



Best practices collection

**links United for Coma
Awakenings**

L.U.C.A.



With the support of the Lifelong Learning programme
of the European Union



Participating organisations

- * **Futura Soc. Cons. r.l.**, San Giovanni in Persiceto (Bologna), **Italy**
- * **Coma Science Group**, GIGA & CHU Sart Tilman
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- * NGO **“My world”**, Harmanli, **Bulgaria**
- * **National Technical University of Athens (NTUA)** -
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(ISCIL), **Greece**
- * **Spanish Society of Health and Social Care (SEAS)**,
Valencia, **Spain**

Supporting organisations

- * **Gli amici di Luca**, Bologna, **Italy**
- * **Nueva Opción**, Valencia, **Spain**

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1. Introduction

1.1 L.U.C.A. Project – Links United for Coma Awakenings

The collection of best practices is one of the main results of L.U.C.A. project, a Grundtvig partnership funded with support from the European Commission within the Lifelong Learning Programme. The coordinator is Futura Soc. Cons. r.l., Italy, in collaboration with the Association “Gli Amici di Luca”, the partners are Coma Science Group, GIGA & CHU Sart Tilman Department of Neurology, University of Liege - Belgium, Spanish Society of Health and Social Care (SEAS) - Spain, Association “Moyat Svyat” (NGO “My Worl”) - Bulgaria, National Technical University of Athens (NTUA) – Intelligent Systems, Content and Interaction Laboratory (ISCIL) – Greece. The partnership was aimed at exchanging experience and good practices in the field of formal, non-formal or informal learning of people awakened from a coma with acquired brain injury and people accompanying them in their new project life (family members, volunteers, experts).

L.U.C.A. partners are subjects (training institutions, research centers, associations and groups of family members and volunteers) that accompany people with acquired brain injuries (in particular after a coma) to redesign their own family, social and work life. They also teach to family members, professionals, volunteers and, more generally, citizenship and institutions, to play an active role for promoting the citizenship rights of people with disabilities. The collection of best

practices aims to facilitate the knowledge exchange about the current best practices implemented in the context of the project partners and to be the starting point to build up common guidelines for training, consulting and coaching of people awakened from a coma as well as for their family members/caregivers and volunteers.

2. Best practice collection

2.1 Casa dei Risvegli (House of Awakenings)

- ✓ **Country:** Italy
- ✓ **Short description:** The therapeutic alliance family/volunteers and experts in Casa dei Risvegli Luca De Nigris through Gli amici di Luca Association.
- ✓ **Selection of target groups:** Families / Volunteers / Experts
- ✓ **Identification of their needs:** The first need of the family is to have an active role in the rehabilitation process: the intervention of the family is a commitment, whose main purpose is to collaborate with operators for the recovery of the person with coma outcomes and offering their own contribution as an expert in the bond and in the knowledge of the person.
Another need is to have a helping relationship through the activity of skilled volunteers belonging to Gli amici di Luca Association.
A third need is an efficient communication between the family and the health experts: the family, who lives besides the patient, is active part of the team in the definition and implementation

of the individual rehabilitation process. The family is constantly informed about the progress of care by doctors and operators.

- ✓ **Methods of work:** Everyday life is modelled on the principle of a “therapeutic setting”, where time and space are defined by integrated activity programmes, based on an individual project. Programmes must be flexible and able to organise the entire day, thus overcoming the dichotomy between care time and treatment time towards a single rehabilitation time, organised according to a recognisable and accepted pace.

Medical staff and caregivers (families and volunteers) operate in a complementary way on the basis of an explicit formal “care contract” that is amended from time to time.

Every two weeks, the whole team (experts, family and clinic educator) meets to focus the results and the new objectives.

Training courses for families in the post-acute rehabilitation phase: weekly participation of families in an educational group coordinated by a clinical educator

Information Project for families : 12 lessons, that deal with different subjects concerning coma outcomes and rehabilitation process.

Discharge: The *Casa dei Risvegli Luca De Nigris* is designed as a care setting that, in addition to providing high rehabilitation intensity and quality levels, prepares the family for discharge, the return home and their consequential role of caregivers. This takes place through the aid of staff, the work of volunteers and the association with individual

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relationships and group meetings, psychological orientation, the work of the professionals, structured operative learning initiatives and the provision of instruments, information available in the form of teaching guides and videos.

