

The Child Brain Injury Trust is a national charity supporting anyone affected by childhood acquired brain injury. The following information has been developed to help the reader understand more about brain injury and some of the associated issues. Every effort has been taken to ensure the information is accurate and up to date. If you require advice, information or wish to make a referral please visit: <https://childbraininjurytrust.org.uk/how-we-help/advice-information-referrals/>

This Factsheet is aimed at parents and teachers to assist in supporting children and young people in school following childhood acquired brain injury. These strategies are also available as part of our “Understanding Childhood Acquired Brain Injury” one day Workshop, that is offered without charge to those working in education (these workshops are for professionals only, parents can view our E-Learning sessions). For more details about these Workshops please see our [Website](#)

Returning to school after a period away can be an overwhelming experience for any child. What may appear at first to be initial difficulties adjusting, could well turn out to be more permanent for a child with a brain injury.

However much can be done to support the child or young person. By adopting at least some of the strategies in this Factsheet, you will be able to support a child with an acquired brain injury much more effectively within the classroom.

The strategies are very practical and can be applied at any time and there is a section for each of the following:

- Attention and Concentration
- Memory
- Perception
- Planning and Organising
- Fatigue
- Behaviour
- Social Skills
- Communication
- Physical skills
- Activities for daily living

In addition to the information contained in our Factsheets, the Child Brain Injury Trust also have a range of freely available e-Learning sessions covering a broad range of topics to support professionals and families alike. Once you have registered to view the eLearning you will be able to access all sessions without charge, and no further registration is required. Please follow the link below:

[E-Learning Library - Child Brain Injury Trust](#)

ATTENTION AND CONCENTRATION

High levels of distractibility and difficulties concentrating can have significant long-term effects on a child’s education



Common Issues	Suggested strategies
<ul style="list-style-type: none"> • Difficulty dividing attention between two or more tasks. • Issues concentrating and staying on a task within a busy and noisy classroom. • Problems with attention - closely related to memory difficulties and fatigue (See relevant sections). • Being easily distracted other children, nearby activities or objects. • Difficulty following instructions 	<ul style="list-style-type: none"> • Keep the task simple and focussed. • Use short prompts and cues , limit the overall amount of information given at any one time. • Break down tasks into achievable chunks. • I-I teaching, particularly with complicated and complex material. • Reduce distractions within the classroom (auditory and visual) • Position in classroom – where would be the least distracting? • Short periods of concentration Remember: it’s 5 times harder for a child with a brain injury to concentrate! • Vary teaching style to maintain interest • Use time out/cue cards • When giving instructions, get the child's attention by calling their name and making eye contact • If possible schedule important and demanding activities early in the day or after a longer break • Allow time for regular breaks, and give the child errands that let them move around • Alternate activities between mentally demanding and less challenging or physical ones.

MEMORY

Short-term memory loss (ie. not remembering recent things) is quite commonplace following an acquired brain injury even though information learnt prior to the injury is often preserved. Short-term memory loss can be an issue in the classroom, in the playground and at home.



Common difficulties	Strategies
<ul style="list-style-type: none"> • Immediate recall of information (short term memory) • Learning and retaining new information • Maintaining conversations • Confabulating – using words that they feel fit into context but are in fact incorrect • Poor carry over of information from one situation to another • Fluctuating memory difficulties (ie. from day to day) • Following and remembering homework instructions • Following a book, film or story • Sequence of stages in new tasks • Route finding (eg. classroom, locker) • Remembering homework – what to do, and when to hand in • Remembering which classroom to go to 	<ul style="list-style-type: none"> • Reduce distractions • Identify strengths and weaknesses • Use ‘sight, sound and touch’ approaches to teaching • Encourage diaries, checklists, timetables • Repeat instructions to ensure that key aspects are remembered • Talk through lessons afterwards • Written instructions to compliment verbal • Provide opportunities for over learning (repetition and variation, pre learning key vocabulary for new subjects) • Present information in small chunks – don’t overload • Use prompts • Differentiated school work • Consider a buddy to help with getting to class • Summarised pre learning of topic • Having two sets of books, one at home and one set for school • Use portable technology – diaries and recording on Mobile Phones/Tablets • Encourage student to ask for help, often they are reluctant to do so.

PERCEPTION

Children with an acquired brain injury may have difficulties writing, drawing, judging distances, negotiating furniture, copying from the board in class, presenting work, understanding social space and even getting dressed in the morning.

