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**Article:**
Bate, C., Turner, K. and Fricke, S. (2021) Return to school after acquired brain injury in the UK – the educators' perspectives. Journal of Research in Special Educational Needs, 21 (3). pp. 242-253. ISSN: 1471-3802

https://doi.org/10.1111/1471-3802.12517

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Journal of Research in Special Educational Needs · Volume •• · Number •• · 2021 ••–••
doi: 10.1111/1471-3802.12517

# Return to school after acquired brain injury in the UK – the educators' perspectives

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*Key words*: Acquired brain injury, school, return-to-school, Special Educational Needs and Disabilities, teachers.

**Childhood acquired brain injury (ABI) is associated with poorer life outcomes. Increasing numbers of children and young people are surviving severe brain injury and returning to mainstream schools with multiple impairments. It is widely acknowledged that for these children, their school becomes by default their rehabilitation centre. International studies of this transition and a recent UK government report criticize educators' inconsistent implementation of support strategies, lack of educator training and poor communication between clinicians, educators, child and family. The educators' perspectives of the return-to-school are, however, not well represented in the literature. This study therefore explored the experiences of educators in the UK (N = 10) who had recently facilitated a return-to-school of a child with ABI aged 8–12 (N = 5) using semi-structured interviews analysed by data-driven thematic analysis. The findings highlight common experiences: a continuum of intensive problem-solving with heavy reliance on the Special Educational Needs Coordinator; educators valuing collaboration with clinical specialists in context over general training'; uncertainty over the validity of implementing support strategies from prior teaching experience; uncertainty about how to support the child's emotional needs; and frustration with UK statutory processes for Special Educational Needs and Disabilities. Recommendations are made for changes to practice and future research.**

## Introduction

Due to medical advances, an increasing number of school-aged children are surviving severe brain injury due to accidents and neurological illnesses, and are returning to mainstream primary and secondary schools with multiple cognitive, communication and physical impairments, which are likely to result in life-long disabilities (Hayes, Shaw, Pearce and Forsyth, 2017). The increase in such cases clearly has implications for educators, school leaders and community-based healthcare professionals responsible for the education and well-being of children with newly acquired complex needs (Forsyth and Kirkham, 2012). Current estimates indicate that over 2000 children per year are returning to education in the UK after severe brain injury (UK All-Party Parliamentary Group, 2018). This review considers children of statutory school age in the UK (age 5–16).

The long-term negative impact of childhood acquired brain injury (ABI) on academic achievement and psychosocial outcomes is well established (Anderson et al., 2011; Forsyth and Kirkham, 2012; Prasad et al., 2017), including strong associations with mental illness and with high risk or criminal behaviour in adult life (Kennedy, Heron, and Munafò, 2017; Schachar, Park, and Dennis, 2015). Given such risks, there is good reason to provide evidence-based support to children with ABI on their return to school as they reconstruct their lives.

The initial return-to-school and longer-term education following severe ABI is an immense challenge for the child. Firstly, schools are generally large, fast-moving learning and social environments posing complex cognitive, social and behaviour demands on a child with an ABI (Hartman, Duncanson, et al., 2015). Secondly, the pathway of recovery and long-term prognosis of ABI is particularly unpredictable in children because their brains are still developing and it is impossible to predict how soon, if ever, a child will re-master lost skills and their future potential to learn higher-level skills (Forsyth, 2010). Thirdly, early gains in physical recovery frequently give the child, parents and educators misplaced optimism about future recovery of cognitive and language skills, potentially leading to a sense of failure when skills do not recover and further latent difficulties emerge (Forsyth, 2010).

When a child is physically well enough to leave hospital and return to school, they are likely still to be in an active phase of neuro-rehabilitation and gradually regaining functional skills (Hartman, Tibbles, et al., 2015), so the

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school environment becomes a de facto rehabilitation centre. Therefore, educators play a critical role in the child's continuing recovery and cognitive rehabilitation (Shaw and McCabe, 2008) and require the skills, information and resources to fulfil this role from the outset (Hartman, Tibbles, et al., 2015).

The return-to-school may involve many people: the child, parents and other caregivers, educators, hospital and community-based clinicians and education support professionals external to the school. A growing evidence base, predominantly from the United States, Australia and Canada, calls for greater communication and collaboration between everyone involved, including the child and their parents, and a reduction in the practical barriers which impede collaboration between clinicians and educators, for example being released from normal duties to meet (Andersson et al., 2016; Hartman, Duncanson, et al., 2015; Hartman, Tibbles, et al., 2015). Ylvisaker et al., (2001) recommended a consultancy model in which ABI specialists collaborate with educators to plan an individual combination of strategies and interventions which are appropriate to the child's unique ABI and to make adjustments through medical recovery. Bringing together specialists and educators can be expensive and time-consuming to scale up; however, an established community-based consultancy and training programme is currently being evaluated in a four-year study (Center on Brain Injury Research and Training, 2020) in Oregon, USA.