- ✓ **Duration:** Duration depends on patient's conditions, the objectives and the results of the rehabilitation process (from three months to one year).
- ✓ **Outcome:** The individual rehabilitation project also involves the caregivers (family and informal help network). Various objectives will be pursued within the project: reduction of the emotional burden, psycho-social adjustment, "crisis" management for the family, training and information, care procedure instruments and training. These objectives may be measured with specialized Care scales, as well as a systematic evaluation of perceived quality.
- ✓ **Potential value:** Family members are therefore not merely part of the professional team that defines and devises the individual rehabilitation project, but rather they are first person organisers of the pace and ritual and Care relationships of everyday life. This model prepares for responsible and conscious, even gradual, assumption of the functions of caregiver subsequent to discharge
- ✓ **Sustainability:** The complex relationship between the organisation of care places, time and figures allow a flexibility of rehabilitation procedures that would not be possible inside a conventional hospital context and that constitute one of the elements of innovation. The *Casa dei Risvegli Luca*

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De Nigris therefore distinguishes itself as an innovative structure for which there are currently no organisational-care reference models. This thanks to the cooperation between the Italian Public Health Service and a private Association.

- ✓ **Feedback from the beneficiaries:** A multidisciplinary working group is appointed to collect information from families with personal experiences of the post-acute period: the focus is on the period between preparation for hospital discharge and the return home with reintegration into the community.
A specific questionnaire is drawn up on to monitor the ongoing situation

2.2 Theatre and Music therapy

- ✓ **Country:** Italy
- ✓ **Short description:** Theatre and Music Therapy is one of the best practices experienced at the Casa dei Risvegli Luca De Nigris
Theatre Therapy uses the capabilities of role play games to help well-being, upbringing, integration and change. It allows people to act out what they cannot express in words and can include events experienced in the past. The protected environment of the stage allows the members to learn new, cognitive reactions and behaviour.
The possibilities offered by the creation and interpretation of roles, expertly combined with knowledge and skills of psychology, allow for the creation of rehabilitation courses and programs which can support treatment of the mind.
The Music Therapy workshop is a facilitator of rehabilitation process which uses the elements of music, sound, rhythm, melody as a mean to develop the potential functions of the individual.
These activities are part of the rehabilitation process addressed to patients with coma outcomes at Casa dei Risvegli Luca De Nigris. Therefore, theatre and music are real rehabilitation elements that **complement** the other rehabilitation process (physiotherapy, water therapy, cognitive therapy, etc.).
- ✓ **Selection of target groups:** Target group, directed by a professional actor and music therapist who combine their experience to the knowledge and skills of psychology acquired through professional

trainings, is composed by patients and volunteer actors.

- ✓ **Identification of their needs:** The two theatre workshops and Music therapy at Casa dei Risvegli Luca De Nigris are aimed to people with coma outcomes and volunteer actors who use them as means for social integration and re-socialization. The activities also produce shows that are performed on tour and in various national contexts. These therapies allow participants to perfect their communication skills on all levels, overcoming emotional blocks and expressive tensions and training non-verbal means of communication.
- ✓ **Methods of work:** The working method is based on the individual's knowledge and his ability to relate to his own inner world and the external context. For this reason the work on the body, on the contact, on the management of emotions is one of the main elements of the rehabilitation process. Through writing and the development of their own life, the use of bodily expressiveness and artistic ensuing become the working process that is carried out weekly in the Casa dei Risvegli Luca De Nigris.
- ✓ **Duration:** Theatre and Music Therapy at Casa dei Risvegli Luca the Nigris started in 2005 and are still ongoing.
- ✓ **Outcome:** During the last 9 years of activity, the use of theatre and music in the rehabilitation process has produced positive results both in regaining his own residual activities and in obtaining most relational and social skills even through shows and meetings with the external community.

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- ✓ **Potential value:** Theatre and Music activities are part of the rehabilitation process addressed to patients with coma outcomes at Casa dei Risvegli Luca De Nigris. Therefore, theatre and music are real rehabilitation elements that complement the other rehabilitation process (physiotherapy, water therapy, cognitive therapy, etc.).
- ✓ **Sustainability:** The Theatre and Music rehabilitation process of the association Gli amici di Luca is supported by fundraising projects with specific budgets for these activities.
- ✓ **Feedback from the beneficiaries:** The patient needs to acquire greater awareness, greater autonomy and social security. The patient acquires a better awareness of his/her situation and improves his/her autonomy and his/her social role.

