

Working Together to Support a Child with a Brain Injury

An information Pack for Parents, Professionals and Schools

2006

Based on a document produced by BICS - a network of professionals working across Education, Social Care and Health and the Child Brain Injury Trust, Northamptonshire for use by all professionals working with a child with Acquired Brain Injury. Amended by members of the Child Brain Injury Trust, Cambridgeshire, Bedfordshire & Hertfordshire, and Cambridgeshire Parent Partnership Service.

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20 June 2006

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1 WORKING TOGETHER

1.1 Introduction

This pack of materials should be used by all professionals working with children and young people who have sustained an acquired ("ABI") or traumatic brain injury ("TBI").

This is a joint initiative promoted by CBIT Cambridgeshire, Hertfordshire, Bedfordshire in partnership with other child health, education and social care professionals in Cambridgeshire.

Schools should keep this pack of information in their SENCO File

National and international research continues to document persistent problems in a significant number of children following brain injury. Despite this, discharge from hospital is often equated with a return to normality and few children receive follow up once discharged. For the less severely injured child the return home and to school is seen as a positive step and the child will often show no major motor or

language symptoms. Potential cognitive, psychological or behaviour problems often emerge later when there is expectation of a higher level of cognitive functioning. Children themselves, their families, friends and school staff tend to view the pupil as s/he was before the brain injury, especially when there is no observable physical disability. This is easy to do, but unrealistic goals are often set. Recovery, too, often occurs at an uneven and unpredictable rate and flexible plans need to be made by staff who are well informed and understand the possible long-term implications of a brain injury.

1.2 Barriers to schools re-entry

Research has identified six major barriers that have consistently interfered with effective and efficient school re-entry. These are:

- Inadequate communication between health education and other professionals.

- The child's cognitive, communicative and other impairments that may impact on new learning capabilities.
- The school's lack of readiness and ability to serve the child effectively.
- The education professionals' lack of training, experience and preparation for this population.
- The family's expectation for early school return and return to normality.
- On-going communication between home and school.

It is important that all professionals involved with a child with ABI or TBI should be provided with information about the nature and possible consequences. They should be prepared for the possible impact of brain injury on the learning process and on strategies for assessing, teaching and managing such students.

As this area is under-addressed in initial teacher training, it is unlikely that teachers will have considered the unique needs of this population, especially as numbers of children with severe disability following a brain injury are not large in this county and as each case is distinct. It makes it even more important that individual cases are addressed effectively and that communication systems work.

To effectively meet the needs of students with a brain injury as they re-enter the school setting, an interdisciplinary emphasis will be required. Early planning will improve the likelihood of a successful transition from the hospital or rehabilitation unit to school. Communication lines should be set up in advance to prevent gaps in the service and any confusion of roles.

1.3 Working together with education and health professionals

The individuals involved should include some or all of the following:-

1.3.1 Liaison Nurse

A liaison nurse will have direct knowledge of the child's immediate needs while the child is in hospital. The nurse will liaise closely with the child's parents or carers and ensure that ward staff know and understand the agreed protocol. The nurse will be able to pass on important information to the Brain Injury Community Support (BICS) Network and schools and the nurse will be able to participate in the discharge meetings, which decide on action plans for the future needs of the child. The nurse liaises regularly with the hospital education staff.

1.3.2 The Hospital Teacher

The hospital teacher will be responsible for giving initial educational advice and support during the child's hospital stay. A relationship will be made with the family and an information leaflet and introduction to a local support group Child Brain Injury Trust (CBIT) will be offered, as and when appropriate. An initial assessment of need is made with information passed on from the acute care team, that information will be communicated to the Community

Paediatrician. Information about the child's previous capabilities will be gathered from the child's school and work will be done on early educational assessments while the child is in hospital. When he or she is ready to be discharged, the teacher will meet with the parents and key staff involved, both from within the hospital and the community to share information, give advice and decide on the next appropriate arrangements. Parents will be advised that this will include assessments and reports by appropriate agencies and that integration back to school will be phased, monitored and carried out according to the agreed protocol and guidelines.

Information will be sent or given to the child's school and lines of communication established with the school may include an initial visit, training and advice for staff, talks to children an initial assessment and integration with continuing assessment. Reports will be written and sent to the parents, carers and personnel involved with the child. Regular meetings will be held to monitor progress and the changing needs of the child. Other agencies will be kept informed of progress until support is handed over to the school's Special Needs Co-ordinator (SENCO). Liaison will be initiated with

the school nurse in order that the child's details are placed on record and the school nurse can monitor progress.

