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Reports Summaries – a weekly service of essential summaries, in-depth reports and critical analysis that's new and relevant to education, linked to original source documents.

SUPPORTING A BRAIN-INJURED CHILD ON THE RETURN TO SCHOOL

Keywords

Brain injury, child, school, environment, impairment, memory, learning, concentration, information processing, experience

Summary

When a child suffers a brain injury, in particular after an accident, it can be difficult for them to reintegrate back into school. They could suffer from cognitive issues, behavioural difficulties and a lack of confidence and need that extra support to ensure they can succeed at the best of their ability. Here, Caroline Klage, Head of Child Brain Injury at Bolt Burdon Kemp, provides legal advice on how children with a brain injury should be supported when back to school.

Returning to school after the long summer break can be unsettling for any child - there are new staff to meet, new subjects, possibly a change of environment and the tricky social world to navigate. It is even more unsettling for a child following a brain injury.

The impact of brain injury

How a child is affected by a brain injury will depend on the severity of the brain injury and the nature of the damage. Typical features of brain injury include:

- Impairment in memory, including word finding difficulties
- Difficulties concentrating
- Difficulties in and reduced speed of information processing
- Difficulties in planning
- Increased irritability
- Lack of empathy
- Sensory integration difficulties including sensory sensitivities ie sensitivity to light, smell, sound, touch or taste and sensory seeking behaviour
- Headaches
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- Anxiety, which can be triggered by various factors such as changes in routine or sensory sensitivities
- Obsessive traits
- Impairment of gross and fine motor function
- Impairment of balance
- Impulsive and or inappropriate behaviour
- Difficulties managing emotions and quickness to anger
- Difficulties in interpreting the tone of voice and facial expressions of others
- Reduced or lack of insight
- Apathy
- Fatigue.

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A child may experience a combination of these impairments which contrive to reduce self-esteem and confidence, with the child feeling uncomfortably different and often wrongly, less intelligent than his peers.

Every child with a brain injury will be uniquely affected. Without experience of a particular child, it can be hard to second guess what might upset or unsettle him, as no two children are the same.

The brain-injured child may suffer from a "hidden" disability – it will not be obvious by simply looking at him that he is brain-injured, but he will be experiencing a number of challenges which cause him to present behaviour that may unwittingly be dismissed by peers and teachers as 'weird', challenging, rude or at worst, deliberately naughty. When the cause of the child's behaviour is misunderstood, the approaches adopted to manage that behaviour may not be appropriate and in extreme examples, the child may be punished and/or made an example of, which will simply cause confusion, distress and impact negatively on already low confidence and self-esteem.

As a starting point, it is therefore vital that teachers and teaching assistants working with and supporting a brain-injured child are mindful of how that child's brain injury may impact upon his ability to function, to learn and to interact with his peers and teachers.

Specialist advice, guidance and training from healthcare professionals including an educational psychologist, occupational therapist and speech and language therapists will be essential in ensuring the child is properly supported and can flourish both academically and socially.

Education and Health Care Plans

To secure the provision of specialist input, consideration must be given as to whether the child requires an Education and Health Care ("EHC") Plan and if appropriate, steps taken with the parents' cooperation to request an EHC needs assessment, following which the local authority will decide whether or not to issue an EHC Plan. Alternatively, parents may wish to take the lead with the school's cooperation.

The EHC Plan should detail the child's special educational needs, the special educational provision required to meet those needs, any health care provision that has been assessed as reasonably required and any social care provision that has been assessed as reasonably required. The local authority is under a duty to secure the educational provision detailed in the Plan and to ensure it is delivered.

Currently, local authorities are incredibly stretched and applying for an EHC needs assessment and then securing an EHC Plan detailing the appropriate provision can be a battle. To stand a chance of succeeding, applicants must, at the very least demonstrate the school concerned has used and exhausted all resources available to it within its existing budget but that still, the child's needs are not being met and so extra provision via an EHC Plan is necessary. Strong evidence is also needed to demonstrate the child's particular needs and the requirement for extra provision which can include input from healthcare professionals and funding for a part-time or full-time learning support assistant.



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Detailed notes from teachers and teaching assistants and incident forms can be persuasive evidence, as can reports from healthcare professionals instructed on a private basis if parental funds permit i.e. educational psychologist, occupational therapist, speech and language therapist and physiotherapist.

