A qualitative exploration of how SENCos construct the term ‘acquired brain injury’ and associated support in UK primary schools: A Reflexive Thematic Analysis.

Isobel Herbert

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Contents Page

List of tables

List of figures

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Abstract

Acquired brain injury (ABI) is a term used to describe a neurological injury that occurs to the brain after birth (Howe & Ball, 2013). In the UK, there are reports of up to 40,000 new cases of childhood ABI per year (Dunford et al., 2020). The impact of ABI on children has been linked to physical, cognitive, social and emotional needs (Wilkinson et al., 2017; Saly et al., 2023); highlighting the importance of providing appropriate and timely support in schools (Crowe et al., 2021). Current literature suggests that school professionals are often unaware of ABI and its impact (Ernst et al., 2017) and acknowledge their own gaps in knowledge relating to ABI (Chleboun et al., 2021), including frequent misconceptions (Bennett et al., 2022). However, there is limited research into how ABI and any associated support is constructed by school professionals, especially by Special Educational Needs Coordinators (SENCos), who often work closely with children with ABI (Linden et al., 2013). The current study aims to provide a novel insight into how SENCos in UK primary schools construct the term 'acquired brain injury' and any associated support for children with ABI.

This study used semi-structured interviews and espoused itself to Reflexive Thematic Analysis (RTA) to gather and analyse data to explore SENCo constructions of ABI, based on a social constructionist positioning (Pilgrim, 2019). Six participants from mainstream UK primary schools participated in this study, who were all actively supporting children with special educational needs in a SENCo role for more than one academic year. Data was analysed using Braun & Clarke's (2006 & 2021) six stages of RTA. A critically oriented analysis of the data interpreted that SENCos constructed ABI as complex in need, complex to support, easily misconceived, and requires a high level of support and significant growth in their role

as a SENCo. Implications of these findings suggest that there is a need for increased awareness and knowledge of ABI through professional development and research, as well as multidisciplinary working. This research hopes to contribute to the limited literature on ABI in education from a SENCo's perspective and highlights the need for systemic change to support inclusive and informed practice to support children and young people with ABI.

Chapter 1 - Introduction

1.1. Introduction

The current research aims to explore the constructions of Special Educational Needs Coordinators (SENCos) in UK mainstream primary schools to understand ABI and associated support. This thesis aims to explore the current literature base through a narrative and systematic literature review to determine what school professionals know about ABI. The thesis then outlines the theoretical assumptions of the research, the design and methodology of the current research, the participants, the data collection and analysis process using Reflexive Thematic Analysis. A critically oriented analysis of the data was completed from six interviews with SENCos and is presented alongside literature and theory. Analytic conclusions and implications of the research are then considered to evaluate the research study overall.

1.2. Researcher positionality

As with the research itself, it is important to consider how the researcher positions themselves within the research, especially as the chosen epistemology and ontology are dependent on the interactive role of the researcher (see chapter 3). The researcher is a Trainee Educational Psychologist (TEP) conducting research within a traded private Educational Psychology Service (EPS) in conjunction with the University of Nottingham. Before beginning the Doctorate of Applied Educational Psychology at the University of Nottingham, the TEP worked in several different settings, including Early Years Foundation Stage nurseries and specialist settings supporting children with Autism Spectrum Condition (ASC), and spent several years supporting children and young people with ABI. This role included coordinating

support for those with ABI and their families by delivering training on ABI to their educational setting and organising external professional support.

1.3. Researcher reflexivity

The researcher has included reflexive comments throughout the research to ensure that the researcher's voice was present. This was chosen to allow reflexivity to be interweaved throughout the processes, findings and discussion sections of the study. The researcher chose not to present these comments in the first person to avoid confusion between the main body of writing but to ensure that the researcher's role was explicit and noted. To aid the reflexive nature of the study, the researcher chose to provide reflexive comments throughout the process instead of stand-alone reflexive journal entries.

Chapter 2 – Literature Review

2.1. Literature Review Overview

This literature review is sectioned into two parts; a narrative literature review and a systematic literature review (SLR). The narrative review aims to introduce several key topics relating to acquired brain injury (ABI) and associated support for children and young people (CYP) with ABI, before situating the SLR within this context and providing a rationale for both the SLR and current research project. The SLR will systemically explore and synthesise the knowledge that school professionals have in relation to ABI and associated support, and the implications of this in relation to educational psychology practice.

2.2. Overview of ABI

ABI is a neurological condition acquired after birth, following a period of typical childhood development, with a high prevalence rate in the UK (Dunford et al., 2020). Currently, there is no universally acknowledged time period, such as a set number of weeks, months or years, to define this period of typical development (Goldman et al., 2022) and therefore some grey areas exist in defining what may be classed as an ABI. For example, some literature suggests that ABI is an injury after birth, even if it is acquired within a few minutes or hours of birth (Goldman et al., 2022), and other studies argue that ABIs cannot be related to birth trauma or be acquired within the first few days or weeks of birth (Albuja & Baumann, 2009). However, literature suggests that ABI is not related to congenital disorders which are present from birth or other developmental disorders which may have genetic links (Ewing-Cobbs et al., 2003). ABIs can be sustained through various causes, including traumatic events

such as accidents or injuries, or non-traumatic events such as illnesses, strokes and infections. ABI is linked to physical, cognitive, social, emotional and behavioural needs depending on the brain region impacted (Saly et al., 2023). ABIs exist on a spectrum of severity, ranging from mild to severe, with mild ABIs being the most prevalent (Dunford et al., 2020). Typically, children with ABIs will spend time in hospital before transitioning back into schools (Bate et al., 2021), and therefore, education settings play an important role in supporting children with ABI, including supporting a range of needs (Howe & Ball, 2013). Consequently, it is important for school staff to understand the impact of ABI and relevant challenges in schools (Linden, Glang & McKinlay, 2018).

2.3. Classifying ABI

ABI is often used as an umbrella term used for two categories of injury; traumatic brain injury (TBI) and non-traumatic brain injury (n-TBI). Injuries fall into two different categories of cause; external and internal causes (Howe & Ball, 2013). External causes include road traffic collisions, falls, assaults, sports injuries, or concussions, and are often described as traumatic brain injuries (Eagan-Johnson & Grandinette, 2018). Internal causes include strokes, tumours, infections, brain bleeds or hypoxic events, and treatments for illnesses such as leukaemia and tumours (Goldman et al., 2022) and are described as non-traumatic brain injuries (Johnson et al., 2009). ABI is not related to congenital disorders (meaning that a difference is present from birth or a brain injury that occurs before birth) or degenerative diseases such as congenital malformations, hydrocephalus during birth, anoxic incidents during birth or cerebral palsy (Ewing-Cobbs et al., 2003). Therefore, for a brain injury to be

classified as an ABI, the injury must have occurred after a period of typical development after birth and must be unrelated to a genetic condition.

2.4. Prevalence of ABI

Recent data (Taylor et al., 2024) reported ABI as the leading cause of death and disability in children in the UK, with Dunford et al. (2020) reporting an incidence rate of 40,000 new cases of ABI each year and Ernst et al. (2016) stating that approximately 500,000 children visit hospitals each year for suspected ABIs. However, it should be noted that this estimate may be lower than the actual incidence rate as often ABIs are not reported when ABIs are mild (Ernst et al., 2016), suggesting that the overall incident rate may be much higher. Nonetheless, Ernst et al. (2016) report TBIs as the most common form of ABI.

2.5. Impact of ABI

ABI is linked to long-lasting cognitive, physical and psychosocial outcomes (Saly et al., 2023) such as concentration, memory, processing and executive functioning difficulties (Powell et al., 2019). Literature reports neurological symptoms of ABI to include seizures, fatigue (Dunford et al., 2020), headaches (Wilkinson et al., 2018), and difficulty with vision or hearing (Johnson et al., 2009). Cognitive and emotional difficulties may include confusion, poor concentration, memory impairment (Chleboun et al., 2021), impulsivity, social disinhibition, increased aggression, and changes in behaviour (Karver et al., 2012) and personality. Miller (2007) highlights that a combination of these needs can impact a child or young person's school attendance as a result.

ABI is often referred to as an ‘invisible’ injury due to difficulties persisting when children appear physically recovered or becoming evident years after an ABI occurs (Eagan-Johnson & Grandinette, 2018). CYP with ABI may experience new difficulties as their brain develops during key periods, e.g., during adolescence (Keetley et al., 2024). In adolescence, ABI is identified as a risk factor for poor mental health and youth offending (Williams et al., 2010), with a link between TBI and violent offences (Huw Williams et al., 2010). As well as ongoing cognitive needs, other long-term difficulties relating to social skills, executive functioning, employment, adaptive life skills (Hawley et al., 2003) and adult relationships are linked to ABI (Anderson et al., 2021). Long term outcomes seem to be impacted by injury severity and are impacted by caregiver mental health and family functioning, recognising that environment plays a role in ABI outcomes (Ryan et al., 2016).

2.5.1. Co-occurrence with neurodevelopmental needs

Needs relating to ABI may overlap with neurodevelopmental needs such as Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Condition (ASC). For example, needs such as impulsivity and inattention may link to ADHD (Taylor & Yeates, 2015) and social communication and interaction difficulties may be similar to ASC (Yeates et al., 2004). Common co-occurrences between ABI and neurodiverse needs also include executive dysfunction difficulties (Dennis et al., 2015), and emotional regulation needs (McKinlay et al., 2010). Yeates & Taylor (2005) also suggest that fatigue is a difficulty solely related to ABI (Yeates & Taylor, 2005), however, fatigue also presents itself in other neurodiversity too. This suggests that difficulties associated with the impact of ABI may tend to co-occur with other special educational needs, potentially making them more difficult to identify or support.

Literature suggests that co-occurrence between neurodevelopmental needs and ABI may occur as these needs may appear similarly and that early childhood ABI is linked with increased risk of neurodevelopmental needs later in life (Chen et al., 2018; Yeates et al., 2010).

2.6. Severity of ABI

ABIs are reported to range from mild to severe injuries, with Chleboun et al. (2021) reporting approximately 90% of ABIs to be classified as mild. Injury severity has been identified as a factor that predicts short- and long-term outcomes after ABI, including recovery trajectory, cognitive functioning, behaviour, family adjustment and quality of life (Johnson et al., 2009). Anderson et al. (2006) reported that children who sustained a severe ABI demonstrated significant, persistent increases in behaviour, poorer daily functioning and worse educational achievement compared to children with mild or moderate injuries, suggesting that the greater the severity of the injury, the worse outcomes for children and young people tended to be. Anderson et al. (2011) also noted that severity of an ABI at a younger age linked to reduced recovery and academic progress post-injury, as well as strong links to educational and employment difficulties in later life.

2.7. Recovery from an ABI

Literature suggests that 50 to 70% of CYP with moderate to severe ABIs are hospitalised to support their recovery and are likely to access rehabilitation to support functional skill development (Bate et al., 2021; Faul et al., 2010). Acute and post-acute neurorehabilitation for children or young people with ABI in the UK is delivered by various regional specialist centres which focus on providing paediatric

neurorehabilitation, however, Keetley et al. (2019) reported that research into the benefits and costs of neurorehabilitation for CYP was limited. Keetley et al. (2021) suggested that the provision of rehabilitation services positively impacted recovery from ABI, along with other factors such as the age at injury, pre-morbid abilities, family functioning and environmental factors. A rehabilitation pathway in which CYP are supported throughout the first two years of recovery was suggested to minimise the above risk factors (McClusker, 2005).

2.8. Reintegration back into schools from hospitalisation

Many CYP with ABI transition back to school, where education plays a vital role in recovery (Howe & Ball, 2013), with Bate et al. (2021) emphasising that this process involves the CYP, family, educators, hospital and other professionals ensuring that collaboration and communication occurs. Linden et al. (2018) report that transitions back to school can be complex, with several barriers impacting this process such as schools being unaware of ABI or parents omitting information to schools. Hartman et al. (2015) suggest that several barriers for transition can exist in schools, such as limited training on ABI for school professionals, a lack of support being available from services and reduced communication between schools and hospitals. Successful reintegration into schools depends on teacher knowledge, school professionals holding appropriate expectations for pupils with ABI, and providing immediate support (Linden et al., 2018).

2.9. Provision for ABI in schools

With studies noting the short and long-term outcomes relating to ABI and the importance of transition between hospital and school, it is important to consider what

provision schools provide for CYP with ABI to avoid potential challenges (Dettmer et al., 2013). School professionals working with ABI need to ensure appropriate provision including training on implementing interventions (Slomine & Locascio, 2009), sharing information relating to ABI (Hawley et al., 2004) and understanding specific challenges relating to ABI (Linden et al., 2018). Furthermore, Linden et al. (2018) suggest that teachers should be able to modify academic, behavioural and social support for CYP with ABI and understand long-term trajectories relating to individual injuries.

2.9.1. Potential barriers for supporting ABI in schools

After reintegration to school, Crowe et al. (2021) suggest that several barriers may impact the provision of school services, including parents not providing information about their child's injury or parents being unfamiliar with the benefit of receiving support. However, Ernst et al. (2016) report that even if a child's ABI status is known, individual differences between pupils with ABI will present challenges for schools in supporting their education. Mealings et al. (2017) suggest that ABI is not a widely recognised or understood concept in different communities, with several common misconceptions being present, including the idea that all needs are homogenous for CYP with ABI (Hooper, 2006). Eagan-Johnson & Grandinette (2018) report that staff often hold misconceptions about ABI including ideas such as recovery being guaranteed, outward physical recovery signalling a full cognitive recovery, mild TBI not resulting in long-term deficits, and neurological damage not occurring if neuroimaging scans are clear. Glang et al. (2008) suggest that staff may hold these misconceptions due to not receiving appropriate information or training about ABI, therefore, a major barrier to supporting ABI is that a high proportion of educators

may lack knowledge of ABI (Chapman, 2000). It is noted that supporting ABI requires specialist educational support from those with specific training and experience of ABI (Eagan-Johnson & Grandinette, 2018). It is therefore important to provide training in schools to support ABI, with Linden et al. (2018) suggesting that teachers need an understanding of how ABI impacts children's abilities and how to modify support strategies. McKinlay et al. (2016) report that teachers need to be aware of how ABI can interact with typical development and adapt support accordingly. Mealings et al. (2017) suggest that teachers are often unaware of pupils' ABIs which may lead to a misunderstanding of their needs or can struggle to identify any additional needs which could impact the implementation of support. Bennett et al. (2022) suggested that a lack of training opportunities could explain some uncertainties around childhood ABI and impact the support provided in schools.

2.10. Theory relating to ABI

It is important to consider appropriate theory and literature within this chapter to provide a framework and structure for the current study to be situated. Highlighting key theories helps provide links to existing literature and helps define the research question of the study (Mertens, 2019). As this study aims to root itself in social constructionism, it is important that this theory is explored, alongside other significant theory, to strengthen later interpretations of results in both literature review, findings and discussion chapters (Cresswell & Cresswell, 2018).

2.10.1. Social constructionism theory

Social constructionism theory helps to explain how social phenomenon are created or understood through social processes (Burr, 2015), and therefore providing an understanding of this theory may help answer the research question of this empirical study. It is important to explore key theories, such as social constructionism theory, to allow data to be sensitised and reflected on during findings and discussion sections of the research study (Mertens, 2015). In doing so, the data analysis and findings can provide depth and credibility within any interpretations made, and in turn supports the trustworthiness of any findings.

With this in mind, social constructionism can help interpret data and shape analysis as part of a wider social constructionist paradigm by considering how language is produced, how interactions influence understanding, and cultural and power dynamics (Gergen, 2009). Constructionism is not to be confused with constructivism which suggests that people can create their own realities and meaning through experience by focusing on their internal cognitive processes to mentally construct 'reality', often used as a learning theory to explain how people acquire knowledge and learn (Bada & Olusegun, 2015) rather than a paradigm itself. In summary, social constructionism helps create meaning through the focus on language within social contexts. Therefore, social constructionism theory will be used as a theory to help analyse interview data and form 'constructions' of ABI and associated support in the current study.

2.10.2. The ecological-transactional model

A key theory, the ecological-transactional model by Cicchetti & Toth (1997), helps represent risks and protective factors regarding the development and education of

children with ABI. This model views child development as an interaction of different systemic factors including individual development (ontogenic), family environment (microsystemic), community settings such as schools (exosystemic), and cultural beliefs and values (macrosystemic) based on Bronfenbrenner's ecological systems theory (1979). It is argued that different systems can interact with, and influence, each other to impact on children's development. The consideration of both protective and risk factors across systems helps support understanding of short and long-term outcomes for children with ABI, implement accurate and appropriate support, and help guide policy development (Anderson et al., 2005).

2.10.2.1. Ontogenic level

The ontogenic level refers to the individual's development over time and focuses on the interactions within various systems in their environment (Bronfenbrenner, 1979). This level emphasises the individual's biological, social, cognitive and emotional development, and how these can change in the systems experienced. This can be influenced by intrinsic factors such as genetics and experiences, as well as external influences such as family, school and community settings. There are some key ontogenic factors that may impact a child recovery from ABI and long-term outcomes. This includes the severity of ABI, often divided into mild, moderate and severe categories (Bozic & Morris, 2005), which appears to show a relationship between the severity of ABI and extent of difficulties (Hawley et al., 2004). Consequently, Crowe et al. (2022) report that ABI of any severity threatens future abilities to learn and perform in school.

Another ontogenic risk includes the age of the CYP at the time of the ABI, with Bozic & Morris (2005) suggesting that ABI has an increased impact on cognitive skills of

younger children. When children sustain ABIs in their childhood, they are faced with the challenge of developing their skills with impaired abilities, compared to adults who have a developed brain, and prior experience and knowledge, to support their recovery (Bozic & Morris, 2005). Therefore, children who are younger at the age of injury tend to be at risk for more significant life-long effects (Giza & Prins, 2006), with Olabarrieta-Landa et al. (2023) suggesting that difficulties can change over time as difficulties emerge in later adolescence.

Similarly, the level of functioning prior to injury is also an ontogenic risk factor, with research suggesting that there is a positive correlation between pre-injury behaviour and learning difficulties following ABI (Farmer et al., 2002). As difficulties can vary depending on the injury severity, the age when injury occurs, and pre-injury functioning, each ABI is unique and complex, meaning that predicting long-term outcomes is difficult (Keetley et al., 2019). Nonetheless, protective factors therefore include high levels of pre-injury cognitive function, psychological resilience, and supportive friends and family relationships (Anderson & Brown, 2006) to support CYP with ABI at the ontogenic level.

2.10.2.2. Microsystemic level

The microsystemic level is the immediate environment that directly influences the individual's development, usually on a regular or daily basis (Bronfenbrenner, 1979). This can include influences such as families, schools, peer groups, communities, and health professionals which can shape experiences and development. Significant protective factors for ABI at the microsystemic level include the level of parental support available to support initial recovery (such as rehabilitation or therapy access) (Hickey & Haines, 2012), positive family dynamics, teacher support in

accommodating and adjusting for the needs of children with ABI, effective communication between families and professionals, as well as access to healthcare professionals such as physiotherapists, occupational therapists, paediatricians and therapeutic intervention (Maxwell & Simpson, 2012).

Risk factors at this level include families facing adversity, such as socio-economic difficulty or access to services because of financial change (Taylor et al., 1995). Parenting after ABI is reported to become more difficult, with suggestions that parents experience grief or loss relating to changes from ABI, with 20% of parents reporting breakdowns in marriages after ABI (Tomlin et al., 2002). The impact of acquiring a brain injury seems to extend to the whole family including substantial carer burden, distress, stress and anxiety, reduced wellbeing and family functioning (Keetley et al., 2024).

2.10.2.3. Exosystemic level

The exosystemic level refers to broader systems that may indirectly impact an individual and their development such as communities, parental workplaces, media and local government policy (Bronfenbrenner, 1979). Significant factors that relate to ABI at the exosystemic level may include parental workplace flexibility to enable support for children with ABI, healthcare systems, such as access to healthcare and rehabilitation services, and educational policies. More specifically, educational policies may include the level of awareness and training relating to ABI that is provided through teacher training courses (Ciccia & Cole, 2013; Maxwell & Simpson, 2012). Protective factors can include good communication between professionals and multi-agency coordination, as well as ongoing assessment for provision (Bozic & Morris, 2005) and effective teacher training courses to support understanding of ABI

and its impact. Risks at this level are often related to how families, schools and hospitals work together, especially in supporting transitions and return to school after hospitalisation (Cichetti & Toth, 1997).

2.10.2.4. Macrosystemic level

The macrosystemic refers to the broader cultural and societal factors that influence individual development and environments (Bronfenbrenner, 1979). The macrosystem influences the overarching context for the individual and impacts how the other systems may interact too. Risks at this level include cultural beliefs which may act against the interest of CYP with ABI, for example, the misconception that children's brains have higher levels of plasticity to aid better recovery (Bozic & Morris, 2005) or a lack of positivity around disability from head injury meaning that children may be stigmatised for their ABI (CBIT, 2003). However, factors such as inclusive practices in schools offer protection in support of individual differences from ABI, and raising wider awareness of ABI (CBIT, 2003). Additional protective factors in the macrosystem may include cultural acceptance of disability or special educational need which provides equal opportunity and understanding within society, as well as specialised support services such as charity work and governmental policy change (Cicerone et al., 2005).

2.11. The role of professionals in supporting ABI

It is important to consider how professionals may support ABI in schools at different levels of the system, including the micro, macro and exosystems. Those who work closely with CYP with ABI in schools, such as SENCos, may have a greater

influence on support in the microsystem, than other external professionals, such as educational psychologists (EPs) who may support the exosystem. Therefore, the role of each must be considered to support and contextualise ABI in schools.

2.11.1. Role of SENCos

In UK schools, SENCos offer responsibility for organising support for children with additional needs, under which children with ABI may fall. However, there is limited research into the role of the SENCo in supporting those with ABI, but an overarching theme exists in which school professionals often feel that they are not sure how to practically support children with ABI in their care (Morley et al., 2022). Literature reports that there is a heavy reliance on SENCos to support CYP with ABI, with a high level of uncertainty over implementing support strategies themselves (Bate et al., 2021), and Linden et al. (2013) agreeing that SENCos are relied on by schools for ABI related transitions. Bennett et al. (2022) found SENCos to report uncertainty surrounding their ABI knowledge due to a lack of training, suggesting that SENCos are over-relied on but under-equipped to support this cohort appropriately.

2.11.2. Role of the EP in supporting ABI

Similarly, EPs hold responsibility for supporting children in schools to address concerns surrounding academic learning, and social and psychological development of children (BPS, 2025). However, only small proportions of EPs indicated that they held responsibility for those with ABI (Bozic & Morris, 2005), suggesting that EPs may not consider this cohort as one that falls into their professional remit. Bozic & Morris (2005) suggest that only a minority of EPs had accessed initial training on understanding and supporting ABI and may not feel equipped with skills or

confidence to support ABI in schools, with research highlighting the possibility of EPs holding misconceptions about ABI (Hooper, 2006; Ernst et al., 2016). Consequently, Howe & Ball (2013) reported that EPs require improved communication between professionals, especially when a CYP with ABI is discharged from hospital, and that there is a need for training for all education staff to raise awareness of ABI. Bozic & Morris (2005) suggest that EPs can be influential in events at all levels including supporting interactions between different systems through collaboration, communication and aiding transitional periods between educational settings. At the ontogenic level, EPs are positioned to help develop supporting strategies for those with ABI. At the microsystemic level, EPs can assist with contact between school and parents to link agencies and support, provide assessment and intervention support, as well as, supporting needs relating to ABI (Wilson & Evans, 2011). At the exosystemic level, EPs can help schools formulate plans to understand and support the complexity of needs relating to ABI through training, intervention or consultation, as well as advocating for individuals with ABI and their families and collaborating with external professionals (Maxwell & Simpson, 2012). EPs can also work at a macrosystemic level to support research or project work to influence wider educational systems such as government policy and promote inclusion for those with ABI (Miller, 2007).

2.12. Current political context surrounding ABI

To situate the context of this research, it is important to explore the political landscape in which ABI currently sits. This may help to explain how any implications from findings from the current research study are positioned, as well as the impact that the implications may have. Understanding the political context may help provide

a critically oriented data analysis for this study and potentially support future social change (Bourke & Loveridge, 2014).

2.12.1. Political context and timeline

Current research suggests that educators have concerns over support for children with ABI within schools (Crowe et al., 2021; Dunford et al., 2020; Taylor et al., 2024). Government initiatives are ongoing, with the government calling for evidence to support an ABI strategy relating to a submitted ABI bill (House of Commons, December 2021). The ABI bill was drafted after a pivotal document named ‘Time for Change’ report (All-Party Parliamentary Group on ABI, 2018) was produced, with several key recommendations being named within, including educational recommendations to support children and young people with ABI in schools. As a result of this document, a proposed ABI strategy was created to provide guidance on preventing ABI, researching causes of ABI, identifying and assessing ABI, planning provisions and training staff to support ABI. As of 2024, no government plans have been published in accordance with these recommendations but a ‘call for evidence’ relating to ABI (Department of Health and Social Care, 2022) has been completed.

2.12.2. Time for Change report

The ‘Time for Change’ report (All-Party Parliamentary Group on ABI, 2018) was a report aiming to provide recommendations on neurorehabilitation, education, criminal justice, sport-related concussion, and the welfare benefits system for those with ABI in the UK. Relating to education, the report signalled that educational professionals do not receive training on ABI and may lack awareness or understanding of ABI to support children in schools. The report noted key recommendations for education

including the notion that ABI should be included in the Special Educational Needs and Disability (SEND) Code of Practice. Currently, ABI is not explicitly noted in the SEND Code of Practice (2014) but could be identified as a disability that gives rise to SEN or provision for SEND under the current definition:

> "A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her" (point xiii, page 15, SEND Code of Practice, 2014).

> "A child of compulsory school age or a young person has a learning difficulty or disability if he or she has a significantly greater difficulty in learning than the majority of others of the same age or has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools" (point xiv, page 16, SEND Code of Practice, 2014).

Based on the above descriptions from the Code of Practice, ABI could be considered a special educational need (SEN) as multiple long-term outcomes are linked with ABI that can significantly impact a child's learning and calls for additional provision to be made (Ewing-Cobbs et al., 2006; Slomine & Locascio, 2009). The 'Time for Change' report (All-Party Parliamentary Group on ABI, 2018) recommended ABI to be explicitly stated as a possible SEND on the Code of Practice in hope to avoid any ambiguity surrounding support for this cohort. The report suggested a minimum level of awareness and understanding about ABI for teachers and education staff who support those with ABI, with additional training for lead professionals such as SENCos.

2.13. Current SEND issues

However, since 2022, the UK government has acknowledged that there is an ongoing SEND 'crisis', relating to a lack of funding in schools, limited training for staff, and increasing demand for Education, Health, and Care Plans (EHCPs). As a result, schools and families seem to be facing increasing challenges in accessing statutory assessment processes (for EHCPs), and limited places at specialist settings across the UK. A governmental SEND review (Department for Education, 2022) reported that one significant factor in the ongoing crisis was underfunding which impacts allocations within individual EHCPs and provision of specialised resources. As a result, CYP are waiting longer to access support for assessment for both EHCPs and other diagnoses such as neurodiversity needs. Additionally, the review noted that SEND support often lacked an integration between health and social care services which impacts the support families and schools receive when supporting CYP with special educational needs.

2.14. Summary of the narrative review

This narrative review focused on exploring different aspects of ABI across the literature. Literature reported ABI to occur after a typical period of development, often through a variety of causes, and can fall into two categories: traumatic and non-traumatic. Symptoms of ABI can include long-lasting cognitive, physical and psychosocial difficulties and is often referred to as an 'invisible' injury as not all difficulties can be 'seen' after children or young people return to school. To situate the current study, the social constructionism theory and ecological-transactional model were explored to outline the risks and protective factors relating to ABI, and views development as an interaction of these factors at different systemic levels. The review considers research into the role of SENCos and EPs in supporting ABI, which

suggested that SENCos were heavily relied on in schools to support ABI but that there was uncertainty over how to implement support independently, and that EPs may not yet hold enough knowledge or skill to support ABI. Lastly, this review considers the political context around ABI in the UK including recent initiatives to provide an ABI strategy that helps prevent, research and support ABI. Overall, it appears that there is some research on ABI, primarily relating to the physiological impact, academic support, and the need for training and implementation of appropriate provision for CYP with ABI.

2.15. Systematic literature review (SLR)

To support the narrative review in situating the current study, a systematic literature review was completed. Systematic literature reviews (SLRs) are often used to comprehensively and systematically research into specific topics to explore a phenomenon (Petticrew & Roberts, 2006). SLRs use rigorous evaluation of topics to understand the available literature by identifying and synthesising all relevant studies relating to a review question (Evans et al., 2004). SLRs follow steps such as defining a review question, explaining methodology, defining inclusion criteria and search strategies before extracting data, assessing its quality and synthesising results (Thomas & Pring, 2004) to identify gaps in research for future study (Owens, 2021). A SLR was chosen for this study to ensure that all relevant literature were explored in relation to the review question, outlined below.

2.15.1. Rationale for the review question

The narrative literature review highlighted potential gaps within the knowledge base relating to ABI and associated support. These gaps included a lack of literature

relating to how school professionals, in particular SENCos, construct or view ABI and associated support in schools. The narrative literature review suggested that there was a strong role for school professionals, such as SENCos, to support needs associated with ABI, but with the implication that school professionals also require upskilling and support to do so (Mealings et al., 2017; Chapman, 2000). Therefore, the focus of this SLR is to explore research studies which focus on the knowledge school staff have relating to ABI and associated support. This SLR aims to gather a clearer picture of what school staff explicitly know about ABI to explore a comparison with the proposed research study of this thesis:

> *A qualitative exploration of how SENCos construct the term 'acquired brain injury' and associated support for children in UK primary schools.*

There is a need to explore the existing literature in further detail using an SLR to ensure that all available research relating to the knowledge of ABI held by school professionals is considered in a rigorous way. The current study's systematic literature review aims to deeply explore what kind of knowledge is held by school professionals, how this is understood and what implications this has for the existing literature and future research, including the current study's research question. Therefore, the systematic literature review question is:

> *What do school professionals know in relation to ABI and associated support for children in schools?*

2.16. Method

The methodology for this SLR was based on the PRISMA (2020) process and checklist, and included describing a rationale for the SLR, outlining a review

question, specifying inclusion and exclusion criteria, and databases used, providing an extensive search strategy, and assessing studies against an eligibility criteria to select which studies were included in the review. The PRISMA (2020) guidelines for preferred reporting items for systematic reviews and associated flowchart were also used (see figure 2.5). An initial identification and screening of titles was conducted by the researcher before reviewing abstracts of the studies identified. Full texts were then viewed against the same criteria and their relation to the review question to identify the final set of studies that were included in the review.

2.16.1. Search terms

Initial search terms were generated in relation to the review question (see table 2.1 below). Causes of acquired brain injury were combined into two types of ABI; traumatic and non-traumatic brain injury to combine all possible causes into simplified categories. The population group was combined to represent a variety of roles within education including teachers and SENCos to establish the category 'school professionals'. It is important to note that all school professionals were included in this review question as there were limited studies solely based on SENCo knowledge during initial scoping searches. Similarly, the education setting included a variety of settings, as well as learning and teaching, to cover all possible links relating to education for this review question. All terms were combined using Boolean operators of AND/OR and multiples of terms were instructed using asterisks (e.g., school* could search for both school and schools). Excluded terms were included in searches using the Boolean operator of 'NOT'.

Table 2.1. Included and excluded search terms relating to the review question.

Category	Included search terms	Excluded search terms	Rationale
Brain injury	Acquired brain injur* OR Traumatic brain injur* OR Non-Traumatic brain injur* OR ABI OR TBI	Cerebral palsy OR Multiple Sclerosis OR neurodegenerative disorder OR congenital	Other conditions were excluded to ensure that only studies relating to ABI were included.
School professionals	Educator* OR School staff OR teacher OR SENCo OR support staff OR teaching assistant	Parent* OR Famili* OR Communit* OR Therapist*	Wider professionals or parents were excluded to ensure that the review focused on school professionals only.
Education setting	Education OR School* OR Classroom* OR Education setting* OR learning OR teaching	Special School* OR Pupil Referral Unit* OR Specialist Provision*	Specialist settings were excluded due to the often-increased level of support in these settings compared to mainstream settings.