1.3.3 Community Paediatrician

Many Community Paediatricians have neuro-developmental training. They have experience of working as part of a multi-disciplinary team in assessment and rehabilitation. They often take on the role of co-ordinating the service offered across agencies. They are able to raise awareness of the implications of brain injury and possible implications for the people dealing with the child on a daily basis. Counselling, support and information for parents and the child may be offered as appropriate.

There will be early involvement after hospital admission according to the protocol agreed with the hospital.

When the child moves to a specialist unit or is discharged home, the Community Paediatrician may:

- Provide clinical input especially with developmental and educational issues and will assess a child in his or her

own home, reviewing community records (both health and education) to define pre-accident state.

- Co-ordinate a management programme. Links with hospital specialists, therapists and family and education should be made. More neurological assessments may be made to define possible residual damage. A referral for a detailed vision and hearing assessment or psychometric testing may be made if necessary.

The Community Paediatrician may also liaise with:

- The specialist Neurology Service.
- The local Child and Adolescent Mental Health Service (CAMH).
- The Primary Health Care Team (including GPs and School Nurses), Pupil Services at the Local Authority.
- Social Services, especially Care Managers, to organise reviews of progress of rehabilitation, housing or

mobility, defining care packages and making funding arrangements.

- The Primary Care Trust to agree funding issues.
- The School Nurse to ensure that monitoring will take place regularly.

1.3.4 Paediatric Physiotherapist

Following admission, or transfer from a tertiary centre, the child will usually be seen daily on the ward by the physiotherapist, who will devise a scheme of positioning and activities in liaison with the other professionals involved. This will be carried out by nursing and support staff, parents and other carers. It will be regularly re-assessed and updated, particularly in the early stages, when change may be rapid.

After discharge from hospital, physiotherapy care is normally transferred to the appropriate community or special school physiotherapist. They will review and update the

programme appropriately. They will also continue to teach and advise carers on the physical management of the child, and liaise with other professionals and agencies as required.

The aim is:-

- To assist the child to regain or develop their maximum level of mobility and independence.
- To assess and provide appropriate walking aids, standing frames etc. and liaise with other professionals concerning the provision of seating, wheelchairs and any alterations needed with the home and school.

1.3.5 Occupational Therapist

Usually, the child will be initially assessed while still on the hospital paediatric wards, although much of the work of this team is community based. The child will be referred to this service by the hospital or community paediatric consultants.

The service offered may include any of the following:

- Assessment and provision of equipment to enable activities of daily living.
- Assessment of any adaptations that may be necessary at home and school.
- Referral to and liaison with the wheelchair service.
- Liaison with other professionals, particularly with physiotherapists and community occupational therapists and schools.

A variety of treatment techniques may be used in appropriate settings eg the child's school or the home.

1.3.6 Speech and Language Therapist

As members of a multi-disciplinary team, Speech and Language Therapists contribute to the assessment,

diagnosis and management of children with communication and associated difficulties that may arise following brain injury. These may include difficulties with understanding and/or using language, and/or using speech, as well as difficulties with social and communication skills.

Anyone can make a referral to the service, with the agreement of the child, parents or carers. Children may be referred to the service during a stay in hospital or once they have returned home. On returning to the community, the Speech and Language Therapist may work with the child, parents or carers and other professionals to develop effective communication strategies and maximise the child's communications skills. Liaison may be needed between the hospital and later community based therapist.

1.3.7 The Local Authority Specialist Support Services

Advice from the Specialist Support Services should be sought and the appropriate specialist teacher involved.

The statutory procedures for assessment, issue of Statements of Special Educational Needs and reviews within

the regulations of the Education Act 1996 and the Special Educational Needs and Disabilities Act 2001 and according to the Code of Practice should be adhered to.

1.3.8 School Nurse

The relevant school nurse will be informed that the child has sustained a brain injury, by either the ward staff or the hospital teacher. This nurse has direct access to the child's school and can liaise with school staff over the long term. The child's name will be placed on the school nurse records and will be monitored at agreed intervals. If a problem emerges in the future, the school nurse will be able to liaise with any of the professionals within the BICS Network.

