
Practice Guidance for Social Workers working with people with an acquired Brain Injury

February 2016



Purpose of this guide

Acquired Brain Injury (ABI) is a condition that may well be seen by social workers working in adult and children's assessment teams, but not as a presenting problem. This guide aims to increase awareness of ABI among social workers and to provide guidance about what an ABI is and how intervention by social workers can benefit individuals. The guidance links to the appropriate level of knowledge and skills as identified in the Professional Capabilities Framework¹ (PCF) and the Knowledge and Skills Statement for adults and child and family social work.²

Definition of Acquired Brain Injury

Brain injuries can be caused by a trauma – such as a blow to the head, fall, assault or car accident or can be acquired due to an infection such as encephalitis. There are some unexpected causes of brain injury such as cardiac arrest which deprives the brain of oxygen and brain haemorrhages/aneurysms. Cases are complex and they are all different.

Brain injury is complicated – one or more areas of the brain can be affected. The brain is a very complex part of the body that directs every part of our thinking, movement, behaviour, communication, vision, hearing and more.

Brain injury nearly always causes long term problems – if brain injury occurs in childhood there are often ways in which the brain is able to compensate but there are often long term problems. If the brain is injured in adulthood it may be harder for the brain to compensate.

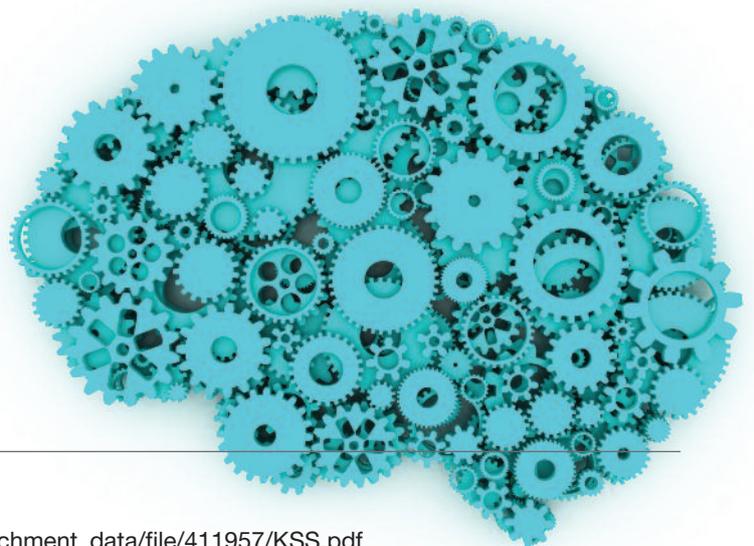
Problems caused by brain injury

Cognitive changes such as:

- poor memory
- poor concentration
- slower information processing
- difficulty with writing and reading
- impaired understanding/ability to think logically, fatigue

The frontal lobes are the gatekeeper of the brain – damage to this area can cause:

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



¹ www.basw.co.uk/pcf

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

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/338718/140730_Knowledge_and_skills_statement_final_version_AS_RH_Checked.pdf

Identifying brain injury

Social workers have a crucial role in identifying people who have suffered a brain injury and providing support, information and advice. The presenting problems to an agency may **not** indicate that a person has a brain injury. All too often brain injuries are not identified. Adults and children may present to agencies as people with difficulties of behaviour, concentration or learning.

The **Brain Injury Needs Indicator (BINI)** <www.thedtgroup.org/brain-injury/bini> is a free resource developed by the **Brain Injury Rehabilitation Trust (BIRT)** <www.thedtgroup.org/brain-injury> to assist social care assessors in identifying difficulties an adult may have with day-to-day living following a suspected or diagnosed ABI, including any issues around lack of insight. It is designed for use in conjunction with a local authority's own general needs assessment, and will be cited in the updated Care Act guidance published Spring 2016.

The **Brain Injury Screening Index (BISI)** <www.thedtgroup.org/foundation/about-the-foundation/brain-injury-screening-index> 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, but records an individual's self-reported history of brain injury. It has been developed by **The Disabilities Trust Foundation** <www.thedtgroup.org/foundation> for use by all levels of practitioners. The BISI is a free resource available online and guidelines are included.