Children	Children OR Childhood OR Student* OR Pupil*	Adult* OR Adulthood	Adult ABI was excluded to ensure that focus remained on childhood ABI which may have different ramifications compared to adult ABI.
Knowledge	Understanding OR Knowledge OR Awareness	Perception* OR Belief*	This was excluded to ensure that the review focused on professionals' knowledge of ABI only.
Time	In the last 10 years	Pre-2014	This was included to provide an updated review within the last decade.

2.16.2. Databases searched

A systematic database search was conducted to locate relevant studies using the above search terms. Databases were searched between April to May 2024, including EBSCOHost (education), EBSCOHost (Psychology), Scopus (see table 2.2 for

journals returned per database) and Google Scholar, to ensure that all potential journals were accessed in relation to the review question. The above databases were searched as they directly related to both educational and psychological elements of ABI. Other medical-based databases were searched (for example, sciences, and medical journals), however, these databases only returned journals unrelated to education or educational professionals' perceptions of ABI. Psychology databases included Child Development & Adolescent Studies, eBook collections, and CINAHL Ultimate. Education databases included the Education Resource Information Centre (ERIC), Teacher Reference Centre, Educational Abstracts and eBook collections. Where SLRs were found, but not included, their reference lists were reviewed to potentially harvest eligible papers from. This was also completed for all studies included in the review, until the included studies remained, to ensure that all possible literature was found through the systematic and manual searches. Four studies were harvested through this process but were disregarded as they fell outside of the inclusion criteria time frame (e.g., before 2014) (Linden et al., 2013; Adams et al., 2012; Farmer & Johnson-Gerard, 1997; Mohr & Bullock, 2010).

Reflexive comment from the researcher: It was noted that additional searches were conducted during the write-up process of this study to ensure that all relevant literature were included and any recent literature since the initial searches was included. This ensured that reflexivity was included throughout the process and for the researcher to provide further confirmability to the search process too.

Table 2.2. Number of records returned per database searched.

Database	Number of journals
EBSCO Host (Education databases including ERIC)	126
EBSCO Host (Psychology databases including Child Development & Adolescent Studies)	39
Scopus	53
Google Scholar	12

2.16.3. Eligibility criteria

Seven eligibility criteria points were determined (see table 2.3) in relation to the review question. Eligibility criteria included studies reporting qualitative and/or quantitative data and outcomes, involved participants in education, peer-reviewed research, studies in the English language, studies on knowledge relating to ABI, and studies not being part of other SLRs. Studies had to be published between 2014 and 2024 to be eligible for this SLR. Both qualitative and quantitative data and outcomes were part of the eligibility criteria in line with the current study's research design being qualitative in nature, but also to explore school staff's knowledge and understanding conducted using quantitative methods such as closed questionnaires. Where mixed methods designs have been used, findings will be taken from qualitatively written aspects of the quantitative data within study results and discussions. This was chosen as there was limited research that used purely qualitative methods and data available during scoping searches. At this stage, studies reporting solely on concussion were excluded due its varying nature and unknown long-term impacts, with concussion not always being classified as an ABI

in all cases (McCrory et al., 2017; National Health Service, 2025). This decision was made to ensure that the review question remained focused on ABIs.

Table 2.3. Eligibility criteria for properties of the studies to be included in the review.

Included	**Excluded**
Qualitative and/or quantitative data Participants in education (including professionals in education supporting CYP with ABI) Peer-reviewed Written in English Not part of SLRs Dated between 2014-2024 Studies on knowledge relating to ABI	Books and unpublished literature Studies written in non-English languages Literature included in SLRs or meta-reviews Studies dated before 2014 Studies relating to concussion

Research studies that were peer-reviewed, written in English, and not included in other SLRs were included in the eligibility criteria to ensure that unpublished or thesis literature was not included, and journals were understandable for reviewing. A 10-year timescale was chosen as an eligibility criterion to gather an up-to-date understanding of this topic area. To ensure all relevant inclusion criteria were included, the PICO acronym (Sackett et al., 1996) was used to develop the focus of the review question relating to this SLR (see Table 2.4) by considering participants (the research population), interventions (the application of a specific method to observe knowledge), comparisons (to other populations) and outcomes (effects being measured).

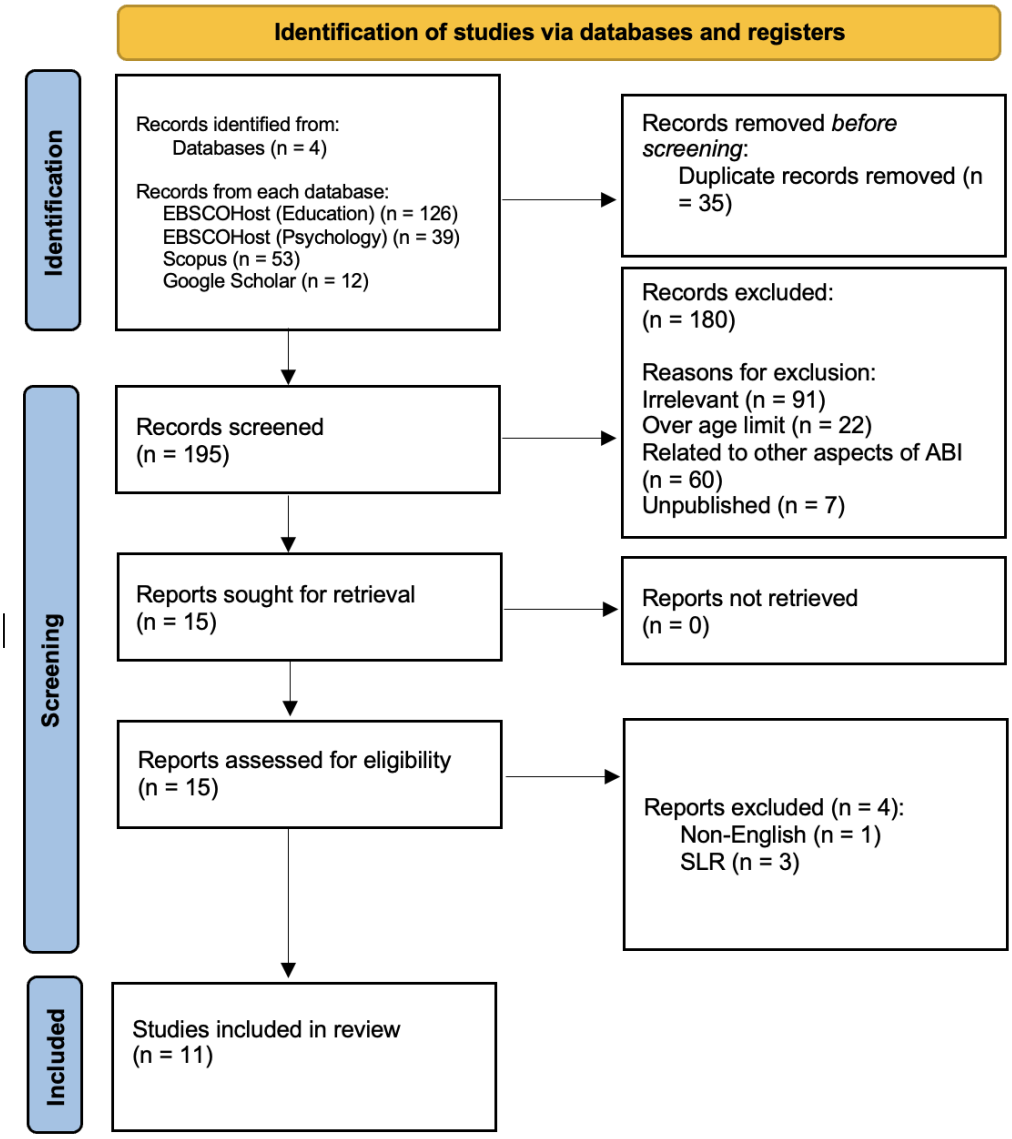
Table 2.4. PICO framework application for eligibility criteria of content of the studies included.

PICO element	Inclusion Criteria	Exclusion Criteria
Participant	Professionals working with or supporting CYP with ABI	Adults over 18 years (in relation to CYP with ABI) and school professionals working in a specialist provision.
Intervention	Not relevant	Not relevant
Comparison	Not relevant	Not relevant
Outcome	Knowledge about ABI	Knowledge about other birth injuries, congenital disorders and developmental disorders.

2.16.4. Screening and selection of studies

The initial search elicited 230 research papers. After removal of duplicates, 195 remained. Paper titles and abstracts were screened for relevance towards the review question, which resulted in 180 papers being excluded. 15 studies were then assessed for eligibility and 4 were excluded. 11 papers were then deemed acceptable for inclusion in the review (see figure 2.5 and appendix 1 for included study references).

Figure 2.5. PRISMA flow diagram showing how studies were identified for inclusion.



2.16.5. Quality appraisal

Gough's Weight of Evidence (WoE) (2007) framework was used to assess the quality of each study included in this review. The WoE framework aims to critically evaluate studies across three areas including methodological quality (WoE A), methodological relevance (WoE B) and relevance to the review question (WoE C). To evaluate WoE A, the Mixed-Methods Appraisal Tool (MMAT) (Hong et al., 2018) was used to critically analyse studies with quantitative, qualitative, and mixed-methods studies for their internal quality. The MMAT was chosen to appraise the

studies' design, data collection, analysis and interpretations to systematically assess their quality within the review. Further details of this tool, and associated information, are presented in Appendix 3.

To assess WoE B and C, the researcher determined their own criteria based on each study's relevance of methodology and evidence towards the review question. Further information on these criteria is included in appendix 2. WoE B considered the relevance of the methodology used to the research question of the review (Gough, 2007). The research question of this review focused on school professionals' knowledge of ABI and associated support in schools. For Weight of Evidence B, studies were rated high if they used appropriate methods for each study's research question (e.g., mixed methods designs to explore both quantitative and qualitative data etc.), rated medium if they used somewhat suitable methods (e.g., mixed methods to explore only quantitative data), and low if they used a method that did not match with the study design (e.g., using a quantitative method to produce qualitative data) to produce data relating to gathering knowledge or understanding around ABI and associated support.

WoE C considered the relevance of the focus of each study in relation to the review questions, therefore, studies that focused primarily on gathering school professionals' knowledge of ABI were given a higher weight of evidence than studies that reported a small section on knowledge of ABI. Studies with a smaller focus of gathering knowledge of ABI and support alongside other focuses were given a medium Weight of Evidence C rating. Studies which gave the smallest focus to gathering knowledge were given the lowest Weight of Evidence C rating.

Subsequently, WoE D is calculated to provide an overall judgement of each study's quality in relation to the review question as an overall measure of quality was determined by combining overall scores in A, B and C. Studies were rated high quality if they scored 'high' in WoE B and C and met criteria in WoE A using the MMAT. Studies were rated medium to low quality if they scored outside of the above criteria for high (see appendix 4 for full ratings given to each study using Gough's Weight of Evidence framework). As none of the included studies were rated low, none of the studies were excluded using WoE ratings, however, low ratings would have included studies that scored low on the majority of ratings across WoE B and C, and did not meet criteria across the MMAT within WoE A.

Findings from the WoE D summary indicated that the studies included in this review had few methodological issues and were relevant to the review question in both methodology and topic. Common strengths to these studies include strong methodological design including appropriate data collection and analytical approaches, with all studies being relevant to the topic of what knowledge school professionals had in relation to ABI. Five studies were reported to have some methodological flaws such as smaller sample sizes or unclear methodology to partially meet the methodological criteria. Nonetheless, all studies were included in the review after the WofE appraisal was completed as they were deemed high or medium quality and were deemed appropriate in adding confidence to the findings and any subsequent recommendations made from the literature review.

Reflexive comment from researcher: It was noted here that when the researcher determined their own criteria for each area of the WoE framework, this could

evoke a sense of subjectivity during this process. To support this, the researcher continued to provide reflexive practice and reviewed each criterion to avoid potential bias and increase its relevance to the review question.

2.17. Results

2.17.1. Data collection

This review aimed to explore what knowledge school professionals had of ABI and any associated support. Therefore, a thematic synthesis approach was used to generate codes, themes and interpret any data patterns using a reflexive approach (Braun & Clark, 2021; Thomas & Harden, 2008). As a thematic synthesis approach was used, three main stages were conducted to analyse results. The thematic synthesis approach was derived from Thomas & Harden's (2008) paper which outlines three stages. The first stage involves coding data from the 'results' sections of papers using a 'line-by-line' approach. The second stage included developing descriptive themes using the coded data in which the reviewer stays close to the studies. Finally, the third stage enables the generation of analytical themes to go beyond the studies to provide new interpretations of the data. Thomas & Harden (2008) report that the final stage is a critical part of synthesising qualitative data to corroborate concepts and provide new insights and interpretations to help inform policy and practice. The third stage involves going beyond the content of the studies using descriptive themes and inductive analysis of the study. This stage is dependent on the researcher's judgement and insights into the data.

In this review, data was extracted, using the above stages (see table 2.6 for full stage description), from each included study's 'results' or 'discussion' sections. This was completed as a qualitative synthesis was being used, however, both qualitative

and quantitative data was being synthesised due to the nature of the studies included in the review.

Table 2.6. Full description of each stage of thematic synthesis (from Thomas & Harden, 2008).

Stage	Procedure
1	Generating codes freely without a hierarchical structure Adding new codes and creating a 'bank' of codes
2	Developing themes from codes Adding new codes to generate and capture meaning of groups of codes
3	Inferring ideas from codes and groups of codes Consider implications of ideas

2.17.2. Summary of included studies

Eleven papers, dating between 2016 to 2023, were included in this review. A brief overview of each study, including research aims, location, method, sample, and key findings, is provided in appendix 5. Studies ranged between several locations, with the majority of studies taking place in the USA, Australia and New Zealand areas. Studies seemed to equally sample SENCos, teachers, and educators. Additionally, the majority of studies tended to use surveys to gather data on professional's knowledge and understanding of ABI.

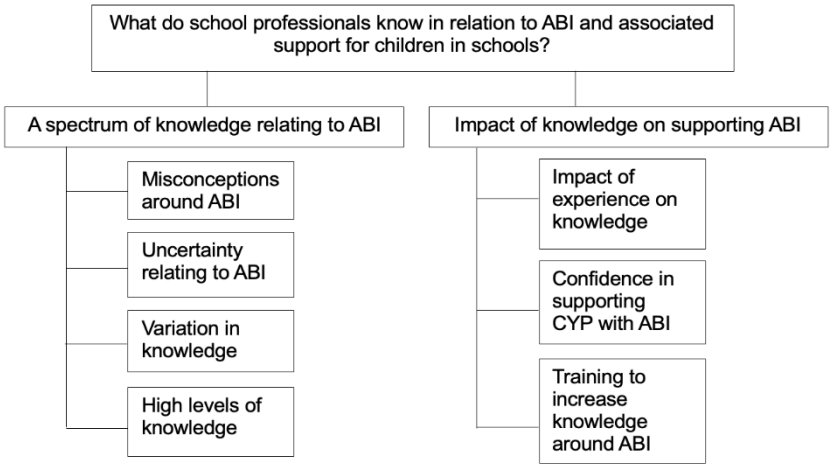
2.17.3. Thematic Synthesis

The question posed by this review was:

> *What do school professionals know in relation to ABI and associated support for children in schools?*

Eleven different papers were included within this review, with two themes and varying subthemes identified within this synthesis. Two themes were included: a spectrum of knowledge surrounding ABI, and the impact of knowledge relating to supporting ABI. Diagram 2.7 displays a thematic map of different themes and subtheme.

Figure 2.7. Thematic map of themes and subthemes in relation to the review question.



2.18. Findings

Two superordinate themes emerged from analysis of the eleven studies. Within each superordinate theme, several more specific, subordinate subthemes were generated which are supported with quotes from each study.

2.18.1. Theme 1 – A spectrum of knowledge around ABI

Findings from studies suggested that school professionals displayed a spectrum of knowledge relating to ABI. This included inaccuracies relating to ABI, uncertainty around aspects of ABI, a varying understanding of ABI and some areas of high knowledge surrounding ABI. The presence of this spectrum of knowledge highlights

that school professionals may not have consistent and accurate understanding of ABI, which may impact support in schools. Additionally, the presence of misconceptions surrounding ABI signals a high level of knowledge inaccuracy, with the implication that school professionals could potentially overlook, misidentify or under-support ABIs in schools.

2.18.1.1. Subtheme 1 – Misconceptions around ABI

Findings suggested that several misconceptions relating to ABI were present, including inaccuracies relating to causes of ABI, impact of ABI, recovery after ABI, supporting CYP with ABI, and mild TBIs. School professionals seemed to hold misconceptions about causes of ABI including that ABI was caused by pathogenesis (how diseases develop through bacteria, virus or fungi to result in illness) and prenatal influences such as substance abuse:

> "Participants reported misconceptions such as prenatal drug and alcohol exposure and vaccines… [as causes of ABI]" (Bennett et al., 2022).

This was interpreted as school professionals inaccurately understanding how ABIs may be caused, and therefore, possibly misunderstanding or misidentifying ABIs. This implies that schools could be considering unrelated causes as a link to ABI instead of considering other causes such as accidents, trauma or illnesses. Similar misconceptions regarding the possibility of ABI were suggested:

> "Significant risk factors such as socio-economic deprivation factors were not identified by participants" (Bennett et al., 2022) and "Individuals with one head injury are more likely to have another" (Chleboun et al., 2021; Ernst et al., 2016; Buck & McKinlay, 2019) was reported as being answered incorrectly.

This was interpreted as participants considering ABI to be equally likely for all CYP, regardless of previous ABI or not, and that influencing factors across systems were not considered (Cichetti & Toth, 1997). This implied that school professionals showed significant gaps in their knowledge for what caused an ABI or the likelihood of an ABI being caused, especially in relation to second ABIs, and suggested that the long-term impact and management of ABI was not yet known about.

Further misconceptions relating to the impact of ABI were suggested (Kahn et al., 2018; Ernst et al., 2016; McKinlay & Buck, 2019; Buck & McKinlay, 2019) including the impact of ABI and classification of ABI. An example from Kahn et al. (2018):

> "Participants were surprised to learn that a 'knock on the head' could have long-lasting consequences… on academic, behavioural, or physiological functioning. Most participants were unaware that concussions qualified as TBI".

This was interpreted as school professionals showing a reduced understanding or knowledge relating to long-term impacts of ABI. This implies a significant gap in knowledge regarding how the impact of ABI may be supported in schools and whether milder ABIs such as concussion are held in the same light as other ABIs. Similarly, findings suggested that misconceptions on cognitive and emotional impact of ABI were held. For example, the following statements was answered incorrectly:

> "Children with ABI can forget who they are and not recognise others but be normal in every other way" (Ernst et al., 2016), "Children with ABI have trouble remembering events that happened before the injury but usually do not have trouble remembering new things" (Buck & McKinlay, 2019) and

> “Participants showed inaccuracy for the statement: it is common for children or young people with ABI to be easily angered” (Buck & McKinlay, 2019).

This was interpreted as school professionals misunderstanding the impact of ABI on a CYP’s needs and implies that support may be consequently misplaced or overlooked in schools. It also leaves the question about which other needs would be associated, or not, with ABI by professionals in schools.

Several misconceptions were suggested surrounding the recovery after ABI (Ernst et al., 2016; Buck & McKinlay, 2019; Chleboun et al., 2021; Bennett et al., 2022). General inaccuracies seemed to relate to the idea of a ‘full recovery’. For example:

> “A complete recovery from a severe brain injury is not possible” (Buck & McKinlay, 2019) and “Complete recovery from a severe brain injury is not possible, no matter how badly a child wants to recover” (Ernst et al., 2016) as incorrectly answered statements.

The interpretation was made that participants may not fully understand the trajectory or likelihood of recovery after ABI, with Bennett et al. (2022) reporting that a third of their participants were not aware that mild TBI could have long lasting effects with prolonged recovery periods. This implies that school professionals may expect individuals with ABI to ‘recover’ quickly and have no significant impact on their learning, emotional development or behaviour in schools.

In relation to support for CYP with ABIs, findings suggested that school professionals held several misconceptions (Chleboun et al., 2021; Ernst et al., 2016; Buck & McKinlay, 2019) including that schools will report all concussions and no additional resources are required for ABI (Chleboun et al., 2016). Kahn et al. (2018) reported that school professionals falsely believed that transference of knowledge from

additional needs could be applied to ABI needs. This implies that professionals felt that ABI did not require any support that was above and beyond the typical support provided for children in schools. As a result, school professionals may inadvertently limit the support for CYP with ABI or not provide appropriate resources for them in schools.

Lastly, findings suggested several different misconceptions surrounding mild TBIs (mTBI) to be present (McKinlay & Buck, 2019; Buck & McKinlay, 2019; Chleboun et al., 2021) including:

> "Someone with concussion should be kept awake" (McKinlay & Buck, 2019; Buck & McKinlay, 2019) and "Individuals with mTBI should not be allowed to fall asleep as they will fall into a coma" (Chleboun et al., 2021).

This was interpreted as school professionals not holding knowledge about different types of ABI, including more common mild TBIs such as concussions. This implies that some ABIs, especially prevalent ABIs, may be being overlooked or under-supported as a result.

2.18.1.2. Subtheme 2 - Uncertainty relating to ABI

As part of the spectrum of knowledge, it was suggested that several areas of uncertainty around ABI were present, including ABI severity, recovery, impact, and what level of involvement schools have in supporting ABI.

It was suggested that school professionals seemed to show uncertainty over how the severity of an ABI was determined, with Bennett et al. (2022) reporting that SENCos were confused over whether a loss of consciousness needed to occur to classify an injury as an ABI. Similarly, Bennett et al. (2022) and Howe & Ball (2017) noted that

school professionals showed concern over whether brain scans can determine the severity of an ABI and if the majority of ABIs are defined as mild. This suggests that school professionals may not feel confident in identifying ABI or what may classify ABI as mild, moderate or severe, indicating that school professionals have a gap in their knowledge about how ABIs are caused and the prevalence of ABIs in educational settings.

Additionally, studies suggested uncertainties around ABI recovery (Bennett et al., 2022; Howe & Ball, 2017) with school professionals being unsure of whether adult brains can recover 'better' than children's and whether younger children have better recovery chances after ABI. Ernst et al. (2016) suggested that school professionals were uncertain over the length of recovery, whether brain plasticity supported recovery in children, and the likelihood of recovering from a second head injury (Ernst et al., 2016). This suggests that school professionals have potential gaps in knowledge relating to how CYP with ABI recover and what this looks like, as well as the expectation of CYP with ABI after 'recovery' including the impact of their ABI in schools. This finding has implications that school professionals may not feel confident in their knowledge, especially during the reintegration period between hospital, home and school.

Studies (Bennett et al., 2022; Howe & Ball, 2017) also suggested uncertainty around the impact of ABI. Bennett et al. (2022) noted confusion surrounding the implication of age at the injury on its long-term impact, whereas, Ernst et al. (2016) noted that school professionals were unsure whether it was common for children with ABI to be angered, whether alcohol affects young people with ABI differently, and whether children will recognise and speak to others immediately after a coma relating to ABI. Initially, this suggests that school professionals were uncertain about a variety of

ways that ABI could impact a CYP's needs and implies that 'grey areas' in ABI knowledge are highly prevalent in relation to school professionals' understanding.

Lastly, it was suggested that school professionals were uncertain over the level of involvement that schools have in supporting ABI. Howe & Ball (2017) noted that professionals were unsure about whether local authorities in the UK kept records of children and young people with ABI, whether school staff were required to attend discharge meetings held by hospitals, whether headteachers were informed of children's ABIs, and whether hospitals or schools were the best environments for children during rehabilitation after ABI. As above, this suggests that school professionals felt unsure of their knowledge in relation to ABI, and particularly their involvement in supporting ABI. This has direct implications for school professionals who support ABI in that they may be struggling to know when to support individuals with ABI at different points in time and could be potentially missing important information being communicated between home, hospital and school if they are not involved in supporting CYP with ABI at an early stage.

2.18.1.3. Subtheme 3 - Variation in knowledge

Towards the higher end of the spectrum of knowledge, studies reported 'pockets' of knowledge in relation to different topics of ABI, including an idea that knowledge surrounding ABI varied or changed over time.

When compared with results from a previous study using the same measure (Farmer & Johnson-Gerard, 1997), McKinlay & Buck (2019) suggested that knowledge in current participant samples showed an increase in knowledge, especially in relation to the impact of ABI and recovery processes. However, it was suggested that a

decline in knowledge relating to social, emotional, and cognitive outcomes of ABI existed. This is suggestive of knowledge changing over time for school professionals, with the possibility that education settings showed significant change within this period, which may account for this change, or that school professionals are accessing different types of support or knowledge in training courses of education settings to understand ABI differently.

It was suggested that a variation in participant knowledge (Case et al., 2017; Kahn et al., 2018; Buck & McKinlay, 2019; Chleboun et al., 2021) relating to symptoms and supporting children with ABI existed:

> "There was a wide variation in participant's responses regarding the persistence of symptoms… expecting all symptoms to be resolved within 3 days or 24 hours" (Case et al., 2017) and "…indicates cultural variance in teacher knowledge of the systematic provisions in place to support students with TBI in the classroom" (Kahn et al., 2018).

This was interpreted as school professionals not yet showing consistent knowledge for the length of symptoms and created an idea that there was a high level of variance across knowledge. Similarly, Chleboun et al. (2021) suggested that a variation in knowledge was held over the definition of ABIs (such as mTBI), courses of recovery and support recommendations, with Case et al. (2017) finding that much information on ABI was new to school professionals during training. This was interpreted as schools professionals not yet being aware of gaps in their knowledge and implies that school professionals may not feel confident in their knowledge to understand and support ABI appropriately yet.

Moving along the spectrum of knowledge, it was suggested that school professionals showed some knowledge around supporting CYP with ABI back into schools (Kahn et al., 2018), with Bennett et al. (2022) reporting knowledge on how to gather information and adjust the curriculum for children with ABI, obtain medical information and funding for adjustments, recruit teaching support, and hold meetings with parents and professionals to develop plans such as Education, Health, and Care plans. However, there seemed to be a contradiction within the literature regarding school professionals' preparedness for transition, with Stevens et al. (2021) suggesting that school professionals reported themselves keen for involvement but unprepared to support transitions. For example:

> "Educators felt unprepared for transition as a result of a lack of resources, reporting not enough information on how to properly support ABI in classrooms" (Stevens et al., 2021).

This was interpreted as school professionals showing a variation in knowledge relating to supporting transitions along the spectrum of knowledge. This indicates that professionals may struggle to feel confident and display knowledge relating to transitions, especially between hospital and school, and show possible inconsistencies in knowledge about ABI.

It was suggested that school professionals could identify support services such as school nurses or medical services to aid CYP with ABI (Buck & McKinlay, 2021; Buck & McKinlay, 2019) but reported inconsistent knowledge on which services could potentially support rehabilitation within schools. School professionals tended to neglect the potential involvement of special education teachers in providing support for schools (Buck & McKinlay, 2021). For example:

> “The most common answer to what external service is available to assist with the rehabilitation of young people with a brain injury reported was that they did not know” (Buck & McKinlay, 2021).

This finding could be interpreted as school professionals holding some knowledge of who might support them in response to ABI but showed more uncertainty over rehabilitation support. This may be linked to professionals showing uncertainty over where their role lies in response to ABI and whether their knowledge extends to understanding and supporting rehabilitation processes.

Again, a further suggestion of knowledge being varied including knowledge relating to supporting families after ABI, with Kahn et al. (2018) highlighting that school professionals struggled to gain information from families or complete formal processes to support them. Case et al. (2017) suggested that many school professionals reported a lack of communication with families with ABI. This was interpreted as school professionals showing some relative knowledge towards supporting families but that this knowledge was limited in relation to processes and communication strategies. This indicates that professionals may not feel confident in their knowledge which is potentially shown in their support mechanisms towards families.

2.18.1.4. Subtheme 4 – High levels of knowledge

It was suggested that school professionals showed knowledge relating to impact of ABI on learning, physiological symptoms of ABI, causes, classification, and recovery from ABI.

Studies showed some knowledge around the impact of ABI on children and young people's learning, including how ABI may impact cognitive skills (Bennett et al., 2022) and how learning may be different after ABI (Chleboun et al., 2021) including cognitive and affective difficulties (Case et al., 2017):

> "Participants considered the effects [of ABI] to be ongoing for a number of cognitive, behavioural, and affective change post injury" (Case et al., 2017).

This was interpreted as school professionals holding some knowledge about the impact of ABI on different needs and suggests that professionals feel more confident in their knowledge relating to the impact of ABI. Overall, this is suggestive of school professionals showing some indication of accurate knowledge relating to ABI.

Similarly, studies suggested a higher level of knowledge regarding the physiological impact of ABI. However, each study reported a different type of knowledge to show variation in knowledge, including ideas around fatigue, immediate effects of ABI, and that physical appearance is not typically different for children or young people with ABI. For example:

> "Participants correctly reported that children with an acquired brain injury may be more likely to become fatigued over a day" (Bennett et al., 2022) and "Most participants could describe several immediate effects… including headaches, dizziness, vomiting and blurred vision" (Case et al., 2017).

This was interpreted as school professionals showing awareness of how ABI may present physically, as a more visible way of understanding ABI. This was supported by Ernst et al. (2016)'s findings that suggested school professionals to understand that physical appearances of children with ABI are not typically different to other children (Ernst et al., 2016), suggesting that professionals were aware that ABI can

present in ways that are not as obvious or ‘visible’. This finding implies a more distinct understanding of the nuances of ABI in that children with ABI may show more covert needs than other children, highlighting that professionals may feel secure in this knowledge.

Studies seemed to show accurate information relating to symptoms of ABI (Chleboun et al., 2021) such as depression, fatigue, headaches, and coordination issues. Ernst et al. (2016) suggested that professionals showed knowledge for symptoms being difficult to identify or being delayed in presentation. Similarly, knowledge seemed to be shown in relation to cognitive and behavioural needs, for example:

> “Participants correctly identified, with 74% accuracy or more, symptoms… including changes in behaviour… trouble concentrating, mood swings, memory problems… irritability…” (Chleboun et al., 2021).

This indicates that school professionals showed an awareness of ABI having a wide-ranging impact and how diverse the needs associated with ABI can be for children and young people. This signals that professionals may be able to consciously identify links between presenting needs and identified ABI in schools to support children and young people more appropriately.

Similarly, some studies (Case et al., 2017; Ernst et al., 2016) suggested that professionals could identify several causes of ABI including possible risk factors. Ernst et al. (2016) showed that some professionals held accuracies in understanding common risk factors relating to ABI. For example:

> “The majority… perceived that children may be at an increased risk of experiencing TBI… most commonly reported [risk factors] were innate, developmental or temperamental factors of children” (Case et al., 2017).

This indicates that school professionals could be aware of different factors or systems working around the child or young person with ABI, as per Cicchetti & Toth’s (1997) ecological-transactional model, with the implication that professionals may consider how these systems interact or influence development for CYP with ABI.

Studies suggested that professionals showed knowledge in supporting children with ABI in schools (Stevens et al., 2021; Chleboun et al., 2021; Ernst et al., 2016; Bennett et al., 2022) with Chleboun et al. (2021) noting that professional’s knowledge existed in relation to knowing that CYP with ABI do not typically receive individual education plans. Stevens et al. (2021) suggested that many professionals felt comfortable to co-create support plans for CYP with ABI, and Kahn et al. (2018) reported that professionals in the USA could explicitly describe laws and processes for supporting ABI. This is suggestive that school professionals may feel more confident in their knowledge relating to processes that support CYP with ABI in schools.

Studies (Bennett et al., 2022; Case et al., 2017) suggested knowledge on classroom strategies to support those with ABI existed. School professionals showed a range of knowledge on strategies such as providing rest breaks, reducing timetables, additional teaching, breaking down information into smaller ‘chunks’, repetitive learning, using specialist sensory equipment, and monitoring and adapting learning (Bennett et al., 2022; Case et al., 2017). This was interpreted as professionals

holding more knowledge in relation to ‘on the ground’ strategies that they may have more experience in and implies that confidence may have a relationship with experience of ABI.

2.18.2. Theme 2 – Impact of knowledge on supporting ABI

Studies suggested that professionals’ knowledge is impacted by other factors, such as levels of experience and confidence for supporting ABI. It appears that there is a triangular relationship between knowledge level, reported confidence and experience of ABI across the research. This indicates that professionals may struggle to gain knowledge relating to ABI when confidence or experience remains low. Ultimately, this implies that professionals need to gain knowledge, confidence and experience at the same time to appropriately and feasibly support ABI in education settings.

