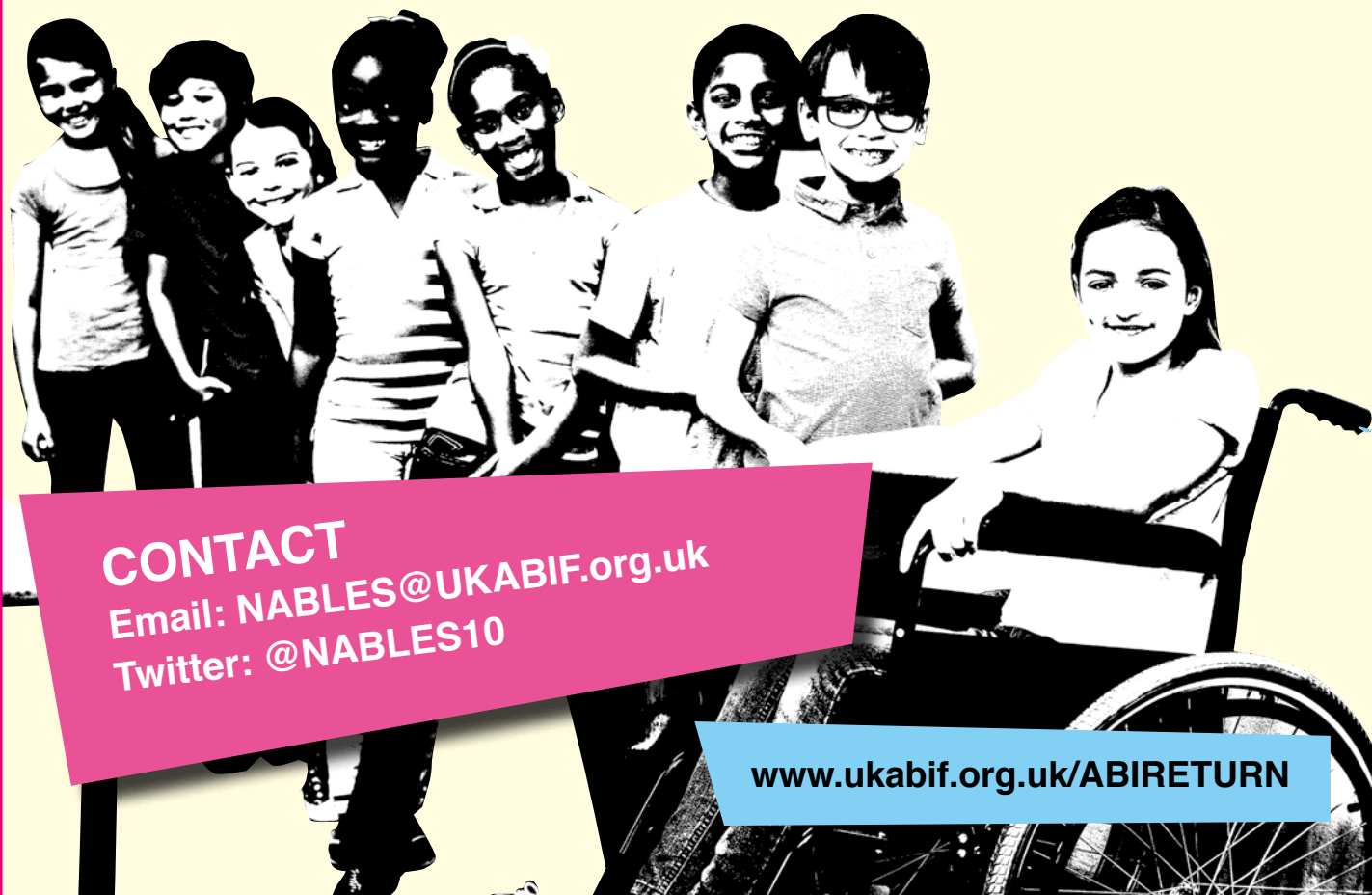




ABI RETURN

**CHILDREN AND YOUNG PEOPLE WITH ACQUIRED BRAIN INJURY –
GUIDING THEIR RETURN TO EDUCATION**



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Returning to education with an Acquired Brain Injury

Most children and young people with an Acquired Brain Injury (ABI) will return to mainstream education. The return to education (RtE) is a significant part of the child/young person's (CYP) recovery process, and schools play a crucial role in rehabilitation and helping them to achieve positive outcomes. The return requires preparation, collaboration and careful coordination involving the student, their parents/carers, health and school professionals.