1.3.9 Educational Psychologist

The educational psychologist can provide help in clarifying problems and devising problem solving strategies, including techniques in managing behaviour and evaluating individual progress. They also assist schools with the development of their special education needs and behaviour policies and

help to develop knowledge and skills for school staff.

An educational psychologist may become involved in many ways including attending meetings with you or school staff, working with the child at home or school, reviewing written records or observing the child in or around school.

The educational psychologist will use information gathered to help establish what the child needs and agree ways forward to tackle any difficulties.

2 GUIDELINES AND PROCEDURES – WHAT HAPPENS WHEN A CHILD LEAVES HOSPITAL?

2.1 Children who are in hospital for a short term:

- Most short-term children will return to their school where they will resume normal studies.
- Records of work carried out are maintained by hospital teaching staff and can be made available to children, parents or the child's school.

2.2 Children who are in hospital for a longer term:

- The Personal Education Plan ("PEP") and accompanying records of work are maintained by hospital teaching staff and can be made available to the child's own school.
- If the child is unable to return to school and requires home teaching, the child's school will be advised of this so that appropriate provision can be set up.

2.3 Immediately after hospital discharge: Responsibility for the organisation of integration

The school should convene a reintegration and information-sharing meeting. The parents, the child (if appropriate), the Headteacher, Head of Year, Special Needs Coordinator (SENCO), hospital teacher, school doctor, the school nurse, Education Welfare Officer, Educational Psychology Service and Children's Disability Team, if required, should be invited. Involvement in this meeting will be determined by the child's individual needs.

A 'Key Co-ordinator' will be nominated at this meeting to ensure that future liaison and monitoring is effective. An Individual Education Plan ("IEP") will be drawn up and the child will be placed at School Action or School Action Plus as appropriate in line with the expectations of the Code of Practice. This recognises the involvement of other outside agencies and ensures that records are kept and passed on to following teachers, the next school and other professionals.

The school will be given further information as necessary by the specialists involved, about brain injury and its possible short and long-term effects, its implications on cognitive, psychological, social and behavioural areas, signs and symptoms to watch for and who to contact if there are concerns.

The meeting will agree a date for part time return to school as the child will be more tired than usual and often emotionally fragile.

Re-integration to school will always be part-time in the first instance and the key co-ordinator should liaise regularly with the parents and school to discuss changing needs, especially at the beginning of the process. Needs will change and unexpected difficulties may emerge, therefore on-going monitoring is essential. There should be weekly meetings at first, gradually reducing as appropriate. The members of the school-based review team should now consist of SENCO (if different), parents, the child (if appropriate), school nurse and other involved service representatives.

Although not all these members will need to attend all meetings, minutes should be circulated if changes in arrangements are made. The child's needs will be reassessed regularly and the Pastoral Support Plans/Individual Education Plan modified accordingly, acknowledging that in the early days there may be rapid changes and in the following months there may still need to be adjustments to reflect the recovery process or emerging concerns.

It is important that regular reviews are held as the picture can change rapidly. It will be an evolving process and in this respect different from the usual review process of children with Special Educational Needs. It is important that future monitoring meetings are time-tabled as it is easy to forget when the child moves class, school phase etc, especially as these children may not come under the normal 'Annual Review' system. Evidence may be collected that will lead to a request for a statutory assessment. The Educational Psychologist may be requested to carry out a baseline assessment using standardised measures.

Before returning full time to the general classroom the child should demonstrate capability in interacting within the school environment and an ability to respond to instruction. He/she should be able to tolerate multiple stimuli in the classroom and work unassisted for sustained periods of time. Assessment should include the measurement of the ability to acquire new information, ability to retain such information, to behave appropriately in interactions and to attend to task without undue tiredness.

Other professionals according to need will assess progress in areas like physical abilities, speech and language and memory difficulties. The Community Paediatrician is able to make a direct referral to Clinical Psychology.

Research has repeatedly demonstrated and it is important to bear in mind that children with a brain injury may fall within the 'normal' range of test scores, especially when tested in a 'one to one' situation. Therefore capability in a wide range of situations needs to be taken into account and discussed alongside the results of standardised scores. For example, how does the child manage in a less structured environment, where there is distraction from other activities or when self-

initiation is required? Assessment will focus on how well the child responds to the demands of these various environments, taking into account factors, such as physical fatigue, effects of any medication, post-traumatic shock and sometimes bereavement. It is also critical that the child's prior functioning (academic, social and developmental) as well as environmental factors and the family situation are taken into account.