2.18.2.1. Subtheme 1 – Impact of experience on knowledge

There seemed to be a relationship between the experience school professionals had in supporting ABI and the level of knowledge they held (Ettel, 2016; Howe & Ball, 2017). There was a suggestion that school professionals may feel more confident in their knowledge relating to ABI or may show more ABI knowledge gained through their experience of supporting ABI. This implies that professionals gain knowledge through physical experiences of supporting ABI in education settings.

Several studies suggested participants’ level of experience impacted knowledge (Bennett et al., 2022; Kahn et al., 2018; Howe & Ball, 2017) with Bennett et al. (2022) noting that knowledge relating to ABI seemed to be impacted by professional experiences of working with children with ABI, such as obtaining funding or support

quickly. These findings indicate that professionals may struggle to engage with supporting ABI due to extrinsic factors that influence access to support or that support can be delayed and therefore requires professionals to draw on other support avenues or existing knowledge of other needs such as autism and ADHD (Bennett et al., 2022). This indicates that school professionals may use their existing knowledge of other disorders they have experienced supporting to aid gaps in their knowledge relating to ABI, in the absence of ABI knowledge. However, contradictions within the literature existed, with studies noting the relationship between experience and knowledge as tentative (Case et al., 2017; McKinlay & Buck, 2019; Ernst et al., 2016) with no significance placed on the type of role held in schools and experience too. This finding suggests that professionals may still struggle to appropriately understand and support ABI regardless of their experience due to the nuances and complexity of needs associated with ABI.

2.18.2.2. Subtheme 2 - Confidence in supporting CYP with ABI

Literature suggested that a relationship between confidence to support ABI and experience of ABI existed (Kahn et al., 2018; Ettel et al., 2016). Ettel et al. (2016) highlighted that those in specialist roles, such as special education teachers, had higher confidence and skill applications. For example:

> "Those with higher self-efficacy… were more likely to seek out information about how to work with students with ABI" (Kahn et al., 2018).

This indicates that experience of professionals may have a positive impact on confidence to support CYP with ABI. This included confidence to seek out information about supporting ABI in schools and apply knowledge of ABI, suggesting

that these professionals may have subsequently acquired more knowledge as a result; offering an indication of a reciprocal relationship between knowledge and experience on confidence.

Some studies (Kahn et al., 2018; Chleboun et al., 2021) discussed how their participants reported perceived low confidence in their knowledge to support CYP with ABI. This seemed to impact their confidence for seeking information about ABI and how to support it. For example:

> "Many participants already felt overwhelmed with the variety of needs found in their classrooms of learners" (Kahn et al., 2018) and "Participants' confidence in their general knowledge… was neutral to weak. 79% of participants were not confident in their ability to identify potential educational implications" (Chleboun et al., 2021).

This provides an indication that professionals may show a reduced confidence for understanding support for those with ABI. The implication behind this is that professionals may not know how to implement appropriate support in settings for CYP with ABI which may hinder their academic progress or other associated needs.

Conversely, studies also suggested that participants showed increased confidence in relation to their knowledge of learning and impact of ABI (Howe & Ball, 2017; Kahn et al., 2018), with variation of confidence across countries. This suggests that professionals felt more confidence for physical and cognitive impacts, which felt more visible for CYP with ABI, indicating that these needs are often more understandable and have a tendency to be supported as other special education needs; a potential link to professionals feeling more confident in their knowledge and experience from other special educational needs and ABI.

2.18.2.3. Subtheme 3 - Training to increase knowledge around ABI

Studies suggest that professionals' knowledge is impacted by a lack of training on ABI, with school professionals being aware of their gaps in knowledge (Bennett et al., 2022; Kahn et al., 2018). To support this, school professionals requested specific training, with the implication that school professionals were seeking their own information to upskill themselves. Many school professionals suggested that additional training on ABI was required (Bennett et al., 2022), with a perceived lack of comprehension of how to work with ABI preventatively (Kahn et al., 2018). School professionals suggested several barriers to be present relating to training, such as a delay or lack of training being available, limited whole school approaches to training, and a lack of educational support for ABI. These findings were interpreted as school professionals being aware of their own gaps in knowledge in their requests for training but suggests that professionals often feel that training is reactive or that there is a time barrier for receiving training, implying that training is difficult to access for some professionals.

Similarly, studies suggested that school professionals found ABI training to be limited at a teacher training stage (Kahn et al., 2018) and during their role in education settings (Chleboun et al., 2021). This indicates that professionals are not able to access training easily and that there may not yet a priority from government systems to include ABI information on teacher training courses. Consequently, Chleboun et al. (2021) suggested common sources of training across their participants included seeking information out from parents and medical professionals, as well as through independent research and external agencies. For example:

> “Regarding their source of knowledge… participants reported the most common being academic coursework, previous caseloads, in service workshops, and conferences” (Chleboun et al., 2021).

This is suggestive of school professionals having to actively seek out information from other professionals or through their own research, with the implication that this information is not freely available to them in schools. This indicates that there may be a discourse between professionals being aware of their knowledge gaps and the unavailability of information in education settings.

Consequently, many professionals across several studies (Bennett et al., 2022; Buck & McKinlay, 2021; Case et al., 2017; Stevens et al., 2017; Buck & McKinlay, 2019) suggested specific ideas about what knowledge should be included in training for ABI. This included wanting all educators to know about ABI, supporting strategies, and more standardised training (Stevens et al., 2017). For example:

> “Participants suggested that a training program should include the effects of ABI, strategies to support ABI, background of injuries, resources and case studies” (Bennett et al., 2022) and “The majority discussed the need for information that could inform the way they could manage and adapt curriculum to suit the needs of ABI” (Case et al., 2017) and “39.9% reported that they wanted information about signs and symptoms… to assist children with ABI. 17.2% of teachers wanted information about strategies for working with ABI or information of who to contact for additional information” (Buck & McKinlay, 2019).

This suggested that professionals hoped for brief but accessible information on a variety of topics relating to ABI, accessible through online training or fact sheets.

This was interpreted as professionals being aware of gaps in their knowledge to be able to precisely specify training requirements. Professionals even suggested their preferred ways of accessing information in different forms, indicating that professionals had thought about how they would prefer to receive information on ABI already.

Where professionals had received training on ABI, studies suggested a positive impact (Case et al., 2017; Ernst et al., 2016; Ettel et al., 2016; Howe & Ball, 2017) such as an increase in knowledge, using more learning modifications and an increased awareness of ABI on learning. This included providing teaching strategies such as rest breaks, clear instructions, and extra time for CYP with ABI. For example:

> "Participants who identified as having received training scored an average of 2 points more on knowledge scores" (Howe & Ball, 2017), "Participants with a history of training had significantly higher knowledge scores… Training in special education was associated with increased levels of knowledge" (Ettel et al., 2016) and "Those with training in ABI had higher scores" (Ernst et al., 2016).

This is suggestive of training being positively impactful for school professionals, especially in their ability to implement supporting strategies. This indicates that professionals may require specific training to increase their knowledge bases and, in turn, increase their confidence for supporting and understanding ABI.

2.19. Discussion

2.19.1. A spectrum of knowledge relating to ABI

Across the literature, there appeared to be a wide variation in knowledge relating to ABI, with knowledge seemingly appearing along a spectrum ranging between inaccuracy, uncertainty and high levels of knowledge across ABI. Studies suggested knowledge varied across topics of ABI, implying that there was no one universal topic of knowledge that showed high or low levels of knowledge. School professionals seemed to show confusion about different aspects of ABI, suggesting that professionals were understanding ABI in various ways. This was interpreted as the topic of ABI feeling like a metaphorical 'minefield' for school professionals to understand and become aware of. Similarly, differences in knowledge suggest that professionals may also not be confident in supporting CYP with ABI due to a lack of knowledge or awareness relating to ABI.

Studies suggested a high level of misconceptions were held in relation to ABI which highlights the presence of inaccurate knowledge for topics such as causes of ABI (Bennett et al., 2022), the impact of ABI (Kahn et al., 2018; Ernst et al., 2016; McKinlay & Buck, 2019; Buck & McKinlay, 2019), recovery (Ernst et al., 2016; Buck & McKinlay, 2019; Chleboun et al., 2021; Bennett et al., 2022) and supporting CYP with ABI (Chleboun et al., 2021; Ernst et al., 2016; Buck & McKinlay, 2019). This suggests that participants may be attempting to support ABI based on these inaccuracies, leading to confusion and mis-aimed support. It could be argued that the implications of this is that schools may be increasing the risk of ABI or secondary injuries in their settings, especially in relation to the presence of misconceptions around recovery and likelihood of secondary ABIs (Bennett et al., 2022; Chleboun et al., 2021).

Several themes, such as recovery and impact, seemed to be highlighted as both an uncertainty and potential misconception, suggesting that professionals may be showing confusion over these topics. This indicates that these key areas may need to be developed in any future ABI training approaches or research. Similarly, studies suggested that a variety of smaller uncertainties were present across many different ideas, for example, adults brains recover better (Howe & Ball, 2017) or whether a loss of consciousness needs to occur for an injury to be classed as an ABI (Bennett et al., 2022) suggesting that training needs to cover a wide variety of ABI topics. These findings suggest that professionals may need clearer understandings around ABI or a standardised approach to gaining knowledge relating to ABI.

Where professionals showed knowledge in ABI, this was varied and inconsistent across topics. For example, studies highlighted variations in knowledge on symptoms, recovery and support in schools as well as high levels of knowledge for physiological impact and causes of ABI (Case et al., 2017; Kahn et al., 2018; Buck & McKinlay, 2019; Chleboun et al., 2021). These findings suggest a direct contradiction of previous findings that report these topics to also be areas of inaccuracy, suggesting that there is a wide variation in professionals' knowledge between study and country across the world.

2.19.2. Knowledge relating to supporting CYP with ABI

Studies seemed to suggest a variety of knowledge relating to supporting different aspects for children and young people with ABI. Professionals appeared to feel that they did not have the right amount of knowledge to be prepared for CYP with ABI to transition back into school settings, suggesting that a lack of information or support strategies for professionals may be hindering their confidence. Professionals also

reported less knowledge about which support services were available to aid support for CYP with ABI, which suggests that school professionals might not know which services are available or are accessible to them.

Studies suggested a variable relationship between experience and confidence in supporting ABI to be present, with specialist role professionals showing increased confidence for ABI, suggesting that these roles had more experience with ABI or were more adaptable in their roles using previous experience (Ettel et al.., 2016). However, this relationship was heavily contradicted by several studies reporting different levels of confidence relating to ABI knowledge (Kahn et al., 2018; Chleboun et al., 2021; Howe & Ball, 2017). Professionals appeared to display reduced confidence relating to their knowledge of support strategies (Chleboun et al., 2021) and an increased confidence relating to learning after ABI and the impact of ABI (Howe & Ball, 2017). This suggests that professionals are more experienced in understanding how ABI may change learning in schools but are not sure how to support CYP with ABI practically using ‘on the ground’ strategies.

All studies suggested the need for training on ABI to support gaps in knowledge relating to ABI and associated support, with a significant lack of training currently present to support knowledge of ABI (Bennett et al., 2022; Kahn et al., 2018). Professionals reported that it was rare to receive training after initial teaching training, with knowledge being actively sought, or provided through workshops, suggesting that specific in-school training is not often accessible.

Some professionals discussed what training to support knowledge acquisition relating to ABI should include, with specific knowledge gaps being highlighted as the impact of ABI and strategies to support ABI (Bennett et al., 2022). Several studies

reported that there was a positive impact of training on their knowledge levels and these professionals often scored higher in knowledge questionnaires (Case et al., 2017; Ernst et al., 2016; Ettel et al.., 2016; Howe & Ball, 2017). This suggests that professionals want and need training to increase their knowledge of ABI and associate support, with the implication that training should be accessible and provided to all school professionals.

2.20. Quality critique of the review

It is important to consider the relevance of the methods used to address the review question and the critical appraisal tools used to appraise these methods. This review used Gough's Weight of Evidence (2007) and Hong et al.'s (2018) Mixed Methods Appraisal Tool (MMAT). Although these methods were effective in appraising the studies, they are not without limitations. For example, criteria within WoE B and C were determined by the researcher which impact the overall trustworthiness of the synthesis (Lincoln & Guba, 1985). Similarly, the MMAT was used to critically evaluate the quality of methods used by each study (within WoE A). Additionally, the researcher acknowledged that each study came with limitations but did not exclude any studies from the review using these critical appraisal methods. It is important to acknowledge that the researcher was the sole rater of the studies which provided a more subjective view of the literature.

2.20.1. Limitations

It was acknowledged that this review had several limitations, including limited research papers being included due to the specific inclusion criteria. However, these criteria ensured that papers relevant to the review question were included, even if it

limited the scope of the review. Similarly, the researcher acknowledged that only two studies included in the review were conducted in the UK. It was necessary to extend the scope of this review to include international studies to answer the review question in more detail. However, a key limitation to this is that educational policies and governments will differ between countries which may impact the transferability of findings in this review. One further limitation included the fact that only one researcher interpreted findings, making them subjective during coding and analysis, therefore, the studies were coded and analysis as impartially as possible.

2.21. Summary of the SLR

The original question posed by this review was:

> *What do school professionals know in relation to ABI and associated support for children in schools?*

The review demonstrated a variety of findings across international settings relating to professionals' knowledge of ABI and associated support. Overall, the researcher would argue that the literature indicates a large proportion of school professionals report inaccuracies or uncertainty around ABI and associated support, with various discrepancies in findings reporting inconsistencies in knowledge across topics. Similarly, literature shows contradictions regarding the level of experience or confidence relating to professionals' knowledge of ABI. One key theme included the need for training to increase knowledge of ABI and associated support for these professionals, suggesting that training or future research is a necessity in supporting those with ABI in schools.

2.20. Chapter Summary

The narrative review findings gave an overview of ABI, suggesting that ABI is a neurological condition acquired after birth that occurs through a range of causes. Findings suggested that ABI is linked to cognitive, physical and psychosocial needs that are often 'invisible' or develop over time. Furthermore, the review considered SENCos to be over-relied on in schools to support ABI, and that EPs do not yet hold enough knowledge to support ABI. The narrative review also highlighted key theory and models relating to ABI, including social constructionism theory and the ecological-transactional model to explore risks and protective factors for ABI across systems, as well as the political context of ABI currently. Coupled with the above findings from the systematic literature review, the literature suggests that school professionals have varied or inaccurate knowledge relating to ABI, with varying confidence and experience levels, and a strong sense of training being required to support ABI in schools.

Overall, the narrative and systematic literature review supports the idea that there is limited research into ABI, especially in relation to the role of SENCos, and highlighted a gap in the literature for how SENCos construct ABI. This provides a rationale for the empirical study which focused on how SENCos construct the term 'acquired brain injury' and any associated support. The empirical study therefore aims to explore how ABI is constructed and compare this with the findings from the literature reviews that explored what is known about ABI by school professionals.

Chapter 3 - Methodology

This chapter presents the current study's research aims and question, before considering philosophical positioning of the research, including ontological and epistemological choices. An overview of the research design will be discussed, including exploring the rationale for the design and methodology of this study to answer the research question. The data collection procedure, recruitment process and participants will be outlined before data analysis stages are described. The chapter will conclude with discussions regarding the quality of this research design.

3.1. Research Aims and Questions

As evidenced in the systematic literature and narrative review, there exists a gap in the literature relating to how school professionals, particularly SENCos, construct the term 'Acquired Brain Injury'. The researcher aimed to explore this gap in literature to provide a unique contribution to the knowledge base and gain further understanding of ABI in schools. Therefore, the research question for this study is:

> *How do SENCos construct the term 'Acquired Brain Injury' and associated support for children in UK primary schools?*

This study has a broader aim to understand how ABI is constructed amongst SENCos. Generally, the term 'construct' relates to something that is formed through thought by society (Gergen, 1999) to explain behaviours or processes. In this research, the study focuses on using the word 'construct' to understand ABI through thought. Therefore, this study understands the research question to be focused on how SENCos create and understand the term 'ABI' and associated support through analysis of latent meanings of data (the present but underlying meaning of information) to understand the underlying patterns and influences within. It is

important to determine the focus of this study to be on the overall construct of ABI to provide a basis for the research question but also to accurately describe how the research question and aims, underlying theory and design of the study are intertwined, and the decision making behind this.

3.2. Philosophical Considerations

It is important to consider how research methods are often inseparable from researcher beliefs and understanding of the world to position new research and allow philosophical underpinnings to become apparent. Philosophical assumptions about the nature of reality and how knowledge guides research approaches are considered below by outlining the ontology and epistemology underpinning the research. Ontology is the nature of reality where epistemology describes the theory behind the nature of 'truth' in how knowledge is generated (Mertens, 2015). Both epistemology and ontology are assumed to be dependent on one another and can support methodologies within research paradigms. It is therefore important to consider the ontological and epistemological underpinnings of this research, and within which paradigm the research is situated, especially its chosen design and methodology. It is particularly crucial to provide ontological and epistemological positioning in research to ascertain how the study has been approached relating to its methodology and how data is collected and interpreted, before understanding the overall nature of knowledge or reality. Therefore, an overview of ontology, epistemology and several different paradigms is presented before positioning this research.

3.2.1. Ontology

Ontology is the relationship between the world and its interactions to determine whether reality exists separately from any human understandings or not (Braun & Clarke, 2013). Ontology spans a continuum that incorporates views such as reality being independent of human knowledge (known as realism) or that reality is dependent on human interactions and knowledge (known as relativism) (Mertens, 2015). Realism argues that a real, material world exists independently of what we can think or construct of it, and underpins most quantitative research (Braun & Clarke, 2013). Contrastingly, relativism assumes multiple constructed realities exist and that 'truth' can differ across contexts and time; usually underpinning qualitative research (Burr, 2015). In between these two assumptions, an alternative position, known as critical realism, exists which assumes that a material world exists but that our experience of this is subjective through individual or social construction (Madill et al., 2000). However, it is assumed that this can only be partially accessed due to the impact of social influence and often underpins different qualitative approaches such as grounded theory and discourse analysis (Madill et al., 2000).

3.2.2. Epistemology

Epistemology concerns itself with what knowledge exists, including the nature of knowledge and what knowledge can be known. As with ontology, epistemology can adopt realist and relativist approaches (Braun & Clarke, 2013). Realist epistemologies assume that 'truth' is obtainable through valid knowledge production whereas relativist epistemologies assume that knowledge depends on perspective and one singular 'truth' is not possible. Braun & Clarke (2013) propose that different epistemologies can be distinguished between by considering knowledge as

discovered or created. ‘Discovered’ knowledge is often linked to quantitative research (using empirical research methods) and ‘created’ knowledge aligns itself with qualitative research (using exploratory research methods). Within qualitative research, specific epistemologies, such as constructionist epistemologies, argue that knowledge is constructed through systems of meaning which can change or influence knowledge to suggest there is no ‘one truth’ (Burr, 2015). It is then assumed that this knowledge becomes a product of how it is understood and feeds into the notion that multiple truths can co-exist within their differing contexts (Burr, 2015).

3.2.3. Paradigms

Assumptions about ontology and epistemology produce different theoretical understandings, known as paradigms. Paradigms provide different views of the world to guide research, with Lincoln (2005) proposing that paradigms are specifically characterised by ontology, epistemology and help inform methodology based positionings. The positivist paradigm offers an ontology that suggests there is only one reality (Mertens, 2015) and an epistemology that reports realities to be observable (Guba, 1994) so that all phenomena are experienced in the same objective way (Robson & McCartan, 2016). Positivism has received criticism for being reductionist, objective, and not taking ‘real world’ cultures or values into account (Moore, 2005) within social science. The post-positivist paradigm builds on the positivist paradigm to address its limitations and suggests that one single reality can only be proved to a certain probability (Cook & Campbell, 1979). However, post-positivism was also critiqued for its objectivity and fixed methodology (Guba & Lincoln, 1998). In direct contrast to the above paradigms, post-modernism suggested

that reality is not one singular truth but multiple constructions of experiences (Moore, 2005), with knowledge being generated from discourses where researchers have an active role (Mertens, 2015). This paradigm gained criticism for placing high demands on language and its replication within qualitative data (Potter & Wetherell, 1987). Lastly, the pragmatic paradigm aims to combine the above paradigms to capture the complexity of 'real world' research by using both quantitative and qualitative designs to study phenomena (Johnson & Onwuegbuzie, 2004). Pragmatism has gained criticism for its use of multiple methods and its transferability to real world practice (Robson & McCartan, 2016).

3.2.3.1. Social constructionist paradigm

Similar to the post-modernism paradigm, social constructionism is a paradigm that suggests reality to be created through evolving, socially constructed discourses (Pilgrim, 2019). Constructionism tends to focus on the role of language to make meaning of phenomena (Braun & Clarke, 2022) and emphasises the notion that knowledge and meaning is actively created through social interaction within both historical and cultural contexts (Gergen, 2015). More specifically, social constructionism emphasises that social interactions between people create and impact reality through power dynamics and the societal context in which they exist (Gergen, 2015). Social constructionism aims to analyse the understanding or constructs of reality and often offers the possibility of bringing about social change in the future through examination of certain interests (Burr, 2015). Therefore, social constructionism lend itself to data analysis that focuses on latent meanings that help uncover hidden meaning that sit 'beyond the surface' to create an understanding of reality (Braun & Clarke, 2006) and encourage critical reflection on norms or

perceptions of power (Foucault, 1980). Social constructionism therefore is both a research paradigm and theory for understanding knowledge in research.

3.2.3.2. Philosophical Positioning of this Research

This research is placed within a social constructionist paradigm as it concerns itself with understanding how SENCos use language to construct ABI through the latent analysis of knowledge. This research adopts a relativist ontology as it assumes there is no one singular truth in knowledge but that numerous constructions of the world exist (Burr, 2015) and that reality is dependent on the ways we know it (Braun & Clarke, 2013). This ontology assumes an interactive process between researcher and participants and espouses itself to a constructionist paradigm to view language within the reality it is constructed in. Similarly, a relativist, constructionist epistemology was adopted as it assumes that individual experience is shaped by cultural and individual positioning, which influences the meanings created and understood (Denzin, 2018). This epistemology understands that the researcher's position will impact on the interpretations generated which suggests that reflexivity becomes important and that the presence of subjectivity is inevitable (Braun & Clarke, 2022). Therefore, the current research actively adopts a relativist, constructionist epistemology as it aims to explore multiple 'truths' around ABI to create a construction of this phenomenon across primary school education systems. This epistemology espouses itself well to a relativism ontology in that it assumes multiple realities exist which lends itself to the research question and aims above.

3.3. Qualitative research

As this research will focus on exploring ABI and associated support in a qualitative way, it is important to consider key aspects of qualitative research. Qualitative research refers to approaches that focus on understanding meaning, experience or social processes of participants (Denzin & Lincoln, 2018). Qualitative research aims to provide deeper meaning behind phenomena in a subjective manner and investigate how or why phenomena occur (Denzin & Lincoln, 2018). Therefore, qualitative research tends to provide flexible and critical approaches to understanding knowledge and can be espoused to theory relevant to research. Qualitative research can be considered in two ways; 'small q' or 'big Q' qualitative research.

'Small q' research includes qualitative research that use qualitative methods, such as interviews, within quantitative frameworks; often aligning themselves with positivist paradigms (Braun & Clarke, 2022). Therefore, 'small q' research tends to measure data objectively or in a more generalised way and does not espouse itself to qualitative methodology (Braun & Clarke, 2013).

'Big Q' research refers to qualitative approaches that root themselves in both qualitative paradigm and philosophical positioning (Braun & Clarke, 2013) as well as method and methodology. 'Big Q' research tends to adopt constructionist, critical or interpretivist epistemologies and aligns itself with ontologies that suggest reality to be socially constructed. Therefore, 'Big Q' research tends to use interpretive, reflexive data analysis approaches to understand meaning or experience (Braun & Clarke, 2013). Examples of 'big Q' research approaches include reflexive thematic analysis (RTA) or interpretative phenomenological analysis (IPA). It is therefore important to design qualitative research to be consistent in methodology and positioning to avoid

methodological misalignment between ‘small’ or ‘big’ Q research (Braun & Clarke, 2022).

3.3.1. Choosing a qualitative methodology design

It is therefore important to consider how the philosophical positioning of the research espouses itself to a qualitative methodological design. The study roots itself in a social constructionist paradigm which assumes language helps to make meaning of phenomena (Braun & Clarke, 2022). To support this, a relativist ontology suggests that numerous constructions exist (Burr, 2015), with a constructionist epistemology aligning itself with the assumption that experiences are shaped by cultural positionings (Denzin, 2018). Therefore, this study adopts a ‘big Q’ research approach as both paradigm and methodology (e.g., semi-structured interviews) are qualitative in nature (Braun & Clarke, 2022). This was chosen as the philosophical positioning of the research assumes that multiple constructions exist in relation to ABI, which will be explored through semi-structured interviews, and that these constructions are shaped by cultural contexts (which will be considered by sensitising data through a qualitative data analysis and interpretations by the researcher).

As this research study aims to explore the constructions of ABI through the latent use of language of SENCos to explore the topic, the research design is qualitative in nature, meaning that data will be analysed to seek understanding and meaning to make sense of the participant’s constructions of ABI (Braun & Clarke, 2013). A qualitative approach was deemed suitable for this research as it allowed a focus on creating a rich understanding of phenomenon through open-ended, exploratory qualitative methods (Braun & Clarke, 2013).

3.3.1.1. Alternative methodologies

Other research methods were also considered to explore this research question. A mixed methods design was considered as it may have been helpful to gather quantitative data regarding participants' knowledge and understanding of ABI alongside qualitative data regarding how they construct ABI. This was a design seen in most studies included in the systematic literature review and may have helped to compare knowledge of how school professionals understand ABI but was ultimately not chosen as the research aimed to provide an in-depth exploration of how participants constructed ABI instead. Additionally, only a small number of studies from the SLR explored ABI in a purely qualitative way, meaning that this research study hopes to provide a novel contribution to the literature in using a qualitative research design to study the phenomena of how ABI is constructed by SENCOs.

3.4. Data collection

3.4.1. Purposive sampling

Purposive sampling involves selecting participants that can best provide information to answer a research question (Braun & Clarke, 2013). Purposive sampling suggests that the researcher thinks critically about the participants that are recruited to ensure that features of interest (e.g., ABI and associated support) are included (Silverman, 2021).

3.4.2. Semi-structured interviews

Semi-structured interviews are interviews in which the researcher generates a list of questions, but participants can raise unanticipated issues or topics (Braun & Clarke, 2013). They offer variation in how questions are asked to allow flexible responses

from participants and reflexivity from researchers to follow up concepts and encourage in-depth information (Braun & Clarke, 2013), with the researcher playing an active role to help co-construct meanings. Pilot interviews can support the development of semi-structured interviews and assess the suitability of questions asked.

3.5. Data analysis

3.5.1. Reflexive Thematic Analysis

Reflexive Thematic Analysis (RTA) follows Braun & Clarke (2022)'s six thematic analysis phases, including:

1. Familiarisation with the data (including data transcribing)
2. Coding the data
3. Generating initial themes
4. Developing and reviewing the themes
5. Refining, defining, and naming themes
6. Writing up themes

Reflexive approaches such as RTA involve theme development from codes and help conceptualise patterns of shared meaning usually underpinned by an overarching concept such as a theory or framework (Braun & Clarke, 2020). During this process, the coding process is unstructured, and the codes can evolve naturally as the researcher understands the data. The researcher must show reflexivity through reflections on their assumptions and how they may shape and limit their coding (Braun & Clarke, 2020). RTA is atheoretical and can align itself with varying theory

and underlying philosophy and therefore can align with the chosen qualitative research design and paradigm in which this research sits, with Gergen (2015) associating reflexive TA with constructionist frameworks that focus on social patterns of meaning and their implications.

As RTA is atheoretical, data sensitising is a key principle within RTA and refers to the process of ensuring researchers are aware of the data they are collecting to help guide data analysis, including knowing the research context, participant perspectives, and broader social, cultural and theoretical frameworks that might influence how data is interpreted (Flick, 2018). Data sensitising helps ensure that researchers recognise patterns and connections in data (Braun & Clarke, 2023) so researchers can interpret complexity within human experience and how meaning is made. This links into the philosophical positioning of this research in that it supports and acknowledges the role of the researcher and assumes that no singular truth exists to create meaning and that language determines constructs, linking into a wider social constructionist paradigm. To sensitise this data, the findings reported in the systematic and narrative literature review (see Chapter 2) were considered during data collection and analysis, including presenting an overview of social constructionism as both a theory and paradigm. Social constructionism theory will help inform how participants discuss ABI, which is reflected in the themes generated during data analysis (e.g., ‘ABI is X or Y’). This was completed to ensure that data analysis focused on how ABI was constructed, rather than any lived experiences, however, it should be noted that often experiences are hard to separate from people’s constructions so an overlap may be present during data analysis to create a critically oriented analysis.

3.5.2. Critiques of RTA

Braun & Clarke (2006) initially devised thematic analysis (TA) as a flexible data analysis method before revising it to overcome potential issues of researchers not explicitly justifying their choices in generating themes (Braun & Clarke, 2021a). As TA is atheoretical, it has been critiqued for not having one set research method (Braun & Clarke, 2021a) and that the method of TA is not detailed enough in description (Nowell et al., 2017). The researcher aims to work closely to the six stages of reflexive TA and sensitise data to social constructionism theory to ensure these limitations are reduced.

Reflexive comment from the researcher: The researcher noted here that this critique of RTA may act as a strength within the context of the current study as the data can be sensitised to a specific theory or framework. This allows for the study to be discussed against literature and theory to provide contextual understanding of any findings and provide helpful implications for educational psychology practice.

3.5.3. Other data analysis approaches considered

Other analytical approaches were considered for this research, including discourse analysis, Interpretative Phenomenological Analysis (IPA) and grounded theory (GT). The following data analysis approaches will be explained and rationales for not choosing these methods provided.

3.5.3.1. Discourse analysis and RTA

Discourse Analysis (DA) is underpinned by the idea that language brings realities to study how language is used, aligning itself with a constructionist paradigm and the

philosophical positioning of this research. DA approaches can vary, including conversation analysis within discourse analysis which focuses on the analysis of language at a micro level (Braun & Clarke, 2020). The micro level includes considering smaller units and structure of language, such as syntax and semantics, whereas the macro level is where language is viewed as a social phenomenon to reflect and shape society and culture (Wardhaugh & Fuller, 2021). Discourse and conversation analysis was considered as the data analysis method for this research, however, was disregarded due to its interest in language at a micro level (Tannen, Hamilton & Schriffin, 2015), as this research focuses on overall constructs of ABI through the latent understanding of language. Therefore, DA and RTA hold similarities in offering pattern-based approaches to language, but RTA was chosen due to its theoretical flexibility and focus on latent meanings to create constructions of ABI over the effect of language on this phenomenon (Braun & Clarke, 2020).

3.5.3.2. Interpretative Phenomenological Analysis and RTA

Interpretative Phenomenological Analysis (IPA) makes sense of phenomena by focusing on personal experiences and meaning making within specific contexts using small purposive samples and interviews (Spiers & Riley, 2019). IPA follows a specific methodology and theoretical framework which can vary in focus, e.g., a thematic focus (to identify themes across participants) or an idiographic focus (on individual participants) (Braun & Clarke, 2020). IPA focuses on individual analysis to develop and compare themes across cases, compared to RTA which focuses on coding data into themes. Therefore, IPA tends to initially focus on language use to reflect how individuals feel or think, whilst RTA coding is less formal and detailed (Braun &

Clarke, 2020). IPA was considered for this research as it offers subjective accounts of the lived experiences of participants and aims to understand their experiences (Braun & Clarke, 2022) but was disregarded due to its focus on individual narrative. RTA was chosen as the research question focuses on the broader construction of ABI and associated support rather than SENCo's personal experiences of ABI, with a critically oriented analytic focus on identifying themes across the data rather than focusing on individual cases. Braun & Clarke (2021) also suggest that RTA is more suitable for research that requires a need for actionable outcomes including implications for practice, which links back to the current political context in which ABI sits.

3.5.3.3. Grounded theory and RTA

Grounded theory (GT) is a qualitative research method that typically develops theory from data (Glauser & Strauss, 1967) through the creation of meaning and social order of human interaction. GT tends to be used to address a wide variety of research questions that focus on lived experience to root itself in a constructionist paradigm (Charmaz, 2014). GT can have different theoretical underpinnings and differences in analysis procedures but generally includes coding to build concepts and categories to map onto themes (Braun & Clarke, 2020). GT tends to generate core concepts by mapping onto themes (to create and explain a theory) compared to RTA which aims to develop themes from codes to explain what the data shows (Braun & Clarke, 2020). RTA was chosen over GT as RTA provides a more simplistic data analysis method to answer the research question (due to time limitations associated with the research), the fact that research does not fully focus

on social processes, and the goal of the research was to identify patterns in data over providing a theoretically formed interpretation or theory to explain the data.