Assessment process

- The Care Act makes it clear that if someone potentially lacks some degree of capacity that they must be seen face to face. Given the difficulties that some people with a brain injury present with it is important that the impact of a brain injury is not missed in the assessment process.³
- It should be recognised that social workers should not expect to complete a full assessment in one or even two meetings [many people with ABI can only concentrate for 10-20 minutes]. Assessments can be time consuming and social workers need to allow for this extra time.
- The Children Act 1989 charges local authorities with the duty to assess “a child in need” under section 17. Presenting problems may mask an underlying issue of ABI.
- Check any notes for any diagnosis of brain injury and liaise with other agencies.
- Relying on the account of a person with ABI may not give an accurate picture of their problems and needs because they may not appreciate the extent of their impairment.
- Not relying on the account of a person with an ABI may seem to conflict with the principles of the Care Act and people being given more control over their own lives, but people's right to make their own choices has to be balanced against their capacity to do so. Speaking to people who support the person with a brain injury or who know them well together with any health professionals, case managers or lawyers involved is often vital because of these potential issues with communication (see below) or the problems with insight that can occur.
- As social workers we are aware of issues of confidentiality and that we must be careful to balance this with the need to act in the service users best interests to protect them from harm. We may also find that service users have a poor relationship with others (family and professionals) and do not want us to speak to them. At times it may be in their best interests to speak to others – particularly if they are carers as they have their own right to an assessment under the Care Act – if we think the service user's capacity is compromised and they are vulnerable (and there can be situations where we might be required to – assessing under the Mental Health Act for example).

³ “Local authorities must ensure that any adult with an appearance of care and support needs, and any carer with an appearance of need for support, receives a proportionate assessment which identifies their level of needs. Where there is concern about a person's capacity to make a decision, for example as a result of ABI, a face-to-face assessment should be arranged”. Care and Support Statutory Guidance (6.28)
www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf

- Sometimes people with an ABI are unable to speak (about 1 in 5 have communication problems) – this does not mean that they can't understand.
- Social workers are experienced in communicating with people with diverse needs and have skills in exploring different ways of doing so. This includes careful listening skills and the good practice of involving people who know the service user well. Social workers are aware that breaking down information into discrete chunks, checking people have understood before moving on – and asking open questions about what has been understood are useful techniques. If there are significant speech and language difficulties a referral to a Speech and Language professional may well be essential and should be sought as part of the assessment process.

Post-assessment support

- Apply the social work values, knowledge and skills that see that people need to be understood as individuals in their social context and that solutions to problems are best met in the same way.
- If a person is eligible under the Care Act a funded package of support could be arranged. 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 2 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. The regulations specify managing and maintaining (a) 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.
- Recognise that reflective discussion may not bring about changes in behaviour, although relationship building is important. Sometimes helping service users become aware of behavioural problems can help them change but more often problems of anger, disinhibition and impulsive behaviour can seem to be very hard for people to control particularly if they have frontal lobe damage. Fatigue or being overwhelmed by what is going on around them can also make challenging behaviour more likely. Social workers are skilled at including people's social family and social networks and working with families as well as the individual with a brain injury. This family and community approach can help with recovery. Supporting families and developing networks can help prevent the breakdown of relationships and services.
- It is important that people with a brain injury and their families are given time. We cannot expect that six week programmes of generic enabling will achieve the desired outcomes.
- Engage the person and ensure they are at the centre of personalised care and support. These values and approaches need to drive services for people with brain injury. The personalised approach will recognise that some people with brain injury may not be able to manage Direct Payments by themselves, but they may still be able to use them with the help of an advocate or family member. Support systems will be more effective when people are included as much as possible in decisions and this engagement may help facilitate recovery.
- Apply the social work skills of advocacy – this is particularly important as people with a brain injury may lack insight into their situation and their capacity and may say they don't need help, when they do. This lack of insight can lead to people not getting the support they need.
- Use knowledge of the Mental Capacity Act in order to safeguard the individual, their human rights and ensure decisions that are made are in their best interests.
- Recognise that brain injury is not the same as a learning disability, which unfortunately is an attitude that many people with a brain injury experience.

