### **Summary of PEDS framework**

'In child neuropsychological rehabilitation, it is the therapeutic work with children and their families that is of foremost importance; seeking to understand and make sense of their experiences after brain injury with them, and supporting the child and their family, school and team to make improvements in their wellbeing, quality of life and development towards adulthood.' (Byard et al. 2021, page 8, JCCPP).

The PEDS framework forms the basis for the content of the core rehabilitation assessment and is a way to order complex information and highlight key factors involved in child neuropsychological rehabilitation. This guides and informs the delivery of multimodal intervention focusing on supporting children and young people with brain injury and their families, and educators and supporters in schools / college and in the community.

# Physical

Collecting information about the (1) the physical aspects of the child's brain injury, e.g. the structural and functional impact of the injury, (2) data about core basal function like diet, exercise and sleep, and (3) the child's physical functioning post-injury. This informs hypotheses about the impact of the injury on the child's functioning and development and planning and delivery of rehabilitation based on known brain behaviour relationships.

## Executive

Collecting information looking at neuropsychological functioning; and in the planning of rehabilitation giving emphasis to mechanisms to support executive and other cognitive functions. Examples of this include collaborative goal- and child-centred planning, scaffolding skills to compensate for and promote development, moving towards a shared understanding of the brain injury's impact and developing routines to promote structure and predictability for the young person and those supporting them.

### Developmental

Collecting information about a child's development incorporating child development, identity and self-awareness, and neuroscientific models of brain development including brain development after injury.

This informs the planning and delivery of rehabilitation to promote development and/or scaffolding of cognitive skills; and to support adaptation and adjustment to brain injury with development, and to scaffold and skill-build at key developmental transitions.

# Systems

Collecting information about family functioning and more broadly within the wider system for the child including information related to school, peers and community acknowledging the impact of brain injury on the family. We are sensitive to culture in its widest sense.

This informs the planning and delivery of rehabilitation to promote family functioning and adaptation, mental health and wellbeing, learning and development and social and community participation.

#### Our aims are to:

- Deliver rehabilitation that is meaningful and relevant, and that makes a functional difference in the young person's life and their family.
- Deliver rehabilitation that improves overall quality of life, with respect to learning and development and social and community participation, supporting longer term adjustment and adaptation after brain injury, and that promotes family functioning and adaptation, mental health and wellbeing.
- To deliver rehabilitation that measures progress, and that is informed by the latest evidence and research and underpinned and grounded in theory.