3.6. Choosing a qualitative research method design

3.6.1. Chosen methodology

In qualitative research, methodology refers to the framework that the research is conducted within (Braun & Clarke, 2013), and includes assumptions regarding who should be a participant, what method of data collection is appropriate, who should conduct the research and what their role is. Methodologies within qualitative paradigms can vary and are specific to different data collection methods (Braun & Clarke, 2013). This research uses a flexible qualitative methodology through semi-structured interviews to generate qualitative data. This was chosen as it espouses itself to a constructionist perspective in which language creates constructions of reality (Burr, 20015) and supported the chosen ontological and epistemological stances that these realities are dependent on individuals and considers the role of the researcher within this.

3.6.2. Chosen design

3.6.2.1. Chosen data collection method

Semi-structured interviews were chosen as they are the most dominant qualitative interview form where topics can be explored openly to focus on individual experience and constructions. A limited structure to these interviews helps provide flexibility, researcher reflexivity, and open responses from participants to explore the research question. Semi-structured interviews also provide opportunities for the researcher to play an active role in co-constructing meanings.

3.6.2.2. Chosen data analysis method

Reflexive thematic analysis was chosen as a research design as this research aims to explore constructions of ABI. Reflexive TA acknowledges the influence of a constructionist paradigm to explore patterns of meaning and understand experiences through experience and language (Braun & Clarke, 2014) and acknowledges researcher subjectivity in co-creating meaning (Braun & Clarke, 2006). RTA feeds into a 'big Q' qualitative research design as both methodology and design align with qualitative paradigms. As reflexive TA is an atheoretical framework (Braun & Clarke, 2021), this research is framed within a social constructionist approach based on interactionist systemic theories (Cicchetti & Toth, 1997) to underpin RTA.

RTA was chosen over other data analysis tools due to its alignment with the philosophical positioning of the research, including the integration of social constructionism as both a theory and paradigm. RTA provided the opportunity to identify patterns across the data, gave additional flexibility to focus on latent meanings of codes to provide a critically oriented approach and provided research reflexivity to actively co-construct meaning from the data. Therefore, RTA was chosen over discourse analysis, IPA and grounded theory as it is more flexible, avoids a rigid coding process to provide deep meaning and interpretation, and can be aligned with theory to answer the research question of this study.

Reflexive note from the researcher: As noted above, the researcher felt it was important to comment on how RTA allowed a non-prescriptive application of theory and framework to the analysis. The researcher acknowledges that the data

sensitised to this researcher is influenced by them and interpretations made in the SLR to shape the current study's data analysis.

3.6.3. Researcher Reflexivity

Qualitative research demands qualitative sensibility; a researcher's attunement to complexity and meaning behind human experience or contexts (Braun & Clarke, 2013). Qualitative sensibility includes an interest in meaning, a critical approach to knowledge (e.g., questioning why data and interests may differ between participants), the ability to reflect on the researcher's and participant's culture to question assumptions (which may include putting the researcher's assumptions aside), and developing an analytic sense to listen and critically reflect on data. An important aspect of qualitative sensibility is researcher reflexivity, or the ability to critically reflect on the process of the research and the role of the researcher (Braun & Clarke, 2013). The researcher has an active role in the research process by shaping and constructing knowledge, bringing their own influencing values and interests (Silverman, 2021) to give meaning through interpretation and reflexivity (Willig, 2017). Reflexivity tends to provide researchers with the ability to remain critical of their own positioning within the research. During data collection, this could include avoiding leading questions to ensure that participants have space to express their views. The researcher has acknowledged their positionality, and reflexivity aims in chapter 1.

3.7. Methods

This research used semi-structured interviews to interview six SENCos, who worked in mainstream primary schools in the UK, between September and December 2024.

Reflexive thematic analysis was used to analyse the data, with this section outlining the methods and process used.

3.7.1. Sampling

A purposive sampling strategy was chosen to provide relevant, rich data from participants. Convenience sampling (where the sampled participants are accessible to the researcher), within purposive sampling, was used to access participants who were available to the researcher, for example, SENCos who worked within the researcher's allocation of schools as a Trainee Educational Psychologist.

Reflexive comment from the researcher: As noted above, the researcher reflected on their position within this research, particularly during participant recruitment phases. As a TEP working within a traded service, the researcher was able to assess a variety of different SENCos during data collection. However, this meant that the researcher was potentially influencing the data collection by approaching specific SENCos with known experience of ABI. To ensure equal opportunity for SENCos to participate, the researcher contacted all SENCos eligible for the study.

Inclusion criteria for the sample included SENCos who has been working in a SENCo role for more than a year within a mainstream UK primary school. Table 3.1 refers to all inclusion, exclusion criteria and their rationale.

Table 3.1. Inclusion and Exclusion Criteria for participant recruitment.

Inclusion Criteria	**Exclusion Criteria**	**Rationale**
Primary school	Secondary school	The research question uses primary school SENCos as these settings tend to be smaller (compared to secondary schools where CYP may be less well known) which provides SENCos with the potential to experience and support ABI in these settings compared to secondary settings.
Mainstream setting	Specialist provision or Pupil Referral Unit	The research question uses a sample within mainstream schools to ensure that SENCos do not have active experience in supporting ABI within a specialist setting where support, training and knowledge around this topic may be increased and influence a bias in responding to the research question.
At least one year of experience as a SENCo	Less than one year of experience as a SENCo	SENCos were required to have experience in the role to discuss the research from a SENCo perspective. One year of experience was determined an appropriate length of time for SENCos to have gained experience in this role.

Any experience of supporting ABI (including none to limited experience of ABI)	N/A	Participants were not asked to have a specific amount of experience relating to supporting or understanding ABI as constructs of ABI were not dependent on level of experience. Participants could have no experience of ABI but still have an individual construct of ABI.

3.7.2. Participants and recruitment

Participants were all SENCos currently working in UK-based mainstream schools for more than one year to meet the specified inclusion criteria. Six participants were recruited by following the below process.

The following process was used to recruit participants for this study:

1. The researcher's Educational Psychology Service (EPS) were contacted, via email or face to face, to identify schools where potential participants (SENCos) may be available for the research. An additional email request was sent to a clinical psychologist, linked to the University of Nottingham, who supports ABI to access potential participants.

2. Emails were sent to the SENCo of the researcher's allocation of schools between July and December 2024. The email included a short explanation of the research with a request to participate in the study, including the information sheet (appendix 6) and recruitment letter (appendix 7).

3. Participants who responded to the participation request were sent a consent form (appendix 8) to complete before scheduling the time and place of the interview.

4. An interview time and place were agreed with individual SENCos, and a Microsoft Teams link was sent to each participant.

5. Participants were provided with a debrief form (appendix 9) after the interview had concluded and provided with signposts to supporting services.

The following table describes the demographics of the participants included in this sample and the order of each interview:

Table 3.2. Participant demographics of the included sample.

Participant	Role	Length of time as SENCo	Length of time in education	Age range of participant	Gender of participant	Ethnicity	Experience of ABI
1	SENCo & Assistant headteacher	4 years	3 years	31-40 years	Female	White British	1 year supporting 1 CYP with ABI
2	SENCo & Lead for Behaviour & English as an	3 years	13 years	41-50 years	Female	White British	4 years supporting 2 CYP with ABI

	additional language						
3	SENCo & Class teacher	6 years	12-13 years	31-40 years	Female	White British	No experience supporting CYP with ABI in mainstream settings
4	SENCo & Class teacher & Senior leadership team member	7 years	18 years	51-60 years	Female	White British	4 years supporting 1 CYP with ABI
5	SENCo & Class	3 years	28 years	51-60 years	Female	White British	No experience supporting

	Teacher & Senior Leadership team member						CYP with ABI in mainstream settings
6	SENCo & Senior Leadership team	25 years	33 years	51-60	Female	British Asian	6 years supporting 1 CYP with ABI

3.7.2.1. Rationale for sample size

Purposive sampling assumes that the sample size of participants is then dependent on the research problem and the paradigm in which the research exists (Silverman, 2021). This research exists within a constructionist paradigm formed of a relativist epistemology and ontology which assumes that knowledge is created through language and social interaction through individual experience and there is no one singular truth to knowledge. Therefore, the researcher determined that no set number of participants were to be sampled, in line with Crossley's (2009) notion that qualitative research does not tend to quantify set sample sizes. This was justified in that the researcher acknowledged that each participant would bring individual

interpretation and meaning to the research. Braun & Clarke (2013) note that sample sizes can vary depending on the topic of the research and the amount of information obtained in each interview to answer the research question. Therefore, the researcher chose to end data gathering when the data felt sufficiently rich enough after interviewing six participants.

3.7.3. Contextual information regarding participants

The participants included in this sample were professionals employed as part of academy trusts or voluntary academies, with three of the above settings belonging to the same trust (participants 1 to 3). All participants worked in areas with high socio-economic deprivation, with varying levels of needs, including high levels of children learning English as an additional language (EAL), and increased numbers of children being new to country, with high levels of school mobility (e.g., children leaving and entering the setting). Many participants were included in Senior Leadership Team roles within their school or had additional responsibilities alongside their SENCo role.

Participants' schools varied in the number of pupils on roll (ranging between 320 to over 500). The number of pupils with Education, Health, and Care Plans (EHCPs) in each setting ranged between 6 to 32 EHCPs, and the number of pupils on the SEND register varying between 29 and 67. The school with the highest number of EHCPs hosted two specialist resource bases for children with special educational needs and disability.

3.7.4. Data Collection & Procedure

3.7.4.1. Interview schedule

To collect data through semi-structured interviews, an interview schedule was devised from ideas generated by Braun & Clarke (2013) such as providing opening introductory questions, adding closing remarks and summaries to close the interview, ‘funnelling’ questions from general to specific, and generating prompts for initiating further data from questions. The interview schedule included an explanation of the research, open-ended questions about acquired brain injury and associated support, a summary and debriefing section. This helped develop a framework to structure the interview in a similar way for each interview but to ensure flexibility where necessary to expand on questions or follow participant’s ideas. Before the interview started, data regarding participant demographics was collected to reflect that knowledge is contextually situated, and feeds into the below ethical considerations in ensuring that all participants in the sample are appropriately included (Braun & Clarke, 2013).

3.7.4.2. Pilot interview

To assess the suitability of the interview schedule in answering the research question, a pilot study was conducted with one SENCo. As a result, the interview schedule was deemed suitable to elicit responses that would help answer the research question. The participant from the pilot interview was included within the study (see participant 1) as the data gathered was relevant and informative in answering the research question.

3.7.4.3. Interview schedule development

The research question helped to guide the interview schedule development by including two different sets of questions; a set relating to ABI and a second set relating to the support associated with ABI. Questions surrounding experiences, descriptions and understanding of ABI were posed in the first section of this schedule and were followed by prompting questions about specific aspects of ABI. The second section of the schedule focused on the support surrounding ABI, which included opinion-based questions aimed at exploring how participants 'made sense' of this topic. Further prompting and clarification questions were included to invite elaboration and further response, e.g., "I noticed you spoke about this, could you say a bit more about this?". The interview schedule was revised through supervision sessions with university and placement tutors to develop the interview questions in relation to the research question and aims and understand how certain questions may be perceived within an educational context. Throughout the data collection period, the interview schedule was revised throughout the process, in line with the reflexive nature of the research, to ensure the research question was answered. This included reviewing each interview to explore whether different topics brought by different participants needed to be included within the next interview (Charmaz, 2002) (see appendix 10).

Reflexive comment from researcher: Based on the reflexive nature of the interviews, the researcher noted that their influence would shape the questions asked, especially as the interviews progressed. The researcher aimed to avoid leading questions during interviews and provide opportunities for participants to explore similar topics across each interview.

3.7.4.4. Use of virtual interviews

One-to one semi-structured interviews were conducted through a virtual platform called Microsoft Teams. Virtual interviews were deemed the most convenient and efficient way to gather data in the time constricted period of this research and differing geographical locations of participants. Braun & Clarke (2013) also outline several benefits to virtual interviews including an increased accessibility for participants, a potential to empower participants to participate in familiar settings, and a potential for more sensitive information sharing due to removed social pressures. It was noted that virtual interviews could also impact participants' emotional containment and overall presence (Carter et al., 2021) but that acknowledging these limitations and allowing adaptations, such as space and time to reflect, can support this.

3.7.4.5. Data collection process

Data was collected through virtual, individual semi-structured interviews, lasting up to an hour, between September 2024 and December 2024. Audio recording systems, such as password-protected software on a smartphone and recording settings on Microsoft Teams, captured and transcribed each interview. Two forms of audio recordings were used to ensure 'back-up' copies of each interview existed. Each interview began with an introduction to the research, the researcher's role, and the opportunity to discuss the study and ask questions. Ethical considerations were reiterated here, such as the participant's right to withdraw at any time, and confidentiality measures during the study. The interview schedule then guided the discussion of the interview. The interview concluded with a short summary of the

discussion, a reminder of the right to withdraw, and signposting to relevant sources of support.

3.7.5. Data analysis

Using reflexive TA, the data was analysed using Braun & Clarke (2021a) six-phase process outlined below, following an inductive approach where analysis was guided by the data gathered (Braun & Clarke, 2022).

1. Familiarisation with the data (including transcribing the data)

2. Coding the data

3. Generating initial themes

4. Developing and reviewing the themes

5. Refining, defining, and naming themes

6. Writing up themes

RTA is a recursive process where the researcher can move between these six phases throughout the data analysis (Braun & Clarke, 2014) as part of the reflexive nature of this analysis approach. Braun & Clarke (2019) suggest that RTA is about the researcher being reflective and thoughtful across their engagement with the data and analysis process, with any interpretations being those made by the researcher. The researcher ensured reflexivity throughout this process by acknowledging their role in shaping interpretations and contextualising information about participants and their experiences.

To sensitise data during this process, social constructionism theory was explored and meant that the focus of data analysis was to explore how meaning was

constructed socially, with themes being co-constructed between researcher and participant. Coding was interpretative, with attention paid to the language used to construct ideas; meaning that RTA was critically oriented where the researcher went beyond describing the data to interrogate the social, cultural and political impact of the findings. To do so, the ecological-transactional theory (Cichetti & Toth, 1997) helped inform the RTA process and support how meaning was made from data in relation to ABI systems to deepen interpretations.

3.7.5.1. Phase 1 - Data transcription and familiarisation

Audio from interviews were recorded and transcribed by the researcher after each interview. Recordings were transcribed using a verbatim approach which included all spoken words but excluded non-verbal responses as the research focused on the macro level of language. To support ethical considerations, the transcribed data was anonymised using pseudonyms to protect identifiable information for each participant. As outlined by Braun & Clarke (2022), transcription of the recordings allowed the first stage of data familiarisation to take place. The researcher listened to interview recordings several times during the transcription phase and made notes to describe key concepts. Interviews were then re-read and the researcher made notes of thoughts, feelings, experiences and reactions that were noticed, included as 'comments' added to transcriptions using Microsoft Word (see appendix 11). The researcher included these comments to aid their immersion in the research and critically engage with the data using note making at this point and aided this process by asking themselves questions about the meaning of data (Braun & Clarke, 2013). During this process, a second note-making process, to note tentative themes,

patterns, meanings or questions, was carried out using the hard copies of the transcript during familiarisation of the data.

3.7.5.2. Phase 2 - Data coding

The second phase of RTA includes systematically coding the data to capture potential themes. Hard copies of the transcripts were used to code data before generating any themes. Codes produced descriptive labels for each relevant piece of information to the research question to capture latent meanings (see appendix 11). Each data set was worked through systematically with equal consideration to each code. The researcher actively held the research question in mind during this process to ensure that codes generated were relevant to answering the question. The researcher was able to identify which codes were able to be interpreted into themes through iterations of coding.

3.7.5.3. Phase 3 - Generating initial themes

After coding, the third phase of RTA involved generating initial themes across the entire set of data. The codes were interpreted into meaning across the data set, with codes being reviewed to form themes and sub-themes. Multiple codes were collapsed or combined into concepts or features in the data. The number of codes contributing to each theme did not inform the theme as the researcher focused on the pattern of codes in producing meaning to answer the research question. As suggested by Braun & Clarke (2013), the researcher let go of codes or themes that did not fit into the overall analysis to answer the research question. The themes generated were used to produce a thematic map that explores the codes and respective themes.

3.7.5.4. Phase 4 - Developing and reviewing themes

This phase includes the researcher reviewing themes in relation to the data (Braun & Clarke, 2020). Some themes were discarded if they did not provide adequate information to answer the research question. Braun & Clarke (2012) propose several key questions to provide guidance for reviewing themes. These include considering whether the themes are appropriate (and are not just a code), the quality of the themes in relation to the research question, the boundaries of the theme (such as what does it include and exclude), the meaningfulness of the data in supporting the theme, and whether the data is coherent (whether the data is wide ranging or diverse). Bryne (2021) suggests that there are two levels of review during this phase including the review of relationships among codes that inform themes, and the review of themes in relation to the data set. The themes were reviewed to ensure they provided an appropriate interpretation of the data to the research question.

3.7.5.5. Phase 5 - Refining, defining, and naming themes

This phase involves presenting a detailed overview of the themes, including individual themes and sub-themes in relation to the data and research question (Bryne, 2021) to provide an overall narrative of the data set (Braun & Clarke, 2021). Data can be presented either illustratively (providing a surface level description) or analytically (exploring interpretations provided). In this research, the data will be presented analytically to explore and interpret the latent meaning of the data to contextualise the interpretations in line with the sensitised literature and theory. This was chosen as RTA offers an interpretative analysis to go beyond the data and provide theoretically informed arguments to answer the research question (Bryne,

2021). After this process, the final themes were named to help capture the data in an informative and concise way.

3.7.5.6. Phase 6 - Writing up themes

The final phase of RTA tends to occur throughout the data analysis process as it is interwoven across the RTA process (Braun & Clarke, 2012). This final phase can evolve and change over the analysis process, with changes documented in reflexive comments provided by the researcher. During the write up of data, the researcher determined the order in which themes were reported to build a narrative of the data in answering the research question. This phase is often used as the final, included write up of the data, and is included in the findings section of this research study.

3.8. Ethical Considerations

Due to the potentially sensitive nature of the topic being studied, different ethical issues were considered throughout this research. This included offering participants a right to withdraw from the study at any point, participants being provided with information on the study before consenting to participation and ensuring that their responses would be kept confidential throughout the study. Detailed consideration of ethical issues discussed can be found in appendix 12, including confirmation of ethical approval and other related artefacts relating to ethical approval based on the BPS's (2021) Code of Ethics and Conduct. As part of the ethical approval process, a risk assessment was conducted to appropriately plan and support any risks as part of this research (and is included in appendix 13).

The researcher is aware of potential issues relating to equity, diversity and inclusion during this study. The researcher ensured that participants had equal access to the study by providing the same time period during the interview process (up to 90 minutes) and ensured the participants could access the virtual interview software (Microsoft Teams). Equal access was further ensured by sending study information (including consent form and information sheet) to SENCos to ensure all eligible SENCos could participate. The researcher was aware of cultural differences between participants and tried to ensure that all data was culturally, socially and emotionally sensitive for participants.

3.9. Quality of Research

Qualitative research is judged based on its trustworthiness in generating and replicating qualitative data. Ary et al. (2018) noted that four elements generate trustworthiness, including credibility, transferability, dependability and confirmability (see table 3.3 below) which are discussed in relation to this research. To support general trustworthiness within this research, the researcher aims to follow quality criteria checklists, including a 15-point checklist for quality thematic analysis (see appendix 14) (Braun & Clarke, 2006) and open-ended criteria for quality qualitative research (see appendix 15) (Yardley, 2008).

Table 3.3. Trustworthiness concept and associated description.

Construct	**Description**
Credibility	The amount to which the findings of the study represent the realities of the research participants

Transferability	The extent to which findings generated can be applied to other contexts or groups
Dependability	The extent to which variability in the findings can be understood and explained
Confirmability	The extent to which the research is neutral and free from bias in the procedure, analysis, and interpretation.

3.9.1. Credibility

As the researcher is an integral part of the research, and inevitably influences the research (Braun & Clarke, 2013), the researcher must also attempt to improve the trustworthiness of the research through a reflective form of member checking (McLeod, 2010). The researcher chose to use member reflections as a 'Big Q' alternative to member checking where participants were asked to reflect on their interview to add additional data and insights (Tracy, 2010). This was chosen to support a critically oriented analysis method in which analysis went beyond the lived experience where the researcher's interpretations are solely theirs. Additional measures including regular supervision with research supervisors was used to increase credibility to clarify interpretations of the data. Data was also engaged with for several months during transcribing and coding phases to support credibility.

3.9.2. Transferability

Transferability of the findings may be impacted by the sample size and the variable contexts in which the research is conducted; especially as qualitative data cannot be removed from the context in which it is generated (Braun & Clarke, 2013). The sample size was justified above, and the researcher aims to describe specific

contexts, participants, settings and circumstances of the study in detail to support transferability (Braun & Clarke, 2013).

3.9.3. Dependability

As dependability is the extent to which any variability in the findings can be understood and explained, a clear thread of decision-making points and explanations relating to these decisions was included (Nowell et al., 2017). As noted above, the researcher focused on increasing their reflexivity throughout the research to help readers understand the researcher's position and their influence on data collection and analysis. Reflexive comments from the researcher are included throughout chapters, including the methodology and findings sections, to support the dependability of the research.

3.9.4. Confirmability

To support confirmability of this research, the researcher recorded participant responses with audio recording devices to ensure data was credible and confirmable across the research method, analysis and interpretation. To aid this, the researcher used several different recording systems to ensure data was recorded successfully without bias or without risk of 'losing' data. Additional ethical considerations were explored to support confirmability of the data in this research to promote equality, inclusion and diversity. Similarly, clarity over decision making was provided throughout the research alongside researcher reflexivity comments.

3.10. Chapter summary

This chapter covers the philosophical positioning of the current research study, including a brief overview of different paradigms before discussing the study's ontology, epistemology and paradigm positioning. This included a consideration of how the researcher's positioning impacts the research and how reflexivity will play a role within this study. The chosen research design for conducting this research, alternative designs and methodologies were discussed in relation to their ability to answer the research question. Data analysis methods of semi-structured interviews and reflexive thematic analysis were described and rationalised. Additional ethical and trustworthiness considerations were explored. Associated appendices to further explain processes and methods were included in this chapter where appropriate.

Chapter 4 – Findings

4.1. Introduction to chapter

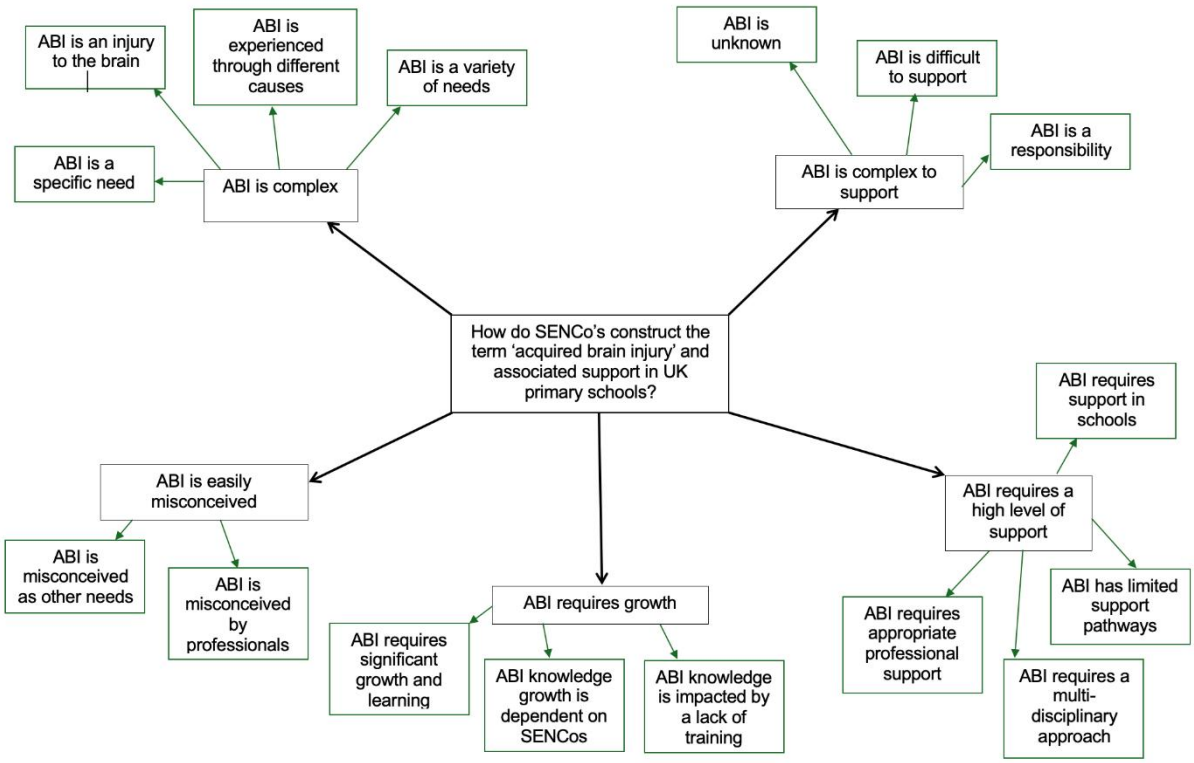
This chapter presents the findings using Reflexive Thematic Analysis to answer the following research question and aims. The research question was outlined as ‘How do SENCos construct the term ‘Acquired Brain Injury’ and associated support for children in UK primary schools?’. The research aim was to explore SENCos constructions of ABI and associated support to gain an understanding of how this topic is viewed in schools.

To aid this chapter, the analytic interpretations from findings have been linked to theory and literature presented in chapter 2 to complete a critically oriented analysis of the data. A critically oriented analysis helped the researcher develop themes within the data by aligning with the findings with key literature and theory. This allowed the data to be situated within the context of current research and practice and allowed for deeper, identification of interpretations within the study’s findings. This process also helped explore whether these interpretations triangulated with current literature that explores ABI and associated support in schools.

4.2. Thematic map

From the reflexive Thematic Analysis, the outcomes of the findings are presented using a visual thematic map, consisting of 5 overarching themes and various subthemes within them (see figure 4.1.).

Figure 4.1. *Thematic map of themes and subthemes relating to the research question.*



4.3. Findings

Findings are represented across five overarching themes which will be explored in this chapter. Each theme includes an overview of the ideas within the theme and subthemes within it. Examples of excerpts are used to appropriately illustrate the findings and their interpretations.

4.3.1. Overarching theme 1: ABI is complex in need

This overarching theme outlines the idea that ABI is constructed as complex, especially in relation to the CYP's needs. This overarching theme includes several ideas such as ABI being a complex injury to the brain and experienced through a variety of causes, ABI being a variety of needs, and ABI being a specific need. It was interpreted that SENCos suggested ABI to be an injury to the brain that was experienced through a variety of causes before exploring how ABI is constructed from an array of different needs. ABI was ultimately viewed as a changing need that

was in its own ‘category of need’ but tended to be confused with other neurodevelopmental needs. This theme suggests that SENCos construct ABI to be a concept that is definable but complex to understand accurately within the context of other special educational needs that they may support; ultimately contributing to the construct of ABI being highly complex.

4.3.1.1. Subtheme 1 - ABI is an injury to the brain

It was suggested that ABI was constructed as an injury to the brain, often described as a trauma, injury or incident to the brain; a definition consistent with literature (Dunford et al., 2020; Howe & Ball, 2013; Eagan-Johnson & Grandinette, 2018; Goldman et al., 2022). SENCos highlighted that ABI impacted brain function or development to the extent that adaptation to learning or a significant change in academic performance or behaviour was observed, with ABI being viewed as a sudden change where any part of the brain could be impacted.

It was interpreted that participants constructed ABI in line with definitions suggested within the literature, implying that SENCos may understand ABI in a broader, generic way currently but understood ABI to be more unpredictable due to its wide impact in the brain. Similarly, an interpretation was made that SENCos seemed to neglect the notion that ABI must occur after birth (Dunford et al., 2020) to identify as an ABI, signalling a potential mismatch in SENCos’ understanding of what ABI is or is not. This prompted a further interpretation that ABI felt unknown and unpredictable as a need to SENCos.

4.3.1.2. Subtheme 2 - ABI is experienced through different causes

SENCos viewed ABI to be complex as it was experienced through various causes. It was noted that several different causes were suggested across SENCos, including traumatic and non-traumatic causes as reported in the literature (Howe & Ball, 2017). This suggests that SENCos displayed some knowledge surrounding causes of ABI. However, despite SENCos having an overall sense that ABIs fell into two categories of traumatic and non-traumatic causes, it appeared that SENCos were not confident in whether certain conditions were classified as ABIs or not:

> "I had quite a few children... who'd had like shunts to the brain and... is it hydrocephalus? So that I mean that's part of a brain injury, isn't it?" (Participant 3).

This was interpreted as SENCos showing a possible 'grey area' in their knowledge of ABI, especially in relation to the identification of ABI. This links to literature which suggests that school professionals may show possible misconceptions surrounding what causes ABI (Bennett et al., 2022) which may in turn impact their confidence for understanding and support ABI (Kahn et al., 2018). This was interpreted as SENCos suggesting that ABI feels individualised to each CYP and their related cause of ABI.

4.3.1.3. Sub-theme 3 - ABI is a variety of different needs.

There was an expression that ABI is complex as it is comprised of several different needs, including physical, cognitive and other needs. This subtheme explores how ABI can show complexity in need across a range of areas, is often overlooked as an 'invisible' need, and is individual to each CYP with ABI, which ultimately increases the complexity of ABI overall.

Firstly, it was suggested that SENCos view ABI primarily as a physical need, including coordination, fine motor skill and balance difficulties, as reported in the literature (Saly et al., 2023). ABI was also linked to physical symptoms such as headaches, sickness, fatigue, and vision or hearing needs, showing consistency with literature (Dunford et al., 2020; Wilkinson et al., 2018; Johnson et al., 2009):

> “Obviously, any physical changes, I mean a brain injury could sometimes... Any decline in other physical appearance or mobility, speech or vision, all of those things... I think it’s sort of looking out for any real [physical] changes that need huge adaptation.” (Participant 3) and “people don’t see that as a priority sometimes, the most important thing is phonics... but actually for that child the most important thing is that they get their physio.” (Participant 1).

Furthermore, it appeared that SENCos viewed ABI as a physical need that required physical adaptation such as wheelchair ramps, lifts, and adapted urinals, with an importance placed on supporting physical needs over other ABI related needs. As a result, it was interpreted that SENCos felt ABI to be aligned with physical needs first due to their more visible nature, and that SENCos felt these needs important enough to be supported over other needs. However, SENCos also understood that ABI felt ‘invisible’ as some needs were not always obvious when CYP looked ‘back to normal’ or less significant behaviours were present:

> “...their [children with ABI] needs have been superseded by children who may present with behavioural difficulties to go along with that... those who shout

> the loudest and throw the table seem to be the ones who get support quicker" (Participant 1).

From this, it was interpreted that children with ABI may be immediately perceived as their physical needs; a need that is visible and more understandable to SENCos compared to more 'invisible' cognitive needs as recognised by Eagan-Johnson & Grandinette (2018). This was reflected in SENCos reporting senior leadership team members, who hold decision-making responsibilities, to view ABI primarily as a physical need too; directly feeding into the idea that ABI is an invisible injury as stated in literature (Eagan-Johnson & Grandinette, 2018) at different levels of a system (Cichetti & Toth, 1997). Similarly, it was interpreted that SENCos viewed children with ABI as a lesser priority in schools due to the 'invisible' nature of their needs, which suggested that SENCos may not always consider the needs of those with ABI as being important within the overall current context of education; a potential detrimental notion that could impact societal understanding and awareness of ABI at a macrosystemic level (Cicchetti & Toth, 1997).

Secondly, SENCos viewed ABI as a cognitive need, as well as a physical need; showing an additional layer of complexity to ABI. SENCos tended to align ABI with cognitive difficulties such as short- and long-term memory and organisational needs, as per the literature (Saly et al., 2023). SENCos viewed these needs as part of ABI and reported these needs to be present after initial physical needs:

> "It could impact them from an academic point of view, so the children... their learning, they might not have the same cognition and learning skills... will be

> different to your standard, your average child or your child without a brain injury, so they may need some specific support" (Participant 5).

