brain injury across the UK. Referrals are accepted from parents, families, and professionals. Support offered is directed by clinical need; families will be invited to join a virtual goal setting meeting where a plan is established to set meaningful participation-based goals. Specific advice, signposting and consultation can also be provided by one of our clinicians.

The service model promotes and encourages self-management of needs in the long-term, however it is anticipated families may need a number of intervention periods in the years that follow their child’s initial injury, due to the lifelong developing nature of acquired brain injury.

The team offer coaching and guidance to young people, their families, and others in their network to help them work towards their goals. It is recognised that some goals may be long-term in nature and the team will therefore aim to identify short term goals that can be addressed within the service offer that may be a stepping stone towards achieving longer-term goals.

The ABI clinicians also offer a long-term register (LTR) which offers support and follow-up to children with acquired brain injury at key educational transition points, in view of the possibility of emerging needs as a child gets older, and the changing expectations of school stages. Support is offered when a child enters reception age, secondary and post-16 education. The service works flexibly to support families to access a virtual service if digital support is required.



In 2023, the Community Rehabilitation Service supported 328 children and young people in their community.

Community rehabilitation

The Children’s Trust Community Rehabilitation Team covers the South East of England providing specialist assessment and goal-directed intensive rehabilitation for children and young people living with acquired brain injury or neurodisability.

Rehabilitation is functional and context-based to address areas impacted by the child’s brain injury, including but not limited to:

- mobility
- self-care
- cognition
- communication
- emotional wellbeing
- return to education
- leisure activities, hobbies, and family life
- friendships.

Intervention is holistic and focused on activities that are relevant and meaningful to the child, and delivered in the most appropriate setting which may include the child’s home, in school or in the community.

Outpatient therapy at The Children’s Trust is also available, enabling access to onsite facilities such as aquatic therapy and robotics. Specialist assessment will be offered when there is a gap in local provision and outcomes of the assessment will support the child’s ongoing rehabilitation and participation in activities within their own environments. This can include delivery in a hybrid or virtual way.

There is evidence that neurorehabilitation is most effectively delivered by a coordinated team of professionals from relevant disciplines. Where clinically appropriate, the service will take an interdisciplinary approach. This means the team works together in a co-ordinated way towards an agreed set of goals to assist the child to reintegrate into school, achieve their desired level of independence and enable their participation in chosen activities and ultimately in society. Some other aspects of service delivery may require a different approach i.e. when the therapy requirement is from one discipline.

Core specialisms offered include:

- psychology
- speech and language therapy
- physiotherapy
- occupational therapy
- rehabilitation technician.

Delivery is in collaboration with the child’s local community services where possible and is subject to funding. Intervention can be provided at any stage in a child’s rehabilitation journey post the acute phase, including support to children who are many years post-injury.



Case study

Shakeerah's incredible progress

Shakeerah is 10 years old and was diagnosed with a brain tumour shortly after her first birthday. Shakeerah is profoundly deaf and has complex health needs.

Whilst Shakeerah accessed a period of inpatient rehabilitation at The Children's Trust when she was three years old, most recently she has been accessing a period of outpatient physiotherapy with the Community

Rehabilitation Service to achieve her goal of walking independently.

This goal was extremely important to Shakeerah; as a sign language user she is unable to sign using her hands while also using a walking frame. Her family had recently been approved to get a hearing dog, but this was on hold until Shakeerah was able to independently walk with the dog by herself.



"After two weeks of physiotherapy sessions Shakeerah went back to school and walked to the front of her school assembly to huge applause from all the students."

Yasmeen, Shakeerah's mum

GAS goals

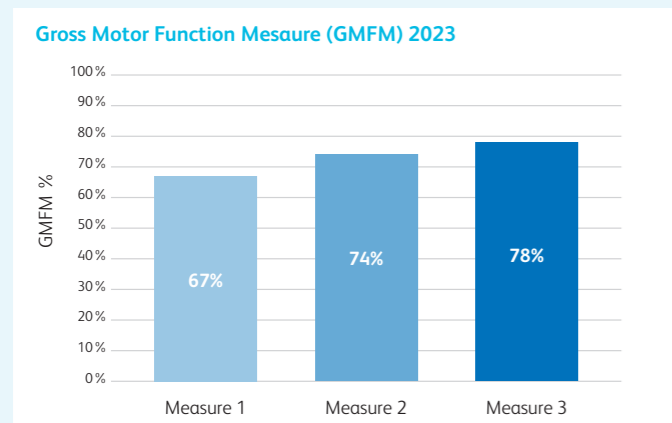
The physiotherapist worked with Shakeerah and her mum to set goals which are summarised in the table. Shakeerah attended therapy sessions at The Children's Trust and has made good progress in all the goals that were set. Therapy sessions involved games and play activities as well as practising functional mobility tasks like walking up and down the stairs.

* Shakeerah's goals are ongoing, and The Children's Trust Community Rehabilitation team has handed over to professionals in the local community who continue to work with her.

