All brain injuries are unique and can present different challenges for the people they affect. But this is especially the case for children, 70,000 of whom are admitted every year to hospital with a head injury.1

As a network of specialist brain injury solicitors and support services, we hear many heartrending stories about children with brain injuries and the impact these injuries have on their families. One of the main problems faced is not being able to predict how an injury will affect a child as it grows older, since it’s estimated the human brain takes a little over 20 years to fully develop. This is why it’s so vital to conduct periodic assessments, and that families have access to the right information and resources now to help them plan ahead.

In this special issue of Brain Injury News, we focus exclusively on childhood brain injuries, the challenges they raise and how best to tackle them. We’ve covered brain injuries from birth through to adolescence, and have highlighted the resources and training available for you and those you care for.

If you’d like to be added to our mailing list to receive future copies of Brain Injury News, please email lara.king@braininjurygroup.co.uk. You can also call 0800 612 9660 to find out more about the Brain Injury Group and how we can support your patients if they are affected by a brain injury.

Kind regards,

Professor Lindsay McLellan
Emeritus Professor of Rehabilitation and non-executive consultant of the Brain Injury Group.

1 National Institute of Clinical Excellence, August 2013
Resources for children and their families

The Brain Injury Hub is a forum and information resource for families of children with acquired brain injury. Created by The Children’s Trust, the UK’s leading charity for children with acquired brain injury, multiple disabilities and complex health needs, it aims to make it easier for parents to find the information and support they’re looking for.

Currently on the site are more than 100 articles, covering everything from the way injuries can happen, to practical advice on returning to school and home adaptations. Since launch, there has also been a steady rise in visitors to the Hub’s forum, which provides support for anyone affected by brain injury. Since launch, there has also been a steady rise in visitors to the Hub’s forum, which provides support for anyone affected by brain injury.

Over the coming weeks, blogs from parents and clinicians will join the latest news and events on an expanded online community homepage, Ian Ray, editorial manager of The Brain Injury Hub, says, “It’s a very exciting time for us. We have a series of projects in the pipeline that will add to The Children’s Trust’s growing portfolio of resources for families”.

“As well as constantly developing The Brain Injury Hub, we’ve been working hard on a publications programme that we hope will give families some very colourful, child-friendly resources to explain acquired brain injury.”

To find out more about the Brain Injury Hub and the information and practical advice it provides, visit braininjuryhub.co.uk.

For more information about the work of The Children’s Trust, please visit thechildrenstrust.org.uk

Support 24/7

The Child Brain Injury Trust national helpline provides support for anyone affected by childhood acquired brain injury. The helpline is staffed 9am to 5pm five days a week, with an answer machine for messages at all other times.

They can help by providing:
• support for the whole family
• advocacy
• support on returning home from hospital
• information on schools and colleges
• events and activities, to meet others in the same situation
• someone to talk to
• access to regional child and family support co-ordinators

Call 0303 303 2248 or email helpline@cbiut.org
For more information about the Child Brain Injury Trust please visit childbraininjurytrust.org.uk

Phase two of the welfare reform: the real impact on families

BY RYAN LEWIS, NESTOR

The most recent phase of welfare reform changes occurred this summer, with further changes due to be implemented from October 2013. This update focuses on the impact the changes will have on children and disabled people.

Personal Independence Payment
From 10 July 2013, new claimants for Disability Living Allowance (DLA) had to start to claim Personal Independence Payment (PIP) nationwide. However, under the new legislation, children under 16 are not assessed to see if they qualify for PIP and will continue to receive DLA.

As of October 2013, the Department for Work and Pensions (DWP) will begin to invite existing DLA recipients to claim PIP. This process will begin with people whose claim is due to expire in or after February 2014; people who have had a change in circumstances which will result in their DLA going up or down; and children who are set to turn 16 by October 2018.