It was interpreted that SENCos viewed ABI as impacting cognition and learning skills to a point where children with ABI required additional support for learning or that they made limited progress with their learning in schools, feeding into the Code of Practice (2014)'s definition of a special educational need. Further interpretation suggested that cognitive needs linking to ABI were significant needs that showed the complexity of ABI.

Lastly, SENCos suggested that ABI was linked to a wide variety of needs such as social skills, self-esteem and emotional wellbeing, bodily regulation, sensory needs, speech, fatigue, behaviour (including impulsivity and risk-taking behaviours), and communication skills:

> "So, when we've had a child with an acquired brain injury... so it was cognition and learning, it was emotional, and then some physical aspects... and it's very different per child depending on what part of the brain was injured" (Participant 2).

This was interpreted as meaning that ABI has a wide-ranging impact on children and young people's development as noted by Ryan et al. (2016), directly linking into Cicchetti & Toth's theory (1997) surrounding the ontogenic system (e.g., how the individual develops over time through interactions and environment). As noted, the ontogenic level can be impacted by interactions between systems to develop

cognitive, social, and emotional skills, with the implication that ABI is constructed as a widely impacting, variety of needs that can impact a child greatly.

4.3.1.4. Subtheme 4 – ABI is a specific need

This subtheme explores how ABI is complex due to its specificity, changeability of need, and overlap with other neurodevelopmental needs. It was interpreted within this subtheme that SENCos viewed ABI as being specific in need which meant that each ABI was individual to the CYP and tended to change over time to evoke unpredictability and complexity.

Firstly, SENCos appeared to view ABI as a changing need, with different needs becoming apparent as a child developed. SENCos saw ABI as a 'spiky profile' of need which suggests that different needs could have different impacts across a child or young person's time in education, linking to Keetley et al. (2021)'s finding that ABI needs can develop during key periods of brain development. This idea of brain development impacting needs at different times was reflected in SENCos suggesting that the impact of ABI could be pre-empted in the future:

> "...what part of the brain it [ABI] is going to affect, and you can track that... maybe it'll be easier to pre-empt the challenges you might have when it comes to teenagers, hormones and how that would affect it" (Participant 2).

It was interpreted that the trajectory of an ABI was both predictable (in the sense that SENCos could anticipate the key development times of brain maturation) and unpredictable (in that the needs of individuals with ABI could be variable). Overall, this interpretation suggested that ABI is viewed as a changing need that presents itself differently across individuals and time.

Secondly, SENCos seemed to view ABI as being its own category of need due to the individualistic nature of ABI to each CYP, and suggested that ABI stood alone as a special education need:

> “It’s its own kind of diagnosis, it stands alone, doesn’t it?” (Participant 2) and “...we try to differentiate our curriculum to meet their needs, rather than trying fit them into the same box as every other child...” (Participant 1).

It was interpreted that SENCos felt ABI to be ‘big’ and ‘complex’ to understand, and that it required time to fully understand it as a need as it did not seem fit into any other category of special education need such as a learning need or neurodevelopmental need in relation to accessing the curriculum. Therefore, ABI felt specific in how needs are presented as well as complex in the manifestation of these needs and links to Mealings et al.’s (2017) finding that ABI is not a widely understood concept in schools.

Lastly, SENCos viewed ABI as a need that overlapped with neurodevelopmental needs such as Autism Spectrum Condition (ASC) and Attention Deficit Hyperactivity Disorder (ADHD):

> “... they overlap, don’t they? So, it is quite difficult...” (Participant 1) and “... do they need an ASC referral? It's very similar, so trouble socialising... controlling emotions... impulsivity and irritability” (Participant 2).

It was interpreted that SENCos struggled to differentiate between needs associated with ABI and neurodevelopmental needs, with a suggestion that these needs overlapped frequently, and that ABI was hard to compare with other needs. However, it was also interpreted that SENCos felt that some needs such as fatigue

and the fact that a significant change has occurred for those with ABI helped to differentiate between ABI and neurodevelopmental needs; a subtle contrast to literature which suggests that fatigue is a primary need of ABI but does also overlap into neurodiversity (Yeates & Taylor, 2005). For example:

> "I can see the difference in the little girl that's here... it's more like she is at capacity for learning that day, rather than the barrier being a lack of attention... it is literally that she's at the point when she can't take anything else in" (Participant 1) and "I think because of ASC and ADHD, children are born with it, whereas an acquired brain injury is something new and it's changed the child from what they were" (Participant 3).

The above findings signal that there is a perceived overlap in needs between ABI and neurodevelopmental disorders. Overall, this seemed to fall in line with literature which suggests that an overlap between neurodevelopmental needs and ABI was present, especially for difficulties such as attention, impulsivity, social communication and behavioural changes (Yeates et al., 2004).

Reflexive note from researcher – The initial coding from data analysis was worked into tentative themes before being reviewing periodically throughout the findings chapter. The themes were reviewed after each theme was written to ensure that each theme felt succinct and separate to each other. During some parts of data analysis and writing of the data, the themes and associated codes were discarded or amended depending on their relevance to answering the research question.

4.3.2. Overarching theme 2 – ABI is complex to support

This theme noted that ABI was complex to support, as well as complex in need. This theme noted that SENCos felt unknown, that ABI is a responsibility to SENCos and requires active involvement, that ABI feels uncomfortable and emotional to support and like a 'process' to support. It was interpreted that SENCos view ABI as a term that is unknown, which confuses SENCos and evokes feelings of uncertainty. ABI was viewed as a responsibility for SENCos, who subsequently were expected to play an active, involved role in supporting ABI. However, contradictions within the findings suggested that SENCos do not always feel a sense of responsibility when identifying and labelling an ABI themselves, suggesting that not all elements of supporting an ABI belong to the role of a SENCo. Consequently, SENCos constructed ABI as uncomfortable to support, where some contradictory feelings of comfortability were interpreted as being linked to higher levels of experience and knowledge of ABI. Lastly, ABI was viewed as emotionally complex to support, with suggestions of intensity and empathy being linked to ABI. Overall, this theme seems to suggest that SENCos construct ABI as a concept that often felt emotional and complex to support, with the added complexity of SENCos feeling pressured and uncomfortable.

4.3.2.1. Subtheme 1 - ABI is 'unknown'

SENCos suggested that ABI feels very complex, and it was interpreted that SENCos felt ABI to be unsupported or 'unknown' in school. For example:

> "I need to make sure I've got some knowledge of this [ABI] and this isn't my strength... ASC and ADHD, I've got my toolkit... so when you come across something that is acquired brain injury, it's important... it's a bit discomforting,

> if you don't have an evidence base with what you are doing then am I actually doing it the right way?" (Participant 1).

> "The term acquired brain injury... I would have to research myself... I think it creates a barrier... There's not a lot of support" (Participant 2) and "there's not clear pathway of support or guidance" (Participant 2).

SENCos felt ABI did not have a 'evidence base' and considered how this felt different to supporting neurodevelopmental needs such as ASC and ADHD. It was interpreted that SENCos felt ABI to be unsupported compared to other needs as it was not aligned with specific pathways of support or 'toolkits' to refer to so that ABI feels like 'guesswork'. This could be linked to the potential overlap of neurodevelopmental needs with ABI (as referred in the literature of Yeates et al., 2015; Yeates & Taylor, 2005; McKinlay et al., 2010) in that SENCos do not feel there is a distinct enough separation between these needs and ABI to be able to draw upon a separate 'evidence base' and toolkit yet. Similarly, SENCos suggested that ABI was difficult to identify due to being unknown. For example:

> "It's quite a big term, isn't it? It's quite overwhelming and I think you don't come across it... unless the child has been diagnosed, it's not something you would come across" (Participant 2).

This was interpreted as SENCos feeling as though ABI was not well known enough to be identified within their roles, with the suggestion that ABI was not common and seemed to be a need that is not their responsibility until it is identified or required

support. There was also the additional concept that ABI was not common in schools, contrasting recent reports (Taylor et al., 2024; Dunford et al., 2020) that signal ABI to be the leading cause of disability in children, with 40,000 new cases of ABI occurring each year in the UK, suggesting a potential misconception from SENCos. Consequently, SENCos perceived ABI as being a need that could be identified through the same processes as other special educational needs:

> "I suppose it's like how you identify any special needs, it's like picking up on any of those areas... behaviour, cognition..." (Participant 6).

This indicates that SENCos construct ABI as a need that does not require any specific processes to support its identification, further supporting the idea that the identification process is not a responsibility of SENCos or school professionals. This could be linked to Mealings et al.'s (2017) findings that schools are often unaware of ABIs, due to the idea that it is unknown, which leads to misunderstanding of needs or a lack of identification and subsequent support.

SENCos continued the idea of ABI being unknown by describing supporting ABI as a 'process', with the suggestion that ABI support was a 'fight' or 'journey' to understand ABI. For example:

> "I'm lucky if someone will get back in touch with me [about a child's ABI]... so you just find you're going round... it's just that endless cycle" (Participant 2) and " we've had to fight for it [funding] this year" (Participant 6), "it was a

> battle... we had to fight for an EHCP, and we had to fight for special school, I worked very hard to get...” (Participant 4).

This was interpreted as SENCos feeling that gaining professional advice or support for ABI was difficult, with an element of luck being involved for accessing information or funding for ABI throughout this ‘unknown’ process. It was suggested that SENCos felt that it was a long process to achieve the appropriate support for CYP with ABI, linking to Dunford et al.’s (2020) findings that outline that services for ABI are not well supported at a worldwide level or not known about currently.

Similarly, SENCos expressed a feeling that ABI required time to unpick as part of this journey. For example:

> “I’ll just describe it as a huge journey, really as a huge learning curve... it was a long journey and took a lot of unpicking” (Participant 4) and “it could be a tumour, it could be something else, and it’s unpicking... it took me a while to get my head around it ” (Participant 1).

This was interpreted as the idea of unpicking ABI feeling as though ABI is constructed as a complex, layered need that requires time to understand, linking to it feeling unknown currently. This seems to link to Linden et al.’s (2018) review findings that suggest that school professionals need an understanding of specific impacts and challenges associated with CYP with ABI to aid support in schools.

4.3.2.2. Subtheme 2 - ABI is a responsibility

SENCos suggested that ABI felt difficult to support at various levels, including supporting teachers to understand ABI and supporting parents at a family level. For example:

> “It was really difficult, and it was difficult to support mum as well... she found a voice in the end... I’m going to empower this parent” (Participant 4) and “staff working with her may not have known the extent [of the ABI] ... and it was really important all staff did know that” (Participant 1).

This finding was interpreted as SENCos feeling a sense of responsibility for ensuring that parents feel supported and increase their sense of empowerment through this process, but also that teachers knew the impact of ABI so support could be implemented in schools. Overall, it felt as though ABI required significant enough support for SENCos to feel in a position of responsibility to ensure communication. This links into literature (Bate et al., 2021) which suggests that communication and collaboration between all supporting adults is key to ensuring support for those with CYP, especially on return to education.

Consequently, SENCos felt that ABI was a responsibility that required them to support several professionals, themselves, and families but that this felt uncomfortable. For example:

> “I want to get it right for the child” (Participant 5) and “But you don’t necessarily know if it’s right so you kind of just stab in the dark” (Participant 1) and “...like I

said we're not the best placed professionals to be making these judgements [for children with ABI]" (Participant 1), "because as SENCos, we're not the experts of everything" (Participant 3) and "the anxiety of getting it right and the responsibility of getting it right because ultimately, we are trusted to support children and get it right, and ultimately, we will be judged... the school or other SENCos, will be judged on the outcomes for these children" (Participant 5).

It was interpreted that SENCos felt ABI was 'wrong' or 'right' in how it was supported, creating a sense of responsibility to ensure the support was 'right', with a pressure to feel confident and experienced. This linked to literature (Case et al., 2017; Kahn et al., 2018; Buck & McKinlay, 2021; Chleboun et al., 2021) that suggests that SENCos often have gaps in their knowledge of ABI which may reduce their confidence for implementing appropriate support. This may be reflective of SENCos feeling pressured to support ABI appropriately in schools, especially when there is a need to upskill teachers and support families. This seemed to reflect the current reported context of UK schools (Code of Practice, 2014) in which SENCos hold responsibility for supporting those with additional needs but also espouses itself to the pressure that governing bodies such as Ofsted may impose on SENCos and schools. This shows links to Morley et al.'s (2022) finding that SENCos are often relied on in schools but feel unsure of how to provide support.

At a microsystem level, SENCos felt a sense of responsibility for supporting CYP with ABI (Cichetti & Toth, 1997). For example:

> “Our biggest thing is obviously keeping him safe, which is why he’s got one to one [adult support]... so we’ve had to make sure that we’ve got physical adaptations around school” (Participant 6).

These findings were interpreted as SENCos feeling as though they were responsible for supporting CYP with ABI at an individual level, including their safety in schools, and providing adaptations and support programmes. This offers a more specific level of responsibility for SENCos in that they may feel a pressure to get these support mechanisms in place to provide accessibility and consistent rehabilitation plans. This directly links to protective factors at the microsystemic level which Maxwell & Simpson (2012) described as access to physiotherapy, adjustments from school staff and therapeutic intervention.

Within this responsibility, SENCos noted an idea that they must be active and willing to support ABI in schools. For example:

> “and it took a lot of unpicking and a lot of just dogged determination...” (Participant 4), “...making sure they’ve got a health, care plan in place as well as the SEND support side of things and making sure all staff know what it is” (Participant 1) and “I suppose it’s a bit of a lucky dip, isn’t it, depending on what the child gets, and if you’ve got someone who’s willing to research and seek support and advice and guidance, whereas that child could get nothing...” (Participant 2).

This was interpreted as SENCos often feeling a responsibility to be active in the support provided to children with ABI, with SENCos feeling a pressure to remain involved in the supportive processes of ABI which required determination. As reported in the statutory guidance, the role of the SENCo does seem to espouse itself to organising support for children with additional needs, such as ABI (Code of Practice, 2014). However, literature suggests that SENCos often feel pressured or unsure of how to implement support (Bate et al., 2021) which feels akin to the above idea. SENCos also signalled CYP with ABI to be 'lucky' to gain support and that SENCos becoming actively involved was interpreted as a rarity. This places a greater emphasis on the role of a SENCo to aid support for ABI by upskilling themselves in knowledge and placing an onus on themselves to provide support, in line with literature that outlines the need for training for professionals supporting ABI in schools (Mealings et al., 2017).

Although much of the findings signalled a sense of responsibility for SENCos when supporting ABI, there was one concept that was interpreted as a direct contradiction. It was suggested that SENCos frequently reported that the identification of ABI was not a direct responsibility of theirs in schools. For example:

> "So yes, I didn't have to do anything... it's because he's been in the system since he was 2 to 3 years old... because it highlighted his needs and ensured a good transition to mainstream school" (Participant 6) and "the only people who may mention it would be an educational psychologist, so it could be something that doesn't get picked up on for a long time or ever" (Participant 2)

and “we have that chat with parents... they tell us that the child had a traumatic birth...” (Participant 6).

This was interpreted as SENCos passing the responsibility of identifying ABI to other professionals who are perceived as better placed to identify ABI. Similarly, it was interpreted that often SENCos ‘found’ ABI or were told about ABI with some SENCos offering this responsibility to fall to parents, especially when identifying ABI, to provide important information and access support during this process. There is a tentative link to the literature here, as literature is limited in outlining a SENCos role in identifying ABI, that suggests that ABIs are identified at a hospital level (Ernst et al., 2016) but that incidence rates may be higher as not all ABIs are reported or identified at this level. This suggests that SENCos do not feel that they did not have the knowledge or support to be part of the identification process or feel that ABI would be spoken about to them instead of being identified by SENCos themselves. This was supported by further findings such as:

“As a professional, I wouldn’t know what to look for specifically for an acquired brain injury... You’re constantly told you are not the professional who can make any kind of diagnosis” (Participant 2).

This was interpreted as SENCos feeling as though their role sits outside of a medically based domain in which they are not ‘equipped’ to diagnose or identify ABI. Drawing on the ecological-transactional model (Cichetti & Toth, 1997), this suggests that the role of a SENCo does not cross between the microsystem (e.g., in schools) and exosystem (e.g., hospitals and communities) in which ABI may be identified. As

a result, SENCos may construct ABI as outside of their realm of responsibility due to its identification typically falling within a different system to the school system.

4.3.2.3. Subtheme 3 - ABI feels difficult to support

SENCos suggested that ABI felt difficult to support, and evoked discomfort and emotional responses. For example:

> "It's almost a bit discomforting at the same time, because you want to get it right for them [CYP with ABI]" (Participant 1) and "If I had a [child with] brain injury and I had to change everything, I'd find that overwhelming" (Participant 3).

This was interpreted as SENCos feeling uncomfortable or overwhelmed due to the pressure of 'getting it right' for CYP with ABI. The idea of 'discomfort' relating to ABI suggests that SENCos may feel less confident about supporting ABI but that they will continue to try and support it, indicating a mismatch between confidence, and comfortability or knowledge relating to ABI. This seems to map directly onto Kahn et al.'s (2018) findings that school professionals often feel overwhelmed when supporting ABI, with Chleboun et al. (2021) noting that confidence had a link to understanding ABI. It was interpreted that this gap in knowledge and confidence may evoke uncomfortable feelings for SENCos. Further findings supported this interpretation, such as:

> "I think the anxiety would come from how we're getting it right... I suppose it's more of a risk... we're trusted to support children and to get things right"

(Participant 5) and “It is intense, I have to think strategically about who has the skills to support [CYP with ABI] ... but yes, it’s very intensive... he has to be my first priority” (Participant 6).

This was interpreted as SENCos seemed to report feelings of anxiety or panic, pressure through being trusted individuals that support ABI and the idea that support feels “intensive”. To support these feelings, it seemed that SENCos often tried to use experience and knowledge from supporting other needs, linking to Howe & Ball’s (2017) findings that confidence for supporting ABI was higher using previous strategies. This was supported by Bennett et al.’s (2022) findings that professionals struggle to access support for ABI so they tended to use experience from previous support and experiences of SEND.

Aside from feeling uncomfortable, SENCos found ABI to be emotion evoking, including high levels of empathy, sympathy and upset for CYP and families with ABI. For example:

> “Just the empathy you’ve got for them because they are doing their absolute best they can, and I think also the empathy for the family around them...” (Participant 1) and “It was intense, and quite emotional... I felt a lot of empathy towards his mum, who really struggled when he returned to school...” (Participant 3).

This was interpreted as SENCos viewing ABI as a deeply emotional topic in which they felt sadness relating to the impact of ABI on families and CYP with ABI, and

transitions back to school. This linked with Taylor et al.'s (1995) finding that suggests parenting after ABI can be challenging, with parents experiencing feelings of grief and loss relating to changes in their child with ABI. This links to Linden et al.'s (2018) finding that transitions from hospital to school can be difficult, especially when there is a lack of support or communication between schools and hospitals (Hartman et al., 2015).

Similarly, there was a feeling of SENCos being emotionally impacted by the support provided to CYP with ABI. For example:

> "...Very sad in that the support he should have had... should have really happened in the first year... and that didn't happen, and that made me very sad, it was also very traumatic" and "but if he'd had gone to mainstream [school], I would have been heartbroken" (Participant 4).

It was interpreted that SENCos felt upset that CYP and families with ABI had been 'failed' by systems around them, with a deep sense of disappointment. This suggests that SENCos view early intervention for ABI to be essential and that considering appropriate provisions for CYP with ABI is important, which falls in line with literature that notes early intervention and support on transition from hospital to school is key (Linden et al., 2018). There was also an interpretation that ABI felt emotional as SENCos felt protective over the CYP with ABI in their school and that ABI was a need that required active SENCo support to access appropriate support.

Reflexive comment from researcher: During the data analysis process, initial codes were reviewed several times, especially during the final reporting stage of RTA (when writing the findings section). Codes were sometimes moved to other subthemes during this stage and codes that seemed less relevant (but not relevant to the theme) were placed in a miscellaneous section that was then reviewed at the end of the reporting process.

4.3.3. Overarching theme 3 - ABI is easily misconceived

This theme explores how SENCos constructed ABI as something that was easily misconceived in schools. Subthemes include misconceiving ABI as other special educational needs, and ABI being misconceived by professionals (including teachers, headteachers, and EPs), both internal and external to schools. An interpretation of SENCos inadvertently holding their own misconceptions highlighted a possible mismatch between SENCos construction of ABI being misconceived by others and their own misconceptions. Therefore, it may be pertinent to suggest that SENCos construct ABI as a complex term that is easily misconceived in a variety of ways and professionals.

4.3.3.1. Subtheme 1 - ABI is misconceived as other needs

SENCos suggested that ABI was easily misconceived as other needs, such as dyslexia or ASC. For example:

> “they [teachers] had put down dyslexia [on the support plan] and he wasn’t dyslexia anyway” (Participant 4) and “you could very easily misconceive something, so the child has got processing difficulties, OK, I might think

> dyslexia... but you wouldn't necessarily think acquired brain injury... and it could be very easily misconceived as though that child cannot do things" (Participant 1).

It was interpreted that ABI could be potentially overlooked or misidentified in schools due to SENCos mislabelling or identifying ABI easily in schools as a result of misconceptions. It seems to provide another example of how SENCos may use experience or knowledge from other needs such as neurodiversity or learning needs, as reported by Kahn et al. (2018), to support their understanding of ABI. This finding was reflected across literature (Bennett et al., 2022; Kahn et al., 2018) which noted that school professionals often reported a lack of training relating to their knowledge of ABI, with a widespread lack of understanding for supporting those with ABI, and highlights gaps in knowledge or misinformation relating to ABI in the education sector.

4.3.3.2. Subtheme 2 - ABI is misconceived by professionals

SENCos suggested that ABI misconceptions were held by internal professionals in schools, including teachers and head teachers. For example:

> "[the head teacher] thought she had the treatment so that she was in remission so it's all going to be OK" (Participant 1) and "Because this was kind of this belief that he was going to get better... that there was a cure... it wasn't going to be lifelong for him" (Participant 4) in relation to a teacher supporting ABI in the classroom.

This was interpreted as SENCos feeling that other professionals show misconceptions surrounding ABI, with the overarching idea that ABI could be easily misconceived or overlooked by others. Literature reflects this in Mealings et al.'s (2017) finding that several misconceptions often existed within school professional's knowledge of ABI, indicating that gaps or inaccuracy in knowledge is not novel. However, the above finding was interpreted as SENCos feeling more confident in recognising misconceptions of ABI when they are presented by professionals other than themselves.

Similarly, SENCos felt that misconceptions around ABI were also held by external professionals such as educational psychologists, who were involved in supporting statutory processes and SENCos in schools. For example:

> "you know, professionals believe that this might get better for this person... from the local authority, the educational psychologist" (Participant 4).

This was interpreted as SENCos constructing ABI as a need that can be misconceived by a variety of professionals within schools, especially external professionals who are often asked to support schools with a high level of skill or knowledge. This seems to fall in line with literature which reports that EPs often held misconceptions relating to ABI regarding recovery and causes of injury (Ernst et al., 2016), with additional research noting that EPs do not hold enough knowledge about ABI (Bozic & Morris, 2005).

However, it appeared that SENCos often hold their own misconceptions about ABI. For example:

> "Yeah, it is not something that's very common" (Participant 3) and "You don't need identification support because you would be told that that child had an acquired brain injury" (Participant 3).

Reflexive comment from researcher: The researcher acknowledged that this finding may create potential tension for readers, especially other SENCos. Nonetheless, the researcher felt it was helpful to include this finding as it provides an insight into the reality of how SENCo's construct ABI and the potential implications for practice, which seemed to outweigh the possible tension in hope that this finding can support future practice in schools instead.

This was interpreted as SENCos not being aware of their own misconceptions and highlights how misconceptions can provide a reductive, and oversimplified understanding of recovery from ABI, with SENCos inadvertently reporting their own misconceptions very easily. These misconceptions link to literature (Ernst et al., 2016; Buck & McKinlay, 2019; Chleboun et al., 2021; Bennett et al., 2022) which suggests that misconceptions exist around prevalence and identification means for ABI. An interpretation was made that suggested ABI identification was not part of the SENCos role which may also further reinforce these misconceptions by SENCos not receiving information or training on these processes.

Reflexive comment from researcher: During the reporting stage of RTA, the researcher noted that additional literature may be helpful in aiding a critical analysis of the findings. This provoked an idea that there was 'missing' knowledge that the researcher was not aware of, signalling that there may be no true understanding of ABI for all types of professionals, even when they are explicitly researching the topic like the researcher.

4.3.4. Overarching theme 4 - ABI requires a high level of support

This theme seems to construct ABI as a need that is important to support, with particular emphasis on teachers knowing the importance of supporting ABI. SENCos constructed ABI as a need that requires professional support at a high level, with importance placed on supporting physical needs, providing a range of support and early and specific support that is reactive. SENCos suggested that even though support is important for individuals with ABI, it is often limited by a lack of support pathways, support at a statutory level and information feeling 'gatekept' by professionals. As a result, SENCos thought ABI required a multi-disciplinary approach but that ABI instead feels unsupported or unimportant to professionals and the education sector itself.

4.3.4.1. Subtheme 1 - ABI requires a high level of support in schools

On transition back into schools from hospitalisation, SENCos suggested that ABI required early, immediate support in education. For example:

> “Not being able to get that instant support is a huge barrier” (Participant 4) and “it was very difficult because I think if he hadn’t had that initial support from the beginning... and it was difficult to get assessments” (Participant 4).

It was interpreted that SENCos thought that not having access to initial, specific support would become a huge barrier for gaining support and assessments for needs. This was indicative of SENCos feeling that initial support after the transition back to school after hospitalisation was key to gaining support, especially for accessing assessment support and interventions. When comparing this to literature, it seems that there is a mismatch between the idea that schools are imperative in the reintegration process (Crowe et al., 2021; Eagan-Johnson & Grandinette, 2018) and access to this support in a timely manner.

Building on this idea of a mismatch between required and available support, SENCos reported an idea of ABI support feeling reactive, compared to being preventative. For example:

> “If you had a difficulty with speech, you’d support the speech... you deal with what you are given... what you do depends on the information” (Participant 5).

It was interpreted that SENCos felt that ABI information was limited to what was available to them when they began supporting individuals with ABI. This seemed to create a feeling of reactivity to supporting ABI; providing a realistic comparison between the above example of wanting to provide instant, early support for ABI and the idea that often support is reactive in response to ABI. This links to literature that

reports parents not providing information about ABI to support the immediate support (Crowe et al., 2021) and that ABI is not always known in schools to provide preventative support for (Mealings et al., 2017).

Nonetheless, SENCos viewed ABI as an important need to support in schools, especially in relation to teachers supporting CYP with ABI 'on the ground'. For example:

> "It was really important all staff did know that [about the CYP's ABI]... it was important that physio was being delivered..." (Participant 1).

This was interpreted as SENCos ensuring that ABI was supported appropriately by sharing the importance of ABI with teachers and school professionals who work with CYP with ABI, as suggested by Crowe et al. (2021). This links to Slomine & Locascio (2009) who suggested that professionals need to ensure appropriate teaching provision, implement interventions suitably and support transitions to those with ABI. However, SENCos also felt that supporting teachers to understand one child with ABI felt like a 'drop in the ocean', suggesting that there is a wider emphasis for supporting those with ABI in schools that may exist beyond sharing information with teachers.

Similarly, SENCo seemed to view ABI as a need that required a high level of additional physical adaptation to be put in place in schools. For example:

> “he’s got a 1:1 all day... and a care assistant at lunch to help with feeding... he would need a significant amount of support” (Participant 6) and “He uses a K walker... a physiotherapist... two SALTs [speech and language therapists] involved... physical adaptations around school, so we’ve had ramps installed... a new disabled toilet” (Participant 6).

This was interpreted as SENCos understanding ABI to need a significant amount of support to ensure provision for physical needs was in place, including involving the appropriate professionals to aid and support this process. This links to Eagan-Johnson & Grandinette’s (2018) findings that suggest that understanding of ABI and its impact, including subsequent support, is best supported by those with specialist support. Alongside physical adaptations, SENCos understood ABI as a need that required a range of support, and change to curriculum, for many needs, including cognition and learning needs, emotional difficulties and physical fatigue. For example:

> “Our mantra is this child does the same amount of work in half the time... we’re setting him on a different assessment system so we can do small steps [of learning]... and cognitive overload and fatigue, so he has a lot of time out” (Participant 6), “Being mindful of where she is still accessing the curriculum, it’s just adapted to make sure that she is getting what she needs” (Participant 1) and “it was about the girl’s self-esteem... impacting their emotional wellbeing” (Participant 1).

This was interpreted as SENCos acknowledging that ABI has a range of needs that evoke different types of support, making ABI more complex to support. This links to literature (Linden et al., 2018) which signals there is a need for appropriate, effective provision for ABI by school professionals modifying support for individuals with ABI.

4.3.4.2. Subtheme 2 – ABI requires appropriate professional support

SENCos suggested that ABI requires specialised support from external professionals such as psychologists, medical doctors, and specialist services. For example:

> “and they’ve recently had a [clinical] psychologist out to see her so we’ve always had a lot of information about how it will impact that specific part of the brain where the tumour was taken out from” (Participant 2) and “and the doctor’s letters, what would affect, how it would affect her and what would it look like” (Participant 2).

This was interpreted as SENCos constructing ABI as a need that required specialist support outside of what was accessible or available in education. There was an emphasis on medical professionals’ advice and knowledge relating to the ABI to support those in education. Similarly, literature seems to suggest that external professionals may have specific training and experience in supporting ABI (Eagan-Johnson & Grandinette, 2018) and linking with these professionals can aid schools to plan and support needs from ABI. In this sense, an interpretation that SENCos could feel a potential reduction in responsibility in seeking out information about the impact of ABI as a result was formed.

Similarly, SENCos viewed ABI as a need that educational psychologists could support. For example:

> “We would definitely go to an educational psychologist...” (Participant 3) and “But because there’s no avenues to refer to, and the only people who might mention this would be educational psychologists...” (Participant 2).

It was interpreted that SENCos thought limited support services and identification means were available and that EPs were an avenue to refer to and even help support initial identification of ABI in education settings. This was interpreted as SENCos possibly feeling that EPs are the only professionals that can support ABI when access to other professionals are unavailable; indicating a lack of cohesive, holistic support from systems working to support ABI (Cichetti & Toth, 1997). However, SENCos provided contradictory views on EP involvement, suggesting it was unhelpful, for example:

> “So, we were working with the local authority educational psychologist, which was non-existent and very difficult, I do think there was a lack of understanding” (Participant 4).

This example was interpreted as SENCos finding EP involvement variable and to display a reduced understanding of ABI which may indicate a possible gap in knowledge for external professionals who also work with CYP with ABI. This links to Bozic & Morris’s (2005) findings that EPs do not hold appropriate knowledge about ABI or have received appropriate initial training on ABI.

As part of extended professional involvement to support ABI, SENCos viewed ABI to require a multi-disciplinary approach for support. This included involving parents, external professionals and school professionals, such as teachers. For example:

> "I think it needs to be a good sort of team around the family meeting to meet with medical professionals to make sure we've got a full understanding [of the ABI]" (Participant 3), "That triangulated approach works so much better, if you've got everyone kind of aligned within the same understanding of what the needs are" (Participant 1) and "I try to tap into as many different professionals as I can, we'd use educational psychologists... special inclusion team... OT and speech therapists" (Participant 5).

It was interpreted that being able to link up school, home and community was considered helpful to share information about ABI, suggesting that co-working was a crucial part of ABI support, especially drawing on external professionals' knowledge and experience. This shows a link to Hawley et al.'s (2004) finding that there is a need to share information between school, home and other professionals to support ABI effectively. Overall, these ideas seem to bring together an idea that ABI feels complex to support, even with the help of professionals internal and external to schools.

4.3.4.3. Subtheme 3 – ABI has barriers to accessing support

SENCos seemed to view ABI as having limited support pathways, irrespective of its complexity and importance to support. Contrary to the above idea that ABI requires a

high level of support, SENCos understood ABI to have limited support pathways available within education; creating a potential mismatch between what SENCos view ABI to need compared to what is available. For example:

> “There’s a lack of pathways for if you did suspect [ABI]... there isn’t anywhere I’d know to refer to” (Participant 2) and “ASD and ADHD, I’ve got my toolkit, so when you come across ABI... we need to make sure this child gets everything they need” (Participant 1).