This RtE guide will help those involved, including the school, CYP and their family, to prepare for, and achieve, a successful return. Preparing an individualised plan and implementing adaptations will help to provide an appropriate teaching and classroom environment. This will enable the student to continue to make progress in their recovery, and to thrive personally, socially and academically.

What's in this guide 'Returning to education with an Acquired Brain Injury'?

- What is an Acquired Brain Injury?
- How common is Acquired Brain Injury?
- Range of difficulties resulting from Acquired Brain Injury in childhood
- How does an Acquired Brain Injury impact on learning?
- Who should be involved in supporting the student's return to education?
- How can school professionals prepare for the student's return?
 - SENCO/keyworker return to education checklist
 - Applying for an Education, Health and Care Plan
 - Supporting information sharing within the school
 - **Acquired Brain Injury RETURN** – guiding principles
- Sources of information and support

What is an Acquired Brain Injury?

Definition of Acquired Brain Injury

An Acquired Brain Injury (ABI) is any injury to the brain that happens after birth, following a period of typical development. It can happen to any child at any age. The term ABI includes traumatic brain injuries (e.g. falls, assaults, accidents) and illnesses, infections or other medical conditions (e.g. encephalitis, meningitis, stroke, and brain tumours).

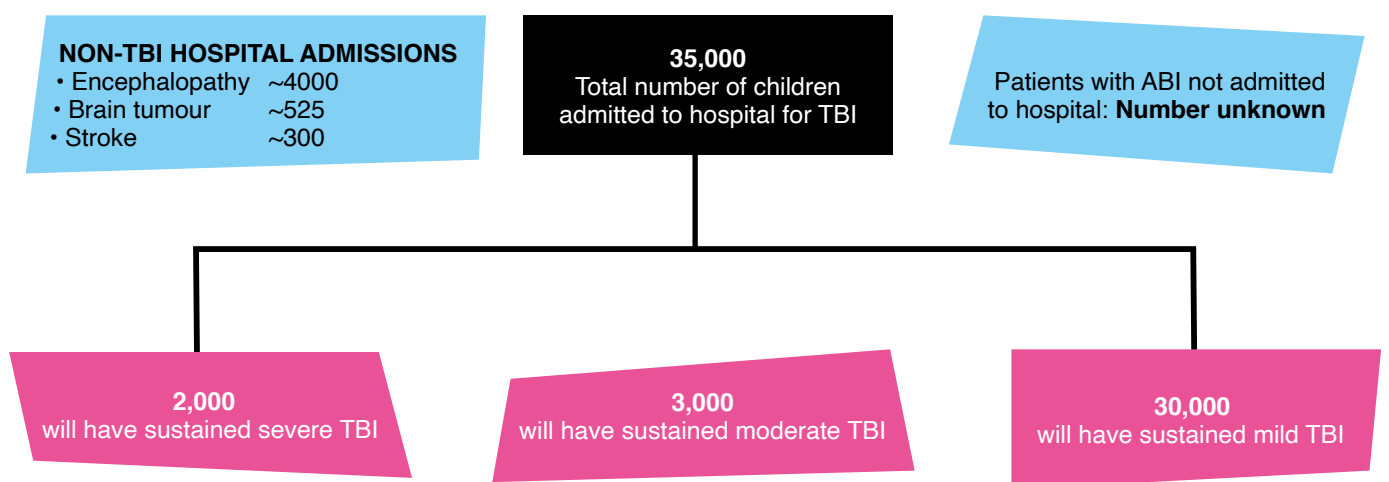
An ABI is a 'dynamic' condition which may have long-term or lifelong consequences. The impact of the ABI is determined by its nature and severity, and partly by the age and developmental stage of the CYP at the time of injury. The impact of injuries to networks or pathways may only become evident over time as brains develop across childhood and adolescence.

An ABI can cause physical, cognitive, communication, social and psychological effects as the result of injury to specific areas or from damage to connections and pathways within the brain. For this reason it is often referred to as a 'hidden disability' as many of the effects are not easily observed.

How common is Acquired Brain Injury?