2.4 After the first few weeks at school

Because of the shock of traumatic brain injury and the sudden onset of unexpected impairment and uncertainty of outcome, some families find it difficult to cope. Once the child is discharged from hospital, they often feel left without a support network. They also want to return to their normal routines of family life and work and are keen that the child returns to school quickly. Although they may have been given a pack of information about the possible effects of brain injury from the hospital it may be the last thing that they want to read on discharge. It is important that they are offered advice and information about their child's progress as well as changes made in arrangements. Some brain injury

related problems will reduce over time, but others may emerge later and parents will appreciate advice as to the management of any new difficulties. Referrals may need to be made to Specialist Support Services. CBIT can be valuable support to both families and professionals as can the relevant local authority Parent Partnership Service.

3 ACQUIRED BRAIN INJURY – SUPPORTING THE CHILD

3.1 What to expect from the school

- Maintain contact with parents.
- Hold regular meetings to record, track and review progress, watching for frustration at failure, poor anger control, problems of distractibility, lack of initiative, anxiety, depression, hyperactivity or other behaviour problems. Also to identify key worker.
- Modify individual Education Plans ("IEPs")/ Pastoral Support Plans ("PSPs") as appropriate
- Contact the key worker if there are any concerns between meetings.
- Ensure that the child's records, with information about the details of the injury and minutes of the meetings are

passed on to new class teachers, heads of year and most importantly, the next school.

- The child's name will be kept on records held by the hospital. The school nurse will be able to monitor the child's progress and can involve the appropriate agency if necessary.
- Parents may wish to refer their children to the Disability Register, called SCIP, their contact telephone number is 01480 376404.
- The CBIT video, "Must try Harder" should be viewed by staff within the school.
- Staff should be aware of the Department for Education and Skills guidance on children with chronic medical conditions

3.2 Specific Information For Schools

3.2.1 Introduction

This information has been prepared for schools to use when a child is returning to school following an accident or illness which resulted in brain injury. This information may also be used by teachers who are planning to identify and meet special educational needs in pupils who sustained brain injury some time previously.

3.2.2 What is an acquired brain injury?

Acquired Brain Injury ("ABI") is the accepted term for damage sustained to the brain as a result of injury or illness. It is used in preference to "head injury", because not all injuries to the face or skull result in damage to the brain. Also, brain damage may become evident sometime after the accident in cases where the school was not aware of any initial concern about injury to the head. The effects of ABI are not always apparent in the short term.

ABI may occur when the brain is injured directly (for example by a direct physical blow) or indirectly (for example due to lack of oxygen).

In younger children ABI is likely to result from falls. In children of secondary school age, road accidents involving cyclists or pedestrians are frequently the cause. Research indicates that one in every 200 children is admitted to hospital each year with head injury. Every year, a small but significant number of children survive severe brain injury and require specialised multi-disciplinary rehabilitation services and special support in school.

Other children and young people with ABI may appear to have sustained less severe injuries and may appear to be ready to return to school quite soon.

It is important to remember that the child who has an ABI may also be dealing with some combination of the following:

- Other physical injuries of varying severity.
- Distress or emotional upheaval resulting from recent events.
- Bereavement as a result of an accident.

- Some level of post-traumatic stress.
- Traumatic behaviour disorder.
- Family difficulties.

3.2.3 Why do schools need to be concerned about Acquired Brain Injury?

The child may be keen to return to school and may say that she or he feels all right. Indeed they may look all right and parents are likely to be greatly relieved and anxious for normality to be resumed and for the child or young person to return to school as soon as possible.

Some difficulties may be apparent soon after the injury is sustained, but others may not be noticed until later. The precise nature of the difficulty depends on the area of the brain affected, the extent and severity of the injury, the age of the child when injured and the length of time that the child was unconscious; in a coma or suffered from post traumatic amnesia.

ABI may lead to problems with learning, behaviour, social or emotional functioning and difficulties in one of these areas in school may have repercussions in other areas. Learning or behaviour difficulties which were identified before the child was injured may be more apparent afterwards. Soon after the injury, parents and teachers may consider that the injury has had little effect on the child. Problems may be masked if the child or young person appears to function without difficulty at home. However, learning and using new skills may proceed slowly and problems may emerge gradually.

