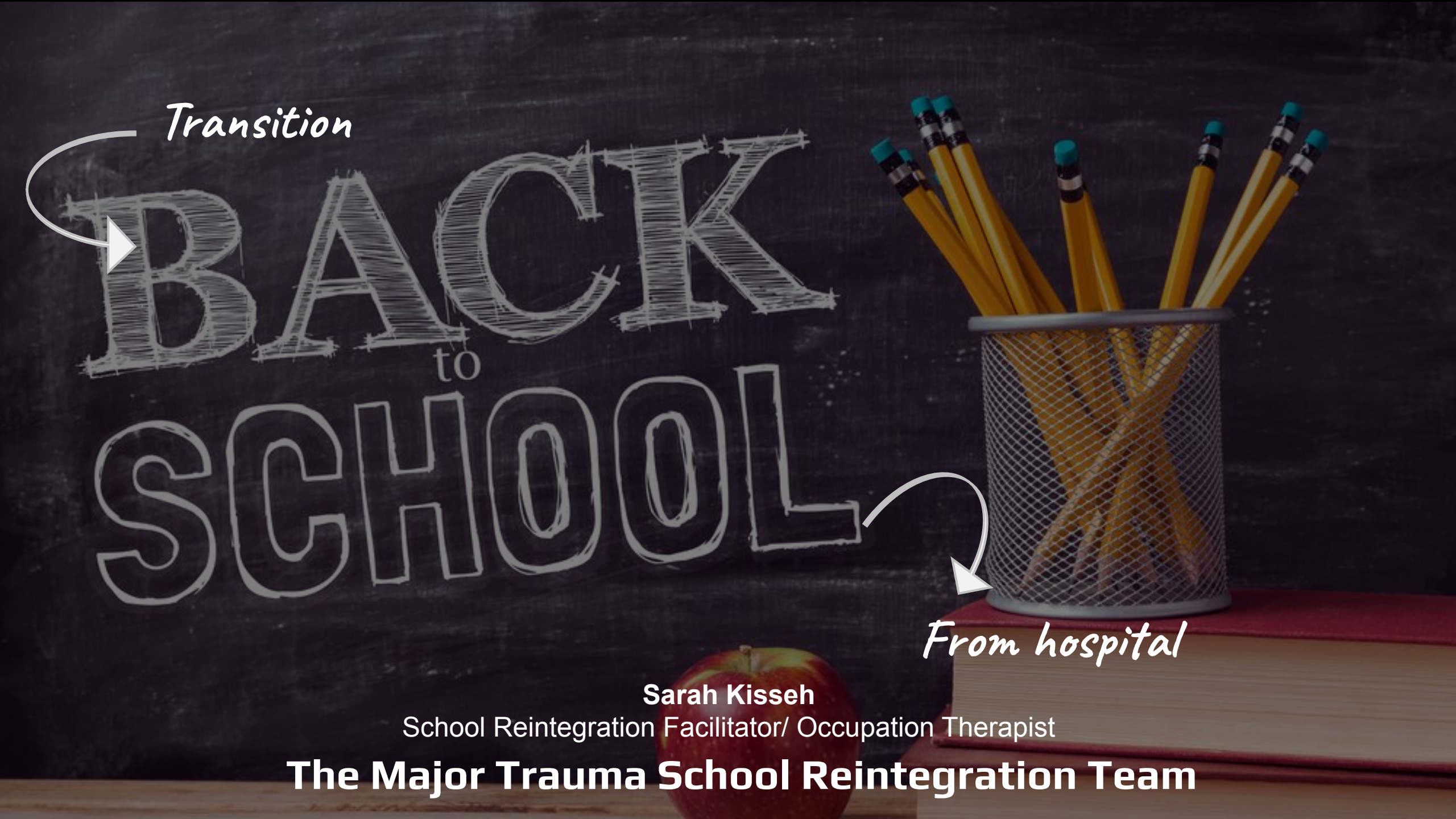

Sarah Kisseh
School Reintegration Facilitator/ Occupation Therapist

The Major Trauma School Reintegration Team

The School Reintegration Team

Sarah Kisseh
School Reintegration Facilitator/ OT

Tara Gunn
School Reintegration Physiotherapist

Bex Keeping
School Reintegration Facilitator/ Nurse Practitioner

Ashley Brady
Admin Assistant

NHS Greater Manchester Integrated Care

North West Children's Major Trauma Network
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2017

MEN attack

- Relationships built with commissioners following the 2017 Arena attack.
- Enhanced rehabilitation package
- In the aftermath services went 'the extra mile' to ensure barriers to re-integration and recovery were remove
- Commitment to evidence based care
- Funded by the 10 Greater Manchester CCGs for 2 years.

2018

Health Needs Assessment

D Roscoe (2018)

Identified that return to school after injury is challenging for families and educators. Proposed a pilot role to support this transition.

Key points:

- Communication - The School Fit Note
- Development of the Schools Rehabilitation Facilitator Role (SRF) to support school transition after trauma injury

2019

Funding

The Greater Manchester (GM) Children's Rehabilitation Project received 2 years funding from the 10 Greater Manchester Clinical Commissioning Groups (£270k total) to provide vocational rehabilitation to support children and young people (CYP) to return to education following major trauma injury. Following the success of the 2-year pilot the team have been funded via the block contract.