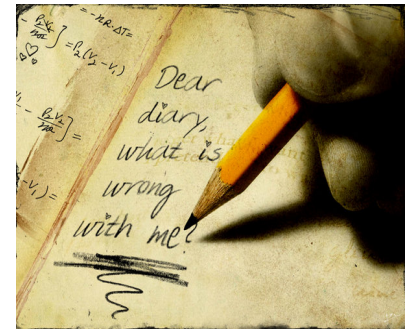


Common Difficulties	Practical Strategies
<ul style="list-style-type: none"> • Spatial awareness <ul style="list-style-type: none"> – Getting clothes the right way round when dressing. – Negotiating obstacles when walking. – Transferring information from 2D to 3D in technology / science lessons. • Figure ground skills <ul style="list-style-type: none"> – Finding a particular item in amongst a multitude – Finding the right information on a busy worksheet • Changing lines or knowing when they have got to the end of a line • Copying from the board • Shape, number and letter recognition • Reduced awareness <ul style="list-style-type: none"> – Bumping into objects – Difficulty reading / scanning left to right • Poor motor planning due to a lack of awareness of parts of their body in relation to themselves and the environment • Colour recognition 	<ul style="list-style-type: none"> • Consistent and routine approach • Reduce the number of objects on a surface to assist with locating something • Differentiated worksheets which aren't "busy" with information • Verbal prompts for dressing tasks (fastenings may need adapting) • Multi-sensory learning experiences <ul style="list-style-type: none"> <i>Writing a letter</i> <i>Looking at the letter</i> <i>Tracing the shape</i> <i>Copying the letter</i> <i>Saying its name out loud</i> <i>Writing the letter from memory</i> • Keep key objects in the same place • A red line at the extreme edge of the page and verbal prompts to help scanning left to right • Using a specialist reading tracker • Use different colour of paper to suit the student • Block out/remove unnecessary text/ information

PLANNING & ORGANISING SKILLS

(Sometimes called Executive Skills)

‘Executive skills’ are the sorts of skills that an office worker might use, such as planning, organising and problem solving: attributes that often typify a ‘good leader’ or executive. Children begin to develop many of these skills at school.



Common difficulties	Practical strategies
<ul style="list-style-type: none"> • Planning • Organising activities • Setting goals • Initiating communication and tasks • Divergent thinking – flexible problem solving • Monitoring actions and acting on feedback • Judgement • Coping with more than one task at a time • Being aware of how behaviour impacts other people and altering it accordingly • Focussing attention • Self-directing skills • Speed at which information is processed • Completing work within lesson time • Planning homework 	<ul style="list-style-type: none"> • Break down tasks into manageable chunks • Gradually reduce the prompts over a period of time (if suitable) • Encourage the use of a diary and watch to manage time • Timetables, homework books and checklists to assist with organisations • 1 - 1 planning and feedback • Explain the learning outcome beforehand • Key stage 4 and above: consider choice and number of subjects • Realistic goals • Establish clear expectations • Step by step approach to problem solving • Consider using a ‘buddy’ system • Use technology – diaries, apps and reminders for Mobile Phone and Tablets

FATIGUE

We all experience tiredness to varying degrees but most of us know how to manage it. It is often typified by a lack of energy or interest in things. Having a brain injury isn't something that a good night's sleep will cure. It may be something that continues long after a brain injury has occurred.



Common difficulties	Strategies
<ul style="list-style-type: none"> • Increased tiredness, particularly as the day wears on • Producing work within specified time frames • Performing straightforward and routine tasks • Perceived uncooperativeness and laziness • Doesn't appear to listen when spoken to • Easily distracted • Difficulties playing and socialising, particularly as the day wears on • Aggression and frustration, particularly when being challenged • Increasing tiredness as the week goes on 	<ul style="list-style-type: none"> • Gradual return to school • Become aware of times when the child is more prone to tiring (child may have difficulties recognising this themselves) • Plan the timetable (if possible) so that topics requiring increased levels of concentration happen earlier in the day • Incorporate rest periods during the day, ideally somewhere quiet where a child can rest and recharge • Recognise that some days the child may fatigue more easily than others – good days and bad days are common • Processing verbal information more difficult when tired. Try simplifying verbal instructions. • Having a bite to eat can sometimes help! • Allow time for a rest break to recharge • Have a “time out” card to allow for breaks • Offer a reduced timetable • Complete a diary to assess any patterns in fatigue i.e. different times of day, days of the week, specific lessons etc • Reduce the amount the pupil carries

BEHAVIOUR

The brain is responsible for everything your body does. It controls what a person thinks, feels and how they respond to situations. It is unsurprising, therefore, that changes in behaviour are likely following brain injury. Behavioural issues following brain injury are the most difficult for schools to tolerate and the most significant barrier to integration (Walker &



Wicks, 2005).

