Understanding People Affected by Brain Injury:

Practice Guidance for Social Workers and Social Care Teams

biswg
The Brain Injury Social Work Group
connecting brain injury professionals

BASW
The professional association for social work and social workers

The purpose of this Guide

Acquired Brain Injury (ABI) is a condition that may be seen by social workers who work in adult and children's assessment teams, but not always as a presenting problem. This guide aims to increase awareness of ABI among social workers and provide guidance about what an ABI is and how social work intervention can benefit these individuals. The guidance links to the appropriate level of knowledge and skills as identified in the Professional Capabilities Framework (PCF)[1] and the Knowledge and Skills Statement for adults[2] and child and family[3] social work.

Definition of Acquired Brain Injury

The brain directs every part of our thinking, movement, behaviour, communication, vision, hearing and more. Brain injuries can be caused by a trauma – such as a blow to the head, a fall, sports injury, assault or car accident and can also be acquired due to an infection such as encephalitis. Other causes of brain injury include cardiac arrest which deprives the brain of oxygen and brain haemorrhages/aneurysms. The impact of brain injury on individuals is complex – one or more areas of the brain may be affected. Most head injuries are minor but sometimes they can cause severe problems.[4]

Brain injury can lead to long-term problems. Whilst many individuals do recover some or all of their abilities or use compensatory strategies to support their management, longer term and often invisible difficulties can remain. The impact of childhood brain injury may not always be apparent until adulthood, when the affected individual needs to use increasingly complicated skills and social abilities.

The impact of brain injury on individuals

Cognitive issues affecting:

- memory
- concentration
- information processing
- reading and writing
- understanding/ability to think logically/reasoning
- decision making
- fatigue

The frontal lobes of the brain are responsible for impulse control and self-regulation. Damage to this area may cause:

- lack of forethought/understanding of consequences
- changed behaviour
- reduced understanding of the needs of others
- irritability
- anxiety
- lack of self-restraint and inhibition
- inappropriate comments/actions/humour
- impulsive behaviour
- unrealistic ideas of own ability

[1] https://www.basw.co.uk/resources/professional-capabilities-framework-social-work-england-0

[2] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/411957/KSS.pdf

[3] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/338718/140730_Knowledge_and_skills_statement_final_version_AS_RH_Checked.pdf

[4] https://www.nice.org.uk/guidance/cg176/ifp/chapter/Head-injuries

Identifying brain injury

Social workers can play a crucial role in identifying individuals who have experienced a brain injury providing them with understanding, support, information and advice. Brain injuries may not have been previously identified, so individuals might come to the attention of agencies with presenting concerns around health, behaviour, concentration, and learning needs.

The Brain Injury Needs Indicator[5] (BINI) is a free tool developed by the Brain Injury Rehabilitation Trust (BIRT) designed for social workers and other assessors during a social care assessment to find out how well someone has recovered from their brain injury and to determine what support they might need. The BINI is referenced in the Care Act Guidance[6] as a tool that can be used as part of the social care assessment to help identify issues affecting people with a suspected or diagnosed brain injury.

If you simply need to identify the presence of brain injury, the Brain Injury Screening Index (BISI)[7] is an 11-question screening tool to help identify people with a brain injury and provide an indication of injury severity. The BISI is not a diagnostic tool, nor a medical diagnosis, but records an individual's self-reported history of brain injury. The Disabilities Trust Foundation developed the Index for use by all levels of practitioners. The BISI is a free resource available online and guidelines are included.