2020

Doctoral Publications

S Jones (2020)

Key Findings:

- The health, education and social care needs of injured CYP and their families were frequently unmet.
- New needs often developed after hospital discharge
- Psychosocial needs were one of the most frequently unmet
- Injured CYP, their families and the school needed guidance about physical activity during recovery

2020-21

Pandemic

- Change in practice – increased capacity due to nature of online prescence (e.g. more online meetings, able to offer online sessions). Better use of SRF time, more efficient, some prefer it due to reduced time out of work. Flexible to parents preferences/ needs.
- Over the past year the complexity and psychosocial needs of injured children has increased. For many families this has been in part due to the Covid 19 pandemic and social deprivation.

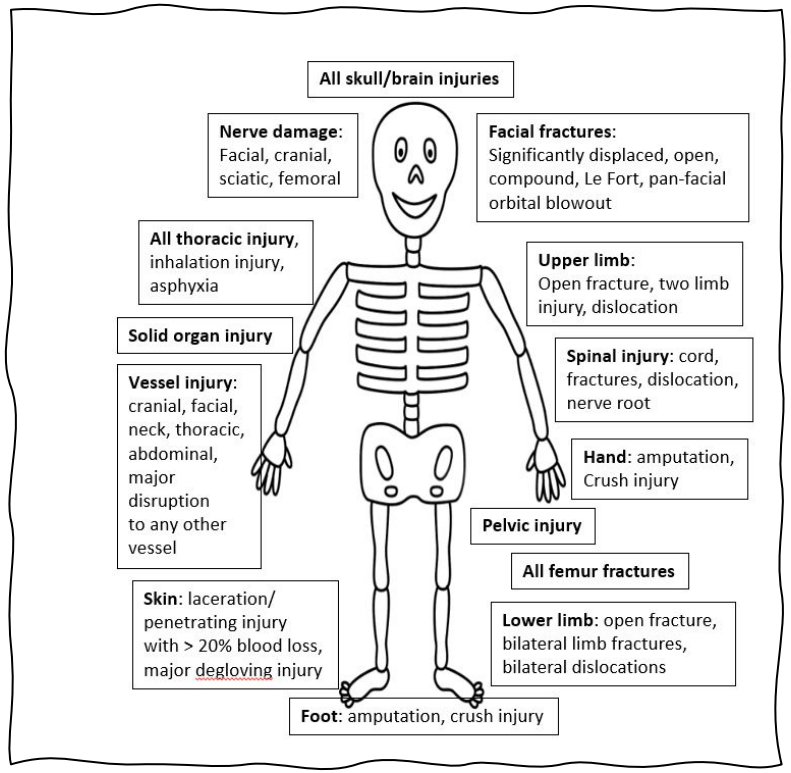
2022-23

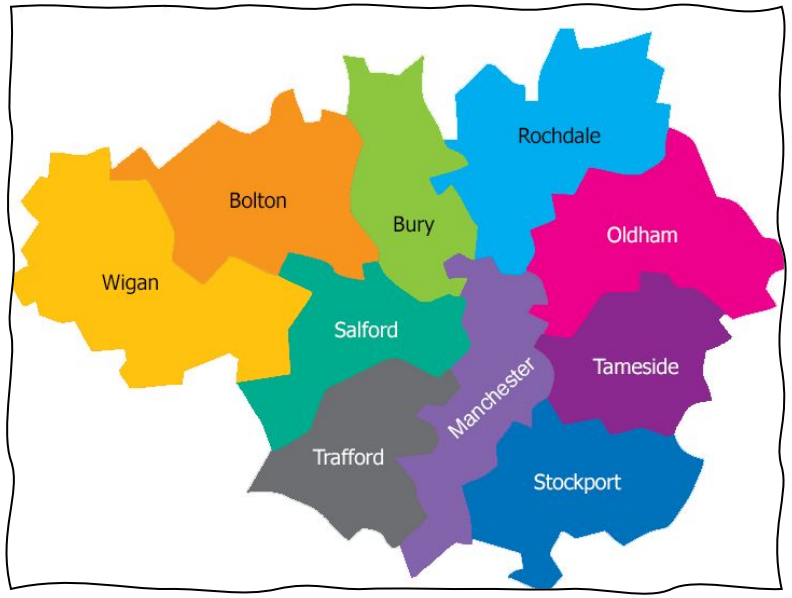
Permanent staffing & restructure

- New Physio role
- Spreading learning
- New improved IT systems

Which patients do we support?

- Major Trauma patient
- Lives within Greater Manchester
- In statutory education