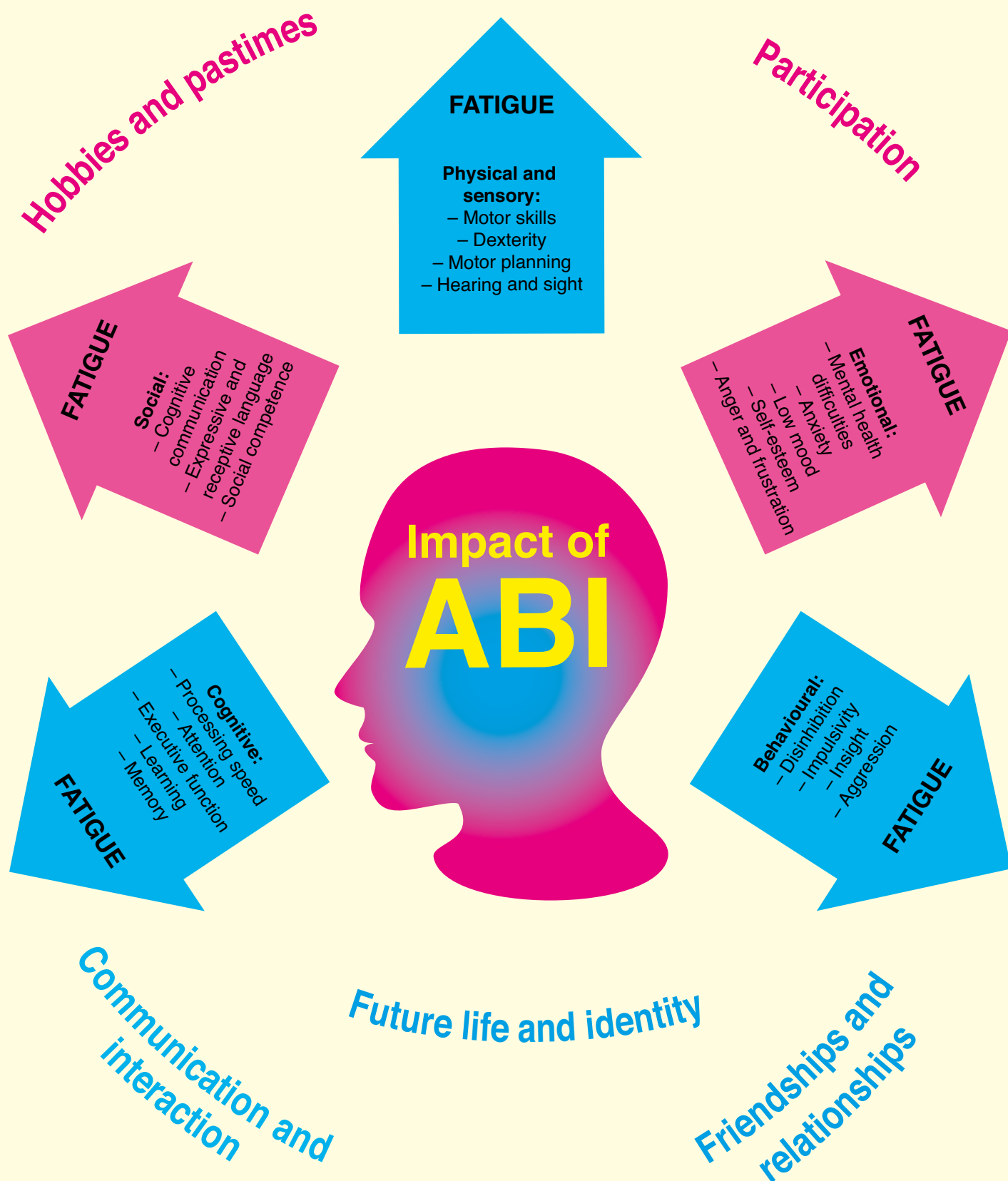
This is a difficult question to answer because the definition of ABI is not used consistently, not all CYPs present to hospital, and sometimes ABI is not reported by health professionals if the injury is thought to be mild. The diagram below reflects the number of known and recorded injuries that are seen at UK hospitals.

UK annual incidence of ABI in children/young people



Range of difficulties resulting from Acquired Brain Injury in childhood

ABI in childhood can result in a broad range of difficulties. The figure below highlights some of these wider difficulties, and the impact they can have on the CYP.



How does an Acquired Brain Injury impact on learning?

An ABI can have a wide range of effects that may impact on learning and engagement. This list is not exhaustive but illustrates some of the key challenges young people may face in the classroom.

