

30 December 2022

Paediatric Acquired Brain Injury Services

1. How many people are employed within your Trust that are of the following job titles:

**Clinical psychologists
 Educational Psychologists
 Speech and Language Therapists
 Occupational Therapists
 Physiotherapists
 Neurologists
 Neuropsychologists
 Neurosurgeons**

How many of these professionals specialise in paediatrics?

Psychological Services – in post

| | No of Employees in BHSCT | No of Employees within Paediatrics | No. within Neuro Paeds Services |
|----------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------|---------------------------------|
| Practitioner Psychologists (including Clinical/ Counselling/ Forensic/ Educational Psychologists) | 70.8 wte | 12.4wte | 4.4wte * |
| Educational Psychologists | 0 | 0 | 0 |
| Neuropsychologists | 0 | 0 | 0 |

wte = whole time equivalent

Neuropsychology in the main will refer to Practitioner Psychologists with a specialist interest in Neuropsychology. They are included in numbers in Clinical Psychology.

*These include paediatric staff working in General & Adolescent Neurology / Neurosurgery / Epilepsy Surgery / CABCs / Brain Tumours / Neurodisability – some of the children and young people in any of these areas may have an Acquired Brain Injury.

Belfast Trust Psychological Services employ Practitioner Psychologists – mainly Doctorate in Clinical Psychology training background, but also including Counselling / Forensic and Educational Psychology training depending on experience and skill set acquired and needed for the job. No one is directly employed as a traditional Educational Psychology role.

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Allied Health Professionals

| | No of Employees in BHSCT | No of Employees within Paediatrics |
|--------------------------------------|--------------------------|------------------------------------|
| Speech & Language Therapy | 183 | 108 |
| Occupational Therapy | 309 | 54 |
| Physiotherapy | 433 | 53 |

This includes paediatric staff in acute, community, schools and units, specialist teams and Surestart. Most of these staff would not be involved in Acquired Brain Injury.

Neurology/Neurosurgery

| | No of Employees in BHSCT | No of Employees within Paediatrics |
|----------------------|--------------------------|------------------------------------|
| Neurologists | 13 | 3 |
| Neurosurgeons | 9 | 0 |

2. Are there any specialist paediatric acquired brain injury services within your Trust, and where are they located (i.e. hospital, community)?

There is no dedicated specialist paediatric acquired brain injury service within Belfast Trust; however, if a child with a TBI / ABI is admitted to the Royal Belfast Hospital for Sick Children (RBHSC), they receive appropriate initial input from the treating team, e.g. Neurosurgery and usually assessment by Neurology colleagues in the acute phase.

Children are then discussed, if required, with the Neurodisability Consultants and can be assessed during the inpatient stay. Further details regarding pathways of care and discharge are detailed in the responses to questions 4 & 6 below.

The Paediatric Neuropsychology service is a specialist regional service offering psychology provision to children who are under review of the Regional Neurology, Neurosurgery, Epilepsy and Neurodisability services, and the Regional Paediatric Oncology service. It is located within the Belfast Trust, on the Royal Hospitals site. Patients are seen both in an inpatient and outpatient capacity.

The Children's Acquired Brain Injury Consultation Service (Children's ABCs) within Psychological Services aims to enhance already available provisions and upskill staff, via consultation and training for any staff member working with a child with an acquired brain injury, in the sectors of healthcare, education, juvenile justice, the voluntary sector or community groups. The service is regional and sited in Belfast Trust.

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3. Is there a specialist pathway for paediatric acquired brain injury patients post discharge from hospital?

The Acquired Brain Injury Pathway for Children and Young People (RABIIG, 2011) provides guidance on the pathway of care for children with mild/moderate, and moderate/severe, injury. The document describes best practice, and does not account for variation in availability of service across the five Trusts.

There is no specialist pathway, post discharge, from Paediatric Psychology, but rather onward referral is informed by identified need and, to some extent, availability of local Paediatric Psychology services.

4. Who are paediatric acquired brain injury patients typically discharged from the hospital to (i.e. General Practitioner, paediatrician, hospital brain injury clinic, Speech and Language Therapist/Occupational therapist/physiotherapist?)

Paediatric ABI patients who have sustained a moderate or severe injury are most typically discharged to a Community Paediatric service, where they can access medical and allied health professional assessment and intervention (typically Speech and Language Therapy / Occupational Therapy / Physiotherapy).

Paediatric ABI patients who have sustained a mild ABI, or concussion, are most typically discharged to the care of their General Practitioner, and are unlikely to be referred on to Speech and Language Therapy / Occupational Therapy / Physiotherapy or Paediatric Psychology services at the point of discharge.

From age 16, young people with a moderate / severe ABI, with identified continuing rehabilitation needs, may be considered for admission to the Regional Acquired Brain Injury Unit at Musgrave Park Hospital.

5. Does your Trust communicate with the educational authority when discharging a paediatric acquired brain injury patient?

When a child with an ABI requires a hospital admission for rehabilitation, a referral will be made directly to the Education Authority by the care team, requesting a statutory assessment of need.

Any cognitive assessments carried out by a member of the Paediatric Neuropsychology team during an admission will be shared with the Education Authority, with a view to informing any statutory assessment.

In cases where a cognitive assessment is carried out on a child with a mild brain injury, e.g. where identified as helpful during an ongoing episode for therapeutic support, the Psychologist will seek parental consent to share the report and recommendations with school, with the aim of supporting any subsequent difficulties which are unlikely to meet threshold for statutory input.

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The Children's Acquired Brain Injury Consultation Service will provide support to education institutions, on request, via consultation on individual cases, as well as general and/or specialised training.

**6. Is there paediatric neuro-rehabilitation services offered within your Trust?
Where are they located? (i.e. community or the hospital)**

At the present time, the Neurodisability 'pathway' is as follows.

If a child with a TBI / ABI is admitted to RBHSC, they receive appropriate initial input from the treating team, e.g. Neurosurgery and usually assessment by Neurology colleagues in the acute phase.

Children are then discussed, if required, with the Neurodisability Consultants and can be assessed during the inpatient stay. Neurodisability input is generally as follows;

- Initial assessment and examination
- Discussion with referring team re any treatment recommendations
- Family discussions re treatment and rehabilitation plans
- Support for MDT working and therapy input such as goal planning meetings
- Management of movement disorder in conjunction with colleagues
- Liaison with quaternary specialist units and voluntary sector, as required
- Liaison with community paediatrics and onward referral into community and other specialist services
- Follow up in the tertiary Neurodisability service as an outpatient if motor difficulty and ongoing treatment and surveillance is required
- Liaison with adult colleagues re transition