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Primary to secondary school transition of learners with traumatic brain injuries in the Cape metropolitan area: A learner perspective

Abstract

This study aims to explore the lived experiences of the primary to secondary school transition of adolescent learners with TBI within a middle to low income context. An understanding of the insider perspective of this school transition sought to illuminate the factors that facilitate or hinder learners' primary to secondary school transition. An interpretive phenomenological research design was used. Four participants were purposively selected. The data collection method included semi-structured face to face interviews. Data was analysed inductively using Burnards Framework. Four themes emanated from the data including: changes in functioning; personal resources; enabling external support structures and gaps in support structures. Findings reveal that there are factors that facilitate a positive primary to secondary school transition including learners drawing on personal resources and the support that they receive from enabling external support structures. Barriers to the school transition include the changes in physical, mental and social functions that impact on adolescents' ability to fulfil their learner role as well as gaps in the provision of support within the multi systems within the learners' environment.

Key words: traumatic brain injury; adolescence; school transition; school participation; insider perspective

Introduction

In the Western Cape, South Africa violence and injury attributes to a high incidence of Traumatic brain injury (TBI) [1]. TBI may result in cognitive, physical and social impairments and hence impacts on a person's functioning post TBI [2].

For adolescents with TBI, in addition to adjusting to the impairments post TBI, is the adjustment to physical and cognitive changes linked to the developmental stage of adolescence [3]. This may affect adolescents' perception of how they view themselves and how they perceive themselves in relation to others which may negatively impact on their sense of self and may ultimately hinder their participation in meaningful and developmentally appropriate occupations [4].

For an adolescent one of the main occupations is that of learning, i.e. participation in school. School participation is often disrupted by the sudden onset of a TBI. If the impairments associated with the TBI persist, they may affect a learner's continued school participation [5]. Literature has shown that as the learner with a TBI transitions through the different schooling phases, the scholastic demands increase and the impairments associated with the TBI may become more pronounced. This may in turn affect the ability of the learner to optimally perform at school [5].

Within the South African context, there are policies and strategic guidelines that aim to respond to the needs of learners to ensure optimal school participation. The government implemented these policies in order to ensure that all learners have access to basic quality education especially learners who experience barriers to learning and development [6]. This strategic focus is highlighted in specific policies such as White Paper 6 special needs education: building an inclusive education and training system [6]. This policy highlights that all children and youth can and have the right to learn and that their participation within the school curriculum should be optimized by ensuring that barriers to learning are mitigated. This policy also emphasizes the need for the review and organization of learner support systems and teaching and learning methods within schools [6]. The policy on Screening, Identification, Assessment and Support (SIAS) [7] is one of the incremental ways set out to operationalise the main elements of an inclusive education system as outlined in White Paper 6: Special Needs- Building an Inclusive Education and Training System [8]. SIAS provides a framework that seeks to standardise the procedures to identify, assess and provide additional support to learners, thus maximizing their participation and inclusion in school [7]. The two mentioned policies reflect the government's commitment to promote access to a quality education for all [3]. However, these policies lack specific and practical guidelines on how to support learners who experience barriers to learning following the onset of a newly acquired disability, specifically as these learners navigate the various transitions throughout their school career. [9].

The value and meaning of participating in school

Adolescents fulfil the role of learner and participate in school [10]. School participation encompasses those activities completed within the school environment including; academic; non-academic (e.g. self-help and breaks) and extracurricular tasks (e.g. sports and clubs) [11]. It is "through doing" in school that learners learn and master skills, learn coping strategies and adapt to limitations. School further provides opportunities for learners to experience role

identity and performance competence [12]. Competence is linked to the learners' capacity to effectively interact and meet the demands of the situations or tasks within their environment. School participation provides purpose and structure to learners' lives [13]. This was supported by qualitative studies that focused on the "role of school" for learners following TBI within Australia and the USA where learners highlighted the significant role school participation played in providing purpose and structure through the educational and vocational goals that they set for themselves. Learners further highlighted that socialization was a key component of their school experience and hence an essential part of their school identity. The social aspects of school were viewed as integral specifically when it allowed the learner to experience a sense of belonging, acceptance and positive recognition [5, 14].