The individual difficulties that may be noticed following an ABI are not unique to brain injury. However, careful discussion of the child's circumstances and level of information available about any injury may help parents and teachers to understand the nature of the difficulties and the sort of help needed.

3.2.4 What effects of ABI may teachers notice?

The precise effects of ABI will differ according to the nature and extent of the injury and the particular circumstances of

the student. However, teachers may notice combinations of the following:

- General confusion.
- A tendency for the pupil to tire easily.
- Changes in educational progress.
- Difficulties with attention, memory and learning.
- The pupil is more easily distracted than previously.
- Difficulties with visual-perceptual and non-verbal skills, even where language based learning skills appear to be unaffected.
- Difficulties with executive skills, such as getting started on tasks or applying knowledge gained in one context to another situation.
- Emotional, behaviour and social problems.

- Problems with adaptive behaviour.
- Slow speed of information processing.
- Slowness with everyday living skills and fatigue.

3.2.5 What can the school do to help?

It is recognised that the requirements of the National Curriculum, assessments at the ends of Key Stages and financial considerations all need to be taken into account when planning to meet the needs of children with ABI.

If the child had a Statement of Special Educational Need before the injury was sustained, an early meeting to review that Statement may be a useful way of planning support and further action and setting a timescale for monitoring and review.

Most children with an ABI will not already have a Statement. The school will be responding to the child's needs as advised by the Code of Practice through School Action or

School Action Plus, depending on the continuing involvement of external agencies.

As soon as it is noticed that the child is having difficulties in school, it will be important for accurate information to be shared with the relevant staff, and for the need for flexibility to be recognised. Clear communication with parents or carers will be important, especially where the child appears to be unaware of the difficulties or does not accept that there is any problem.

3.2.6 Some strategies which a school can use include: (also refer to CBIT "Must Try Harder" video)

- Consider alternative ways of covering essential work which the child has missed, and then plan how to help the child keep up with current work requirements.
- Allow sufficient time for task completion, even if this means giving a shorter or differentiated task to the child with brain injury.

- Consider alternative methods of recording.
- Give clear, brief instructions about task requirements, repeating these at intervals to keep the child 'on task' and to sustain attention.
- Make sure that the timetable requirements are clear and structured, and a written or graphical form of these is easily available to the child.
- Arrange for the children to work in a place which is as distraction free as possible for short periods of time.
- Use cues and prompts for key points in a lesson, and talk through the task requirements with the child.
- Use prompts for social skills and strategies such as Circle Time to address issues relating to friendships.
- Provide regular feedback to the child, more frequently than is usually the case.

- Encourage and praise the child for success.
- Where behaviour programmes are required, introduce one at a time, with very clear targets.
- Encourage self prompting and self monitoring.
- Allow time for practice and over-learning.
- Ensure that homework requirements are appropriate and clearly understood.
- Provide accurate and relevant information to other children.
- Ensure regular contact with an adult to plan and review the situation and to give the child the opportunity to discuss their hopes and fears.
- Implement an appropriate means of communicating with parents about issues such as homework requirements.

- Keep detailed, accurate records of this work and additional support arrangements.
- Use of ITC/availability of laptops for classroom use.