- Many people with ABI may be eligible for compensation. Directing people to organisations that support people in these situations can be very helpful. This support includes lawyers, financial advisors and case managers. (Case managers are people who act as an advocate for the person with ABI and can arrange and review services).
- If a person with an ABI has a lawyer/legal support, work with them. These people have a wealth of 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 and advice 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** – UKABIF has a Head Injury Signpost on its website which directs people with ABI, carers and professionals to a variety of useful information about brain injury <<http://ukabif.org.uk>>
- ◆ **INSWABI** – a useful training programme that is easily accessible <www.tbistafftraining.info>
- ◆ **The Criminal Injuries Compensation Authority** – gives advice on injuries and/or look for a lawyer with relevant experience in ABI <www.gov.uk/government/organisations/criminal-injuries-compensation-authority>

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** (being tried in some areas) 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

A case study is found in Appendix 1 (see page 6)

The review date for this guidance is February 2017

Appendix 1

Case Study

In your role as duty social worker you are asked to go and assess a family where a GP has raised concerns. John, in his late 20s, is living with his parents. Their GP is concerned about the situation as his mother is reporting that she is finding it exhausting looking after him and feels she cannot cope any longer. The GP is not aware of any particular issues with the son and has never really had much contact with him. He is not known to any health or social services.

You go to see John and his parents. His mother says that he just won't do anything. She has to chase him to look after himself, he does not help around the house, he forgets or just sometimes can't be bothered to go and sign on or attend courses/training he is required to do and is forever losing his benefits. He has found it difficult to hold down jobs when he has had them – he really struggles to cope with learning what to do. He does not have any friends. When his mother really has a go at him to try and get him to do things he will often lose his temper and get really cross with her but afterwards does not seem to be upset by what has happened. He hates it when family come to visit – particularly his young (noisy) nephews and will often either get cross or will take himself away to his room. This upsets his mother and it has made her reluctant to have family round.

His mother does not like to go away and leave him alone because when she and his father have been away he just doesn't look after himself or the house at all.

Background history

John went to school and did pretty well up until when he was 14-years-old when he was knocked out while playing rugby at school. He was in intensive care for a few days and in hospital for a few weeks but he seemed to recover pretty well. He had no physical problems but he started to struggle at school. He said he did not like it and started getting into trouble at school. He did not do his class work and failed all his exams. His relationship with his family suffered too.

His parents thought that John's behaviour was just that he was being a particularly difficult teenager. His older brother had had a similar period of not getting on in school and with his parents. However, he had come through it and is now working (having done an apprenticeship at a local building firm) and is now married with two small boys. John has not "grown out" of it yet.

John says that he seems to fail with everything he tries to do, he struggles to learn new things and to be honest he just can't really be bothered. He doesn't really enjoy much though he did used to love art when he was at school. He has never had a relationship. John says he has never really thought about why this is but does feel upset when he sees his old school friends getting on in their lives when he is stuck.

So – what is going on here?

John could be depressed. He might just be “lazy” and opting to have an easy life. However the question needs to be asked as to whether there might be some problems as a result of the brain injury? If a person has lost consciousness for more than a few minutes and particularly if they have had a stay in intensive care and were confused when they did wake up – they may have a brain injury. This happened to John. The problems described above are common after brain injury. People often appear to have no problems at first sight. Because John had his brain injury when he was a child any deficits he experienced related to looking after himself may well have been masked, as his parents would still have been doing a lot of these tasks for him anyway.

His problems may be due to depression. He may have both depression and brain injury – depression and anxiety are common after a brain injury and it is important to know which one (or both) may be causing his problems. Anti-depressants or talking therapies (CBT/DBT) could help if the problem is depression but if the problem is brain damage (or it is a significant part of the problem) then other help may well be needed. Once assessments have been done to see what problems a person has, (if they can be arranged), then compensatory strategies can be put in place. Routine and structure can be very important and helping people develop it in their lives and then supporting them to continue with it might help.

The Brain Injury Indicator (see Page 3) could be used to help tease out John’s problems and also to prompt us to ask for the views of his family and friends, as well as any professionals who have been involved. The indicator also looks at the service user’s insight and then combines this with the impact of the brain injury on the person to produce an indicator of risk.

If it can be proved that he has brain damage he might be eligible for services under the Care Act as it seems he is – when left without support - struggling to maintain a habitable home environment, struggling to access and engage in work, training, education or volunteering and would appear to be struggling to develop and maintain family or other personal relationships. As well as eligibility for an assessment under the Care Act and possible care and support needs, the social worker may have a key role in facilitating solutions to the issues and referring to other organisations. Knowledge of ABI provides the potential for social work intervention to lead to positive outcomes.



**This publication was produced as a collaboration between
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