The bigger picture

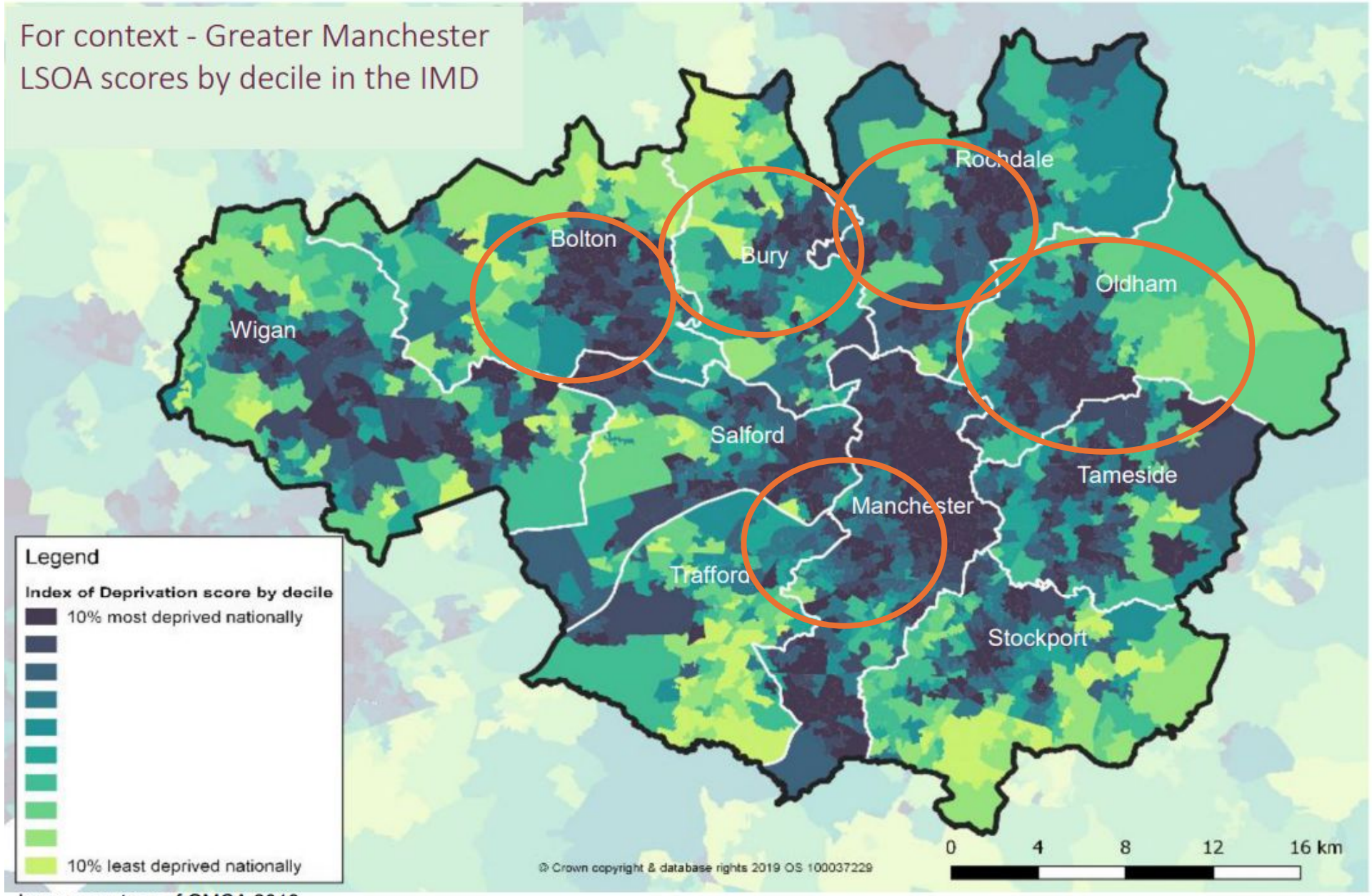
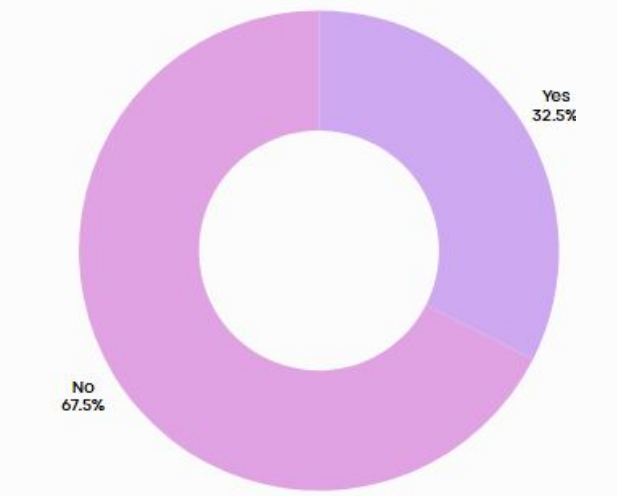