3.2.7 Concluding comments

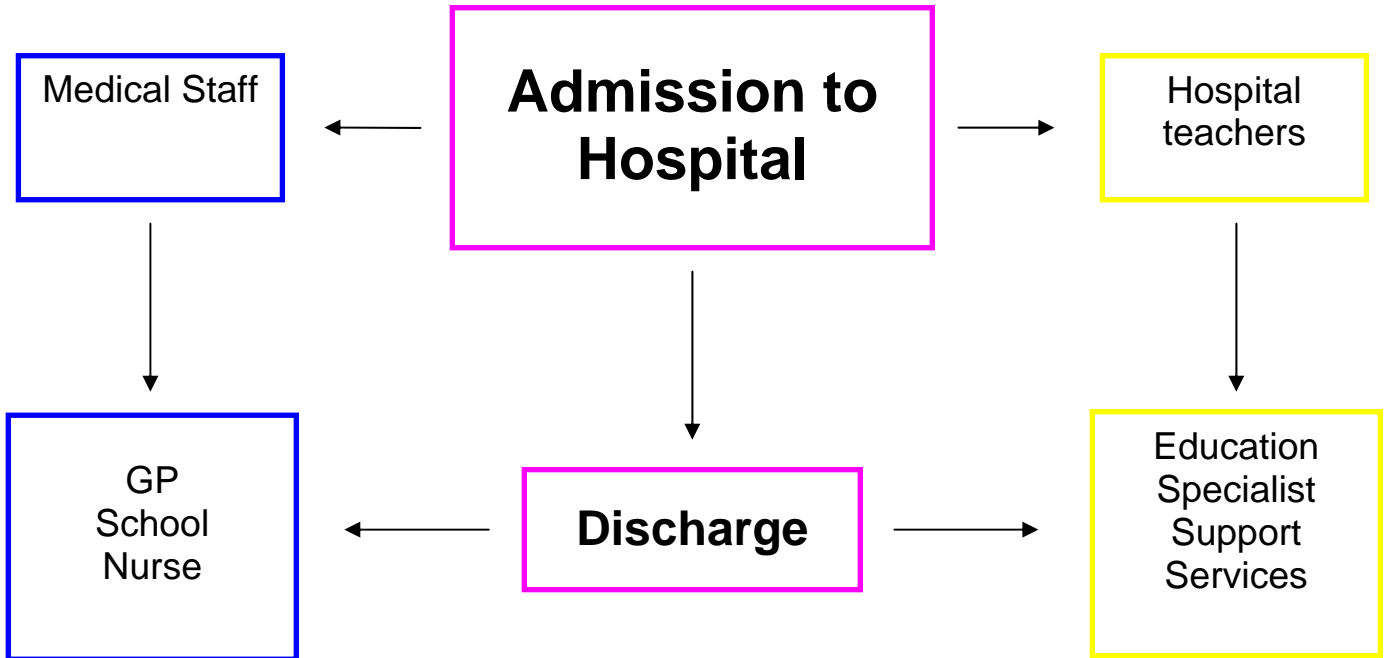
Many children suffer bumps on the head, and only rarely will these lead to difficulties in their education.

However, when problems do arise, they are likely to be complex, and not always evident until some time after the injury was sustained. The hospital teacher is able to carry out a baseline assessment for such children. Careful assessment of the difficulties in the context of more general information about the student and his/her functioning at the time of the injury, will help schools and support services to understand and meet the child's particular educational needs.

3.2.8 For further advice and information:

- Contact Cambridgeshire CBIT coordinator 01223 394986.
- Contact Cambridgeshire Parent Partnership Service for support and information, including support groups, for parents and carers 01223 718154.
- Contact Cambridgeshire Direct for Social Care issues 0845 045 5200.
- CBIT, The Radcliffe Infirmary, Woodstock Road, Oxford, OX2 6HE, 01865 552467, website www.cbituk.org.
- CBIT Helpline 0845 6014939 helpline@cbituk.org.

4 CARE PATHWAY



5 READING LIST

5.1 Books with material on Paediatric head injury/acquired brain injury

- Gronwall D and Wrightson P - Head Injury: The Facts. OUP 1990 (paperback)
Written for the layman, not much on children but good introduction.
- Ponsford, Jennie - Traumatic Brian injury: Rehabilitation for Everyday Adaptive Living. Lawrence Elbaum, 1995. Very readable. Section on children.
- Broman Sarah & Michael, Mary Ellen (eds). Traumatic head injury in children. OUP 1995. The best book of academic articles so far: some of it highly technical.
- Savage Ronald & Wolcott, Gary. An Educator's Manual: what educators need to know about students with brain injury. Brain Injury Association 1995. The definitive text until a UK equivalent is published.

- Sellars Carole et al (eds). Paediatric Brain Injury: The Special Case of the very Young Child. HDI Publishers, 1997 — i.e part of Brain Injury Association material.
- Singer George; Glang, Ann & Williams, Janet (eds). Children with Acquired Brain Injury: Educating and Supporting Families. Paul Brookes publishing, 1998. Aimed at a therapeutic team but not too technical.
- Appleton Richard & Baldwin, Tony. Management of Brain Injured Children. OUP, 1998. Intended for professionals providing acute and post-acute care —by the (non-permanent) team at Alder Hey. Some technical material but mainly accessible to a layman if well-read in the field.
- Johnson D.A., Uttley, D., and Wyke, M. (1980). Children's head injury: who cares?
Taylor and Francis, London