The effects of an Acquired Brain Injury that might be seen in the classroom

Difficulties can include:

- Slow processing of information and keeping up with lessons and conversations
- Completing tasks within time limits
- High levels of fatigue
- Communicating with others and/or understanding information
- Recording ideas or information in class
- Learning new information
- Initiating, planning and/or completing tasks
- Sustaining, dividing or switching attention
- Becoming easily distracted in lessons
- Not recalling lessons from one day or week to the next
- Remembering and following instructions
- Requiring frequent prompting
- Irritability
- Taking longer to encode, understand and use information
- Understanding and reasoning with information tasks
- Reading social situations
- Holding information in mind for a short period of time
- Zoning out

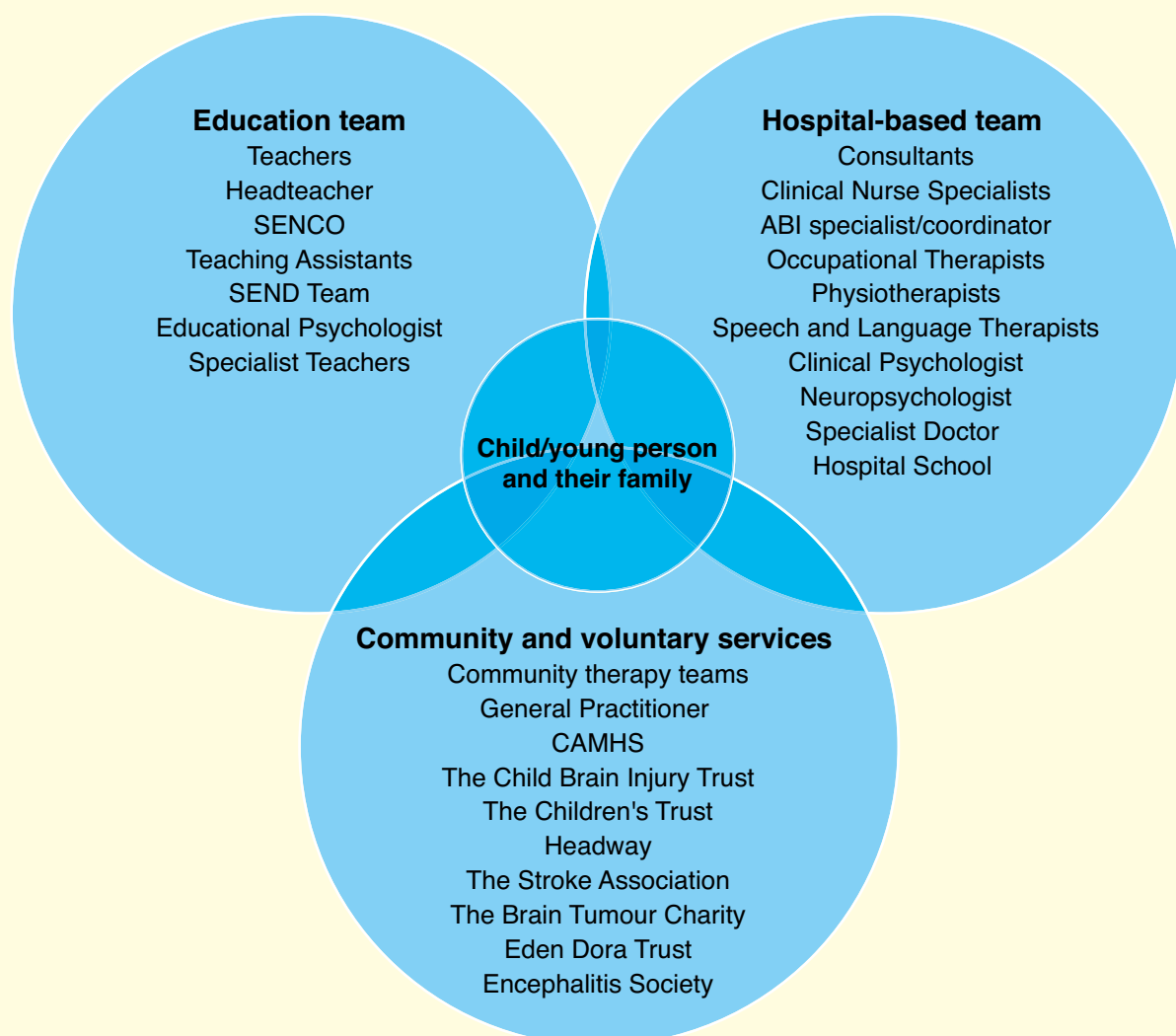
It is important that those working with the CYP look beyond these effects and try to identify the underlying difficulties the CYP is trying hard to cope with. As the impact of an ABI can evolve over time as the brain develops, it is crucial this remains an ongoing process as the CYP progresses through school.