The Bedroom Tax
The ‘Bedroom Tax’ came into force from April 2013. It reduces the Housing Benefit of people who rent social housing but under occupy their home. For example, someone who has one spare bedroom will have their benefit reduced by 14%; someone with two or more spare rooms will see their benefit reduced by 25%.

In relation to disabled children, a significant development took place on 15 May 2012 following the Court of Appeal’s judgement, in the case of Gorry v DWP. The ruling meant that local authorities must allow for an extra bedroom for children whose disabilities mean they cannot share.

Unfortunately, a similar case that focused on disabled adults was upheld at the High Court on 30 July 2013. This means the additional bedroom allowance will not be extended to disabled adults. The families involved intend to appeal.

In another exception to the Bedroom Tax, registered foster carers are allowed to have an additional bedroom in their family home, regardless of whether they have a child in their care.

Benefits cap
On 15 July 2013, a benefits cap was rolled out nationally too. This sees weekly benefit payments capped at £500 for couples and lone parents and £350 for single claimants. The maximum amount paid will include Child Benefit and Child Tax Credit payments, so larger families may see their benefit restricted.

Local authorities will initially administer the cap by reducing Housing Benefit payments. However, there are exceptions for households which have an occupant who receives DLA / PIP/ Attendance Allowance; Employment and Support Allowance (ESA) in the support group category; Working Tax Credit; Industrial Injuries Benefit; or War Widow/Widower’s Pension.

Universal Credit
From October 2013, Universal Credit (UC) will replace all new claims for income-related ESA, Income-based Jobseekers Allowance (JSA) and Income Support. From April 2014, it will also replace new claims for Tax Credits and Housing Benefit.

With UC, there are some significant differences that affect families with disabled children. Under current rules, Housing Benefit can include additional Severe Disability Premium and Disabled Child Premium payments. There is no equivalent under UC. This will see families with children who have severe disabilities losing out on around £37 per week. Also under UC, any claimants who are assessed as having a “limited capability for work” and provide full time care can not receive the equivalent Carer Premium. This is currently worth over £33 per week.

Looking further ahead
The government will implement its next phase of welfare reform changes in April 2014. This will involve new claims for Housing Benefit and Tax Credits being accommodated into Universal Credit. With working age benefit increases falling well below inflation, the incomes of families claiming benefit will continue to be squeezed even further.

Nestor is a specialist independent financial advice firm. They work with the Brain Injury Group and can provide people affected by brain injury with a financial advisor to:
• review their financial position
• identify welfare and benefits entitlement
• manage any urgent problems
• investigate any opportunities to claim from existing insurance policies.

Find out more at www.nestor.co.uk

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Call 0303 303 2248 or email helpline@cbiut.org
For more information about the Child Brain Injury Trust please visit childbraininjurytrust.org.uk
Every year thousands of children and their families are affected by an acquired brain injury (ABI). This can be classified as a non-traumatic brain injury or traumatic brain injury (TBI).

The cause of a non-traumatic brain injury includes stroke, a tumour or infection, while the cause of traumatic brain injury is an event that causes damage to the brain. However, TBI is not a single event, but an ongoing series of reactions that can occur days, months or even years after the initial injury.

The late effects of TBI are frequently more devastating than the initial injury – sometimes becoming life-threatening. But greater understanding of these events has led to significant improvements in the treatment and care of individuals with TBI of all ages. This is particularly critical in children, because as they grow older their brain changes through the development of neural pathways and structures.

**Importance of diagnosis**

Vital to this greater understanding has been improved imaging of TBIs to show how the brain is functioning. Being able to demonstrate the full extent of a brain injury through the correct interpretation of CT imaging at the time of the TBI and when required advanced neuro-imaging MRI techniques, is crucial to its management. Appropriate MRI imaging can provide valuable diagnostic information, even years after the initial injury, and prevent or help with the treatment of a secondary effect of a TBI, if it’s identified early enough.