School transitions post TBI

School transitions for learners with TBI include the following transitions: hospital-school (school re-entry post TBI); grade-grade; primary-secondary school and secondary-post secondary transition [15, 5].

The onset of a TBI may hinder the learner's ability to optimally transition and participate in school. Sharp, Bye, Llewellyn and Cusick [14] found that adolescents that have acquired a TBI found it challenging to fit in when transitioning from hospital to school. There were certain factors that facilitated their ability to make this transition including: education of the relevant teachers and peers regarding the learner's TBI and specific needs, open communication between key role players (e.g. parents, teachers and the multidisciplinary team); the provision of accommodations including assessment (e.g. extra time to complete tests), instructional (e.g. peer work tasks) and environmental accommodations (e.g. preferential seating). In addition learners felt that their preparation visit to the school during which they could engage with educators and their peers assisted with a positive school transition [14].

Once they had returned to school, learners felt that barriers to school participation included the teachers' inadequate response to their specific needs. This was demonstrated by their ineffective use of teaching and learning strategies. Further barriers included the lack of consistency in applying accommodations and negative reactions from peers. The degree to which learners were able to adjust to their personal losses (i.e. loss of abilities, friendships and future goals) associated with the TBI also impacted on their school participation [14].

Most research found has focused on the initial return to school post TBI and the transition from secondary to tertiary education thus indicating the paucity in research with regard to an adolescent's transition from primary to secondary school post TBI. The existing body of literature on the effect TBI has on adolescents transitioning from primary school to secondary school has predominantly been conducted in high income contexts [5]. This has resulted in a paucity in research on the effect TBI on adolescents transitioning from primary school to secondary school in middle to low income contexts. The need for research of the phenomenon within middle to low income contexts such as South Africa is essential given the differences in terms of the geographical area, culture, socioeconomic status, policy and legislation and have an impact on the interventions and strategies put into place [7, 9]. Existing research has previously focused on the outsider's perspective of learners who have sustained a TBI, focusing on experiences of those who provide support to the learner (e.g. care-giver, teacher, health care professional), with limited research on the lived experiences of the learner [5, 14, 9]. The lack of the insider perspective, may result in the provision of support services which may not specifically address the needs of the learner and this may have a negative effect on the learner's ability to transition effectively.

Aim: This study explored adolescent learners with TBI lived experiences of their primary to secondary school transition within the Cape Metropolitan area. It was anticipated that this would provide an increased understanding of the factors that hinder and/or facilitate the primary to secondary school transition of adolescent learners with traumatic brain injuries to highlight the specific support needs of these learners. This may assist occupational therapists to render services which are relevant and responsive and are thus in line with a learner-centred approach.

Methodology

Research design: A qualitative phenomenological perspective with the implementation of an interpretive design allowed for the voices of the learners to be heard and directed the descriptions of the learner's lived experiences transitioning from primary to secondary school post TBI. The interpretive paradigm allowed the researchers to convey meaning to the learners' experiences. (16, 17).

Participant recruitment and sampling: Prior to the commencement of this study, ethical approval X was obtained from the Undergraduate Research Ethics Committee (UREC), X University and the Western Cape Department of Education. Gatekeepers including

occupational therapists working at public health care facilities or in educational settings who specifically focused on rendering services to learners with neurological disorders living within the Cape Metropolitan area were phoned and emailed to inform them of the research and to ask if they had learners who met the selection criteria (See Table 1). When appropriate candidates were identified, permission to conduct the research was obtained from the heads of the various health facilities. Four research participants were purposively selected (see Table 2 for demographics of participants)