Image courtesy of GMCA 2019

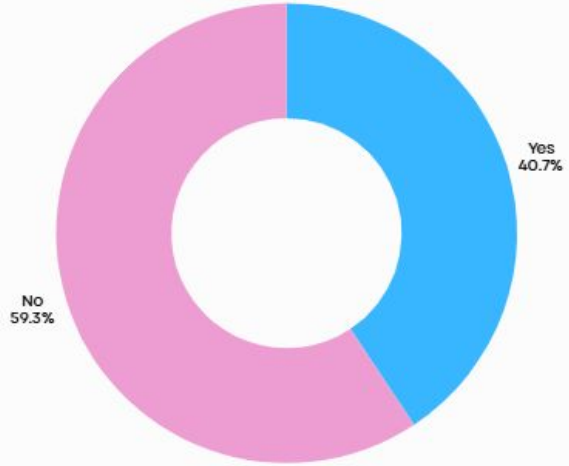
The bigger picture

High levels of social care involvement after injury

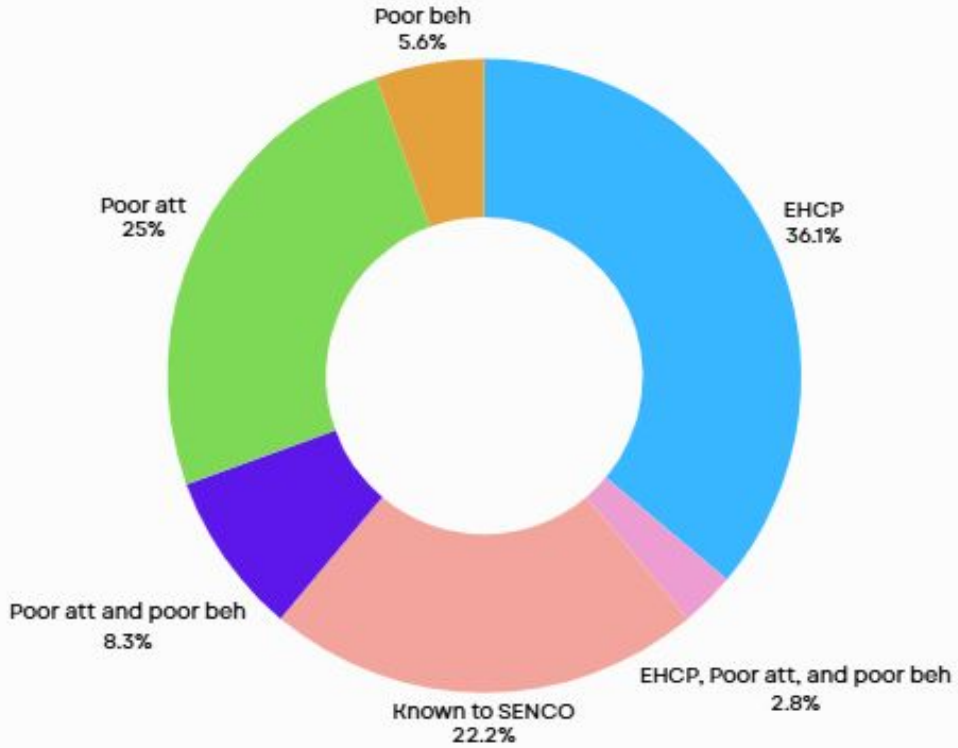


Pre-existing conditions

Multiple conditions
GDD
Dsypraxia
CAHMS Awaiting Assessment Autism
Anxiety
ADHD



Support required in school pre-injury



The “finish” line…

Discharge

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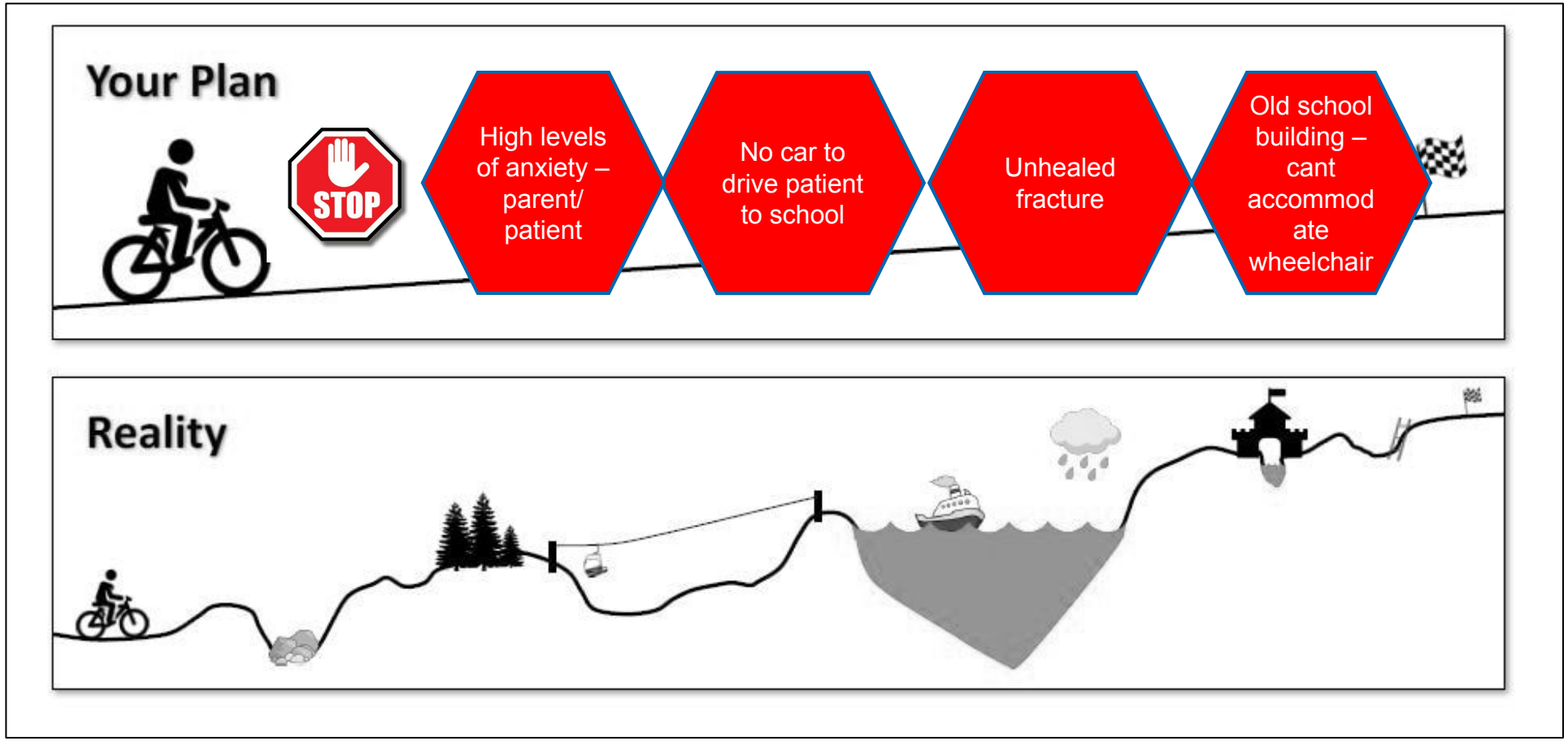
In-patient rehabilitation

When in hospital the main goal for families and CYP is getting home and being discharged.