2.3 Training

- ✓ **Country:** Italy
- ✓ **Short description:** In the last ten years the association Gli amici di Luca has expanded the development of formal, non-formal and informal training for people awakened from a coma, their families, volunteers and operators
- ✓ **Selection of target groups:** The learning of personal, relational and social skills necessary to tackle the acquired disability interest both the person who has suffered head injury and the family and the network of volunteers and operators. For this reason it is necessary to propose an adequate training specific to each type of stakeholders, including professionals and volunteers who work with them.

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- ✓ **Identification of their needs:** The aim of the courses is to facilitate a positive outcome of the rehabilitation path and social reintegration and employment of people who have acquired disabilities, acting on the social context, through awareness-raising and cultural promotion, enhancing the value of acceptance and respect for the dignity of the person in the community.
- ✓ **Methods of work:** Training for people with acquired disabilities: individual psychological support, cognitive and behavioural support (neuropsychologic approach), reintegration and social experiences (theater workshops).
Training for families: the best approach in the structured training is determined by listening, by the search for balance and relationship activities, communication and self-expression with each other.
Training for volunteers: presentation of the various topics concerning the rehabilitation path in 12 lessons taught by the operators; practical activities coordinated by the clinic educator.
Training for operators: meetings and conferences are held, with lectures made by Italian and international researchers and professionals involved in post-coma rehabilitations facilities to disclose their studies and experiences.
- ✓ **Duration:** The training courses for persons who have suffered head injury, for families and for volunteers are carried out, on average once a week, throughout the year.
The training courses for operators are carried out twice or three times throughout the year.

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The training courses at the Casa dei Risvegli Luca De Nigris started on 2005 and are still ongoing

- ✓ **Outcome:** The ongoing training create a facilitation and stimulation to the contact with the outside world for the person awakened from a coma; support the family in the difficult path of needs' and resources' awareness in their own context and in their relationship with the outside world. Training activities improve the work of the operators and volunteers and contribute to create a network of experiences in the field of rehabilitation after brain injury.
- ✓ **Potential value:** The structured training for the different target groups allows:
 - to explore these situations of crisis, to grow the awareness and to live a possibility of change
 - to prepare people able to act with their activity in the areas of the rehabilitation path after coma
 - to promote social reintegration and development of social skills of people with coma outcomes

Sustainability: The different training courses organized by the association Gli amici di Luca are supported by fundraising projects with specific budgets for training activities.

- ✓ **Feedback from the beneficiaries:** A multidisciplinary training group allowed us to create a professional team in constant evolution with a positive impact in meeting the needs of the patient and his family.

2.4 Benchmark approach

- ✓ **Country:** Greece
- ✓ **Short description:** Combination of methods/techniques that has consistently shown results superior to those achieved with other means, and that is used as a benchmark. To be more precise, a combination of hospitals such as KAT (Athens) and private recovery and rehabilitation centres (Larisa), which are responsible for taking care patients from physical, sentimental, social recovery as well as to provide intensive care Unit for more severe cases. They also maintain accredited management standards such as **ISO & TEMOS certifications.**
- ✓ **Selection of target groups:** Non-specific target group.
Injuries: from car accidents from sports injuries, work-related accidents, Neurosurgical injuries, Traumatic Brain Injury.
Exemption: attempts in Athens started in 2011 by a multidisciplinary group of psychologists, speech therapists, speech therapists, specialists in **preschool** age to inform parents and teachers with seminars, workshops, to cooperation with doctors, schools, communities, experts.
- ✓ **Identification of their needs:** Depends on the treatment which varies with the severity of the problems , the therapist in the Intensive Care Unit implements individualized program tailored to the specific needs of each patient.
Equally important is the frequent switching positions on the bed, to ensure better aeration and drainage of secretions in bronchopulmonary

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segments that are higher than the others and preventing ulcers. Suggested positions are: side and half upright positions.

Also, the support members and joints with special pillows or foam splints.

Prevention of the shortening of the muscles and increased muscle tension for maintaining the integrity of the musculoskeletal and comatose patient.

- ✓ **Methods of work:** voluntary (families), private/public institutions.
Associations (federations, coordination, etc.) are increasing in these last years but still the private-public collaboration and/or with families and/or with patient associations are not systematically so far.
- ✓ **Duration:** Depends on the treatment and the severity of the problems, the therapist in the Intensive Care Unit implements individualized program tailored to the specific needs of each patient.
The majority of patients who remain in a coma one month after brain injury, or recover or die within the first year.
Recovery usually occurs within three months. One in three patients who "wakes up", will die in it the first time.
- ✓ **Outcome:** The majority of patients who remain in a coma one month after brain injury, recover or die within the first year. Recovery usually occurs within three months. One in three patients who "wakes up", will die in it the first time. the therapeutic recovery rehabilitation program does not run out

during the acute phase: and ranges from 3-9 months approximately.