- Fletcher J.M., Ewing Cobbs. L., Miner, MIE. Et al (1990) Behaviour changes after closed head injury in children. Journal of Consulting and Clinical Psychology, 58:93-98
- Farmer J.E., Clippard D.S., Luehr-Wiemann Y., Wright E. and Owings S. (1996) Assisting Children with Traumatic Brain Injury During Rehabilitation: Promoting School and Community Re-entry, Journal of Learning Difficulties, Vol. 29; No 5 532-548

**Education for children with an acquired brain injury (ABI)
Information for families and for teachers**

“Don’t judge a book by its cover”

5.2 A one-day workshop for teaching staff that will encourage you to understand the issues surrounding ABI, suggest ways for you to provide support in the initial stages, provide opportunities to simulate some of the experiences that children with an acquired brain injury face, offer practical strategies for the classroom and provides you with a comprehensive reference resource. This can be held at venues across the UK. Contact CBIT for more details.

“Must Try Harder”

Meeting the educational needs of children after acquired brain injury

This DVD is 16 minutes long and features children, families, teaching and medical professionals. A copy of the DVD and accompanying booklet is available free of charge to families. Professionals can buy a copy from the Encephalitis Society:

www.encephalitis.info **01653 699 599**

Teacher’s information pack

This practical and informative pack, written by a teacher, can be downloaded as a Word document free of charge from our website: www.cbituk.org. Other information on our website should also help you to understand the issues faced by children and young people with ABI.

Various publications

written for children and young people

- **“Learning from the Experts”**

A group of young people with an ABI have produced a set of leaflets outlining some tried and tested strategies to overcome the issues that young people with an ABI face. Printed stock is in very short supply, but we can send out photocopies if need be. Copies are available to download from our website www.cbituk.org

- **“Sam and the Green Velvet Monkey”**

£5 from CBIT

A charming picture book for young children, about a boy coming to terms with his brother’s accident and brain injury.

- **“A Hit on the Head and Where it Led”**

£7.50 from CBIT

An illustrated story in rhyme for young children; it covers an accident, hospital procedures and the return to school.

Information for parents

free from CBIT

A factsheet listing various specialist educational services across the UK that can guide you through the 'Statementing' process.

5.3 Publication List

Website: www.cbituk.org

All information from our website can be downloaded free of charge.

This includes a practical and informative teacher's pack.

- **“You're not the only one”** – Having a Brother or Sister with a Head Injury. Written by Dr Judith Middleton

Leaflets:

- **“Learning from the Experts”**

A group of young people, aged 11 – 16 years, with an acquired brain injury (ABI) have produced a set of 4 leaflets outlining some of the difficulties young people with an ABI experience, along with some tried and tested strategies to overcome these.

Our printed stock is in very short supply, but we can send out photocopies if need be. They can be downloaded from our website: www.cbituk.org

Research Reports: 40 page A4 book giving a family perspective.

- **“Scotland 's Invisible Children: Acquired Brain Injury Revealed”**

Other formats

- **DVD & booklet – “Must Try Harder”**

Meeting the educational needs of children after acquired brain injury. Produced with Tyne & Wear Health Action Zone and Acquire. The video is 16 minutes long and features children, families, teaching and medical professionals. The accompanying booklet contains useful information.

- **Handbook – “Swimming through Treacle”:** A family’s guide to services for children with an acquired brain injury in Wales.

- **Information CD Rom - “Things Can Get Better”**

Aimed at parents, this **CD Rom** explains Statementing and gives information on how to get the best out of the education system for your child.

- **Music CD Rom “The Long Road” by Rowena Wilson**

Four songs written and recorded by a young person about her life following a road traffic accident.

Most of our publications are free of charge.

Publication Order Form

Publication	Qty	£
Sam and The Velvet Monkey Story Book		£2.50 - families <input type="checkbox"/> £5 – Special offer for Professionals <input type="checkbox"/>
Scotland’s Invisible Children		£5 per copy
A Bump on the Head and Where it Led		£7.50 per copy
“You’re not the only one” Booklet		1st Copy FREE then £2.00 a copy
“Must Try Harder” (DVD)		Free to families
“Things Can Get Better” (CD-Rom)		1st Copy FREE then £5.00 a copy
“The Long Road” (CD)		1st Copy FREE then £3.00 a copy
“Learning from the Experts” sets of 4 leaflets		Donations welcome
Swimming through Treacle		Free to families in Wales

(Please make cheques payable to Child Brain Injury Trust)

Name:

Address:

Phone:

Email

Please tick the box if you **don’t** want to be added to our database to receive information on CBIT and forthcoming events.