Who should be involved in supporting the student's return to education?

A student with an ABI may require tailored, targeted, collaborative and integrated support for their RtE, and throughout their education. The RtE should be a collaboration involving a variety of professionals (see below) which will vary depending on the CYP's age, type and severity of ABI, area of the UK and local provision. This group of professionals, the so-called 'RtE Team' should work closely alongside the CYP and their parents/carers to facilitate a supportive, collaborative and well-communicated return.

In most scenarios, early support will be provided by the hospital team, who will gradually hand over to community and education colleagues after discharge. Some hospital professionals, such as the Neuropsychology Team, voluntary sector specialists and nurse specialists may continue to provide longer-term support, and can be a helpful point of contact for schools. The hospital-based and specialist teams may also be able to offer training and consultation to community and education services who might have less experience of working with a CYP with an ABI.

The 'RtE' team around the child and family



How can school professionals prepare for the student's return?

The nominated keyworker and/or SENCO should coordinate the RtE plan. Some children and young people may return to school from home whilst others may have discharge planning meetings which are arranged by the hospital. It is important that the keyworker/SENCO engages with meetings taking place to ensure the school is fully informed and can start early planning for the RtE. Many young people will have a phased return to school, with careful planning required in order to respond to their newly acquired needs.

The ABI RETURN diagram (see page 10) provides an overview of the principles of a successful RtE and the checklist below will support planning and monitoring of this process.

SENCO/keyworker RtE checklist

The form below is available on the website to download: www.ukabif.org.uk/ABIReturn

ABI RETURN CHILDREN AND YOUNG PEOPLE WITH ACQUIRED BRAIN INJURY - GUIDING THEIR RETURN TO EDUCATION

SENCO/keyworker return to education checklist

Action	Person responsible	Completed by	Actioned
Identify a keyworker e.g. SENCO/staff member who knows the young person well			
Establish regular communication with parents/carers and child or young person			
Engage with the hospital team e.g. attend MDT meetings and discharge planning meetings, link with the hospital school and provide pre-injury information on child/young person's strengths and needs.			
Liaise with health professionals involved e.g. neuropsychologist, speech and language therapist, occupational therapist, physiotherapist, consultants and specialist doctor			
Refer to educational support services e.g. educational psychologist, specialist teachers, home tuition services if required			
Explore access arrangements to support the return to school e.g. environment adaptation, timetable, phased return			
Consult with professionals when developing individual support plans e.g. access reports and training			
Consider application for interim funding based on health needs			
Continue with regular team around the child meetings in order to monitor progress and adapt the intervention plan according to need			
Establish if there is a need for a health care plan e.g. administering medication or personal care needs and training for staff			
Discuss early application for Education Health and Care Plan with parents/carers and supporting professionals			
Access free training for staff and peer group on Acquired Brain Injury			
Ensure that information about the child/young person's needs are communicated to all staff			

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SENCO/keyworker return to education checklist

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Refer to educational support services e.g. educational psychologist, specialist teachers, home tuition services if required			
Explore access arrangements to support the return to school e.g. environment adaptation, timetable, phased return			
Consult with professionals when developing individual support plans e.g. access reports and training			
Consider application for interim funding based on health needs			
Continue with regular team around the child meetings in order to monitor progress and adapt the intervention plan according to need			
Establish if there is a need for a health care plan e.g. administering medication or personal care needs and training for staff			
Discuss early application for Education Health and Care Plan with parents/carers and supporting professionals			
Access free training for staff and peer group on Acquired Brain Injury			
Ensure that information about the child/young person's needs are communicated to all staff			

Applying for an Education, Health and Care Plan

An Education, Health and Care Plan (EHCP) is not an automatic requirement; it depends on an initial evidence of need and ongoing monitoring if needs are emerging. It is also dependent on the locality as some regions have funding systems that are separate to the EHCP.