“Once we get home it will be ok….”

The Road to Recovery



Returning to School: A Key Recovery Milestone

Returning to school plays a vital role in recovery and rehabilitation for children and young people

Key Benefits of School Return

- **Physical Development: Movement and activity opportunities**
- **Social Connection: Peer engagement and friendship rebuilding**
- **Learning Growth: Cognitive and academic development**
- **Emotional Wellbeing: Enhanced self-esteem and mental health**
- **Daily Structure: Healthy routines and patterns**

Important Considerations

- **Focus on the whole individual, not just the injury**
- **Address psychosocial needs for successful return**

Research Evidence

Research shows early school reintegration within 2-4 weeks of injury, when medically appropriate, leads to better academic and social outcomes in 85% of cases compared to delayed return

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Back to School

Worries about returning to school

Pupil Concerns

- Can I do PE /Sports?
- Will I catch up?
- What if people ask questions?
- Who will help me if I need it?
- What if I'm in pain?
- Do I look different?
- Why are people Staring?

Parent Concerns

- Returning to work and finances
- Risk of further injury
- Pre existing difficulties at school
- Will they get support to catch / keep up?
- Getting to and from school?

School Concerns

- Resources?
- Have we got all the information?
- How will the pupil move around the building?
- What is the risk to their safety and others?
- Pre - existing concerns
- Medical Restrictions?

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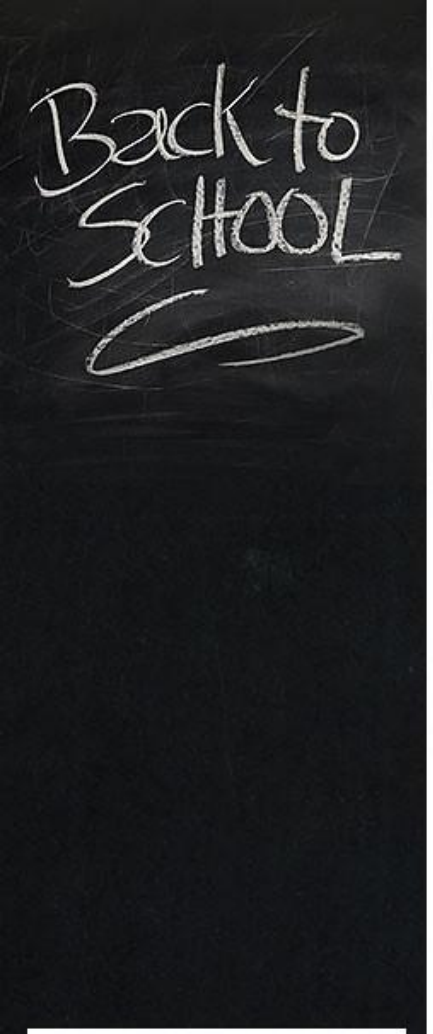
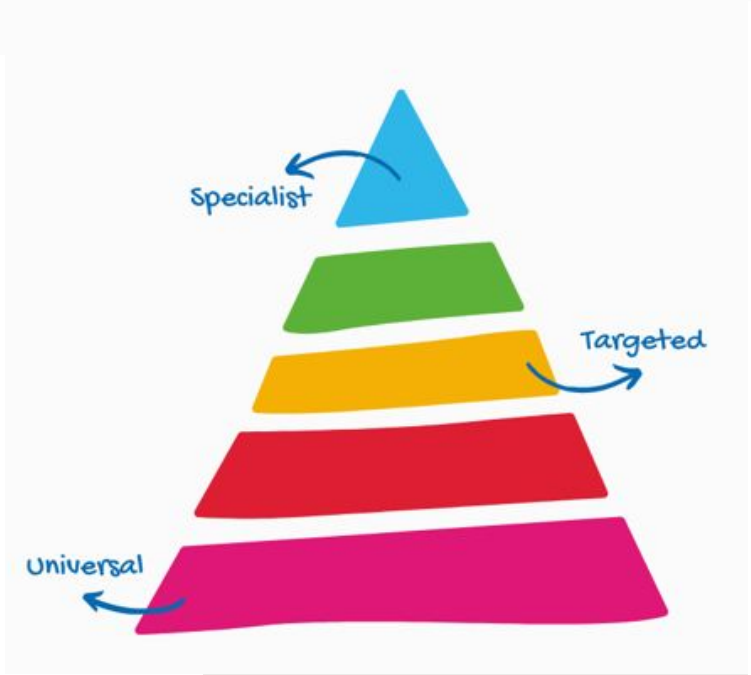
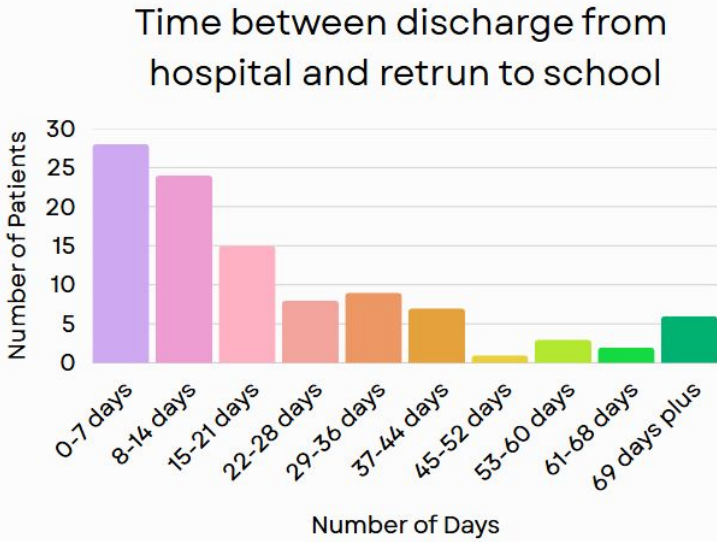


