ACQUIRED BRAIN INJURY & EDUCATION - BRIEFING
JUNE 2025

UKABIF
The United Kingdom Acquired Brain Injury Forum

N-ABLES
The National Acquired Brain Injury in Learning and Education Syndicate

> "40,000 children acquire a brain injury every year. This equates to one child in every class by the time they complete school! How then, do we have an education system that is unaware, under-resourced, and unresponsive in meeting the acquired needs of this vulnerable and sizeable group?" (NABLES, 2025)

CHILDHOOD ACQUIRED BRAIN INJURY (ABI)

An umbrella term for an injury or illness to the brain which happens after a period of expected development. According to NHS England (2018), 40,000 children a year present to hospital with an ABI of some kind.

TRAUMATIC INJURY

Example causes: Falls, assaults, accidents, abusive head trauma, road traffic accidents, sports injuries.

Prevalence 35,000 children per year, with 20,000 mild, 3000 moderate and 2000 severe.

DID YOU KNOW? Concussions are a mild traumatic brain injury.

STROKE

Example causes: Ischaemic (blocked blood vessel), Haemorrhagic (bleeding in/around brain often caused by problems with the brain's blood vessels (e.g. AVM, Cavernoma).

Prevalence 400 children a year.

DID YOU KNOW? Childhood strokes' are those occurring between 29 days and 18 years.

ILLNESS/INFECTION

Example causes: Meningitis, encephalitis, intracranial empyema/abscess.

Prevalence Estimated 4000 children per year.

DID YOU KNOW? The impact of childhood brain injury can change as the brain develops, with new challenges emerging over time.

BRAIN TUMOUR

Example causes: Medulloblastoma, Ependymoma, Astrocytoma, & ABI is also caused by treatment.

Prevalence Around 420 children are diagnosed with a brain tumour every year.

DID YOU KNOW? Tumours affecting the brain/CNS are the UK's second most common children's cancer.

OTHER CAUSES

Example causes: Lack of oxygen to the brain (hypoxia/anoxia), poisoning, prolonged epileptic seizures, carbon monoxide poisoning.

Prevalence Around 200 children each year.

DID YOU KNOW? Children can experience cardiac events that can result in an ABI.

ABIs can range from mild (e.g. concussion) to severe, with the subsequent need for support in school ranging from simple adaptations in the weeks after an injury, to long-term individual support or even changes in school placement.

ABI can impact children **across the SEN Code of Practice's four broad areas of need**; changes in behaviour and emotions are common, as are cognitive, physical and sensory difficulties. Many CYP also experience high levels of fatigue; and changes in their communication and social skills.

One of the key challenges with childhood ABI **is its 'dynamic', and often hidden impact**. As a result, the true impact of an ABI may only become evident as the CYP's brain develops across childhood and adolescence; meaning support within education settings may have to evolve as the CYP's presenting needs do.

CHILDHOOD ABI AND EDUCATION

The large majority of children go back to their own school after an ABI, and schools provide an **essential rehabilitation environment** for them. However, many present with **new needs** which must be accommodated and supported in their school. Without this the **risk of poor outcomes** is high (see appendix). Unfortunately, supporting children to return to and remain in school after ABI is particularly challenging for three key reasons:

1. DATA COLLECTION

- There is a **no national measurement of data** relating to CYP with ABI.
- ABI is **not included in entry/health data** captured by schools, or crucially within the SEN Census.
- Without accurate data, it is impossible to determine how many children in schools have a history of ABI and how many are **absent or excluded** from school as a result.
- Schools struggle to track **emerging needs** and provide appropriately for pupils with ABI.

2. TRAINING

- There is **no mandatory training for teachers or SENCOs on ABI**. Therefore, the needs of this group are often poorly understood and remain unsupported.
- Lack of teacher education and appropriate support means pupils have difficulty returning to school, but also an **increased risk of longer-term absenteeism.**
- There is also a **heightened risk of exclusion,** with associated falls into the **youth justice system and mental health services,** due to a misunderstanding of the impact of an ABI on behaviour.

3. TIMELY PROVISION FOR ACQUIRED NEEDS

- EHCP's take a **minimum of 20 weeks,** and many Local Authorities have funding systems linked to a graduated response.
- They are **unable to respond with the urgency or flexibility** required to sudden, acquired needs.
- This can result in **long delays** in pupils returning to school, securing a change of provision if required, or accessing immediate, appropriate support within school.

WHAT COULD MAKE A DIFFERENCE?

DATA GATHERING

✔ ABI category to be added to SEN Census (similar to ASD and Downs Syndrome).

✔ Local authorities to capture data from schools on their numbers of pupils with ABI.

✔ Schools to ask for information about ABI in school entry and annual health questionnaires.

TRAINING

✔ ITT to include a basic level of training on brain development and the impact of ABI.

✔ SENCOs to have mandatory training on ABI in the National Qualification for SENCOs.

✔ Local Authority SEN and advisory services to have training on ABI, e.g., Specialist Teachers/Educational Psychologists/SEND Managers

✔Schools to be advised to include ABI within CPD offer.

TIMELY PROVISION

✔ Prioritise EHCNA and/or interim funding for CYP with ABI.