If an immediate need is apparent, a request (usually coordinated by the SENCO) should be submitted to the local authority assessment panel. If a more graduated response is required the SENCO should commence monitoring of progress over time.

ABI is recognised as a 'hidden disability', which highlights the need for careful monitoring of needs over time. Educational psychologists or neuropsychologists should be able to provide helpful insight to support an EHCP application that considers the broad representation of need across **all areas** of the SEN code of practice.

Supporting information sharing within school

Please see the website for downloadable templates to support information sharing within school: www.ukabif.org.uk/ABIReturn

The image shows two overlapping templates for 'Supporting information sharing within school'. Both templates feature the 'ABIReturn' logo and the text 'CHILDREN AND YOUNG PEOPLE WITH ACQUIRED BRAIN INJURY - GUIDING THEIR RETURN TO EDUCATION'. The templates are divided into two main columns: 'Areas of need' and 'Information to be shared'. The 'Areas of need' column contains several sections with specific questions, and the 'Information to be shared' column provides a large area for text input.

Areas of need	Information to be shared
Basic information about the nature of the injury	
CYP's understanding of their needs/what do they want people to know?	
Child/young person's strengths, skills and interests prior to their injury	
Impact of the ABI e.g. cognition and learning, social, emotional, communication, sensory and physical	
What do peers/friends know?	
What works in the classroom?	
Things that don't help at school	

Acquired Brain Injury RETURN – guiding principles

Guiding principles for the RtE are outlined in the attached poster on page 10 and useful resources listed on page 10.

There is no 'one size fits all' RtE plan; the plan will depend on the acquired needs of the CYP, their family and the nature of the educational provision. However, the key principles remain the same. The CYP and family should be at the heart of all RtE planning, with communication and collaboration being essential to success.

Effective RtE planning means that a CYP has the opportunity to return to an environment that supports all aspects of their needs, including physical, cognitive, social and emotional. Teachers have extensive knowledge and experience of supporting the CYP to achieve their potential. With an understanding of the impact of an ABI, these skills can be effectively utilised to build a positive and supportive learning environment. Schools, by their very nature, are ideally placed to provide an ongoing and natural rehabilitation environment that ensures participation and creates opportunities for the CYP to work towards their goals and aspirations.

“I take a bit longer than other people to figure things out. Some things seem better, like my memory. In groups I tend to daydream because I’m taking so much of what is going on around me, especially if lots of people are talking. I want to feel like everyone else but I realise that I do need more support”.

Brittney, Year 7 (ABI following a road traffic accident)

“It took a while for the school to understand, but now Alice has a one-to-one teaching assistant, we have regular contact to ask how we are both feeling”.

Mum to Alice, 6 years of age (ABI following encephalitis)



BE PREPARED

- Prepare for re-integration
- Share information about child/young person with health professionals
- Access reports and share the recommendations (professionals)
- Assess availability of funding – and apply
- Share information with support team

GATHER AND SHARE BACKGROUND INFORMATION

AWARENESS

- Access information about Acquired Brain Injury
- Identify a Keyworker to arrange and attend meetings
- Communicate with family, health, education and social care

ASSIGN A KEYWORKER AND ATTEND MEETINGS

READY THE SCHOOL

- Access training, information and support for school professionals
- Inform staff and peers as appropriate
- Adapt/adjust the environment in the school/college

MAKE A PLAN

ENABLE PARTICIPATION

- Enable inclusion in all aspects of school life
- Explore the range of resources and skills you already have to meet the child/young person's needs
- Adapt the school day, curriculum and lessons

BE FLEXIBLE

TEACHING AND LEARNING

- Use individualised and targeted approach to promote opportunities for learning
- Recognise and respond to strengths, skills, needs, changes and challenges
- Share knowledge and understanding of the student with colleagues
- Review progress
- Monitor current, emerging and changing needs

TRY DIFFERENT LEARNING STRATEGIES

UNDERSTANDING

- Understand the child/young person's changing/new cognitive, emotional and social needs as well as academic challenges
- Explore the new 'normal' for this student
- Monitor current, emerging and changing needs

BE PREPARED FOR CHANGE

INCLUSION

- Explore the child/young person's views, wishes, hopes, aspirations and goals
- Include the Return to Education 'team' in decision making and planning
- Work with parents and child/young person as 'experts'

LISTEN TO THE CHILD/ YOUNG PERSON

NEXT STEPS

- Monitor cognitive, emotional, behavioural and social changes over time
- Provide dynamic guidance and support
- Take a holistic approach; quality of life matters!