The evidence base has three other recurring themes. Firstly, for educators to receive additional training and for recommendations made by clinicians and other ABI specialists to be applied consistently across the whole school (Canto et al., 2014; Hartman, Tibbles, et al., 2015; Todis et al., 2018). Secondly, studies which focus on the perspectives of children and their families call for greater involvement of the child in planning and evaluating their school experience and for the child to receive emotional support while re-establishing social confidence, dealing with frustration at compromised skills and adjusting to significant changes in their life (Andersson et al., 2016; Hartman, Tibbles, et al., 2015; Mealings et al., 2012). Thirdly, for consistent, formalised systems and processes for managing the return-to-school transition, accessing services and additional support, advocacy and long-term monitoring (Canto et al., 2014; Hartman, Duncanson, et al., 2015; Todis et al., 2018).

Despite the crucial role that educators play in the return-to-school the perspectives of educators are not well represented in the literature. In a systematic review of clinician and educator experiences of facilitating the return-to-school (Hartman, Duncanson, et al., 2015), school-based educators' perspectives were largely represented in combination with the perspectives of other professionals. Educators' understanding of the educational needs of child with an ABI has been investigated in two recent studies: an international study of educator perspectives on children with traumatic brain injury (Kahn et al., 2018) and a UK-based study which analysed the ABI knowledge of Special Education Needs Coordinators (SENCOs) via a survey (Howe and Ball, 2017). Neither of them focused specifically on the return-to-school; however, both studies identified a lack of training on educating children with an ABI. Both studies also found that in the absence of specific training, educators apply their broad experience of teaching children with learning difficulties and disabilities. Kahn et al., (2018) found educators value collaboration with specialists external to the school, but that this rarely happened in the five countries included in the research.

In the UK, the All-Party Parliamentary Group report on ABI (2018) recommended long-term integrated healthcare and educational support for children with ABI and specific inclusion of ABI in the UK statutory document *Special Educational Needs and Disabilities (SEND) Code of Practice* (Department for Education and Department of Health (DfE and DH), 2014). In response, a multi-professional working group, 'NABLES', has been formed (National ABI Learning and Education Syndicate, 2020). A need for improved integration of education and healthcare systems for supporting children with all types of medical need at school was also highlighted by a recent UK government inquiry into the *SEND Code of Practice* (UK Government Education Select Committee, 2019). Therefore, further insight into practical implications of UK statutory processes during return-to-school transitions would be pertinent to this work.

As school-based educators carry the responsibility for implementing the initial return-to-school transition and the child's longer-term education and rehabilitation within the school environment, they are in a position to provide insight into the practicalities and challenges involved. Therefore, the primary aim of this study was to explore educators' experiences of facilitating the return and reintegration of a child to mainstream school, following a severe ABI, in order to inform the design of return-to-school processes that that empower educators and are manageable within the practical and financial constraints that exist within UK schools. Considering the UK evidence base, a secondary aim was to explore SENCOs' experiences of working within the *SEND Code of Practice* (DfE and DH, 2014) while facilitating a return-to-school after severe ABI in the UK.

## Method

This exploratory study employed a qualitative design, using semi-structured interviews, to investigate the experiences and perspectives of SENCOs and classroom practitioners involved in a return-to-school transition of a child following severe ABI, in order to gather rich data from both roles and to increase validity through triangulation

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of data sources (Guion, Diehl and McDonald, 2011). Results were analysed by data-driven thematic analysis (Braun and Clarke, 2006).

Ethical approval for the study was granted by the Research Ethics Committee in the Division of Human Communication Sciences, University of Sheffield.

*Participants*

Participants were recruited from mainstream primary and secondary schools that had facilitated the return-to-school of a child following a neuro-rehabilitation placement at one centre in the UK.

Inclusion criteria were as follows: (1) the child had sustained a severe ABI, that is more than 28 days in hospital (Hayes et al., 2017); (2) the school was a mainstream state school; (3) the child had returned to mainstream education 6 to 18 months prior to the planned data collection period; (4) prior written consent had been gained from the parent(s) for educators based at the rehabilitation centre to maintain communication with educators at the school regarding the child's educational progress and support needs after the child returned to school.

The SENCOs of 13 schools which met these criteria were contacted by email with information about the study. If they indicated interest in participation, they were asked to suggest a classroom practitioner with extensive experience of working with the child during the return-to-school, and information about the study was emailed to this educator. The potential participants and the Headteacher of the school were provided with detailed written information about the study before giving written consent.

The SENCO and a classroom practitioner from five schools consented to participate. At the suggestion of one secondary school SENCO, the researcher invited an educator in a pastoral role to participate as well as a subject teacher, because they could provide insight into different aspects of the return-to-school. One classroom practitioner at a primary school later withdrew as they could not be released from duties. The final study sample comprised five SENCOs, four classroom practitioners and one educator in a pastoral role.

The characteristics of the schools and the return-to-school transition are shown in Table 1. None of the children had pre-existing learning difficulties. Information about the participants' roles and prior experience is shown in Table 2.

*Procedure*

Data were collected through individual semi-structured interviews by the first author, at the interviewee's school (where within one hour travelling time; n = 6), or by telephone (n = 4). Interview duration ranged from 20 to 45 minutes, with a median of 35 minutes. The interviews were audio-recorded and transcribed 'intelligent' verbatim (Roulston, 2010, pp. 105–107) by the same researcher, redacting any personal information about the child, school or family for anonymity.