Primary Vs Secondary – things to consider...

Aspect	Primary School	High School
Environment	• In **one classroom** • Children moving **freely around classroom &** sitting on the floor. • In reception lots of **play based activities which extra risk** such as sand & water play, in & outdoor play, climbing equipment.	• **Independent moving** around schools throughout the day – can be in different buildings & across different levels. • **Extracurricular** activity.
Support & monitoring from staff	• **Consistent teacher** throughout the day helping to monitor child's recovery. • Staff happier to support with **toileting** with appropriate risk assessments.	• Students have **numerous teachers** making monitoring tricky. • Staff tend to be less willing to support with **toileting.** • **Information sharing is challenging** due to a larger education team.
Injury Understanding	• **Limited**; children may not fully comprehend their limitations.	• **Better**; older students understand their injury and how it might impact on their school day.
Peer Influence	• Younger children may **be less influenced by peers**	• **More awareness of body image**, changes in physical & cognitive abilities. This can increase anxiety around peers.

Think Person Not Injury





Specialist

- Face to face school visits
- Individualised support & advice
- Holistic team input
- School staff training
- Support for long term needs & funding
- MDT clinic

Targeted

- Fit note/ virtual support
- Advice on restrictions, recommendations & rehab
- Physio sessions in school/ PE

Universal

- One off advice
- Generical leaflet
- Phone call
- Discharge advice by admitting team

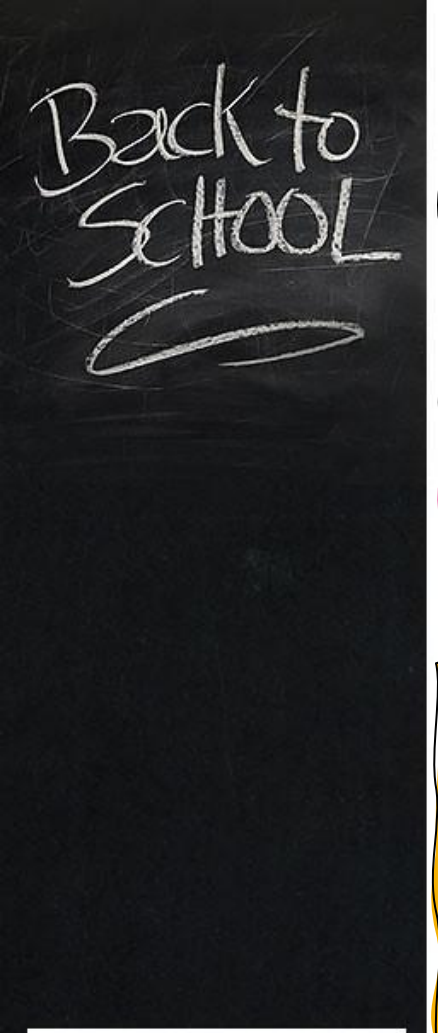
- 12 year old girl
- Fall
- Broken leg
- Not allowed to put weight on her leg 6 weeks.
- Pre-existing: autism, reduced coordination & balance
- Struggled with transition in year 7 to high school

Barriers to return to school

- **Mobility** – walking short distances with a Zimmer frame.
- **Toileting –** needing support with clothing
- **House** – large step out of house. 2 adults lifting her out in wheelchair.
- **Transport** - normally walks & gets a bus to school. Parents work so can't support her getting to school.
- **Anxiety** – parents & young person have lots of questions & worries about returning to school
- **Support at school** – family reported they had struggled to get support in school prior to the accident

Support we gave:

- **Liaised with school**
  - Early **communication** with school
  - **Medical evidence** for home tuition for short term.
  - **Supported visit** to school.
  - Written advice for **reasonable adjustments and phased return** when mobility had increased.
- **Home visit**
  - **Progressed walking** – started using crutches
  - Ordered **equipment** for home (toilet/ step & bath)
  - **Information/ support** around why return to school can aid rehabilitation
  - **Discussed adjustments** to help with anxiety around return to school
  - **Goal planning & confidence building**
- **Liaised with local authority**
  - Applied for & granted **home to school transport**
- **Ensure community referrals are in place**



- 13 year old girl
- Fall down the stairs when intoxicated
- Head injury – fracture of skull & changes to brain on scan.
- Head injury precautions for 6 weeks
- Safeguarding due to injury type
- Parents split up 1 year prior. Patient & dad fallen out
- ? ADHD & dyslexic & sensory processing difficulities

Challenges in returning to school

- **Return on head injury restrictions**
- **Home & school noticed changes quickly**
- **Behaviour** – Emotional changes & angry outbursts
  - Shouting at teachers
  - Hitting walls
  - Crying lots
- **Friendship groups** – mum unsure if friends are impacting on patients behaviour