MONITOR AND REVIEW PROGRESS

REMEMBER ME

- See beyond behaviours and acquired needs, and understand how the child/young person feels and what matters to them
- Remember the child/young person's interests, likes, dislikes and friends before their injury
- Hear their voice and ask for their feedback

ASK FOR THE CHILD/ YOUNG PERSON'S FEEDBACK



RETURN TO EDUCATION WITH AN ACQUIRED BRAIN INJURY (ABI)

These are guiding principles for the Return to Education, with key tips and resources suggested. There is no 'one-size-fits-all' plan; it will depend on the needs of the child/young person, their family and effective communication with school and other professionals.

CONTACT

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For more information about ABI RETURN and case studies, please read the booklet or visit www.ukabif.org.uk/ABIRETURN

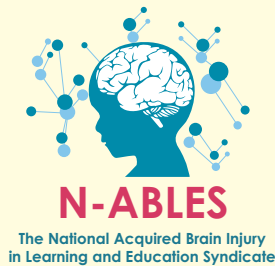
Sources of information and support

ABI information

- The Brain Tumour Charity provides resources to support CYP RtE after a brain tumour diagnosis:
<https://www.thebraintumourcharity.org/get-support/children-and-families-service/education-resources/>
- The Child Brain Injury Trust provides a range of resources and factsheets, and offer free, highly recommended training courses (supported by The Eden Dora Trust for Children with Encephalitis) for teachers and other professionals:
www.childbraininjurytrust.org.uk/
- The Children's Trust provides a broad range of information, support and advice about ABI, as well as excellent resources around returning to education: <https://www.braininjuryhub.co.uk/information-library/return-to-education>. Please follow this link to order free copies of 'Me and My Brain' and 'Acquired Brain Injury in Children':
<https://www.braininjuryhub.co.uk/information-library/books>
- The Eden Dora Trust for Children with Encephalitis provides information, patient, family and professional support, study days, resources, research for children with Encephalitis and ABI: www.edendoratrust.org along with a rehabilitation toolbox: <https://edendoratrust.org/toolbox/>
- The Encephalitis Society provides information about encephalitis in children including symptoms, diagnosis and treatment to recovery, rehabilitation and returning to school: <https://www.encephalitis.info/Pages/Category/encephalitis-in-children>
- NASEN and The Child Brain Injury Trust provide a guide about ABI for teaching professionals
<https://childbraininjurytrust.org.uk/wp-content/uploads/2018/11/ABI-Mini-Guide.pdf>
- NASEN and Whole School SEND have produced a short film which includes the key messages about ABI for teachers with the support of NABLES: <https://player.vimeo.com/video/394442257>
- Walker S and Wicks B. 2018. Educating Children and Young People with Acquired Brain Injury (Second Edition)
Oxon, UK: Routledge

Returning to education after ABI

- The Brain Injury Hub introduction to returning to education outlines the key principles for supporting a CYP to successfully return to school after a mild TBI or concussion: <https://www.braininjuryhub.co.uk/information-library/return-to-education>
- Making a Successful Return to Education is a helpful example of a multidisciplinary pathway, and guidance document for supporting CYP to make and maintain a successful return to education after ABI:
<https://www.nuh.nhs.uk/clinical-psychology-and-neuropsychology>
- The Royal Marsden Hospital and CEREBRA provide an in-depth guide for teachers supporting CYP with brain tumours to return to school during and after treatment: <https://cerebra.org.uk/download/returning-to-school-after-a-brain-tumour/>
- The Stroke Association provides a range of resources for professionals and parents, including an excellent toolkit for supporting a CYP in school after a stroke: <https://www.stroke.org.uk/resources/supporting-children-after-stroke-toolkit-teachers-and-childcare-professionals>



The National Acquired Brain Injury in Learning and Education Syndicate (N-ABLES) was established in 2018 following the recommendations made in the All-Party Parliamentary Group for Acquired Brain Injury: 'Acquired Brain Injury and Neurorehabilitation: Time for Change' report. The report can be found here: <https://ukabif.org.uk/page/time-for-change>

The aim of N-ABLES is to ensure all children and young people with an ABI receive the support they need to maximise their educational potential and participation.

Thanks to the National Acquired Brain Injury in Learning and Education Syndicate (N-ABLES) and those who contributed including:

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