✔ Have a LA policy for ABI to benchmark the CYP against their pre-injury skills and not against routine developmental criteria

✔ Remove the requirement for plan, do, review cycles when acquired needs are evident and medical information is available.

✔ Establish pathways for return to education after ABI

APPENDIX

RISK OF POOR OUTCOMES AFTER CHILDHOOD ABI

- **Attendance and engagement with education**
  - 60% do poorly at school (Sariaslan et al, 2016)
- **Over-represented in exclusions/alternative provision**
- **Criminal justice system (Williams et al., 2010, 2015)**
  - Study in Bristol Young Offenders Institute, 74% had experienced a head injury of any kind, and 46% had experienced a brain injury leading to a loss of consciousness (Kent et al., 2021).
- **Jobs, qualifications & future welfare**
  - Less likely than peers to progress to future study/work
  - 80% more likely to receive disability benefits, and 60% welfare benefits (Sariaslan et al, 2016)
  - More likely to be homeless (e.g. 48% in Leeds had history of ABI, Disabilities Trust, 2010)
- **Mental health**
  - Overrepresentation of all psychiatric conditions after ABI (Li & Liu, 2013)
  - Children and Young People with ABI showed similar levels of mental health difficulty to those meeting the criteria for Child and Adolescent Mental Health Service (CAMHS)
- **Social adjustment, isolation & relationships (Sharp, 2006, Prigatano, 2011)**
  - Report poor quality of life (e.g. Anderson et al., 2010)
  - Poorer social adjustment, participation, and social problems (Anderson et al., 2014)

LIVED EXPERIENCE

This is the collective experience of the Young Experts by Experience with ABI group (YEBEABI) from the National ABI in Learning and Education Syndicate (NABLES):

"When do you tell someone you have an ABI? You get such a different reaction, I'm not any different to the person you were talking to 5-minutes ago, what does it really mean to you? As a group of young people we have experienced TBIs, Encephalitis, Subdural Empyema and an AVM. These have occurred following illnesses, accidents, skating down a hill, fainting at the doctors...

...Our lives shifted two thousand different gears, one day life was ticking along and the next it's a completely different one. Attending school, preparing for GCSEs or A levels and the next thing you know you, everyday tasks such as shopping or heading into town feel really overwhelming, or you are setting off airport security alarms with a titanium plate in your head...let alone returning to school!

We are like a different person on the other side, we return to education with a hidden disability, wanting to feel like ourselves, shouting to be heard so others know how to help. But sometimes the smallest step in the right direction ends up being the biggest step of your life. Thank you, to the people who take 5 minutes to understand or learn, it changes the game astronomically! "It doesn't take long to 'get it', we aren't that hard to understand", please take the time to learn. One thing we are always thankful for is our families, our teachers who took the time to understand... and each other, YEBEABI!"

ESTIMATED SPECIAL EDUCATIONAL NEEDS (SEN) COSTS ASSOCIATED WITH CHILDHOOD ABI

In 2024 there were 1.9m children in the UK with identified **special educational needs (SEN)** indicating they require special educational provision above the standard. Whilst many children with ABI will be in this group, ABI is chronically under-identified within UK schools, and the Department for Education currently have no data on these figures.

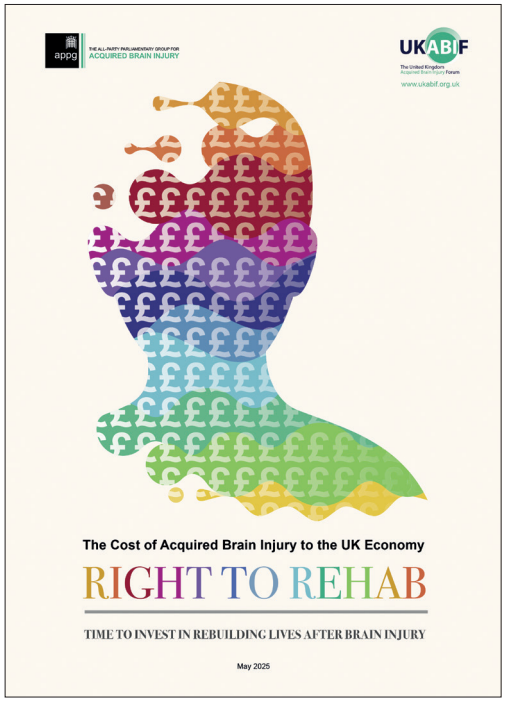
This is because there is no SEN category for ABI, and schools are forced to record children with ABI under more general categories such as Moderate Learning Difficulty, Social, Emotional and Mental Heath, or simply, Other!

As a result, the model used in the report 'The Cost of Acquired Brain Injury to the UK Economy' uses data based on the number of children of school-age with ABI.

On this basis, the report calculates the cost of SEN as a result of ABI to be in the order of £930m annually. This compares to funding to local authorities of £10.7bn in 2024-25; just under 10% of the total SEN funding!

FROM: THE COST OF ACQUIRED BRAIN INJURY TO THE UK ECONOMY (UKABIF 2025)

Please scan the QR code to read the full report



To find out more information about NABLES' work, resources and links to other ABI organisations, please visit: **https://ukabif.org.uk/page/NABLES**