One such secondary effect is second impact syndrome (SIS), which occurs most commonly in adolescent male athletes. It usually involves the effects of an initial TBI being significantly exacerbated by a second episode of trauma, even one that is relatively mild. But, importantly, children with non-accidental and repetitive brain injury can develop SIS as well.

What happens with SIS is that the brain rapidly swells in response to a very small subdural bleed. The brain swelling is caused by abnormal activity of brain chemicals, which have not returned to their normal state following the initial trauma. This often results in catastrophic neurological deterioration within minutes. Because of this rapid effect, the condition is usually fatal, and almost everyone who is not killed is severely disabled.

**Tailored rehabilitation**

Whether someone is affected by a non-traumatic brain injury, TBI or a secondary effect such as SIS, it is crucial their assessment and the approach to their rehabilitation is tailored for them, and this is particularly important for children.

An acute brain injury can have a huge financial, psychological, physical and social impact on a child and their family, as children affected by an ABI have a near-normal life expectancy. Also, because a child’s brain continues to develop until the age of 25, it can be hard to predict the full impact of an ABI, which means immediate and long-term care strategies need to be considered for a child and their family.

What a specialist child clinical psychologist can do is assess the way a child with an ABI thinks and behaves to identify current areas of difficulty and anticipate skills they may not be able to perform at a later date. This is particularly pertinent when the frontal lobes are damaged, affecting higher executive function, and can lead to behavioural difficulties and inability to perform more complex cognitive skills which becomes apparent only when a child reaches adolescence.

Early on, it is essential children with an ABI and their families receive the support of a multidisciplinary healthcare team to help them deal with these potentially “hidden disabilities”.

But equally, this support needs to continue, and bespoke rehabilitation programmes regularly adjusted to meet changing needs, especially as further complications can occur as the brain matures.

By having this support in place, effective management strategies can be developed so the optimum results for a child are achieved in the early years following the ABI and for the rest of their life. The effect of an acute brain injury on a child must always be seen as an ongoing event not a single one.

**References**


Ensuring the healthiest outcomes during pregnancy and at birth

BY ALISON BARTHOLOMEW, FORMERLY PROJECT MANAGER FOR THE NHS LA REPORT TEN YEARS OF MATERNITY CLAIMS AND NOW DIRECTOR OF BUSINESS DEVELOPMENT AT BABY LIFELINE

Maternity claims represent the highest value and second highest number of clinical negligence claims reported to the NHS Litigation Authority (NHS LA), the organisation which manages liability claims made against the NHS in England. It’s believed many of the incidents which lead to these claims, including those involving brain injury to mothers and babies, could be avoided if NHS staff were better trained and supported, and followed appropriate guidelines.

In October 2012, the NHS LA published the report Ten years of maternity claims – an analysis of NHS litigation authority data. The aim of the report, which is the result of collaboration between healthcare professionals and legal experts, is to help those who care for women and their babies improve safety by learning lessons from claims.

Thousands of negligence claims

The report revealed that as at 1 April 2010, 5,087 maternity claims had been reported to the NHS LA involving incidents occurring between 31 March 2000 and 1 April 2010. These claims were estimated to be worth £3.1 billion, although due to the nature of maternity claims, a number of claims involving incidents during this period will not have been notified to the NHS LA when the report was prepared.

The three most common categories of maternity claim identified in the report relate to the management of labour (14%), caesarean section (13%) – both of which may involve brain injury – and cerebral palsy (11%). The management of labour and cerebral palsy, along with cardiotocography (CTG) interpretation, were identified as the most expensive categories of claims. Together, they accounted for 70% of the total value of all claims.

In 2012/13, the NHS LA paid £1.12 billion to settle clinical negligence claims, of which more than a third related to maternity claims. However, these figures do not provide the full picture. Most of the money paid in 2012/13 will relate to incidents that occurred in earlier years.