Interviews comprised open-ended, neutral key questions and a conversational approach, followed up with further probes and prompts, to seek greater understanding and clarity (Guion et al., 2011). The interview guide (available as supporting information online) was developed based on a review of existing literature (Canto et al., 2014; Hartman, Duncanson, et al., 2015; Hartman, Tibbles et al., 2015; Mealings et al., 2012; Todis et al., 2018), piloted with one educator, revised to make the questions broader, then piloted again with a SENCO and a classroom practitioner, with no further changes deemed necessary. All participants were asked to describe their experience of working with the child who had returned to school. Participants were prompted to elaborate on their experiences of interaction with other people involved and how they had chosen and applied strategies to teach and

**Table 1: Characteristics of the schools (N = 5) and the return-to-school transition**

| School reference | School type | Social/economic status[a] | Location | Year Group (Grade) on return-to-school | Child previously attended this school? | Time between ABI and the return-to-school |
|---|---|---|---|---|---|---|
| 1 | State primary | Well below average | London | Year 3 (age 7–8) | Yes | 7 months |
| 2 | State primary | Above average | South-East of England | Year 6 (age 10–11) | Yes | 4 months |
| 3 | State primary | Above average | London | Year 5 (age 9–10) | Yes | 6 months |
| 4 | State secondary comprehensive | Below average | South-East of England | Year 7 (age 11–12) | No | 16 months |
| 5 | State secondary comprehensive | Well below average | London | Year 7 (age 11–12) | No | 8 months |

[a]As described on most recent school inspection report.

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**Table 2: Participants' roles and prior experience**

| Participant reference | School reference | Job Role | Experience as an educator (Years) | Professional Experience of ABI | Personal Experience of ABI | Knew the child pre-injury |
|---|---|---|---|---|---|---|
| S1 | 1 | SENCO | 5 | No | No | Yes |
| S2 | 2 | SENCO | 10+ | No | No | Yes |
| C2 | 2 | Learning Support Assistant | 10+ | No | No | Yes |
| S3 | 3 | SENCO | 10+ | No | No | Yes |
| C3 | 3 | Class Teacher | 4 | No | Yes | No |
| S4 | 4 | SENCO | 10+ | No | Yes | No |
| C4 | 4 | Learning Support Assistant | 10+ | No | No | No |
| S5 | 5 | SENCO | 10+ | No | Yes | No |
| C5a | 5 | Subject Teacher | 10+ | No | No | No |
| C5b | 5 | Head of Year (Pastoral) | 6 | No | No | No |

support the child. SENCOs were also asked to describe their experiences of local education authority (LEA) processes and services and were prompted to elaborate how these impacted the return-to-school.

*Data analysis*

Data were analysed by thematic analysis (Braun and Clarke, 2006) from a critical-realist ontological position (Braun and Clarke, 2013, pp. 26–27). A critical-realist perspective holds that the participants' accounts would reflect an underlying truth, but that a small sample could only reveal a small part of the truth. The analysis used an inductive approach (without a preconceived coding scheme). The entire anonymised data were coded using multiple codes per utterance and candidate themes were explored through discussion with a peer researcher, using 30% of the anonymised data. Using Braun and Clarke's (2006) six phase protocol, themes were defined and refined. To determine inter-coder reliability, 20% of the anonymised data was selected at random to be coded by a trained colleague of the main researcher. Inter-coder reliability was 90% for main themes and 85% for sub-themes. Data from participants were compared both within schools and within professional roles.

## Results

The findings below comprise firstly the data comparison within schools and within professional roles, and secondly a thematic analysis of the whole data set. Participant reference numbers are stated in parentheses, S1-5 indicating SENCOs and C2-5b indicating classroom practitioners (see Table 2).

*Comparison of data between participants*

Comparison of the experiences described by participants at the same school showed a high degree of similarity in three return-to-school transitions (Schools 2–4); both participants from each school referred to the same events, concerns, interventions and communication with other educators in the team. The experiences of participants at School 5 also showed many similarities, in that they described similar concerns and interventions, but there were differences in perspective over whether the child was managing well at school or not. One participant's withdrawal from the study prevented comparison of data from School 1.

Comparing data between job roles, SENCOs described interactions with parents at greater length than classroom practitioners, whereas classroom practitioners described how they supported the child at greater length than the SENCOs.

*Thematic analysis*

Thematic analysis yielded four themes that are summarised in Figure 1. Themes 1 and 2 are closely related; Theme 1, *Intensive, never-ending problem-solving,* relates to what the educators did, and Theme 2, *Continual adaptation,* relates to how they approached the problem-solving. Theme 3, *Emotional challenges,* relates to recurring talk about emotional challenges experienced by the educator, as opposed to practical and organisational challenges. Theme 4, *Battling with SEND processes,* derives from SENCO interviews only.

*Theme 1: Intensive, never-ending problem-solving.* The first theme relates to understanding the child's functional difficulties and the practical and organisational steps educators took to support the child at school. The theme is sub-divided into two time phases: *Pre-transition planning* and *School reality*.