Assessment and intervention for people with acquired brain injury

- Good social work practice depends on building trusting relationships between individuals and social workers. At times, these relationships can be difficult and will require time and space to develop.
- Local authorities must ensure that any adult who appears to have care and support needs, and any carer who appears to need support, receives a proportionate assessment which identifies their level of needs.
- The Care Act makes it clear that if someone potentially lacks some degree of capacity they must be seen face to face. Given the difficulties that some individuals with a brain injury present, it is important not to miss the impact of a brain injury in the assessment process.
- Social workers should not expect to complete a full assessment in one or even two meetings because many people with ABI can only concentrate for 10-20 minutes. Assessments may be time consuming, and social workers need to allow extra time.
- The Children Act 1989 charges local authorities with the duty to assess "a child in need" under section 17. It is possible that presenting behaviours or challenges may mask an underlying issue of ABI.
- Social workers should check any notes for a possible medical diagnosis of brain injury and liaise with other agencies. Working in partnership with the health service, local authorities, and voluntary agencies is essential.
- It is important to complete assessments from a strengths-based perspective with a view to positive risk taking. Assessments must be holistic and include an account of the individual's wishes and feelings, observations of the individual, and the views of the people around the individual. Relying solely on the account of one individual may not provide a complete picture of the impact and extent of relevant issues.

[5] https://www.thedtgroup.org/brain-injury/for-professionals/resources/the-brain-injury-needs-indicator-bini

[6] https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

[7] https://www.thedtgroup.org/foundation/brain-injury-screening-index

- Assessment of care and support needs should involve the individual and their carers in discussions and decisions about care and support, and should take into account the individual's housing status, where and with whom they want to live, their personal history and life story, and the needs of carers.

- Assessments should take a whole family approach, and be respectful of individual dignity, promote the individual's interests and independence, be transparent by informing individuals and their families and carers how, when and why decisions are made, and the potential negative effect of social isolation on individuals' health and wellbeing[8].

- Social workers need to ensure they are aware of confidentiality and information-sharing guidelines, and balance these with the need to act in service users' best interests to protect them from harm.

- Where a query exists regarding an individual's capacity, an assessment may be required under the Mental Capacity Act (2005).

- Social workers should provide information to carers about their own right to a carers' assessment under the Care Act 2014.

- Social workers need to equip themselves with skills, support and guidance that support effective communication. There are times when people with an ABI will have difficulty communicating. Their impaired language abilities are caused by issues with cognition and social communication. Social workers are experienced in using communication skills with people who have diverse needs, and can use their skills to explore different strategies of communicating with individuals with ABI. These strategies include careful listening and the good practice of involving people who know the service user well. Useful techniques include breaking down information into discrete chunks, checking that individuals have understood before moving on, and asking open questions about what has been understood.

Post-assessment help and support

- Applying social work values, knowledge and skills to those with ABI means understanding them as individuals within their own social contexts and resolving issues by using the same approach.

- If a person has eligible needs under the Care Act 2014, the local authority has a duty to meet them in most circumstances, and funding is provided if the individual has limited means. In order to be eligible a person should have needs that arise from a physical and/or mental impairment/illness (which a brain injury would be) and be unable to achieve two or more of the outcomes set out by the regulations – or can achieve them but doing so causes pain or distress, endangers them or takes them significantly longer than would be normally expected. This inability/difficulty must be judged to have a significant impact on the individual's wellbeing. The regulations specify the outcomes as follows: (a) managing and maintaining nutrition (b) personal hygiene (c) toilet needs (d) being appropriately clothed (e) being able to make use of the home safely (f) maintaining a habitable home environment (g) developing and maintaining family or other personal relationships (h) accessing and engaging in work, training, education or volunteering (i) making use of necessary facilities or services in the local community including public transport and recreational facilities or services and lastly (j) carrying out any caring responsibilities the adult has for a child. These can all be affected by difficulties with planning, organising and decision-making.

[8] https://www.nice.org.uk/guidance/ng86/chapter/Recommendations#care-and-support-needs-assessment-and-care-planning

- Although relationship building is important, practitioners should recognise that reflective discussion may not always bring about changes in behaviour. Sometimes supporting individuals to become more aware of their behavioural issues can help them to change, but anger, uninhibited and impulsive behaviour may be hard for them to control. Fatigue or becoming overwhelmed by what is going on around them can also trigger challenging behaviour.