Please send this form in to the address below.

As we are a charity any donations would be gratefully received

Publications for children about acquired brain injury

- **“Learning from the Experts” A set of leaflets available from CBIT**

Written by young people with an acquired brain injury (ABI), namely ‘the experts’, these leaflets offer information and tips to other young people with ABI. The set of 4 leaflets includes 1) an introduction, 2) ideas to help with schoolwork, 3) ideas to help at home and with your friends and 4) tips on managing fatigue.

- **Elvin, The Elephant Who Forgets available from Acquire**

An illustrated book, suitable for younger children, that shows the struggles, emotions and confusion of a child with a brain injury. £6 (incl. p & packing)

From Acquire, Manor House Farm, Wendlebury, Oxon OX25 2PW

info@acquire.org.uk

Tel: 01869 324339

- **Pook the Hamster wants to know what’s wrong with Lucy and Ben’s Dad £5**

Aimed at children of an adult with ABI, each chapter focuses on a different disturbance. This allows families to choose the sections most relevant to their situation or read as a complete narrative. Available from Lishman Brain Injury Unit, The Maudsley Hospital, Denmark Hill, London, SE5 8AZ (cheques to Laura Bach)

l.bach@iop.kcl.ac.uk E.Leigh@iop.kcl.ac.uk Tel: 020 7919 3217

- **Headstrong: all about brain tumours**

Headstrong consists of two booklets (one for 7- 9 yr olds; the other at 10 –12 yr olds), a CD-rom and a specially designed website: www.headstrongkids.org.uk

A copy can be provided free to families affected by brain tumours, donations are appreciated. Available from Brain & Spine Foundation, 7 Winchester House, Kennington Park, Cranmer Rd, London SW9 6EJ

(Cheques to ‘Brain & Spine Foundation’)

headstrong@brainandspine.org.uk Tel: 020 7793 5900

- **Benny the Bear**

A series of three books about a special bear with a shunt but lots of boys and girls have a shunt too. Aimed at 4 – 5 yr olds. Available from the Association for Spina Bifida and Hydrocephalus (ASBAH), 42 Park Rd, Peterborough PE1 2UQ

postmaster@asbah.org

Tel: 01733

555988

- **My Dad's had a brain injury! Available from Headway**

Illustrated book for children with a parent with ABI, includes a diagram of the brain and explanations of some medical terms. £4

enquiries@headway.org.uk

Tel: 0115 924 0800

'Learning from the Experts – that's us'

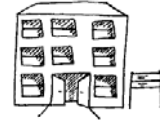
young people write about living with acquired brain injury

A group of young people, aged 11 – 16 years, with an acquired brain injury (ABI) have produced a set of 4 leaflets outlining some of the difficulties young people with an ABI experience, along with some tried and tested strategies to overcome these.



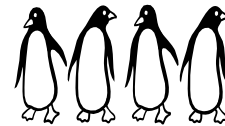
1) *Introduction to the group* : The Experts

2) *Memory* : ideas to help with school work



3) *Memory* : ideas for home and with friends

4) *Managing Fatigue* : "Chill Out"



Copies are available to download from our website

www.cbituk.org

Our printed stock is in very short supply, but we can send out photocopies if need be. Call us on 01865 552467 or email info@cbituk.org

Factsheets

1. Acquired Brain Injury
2. After it happens
3. Leaving hospital – What should happen?
4. Child and Family Support
5. Referrals and second opinions
6. Difficulties with sight
7. Difficulties with hearing
8. Seizures
9. Fatigue
10. Changes in behaviour
11. Bullying
12. Impact of acquired brain injury on your child's education
Terminology explained
13. Information for staff in education

14. Learning from the experts
15. Social Services - Ways that it can provide support
England and Wales

Social Work – Ways that it can provide support
Scotland

Social Work – Ways that it can provide support
Northern Ireland
16. Legal support
17. Financial support
18. Mobility
19. Alterations to your home
20. Moving into adulthood

Please contact Angela Beric on 01223 225255 or email angela.beric@taylorvinters.com for a copy of the above factsheets.