*Pre-transition planning*—Four out of five SENCOs (S1-4) and one classroom practitioner (C3) met with parents and collaborated with specialist psychologists, therapists and teachers who had worked with the child during their neuro-rehabilitation placement prior to the transition, to make return-to-school plans. These educators believed these meetings gave them confidence and enabled them


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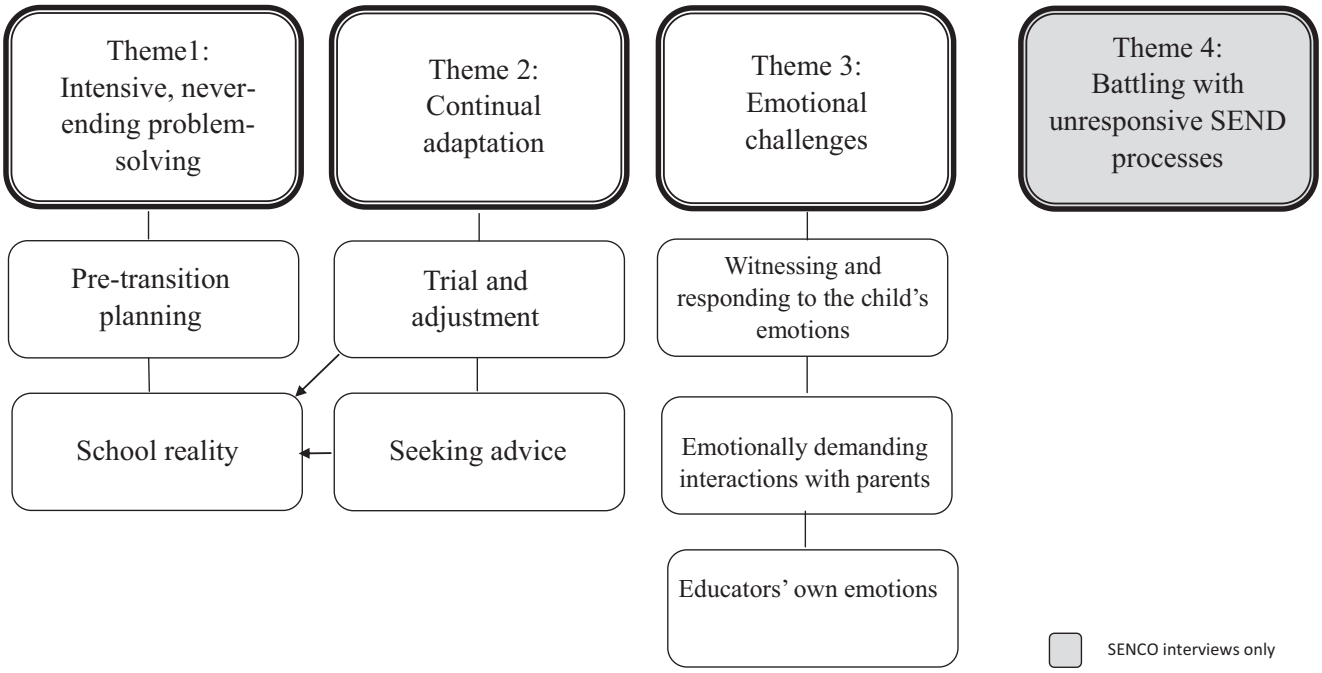
**Figure 1: Thematic map**




to form expectations of the child's abilities and support needs, and to develop a good relationship with the parents.

> *We all breathed a sigh of relief [when we met]. . .because it is kind of a new part of the jigsaw, a completely new story for that child.* (S3)

In contrast, at School 5 there had been a delay between discharge from the rehabilitation placement and the child starting at a new (secondary) school, while the LEA found an appropriate school place. There had been no collaboration with ABI specialists prior to the return-to-school and the first contact the SENCO received was more than 6 months after the child started at the school. The SENCO (S5) based her expectations on written reports.

> *. . . I felt that, even though the documents read in a particular way, like it was quite serious, that he was really recovering and I felt that we would be able to meet his needs, given his rate of recovery, but I had no understanding of his particular condition.* (S5)

*School reality*—Even after collaboration with specialists and parents, participants S1-4 and C3 said that they only discovered the true extent and complexity of the child's difficulties when the child started back at that specific school.

> *. . .a neuro-psychologist, I think she was called, explained things very well and gave us strategies in terms of her learning, but I suppose it was the practical things. . . which were missing. . .* (S4)

Participant S5, whose expectations were based on reports alone, was astonished by the reality.

> *. . . it was all written from the hospital . . .. all these documents don't even read like the child I've got in my school.* (S5)

Classroom practitioners at primary schools who had not been present at the planning meeting with ABI specialists were briefed by the SENCO before the child came back to school, allowing time to plan and prepare the other pupils in the class. In contrast, classroom practitioners at secondary schools were briefed by the SENCO when the child was allocated to their class or pupil support timetable, which for C4 and C5a was weeks after the child joined the school.