Table I: Selection criteria for research participants

Insert Table I here

Table II: Demographic information of participants

Insert Table II here

Data collection: The researchers made telephonic contact with the primary care-givers of the potential participants to explain the research and to obtain verbal consent for their children to be approached regarding their participation in the study. Verbal assent was obtained from learners after explaining the research aim and research procedure. The researchers approached the principals of the schools the learners attended to inform them about the research and to gain approval for the research to be conducted on the school premises. Learners were given written consent forms to give to their primary care-givers to complete and return prior to the commencement of the interviews. Written assent from the learners was obtained on the day of the first interview before the interview was conducted. It was ensured that the time scheduled was suitable for the learner and the teacher and that the interview was conducted in a private room to maintain the confidentiality of the learner. The focus of the study was reiterated, and the learners were given an opportunity to ask further questions before they gave written assent. One 60-minute or two 30-minute semi- structured face to face interviews were conducted depending on the learner's level of fatigue. The interview was conducted in the preferred language of the learner, i.e. Afrikaans, English or isiXhosa. The researchers were able to conduct the interviews in either English or Afrikaans and a translator was used when the learner preferred isiXhosa. The researcher asked the questions; the translator translated the question to the learner and then translated their answers back to the researchers in English to allow the researchers to transcribe it [64]. An interview guide with open-ended questions was used. The formulation of the questions was guided by the research objectives, literature on the research phenomenon and were adapted from a questionnaire from a previous study that explored high

school re-entry and school participation of adolescent learner's post TBI [9]. See Table 3 for questions. All interviews were recorded.

Table III: Interview questions

Insert Table III here

In the eventuality that the participants became distressed or anxious, the researchers intended to seek the permission from the learner to refer them to the relevant gatekeeper for follow up support. This was not needed in the study.

Data Analysis: Audio recordings were transcribed verbatim. The interviews that were conducted in isiXhosa made use of a translator that translated the interview from isiXhosa to English for the researcher to transcribe. Member checking took place where the translated transcription was translated back to the learner, in the language they had spoken during the interview, to ensure accurate transcription thus upholding reliability [18]. Data was analysed inductively using Burnards Framework [19]. This allowed the coding of the data into relevant categories and the overarching themes to emerge from the data. Data management strategies included the use of password protected computers to store all data, the storing of audio recordings in a locked cabinet as well as the use of pseudonyms to de-identify the participants.

Trustworthiness and Rigor: Trustworthiness with respect to credibility, transferability, dependability and confirmability as identified by Krefting [20] was upheld through the implementation of investigator triangulation, member checking and reflexivity as well as provision of thick descriptions of the context and the learner.

Findings

Four overarching themes emerged from the data. Themes are depicted in Figure 1.

Figure I: Themes and categories that emerged from the data

Insert Figure I here

Theme One: Changes in functioning

This theme relates to changes the learners experienced post TBI, specifically focusing on the changes they experienced physically, cognitively, socially and with tasks underpinning their learner role.

Physical changes are reflected by learners who state that as a result of their TBI they continue to experience impairments in their functioning, including physical endurance and vision:

...*Sometimes when I walk my legs get tired. - (Power, Line 240*

... *I do have difficulty seeing. - (Kuyivo, Line 44)*

Learners also reported changes in cognitive functions such as impairments in their memory, comprehension, thought processes and concentration following the onset of the TBI:

But short-term if you tell me about an hour ago then I would forget it. - (Ashley, Line 253-254)

... I can't concentrate in class Coffee, Line 28 - 29)

... *after the accident I was slow, and I took my time to answer the question the teacher put on the board. The teacher would write the question on the board and I would still be busy... - (Power, Line 398 - 400)*

Post TBI learners also reported changes in interpersonal interactions which resulted in a loss of friends and limited their social interaction with their peers:

...I had to stand and watch my friends play (soccer) and then I would just walk away because for me it was sad because I always used to play and up till today still I can't. I just have to watch and look at them. - (Ashley, Line 129-131)