Support we gave:

- **Liaised with school**
  - Written advice for **reasonable adjustments for return** whilst on head injury restrictions.
- **Reassurance for mum through MDT clinic & further follow up**
  - Mum wanting to support Patient but unsure how to best do this.
- School visit:
  - **Education** for staff around brain injury
- **Education for patient around brain injury**
  - Session with patient to help understand changes since brain injury
  - **Reassurance**
- Referrals to other agencies:
  - **Child Brain Injury Trust**
    - Education for family & school staff
  - **Psychology**
    - Neurocognitive testing
- **Day to day strategies to help manage changes in school**

About me

NHS Greater Manchester Integrated Care

North West Children's Major Trauma Network
Always Children First

NAME

About X's brain injury:

- X had an accident in September 2023 where she sustained a **head injury**.
- At the time her scan showed 2 small bleeds on her brain and a fracture.
- Following her brain injury X is experiencing long term symptoms that will affect her in school.

Facts around head injury

- Symptoms following head injury can cognitive, physical or emotional symptoms such as dizziness, double vision, changes in sleep, memory loss, mild confusion, fatigue, headache or change in behaviour.
- People experience these symptoms very differently. For some people they can resolve quickly, for others the symptoms can last many months.
- Symptoms resolve gradually. Some symptoms will resolve before others.

Common difficulties experienced when in school

Cognitive	Physical
•Difficulty remembering information, which affects learning •Difficulty organising tasks or themself •Dificulty focusing on tasks or instructions •Difficulty with attention or concentration •Needing an increased time and prompts to complete tasks.	•Struggle in the school environment (lights, noise, etc.) •Experience symptoms such as headache, nausea, dizziness, balance difficulties.
Behaviour & emotional	**Fatigue**
• May become more irritable • May become inappropriate or impulsive • May get angry easily • More emotional than normal •May present as anxious or sad	•Increased fatigue •Fatigues quickly - they may appear as if they are zoned out or fall asleep in class • Changed sleep patterns at home - sleep more or less than prior to the accident

More about fatigue:

- Fatigue is the most commonly report symptom following a head injury. Even people who experience mild head injuries experience cognitive fatigue. Often people with head injuries are not able to identify when they are fatigued. Cognitive fatigue will make other symptoms look worse particularly behaviour.

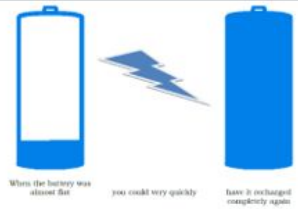
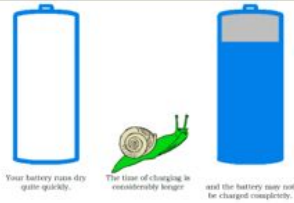
Why does this happen?

- The exact reason for cognitive fatigue is unknown. It is thought to be secondary to the increased strain on different parts of the brain to compensate for areas that are not working well.

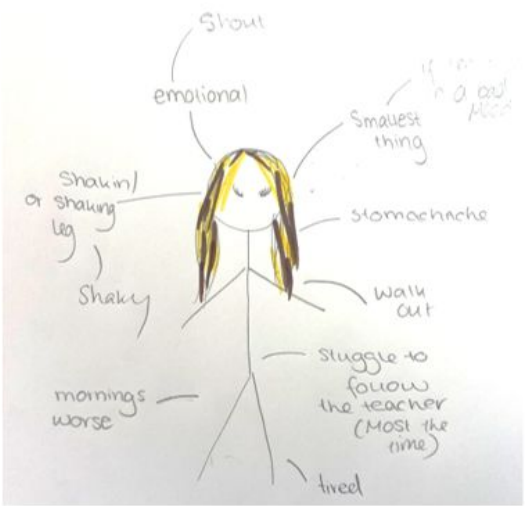
How to manage it?

- Structure, activity pacing, and regular rest breaks are the most effective strategies for managing cognitive fatigue (rest breaks can be short 10-15 minutes). It usually improves with time, but often takes months.

What do we think is happening for X when she is fatigued or overloaded?

Average brain recovery time after cognitive/ mental fatigue.	X's recovery time after cognitive/ mental fatigue.
	

X's voice

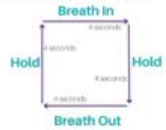


How X's symptoms present & can get worse over the day
10. Asleep from exhaustion, sent home from school
9. Shouts, becomes very emotional, walks out of class
8. Easily annoyed by any small thing
7.
6.
5. Stomach ache, leg starts to shake, body becomes shakey
4.
3.
2. Struggling to concentreate,
1. Tired, mornings are worse

- **It is important to notice that X is starting her day tired and struggling to concentrate.**
- As X moves through her day moves her fatigue gets worse. This causes her to move up the scale of symptoms. Cognitive activities become more challenging and she is more likely to change in her behaviour that teachers will see in class as she becomes frustrated and tired.
- As a team around X we want to support her to **recognise her symptoms earlier and respond sooner**. The hope is this will help reduce her symptoms, aid her learning, and reduce the challenging behaviour.

What can you do to help

- X has been encouraged to **recognise her symptoms earlier. When she has stomach ache, a shaky leg or is feeling shaking** she has identified the following strategies to try to help her **rest and reset**.
- She will need support from a teacher to put these into place:
  1. **Breathing techniques in class** – X may appear she is not listening or responding to teachers at this point. She has also been encouraged to do this prior to answering when someone is "annoying her".
  2. Use **Take 5 pass**
  3. Go to **the Hub** for physical & cognitive rest.