Also, many high-value claims, such as those involving brain injury, are settled with a lump sum payment followed by annual periodic payments. A compensation award of many millions of pounds may be recovered on behalf of a baby who is neurologically impaired due to clinical negligence because of the requirement for continuous care over their lifetime.

Of course, the true cost of clinical negligence is far more than the money paid out by the NHS to claimants. Other costs include:

- pain and suffering of the injured person, and the impact on their family and friends
- distress caused to staff involved, some of whom will leave the NHS
- replacing highly trained staff, either on an interim or permanent basis
- resources used on investigations, managing complaints and resolving claims
- NHS resources used to deal with the consequences of clinical negligence, which could have been used to care for other patients.

In addition to the NHS LA report featuring qualitative analysis, it included a detailed review of four categories of maternity claims: antenatal ultrasound investigations; CTG interpretation; perinatal trauma; and uterine rupture. These reviews identified key ways of working for health professionals to help prevent adverse incidents and reduce the severity of those that do occur.

“The report revealed that as at 1 April 2010, 5,087 maternity claims had been reported to the NHS LA involving incidents occurring between 31 March 2000 and 1 April 2010. These claims were estimated to be worth £3.1 billion.”

- ensure national guidance is considered and reflected appropriately within local guidelines and protocols – these must be current, accessible, understood and acted on by staff, and reviewed regularly
- provide effective learning and development for staff, including appropriate supervision and support
- develop an open and supportive culture that makes staff aware of their own limitations and how to access assistance from senior colleagues
- encourage good multi-disciplinary working and mutual professional support.

Professional training and support

These themes are all addressed in training provided by Baby Lifeline, a national charity that aims to achieve the best care and outcomes for pregnant women and their babies. Its ongoing programme of continuing professional development (CPD) training matches the expertise of clinicians who plan and deliver courses with the training and development priorities of the multi-professional healthcare team who care for women and their babies.

In 2014 Baby Lifeline will be offering 3,500 future delegates the opportunity to attend cost effective training courses. The BIRTH 2 UK maternity training initiative is the charity’s direct and practical response to the NHS LA report and leading professionals will be providing valuable training for 48 one-day courses (6 different courses, each delivered in 8 regions) for doctors, midwives, nurses and relevant legal professionals.

For those who attend the training, the benefits include improved knowledge and skills to encourage best clinical practice and communication, helping to ensure the healthiest outcomes possible during pregnancy and at birth. Attendees are also provided with materials to support ongoing learning and share with colleagues, which ultimately benefits more mothers and their babies.

Information about Baby Lifeline training

To find out more about forthcoming Baby Lifeline courses, please call 024 7642 2135 or visit babylifelinetraining.org.uk. Bespoke local events, for example, for a specific NHS trust or hospital, can be provided on request. Baby Lifeline also welcomes input from experienced clinicians and others to help develop and deliver its courses.

If you are interested in contributing in this way, please email judy.ledger@babylifeline.org.uk.
The Brain Injury Group is a unique legal network that brings together the best quality legal advice with specialist support and benefits for your patients and their families.

What makes us distinct from others is that all our members are dedicated brain injury solicitors with a proven track record of handling brain injury cases. We team this expert advice up with support services for the whole family, so you can feel confident your patients will always receive the long-term support they need following a brain injury.

Our network has members located across England, Scotland and Wales. This means people affected by a brain injury can always contact someone in their area, who can provide them with valuable help and introduce them to local support services. Many of our solicitors are also closely involved with their local Headway support group and/or regional Acquired Brain Injury Forum (ABIF), for example, by acting as a trustee or steering group member.

To find a local solicitor who can help your patients, search our members map at braininjurygroup.co.uk

Keep up to date
For the latest news, topical issues and best practice articles, sign up today to receive your next copy of Brain Injury News. You can also subscribe for monthly e-updates that include a round-up of the latest media coverage on brain injury. Email lara.king@braininjurygroup.co.uk to put your name on both lists.

Also find out more at our healthcare professional pages braininjurygroup/hcp

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