Eight of the ten participants (S1-5; C2-4) described how the return-to-school began with a phase of intensive problem-solving activity in the light of the educators' observations of the child's functional difficulties. These problems were in multiple domains for each child including: physical safety in corridors and playgrounds; navigation around the site; personal organisation; special arrangements made to help the child re-establish relationships with peers or make new friends; how to provide supervision for safety in the toilets while maintaining the dignity of an adolescent; responding to emotional behaviour from the child; and personalisation of the child's timetable to manage fatigue. At the same time, educators

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were trying to assess the cognitive abilities of the child in order to plan appropriate classes and groups. This work placed a high demand on professional time for all educators, but especially the SENCO, who in every transition was the hub of communication between all the staff involved, the wider staff group, parents, school-based and community-based therapists and other support services.

> *. . .of course everybody rallies round the child, but it can be draining on resources and from a SENCO's point of view. . . a couple of other kids dropped below prioritising. . .* (S3)

Most participants (S1-5; C2-4) also described how as some successes were achieved, new challenges became apparent.

> *. . .the child was really tired so it was really building up. . . her endurance levels and then as that got better, we then looked at "What gaps do we now need to look at filling?" "What can the child actually do?"* (S2)

The interviews took place between 6 and 18 months from the initial return-to-school, and every participant (except those at School 2, where the child had recently left the school) described on-going unresolved issues that they as an individual or as a teaching team were still working on, although the focus of their work had evolved. All ten participants described communication and social integration problems as examples of the longer-term issues.

> *When she first came back everyone was very interested in what had gone on, . . . but as time went on. . .. you could see that she wasn't able to join in the conversations that the girls were having . . . prohibiting her in some ways from continuing those friendships that she had had before.* (C2)

*Theme 2: Continual adaptation.* The second theme relates to how educators approached solving problems to enable the child to be successful in the school environment. This theme is sub-divided into two aspects, *Trial and adjustment* and *Seeking advice*.

*Trial and adjustment*—All participants described working out what was impactful for the child and manageable with the human resource available through trial and adjustment, including all the SENCOs, who collaborated frequently with classroom practitioners in this work in the initial months of the return-to-school. Some participants made self-deprecating remarks about their work being 'just trial and error' (S5) 'just hit and miss' (S2, C2) and 'learn as you go along, really' (C3); however, the teams at every school achieved some successful child-led rehabilitation progress through cycles of observation, trialling a strategy, evaluation and adjustment.

All participants used observation of the child to decide whether fine adjustment or new adaptations were needed. Participants S2-4 and C2-4 emphasised how they were seeking feedback from the child directly, and from parents, in order to decide what adjustments and new adaptations to make.

> *. . .but really you need to see the individual and learn from the individual themselves, because they are the best person that will be able to tell you how or what they can do. . ..* (C3)

*Seeking advice*—Practitioners in a wide variety of job roles had given advice to educators, which included speech and language therapists, occupational therapists, an ABI specialist teacher and a local representative from an ABI charity. Educators also referred to reports and advice prepared by ABI specialists prior to the return-to-school. Three SENCOs (S1, S3 and S5) commissioned school-based therapy services for pupils directly and described collaborative working throughout the return-to-school; however, two SENCOs (S2 and S4) found it difficult to find and secure appropriate therapy or mental health services locally. Most SENCOs (S1, S2, S4 and S5) expressed frustration at how difficult it was to find professionals locally with appropriate levels of expertise to advise on certain specific challenges.

However, regardless of the source, there was a common factor in participants' opinions about the advice. Of the seven out of ten participants who mentioned collaboration with a healthcare professional or other ABI specialist, all spoke positively about the advice, because it was specific to the individual child and relevant to the specific challenges they were facing at that particular time. Three participants (S2, C3 and S5) reported searching for further advice online, but struggled to relate the general information about ABI to the specific child, in their specific context.

> *Well there's loads on there, but the trouble is, it is better to find out about the child themselves than the whole general world of brain injury.* (C2)

Another common factor was that specialists' recommendations only partially covered all the multi-faceted issues educators were trying to address; all participants gave at least one example of generating an idea for an adjustment or teaching strategy based on broader experience of pupils' learning difficulties and disabilities. Participants S4 and S5 commented on how they saw parallels between aspects of the child's difficulties and aspects of difficulties caused by other conditions, explaining that it made sense to trial adaptations and teaching strategies which

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they already use successfully to support children with other conditions.

> *at the beginning I thought it was a completely unique experience and that was very scary; of course …. it is unique in terms of what happened, but the similarities for teaching and planning around a special needs child… have now made us feel more comfortable.* (S4)

> *If I hadn't known… he had [type of ABI], I probably would have put him as autistic …. and I probably would have used … and I have done… unconsciously maybe … similar methods or interventions or ways of being with the child* (S5)

*Theme 3: Emotional challenges.* The third theme relates to emotional challenges experienced by the educators themselves. This theme is sub-divided into three: *Witnessing and responding to the child's emotions*; *Emotionally demanding interactions with parents* and *The educators' own emotions*.

*Witnessing and responding to the child's emotions*—All ten participants described experiences in which they were witnessing the child's emotions, in some instances positive emotions, such as determination and pride (S1, S2, C2, S4 and C4), but predominantly negative emotions, such as frustration and disappointment (all participants).

Participant S5 and all five classroom practitioner participants also gave examples of how difficult it was to know how to respond.