Common difficulties	Practical strategies
<ul style="list-style-type: none"> • Lack of motivation • Withdrawn and quiet or conversely loud and disinhibited • Lack of initiative • Reduced spontaneity • Immaturity • Impulsiveness • Rushing things • ‘Over the top’ reactions • Tactlessness • Aggression • Lack of inhibition • Reduced insight • Sexual inappropriateness • Altering behaviour depending on the situation (eg. Behaving differently in the playground than you would in school assemblies) 	<ul style="list-style-type: none"> • Identify the triggers and observe the behaviour • Negative consequences may ‘fuel’ the unwanted behaviour, as may being ‘told off’ • Respond either before or during the incident when the behaviour is ‘fresh’ • Responding before the behaviour escalates gives the child some responsibility for managing their own behaviours • Focus on the behaviours you are trying to promote, rather than the negative ones you are trying to extinguish • Address one behaviour at a time and ensure that everyone is working on the same behaviour at the same time • Keep track of progress, but be aware that the behaviour may get worse before it gets better. Persevere!!! • Ensure that any limitations/ boundaries you place on a child’s behaviour are then achievable by the child • Give constructive feedback

SOCIAL SKILLS

We learn how to behave and respond to situations and to people on the basis of what we experience. To make it worse, social expectations are often unwritten and therefore harder to understand.



Common Difficulties	Strategies
<ul style="list-style-type: none"> • Making friends • Listening • Showing an interest in people or conversations • Asking and answering questions • Being rude, silly or immature • Inappropriate language, comments or laughter • Interpreting and using facial expressions and body language • Invading personal space eg. standing too close to someone • Taking turns • Making eye contact • Understanding humour or sarcasm 	<ul style="list-style-type: none"> • Discuss school rules and expected behaviour • Establish specific rules for specific situations • Identify the triggers and intervene before the situation escalates • Avoid stressful or competitive situations • Try to avoid confrontation or arguments with the child • Discourage behaviour with verbal or non-verbal cues • Praise appropriate behaviour • Talk about what would have been a better way to behave • Working on sharing and taking turns in small group situations • Avoid using jokes or sarcasm

COMMUNICATION

It is not uncommon, after a brain injury, for a child to have difficulties speaking and understanding what others say, even though hearing is not affected. Difficulties may not be obvious in general conversation, but become apparent in more complex social situations or where abstract thought processes are required.



Common difficulties <i>Understanding language</i>	Practical strategies
<ul style="list-style-type: none"> • Listening and paying attention • Understanding and interpreting what has been said • Following verbal instruction or detail eg. directions 	<ul style="list-style-type: none"> • Extra time for discussion and explanation • Provide written information to support verbal instructions • Reduce distractions (auditory and visual) to facilitate listening • Speak a bit slower • Keep your language simple • One instruction at a time • Repeat instructions and encourage the child to actively ask for them to be repeated
Common Difficulties <i>Use of language</i>	Practical strategies
<ul style="list-style-type: none"> • Delayed verbal responses • Struggling to access specific words • Inaccurately naming objects and people (eg. Mrs Foster instead of Mrs Frost) • non-specific descriptions (eg. "that thing"). • Unclear language • Lack of detail and depth in conversation 	<ul style="list-style-type: none"> • If the child cannot 'find' the right word, support them to <ul style="list-style-type: none"> – Describe it – Use gestures/ pointing – Visualise the object or spelling of the word – Mimic the sound that the word starts with – Complete your sentence – Describe some things about the words • Avoid using complex words/descriptions • Verbal/ non-verbal cues to prevent "rambling" (discuss cues with child)

PHYSICAL SKILLS

Most children will experience some level of physical difficulties after brain injury and these can have a considerable impact on educational and psychological functioning. Epilepsy, tremor, weakness, sensory loss, subtle visual problems and hearing loss can all have repercussions on a child's learning, social relationships and self-image.

Transport to and from school

A child with an acquired brain injury is likely to tire much more quickly than his or her peers. Speed, stamina, strength and balance may all be affected. Walking or relying on public transport may tire the child to the extent that performance in school may be compromised.

It might be necessary to consider special transport arrangements to and from school to minimise tiredness during the day. This may turn out to be a temporary or permanent arrangement.

Movement around school

Due to physical difficulties, the child may need extra time to move around school. They may have difficulties carrying bags, books etc from class to class and it might be necessary to provide support. The greater the distance between classes, the more the child is likely to struggle or tire, so it is worthwhile considering room locations and timetables.

Stairs

Stairs may be particularly difficult. They may need to be avoided or some sort of support given. Handrails are often necessary and it might be a good idea to allow some extra time. If possible, keep lessons on the ground floor or alternately, avoid several level changes in one day.