This was interpreted as SENCos feeling that having a clear pathway of support would be helpful to understand how to identify ABI or supporting ABI in schools. SENCos seemed to refer back to neurodiversity tools which they felt provided a clear set of strategies, or a ‘toolkit’, that aided their understanding and support of ABI. This finding links to a lack of training or knowledge of support avenues as suggested within literature (McKinlay et al., 2016; Bennett et al., 2022).

Consequently, it was perceived that SENCos felt ABI was unsupported as SENCos often did not know where to turn for support. SENCos noted that they were unsure of the support available to them or how to access support through pathways or professionals. For example:

> “it’s knowing what support is out there, where can I be directed to... as IPASS [a physical support service] might not be the best port of call” (Participant 1) and “I’ve never really spoken about [ABI] with other professionals” (Participant 3).

This was interpreted as SENCos feeling that they were relying on support services they had previously used but did not always appropriately fit the needs of those with ABI. This seems to directly link to Linden et al.'s (2018) review findings that suggest it is imperative for school professionals to know how to adapt and modify strategies they already use to support ABI.

At a wider level, SENCos viewed ABI as requiring support at a statutory assessment level to access support and funding through EHCPs, where SENCos suggested that support through this pathway was limited. For example:

> "and they have been failed by the system because he should have very quickly had an EHCP in place and he didn't" (Participant 4).

This finding was interpreted as SENCos constructing ABI as needing a high level of support but a sense of being 'failed' by the systems that provide this support. This suggests that ABI was constructed as a need that is significant enough to require statutory support; directly juxtaposing the Code of Practice (2014) that does not include ABI as a specifically named special educational need currently.

As a consequence, SENCos also suggested that external professionals were viewed as 'gatekeepers' throughout the process of supporting ABI. SENCos used the term 'gatekeeping' to describe the control or limiting of information from certain bodies. For example:

> “I wasn’t privy to that [information from local authority and statutory assessment]... because they said they wouldn’t assess; you have to wait another year” (Participant 4).

This was interpreted as SENCos feeling left out of processes relating to gaining support for CYP with ABI, as well as a sense of disempowerment and frustration at the lack of information available to them. SENCos seemed to feel that ABI required a significant amount of support which felt closed off from them by other professionals or processes; a finding that seems to be consistent with literature that ABI requires specialist support from highly trained professionals, yet this does not tend to come to fruition (Eagan-Johnson & Grandinette, 2018).

SENCos also offered the idea that a multi-disciplinary approach to supporting ABI was often difficult to achieve. For example, SENCos perceived parents to be difficult to gain information from:

> “...speak to parents as well, that’s the main one which is most difficult” (Participant 2) and “...try and get hold of parents to say can you send me anything from your recent visit to hospital... so we don’t get sent anything either, so any information we schools don’t get... we have to seek that out and ask for it” (Participant 2).

It was interpreted that SENCos were actively seeking information from parents to better understand the CYP’s ABI, linking to Kahn et al.’s (2018) finding. This links to the idea that SENCos require an active involvement in supporting ABI and feel a

responsibility for gaining information about ABI. It is also important to note that SENCos felt a need to gain information from parents but that parents may not understand or know about the importance of sharing information about their child's ABI with school. This links to literature (Crowe et al., 2021) which suggests that a main barrier to understanding ABI is parents not sharing information with schools as part of the microsystem around the CYP (Cichetti & Toth, 1997). Overall, it appears that SENCos view ABI as a need that is difficult to gain information from families and other professionals.

Consequently, SENCos thought of ABI as difficult to gain external professional support for. For example:

> "That link between education and health is still really, really limited even though it's supposed to have been a lot better... it's really hard... it's kind of like a one-way communication" (Participant 2), "Because, it was medical, we tend to find that any EHCPs that are medical based are very difficult" (Participant 4) and "but trying to get hold of the GPs or the professionals has been really difficult to get any advice or support... so we are still basing information off of original paperwork which was from Year 1 and she's in Year 6 now" (Participant 2).

This was interpreted as SENCos viewing professionals from health sectors as difficult to gain contact from when supporting ABI, with SENCos noting that these links were limited. When linking this to the literature, it seems that multi-disciplinary working, especially during transition from hospital to school, is important for sharing

information and accessing services (Crowe et al., 2021; Eagan-Johnson & Grandinette, 2018) with the suggestion that this may not happen without communication between school and medical sectors. SENCos also suggested that it was difficult to engage with other school professionals within different educational settings, such as secondary schools, to support ABI. For example:

> "Transition is really hard... ideally you want a meeting with SENCo, the new school and the parents, and you want a plan to be put in place, sometimes that doesn't happen" (Participant 2), "I never got to speak to a GP or a consultant ever... they never come to reviews" (Participant 4).

This was interpreted as ABI being perceived as not always emphasised within other educational settings, outside of primary schools. Again, this indicates a limited importance being placed on ABI or that support for ABI feels unknown throughout the education sector (Mealings et al., 2017).

Reflexive comment from researcher: The researcher ensured that a thematic analysis checklist for quality analysis was used to support the credibility of the findings. The researcher was conscious of using all stages of RTA including reviewing themes and refining each theme, even during the reporting stage of the findings. Consequently, several themes were re-named when the final findings were reported in chapter 4. The researcher acknowledged that the process of RTA felt fluid and used this to refine the themes accordingly and allow true reflexivity throughout.

4.3.5. Overarching theme 5 - ABI requires growth

This chapter encapsulates the idea that SENCos feel that more growth and learning is required to understand and support ABI in schools. It was interpreted that SENCos felt their knowledge was dependent on their experience and confidence, with SENCos with more experience of ABI suggesting higher levels of confidence. Consequently, SENCos constructed ABI knowledge to be impacted by a lack of training available to them and their roles. SENCos felt secure in constructing potential training themes such as information on supporting services, supporting strategies and identification of ABI.

4.3.5.1. Subtheme 1 – ABI requires significant growth and learning

SENCos thought of ABI as a need that required a significant amount of learning and 'growth' as a professional. This suggests that SENCos are supporting their own development of knowledge and actively seeking out information to aid their role in school. For example:

> "It's been a case of learning a lot" (Participant 2), "I need to go and see if I can find something to help me understand what might be going on" (Participant 1) and "I think it's so big... and there's so much more to think about and to learn" (Participant 1).

This was interpreted as feeding into the notion that SENCos view ABI as a responsibility including researching and upskilling themselves. As per Linden et al.'s (2013) findings, SENCos are often relied on by schools to provide support for ABI,

with this sense of responsibility potentially exacerbating this reliance that pressures SENCos to upskill themselves independently. Again, this links to the macrosystemic levels (Cichetti & Toth, 1997) in which society, including education sectors, may not yet perceive ABI as important enough to provide information for professionals.

4.3.5.2. Subtheme 2 - ABI knowledge growth is dependent on SENCos

SENCos acknowledged that ABI support was dependent on their knowledge and any future learning was the responsibility of SENCos. For example:

> "It was about upskilling those staff to make sure they were providing support" (Participant 1) and "I wouldn't feel confident knowing [about ABI] and looking at children in the setting [to identify ABI] because you don't get any training on anything like this" (Participant 2), and "I think it is all dependent on your experiences... it's quite an unknown to me" (Participant 3).

This was interpreted as SENCos feeling a continued sense of responsibility to provide other staff, and themselves, with knowledge and learning. It was also interpreted that knowledge is dependent on confidence which replicate Ettel et al.'s (2016) findings, with SENCos noting that ABI knowledge was impacted by low confidence, which can also limit active information seeking processes and implementation of strategies relating to ABI (Kahn et al., 2018; Chleboun et al., 2021).

SENCos suggested that their comfort in supporting ABI was related to increased experiences of supporting ABI or other needs; utilising their knowledge for other

special educational needs. SENCos also noted that upskilling themselves occurred through information found through charities. For example:

> “I was quite comfortable with [supporting ABI] because it was strategies I’d used before with children” (Participant 1) and “I know there’s lot of charities and information out there if you seek or look for it” (Participant 2) and “but it was a charity that helped and supported us in the end and through them, they gave me the knowledge... the power to... and have the vocabulary to... to fight decisions being made” (Participant 4).

It was interpreted that SENCos felt that ABI was better supported when other experiences of supporting SEND were drawn upon from experience, mirroring Ettel et al.’s (2016) finding that experience helps modify ABI support. It was also interpreted that SENCos found information from others to be helpful in providing knowledge but also empowering them in their roles. Similarly, it was suggested that SENCos also drew on their internal colleagues to support their ABI knowledge in schools, for example:

> “I’ve got a good network of teachers that work within our academy, I’d get in touch with them and see if any of those had any experience and any recommendations of which avenue to take” (Participant 3).

This reiterates that SENCos may tend to access free information from charities and support from colleagues who are accessible and supportive as there are no available support pathways or knowledge bases to draw from. This seems to link to literature

(Bennett et al., 2022) which suggests that school professionals are not always sure of what support is available to them to support ABI currently.

4.3.5.3. Subtheme 3 – ABI knowledge is impacted by a lack of training

SENCos suggested that ABI was a need that did not get supported by training, with training opportunities being scarce during qualification stages. For example:

> "There's just no training... I've done a SENCo degree, and I've done a PGCE... I can't remember being ever taught about this in any kind of areas of needs" (Participant 2) and "My SENCo course finished a few years ago now, but I don't remember anything about ABIs" (Participant 1).

This was interpreted as training feeling limited to SENCos, in line with literature (Kahn et al., 2018; Bennett et al., 2022) and feeds into the idea that ABI is perhaps not yet prioritised or recognised well in the education sector. Similarly, SENCos noted that training was no available to them in supporting ABI, for example:

> "Because there's no training, there's no information about it" (Participant 2) and "I've never seen it advertised, whether it's because I haven't looked for it, but it's never been an offer I've seen... it's probably an offer that I wouldn't take up because it's not something that I've ever needed" (Participant 3).

These examples were interpreted as SENCos suggesting that there is limited training available on ABI but also created an idea that additional information and guidance may exist but is not accessed yet. This was interpreted as training on ABI

being reactive to needing information and knowledge only when it is a necessity, as highlighted in Bennett et al.'s (2022) findings that ABI training is often reactive in schools.

In response to a lack of training, SENCos reported their ideas for what training on ABI needed to look like. For example:

> "I'd say strategies and provision and what that might look like... sort of avenues to go down in terms of support... what an acquired brain injury might look like?" (Participant 3), and "what can cause ABI and how to support from a general perspective, but then we'd need to know specifically, if we are getting a child with ABI... what type of support they'd need" (Participant 5).

This was interpreted as SENCos being aware of their own gaps in knowledge and wanting to understand ABI as a need generally before providing specifics about individuals with ABI, including gaining strategies for supporting ABI in schools, and knowing how to identify ABI. SENCos also viewed ABI training as needing to come from a professional and having relevance to the CYP in each school. This reflected the literature which suggested that professionals wanted and needed training to be specific but accessible in schools (Case et al., 2017; Howe & Ball, 2017).

Reflexive comment from the researcher: As a critically oriented analysis was completed, the literature was revisited after the findings were written to ensure that links were made in a credible way. Additional literature was sought to fill gaps and provide logical links where none were previously and added to narrative review of chapter 2 to ensure that all relevant information was used throughout the thesis.

4.4. Chapter summary

Overall, these findings suggest that ABI is constructed as a complex need, that feels complex to support. Consequently, SENCos construct ABI as a need that is important to support but within ABI lies a vast number of misconceptions which may impact how ABI is supported. These misconceptions, coupled with the idea that ABI is complex as a need and to support, suggests that more growth and learning is required to understand and support ABI in schools. To summarise, ABI is constructed as a highly complex need that requires significantly more understanding and knowledge from those within the UK education systems and beyond.

Chapter 5 – Discussion

5.1. Chapter introduction

This chapter will summarise and discuss key themes developed in the RTA process from six semi-structured interviews with SENCos working in mainstream UK primary schools, in relation to the research question:

> *'How do SENCos construct the term 'acquired brain injury' and associated support in mainstream UK primary schools?'.*

The aims of this research were to explore how SENCos 'constructed' acquired brain injury itself and any support for acquired brain injuries. The term 'construct' refers to an idea formed through thought, tying in with the social constructionism stance of the research, and was chosen to elicit an understanding of ABI and related support over SENCos' perceptions of ABI. This was hoped to support learning about current understandings and experiences of ABI and associated support in schools. The rationale behind this research question, and subsequent research aims, arose from current gaps within the literature which suggests that there is limited research into the understanding of ABI through the perspective of SENCos within UK schools.

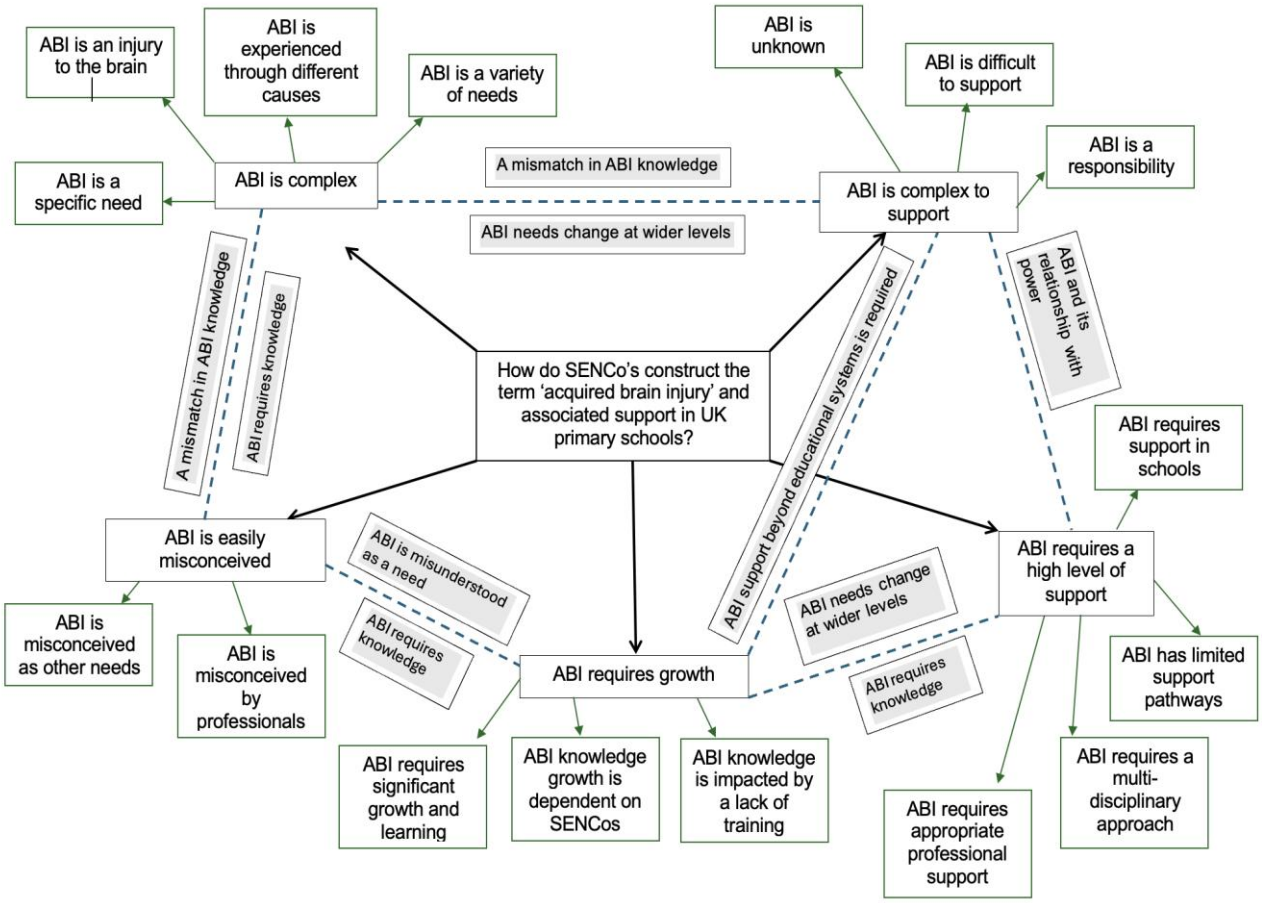
This chapter will consider the implications of the findings, including links between themes presented in chapter 4, and explore wider systemic and political contexts in relation to the findings. Ethical considerations of the current study are discussed, before critical reflections on the study are presented. The strengths and limitations of the study will be explored and reflected upon, before the implications of findings are

outlined in relation to the researcher's practice, current practice in schools, for EPs, wider governmental bodies and policymakers, and for future research.

5.2. Discussion points

Several discussion points have been outlined in relation to the findings reported in chapter 4. Each of the discussion points will be explored before any links between each point are examined (see figure 5.1. which maps discussion points onto the original thematic map from chapter 4). The points include a mismatch in ABI knowledge, ABI being misunderstood in need, ABI's relationship with power, support beyond educational systems being required, change at wider level being required and the requirement of ABI knowledge. These links were made to visualise different discussion points explored in this chapter. The links were determined by the researcher to help explore any potential relationships between themes presented in chapter 4 as part of this discussion. It is important to note that several discussion points overlap or link between multiple themes which reiterates the complexity surrounding ABI as a construct.

Figure 5.1. A visual map of links between themes and discussion points.



5.2.1. Discussion point 1 – A mismatch in ABI knowledge

ABI seemed to be constructed as specific and complex in need, yet there was a sense that SENCos only understood ABI generally; indicating a mismatch between what is known about ABI and what is understood about ABI. Interpretations of the findings suggested that a 'grey area' of knowledge existed in which ABI could be easily misunderstood, linking to literature by Bennett et al. (2022) who suggest SENCos are often uncertain over their knowledge and support for ABI. The idea that ABI is complex, in that it is separate from other needs (yet overlaps with them), changeable over time and feels unpredictable, perhaps contributes to the limited specific knowledge held by SENCos. It was noted that SENCos defined ABI in line with literature (Dunford et al., 2020) but omitted key details such as an ABI occurring

after birth to show specificity in their understanding of ABI. SENCos found identification of ABIs difficult or outside of their role, suggesting that their knowledge for identification processes may not align with their confidence, lending itself to the idea that ABI feels 'blurred' or does not conform to one single, understandable definition. This has strong links to literature which suggests that SENCos are not confident in identification of ABI (Morley et al., 2022) as ABI is an invisible need that is not always obvious (Eagan-Johnson & Grandinette, 2018). However, SENCos did seem to construct ABI as an invisible need but did not attribute this idea to why identifying causes of ABI to be difficult. This signals a potential mismatch between how ABI is viewed compared to the reality of how ABI may present in schools, feeding into the idea that ABI is unknown and complex. When comparing findings from the SLR, it was noted that a wide spectrum of knowledge was reported by school professionals, including SENCos, in relation to ABI. There appeared to be a high level of uncertainty around different aspects of ABI such as severity, recovery, and impact (Bennett et al., 2022; Howe & Ball, 2017; Ernst et al., 2016); indicating that the current study's findings align themselves with previous literature to suggest that ABI knowledge is not yet consistent across education settings.

5.2.2. Discussion point 2 – ABI is misunderstood as a need

It was interpreted from findings that SENCos, and other professionals, misunderstood ABI as a need, including holding their own misconceptions about recovery or ABI overlapping with other needs. The presence of misconceptions in schools suggests that ABI may be misconceived on a wider level that impacts several systems including a cultural understanding or awareness of ABI (Cichetti & Toth, 1997). Similarly, SENCos perceived other professionals external to school

systems, such as EPs, to hold misconceptions relating to ABI. This also feeds into a wider systemic misunderstanding of ABI at a macro level (Cichetti & Toth, 1997) that suggests misconceptions are present across the education system and may play an emphasised role in stereotyping or over-simplifying ABI. Additionally, the idea that EPs may hold misconceptions about ABI implies that EPs may not hold the relevant knowledge relating to ABI, with literature suggesting that training on ABI is not always included on training courses (Maxwell & Simpson, 2012). The idea that different professionals, including SENCos, teachers and EPs, hold misconceptions indicates that there is no one set understanding of ABI; directly linking to the unknown nature of ABI and complexity of supporting it. The fact that SENCos held their own inadvertent misconceptions highlighted how easily ABI was misunderstood, often without knowing (Mealings et al., 2017). This has a wider implication that suggests that SENCos, and other school professionals including EPs, require an in-depth, nuanced understanding of ABI through evidence-based research and knowledge (Howe & Ball, 2013). The presence of misconceptions is reported through the literature (Bennett et al., 2022; Chleboun et al., 2021; Ernst et al., 2016; Buck & McKinlay, 2019; Kahn et al., 2018); noting that the study's findings fell in line with previous research and strengthens the argument that ABI requires SENCos to upskill their knowledge and decrease misconceptions.

5.2.3. Discussion point 3 – ABI and its relationship with power

It was interpreted that SENCos viewed ABI as a responsibility in which they supported a variety of levels across a system (Eagan-Johnson & Grandinette, 2018). This idea suggests that SENCos feel a sense of power in their role in how ABI is understood and supported in schools, with SENCos feeling a responsibility to

empower parents and upskill teachers that perhaps feels unknown. This subliminal concept of power may reflect how ABI is supported in schools, for example, where SENCos choose to place support or how much emphasis is placed on supporting ABI practically, as well as how this is fed down to teachers or parents. Contrasting this to SENCos suggesting gaps or inaccuracies in their knowledge, a misalignment exists in which SENCos feel a pressure to support ABI without feeling uncertainty in their knowledge (Chapman, 2000). This suggested that SENCos felt ABI to require a high level of support, with a responsibility placed on them to provide this, but are not positioned to provide the relevant level of knowledge or skill to do so. It is therefore important to consider how this may impact SENCos in school settings and the wellbeing support provided to support their role and CYP with ABI. Conversely, SENCos suggested that they felt disempowered during statutory processes for CYP with ABI, with a sense of these systems 'failing' CYP. This was interpreted as SENCos feeling that power existed externally to their role and instead reduced their power in accessing support for ABI; describing this process as a 'battle'. This speaks to a wider systemic issue where schools feel CYP are not being supported within statutory or SEND processes due to the ongoing SEND review crisis (2022) where SENCos feel the need to 'battle' to gain EHCPs, special school places and additional support.

5.2.4. Discussion point 4 - ABI support beyond educational systems is required

It was interpreted that SENCos perceived ABI as requiring additional support beyond what was available to them in school, e.g., accessing physiotherapists, EPs, and medical professionals (Maxwell & Simpson, 2012). This seemed to support the idea that some aspects of ABI fall outside of a SENCos remit and was interpreted as a

need that required medical support and overlap between medical and educational sectors; linking the micro- and exo-system (Cichetti & Toth, 1997). In this lies the implication that ABI support does not sit exclusively within education and a multi-disciplinary approach across sectors is important in providing holistic, cohesive support (Hartman et al., 2015). However, it was interpreted as SENCos feeling that ABI presented itself as less important to medical professionals to emphasise a lack of top-down support from governmental policy in which health and education systems are expected to work collaboratively as reported by the Time for Change report (All-Party Parliamentary Group on ABI, 2018).

On transition back to school, SENCos understood ABI to need a high level of support, with the emphasis being placed on schools to ensure that access and inclusion occurs, as per the Code of Practice (2014). It was interpreted that SENCos would draw on other knowledge and supporting strategies from neurodivergent needs such as ADHD and ASC in lieu of the limited knowledge of ABI after reintegration from hospital to school. This seemed to create a discrepancy between the generalised support that SENCos can give and the specific, targeted support that ABI requires (Hartman et al., 2015) during rehabilitation and reintegration to school (Crowe et al., 2021). This implies that support may be limited in this period and that ABI support requires multi-agency working, including involving SENCos in meetings and hospital visits before reintegration from hospital to school.

5.2.5. Discussion point 5 – ABI needs change at wider levels

It was interpreted that SENCos found ABI difficult to support due to a lack of support pathways available to them, with the suggestion that ABI support felt like ‘guesswork’

as a result. This linked to literature that reported SENCos often attempt to support ABI without knowledge of experience or are actively seeking information (Bate et al., 2021). In a wider sense, a future implication is that ABI needs to be known about by those in schools, and there needs to be systemic change to support ABI. At a school level, those supporting ABI may benefit from clearer pathways of support or accessible school-friendly toolkits for ABI. The idea that there are no potential toolkits, support avenues or information provided to SENCos suggests that ABI is also constructed as unsupported from a 'top-down' level in that importance does not seem to be placed on supporting ABI from a governmental standpoint; a point covered in the Time for Change report (All-Party Parliamentary Group on ABI, 2018). This includes focusing on providing information or research to SENCos or ensuring ABI is covered within teacher or SENCo training qualifications. This suggests that power may place a vital role in ABI feeling unsupported for SENCos as schools often are confined by governmental initiatives and educational change within systems that can feel rigid; a strong link to how influences can impact ABI at a macrosystemic level (Cicchetti & Toth, 1997).

It was interpreted that ABI support was viewed as reactive where schools only respond to ABI when it is present, emphasising that there may be less importance placed on supporting ABI from a top-down perspective; a suggestion that governing bodies within education may not perceive ABI to be as important to support preventatively. It was interpreted that SENCos hoped for a clearer support pathway for ABI including a potential pre-set list of strategies that could support ABI in schools and support at a statutory level. It was interpreted that needs relating to ABI felt significant enough for statutory support, opposing the current Code of Practice

(2014) which does not include ABI as a specific SEND or acknowledge that ABI could give rise to SEND. This suggests that there is a reduced importance placed on supporting ABI across several systems, from school to governmental levels (Cichetti & Toth, 1997).

Similarly, SENCos viewed ABI as a wide range of needs, with the emphasis being placed on these needs requiring significant adaption to curriculum where progress is limited. Based on this construction, SENCos imply that ABI could be considered as a special educational need, under the Code of Practice (2014); building a basis for ABI to have a stronger importance placed on it in future practice. Although there is limited movement in recognising ABI in education through governmental change, there is the implication that educational practice is attempting to move towards a clearer understanding of ABI as a special educational need as stated in the Time for Change report (All-Party Parliamentary Group on ABI, 2018).

5.2.6. Discussion point 6 - ABI requires knowledge

ABI was viewed as not yet supported by training available to SENCOs, even at a teacher training level of SENCo qualification level, in line with Chleboun et al. (2021)'s findings. This suggests that training for ABI is not yet developed, with the implication that training should be included at an early stage such as at a university level. SENCos wanted training to include general ideas around ABI and signposting then specific ideas for CYP with ABI in schools, as reported by literature (Buck & McKinlay, 2021; Stevens et al., 2017). This implies that training should provide an overview to aid a general understanding of ABI but to be supported by a

knowledgeable professional and be relevant to CYP with ABI in schools, with further learning and research into ABI required in the future.

Consequently, there is a need for SENCos to receive training on ABI and how to differentiate between this and other needs, which may include developing checklists to be used in practice to determine whether needs contribute to ABI, such as observations of fatigue. This signals that SENCos may require one singular, specific definition of ABI within practice to support their understanding of what is ABI or not. One major implication for practice is how ABI understanding is brought to an alignment with how it is constructed by those supporting it, including training on specifics on ABI and how to support this. Overall, this provides an important implication that SENCos require specific training that outlines how ABI is compares to other needs and how to support and identify ABI accordingly.

It was interpreted that SENCos viewed ABI knowledge as being dependent on SENCos themselves, suggesting that SENCos needed to learn a significant amount of information about ABI. This suggests that SENCos are 'training' themselves to understand ABI and are aware that there is further development to occur (Case et al., 2017). The idea that independent upskilling is occurring begs the question of whether this is reliable or positively impactful for those with ABI. There is an implication that SENCos could be building different knowledge bases without a standardised training package across the UK which may impact the support provided to CYP. This suggests that SENCos must then interpret how other strategies for different needs are adapted or are suitable for supporting ABI (Case et al., 2017). This was interpreted as SENCos potentially holding a misconception that ABI does not require any specific strategies and can draw from other needs and associated

support strategies to appropriately support ABI (Bennett et al., 2022) as a consequence of limited wider processes of support to enable SENCos to support ABI in schools, e.g., a government led pathway of support for ABI or a quality assured framework for supporting ABI in schools, as suggested in the Time for Change report (All-Party Parliamentary Group on ABI, 2018) or initiative for increased research to increase knowledge of ABI in this field.

5.2.7. Links between discussion points

There appear to be links across the points described above, including a sense of power which resonates throughout SENCos' constructions of ABI, and the idea that ABI feels unknown and 'blurred' in its definition. It was interpreted that each point linked to themes from the findings chapters (see figure 5.1. for links between themes presented in chapter 4) including the idea that the complexity of needs related to ABI links to the perceived complexity of supporting ABI. In turn, this seemed to impact how easily misconceived ABI was, especially when SENCos viewed ABI as unknown. The idea that ABI was easily misconceived linked to the need for further growth and learning support for ABI, and in turn, linked to ABI requiring a high level of support, and contributed to SENCos needing an active role. The interaction of the themes highlighted the overarching construction of ABI and helped to answer the research question; ABI is constructed as a hugely complex need which is often misconceived and requires complex, high levels of support and additional learning to support it appropriately in UK primary schools.

5.3. Evaluation of the current study

It was deemed important to critically review the current study to support its credibility, assess rigour of the methodology used, support transferability and ensure transparency throughout the research (Noble & Smith, 2015). Ethical considerations of the study will be reviewed to outline how consent, confidentiality and participation wellbeing were ensured. The trustworthiness of research aims, findings, methodology, and interpretations will be considered to support contextual understanding of the research, as well as a discussion of strengths and limitations of the study.

5.3.1. Ethical considerations

Ethical considerations were emphasised throughout the research process, including the research design, data interpretation and subsequent findings. Main ethical considerations were outlined in the methodology chapter (see chapter 3) including gaining informed consent and maintaining confidentiality throughout the data collection and analysis process. One key ethical consideration across the research was to minimise the harm to participants who may have supported acquired brain injury as part of this research.

5.3.2. Critical reflections on researcher positionality

The researcher acknowledges that they played an active role within this research through the reflexive nature of methodology chosen and the philosophical stance of the research. As a result, the researcher noted a series of challenges relating to their positionality. The first, and most significant, challenge was that the researcher did not align themselves as a professional who had personally experienced supporting individuals with ABIs in schools or been in a SENCo role. Therefore, the challenge

consisted of whether it was appropriate for the researcher to engage in research about ABIs from a SENCo perspective to provide a 'voice', through critically oriented interpretations, for this cohort. However, as the literature on SENCos constructions on ABI was very limited, the researcher considered their active role within the research to be appropriate. The researcher also included specific adaptations to the research to address potential issues (based on Braun & Clarke, 2019), including:

- Using reflexive comments and processes to ensure that the researcher's voice and interpretations were clear throughout the research. This process helped document researcher thoughts and interpretations throughout the data collection and analysis process.
- The researcher's positionality was clearly outlined in the research write-up to ensure that the reader could see transparency regarding the researcher's perspectives and potential biases. This was completed by stating the researcher's background into the topic, experiences and relationship to the topic.
- The epistemological and ontological positioning of the research was made transparent and was used throughout the data collection, analysis and interpretation processes through explicit use of language. This was made apparent through language used in coding the data and the theme development, for example, using language such as 'ABI is...' to reflect a social constructionism positioning.
- Focusing the research aims, methodology, data collection and analysis on Cichetti & Toth's (1997) systems theory and social constructionism theory (Pilgrim, 2019).

- Reflexive coding and theming were part of the data analysis process to ensure that the researcher was open to multiple meaning, possible contradictions and their own emotional response to the analysis. The researcher acknowledged that coding and theming was active and based on their own interpretations of the data.
- During data analysis, the researcher engaged with multiple academic and placement supervisor sessions to discuss their findings and challenge interpretations. This helped the researcher gain a deeper reflexivity towards the data analysis process and created a wider perspective on the dataset. An overview of this is reported below in a critical reflection on the participant sample.
- During data analysis, the researcher reflected on the power dynamics between themselves and participants to consider if there were shared identities or other factors that influenced the data collection or interpretation.
- Finally, this section, dedicated to researcher reflexivity and positionality, helps to discuss how the researcher influenced the study, as well as increasing credibility for the study and building transparency within the reporting of this study.

5.3.3. Critical reflections on participant sample

The sample included six participants who met the criteria of being SENCos for more than one year. Each participant was involved in supporting children with special educational needs in primary schools in the UK. Participants were recruited based on this inclusion criteria using a purposive sampling technique. Participants were available to the researcher through connections in schools the researcher worked in

or connections through other EPs, clinical psychologists, and local authorities and responded via email to the research invitation.