> *However, later on he started talking about …((Long pause))… feeling suicidal and you know … it was really difficult to assess whether he was actually at risk or whether he just had inflated language.* (S5)

Participants C2, C4, S5, C5a and C5b made links between the child's communication difficulties and emotional state.

> *The fatigue definitely impacts on her emotional state… you can see her getting very frustrated, especially because it's the processing; she can't … keep up with the conversation in a big environment.* (C2)

All the classroom practitioners were uncertain about how to respond to the child when they communicated sadness or frustration at their loss of skills.

> *She's very much of the mind-set that…. she 'sucks at everything' is her words……and if I say to her "you've done really well! Do you think so?" she is very negative, all the time. She still looks back at what happened.* (C4)

The SENCOs at both secondary schools had made a referral to Child and Adolescent Mental Health Services (CAMHS); however, CAMHS did not provide recommendations to educators, and the classroom practitioners were still the frontline of support when the child was emotional. Participant C4 described how emotional literacy activities she had used successfully with other students had not worked because the child seemed unable to process how she felt, or put it into words.

> *I did have a Feelings Jar …. but it wasn't really working, because (she) doesn't really know how she is feeling. She can't explain it…* (C4)

*Emotionally demanding interactions with parents*—All five SENCOs and one classroom practitioner (C3) described frequent, long conversations with parents that were emotionally demanding. The interactions described by S5 were emotionally demanding because of conflicting perspectives on the return-to-school between the parent and the feedback she had received from various members of staff. The other five participants who talked at length about their work with parents described trustful relationships in which they were supporting the parents to adjust their expectations, yet maintain a positive outlook. All SENCOs described the challenge of talking with parents about educators' assessments of the child's cognitive abilities and school work, which was significantly changed as a result of the ABI.

> *…I think the only times that things have been a bit tricky are parents understanding that she's not going to … be better, just because she is back at school…* (S1)

> *…it's taken several months and conversations to shift on.* (S3)

*Educators' own emotions*—Participants rarely named their emotions; however, discussion between coders determined, through inference, a notably high level of emotion in the accounts given by nine out of ten participants. The most common feelings communicated were feeling the weight of responsibility (9/10), compassion (9/10), bewilderment at the complexity of the task they faced (6/10), and, when resources were not sufficient, frustration (5/10).

> *It is painful for me to look at the pain on his face… the emotion on his face as in "I know I can do this, Sir, but I just don't remember how to"…... It's painful as hell.* (C5b)

*Theme 4: Battling with unresponsive SEND processes.* The fourth theme relates to the SENCOs' experiences of interacting with the LEA and working within the *SEND Code of Practice* (DfE and DH, 2014).

Four out of five SENCOs (S2-5) found the statutory SEND processes inappropriate for a child whose needs

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had changed suddenly and dramatically and continued to change significantly. They gave detailed examples of how this affected school placements and funding, with negative impact on the child, family and school finances. Interaction with the LEA was communicated as a 'fight' for appropriate placements and support for the child by three SENCOs (S2-4).

The criticism common to participants S2-5 was that the administrative process for securing appropriate school placements, additional funding and support services was unresponsive. Statutory documents and reports did not keep pace with the physical, cognitive and psychological changes in the child, so in consultations about initial placements (S3, S5) and when one child was applying for secondary school (S2) there were disagreements and misunderstandings about whether a school was appropriate.

> *I called [the LEA] and said, "Had they ever met her?" because on paper it read much differently from what she presented like in person.* (S3)

Unresponsive processes also caused delays to funding. At Schools 2 and 3, the Education Health and Care Plan (EHCP) application was not approved until 6 months after the transition, so the schools were working with no funding and no guarantee of funding for the human resource needed to ensure the safety and well-being of the child, let alone to support their learning and rehabilitation. The SENCOs therefore reluctantly reduced support to other pupils to cover this urgent shortfall.

> *We do put the support in because, as human beings, you have to, but as a school, whose budgets are being cut and increasingly more so, you can only do that for a certain amount of time ...* (S2)

## Discussion

The primary aim of this study was to explore the experiences and perceptions of educators involved in facilitating the return to school of a child after a severe ABI, in order to enhance educators' skills and to inform the design of return-to-school processes that are manageable within the practical and financial constraints that exist within UK schools. A secondary aim was to explore SENCOs' experiences of working within the *SEND Code of Practice* (DfE and DH, 2014) in the UK, during this transition. Of the four themes identified through thematic analysis, three related to the primary research aim and the fourth related to the secondary aim. Associations between these themes and the international evidence base are discussed below.

### *Intensive, never-ending problem-solving*

Educators described a continuum of problem-solving, starting with planning before the child's return, then an intensive phase when the extent and complexity of the child's functional difficulties became evident in the reality of their specific school environment. The intensity gradually reduced once basic practical logistics and routines were in place, yet all the educators described on-going professional challenges. These arose firstly because the child was recovering and becoming ready to try more demanding activities and secondly because the educators were becoming aware of more subtle, but significant problems, especially the child's social and emotional difficulties.