I only have one friend at school now. - (Power, Line 544)

Learners further shared the changes they experienced in academic and extracurricular school activities once they transitioned from primary to secondary school and this impacted on their feelings of competence:

I found that my marks were dropping, and my schoolwork became difficult. - (Power, Line 374 - 375)

I was excited but also it was like I was like I couldn't do sports after. I was doing sports a lot in primary school. I used to run and play rugby and soccer also like in intervals, but I can't do any of that anymore. - (Ashley, Line 127-129)

I love soccer and played good before the accident, but now I'm not good in soccer anymore. - (Kuyivo, Line 36 - 37

Theme Two: Personal Resources

Overall this theme reflects learners' perspectives of their personal coping strategies as well as the personal attributes which helped them with the primary to secondary school transition and hence facilitated their participation in school.

Personal coping strategies that influenced the learners' capacity to transition from primary to secondary school and participate in school included taking active steps to improve their learning process and asking help from others. Some learners made use of preventative steps as a strategy to limit the impact of the residual impairments on their school transition and hence school participation.

Learners reflect that they takes active steps, rather than maintain a passive role in their school transition process:

> *...I raise my hand and ask a question. - (Power, Line 284)*
>
> *...so, I usually go to the psychologist at school or wherever and then I talk. - (Coffee, Line 19 - 20)*

The use of preventative steps to assist with limiting the impact of memory impairments on the ability to complete academic related tasks is reflected by a learner:

> *So, like on my phone also I will put the alarm on and a reminder and then I would like put the heading of the reminder like state everything that I have to do or like why did I put the reminder on. - (Ashley, Line 259-260)*

Asking help from others is reflected by a learner who asks his peers for assistance to remind him about school related matters:

> *I like tell my friends and so like just remind me about this and that... - (Ashley, Line 258)*

The personal attributes that learners reflected assisted them with their transition and participation in school include being internally motivated, having internal drive, being hard working and being accepting of oneself.

> *I just study harder when I don't do well, or I try to read through my work on my own without the help so, to see how far I can go without any guidance. - (Coffee, Line 19 - 20)*

When a learner was asked what helped with the transition he responded by saying that self-acceptance assisted with the adaptation:

> *I just love myself for who I am. - (Coffee, Line 129)*

Theme Three: Enabling external support structures

Overall this theme reflects learners' perspectives of the level of support they received from various support structures (e.g. family members and teachers) who helped them with the primary to secondary school transition and hence facilitated their participation in school.

Learners reflected that the support they received within their homes assisted with the school transition and ultimately facilitated their participation in school:

> *My brother helps me with my homework. - (Kuyivo, Line 215)*
>
> *...I would ask my mommy to like proofread it (notes for oral) and edit it for me."* (Ashley - Line 380)
>
> *…my mother is always there for me and wouldn't expect anything back. - (Ashley, Line 226-227)*

Learners further received support in the school environment. This included support from peers:

> *Some of the friends help me with my work at school. (Power, Line 292)*
>
> *... like to lend books but my friends and like people, just like every day I had to take books home so I could catch up. - (Ashley, Line 213-215)*

Support in school further included accommodations made by teachers who allow the learners to ask questions about work they did not understand. Some teachers also provided extra academic and physical classroom adaptations to facilitate an optimal learning experience.

> *They did help me (the teachers) and kinda helped like if they knew what happened and then they told me like after school if I didn't understand or so on I can come back and they will explain the work to me so I can write down notes and yeah they did that. - (Ashley, Line 116 - 118)*
>
> *(Teacher) helped me with the maths and maybe general subjects and (another teacher) helped me do sport and helped me exercise. - (Coffee, Line 294 - 295)*

A learner also reflects on the different level of support he experienced from primary school educators as opposed to secondary school educators:

> *... the teachers are also trying to help us. Helping us succeed in our school career. So last year (in primary school) they wouldn't do that, they would say everyone on their own. - (Coffee, Line 411 - 413)*

Theme Four: Gaps in support structures

Overall, this theme reflects on the learners' perspectives of the lack of continuous support as their school-related work demands increase; the lack of accommodations implemented to address their needs to overcome the barriers to learning and their lack of involvement in the planning and decisions with regard to the primary to secondary school transition.