Communication and the sharing of information

From the outset, observation and the constant sharing of information about the child by everyone involved in his life is key. This will reveal patterns in behaviour which can inform the approach to be adopted. For example, sharing information about how and when 'meltdowns' occur may help to identify the potential triggers to meltdown and pre-emptive strategies can then be introduced. Parents may notice how a child may present or behave when anxious, eg some children may laugh, others may lash out. Sharing this information with school will ensure staff are alert that if the child laughs in a situation where this is out of context or begins to lash out, he may be anxious rather than being cheeky or deliberately disruptive and steps can be taken to reassure the child, rather than to punish him.

To ensure excellent lines of communication are established not only between school staff but also between school staff and parents, it is helpful to timetable regular communication and information sharing sessions, with key points being recorded and information being regularly reviewed. Often, a home link book may assist, where staff can make notes about the school day for the parents' consideration and parents can also provide feedback for school to consider. For more sensitive information, establishing lines of communication via email is quick and effective.

Environment

The school environment can present so many challenges. Picture how a child with a brain injury might struggle to cope with:

- Too many children in close proximity to him
- A noisy environment
- The harsh sounding of a klaxon or school bell
- Buildings that are hard to negotiate, particularly in older schools where buildings may have been extended and added to over the years
- Changes in routine with no warning i.e. a supply teacher because a subject teacher is absent or a change in the layout of the classroom or a change in the wall displays
- At the secondary stage, interpreting a timetable, coping with the organisational nightmare of having to move to different classrooms with different teachers and possibly different children for each lesson, or the multi-tasking demands of break times, where there is a short period of time to go to the toilet, have a drink and snack and then visit the locker to put away any equipment and materials used in the last lesson and collect what is needed for the next lesson
- Trying to fit in socially, when processing speed is slower than before or it is difficult to follow

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- conversation in a group of peers
- Coping in sports lessons and clubs when coordination and balance may be impacted
- Struggling to keep up in lessons and forgetting what has been covered and what is expected for homework
- Where possible, steps should be taken to either remove some of the above difficulties, but where that is not possible, to manage them, for example:
- Allowing the brain-injured child to leave lessons five minutes earlier and encouraging them to arrive 5 minutes earlier to avoid crowded corridors and stairwells
- Allowing the child to use a quieter side entrance to enter the school in the morning and to exit in the afternoon
- Providing ear defenders where the child struggles to cope with noise
- Ensuring the child has a quiet and safe space to retreat to when they are overwhelmed and anxious
- Giving the child good and regular notice of any changes in routine can help them better cope with change
- Ensuring there is a calm and more structured lunchtime/break-time activity on offer if the child is struggling to cope with the hustle and bustle and also the unstructured nature of break-times
- Providing additional assistance with organisation and planning
- Ensuring extra-curricular clubs are available that meet the child's interests
- Organising small groups set around a particular activity where the child can develop social skills on the advice of the local speech and language therapist eg Lego club which can involve Lego therapy
- Giving some consideration as to whether lessons and lesson materials need to be differentiated for the child. Usually, specialist educational psychology advice can assist with this. Some children may need information to be broken down into smaller chunks and may benefit from a member of staff going through what will be covered in a lesson beforehand and/or reinforcing what was covered afterwards. Some children may not be able to cope with the entire lesson
- Staff members may need to assist the child to note down homework and ensure the child has a full understanding of what is required of him, perhaps communicating this to parents too. Homework requirements may need to be moderated where a child fatigues easily
- Staff should consider whether offering to scribe for the child or providing an iPad or laptop may aid communication
- It might also be reassuring for a key member of staff to visit the child and his family at home before he returns to school to address anything that is worrying them and also to explain carefully to the child what to expect when he returns to school.

Conclusion

Securing an Education and Health Care Plan is likely to be the best way to ensure the child's special educational needs are properly met, as, if the local authority deems it appropriate, the child and school will be able to access advice and input from key healthcare professionals as

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well as possibly securing funding for teaching assistant support. Pending the application, advice can be sought from a number of charities including:

- The Child Brain Injury Trust childbraininjurytrust.org.uk
- Contact a Family www.cafamily.org.uk
- IPSEA <https://www.ipsea.org.uk>.

Caroline Kluge is Partner and Head of Child Brain Injury at Bolt Burdon Kemp and is an IPSEA qualified SEN (Special Educational Needs) advisor.

WEB LINK

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