When a patient presents with motor deficits or deficits of higher mental phenomena functions (concentration, attention, memory, orientation ability, knowledge, practice, feeling, behavior) must follow specific programs of treatment and rehabilitation carried out only in special rehabilitation centers. Throughout the program, an assessment of the progress of the patient and the treatment efficacy of the Rehabilitation Team and modified as and when necessary.

After the post-acute rehabilitation in hospital, patients are generally discharged, although medical and social interventions are still needed to deal with the residual disability. Challenges for families include providing long-term care, return to school or work, financial problems, and difficulties related to healthcare and social services.

Expected outcome: improvement in the patient parameters such as mobility, self-ability, speech and communication ability, social and economic benefit (short-term goal) Reduced cost of care, reduces hospital beds and achieve a complete and comprehensive, personal, family, social and professional reintegration of the patient (long-term goal).

- ✓ **Potential value:** Experts (Physiatrists, Physiotherapists, Coaches, Occupational Therapists, Speech Therapists, Nefropsychologist-psycho-pathology, clinical psychologists, social workers, guidance counselors and Training, etc.): assessment based on scientific tools, deeper

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understanding of the patient's in coma needs, goal settings, intervention, reassessment, willing to train families and volunteers (educational Seminars).

- ✓ **Sustainability:** Families: should be more informed (seminars, training sessions) on how they should take care the patient physically, emotionally and economically.

Volunteers: Willing to support, be informed & updated.

- ✓ **Feedback from the beneficiaries:** the most commonly need information about prognosis, treatments, and services, as well as emotional and social support. Most families experience a lack of support from the professional team, and generally have adjusting trouble to the complexity of the new situation.

- ✓ **Comments:** Information about prognosis, treatments, services, need for more support from healthcare professionals, pshycologists, financial support.

No concrete system of supporting the rehabilitation of these patients so far.

It is necessary to propose an adequate training specific to each type of stakeholders, including professionals and volunteers who work with them in every step of (Acute phase, post-acute rehabilitation phase).

Ultimate goal, which is to get the patient the highest possible level of autonomy and can again enjoy the best possible quality of life.

2.5 Improving awareness in an international setting

- ✓ **Country:** Belgium

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- ✓ **Short description:** We give talks and presentations to very different groups of people in various places to improve awareness of disorders of consciousness (coma, vegetative state, minimally conscious state). We also created a folder 'Coma et états de conscience altérée suite à une atteinte cérébrale'.
 - ✓ **Selection of target groups:** Families and people involved. Academic setting (Students, professors, researchers). Medical setting (physicians - in training -, physiotherapists, occupational therapists, nurses, etc.)
 - ✓ **Identification of their needs:** Coma and especially the period/the life after coma is not well known. This creates problems in the care for patients (medical care but also rehabilitation, political and financial issues)
 - ✓ **Methods of work:** Presentation in various places to explain:
 - What is consciousness according to the medical world
 - What are the disorders of consciousness
 - Clinical assessment of consciousness
 - Research
 - Physiotherapy & revalidation
 - Pharmacology
 - Pain
 - Ethics
- So far done in (a non-exhaustive list):
- Belgium: Academic, medical, family
 - The Netherlands: Academic, medical, family
 - France: Academic, medical, family

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- Spain: Academic (Reunión anual de la sociedad española de neurología)
- Italy: Academic, medical, family
- Germany: Academic, medical
- USA: Academic, medical
- China: Academic, medical
- Japan: Academic
- England: Academic
- Hungary: Academic
- Poland: Academic
- Switzerland: Academic
- ✓ **Duration:** Depending on audience and schedule, ranging from 20 minutes to 2 hours.
- ✓ **Outcome and potential value:**
 - Government (financial aid etc.)
 - Increased awareness about disorders of consciousness
 - Improve care (therapy, pain management etc.)
 - Management (improve living arrangements in care-centers etc.)
- ✓ **Sustainability:** Good
- ✓ **Feedback from the beneficiaries:** Induces discussion and creates cooperation with care & rehabilitation centers and international academic settings.