In the classroom

Tiredness, both physical and mental, will drastically affect a child's performance in class. You might notice changes throughout the day, in the course of a lesson, as well as on a daily basis.

It may be necessary to place the child's desk nearer to the front of class or by the door to reduce the amount of walking and allow easy exit for the next class (but do remember the distractions that this might involve). The child may need to have rest periods during the day or shorter school days. The more tired a child is the more pronounced their physical problems will be. Correct supportive seating can certainly help to minimise physical exhaustion.

Lunchtime

The child may need extra time or support in order to get to the canteen. It is better for them to be first rather than last as queuing for any period of time may be too tiring. They may require assistance to carry trays etc to their seat and they may also need more time to eat their food.

In the playground

Some children with an acquired brain injury will have difficulties with balance and co-ordination, and this will be even more likely when fatigue sets in. Close supervision is often necessary in a busy playground environment

PE lessons

Children may feel self-conscious in PE lessons. They may have physical scarring from their accident or may be embarrassed at their decreased physical skills. You may need to adapt PE and games, or allow the child a rest period / alternative lesson at this time. Each child is different and it is important that they don't feel like they are being singled out, so it is important to talk with the child about how they feel, and possibly discuss it further with the child's physiotherapist if you require further advice.

Wheelchairs

Children with an acquired brain injury may return to school with a wheelchair, although they may not need it at all times. It's important not to assume that because they can walk they do not need the chair. Self-propelling wheelchairs are hard work so the child will most likely welcome some support with it, and moving around it in it will necessitate some extra space in the classroom and in the corridors. You might want to consider allowing the child to leave class a few minutes early to avoid the rush.

ACTIVITIES FOR DAILY LIVING

After acquired brain injury, a child can have difficulty with everyday tasks such as eating and drinking, dressing and ablutions.

Eating and Drinking	Strategies
<p>The child may</p> <ul style="list-style-type: none"> • be unable to cope with the noisy canteen • not be able to carry food on a tray to the table • be unable to manipulate their usual cutlery • not be able to open packaging. • not remember to eat / drink. • have a loss of appetite. 	<ul style="list-style-type: none"> • Support the child gradually to enable reintegration in to the school canteen. • Provide physical assistance to carry trays / open packaging. • Use a buddy system to ensure they eat/ drink at appropriate times. • Use positive encouragement when a child has loss of appetite and liaise with parents / carers to explore interesting meal options. • Assist with money management when appropriate. • Ensure they have access to appropriate feeding and drinking equipment. The Occupational Therapist can advise on this.

Dressing	Strategies
<p>The child may be unable to</p> <ul style="list-style-type: none"> • sequence dressing • get clothes the right way around. • dress at speed. • manage fastenings (buttons, zips, laces). 	<ul style="list-style-type: none"> • Allow extra time getting changed for PE lessons. • Provide support / prompts to ensure dresses correctly. • Adapted fastenings and easier clothing may increase a child's level of independence. • Provide assistance to put on and fasten aprons / overalls.
Personal Hygiene	Strategies
<p>The child may be unable to</p> <ul style="list-style-type: none"> • remember to wash hands. • wash effectively if they have reduced hand function in one or both hands 	<ul style="list-style-type: none"> • Provide verbal prompts to wash hands at appropriate times during the day. • Provide assistance to wash as and when required.
Toileting	Strategies
<p>The child may be unable to</p> <ul style="list-style-type: none"> • transfer on / off the school toilet safely. • manage clothing. • clean selves after toileting. • remember to go to the toilet in break times. 	<ul style="list-style-type: none"> • Ensure they have access to appropriate equipment for toileting. The Occupational Therapist will be able to advise on this. • Provide assistance with toileting. • Provide prompts to go to the toilet in break times.

Managing Periods	Strategies
<p>The child may be unable to</p> <ul style="list-style-type: none"> • cope emotionally with their periods following an acquired brain injury • remember to bring in any feminine hygiene products • remember to change feminine hygiene products at regular intervals 	<ul style="list-style-type: none"> • A designated member of staff for the child to go to for feminine hygiene materials. • Prompting by a sensitive member of staff to change their feminine hygiene materials at regular intervals

Child Brain Injury Trust has a list of publications for children on the topic of acquired brain injury. There are books for young children, which would be appropriate for a primary school teacher to read with the class to give classmates an understanding of some of these issues. Please contact the Child Brain Injury Trust office for details.

MAKE A DONATION TODAY

The Child Brain Injury Trust relies on grants and donations to enable us to continue our work supporting families affected by childhood acquired brain injury.

Please help us to continue our work by making a donation today –to make a one-off donation or set up a monthly donation.

Thank you – your donation does make a difference.



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