The sample included in the research was not reviewed in terms of its representativeness due to the qualitative nature of the research itself. Purposive sampling was felt to support the representativeness of the sample as participants were selected based on the above characteristics to support the study (Patton, 2015). The study therefore focused on providing relevant participants over a large quantity of participants (Patton, 2015). Consequently, participant information and contexts were provided in the methodology chapter to support the transferability of the findings. These participant characteristics were limited in detail but hoped to provide enough information to provide context, and therefore transferability, to the reader. It was hoped that participants would range in geographical location to provide a wider understanding towards the research question, however, most participants were in the county of Yorkshire, with one participant in Nottinghamshire. The researcher reflected that the geographical closeness of the participants may have created similar or shared systems and structures in how the participants responded to ABI including funding available to them and the cultural understanding of the topic. Additionally, most participants were White British females which may be considered an influencing factor on the data set and its interpretation, especially as the researcher fell into the same demographic. The researcher noted that the age range of the participants was varied, as was the level of experience working in a SENCo role, which may help to improve transferability of the data set across age and experience. To support any potential influences, the researcher reflected on their social identity throughout the research.

A reflexive comment from the researcher: It was felt that the alignment of social identity across most participants and the researcher was helpful in allowing participants to speak freely and perceive the researcher as a responsive, understanding role within the study that helped co-create meaning with participants. The researcher felt that there was a limited power imbalance between the researcher and participants and felt that an appropriate rapport and trust was built within the time-constraints of the data collection period.

5.3.4. Evaluation of the research methodology used

The research methodology used was Reflexive Thematic Analysis (Braun & Clarke, 2021a) which shaped the data collection, analysis and findings reporting. The researcher noted that RTA felt the most appropriate method of analysis for this data as it focused on shared patterns of meaning across participants. RTA seemed a 'good fit' for the qualitative design of the research and fit with the social constructionist perspective as RTA helps make meaning of language and interaction within specific contexts (Gergen, 2015). Importantly, RTA allowed the researcher to be reflexive in their role as the researcher to allow subjectivity and influence to be considered within the findings.

The research methods included the use of semi-structured interviews to gather data. The researcher felt that semi-structured interviews were helpful in providing depth and breadth to participant's responses and elicited reflection from both researcher and interviewee. It was felt that participants provided honest responses because of these interviews, often drawing on more vulnerable topics such as their own

personal experiences of acquired brain injury. However, the use of semi-structured interviews virtually presented some subtle challenges in that the researcher was not always able to read non-verbal cues accurately or that recordings could be disrupted due to internet connections. The effects of these challenges were attempted to be minimised through non-recorded debrief sessions after the interview had concluded and ensuring that interruptions in recordings were shown in the transcripts, as well as summaries and revisits of information when interruptions occurred.

It was hoped that the interviews were opportunities for interviewees to reflect on their experiences and their role as a SENCo. Most participants reflected on how the interview had felt important to them to be able to discuss topics relating to ABI but also that it had helped them gain a perspective into the support provided. One SENCo noted that the interview had inspired them to continue providing support to those with CYP and celebrate their achievements so far. Participants spoke about how they felt they could move forward after the interview, including exploring supporting avenues of charity support or research into the topic of acquired brain injury.

As the researcher felt inexperienced in completing semi-structured interviews and using RTA techniques, there were initial challenges in data collection such as researcher confidence and logistics of setting up interviews with participants as a result. The researcher chose to complete a pilot interview to explore if the interview schedule was appropriate for answering the research question. The pilot interview responses were included in the research as the researcher felt that important

interpretations were drawn from it and findings contributed to patterns across the dataset.

To support the researcher's experience of using RTA, frequent discussions with an informed academic supervisor and placement supervisors were completed to support the use of this approach. Additionally, Braun & Clarke's (2021a) guidance on completing RTA was frequently revisited to support this process, as well as Braun & Clarke's (2006) checklist for good quality thematic analysis.

5.3.5. Evaluation of research rigour and trustworthiness

Using reflexive thematic analysis was helpful in aiding the researcher to show links between the participants' experiences and understanding of ABI and the researcher's interpretations of the data. The researcher noted that reviewing codes and themes throughout the data analysis process was helpful to aid this process and increase credibility of the study.

The researcher aimed to continue increasing trustworthiness within the data analysis process through tutor supervision and reflexive noting to improve its credibility. Additionally, the researcher provided reflexive commentary throughout the write-up to support the study's dependability and confirmability. Furthermore, the researcher aimed to show explicit, transparent links between the data (by adding quotations from coding examples), interpretations and conclusions to improve confirmability.

When considering the transferability of the findings, it is important to recognise that qualitative research, particularly reflexive thematic analysis processes, draws on the

subjectivity of participants and the researcher. The researcher acknowledges that the interpretations and conclusions within this study are solely theirs which may impact the transferability of the findings. However, to support this, the researcher presented their positionality and consistent reflexivity throughout the process to enhance transferability. Furthermore, the interpretations made are not representative of each participant but are representative of shared patterns across the dataset that help contribute to a common construction of ABI. Transferability was also supported by using purposive sampling and exploring the contexts in which participants were situated.

5.3.6. Summary of quality of the research

The researcher acknowledges that the study has both strengths and limitations regarding its trustworthiness as noted above. The study used RTA to code and theme data, verbatim quotes and researcher reflexivity to enhance its credibility and dependability, as well as providing contextual information for participants and embedding findings into wider contexts to support transferability. Additionally, interpretations were grounded in data and sensitised to literature to provide confirmability. The researcher feels that the research shows good trustworthiness, aligns methodology to reflexivity and constructionist approaches used to provide a critically oriented analysis situated within literature.

5.4. Implications of the research

An important aspect of qualitative research is understanding the implications and impact of the research across different areas. In this section, the implications of the findings will be explored across several levels of the education system (in line with

Cichetti & Toth's ecological-transactional theory, 1997). This includes implications for personal practice, practice in schools, EP practice and at a governmental level.

5.4.1. Implications for personal practice

As this research acknowledges the researcher, their subjectivity and promotes reflexivity, it felt pertinent to include implications for their personal practice within this section. Completing this research has allowed deeper exploration of the topic of ABI and any associated support and enabled the researcher to examine their own knowledge and constructions of ABI. This was aided by the reflexive nature of the methodology which helped the researcher explore their own systems and practice as a Trainee Educational Psychologist when responding to individual pieces of work relating to ABI. The researcher felt that the importance of ensuring ABI is more well-known has been taken forward into their current practice, including discussing ABI with SENCos and supporting schools with upskilling their knowledge relating to ABI.

5.4.2. Implications for schools

This study seemed to outline several implications for schools and those working in supporting roles within this system. It is important to consider ways to implement positive changes to support schools, especially supporting SENCos, in relation to ABI and associated support, including identification support, training and support pathway development.

5.4.2.1. Identifying ABI in schools

Throughout the findings, there was an implication that SENCos felt that ABI was an undefined, unidentifiable need that felt 'blurred'. An important implication of this is

that SENCos, and other professionals in schools, require one singular definition of ABI that helps to conceptualise this term and provide identification support (e.g., ‘ABI is a neurological condition acquired after birth, unrelated to congenital or degenerative disorders, which can result in various complex neurological, cognitive, emotional and behavioural needs’). This implies that SENCos may need to gain confidence in gathering information from parents relating to ABI, considering how ABI needs may separate themselves from other needs, and approaching external professionals to support this process. SENCos therefore need a clear role in how they contribute to identification processes at a school level, and when this is appropriate within their role.

5.4.2.2. Training on ABI in schools

A reoccurring theme of providing training to SENCos in schools was pertinent throughout the findings. SENCos inadvertently reported their own misconceptions relating to ABI and noted that ABI felt unknown and complex in need, suggesting that a significant amount of upskilling is required to support ABI. An important implication relating to training is that SENCos, and other staff such as senior leadership team members, may benefit from a general overview of ABI that explores key definitions, features of ABI, and creates an overall understanding of the term, before exploring more specific needs relating to ABI when supporting CYP with ABIs. This may include providing information, evidence bases and research findings in accessible and timely ways. This was thought to aid the upskilling of school professionals and help to reduce the possibility of misconceptions being created within the education sector. Upskilling and providing training on ABI should be considered at a broader level too, including at academy trust levels or a governmental level. This may help to

provide a basis of understanding across schools as a whole system instead of just providing SENCos with knowledge and information.

5.4.2.3. Supporting pathways in schools

As interpreted in the findings section, SENCos considered ABI to have limited pathways to provide support or gain information from professionals. An implication for schools may be to ensure that SENCos know who to contact and when it is most helpful or important to contact supporting professionals. It would be helpful to provide SENCos with a clear pathway of support to improve practice and implement appropriate support for those with ABI including toolkits and signposting to services.

5.4.3. Implications for EP practice

Educational Psychologists and associated services have a priority to support and advocate for CYP with additional needs in schools. Implications from this study align with the importance of this role in ensuring that CYP with ABI are supported appropriately, both directly and indirectly. This could include EPs offering wellbeing support to SENCos through supervision that enables empowerment for SENCos to fulfil their role in school. This empowerment may also be supported by EPs providing information and support for statutory processes to SENCos and aims to ensure the sharing of information to SENCos from educational psychology services. In that sense, another implication for EP practice includes ensuring that information is shared with parents and empowering them to share information to create a holistic support package for those with ABI. This process may also ensure a secondary effect in that it may help correct misinformation about ABI and support a wider societal understanding of ABI by EPs providing information and upskilling in schools.

EPs may have a tertiary role in supporting SENCos and schools by providing information to SENCos and upskilling school professionals, but EPs may also provide support in the form of being a 'critical friend' in schools. EPs could potentially challenge misconceptions and aid in the delivery of information to schools through training. However, as interpreted in the findings, SENCos suggest that EPs may have varying levels of knowledge around ABI or hold their own misconceptions. There is an important implication that EPs also may need support in relation to their ABI knowledge before acting in a supporting role to schools. If EPs could work in a supporting role to schools, this may help multi-disciplinary style working, particularly across both education and health sectors, and support early reintegration from hospital to schools. However, it is important to recognise that barriers to EP support may exist, including time constraints, time and funding being allocated to EPs completing statutory processes over preventative support and the relationships built in school that enable EPs to have a role in supporting ABI.

5.4.4. Implications for government and/or policy makers

Findings implied that ABI needs to be well known about by those in schools but also that systemic change is important to support ABI. Specifically, SENCos noted a need for supporting pathways and training to further their role in supporting ABI. This has wider implications for governments, particularly bodies within the education sector, to provide support pathways and toolkits for ABI that are clear, accessible and useful to those in schools. These toolkits should include checklists to support SENCos to identify and differentiate ABI from other special educational needs. Similarly, it was interpreted that governments, including those supporting the health sector, should

provide one singular definition of ABI to support misinformation and misidentification in schools.

At a wider level, implications from this research indirectly suggest that SENCos feel that ABI should be recognised within the Code of Practice (2014) as a special educational need or disability (SEND). It is therefore an important consideration at the governmental level to include ABI within the current legislation as SEND to support further processes such as statutory assessment work. Consequently, it is important to emphasise the impact and support needed for ABI in schools to governments through working groups of EPs or taking further steps in writing to government to support change. This may be a future implication for EPs to support in due course as part of a wider systemic change for education, however, it is acknowledged that this may not be feasible and could be constrained by time and funding.

Additionally, SENCos suggested that ABI required significant growth and learning to support their roles in schools, with a limited amount of training being available to them in SENCo or teacher qualifications. This has an important implication that governments need to be placing emphasis on these qualifications including learning on ABI and understanding how to implement supporting strategies for ABI. This may help decrease the amount of information accessed by SENCos who aim to upskill themselves and therefore decrease the risk of SENCos holding misinformation about ABI in practice. However, providing training relating to ABI within qualifications comes with its own barriers including funding and providing appropriate professionals to support the teaching of this knowledge on post-graduate courses.

Nonetheless, the importance of providing information in understanding and improving knowledge and support for CYP with ABI is hoped to outweigh these barriers. It is acknowledged that the incorporation of ABI information into these courses is perhaps not yet imminent.

5.4.5. Implications for future research

The aim of this research was to address a gap in the literature relating to how SENCos construct ABI and any associated support in UK schools by gaining a further understanding of ABI. The aim of the study was to explore how SENCos constructed ABI through their thoughts and understandings of the topic. The current study has helped provide insights into how ABI is understood and has provided a contribution to meeting any gaps in current literature. However, there are further potential implications to support school and educational psychology practice, as well as further meet the aims of this research. A potential future avenue for this research would have been to follow up participant's constructions of ABI after providing training and upskilling to schools involved in the study. This may have helped to understand if the training that SENCos had received changed any understanding or construction of ABI. The comparisons of the initial constructions before and after training may have helped to drive forward change at a governmental level and provide backing for training to be implemented at a school level.

A second potential research avenue may have included interviewing SENCos in UK secondary schools to understand their constructions of ABI and associated support and comparing these with constructions of primary-school SENCos. Similarly, SENCos in specialist settings could have been interviewed as these settings are

more likely to support a higher level of CYP with ABIs. Ultimately, due to the nature of the research and the fact that there is limited research on ABI, all of these potential research studies would help provide a deeper, more insightful understanding of ABI in schools. The differences between constructions across these different settings may help to support any potential change for ABI at a governmental level.

5.5. Original contribution of the research

As highlighted in the literature review chapter, this research feels unique as it offers a novel study into SENCos constructions of ABI. Due to its qualitative exploration and reflexive interpretations, this study also offers an original contribution to the existing literature which mainly focuses on quantifiable knowledge relating to ABI. The researcher felt that interpretations and conclusions drawn in this study support ideas in existing literature regarding ABI and associated support but also draws on experiential understanding of this topic. There were a variety of ways in which this study is an original contribution to literature, including:

- Understanding the construction of ABI and associated support from a SENCo perspective, rather than understanding the knowledge of SENCos relating to ABI as reported by Bennett et al. (2022).
- Focusing on creating a construction of ABI and associated support within a UK school system perspective, compared to a vast majority of literature that reports on ABI from a worldwide stance (Kahn et al., 2018; Ernst et al., 2016; Buck & McKinlay, 2019).

- An additional focus on understanding how SENCos construct support for ABI over understanding what school professionals do not know about ABI support or an overarching need for training for ABI strategies (Bennett et al., 2022; Kahn et al., 2018; Chleboun et al., 2021; Stevens et al., 2017; Buck & McKinlay, 2019).
- A novel study into how ABI and associated support is 'constructed' where no current study has explored this understanding of ABI yet.
- A novel finding that SENCos may experience a power 'struggle' in relation to supporting ABI, especially during statutory assessment processes within the UK, and that a lack of top-down processes from government may be impacting the support available for ABI.

This study also provided a focus on supporting future practice across schools by providing implications for EP and SENCo practices as a novel contribution. This includes supporting schools to understand ABI for CYP through clear identification processes, supporting pathways, upskilling staff and providing information or training on ABI. An important contribution to EP practice included offering wellbeing support for SENCos in schools, empowering SENCos with information and support in relation to ABI, challenging potential misconceptions and supporting a multi-disciplinary way of working across different systems. At a wider level, implications for practice suggest that ABI requires further recognition at a governmental level, including providing clear, accessible support mechanisms, information on ABI being included on post-qualification training courses for SENCos, and supporting processes for gaining statutory level assessment for CYP with ABI.

5.6. Conclusions

This research aimed to explore how SENCos construct the term ‘acquired brain injury’ and associated support within UK mainstream primary schools. An exploratory, qualitative design was adopted, with semi-structured interviews and reflexive thematic analysis being used to provide an insight into constructions of ABI. The findings suggest that SENCos construct ABI as a complex, individualised need across a range of difficulties; often viewed an ‘invisible’ need. ABI was often misunderstood or misidentified which was further complicated by an overlap with other needs. SENCos suggested that their ABI knowledge was uncertain, particularly around identification, causes, and long-term impact, and reflected the interpreted mismatch between the specific support ABI requires and the more generic knowledge that SENCos currently possess. SENCos therefore described ABI as difficult to support, often emotionally intense or uncomfortable, with increased levels of responsibility and active involvement in learning required. SENCos viewed ABI was misconceived by other professionals, whilst holding their own inadvertent misconceptions, to reflect the wider cultural ambiguity and misunderstanding of ABI in society. These findings signalled a need for professional development, clearer identification processes, and a potential inclusion of ABI in national special educational needs frameworks such as the Code of Practice. However, SENCos suggested that ABI lacked training, support pathways and multi-disciplinary working approaches, which were not constrained to school systems but were rooted in wider systemic issues such as educational policy gaps, limited statutory guidance and limited working between education and healthcare. In conclusion, this research hopes to be an original insight into an under-researched area of ABI by exploring SENCos’ constructions. This research highlights the need for systemic, school, and political change to ensure ABI is understood, identified in schools, and supported

appropriately across systems. Therefore, this research indicates a need for ABI to be recognised as a distinct, complex special educational need and for practical training, pathways and collaboration between professionals to be developed to improve outcomes for all impacted by ABI, especially in UK mainstream primary schools.

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7. Appendices

7.1. Appendix 1 – Studies included after eligibility checks

Bennett, E., Thomas, S., & Woolf, E. (2022). Childhood acquired brain injury: the knowledge and training needs of special educational needs coordinators. *Support for Learning*, *37*(2), 209-224.

Buck, K., & McKinlay, A. (2021). What Do Educators Know and Want to Know about Childhood Brain Injury?. *International Journal of Disability, Development and Education*, *68*(5), 662-677.

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7.2. Appendix 2 – Weight of Evidence criteria

Criteria for Weight of Evidence A	***Criteria for Weight of Evidence B***	***Criteria for Weight of Evidence C***
Mixed Methods Appraisal Tool (Hong et al., 2018)	*High – Studies using surveys or questionnaires or interviews* *Medium – Studies using additional methods alongside surveys, questionnaires or interviews* *Low – Studies using methods other than surveys, questionnaires or interviews*	*High - Studies primarily focusing on gathering knowledge and understanding of ABI.* *Medium - Studies with multiple focuses, with one being gathering knowledge and understanding of ABI.* *Low - Studies with a limited focus on gathering knowledge and understanding of ABI.*

7.3. Appendix 3 – Weight of Evidence A (including Mixed Methods Appraisal Tool) for included studies

Qualitative studies

	Buck & McKinlay (2021)	*Kahn et al. (2018)*
1.1. Is the qualitative approach appropriate to answer the research question?	*Yes, qualitative data was gathered to explore knowledge and what was believed to support TBI in classrooms.*	*Yes, qualitative approach was used to provide rich accounts of understanding and experience of ABI.*
1.2. Are the qualitative data collection methods adequate to address the research question?	*Yes, an open-ended survey was used to collect qualitative data (to examine level of familiarity with childhood TBI and knowledge of services).*	*Yes, semi-structured interviews were used to collect qualitative data regarding ABI.*

1.3. Are the findings adequately derived from the data?	*Yes, several themes are derived from the qualitative data.*	*Yes, several themes are derived from the qualitative data.*
1.4. Is the interpretation of the results sufficiently substantiated by data?	*Yes, several quotes from data are used to support interpretation of results.*	*Yes, several examples of transcript are used to support interpretation of results.*
1.5. Is there coherence between qualitative data sources, collection, analysis, and interpretation?	*Yes, clear thread between sources, collection, analysis and interpretation.*	*Yes, data sources, collection, analysis and interpretation are all coherent with qualitative design.*

Quantitative studies

	McKinlay & Buck (2019)	*Buck & McKinlay (2019)*	*Chleboun et al. (2021)*	*Ernst et al. (2016)*	*Ettel et al.. (2016)*	*Howe & Ball (2017)*
4.1. Is the sampling strategy relevant to address the research question?	*Yes, opportunity sampling of 20 teachers with more than 2 years' experience.*	*Yes, 364 educators recruited through opportunity sampling.*	*Yes, special educators were selected through convenience sampling.*	*Yes, educational professionals were recruited.*	*Yes, general and special education teachers were sampled.*	*Yes, SENCos were recruited.*

4.2. Is the sample representative of the target population?	*Somewhat, a large region of New Zealand was recruited from, however, only 20 teachers participated.*	*Yes, 364 educators participated out of 2273 schools in Australia.*	*Yes, 260 surveys were completed (educators had to have an affiliation with a university within Illinois).*	*94 educational professionals completed the survey. Inclusion criteria were specified.*	*352 teachers participate from the United States.*	*108 SENCos from one local authority in the UK were recruited.*
4.3. Are the measurements appropriate?	*Yes, a concussion awareness questionnaire and common misconception questionnaire was administered.*	*Yes, a concussion awareness questionnaire and common misconception questionnaire was administered.*	*Yes, a 39 item survey questionnaire derived from previous studies was used.*	*Yes, 40-item questionnaire derived from other studies was used.*	*Yes, a knowledge survey was a validated measure from previous studies.*	*Yes, questionnaire was derived from previous studies to validate it as a measure.*
4.4. Is the risk of nonresponse bias low?	*Unsure, there was a low response rate but the study does not report why this may be.*	*Somewhat, a low response rate (15%) was reported with a reason of no incentives being offered as an explanation.*	*Somewhat, there was a low response rate of 19.4% and was noted as not particularly representative of the entire population.*	*Yes, 84.6% of volunteers completed the survey to participate in this study.*	*Unsure, non-response rates were not reported and inclusion criteria not reported.*	*Yes, response rate was 50%. Reasons for nonresponses were not given.*
4.5. Is the statistical analysis appropr	*Yes, descriptive statistics reported on accuracy and group*	*Yes, accuracy responses were statistically analysed,*	*Yes, descriptive statistics were used for data analysis.*	*Yes, statistical analysis is clearly stated and is*	*Yes, independent t-tests and one-way ANOVA was*	*Yes, descriptive statistics and appropriate statistical*

iate to answer the research question?	*difference were assessed using t-tests.*	*and t-tests measured differences between groups appropriately.*		*appropriate.*	*conducted to examine knowledge on different areas.*	*analysis was conducted.*

Mixed methods studies

	Bennett, Thomas & Woolf (2022)	*Case et al. (2017)*	*Stevens et al. (2021)*
5.1. Is there an adequate rationale for using a mixed methods design to address the research question?	*Yes, statistical analysis (quantitative) to analyse survey responses, and content analysis (qualitative) to analyse perceptions of SENCos.*	*Yes, qualitative data was used to explore teacher perceptions of TBI and quantitative data was used to assess demographics and ratings of a workshop on TBI. Additional qualitative questions were analysed to identify further themes from the workshop.*	*Yes, quantitative data was taken from a survey of participants' knowledge of ABI and qualitative data was provided through a workshop to assess the needs of educators supporting ABI.*
5.2. Are the different components of the study effectively integrated to answer the research question?	*Yes, survey responses aimed to explore knowledge, and training experience, and content analysis explored perceptions, barriers, and of ABI.*	*Yes, the study is split into two phases (existing knowledge and then change in knowledge after the workshop). These two phases are analysed separately then discussed together.*	*Yes, qualitative and quantitative results are split into two separate sections, however, were measuring different research questions with the same aim (to understand participant knowledge and design future work based on participant needs).*
5.3. Are the outputs of the integration of qualitative and quantitativ	*Yes, all data is adequately interpreted into a 'results' section that explored the research question.*	*Yes, qualitative and quantitative data are analysed separately but then interpreted and integrated together.*	*Yes, qualitative and quantitative data are analysed separately but then interpreted and integrated together.*

e components adequately interpreted?			
5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	*Yes, no divergence reported.*	*No divergence reported.*	*No divergence reported.*
5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?	*1.1. Yes, qualitative questions were appropriate to address aims of qualitative research within this study.* *1.2. Yes, open-ended interview questions gathered data appropriately.* *1.3. Yes, qualitative data is derived using content analysis.* *1.4. Yes, content analysis provided frequency counts for qualitative data with additional qualitative data reported in a summary section.* *1.5. Yes.* *4.1. Yes, opportunity sampling of SENCos.*	*1.1. Yes, the workshop was evaluated qualitatively to address the aims of the research.* *1.2. Yes, open-ended evaluation questions were provided to gather qualitative data.* *1.3. Somewhat, the study does not specify how the qualitative data was analysed.* *1.4. Yes, data from qualitative questions appears to show appropriate examples.* *1.5. Yes, there are links between the data source, collection, analysis and interpretation.* *4.1. Yes, opportunity sampling of 14 schools.* *4.2. 44% of professionals replied and participated in the study.* *4.3. Measures seem valid in measuring knowledge of ABI.*	*1.1. Yes, the workshop was evaluated qualitatively through open-ended questions.* *1.2. Yes, see above.* *1.3. Somewhat, no transcription quotes were provided to substantiate the interpretations.* *1.4. Somewhat, see above.* *1.5. Yes, data sources, collection and interpretation show links, however, the link between data analysis and interpretation is not clear.* *4.1. Yes, educator stakeholders were sampled through probability sampling.* *4.2. 87% of stakeholders replied and participated in the study. Only 27 participants took part in the survey so may not be representative of the population.*

	4.2. Somewhat, 40% of SENCos replied across one county. *4.3. Yes, 45-item survey seemed appropriate and was based on previous studies' surveys.* *4.4. Yes, survey response was at an acceptable rate.* *4.5. Yes, statistical analysis was conducted appropriately to compare responses to items and groups.*	*Knowledge assessment scale was developed for the study itself but were linked to misconceptions from literature.* *4.4. Participation rate was acceptable.* *4.5. Yes, appropriate statistical analysis was conducted.*	*4.3. The survey was developed for the study so not validated elsewhere but seemed justified in gathering data about knowledge around ABI.* *4.4. 210 participants were approached and only 27 participated so nonresponse was low. Reasons for nonresponse were not reported.* *4.5. Yes, statistical analysis was used to understand frequency data.*

7.4. Appendix 4 – Weight of Evidence A-D ratings

Study	WoE A – Methodological quality	WoE B – Methodological relevance	WoE C – Relevance of evidence to review question	WoE D – Overall weighting
Bennett, Thomas & Woolf (2022)	Few methodological flaws	High	High	High

	Criteria met			
Buck & McKinlay (2019)	Some methodological flaws Criteria partially met	High	High	Medium
Buck & McKinlay (2021)	Few methodological flaws Criteria met	High	Medium	Medium
Case et al., (2018)	Few methodological flaws Criteria met	Medium	Medium	Medium
Chleboun et al., (2021)	Some methodological flaws Criteria partially met	High	High	Medium
Ernst et al., (2016)	Few methodological flaws Criteria met	High	High	High
Ettel et al.. (2016)	Some methodological flaws Criteria partially met	Medium	High	Medium
Howe & Ball (2017)	Few methodological flaws Criteria met	High	High	High
Kahn et al., (2018)	Few methodological flaws Criteria met	High	High	High
McKinlay & Buck (2019)	Some methodological flaws	High	High	Medium

	Criteria partially met			
Stevens et al., (2021)	Some methodological flaws Criteria partially met	Medium	Medium	Medium

7.5. Appendix 5 – Data extraction from included studies

Author/Date	Purpose	Location	Method	Sample	Key Findings
Bennett, Thomas & Woolf (2022)	To explore SENCos knowledge of ABI and related levels of training	United Kingdom, Nottingham	Face-to-face and online 45-item survey using a mixed methods design.	54 SENCos working with 4-16 year olds using opportunity sampling.	SENCos hold uncertainty about ABI. Additional training is required for SENCos. No training on ABI is provided in initial teacher training.

Buck & McKinlay (2019)	To assess the knowledge of TBI in educators	New Zealand, Canterbury	Online questionnaire.	20 teachers with more than 2 years of experience.	A third had received previous training. Experience did not impact on the accuracy of teachers' responses. Most teachers were unsure of services or support for ABI. Most requested training and information on ABI.
Buck & McKinlay (2021)	To explore educators level of information regarding ABI and knowledge of ABI services	Australia, Victoria	Online questionnaire relating to misconceptions and understanding of ABI. Analysed using thematic analysis.	330 educators (40% principles of schools and 15% teachers).	Educators are unsure of support services for ABI or report no services to be available in schools. Only 1 third had received training on ABI. 1.3% reported that SEN teachers could support ABI. Educators wanted content on ABI through online training and accessible resources.
Case et al. (2017)	To explore knowledge and perceptions of mild TBI and evaluate the effectiveness of a training workshop for enhancing knowledge	New Zealand, Waikato & Bay of Plenty	Semi-structured interviews, and a workshop on ABI. Analysed using content analysis.	Primary school teachers; 19 participated in the interviews and 38 in the workshops.	There is a wide variation in knowledge and confusion over various factors relating to ABI. All teachers identified that they were unsatisfied with their training level and knowledge. 92% of teachers wanted to make changes to practice after attending the workshop.

Chleboun et al. (2021)	To explore knowledge and expertise of special educators following TBI	USA, Illinois	39 item survey based on questions from previous TBI related surveys.	260 special education teachers (97% with other 6 years' experience).	Teachers showed some knowledge for symptoms, recovery and learning after TBI. There was less knowledge about definitions, treatment and prevalence of TBI. Teachers' confidence was low and they had received no formal training on supporting TBI.
Ernst et al. (2016)	To examine the knowledge of educators regarding ABI	USA, mid-Atlantic	Revised CM-TBI questionnaire.	94 educators with over 1 year experience.	Educators' misconceptions were low. Training on TBI was a significant predictor of questionnaire scores. Those with experience supporting TBI had higher scores overall.
Ettel et al. (2016)	To explore the knowledge of educators regarding ABI	USA	Survey on TBI knowledge and TBI skill application scenarios.	352 teachers (62% were SEN teachers).	SEN teachers had significantly higher knowledge scores. Teachers with training on TBI had more knowledge. Teachers with more years of experience had higher knowledge scores. SEN teachers had higher self-efficacy and skill application scores relating to TBI.
Howe & Ball (2017)	To measure SENCos knowledge of ABI	UK, West Midlands	Questionnaire measuring teacher knowledge using an	55 SENCos.	SENCos had more confidence when they had more experience of supporting ABI.

			online survey.		There was a high level of uncertainty relating to the medical processes for ABI. SENCos showed uncertainty relating to neuroplasticity after ABI. There was more confidence relating to learning and long term impact of ABI. Those with more knowledge and training on ABI scored higher.
Kahn et al. (2018)	To explore what teachers know, believe and perceive about ABI	Australia, New Zealand, Northern Ireland & USA	Semi-structured interviews.	46 teachers.	25% had received previous training. Many were surprised that concussion could have long lasting impacts. All mentioned the importance of support from experts on ABI. There was a cultural variance in knowledge and training.
McKinlay & Buck (2019)	To examine knowledge and understanding of ABI	Australia, Victoria	Online survey using 30 questions relating to ABI and 20 relating to concussion.	364 educators (68.1% female).	A third had previous training. Many reported several misconceptions. Those with more experience of ABI answered more questions correctly. There was a higher amount of inaccuracy on this survey compared to the same survey conducted in 1997.
Stevens et al. (2021)	To explore educators	Canada, Ontario	Survey and workshop	27 educators	There is a varied knowledge and

	’ knowledge of ABI and impact of workshop on knowledge		on ABI using a mixed methods design.	completed the survey. 42 educators from 30 schools completed the workshop.	confidence relating to ABI. Most perceived the support and resources available as inadequate. Most wanted training and collaboration to support their practice through online and face-to-face support.

7.6. Appendix 6. Information Sheet for participants.

School of Psychology

Information Sheet

The University of Nottingham
UNITED KINGDOM · CHINA · MALAYSIA

Title of Project: A qualitative exploration of how SENCo's construct Acquired Brain Injury, and associated support, for children in UK schools.

Insert Ethics Approval Number or Taught Project Archive Number

Researchers: Isobel Herbert (isobel.herbert@nottingham.ac.uk)
Trainee Educational Psychologist on placement at Applied Psychologies
Supervisors: Dr Russell Hounslow (Russell.hounslow@nottingham.ac.uk)

Thank you for registering an interest to participate in the research I am undertaking as part of the Doctorate of Applied Educational Psychology with the University of Nottingham, and in collaboration with Applied Psychologies.

Before you decide if you would like to take part, is it important that the research is outlined in detail and what it will involve. Please take time to read the following information carefully.

Participation in this study will involve an interview, lasting up to 90 minutes, at a time and place convenient to you (or virtually via Microsoft Teams). Interviews will be informal and aim to explore your constructions of Acquired Brain Injury in relation to children in UK schools. Interviews will be audio recorded and later transcribed for analysis purposes then destroyed after. Any information shared will be anonymized and unattributable to you at any point in the study. All data collected will be kept confidential and used for research purposes only. It will be stored in compliance with the Data Protection Act.