2.6 Extensive assessment of the level of consciousness

- ✓ **Country:** Belgium
- ✓ **Short description:** Extensive assessment of the level of consciousness. Behavioural and neuroimaging examination. With the aim of improving medical care and understanding disorders of consciousness. Individual assessment of the level of consciousness. In a group level: research into disorders of consciousness to better understand the underlying mechanisms.
- ✓ **Selection of target groups:** People suffering from disorders of consciousness, coma, unresponsive wakefulness syndrome, minimally conscious state and emergence of this state and locked in syndrome.
- ✓ **Identification of their needs:** Need to know if they are conscious or not to adapt the care and management (e.g. medication) and prognosis information (revalidation etc.). Finding ways to communicate reliably with the patients.
- ✓ **Methods of work:** Multimodal assessment.
Behavioral assessment: Coma Recovery Scale-Revised (CRS-R), Nociception Coma Scale (NCS), ENT : assessment of gastrostomy, tracheotomy etc. Blood assessment. Spasticity assessment.
Brain imaging: Positron Emission Tomography, Magnetic Resonance Imaging, Electroencephalography, Electromyography, Transcranial Magnetic stimulation, -Brain computer interfaces.
- ✓ **Duration:** 1 week
- ✓ **Outcome:** Results of behavioral and brain responses as well as pharmacological trial.

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- ✓ **Potential value:** Document the state of the patient (diagnosis and prognosis) and potential recovery with therapeutic trial.
- ✓ **Sustainability:** Good
- ✓ **Feedback from the beneficiaries:** Most of the time very positive.

2.7 Nueva Opción Association (Association of families)

- ✓ **Country:** Spain
- ✓ **Short description:** Acquired Brain Injury Association of Valencia, a non-profit provincial level, founded in 1995 by a group of affected Acquired Brain Injury (hereafter DCA) and family.
- ✓ **Selection of target groups:** Unique Association of DCA in the province of Valencia is formed by people affected or not, who believe in second chances and bet on improving the future of, until today, the leading cause of disability in Spain, with more than 400,000 cases, 50,000 new cases per year.
- ✓ **Identification of their needs:** Valencia, with 60,000 cases, is among the regions with the highest incidence, ahead of communities with higher population density. These data justify the need to improve the network of services, both medical and social, to improve the quality of life of those affected and their immediate environment, present insufficient network resources and does not provide an intervention after discharge thus preventing continue the rehabilitation process.
- ✓ **Methods of work:** Nueva Opción conducts various activities of social intervention whose main objectives lie in improving the quality of life and

personal autonomy of those affected by Acquired Brain Injury, as well as providing information, guidance and advice to both them and the families who demand our support. Moreover, Nueva Opción considered very important DCA prevention and dissemination of the activities that are carried out as tools to combat the high rate of new cases occurring each year.

The main activities are:

- Information, Guidance and Counselling
- Promotion of Personal Autonomy and Social Integration Activities
- Promoting Volunteer Social Activities
- Prevention and Dissemination Activities of DCA

✓ **Duration:** Since 1995

✓ **Outcome:**

- As dissemination activities, currently a total of ninety posters, best known as mupis, flooding the streets of the Valencia.
- Registered in the Register of Associations of the Generalitat Valenciana, No. 7467, was declared Public Utility Authority by the Ministry of the Interior on April 16, 2009. Moreover, in 2012 it was registered and authorized as Specialized Center of Social Services.
- Since its foundation and after intervening in hundreds of cases, it becomes necessary entity reference and, in the Province of Valencia, both to provide support, to offer a space that ensures the maintenance of

the rehabilitated capabilities as the possibility of improving autonomy and integration of the affected.

Potential value: Is important because:

- Defend the rights of those affected by Acquired Brain Injury and their families.
 - Supports those affected by DCA and their families to improve their comprehensive rehabilitation programs through Information, Guidance and Counseling and promotion of personal autonomy.
 - Seeks to achieve employment, educational and social reintegration of those affected by Acquired Brain Injury.
 - Sensitizes society through prevention programs (traffic accidents, healthy habits, etc..) and Dissemination
 - Promote research in the field of rehabilitation treatments possible users.
- ✓ **Sustainability:** Nueva Opción is an association that has been evolving since 1995 in order to give to the patients a multidisciplinary care and family support for optimal continued rehabilitation at home. In March 2014, they will use new installations adapted to the needs of patients and thus remain and even the activities they carried will increase, as well as agreements with different public and private entities that directly benefit patients and dissemination of through awareness campaigns activities in acquired brain injury.

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- ✓ **Comments:** The goal of Nueva Opción is to inform, guide and advise, to as many families as possible and the aim is to cover all user needs (occupational and therapeutic) and the needs of their families (support).