Learners' share their experiences of the limited amount of support they received whilst their scholastic demands increased as they transitioned and progressed through secondary school. The learners identified the lack of support from educators and health professionals. They further alluded to the lack of focus on their mental functions in current support services.

> *Physically, I think I was prepared, but not mentally cause obviously the workload was more so in like grade 8 I could still cope but in grade 9 it was difficult. - (Ashley, Line 211 - 212)*
>
> *Therapy? No, I don't get any therapy at school. - (Kuyivo - Line 69)*

The lack of accommodations for the learners' specific needs within the schooling environment were shared by participants:

> *We don't choose where to sit, the teachers give us alphabetical places to sit. - (Coffee - Line 475)*
>
> *No changes were made at the school to help with my walking. - (Power - Line 133)*
>
> *I wish I could be helped better at this school. - (Kuyivo - Line 283)*

Learners shared their experiences of their lack of active involvement in the decisions and planning regarding their primary to secondary school transition.

> *My parents chose it (the secondary school) for me. - (Power - Line 218)*
>
> *My mother chose the school for me; I prefer my old school because it was a technical school. - (Kuyivo - Line 52 - 53)*

Discussion

The research sought to explore the insider perspective of the primary to secondary school transition post TBI. The findings revealed that there were certain factors that facilitated this transition whereas others that hindered it. These factors will be discussed in terms of the four overarching themes.

Theme One: Changes in Functioning

According to literature, a TBI may result in physical, cognitive and social changes [14]. For some learners in this study, changes in physical abilities and skills resulted in them comparing themselves to their "able-bodied" peers (i.e. "upward comparison') and this impacted on the way they viewed themselves. According to Shotton, Simpson and Smith [21] "upward comparisons" are associated with low self-esteem and this reflects how changes in physical abilities and skills post TBI may in turn alter a learner's self-concept and hence lower their sense of self belief. This decreased level of competence lowered the learners' self-confidence as in order to enhance confidence and motivation, individuals should recognise themselves as being competent [22].

Changes in mental function such as attention and concentration, memory, psychomotor function, higher-level cognition function and processing speed affected the learners' school participation. The learners reported that school related tasks now required more cognitive effort than before. For some learners these changes in mental function resulted in a negative change in their academic performance which lead to a loss in self-belief as they compared their academic performance and standing pre and post TBI [23, 24]. For these learners the decreased level of competence that they experienced in academic tasks, further decreased their self-confidence and affected their sense of self belief.

Learners in this study also expressed changes in their social functions, due to the residual impairments of the TBI that specifically impacted on their ability to participate in extra-mural activities associated with the learner role. This change in social function impacted on the learner's sense of connectivity with their peers, a finding that is confirmed in previous studies [25, 26, 27]. For some this resulted in the loss of friends. The impact on the social facet of the school experience has been reported by participants in studies by Sharp et al. [14] as well as Mealings and Douglas [5]. In this study, learners who did not experience positive relationships with their peers reported feeling isolated. This resulted in a change the way they viewed

themselves prior to the injury, specifically in cases where learners reported that they were very sociable before the TBI. These learners did not experience a sense of belonging within their school community. These factors could result in learners experiencing school as negative and impact on their school transition as well as affect their confidence and motivation to continue to participate in school.

