

Title	Support children affected by a brain injury		
Level	4	Credits	10

Purpose	<p>A person credited with this standard can:</p> <ul style="list-style-type: none"> • describe how a brain injury can affect the development of children; • describe strategies to support children affected by a brain injury; and • implement strategies to support children affected by a brain injury.
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Classification	Health, Disability, and Aged Support > Brain Injury Support
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Available grade	Achieved
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Guidance Information

1 Assessment conditions
Evidence for the practical components of this unit standard must be generated in a health or wellbeing setting.

2 Assessment notes
Evidence generated for assessment against this standard must reflect workplace requirements specified in:

- any applicable personal plan
- documented workplace procedures, policies, and methodologies
- applicable health and safety plans.

Evidence generated for assessment against this standard must reflect the values, processes, and protocols required to work with Māori, Pacific peoples, and people from diverse cultures.

Evidence generated for assessment against this standard must reflect the best practice guidelines and principles specified in:

- NZS 8158:2012 *Home and Community Support Sector Standard*;
 - *Traumatic brain injury: Diagnosis, acute management and rehabilitation*.
- NZS and SNZ standards can be retrieved from <http://www.standards.co.nz/>.

3 Definitions
Behaviour management plan is a plan formulated by a psychologist, Resource Teachers Learning and Behaviour (RTL) specialist, or other specialist in behavioural theory, specifically targeting the management of a child's or young person's behaviour in target situations where this behaviour is maladaptive or dysfunctional.

Children refers to young people under the age of 16 years or at school leaving age, whichever occurs later.

Engagement means a person's deliberate effort and commitment to working toward recovery by participating fully in their rehabilitation.

Participation means seeking improvement in a persons' ability to participate in meaningful life situations, such as living independently, driving or using public transport, returning to work or education, participating in leisure and social activities, fulfilling family roles, and maintaining personal, sexual and family relationships.

Personal plan is a plan that details support requirements for a client, patient, or resident. A *personal plan* can also be called a *care plan*, *service plan*, *personal care plan*, or *rehabilitation plan*. A *personal plan* can include goals; preferred activities; other preferences or dislikes; specific interventions; and mobility, nutrition, continence, hygiene, communication, requirements. It may also include guidance about a person's sexuality, culture, spirituality, and social preferences. A *personal plan* often follows a model of care, such as a strengths-based model, recovery model, or medical model.

4 References

Bird, L., & Drewery, W. (2003). *Human development in Aotearoa: A journey through life* (2nd ed.) Auckland: McGraw-Hill.

Centre for Neuro Skills (2020). *Glasgow Coma Scale*. Neuroskills.com. Retrieved on 2 April 2021 from <https://www.neuroskills.com/education-and-resources/glasgow-coma-scale/>.

New Zealand Guidelines Group. (2006). *Traumatic brain injury: Diagnosis, acute management and rehabilitation*. Wellington: New Zealand: Accident Compensation Corporation. Available from the Ministry of Health library at <https://www.health.govt.nz/about-ministry/ministry-health-library>.

5 Resources

Accident Compensation Corporation publish resources at <https://www.acc.co.nz/resources/#/> under Injury support > Traumatic brain injury (TBI).

Sydney Children's Hospitals Network publishes information sheets and resources focusing on children after brain injury at: <https://www.schn.health.nsw.gov.au/find-a-service/health-medical-services/brain-injury>.

Outcomes and performance criteria

Outcome 1

Describe how a brain injury can affect the development of children.

Performance criteria

- 1.1 The possible effects of a brain injury and injury-related interruptions are described for the stages of child development.

Range	early childhood, middle childhood, adolescence; effects may include but are not limited to those on – participation, engagement, mobility, communication, behaviour, social interactions.
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- 1.2 The possible effects of a brain injury and injury-related interruptions on children's learning are described.

Range three of – learning development or educational progress, behaviour, communication, mobility, social interactions;
one of – pre-school, the first two years of school, after the first two years of school.

Outcome 2

Describe strategies to support children affected by a brain injury.

Performance criteria

- 2.1 Strategies to support engagement and participation for a child affected by a brain injury are described.

Range examples of strategies include – managing daily structure and routines, environmental management, fatigue management, behaviour management, activity management, family/whānau education and support, cueing, prompting, use of assistive technology.

- 2.2 Learning strategies to support a child affected by a brain injury and their family or whānau are described.

Range strategies may include but are not limited to – school/home communication, graduated return to school, individual educational plan, learning support, daily structures and routines, environmental management, note taking, fatigue management, simplifying tasks and instructions, repeat instructions, use of technology.

- 2.3 Risks and vulnerabilities arising from a brain injury to a child are described.

Range one risk or vulnerability for each of – early childhood, middle childhood, adolescence;
risks and vulnerabilities may include but are not limited to – getting lost, absconding, sexually inappropriate behaviour, impulsivity, disinhibition, poor judgement, road behaviour, inability to provide informed consent, alcohol or drug abuse.

- 2.4 Safeguarding strategies to support a child affected by a brain injury are described.

Range one risk or vulnerability for each of – early childhood, middle childhood, adolescence.

Outcome 3

Implement strategies to support children affected by a brain injury.

Range two strategies for two children, one of whom has a behaviour management plan.

Performance criteria

3.1 Strategies are implemented to support engagement and participation for children at home following a brain injury.

Range strategies may include but are not limited to – setting up a daily routine, fatigue management, implementing specific therapy activities, implementing a behaviour management programme, working with family and whānau on therapy interventions/community integration.

3.2 Strategies are implemented to support participation for children in a learning environment following a brain injury.

Range learning environments may include but are not limited to – home, pre-school (kindergarten, early childhood learning centre), kōhanga reo, school, community-based organisation; strategies may include but are not limited to – supporting the child to integrate into their learning environment, setting up a communication book, supporting the child and their family/whānau to liaise with teachers on fatigue management and learning support, supporting the use of assistive technology, monitoring behaviour, coaching the child on note taking, homework support.

Planned review date	31 December 2026
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Status information and last date for assessment for superseded versions

Process	Version	Date	Last Date for Assessment
Registration	1	19 November 2010	31 December 2012
Revision	2	25 July 2012	31 December 2023
Rollover and Revision	3	24 October 2019	31 December 2023
Review	4	27 May 2021	N/A

Consent and Moderation Requirements (CMR) reference	0024
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This CMR can be accessed at <http://www.nzqa.govt.nz/framework/search/index.do>.

Comments on this unit standard

Please contact Careerforce info@careerforce.org.nz if you wish to suggest changes to the content of this unit standard.