Participation in this study is voluntary and you do not have to take part. You are free to withdraw at any point before or during the study. If you do participate, you can choose to decline to answer any question(s) and can withdraw parts or all of your data from the study at any point. You can withdraw from the study by contacting myself or my supervisor.

Full ethical considerations and further details of the study will be shared with you before you provide consent to participate. If you are interested in taking part, or have any queries about this information sheet, please contact me via email at isobel.herbert@nottingham.ac.uk.

If you have any questions or concerns please don't hesitate to ask now. We can also be contacted after your participation at the above address.

Isobel Herbert
Trainee Educational Psychologist

7.7. Appendix 7. Recruitment Letter to participants.

School of Psychology

Recruitment Letter

The University of Nottingham

UNITED KINGDOM · CHINA · MALAYSIA

Doctorate in Applied Educational Psychology

Title of Project: A qualitative exploration of how SENCos construct Acquired Brain Injury, and associated support, for children in UK schools.

Ethics Approval Number or Taught Project Archive Number:

Researcher(s): Isobel Herbert (isobel.herbert@nottingham.ac.uk)

Supervisor(s): Russell Hounslow (russell.hounslow@nottingham.ac.uk)

Background Information:

My name is Isobel Herbert and I am a student at the University of Nottingham studying on the Doctorate in Applied Educational Psychology course. I am currently on placement with Applied Psychologies, Educational Psychology Service. As part of my training, I am required to conduct a research project. This research project aims to explore how SENCos construct the term 'Acquired Brain Injury' (ABI) for children in UK schools. I am contacting you to inform you of this research and to see whether you may be willing to participate or discuss this further by providing information about the research.

What is the research?

The research aims to explore how various SENCos construct the term 'ABI' for children in schools. I am interested in finding out what SENCos understand of the term ABI and the support associated with this cohort of children. Gaining more insight and understanding for this topic may help schools become more aware of ABI and enhance practice in supporting this cohort in education settings.

Who can participate?

It is hoped that participants will be SENCos working in mainstream primary schools. Participants do not have to have a certain level of experience of supporting children with ABI and can self-select to participate in the study. A recruitment poster is available for sharing in schools or between trusts. It is hoped that 3-4 SENCos will be recruited from a variety of different schools.

What does the research involve?

SENCos will be interviewed individually by myself for up to 90 minutes. Interviews may take place within the school setting or online, either during or outside school hours. Participants will be asked to talk about their views and experiences of ABI. The interviews will then be audio recorded and transcribed by myself.

How will data remain confidential?

The names of SENCos will be anonymised and identifiable information will not be included in transcriptions, with all participants being given a pseudonym. Data will be stored securely in line with GDPR and destroyed 25 years after the research has ended.

Next steps

If you feel as though you may be interested in taking part in this research, please feel free to get in touch using the email address above. I would be happy to discuss any elements of the research in further detail if more information is needed before the decision to participate.

Kind regards,

Isobel Herbert

Trainee Educational Psychologist, University of Nottingham

7.8. Appendix 8. Consent form for participants.

School of Psychology

Consent Form

University of Nottingham
UK | CHINA | MALAYSIA

Title of Project: A qualitative exploration of how SENCos construct Acquired Brain Injury, and the associated support, for children in UK schools.

Ethics Approval Number or Taught Project Archive Number:

Researcher(s): Isobel Herbert (isobel.herbert@nottingham.ac.uk)

Supervisor(s): Russell Hounslow (russell.hounslow@nottingham.ac.uk)

The participant should answer these questions independently:

- Have you read and understood the Information Sheet?
  YES/NO

- Have you had the opportunity to ask questions about the study?
  YES/NO

- Have all your questions been answered satisfactorily (if applicable)? YES/NO

- Do you understand that you are free to withdraw from the study?
  YES/NO

  (at any time and without giving a reason)

- I give permission for my data from this study to be shared with other researchers provided that my anonymity is completely protected. YES/NO

- I give permission for audio recording to be used during interview YES/NO

  and for these to be used within the study.

- Do you agree to take part in the study? YES/NO

Signature of the Participant: _____

Date: _____

Name (in block capitals):_____

I have explained the study to the above participant, and he/she has agreed to take part.

Signature of researcher: _____

Date: _____

7.9. Appendix 9. Debrief Form for participants.

School of Psychology

Debrief Form

University of Nottingham
UK | CHINA | MALAYSIA

Title of Project: A qualitative exploration of how SENCos construct Acquired Brain Injury, and associated support, for children in UK schools.

Ethics Approval Number or Taught Project Archive Number:

Researcher(s): Isobel Herbert (isobel.herbert@nottingham.ac.uk)

Supervisor(s): Russell Hounslow (russell.hounslow@nottingham.ac.uk)

Thank you for participating in this research study investigating how SENCos construct Acquired Brain Injury, and associated support, for children in UK schools.

It is hoped that by taking part in this study, research progress can be made towards the professional understanding of Acquired Brain Injury, including the support for children in this cohort.

All data will remain confidential and used for research purposes only and stored in line with GDPR guidance. If you have any questions or concerns, please do not hesitate to contact myself or my supervisor using the above details.

Kind regards,

Isobel Herbert

Trainee Educational Psychologist

University of Nottingham

7.10. Appendix 10. Interview Schedule.

Interview Schedule

This is a guide for questions that can be asked during the semi-structured interviews. These questions may be refined and changed throughout the course of the data collection process.

Section A. Introduction

1. Set up recording device and start recording.
2. My role as a Trainee Educational Psychologist and researcher.

3. Describe research aims and explain focus of the research: exploring constructions of ABI and associated support in schools; Explain focus of SENCos' constructions.
4. Explain how the interview will be recorded
5. Explain measures to anonymise data for confidentiality (e.g., to support the maintenance of anonymity, please do not use names and identifiers of students, teachers or schools during the interview. Letters or pseudonyms can be used instead).
6. If the interview is conducted virtually and cuts off, email the researcher to try and re-connect.
7. Confirm informed consent with participant and explain the right to withdraw.

Section B. Questions relating to demographics of participants?

1. Can you tell me about yourself and your role in school?
2. Could you provide me with some information about your school? Such as children on roll, % of SEND needs and EHCPs, the area it is in.
3. What is your role in school? How long have you been a SENCo? Do you have any other responsibilities in school currently?
4. How long have you been in education?
5. Which age bracket do you fall into? 16-20; 21-30; 31-40; 41-50; 51-60; 61-70
6. Which best describes your ethnicity?
7. What kind of training have you received related to acquired brain injuries (ABI)?

Section C. Questions surrounding the construction of the term 'ABI':

1. **To start, how might you define ABI in the context of your work?** *What terminology might you use to discuss ABI with others? How might you identify students with an ABI?*
2. **Could you tell me about any experiences of ABI you may have?** *Can you tell me more about this or provide any examples? What does your experience of ABI look like?*
3. **What comes to mind when you think about ABI?** *How do you view ABI as a professional? How would you describe your understanding of ABI? What might ABI look like to you?*
4. **How might ABI make you feel (in a professional context)?** *How does your understanding of ABI may you feel? What sort of feelings does ABI elicit?*
5. **What is your understanding of the impact of ABI?** *What impact do you think ABI has on your school or professional practice? In your experience, what do you think is the long-term impact of an acquired brain injury on a student's academic and social life?*
6. **New question: How might ABI differ from other neurodiversity needs, e.g., ADHD or Autism?** *How does your experience differ in supporting ABI*

compared to supporting other neurodiversity? How does that feel as a professional?

7. **Could you tell me about any potential challenges you might have faced in understanding ABI?**

Additional prompts: *Can you tell me more about this? How did this feel? Could you give me an example of this? You mentioned X, how might you relate this to ABI?*

Section D. Questions surrounding the construction of support for children with ABI:

8. **Could you tell me about your experiences of supporting those with ABI?** *Did your experience look like? What is it like to support those with ABI? What feelings does supporting ABI elicit for you?*
9. **How might you describe your understanding of support for ABI needed in schools?** *Can you describe examples of interventions or accommodations required for ABI in schools? How might this look in a classroom? What might this look like in the future? If you had the opportunity to shape policy or practice around supporting students with acquired brain injuries, what changes would you make?*
10. **How do you feel about supporting ABI as a professional?** *What has that support looked like in an education setting for you? What adjustments have you experienced in supporting those with CYP with ABI?*
11. **New question: What challenges have you experienced in supporting ABI? What were the barriers?** *How comfortable do you feel supporting ABI? How would you describe your confidence for supporting ABI?*
12. **New question: What would you want from training on ABI?** *What would this look like?*

Additional prompts: *Can you tell me more about this? How did this feel? Could you give me an example of this? You mentioned X, how might you relate this to ABI?*

Section E. Conclusions

1. Summary of what was discussed
2. Is there anything else that might be added or said? Any further questions?
3. Provide debrief procedure
4. Signpost to support services for schools
5. Thank the participant for their time and insights.

7.11. Appendix 11. Transcript and coding examples.

Participant 1 transcript excerpt (with initial researcher comments).

Researcher

Yeah, definitely, I mean that's close to how I would put it as well. So, I mean how might you identify children that have acquired brain injury if under that definition then?

P1

To me, identifying those children, I think it's looking at their physical side of things, thinking like right back in foundation [stage 2] are those children particularly clumsy

@mention or reply

and they struggle with some levels of coordination, fine motor, and their short term memory, I think, is always something to be looking for, not able to recall things from the short term memory, and then obviously it's just if there's any sort of sickness, headaches, anything like that, to make sure that their parents are taking them to the doctors and they go to see professionals that they need to see.

IH **Isobel Herbert**

Knowledge surrounding impact of ABI

@mention or reply

Researcher

Yeah, this is quite a lot there really. Are there any processes that perhaps you've used before to identify these sort of cohort of children or is it even just with your own knowledge?

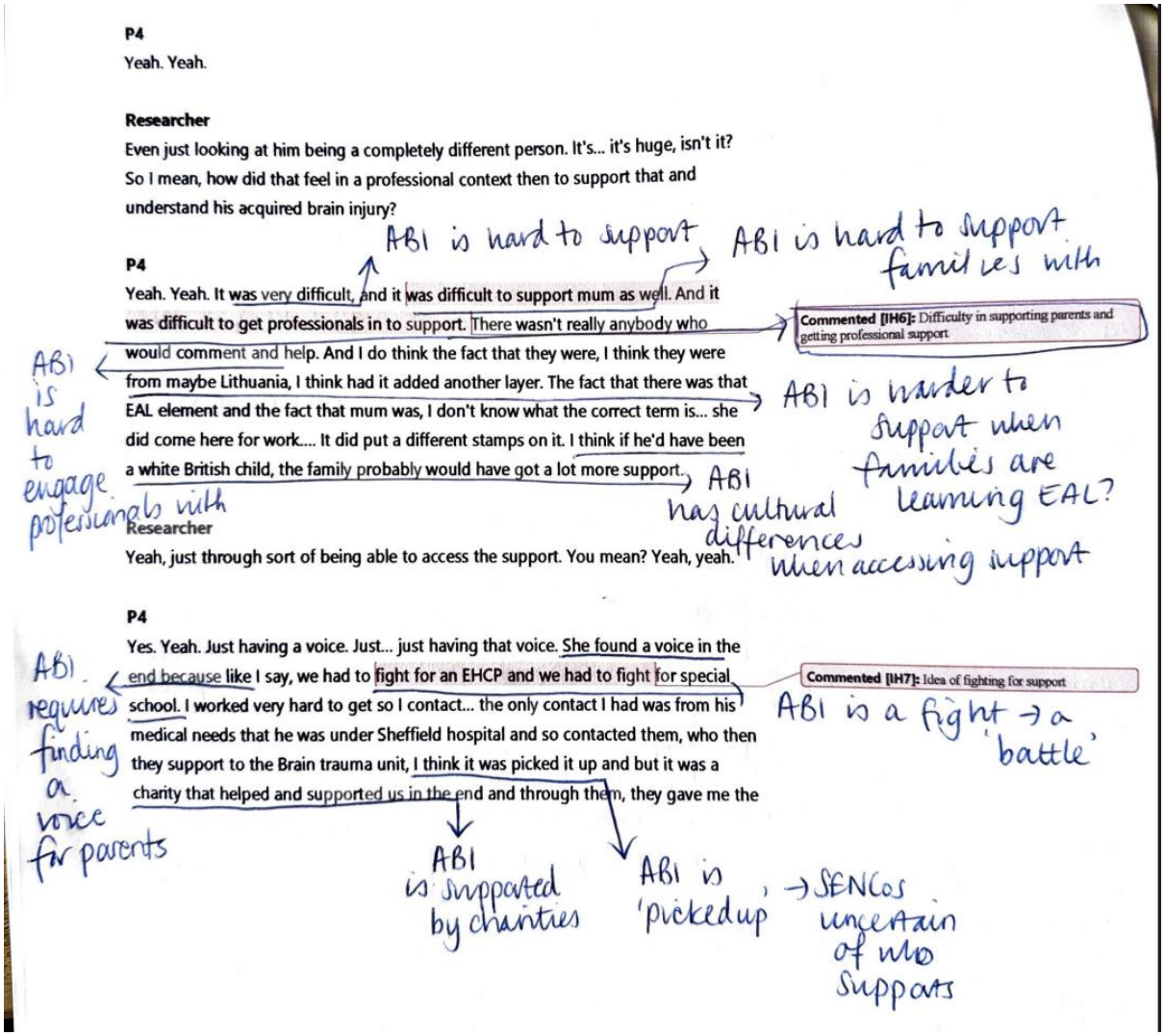
P1

Just knowledge, yeah, just come on the back of my previous setting I've been with one child who had a brain tumour. Trying to up skill myself through that and just kind of finding my way through research, trying to see what I can find see what the signs might be, but they haven't necessarily, you know, had any sort of structure or given to me or any support in terms of CPD.

IH **Isobel Herbert**

Drawing on experience from supporting an ABI

@mention or reply



P4
Yeah. Yeah.

Researcher
Even just looking at him being a completely different person. It's... it's huge, isn't it? So I mean, how did that feel in a professional context then to support that and understand his acquired brain injury?

P4
Yeah. Yeah. It was very difficult, and it was difficult to support mum as well. And it was difficult to get professionals in to support. There wasn't really anybody who would comment and help. And I do think the fact that they were, I think they were from maybe Lithuania, I think had it added another layer. The fact that there was that EAL element and the fact that mum was, I don't know what the correct term is... she did come here for work.... It did put a different stamps on it. I think if he'd have been a white British child, the family probably would have got a lot more support.

Researcher
Yeah, just through sort of being able to access the support. You mean? Yeah, yeah.

P4
Yes. Yeah. Just having a voice. Just... just having that voice. She found a voice in the end because like I say, we had to fight for an EHCP and we had to fight for special school. I worked very hard to get so I contact... the only contact I had was from his medical needs that he was under Sheffield hospital and so contacted them, who then they support to the Brain trauma unit, I think it was picked it up and but it was a charity that helped and supported us in the end and through them, they gave me the

Commented [IH6]: Difficulty in supporting parents and getting professional support

Commented [IH7]: Idea of fighting for support

ABI is hard to support

ABI is hard to support families with

ABI is hard to engage professionals with

ABI is harder to support when families are learning EAL?

ABI has cultural differences when accessing support

ABI requires finding a voice for parents

ABI is a fight → a 'battle'

ABI is supported by charities

ABI is 'picked up' → SENCos uncertain of who supports

7.12. Appendix 12. Ethical considerations.

A. Items from the Ethical Risks Checklist. Explain how any of the following issues will be handled within your research to ensure ethically sound procedures (max = 300 words per item).

1. Co-operation of a gatekeeper for initial access to the groups or individuals to be recruited (e.g. students at school, members of self-help group, residents of nursing home, prison inmates). See Guidance Notes on Educational Psychology applications.

Yes – The researcher will be on placement as a Trainee Educational Psychologist (TEP) within an independent traded Educational Psychology service. The TEP will have access to nine individual schools (six of which are within the same multi-academy trust), however, the Principal Educational Psychologist (e.g., the manager of the service) may act as a gatekeeper for initial access to other schools (to broaden the recruitment process) within the local area that are supported by the service. Headteachers may act as an additional gatekeeper to access SENCos within schools. The headteachers will be approached to gather initial expressions of interest and introduce the researcher to potential participants (SENCos) before inviting them to participate in the research. If there is an interest in taking part, a full explanation of the study will be offered before gaining written consent.

2. Prolonged testing or multiple sessions with the same participant.

Yes – Interviews are to be limited to a maximum of 60 minutes. It will be clear that breaks can be provided when required.

3. Procedures likely to change participants' mood, be aversive or stressful.

Yes – The content of the interviews (focusing on ABI) may elicit feelings of discomfort or distress for some participants. Participants will have the right to withdraw or withhold information at any point during the research and will be ‘debriefed’ by the researcher at the end of the interview. The interview will be conducted with sensitivity by the researcher and participants can be signposted to appropriate, relevant services to support their wellbeing.

4. Lack of 'backup' / counselling / follow-up arrangements in cases where participants may be distressed or embarrassed.

Yes – As the content of interviews may cause potential discomfort or distress for some participants, the researcher should support emotional responses (through active listening approaches, reflecting and summarising on participants’ language) to

ensure the participant feels understood and at ease. The researcher may signpost participants to services that support ABI, or mental health needs.

5. Recall of personal memories.

Yes – Participants may recall memories relating to children they may have worked with who have experienced ABI. Participants will be reminded of the right to withdraw or withhold information throughout the interview. The interview will be held in a private space and confidentiality will be maintained throughout. The researcher will be aware of participants' emotional responses and anticipate the possibility of these emotions.

6. Discussion or investigation of personal topics (e.g. relationships, feelings of success and failure) or any other procedure in which participants may have an emotional investment.

Yes – Participants may discuss personal topics around their involvement or support of a child with ABI. Participants have a right to withdraw or withhold information throughout the interview process. The researcher will provide a 'debrief' session to ensure the wellbeing of the participants. The interview will be held in a private space and confidentiality will be maintained throughout. The researcher will be aware of participants' emotional responses and anticipate the possibility of these emotions, and signpost participants to appropriate support services at the end of the interview.

7. Possible disclosure of confidential information (e.g. to other participants).

Yes – The researcher will ensure information is confidential and anonymous to ensure that information is not shared. All data will be anonymised including individuals with ABI and identifiers regarding schools. Any information stored should be password protected. No identifying information will be included in transcripts of interviews. The researcher will request that participants do not share information with other participants in the study during the research, however, this risk may be small due to the nature of 1:1 interviews. If participants disclose confidential information to the researcher about children or others, the researcher should ensure that participants' are aware of the need for confidentiality and may redact information disclosed from the data. If a participant disclosed information that was a safeguarding concern, the school's designated safeguarding lead would be contacted and information (including verbatim scripts of what was said) will be shared.

8. Possible identification of participants (e.g. when reporting results).

Yes – The researcher will ensure information is confidential and anonymous to ensure that information is not shared (including providing each SENCo with a code number or name to ensure that data can be analysed and written into the thesis). All data will be anonymised including individuals and schools. Any information stored should be password protected. No identifying information (except for the above codes) will be included in transcripts of interviews.

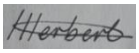
9. Procedures from which participants might not feel free to withdraw at any point or may regret taking part in.

Yes – The participants may feel as though they cannot withdraw the study as the research is potentially gatekept by headteachers or senior leadership team members when accessing the study. The researcher should frequently remind the participants of their right to withdraw and could 'check-in' with potential gatekeepers during the research process to ensure that participants continue to consent to the study.

7.13. Appendix 13. Risk assessment for the research study.

Business Unit: N/A	**Location(s) of Activity:** In varying schools/Microsoft Teams	**Risk Assessment Ref:** N/A
Activity Title: Data collection for thesis research using semi-structured interviews. Research title: A qualitative exploration of how SENCos construct Acquired Brain Injury and associated support for children in UK schools.		
Activity Outline:		

Data gathering via semi-structured interviews with Special Educational Coordinators (SENCos) for Doctorate of Applied Educational Psychology (DAEP) thesis research. Data collection will take place in various schools across different Local Authorities in the UK. Data collection will be conducted by Isobel Herbert (Trainee Educational Psychologist). The interviews will last between 1 hour to 90 minutes. The intention is for the researcher to conduct the interviews in a face-to-face setting with SENCos, but where this is not possible, the interviews will be conducted using Microsoft Teams.
Those at risk / affected parties: - SENCos participating in the research – the researcher aims to recruit between 8-12 participants - Participants will have more than 1 year of experience in a SENCo role in schools

Risk Assessor Name: Isobel Herbert	Signature: 	Date: 17.05.2024
Responsible person / Line Manager Name:	Signature:	Date:
Master Risk Assessment Reference where applicable: N/A	**Related procedure references or links:** N/A	
Review Period: 1 year		

What are the hazards?	**List the harm associated with the hazard**	**Risk Evaluation without controls in place** High/Med/Low	**What control measures are, or will be put, in place to control the risk?** List all elimination, substitution, engineering and/or administrative controls	**Risk Evaluation with controls in place** High/Med/Low

Risk of fire or flooding in school settings	Injury or death	High	Each school will have fire and flood evacuation policies and procedures. The researcher will read and understand all relevant procedures upon entry to each school where research is conduced.	Low
Risk of slips or trips in school settings	Injury or death	Medium	The researcher should be cautious in each school setting where research is conducted, being aware of loose flooring and wearing appropriate footwear.	Low
Risk of participant stress	Illness or death	Medium	The researcher must be aware of changes in participants' wellbeing throughout research and provide debriefing statements to all participants after research concludes.	Low
Risk of danger relating to lone working	Injury or death	Medium	The researcher will be aware of dangers relating to lone working whilst conducting this research and will follow their service's lone working policy to ensure their safety.	Low

7.14. Appendix 14. 15-point checklist for quality thematic analysis (Braun & Clarke, 2006).

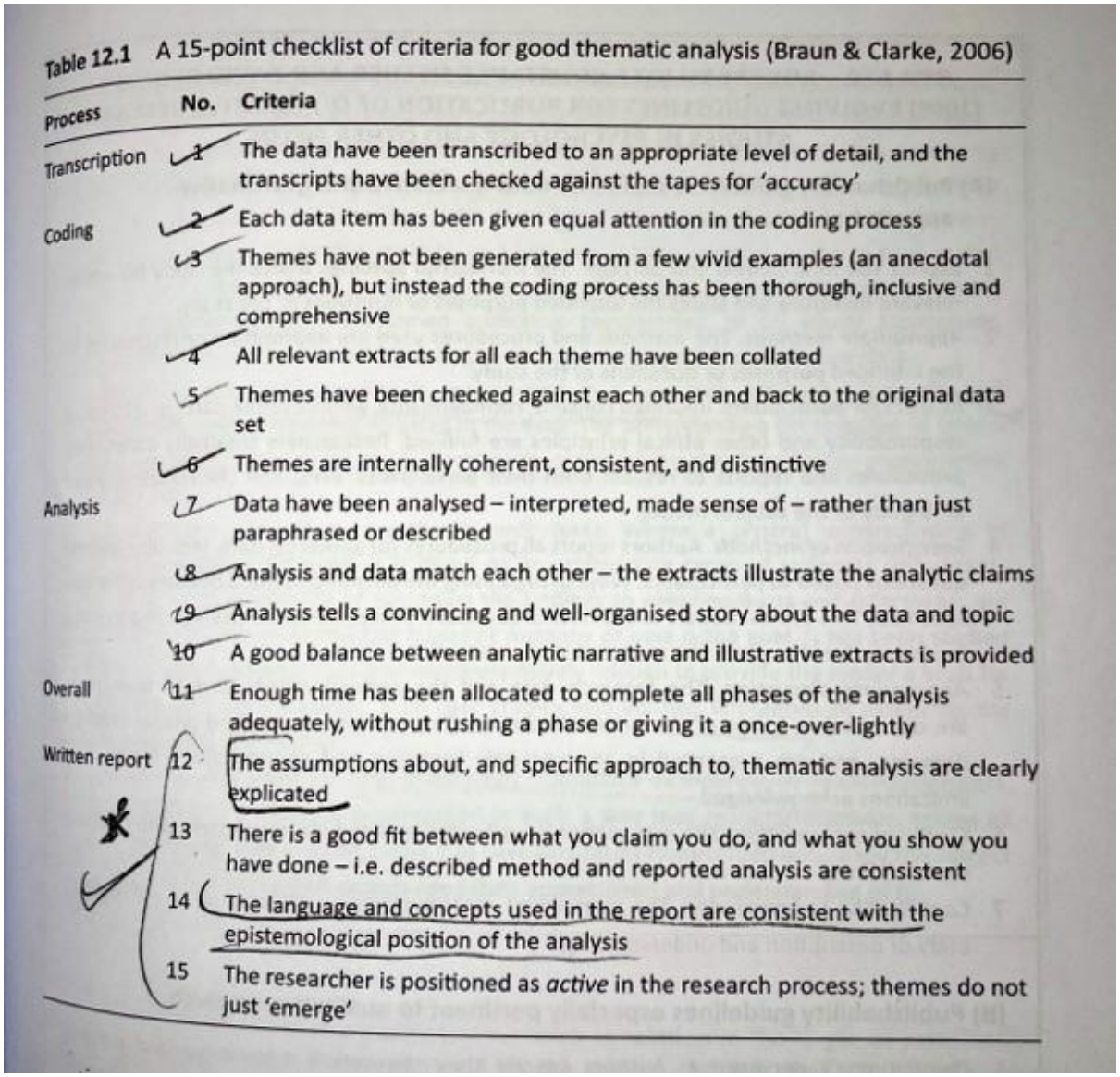
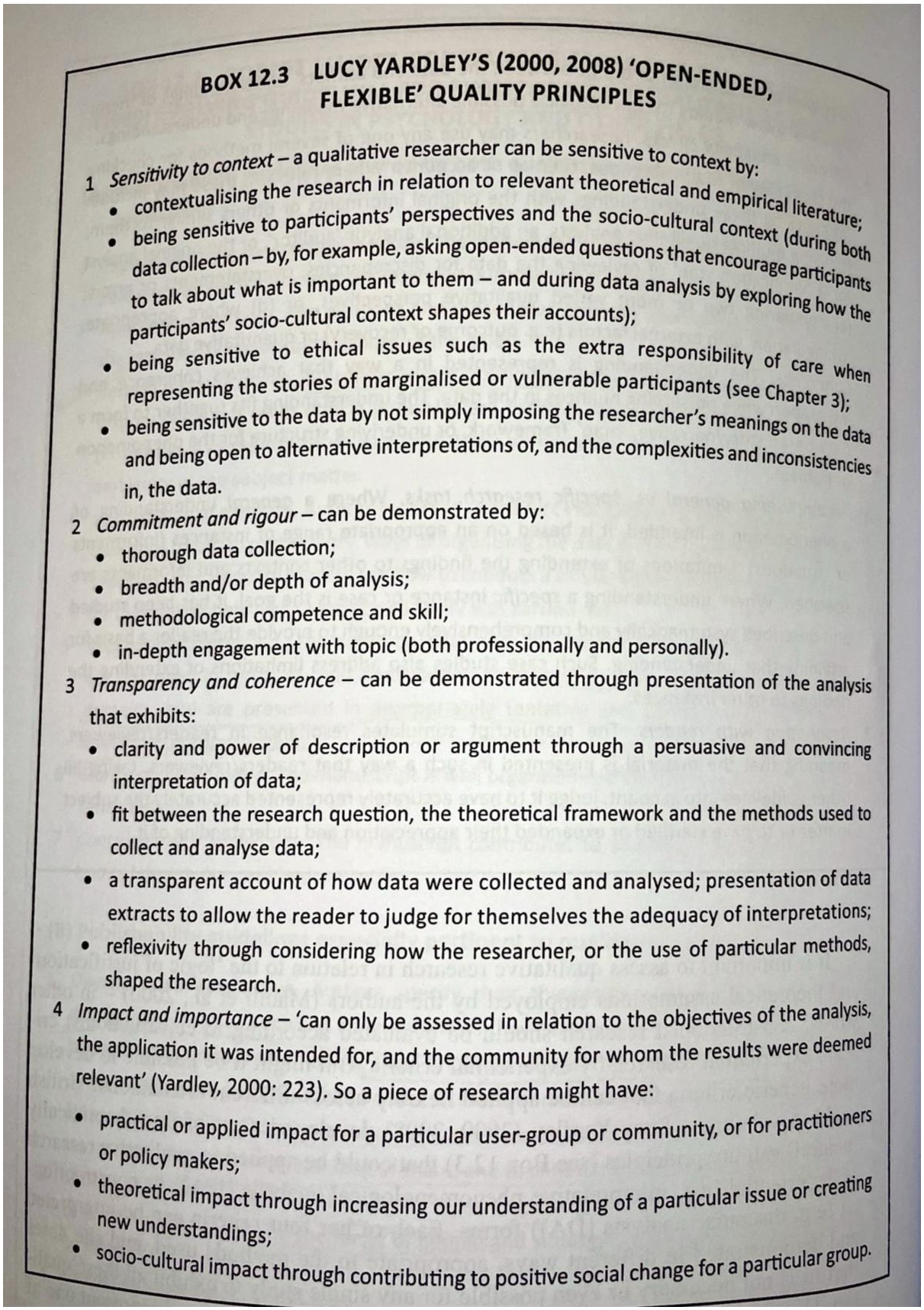


Table 12.1 A 15-point checklist of criteria for good thematic analysis (Braun & Clarke, 2006)

Process	No.	Criteria
Transcription	1	The data have been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for 'accuracy'
Coding	2	Each data item has been given equal attention in the coding process
	3	Themes have not been generated from a few vivid examples (an anecdotal approach), but instead the coding process has been thorough, inclusive and comprehensive
	4	All relevant extracts for all each theme have been collated
	5	Themes have been checked against each other and back to the original data set
	6	Themes are internally coherent, consistent, and distinctive
Analysis	7	Data have been analysed – interpreted, made sense of – rather than just paraphrased or described
	8	Analysis and data match each other – the extracts illustrate the analytic claims
	9	Analysis tells a convincing and well-organised story about the data and topic
	10	A good balance between analytic narrative and illustrative extracts is provided
Overall	11	Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly
Written report	12	The assumptions about, and specific approach to, thematic analysis are clearly explicated
	13	There is a good fit between what you claim you do, and what you show you have done – i.e. described method and reported analysis are consistent
	14	The language and concepts used in the report are consistent with the epistemological position of the analysis
	15	The researcher is positioned as *active* in the research process; themes do not just 'emerge'

7.15. Appendix 15. Criteria for quality qualitative research (Yardley, 2008).



BOX 12.3 LUCY YARDLEY'S (2000, 2008) 'OPEN-ENDED, FLEXIBLE' QUALITY PRINCIPLES

1 *Sensitivity to context* – a qualitative researcher can be sensitive to context by:
- contextualising the research in relation to relevant theoretical and empirical literature;
- being sensitive to participants' perspectives and the socio-cultural context (during both data collection – by, for example, asking open-ended questions that encourage participants to talk about what is important to them – and during data analysis by exploring how the participants' socio-cultural context shapes their accounts);
- being sensitive to ethical issues such as the extra responsibility of care when representing the stories of marginalised or vulnerable participants (see Chapter 3);
- being sensitive to the data by not simply imposing the researcher's meanings on the data and being open to alternative interpretations of, and the complexities and inconsistencies in, the data.

2 *Commitment and rigour* – can be demonstrated by:
- thorough data collection;
- breadth and/or depth of analysis;
- methodological competence and skill;
- in-depth engagement with topic (both professionally and personally).

3 *Transparency and coherence* – can be demonstrated through presentation of the analysis that exhibits:
- clarity and power of description or argument through a persuasive and convincing interpretation of data;
- fit between the research question, the theoretical framework and the methods used to collect and analyse data;
- a transparent account of how data were collected and analysed; presentation of data extracts to allow the reader to judge for themselves the adequacy of interpretations;
- reflexivity through considering how the researcher, or the use of particular methods, shaped the research.

4 *Impact and importance* – 'can only be assessed in relation to the objectives of the analysis, the application it was intended for, and the community for whom the results were deemed relevant' (Yardley, 2000: 223). So a piece of research might have:
- practical or applied impact for a particular user-group or community, or for practitioners or policy makers;
- theoretical impact through increasing our understanding of a particular issue or creating new understandings;
- socio-cultural impact through contributing to positive social change for a particular group.