Theme Two: Personal Resources

Literature has shown that learners with a TBI tend to implement certain coping strategies as they transition from one developmental phase to the next [28]. In this study, "personal coping strategies refer to the cognitive-behavioural strategies" learners used deal with challenging situations [9]. In this study, learners demonstrated a sense of agency through the use of coping strategies such as taking active steps, taking preventive steps and seeking assistance from others. This further reflected the learners' motivation and determination. The active steps that learners undertook are indicative of their assertiveness to achieve their goals. It included initiatives such as exercising preferential seating, asking questions to clarify learning material, speaking to the psychologist. Preventative steps (e.g. putting reminders on the phone) were taken to prevent residual impairments post TBI (e.g. changes in memory) from impacting on the learners' ability to execute tasks linked with the various life roles they fulfil. Some learners took the initiative of seeking assistance from others. For example asking peers to provide reminders about certain school related matters. Learners reflected that by demonstrating a sense of agency they were able to make the transition and participate in school following the onset of the TBI. This finding is supported by Boyden and Mann [30] who found that where adolescents were more actively taking control of their lives, they were more likely to make positive adaptations in response to stressful situations.

In this study learners' highlighted certain personal attributes that assisted them to adapt to their changes in functioning as well as the demands of the occupation and the occupational environment. These included the willingness to put in personal effort to achieve goals, intrinsic motivation and determination. These findings were similarly found amongst students who re-entered secondary and post-secondary educational settings post TBI [31; 32; 26].

In order for learners to adapt to occupational and occupational environmental demands a learner explicitly refers to the need for self-acceptance. This is supported by Klinger [33], whose study highlighted that it was "necessary for persons with TBI to adapt and accept the

new identity (i.e. “post injury self”) before an individual is able to successfully integrate into their valued occupations.

Theme Three: Enabling External Support Structures

Learners highlighted that their family - from whom they received ongoing support and acceptance - enabled them to make the school transition and adapt to the demands of their schooling. This is congruent with the findings of Mealings and Douglas [5] in which one of the major relationships highlighted as important in school transition and participation post TBI is that between the learner and the family. Shotton et al [21] state that in their study, participants with brain injury reported family support was instrumental in increasing their capacity to cope and served as encouragement for them to achieve more.

For some learners’ the support and acceptance from their peers contributed to their positive school transition. Peers assisted learners through providing them with their class notes which helped them catch up on lost work or to remain on par with academic demands. These findings are in alignment with other studies [5, 14]. The supportive role of the learners’ peer group in their adaptation process is also congruent with the developmental stage of adolescence (specifically middle adolescence) where the peer group plays a significant role in their development [34]. The positive influence of peers is further supported by Boyden and Mann [30] whose study findings indicate that interacting with their peers allows adolescents a platform where they are able to develop a sense of competency, develop relationships, empathise and experience a sense of belonging, which are important for building their self-esteem and resilience.

In this study, learners also commented on the positive effect of the positive attitude of some of their teachers, this helped them feel accepted as part of the community at their school and hence assisted with their positive school transition. Teachers who seemed willing to work with the learner following his/her changes in functioning post TBI and who were open to altering their teaching methods, helped these learners adapt to the demands of work brought on by the primary to secondary school transition. Similarly, in a study by Mealings and Douglas [5], it was found positive teacher-learner relationships were associated with positive school experiences of learners post TBI, even in cases where learners’ academic outcomes were not met, they still experienced school as “being okay”.

The above findings highlight the role of supportive relationships in enhancing the capacity of adolescents to overcome occupational challenges in the midst of adversity. This is supported by van Breda and Theron [35] who stated that friends, primary care-givers and teachers were the most prominent sources of support that fostered a sense of belonging and value amongst adolescents. This support facilitated the adolescent to experience a positive transition and participate in valued occupations such as schooling.