The literature emphasises the importance of collaboration between all stakeholders, including clinicians, parents and educators and criticises poor implementation of specialists' recommendations at school (Hartman, Duncanson, et al., 2015; Todis et al., 2018). The accounts of educators in this study show how difficult it can be to implement recommendations, particularly because the individualisation required to reintegrate a child following severe ABI poses significant organisational challenges with cost implications. All SENCOs experienced considerable pressure during the early months, due to multiple concurrent demands in relation to the return-to-school: to communicate frequently with many people across the school, to support the classroom practitioners in their work with the child, to research and initiate joint-working with community-based clinicians, to work on statutory documents, to solve problems regarding funding, and to have frequent and long conversations with parents. Such pressure and reliance on one person makes return-to-school process vulnerable to inconsistent implementation or even failure if, for example, other school issues compete for the SENCO's attention, or the SENCO encounters difficulties with finding and making referrals for specialist support.

This may explain the positive impact of a community-based 'linking agent' external to school, who has a good understanding of the school world and also medical systems, tasked with facilitating collaboration between educators, parents and a multi-professional support team, reported by Hartman, Duncanson and et al., (2015). With a skilled professional acting as a bridge, quickly bringing together a community-based multi-professional team and supporting the parents' needs at home, the SENCO would be able to focus their attention on communicating and supporting educators within the school. Thus, the SENCO would be supported by a multi-professional team during the most intense phase of their work with the child and parents. The 'linking agent' could then step back to a monitoring role once the child, parents, educators and other stakeholders believed that return-to-school was on a trajectory of success, and be a first point of contact, if new challenges emerge.

### *Continual adaptation*

The educators described how they had learned to teach and include the child in school life through fast-moving cycles of observation, trial, evaluation and adjustment,

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and although some participants had described their work informally as '*just trial and error*', this evidence-based 'assess, plan, do, review' model (DfE and DH, 2014) was effective. The educators valued everything they had learned from the hospital-based specialists, but this advice only partially covered all the multi-faceted practical issues educators faced. The educators observed functional difficulties in the school environment which could not have been observed in a clinical setting and, as the child made progress in their recovery, new challenges became evident. Some educators described learning from school-based or community-based speech-language therapists or occupational therapists, but all participants had needed to use initiative and professional judgement to find what worked for that child, and all educators experienced a steep learning curve.

A recurring theme in the literature is a call for more and better training for educators (Canto et al., 2014; Hartman, Tibbles, et al., 2015; Kahn et al., 2018; Todis et al., 2018) but it remains unclear what kind of training would best enable educators and 'fill the gaps' (Kahn et al., 2018) in professional knowledge and skills.

With regard to 'filling the gaps', in this study, seven out of ten participants had some introductory ABI education prior to the transition through collaboration with specialists or a training presentation, so had some understanding of ABI at the outset. However, irrespective of participants' prior exposure to ABI education, all participants perceived training and advice to be of greatest value when it was specific to the child's individual learning profile and combination of disabilities. They perceived joint-working with community-based clinicians and specialists as relevant, job-specific Continuing Professional Development (CPD). In contrast, they found online resources too general to answer their questions. This suggests that beyond introductory training, the training model perceived as most effective by educators is consultancy or mentoring by specialists.

In choosing approaches and strategies to trial, educators also drew on their prior experience of working with children with other learning difficulties and disabilities. They observed certain skill deficits within the child's unique combination of disabilities to be similar to deficits that commonly present in children with other conditions, for example autism or attention deficit disorders. They described intuitively trialling some pedagogical strategies which are commonly implemented with other populations. Kahn et al., (2018) found that educators in different countries apply teaching strategies from their broader experience of working with children with disabilities, but raised concerns that these strategies may be detrimental to the child's progress and that educators may not appreciate the importance of seeking evidence-based information. However, Ylvisaker et al., (2001) highlighted commonalities among different SEND populations and welcomed cross-population application of teaching and behaviour strategies as part of an individualised education plan.

With regard to introductory training, it was therefore interesting that S4, an experienced educator, perceived from discussions with specialists prior to the return-to-school that ABI pedagogical strategies were unique, 'which was very scary', but weeks later 'felt more comfortable' when she identified overlaps with support strategies that educators in the school already used with other pupils. This suggests that educators would find introductory training more comprehensible and less overwhelming if this overlap were presented explicitly, with links made to familiar SEND support strategies. Introductory training should also raise awareness of important differences, and explain why and how to access higher-level training specific to the child's individual combination of difficulties and strengths.

*Emotional challenges*

Educators described emotionally demanding experiences which were different from working with children with long-term SEND. These related to meetings with parents, experiences of interacting with the child and feeling responsible for the well-being of an individual with recent experience of hospitalisation and new, life-changing disabilities.

The literature shows that externalised behavioural problems and poor mental health are common long-term sequelae of ABI (Anderson et al., 2011; Schachar et al., 2015) and that children and their families consider emotional support to be crucial to a successful return-to-school (Hartman, Tibbles, et al., 2015; Mealings et al., 2012). In this study, participants did not mention behavioural problems; however, all participants were concerned about a deterioration in the child's mental well-being. They linked it with frustration with loss of abilities, loss of friendships and communication difficulties with the broader peer group. Educators were compassionate but uncertain about how to respond. One classroom practitioner who trialled an emotional well-being intervention observed that the child's language difficulties were a barrier to engagement with the activity. Both secondary school SENCOs made urgent referrals to CAMHS, and mental health support was provided in sessions out of school; however, there was no parallel training for educators to enable them to support the child at school when they were upset or frustrated.