GAS goal summary		Outcome
1	For Shakeerah's balance to improve so that she can sign using both hands without assistance	Achieved
2	For Shakeerah to be able to ascend and descend the stairs in her home and community settings safely and independently	Partially Achieved*
3	For Shakeerah to improve her strength globally but particularly through the left side, to aid her balance and mobility	Partially Achieved*
4	For Shakeerah to adopt a more natural looking walk, by improving her gait pattern including her stride length and speed	Achieved
5	For Shakeerah to be able to mobilise in all settings unaided with supervision only	Partially Achieved*
6	For Shakeerah to be able to pick something up from the ground and return to standing independently	Partially Achieved*
7	For Shakeerah to be confident with completing transfers independently including getting to and from the floor with minimal furniture support	Achieved

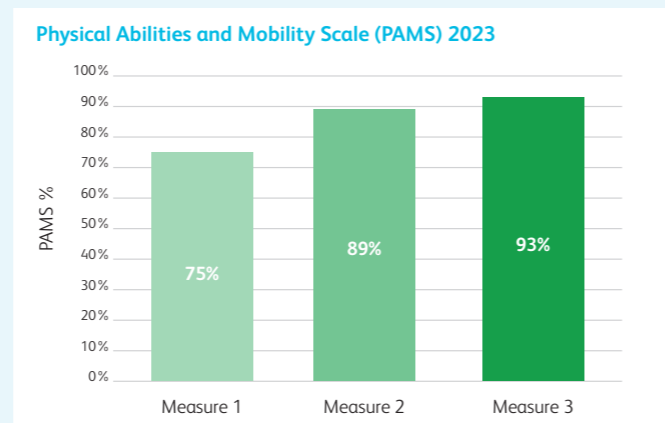
GMFM (gross motor function measure)

This measure looks at 88 different movement items in lying, sitting, crawling, standing, and walking running and jumping. This score shows Shakeerah can move independently into most positions. She excelled with the lying, rolling, and sitting sections, and found some of the crawling, kneeling, running, and jumping sections more challenging.



PAMS (physical abilities and mobility scale)

This measure looks at how well Shakeerah can tolerate different positions and move through sitting, standing, and walking. This increase in score in the graph below indicates that Shakeerah, following community rehabilitation input, is more mobile and needs less assistance from her mobility aids and hand-held assistance from her family as she is now walking more independently.



Our mission is to help children with brain injury and neurodisability live the best life possible. Partners and funders believe in this and support us to deliver our services. This outcomes report demonstrates the positive impact we have on the lives of the young people we support in order to reach this mission.

By taking into account personal targets and clinically-led goals, we have measured the progress that the children we support have made. The progress that the children have made this year demonstrates the huge impact all three of our services have in ensuring children reach their goals, giving these children and their families a better quality of life after a brain injury.



Investment in rehabilitation saves money

Each year, 1.4 million people attend emergency departments in England and Wales with a recent head injury. **Between 33% and 50% of these are children aged under 15 years.**



Source: NICE 2019.

Around **40,000 children** experience a brain injury every year, either through illness or accident. That's **one every 30 minutes.**



Source: NHS England.

30,000 children and young people are admitted to a hospital ward with an ABI each year.



Source: NHS England 2016-17.

Patients with a traumatic brain injury who receive rehabilitation once they have left an acute hospital setting cost the NHS and social care **£27,800 less** a year than those who don't.



Source: Manifesto for Community Rehabilitation: let's live well longer, UKABIF 2019.

For every £1 spent on orthotic services £4 is saved. **This represents a saving of £400 million to the NHS.**



Source: NHSE Commissioning Guidance for Rehabilitation 2016.

Around **200,000 children and young people** attend A&E with a head injury annually.



Source: NHS England 2016-17.

Neurorehabilitation is one of most cost-effective interventions available to the NHS.



Substantial and robust evidence supports the clinical and cost effectiveness of neurorehabilitation. Although individuals with complex needs may require a longer hospital stay, the front-loaded cost of providing early specialist neurorehabilitation for these individuals is rapidly offset by longer-term savings in the cost of community care, making this a highly cost-efficient intervention. These savings are substantial and have been estimated at **£500 per week for each ABI survivor** requiring specialist neurorehabilitation, or over **£5 billion of annual savings** for the 300,000 individuals who need this service each year.

Source: Time for Change, APPG Report 2018/19.

1.3 million people live with the effects of brain injury at a cost to the UK economy of **£15 billion per annum**, a figure that is equivalent to **10% of the annual NHS budget.**



Source: Centre for Mental Health 2016.

A young person with a brain haemorrhage normally moves on from an acute hospital setting to an older person's care home for life. If, instead, they moved to a specialist centre for rehabilitation, within five years they would likely be living independently. Over the course of a lifetime, **this saves £2 million per person from social care and NHS budgets.**



Source: Manifesto for Community Rehabilitation, Nov 2019/The case for proactive neurological care. London: Sue Ryder; 2018.

Please note that these examples are for illustrative purposes only. Each child/young person will have different rehabilitation needs and therefore different outcomes. Some of the illustrations shown are based on adult measures where paediatric measures are not available.

Want to know more about our work?

We have ambitious plans for the future and want to ensure that every child and young person affected by brain injury and neurodisability has access to the rehabilitation and support they need. For further information on our work, please get in touch.

 **01737 365 000**

 **enquiries@thechildrenstrust.org.uk**

For enquiries about a placement or support for a child or young person, please contact us.

 **01737 365 080**

 **placements@thechildrenstrust.org.uk**

 **childrenstrust.tctplacements@nhs.net**

(for those working in the NHS and using secure mail)

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