Theme Four: Gaps in Support Structures

For some learners there appeared to be a decreased level of the school's commitment to inclusion which was reflected by the negative attitudes of some teachers. Participants in this study also attributed teachers' negative attitudes to their lack of understanding of the learner's support needs. The perceived lack of understanding and training regarding the learner's condition and support needs were supported in other studies [36, 37, 38]. Participant learners in a study by Vaidya (2002) also reported that their teachers' lack of understanding of the effects of acquired brain injuries (including TBI), resulted in their needs not being adequately accommodated and as such, resulted in five of the seven participants wanting to cease school attendance. [38].

A school's decreased level of commitment to inclusion was also reflected by a schools' lack of adaptation of teaching and learning methods to suit the needs of the learners. This was reflected by the lack of implementation of reasonable accommodations in terms of instruction (e.g. graded return to school, adjustments in terms of workload, etc.), the environment (e.g. preferential seating, ramps, grab rails, etc.) and assessment (e.g. extra time, use of scribes, etc.) [39]. For some learners this resulted in them experiencing school as stressful, given the extra effort they needed to invest in school related activities which impacted on their school transition.

Learners reported a lack of mental preparation for the school transition resulted in decreased feelings of competence and confidence thus decreasing participation in school. Some participants referred to the lack of follow up support from members of the multidisciplinary team. Learners hence had difficulty with the transition given the increase in demands on their skills and abilities as they progressed from a primary to secondary school phase. The need for psychological support from the relevant health professionals is hence important given that learners not only have to deal with an increase in workload but also have to deal with the

"emotional conflict of having to replace their pre-injury self with a post injury concept that is both meaningful and satisfying" [40].

As learners were minors at the onset of the TBI, primary care-givers were involved in organizing their children's school transition. However learners were not consulted in terms of the choice of secondary school they would transition to. It is important that the adolescent's preference should also be factored in assessing the best fit for the adolescent as the findings in a study by Jacobs-Nzuzi Khuabi, et al [9] revealed that where adolescents did not feel that the school was a match in terms of supporting their career aspirations, they did not experience a sense of belonging and this impacted on their participation in school.

Conclusion

The current study explored the lived experiences of primary to secondary school transition of learners post TBI. The study aimed to illuminate those factors that enable or hinder this school transition. Enablers included the learner drawing on personal resources, including personal coping strategies and personal attributes, as well as the role of enabling support structures. The main barriers included changes in function and fulfilment of the learner role post TBI; a lack of ongoing intervention by members of the multidisciplinary team; a lack of mental preparation of the learner; the lack of learner accommodations being implemented and the lack of active involvement of the learner in decisions regarding the primary to secondary school transition.

In order for these learners to receive support that is relevant and responsive, there is a need for ongoing interventions to equip learners with the necessary adaptive strategies to address the occupational limitations brought about by the learners residual impairments post TBI. It is further recommended, that in addition to the academic related activities, a focus should be placed on interventions that aim to facilitate learners' engagement in the non-academic aspects given the sense of personal satisfaction, competence and connectedness that learners have attributed to the engagement in these activities. Service providers, including occupational therapists should advocate for the applicable accommodations to be implemented in the learner's school environment, this should be underpinned by educating other key role players involved in the primary to secondary school transition including learners, parents and teachers on the range of support that the adolescent is entitled to. A learner centred approach should be adopted for interventions, which seeks to include the adolescent in the planning and decision making with regards to the primary to secondary school transition. Planning the primary to

secondary school transition should seek to prepare the learner, and those in the learner's context. Preparation of the learner should include the development of the learner's self-advocacy skills, i.e. capacitating them to navigate the applicable support structures.

Study Limitations

The study's small sample and location with the Cape Metropole does not make these findings generalizable. However the purpose of the study was to provide a deeper understanding of the phenomenon rather than to generalise the results. Future studies could hence be completed in other provinces within South Africa as well as rural areas to further explore the learners' experiences of transitions between different school phases post TBI.

Data availability

The interview data of this study are restricted by the Health Research Ethics Committee, X in order to protect participant privacy.

Conflict of interest

The authors declare that there is no conflict of interest.

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