If these return-to-school transitions are typical of the wider population, this indicates that complex psychological problems arising from both the child's experiences and the brain injury itself are evident to educators from the early stages of reintegration to education and the school environment. It suggests that an opportunity is being missed for early identification and intervention, with the potential to ameliorate long-term mental health and emotional regulation difficulties.

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*Statutory processes for SEND in the UK*

The secondary aim of the study was to gain insight into the experiences of SENCOs working within the UK statutory framework of the *SEND Code of Practice* (DfE and DH, 2014) through the return-to-school transition. In four out of five transitions, SENCOs, each in different LEAs, believed that these processes hindered the return-to-school because they were unresponsive and therefore inappropriate to sudden new disabilities and on-going rapid change in health status and support needs. The study found examples of school placement decisions being made based on information that was out of date and examples of delays to EHCPs and therefore funding, which forced school leaders to take support from other pupils' entitlement, to ensure the safety of the child returning to school.

The findings echo concerns raised by recent government reports (UK-APPG, 2018; UK Government Education Select Committee, 2019) and support the call for urgent reform of UK statutory processes to enable more flexible and responsive access to funding, services and school placement decisions.

*Implications for future research and practice*

As increasing numbers of children survive severe ABI and return to mainstream education (Forsyth and Kirkham, 2012), it is important to learn from the practical experiences of educators, so effective practice can be further developed and barriers addressed.

Firstly, the study indicates an urgent need for educator training resources focusing on how to support the mental health of a child during the return-to-school, specifically responding appropriately to the child's emotional state in the moment, and simple 'mental health first-aid' interventions. Such a resource would need to be available in age appropriate versions and be repeatable at different times to make it accessible flexibly to part-time staff and staff across different departments. Considering the link between ABI and post-injury psychopathology (Schachar et al., 2015), it is important that parents and SENCOs are aware of a specialist psychology referral process for assessment, treatment and on-going supervision if psychological problems are severe or persistent. Further research is required to develop and trial a training resource on evidence-based strategies for supporting emotional well-being through the return-to-school and to evaluate the impact of early referral and intervention for psychological problems on long-term outcomes.

Secondly, the study provides evidence to support current recommendations for changes to the *SEND Code of Practice* in the UK (UK-APPG, 2018), to meet the needs of children with ABI, which would also support other dynamic physical and mental health conditions. To provide safe, appropriate and individualised education, responsive processes are needed, for example, more frequent reviews with expedited processing of documents and approval of necessary funding by the LEA. In addition, a shorter interim SEND support document for the first year of the return-to-school could serve as a working document that would enable multiple stakeholders to communicate and work collaboratively towards clear shared short-term goals using up-to-date information. It could also facilitate effective intra-school communication. Piloting and evaluation of new processes are recommended.

Thirdly, at a time when there is a widespread call for better training on ABI for educators (Hartman, Tibbles, et al., 2015; Kahn et al., 2018) the perspective of educators in this study suggests that introductory training and higher-level training require different models of provision. SENCOs' comments about the challenges of communicating and training across the school indicate that introductory training and key messages about the child's current needs must be in a format that can be delivered multiple times to cover part-time staff, different departments and for induction of new staff. SENCOs would need access to a version appropriate to the age of the child and adaptable templates or examples to prompt sharing of child information appropriate to the audience.

Educators would value timely higher-level training, specific to the unique profile of the child and their environment, delivered through collaboration with specialists. Historically, mentoring of educators by specialists has been limited by the cost of time and transport to meet (Ylvisaker et al., 2001), even when specialists are located within the same region as the school. However, current advances in online conferencing and e-health resources (Sin et al., 2018) and increased uptake of online consultation due to COVID19 (Taylor et al., 2020) present the possibility of a remote or partially remote model of joint-working and training, which could cover wider geographical areas at lower cost. Future research is recommended into alternative models of both types of training in the UK.

## Conclusion

This exploratory study provides insights into the challenges encountered by educators while facilitating a return-to-school of a child following severe ABI, adding more detailed educator perspective to existing research. Findings show how educators learn to make adaptations and implement support strategies and this indicates a need for two types of training; introductory training which makes clear links with educators' prior knowledge of SEND support strategies and child-specific CPD through joint-working and mentoring with specialists.

The findings indicate an urgent need for educator training resources on evidence-based approaches for supporting the emotional well-being of the child during their initial return and longer-term reintegration to school life. A clear

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referral process is also required for psychological support and educator supervision, if complex psychological difficulties become evident.

The study highlights vulnerabilities in the return-to-school process: firstly, the reliance on one person, the SENCO, to concurrently manage many demanding tasks vital to success; secondly, the limitations of statutory processes for SEND support in the UK.

Recommendations for changes to practice and further research require investment. Without investment, countless children are at risk of experiencing failure and frustration as they return to school, setting them on a trajectory towards lower achievement and poorer life outcomes, a personal loss to the individual and a potential cost to society.

**Data**

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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**Supporting Information**

Additional supporting information may be found online in the Supporting Information section at the end of the article.

Supplementary Material

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