- X need **breaks planned into her day to help her pace** herself through the day. This could include:
  - Shorter class times
  - Planning that X will use her Take 5 card every 15-20 mins in classes
  - Planned times in the Hub to rest – especially in the morning
- As X has identified that mornings are difficult for her, planning for a soft landing when she arrives at school may help her to prepare for the day. This could involved some breathing or relaxation exercises.
- A **visual timetable and diaries/ checklist** might help X to organise her time and remember key bits of information (e.g. teachers name, equipment needed).
- Providing X with **handouts** in all classes will help her maintain focus & follow the verbal instructions.
- Providing X with differentiated unbusy **worksheets** with pre-filled information or a laptop to help her keep up with the class will help with her fatigue levels.
- **A quiet environment** with less distractions will help X concentrate more. If X has identified she is tired on a day it could be helpful to offer her to complete work in a quiet environment.
- Positioning X at the **front of the classroom** to reduce distraction may help her attend to verbal instructions.
- X needs verbal instructions **repeating or clarifying**. She may need them presented in **smaller chunks**. It can be helpful to go to her after giving instruction, use her name and ask her if she has understood the task. If you explain it to her again, ask her to repeat back to you what you have asked to ensure she has understood.
- X needs **more time** to process information that has been given to her and to formulate an answer. If asking a question in class she may need you to return to her for an answer.
- It will help X if she has a **key person** who she can talk to when she is feeling frustrated.

Please feel free to contact Sarah Kisseh (Occupational Therapist/ School Reintegration Facilitator, Royal Manchester Children's Hospital) on 07816182782 for further information.

For more useful information about brain injury please go to https://childbraininjurytrust.org.uk/ or https://cdn.ymaws.com/ukabif.org.uk/resource/resmgr/nables/concussion/1828_nables_2pp_concussion_r.pdf

What can you do to help?

START THE CONVERSATION

Safely Returning to School: Key Considerations, the 3 R's

1

RETURN TO SCHOOL READINESS:

- **Medical Fitness:** Is the child or young person (CYP) ready to return to school?
- **Rest Period:** Determine any necessary time off before resuming school activities.
- **Return Plan:** Decide between a phased or full-time return.

2

NECESSARY **RESTRICTIONS:**

Avoidances:
Identify activities to avoid, such as:

- Specific physical activities (e.g., weight bearing on an injured foot)
- Crowded spaces like corridors, canteens, or playgrounds
- Activities with a risk of head injury, including PE and sports

Duration:
Set a timeline for these restrictions or plan a clinic review.

3

RECOMMENDATIONS FOR A SMOOTH TRANSITION:

- **Pain Management:** Ensure access to pain relief or adjust medication as needed.
- **Facilities Access:** Provide access to a rest area or hub.
- **Passes and Systems:** Implement hall, corridor, toilet, or lift passes, and consider a buddy system.
- **Timetable Adjustments:** Allow flexibility in start and finish times, and permit leaving classes early.
- **Uniform and Exam Adaptations:** Make necessary adjustments for comfort and performance.
- **Symptom Monitoring:** Regularly check for issues like headaches or reduced concentration evolving behaviour concerns.

Ensuring a safe and supportive return to school requires careful planning and ongoing communication with parents, medical professionals and school staff.

Useful Resources

Keeping Rebecca (ROA) Manchester University NHS FT • 2 • 9d

Resources for Health Care Professionals - Return to School after Major Trauma Injury

Everything you need to support patients back to school

Getting back to school

Why is school reintegration so important?

Impacts of children missing days in school are far reaching! Being discharged from hospital and returning to school following a Major trauma injury is often a big milestone in someones rehabilitation journey!

♡ 0

Top tips when thinking about return to school

♡ 0

Return to school worries

Children, parents/carers and schools often have slightly different worries - we can offer support/advice with these

♡ 0

Useful information

Manchester Hospital school

manchesterhospitalschool....

Make a Referral

♡ 0

Hire a wheelchair

BritishRedCross

redcross.org.uk

Hire or rent a wheelchair | British Red Cross

♡ 0

Coming to terms with a traumatic or frightening event

PDF

Coming to terms with a traumatic event

♡ 0

Concussion & Head Injury

Practical strategies in school after brain injury

PDF

Factsheet Practical strategies for teachers V1.0

♡ 0

Acquired Brain Injury - the hidden disability

PDF

ABI Mini Guide

♡ 0

RMCH Head Injury Advice Leaflet

PDF

Head Injury leaflet

♡ 0

Must Try Harder

YouTube

Must Try Harder - Returning to school after brain injury

♡ 0

After Concussion Return to Normality

PDF

ACoRN leaflet

♡ 0

Child Brain Injury Trust Charity

childbraininjurytrust.org.uk

Home - Child Brain Injury Trust

♡ 0

Concussion Return to School Advice

PDF

Concussion Return to School Guidance

Easy-to-use, concise guidance for the return-to-school (RTS) following concussion has been produced by UKABIF National Acquired Brain Injury Learning and Education Syndicate (N-ABLES).

♡ 0

QR Code Map – Greater Manchester Leisure Activities

Contacts

School Reintegration Team/ Paediatric Major Trauma Team

Sarah: 07816 182 782
Bex: 07870 385 743
Tara (physio): 07974 125 014

Ashley (Admin) 07870385745