2.8 Programme of information and support to families of the Spanish Federation of Brain Injury (FEDACE)

- ✓ **Country:** Spain
- ✓ **Short description:** Contact with brain damage is very difficult. Normally, the family in Spain is facing this new situation alone with a great lack of information, with multiple questions without response, cause often act blindly arise. This is the reason for creating this program.
- ✓ **Selection of target groups:** Families and relatives of patients with Acquired Brain Injury of all Spain.
- ✓ **Identification of their needs:** The program and the Spanish Federation of Brain Injury try to answer any questions about the brain damage, accompany the family in the early stages and provide support to address them.

Methods of work: The program includes three phases:

1. **Hospital Care:** The association collects the basic facts of the case to coordinate with the medical team who treats at that time. With the first data, information is given to the family on Acquired Brain Injury, psychosocial support to take on the problems and information on health, social and legal resources. The necessary resources are also handled when the person with brain injury will be discharged and the necessary social reports are prepared.
2. **Family Intervention:** at this stage the family is integrated into family self-help groups, it provides emotional and psychological support

and psychoeducational groups on ABI with other family members. These groups deal with the care of the caregiver, handling difficulties after brain damage and other issues as needed. A major goal at this stage is to encourage the bonds of cohesion among family members with positive attitudes and communication. Moreover, at this stage the area of social work follows up each case through personalized care pathways

3. **Community Intervention:** This phase refers to the actions that are intended to improve the existing information on DCA, coordination between resources and the prevention and awareness of Acquired Brain Injury. Includes the development of educational material and information, such as the guide published by FEDACE "ABI: Guidance for family, friends and carers"
- ✓ **Duration:** There is no fixed term for interventions or participation of the families.
 - ✓ **Outcome:** In 2012 were attended more than 10 thousand families, with 3 interventions on average per patient, where they worked 51 professionals and 155 volunteers.
 - ✓ **Potential value:** Its an important programe because provides information and guidance to families and caregivers of patients with acquired brain injury, teaching them what and how to do in different circumstances of daily life.

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- ✓ **Sustainability:** The program is one of the most important and emblematic of FEDACE, so its permanence in time is crucial, in addition to which is developed by professionals in the same Spanish federation.
- ✓ **Comments:** This program has developed FEDACE Family Guide and Guide for family, friends and caregivers. Also in the framework of the program have collaborated the Ministry of Health, Social Services and Equal Spain, Fundación ONCE and Gmp Foundation.

2.9 Sport and physical activities for children with ABI of the Spanish Federation of Brain Injury (FEDACE)

- ✓ **Country:** Spain
- ✓ **Short description:** The project promotes the social integration of children and young people with Acquired Brain Injury through the practice of physical and sports inclusive activities.
- ✓ **Selection of target groups:** Children and Young people with acquired brain injury in Spain.
- ✓ **Identification of their needs:** The Brain Injury in children and youth is estimated that each year, per 100,000 children develop an ABI 250 after traumatic brain injury, tumor, or even a stroke. At present there is no specific public rehabilitation center for the care of children with brain damage, so they have not guaranteed the continuity of care after discharge.
- ✓ **Methods of work:** With this project, children with ABI enhance their personal autonomy through actions as well as being rehabilitative and inclusive; are fun and strengthen family relationships. From FEDACE endow associations with adapted equipment and materials, in that way the associations can organize two sessions' weekly sports activities. These sessions are aimed at strengthening the body, to socialize among them and with the community environment.
- ✓ **Duration:** There are no fixed terms for this Project.
- ✓ **Outcome:** Currently there 5 Associations who organize sports equipment and physical and sports activities for children and teenagers. They are located in 5 cities across the country (Alicante, Siero, Sevilla, Santiago de Compostela, Madrid)

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where receive 30 Children with ABI that enjoy the leisure-weekly rehabilitation spaces. They have 6 professionals involved who dedicate 4 hours weekly and 10 volunteers.

- ✓ **Potential value:** From FEDACE endow association's adapted equipment and materials that associations organized two sessions' weekly sports activities. These sessions are aimed at strengthening the body as these children are socialized among themselves and with the community environment. This becomes a perfect opportunity for children and youth can work their body, but also improve their social relationships.
- ✓ **Sustainability:** This program is very important for the Spanish Federation of Brain Injury, because treats childrens and young people. Today is one of the few programs aimed at this group of patients in the country, so despite not having a fixed funding, it is of great importance for the future.
- ✓ **Comments:** This project works thanks to support from the Innocent Foundation and donations from members and friends of FEDACE.