- Social workers are skilled at including an individual's social networks and supporting both the person and the people around them. Supporting families and developing appropriate networks can help prevent the breakdown of relationships and services and support recovery.

- It is important to give individuals with a brain injury and their families time for assessment and time to adapt to planned interventions. A six week programme of generic enabling will be unlikely to achieve the desired outcomes – appropriate specialist, rather than generic rehabilitation, will be required.

- Engage the individual and ensure that they are at the centre of personalised care and support. These values and approaches should drive services for individuals with brain injury. A personalised approach will recognise that some individuals with brain injury may not be able to manage Direct Payments by themselves, but may be able to manage them with the help of an advocate or family member. Support systems will be more effective when individuals are included as much as possible in decisions. This inclusive engagement may help facilitate recovery.

- Local authorities must provide independent advocacy to support people to participate in the assessment process. All social workers should apply skills of advocacy – this is particularly important because individuals with a brain injury may lack insight into their situation and their diminished abilities and may say they don't need help, when they do. This lack of insight can lead to people not receiving the support they need.

- Develop and apply knowledge of the Mental Capacity Act 2005 to safeguard the individual, their human rights and ensure decisions made are in their best interests.

- Professional practitioners should recognise that although brain injury is not the same as a learning disability, many people with a brain injury may experience some difficulties with learning.

- Ongoing care and support should include consideration of advance decision making and contingency planning.

- Directing people to organisations that support people to consider compensation in these situations can be helpful. This support includes lawyers, financial advisors and case managers. (Case managers are experts in their field who are employed to act as advocates for the individual with ABI and can assess, arrange and review services).

- If a person with an ABI has a lawyer/legal support, work with them. These people have expert knowledge and can assist with finances at all stages of brain injury

Further information

Headway – excellent advice for professionals, see their list of law firms – they also provide information sheets and booklets (www.headway.org)

BISWG – Brain Injury Social Work Group. Support, advice and events for social workers, by a network of other social work practitioners and lawyers (www.biswg.co.uk)

BASW – British Association of Social Workers – professional advice for members (www.basw.co.uk)

UKABIF – The **United Kingdom Acquired Brain Injury Forum** has an approved lawyers list and a Head Injury Signpost on its website which directs people with ABI, carers and professionals to a variety of useful information about brain injury (www.ukabif.org.uk)

INSWABI – The International Social Work Group for Acquired Brain Injury aims to advance the social work contribution to the field of acquired brain injury (ABI), for the benefit of people with ABI, their families, significant others and broader support networks through international collaboration.

BABICM – The British Association of Brain Injury Case Managers is the UK's premier professional body for case managers and other professionals working with individuals who have a brain injury and complex needs (www.babicm.org)

Schwehr on Care – a website in support of defensible decision making under the new Care Act in England (www.schwehroncare.co.uk)

NICE Guidance
CG176 Head injury: assessment and early management published January 2014, updated June 2017
Quality Standard QS74, Head Injury published October 2014
NG86, People's experience in adult social care services: improving the experience of care and support for people using adult social care services February 2018
NG108, Decision Making and Mental Capacity October 2018

Key welfare benefits available after a brain injury

These are 5 key benefits you should be asking about after a brain injury:

1. **PIP (Personal Independence Payment)** – previously DLA – if under the age of 64
2. **Attendance Allowance for age 65 plus** – 0345 605 6055
3. Either: **ESA (Contributory Employment and Support Allowance)** if you were working before the injury but now cannot work – 0800 055 6688
4. Or: **Means tested ESA** or **Universal Credit** if you were unemployed before the injury and now cannot work – 0845 600 0723
5. **Council Tax Discount if you have a Severe Mental Impairment (SMI)** – forms (to be filled in by the service user or a representative) from their local council. A doctor will need to say the service user has an **SMI** and they must get a qualifying benefit

For Case Studies, videos, Q&A and further information please see www.biswg.co.uk/practiceguidance

This publication was produced as a collaboration between
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