



# ABI as simple as ABC?

Lessons from a programme to expand social workers' awareness of acquired brain injury (ABI).

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*Acknowledgement:  
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Acquired Brain Injury (NSWABI)*

# Introduction

Workshop

Student  
feedback

Practitioner  
feedback

Key lessons

What now?

What next?

# What is an Acquired Brain Injury?

## Definition

A unique and hidden disability

- \* **Head injury** – “Any trauma to the head other than superficial injuries to the face” (NICE 2017:online)
- \* **ABI** -“Damage to the brain which occurs after birth” (Australian Institute of Health and Welfare, 2007, p. 1).
- \* **TBI** - “An alteration in brain function, or other evidence of brain pathology, caused by an external force” (Menon, Schwab, Wright, & Maas, 2010, p. 1638).

“If you have met one person with a brain injury, then you have met one person with a brain injury.”

# Hidden disability, but significant impact

- \* Reduced employment
- \* Volatile and reduced relationships
- \* Increased mental health problems
- \* Increased drug misuse
- \* Increased Homelessness
- \* Increased imprisonment
- \* Increased suicide

\* *Head injuries cause disabled families not just individuals*

(The spouse of a man with a TBI)

# Hidden disability, but high prevalence

- \* Head injury is the commonest cause of death and disability in people aged 1–40 years in the UK (NICE 2017).
- \* In UK, approx. 275 per 100 000 of the population sustain a TBI every year (Langfield 2009).
- \* In Europe 262 per 100,000 people hospitalised each year with TBI (Peeters et al., 201

# Hidden disability or unobserved disability?

- \* Executive impairment and insight issues considered most significant by family (Holloway 2017) but SW's not trained on this and SW's the lowest rated professionals by family members
- \* Intact intellectual awareness a confounding factor for assessment, but can compensatory strategies be internalised and generalised? If not then words are not deeds (Clark-Wilson et al 2014)

# Purpose of this iterative project

## **Aims**

- \* To identify the breadth of the dissemination of the guidance booklet and its impact.
- \* To identify the strengths and weaknesses of the training course.

## **Objective**

- \* To help raise awareness of ABI amongst social workers.

## **Method**

- \* Process evaluation – pilot programme, evaluation of refined version.

# The half day training course - content

## 1. Introduction to ABI; nature, causes and measurement.

- \* The affects of ABI:
  - \* Physical and sensory
  - \* Communication
  - \* Communication
  - \* Cognitive and executive
- \* Multi morbidity
- \* Impact on:
  - \* The individual -grief
  - \* The family – grief changing relationships
- \* Implications for social work practice

- \* 2. Introduction to using the Brain Injury Needs Indicator (assessment tool for identifying level of need and level of support required)
- \* 3. Legal perspectives (Mental Capacity).
- \* 4. Case study and discussion (Q and A).



# Pilot with final year B.Sc. mental health nursing students

## **Of the 26 that rated the training;**

- \* 19 very good
- \* 6 good
- \* 1 satisfactory
- \* 0 poor

## **Positive comments:**

- \* Improved understanding of ABI
- \* Implications for the person with ABI and their family

## **Constructive feedback**

- \* Too much information
- \* More videos

# Feedback from half day course with Practitioners

- \* 70.59% respondents rated course “very good”
- \* 29.41% rated “good” (100%)
- \* “Very informative, gained a lot of knowledge, especially impact on families”
- \* “Excellent training set at good level for social workers”
- \* “The day could have been longer to give more time for processing and discussing learning”

# Results & Lessons learnt

- \* The guidance was sent to 19000 BASW members and 1000 copies were distributed through BISWG.
- \* From feedback a second version was developed.
- \* *Feedback*
  - \* 1. State the problems of ABI first
  - \* Preferred co-construction of knowledge through problem solving case studies
  - \* Pitched at right level for audience?

# What now?

- \* Following on from the first workshop:
- \* Webinar for BASW
- \* Article for *Community Care* online
- \* Community Care Live 16/10
- \* The second edition of the practice guidance
- \* Chapter in upcoming social Work Care Act book (Holloway 2019)

# Conclusion - Ignorance is not an option

Care Act 2014 Statutory  
Guidance

HCPC

- \* 6.3 A face-to-face assessment between the person and an assessor...who **must always be appropriately trained and have the right skills and knowledge.**
- \* 6.28 Local authorities must ensure that assessors have **the skills, knowledge and competence to carry out the assessment in question.**
- \* 6.43 ...the Brain Injury Rehabilitation Trust has produced the Brain Injury Needs Indicator (BINI), which is a tool that can be used as part of the assessment to help identify deficits of people with a suspected or diagnosed acquired brain injury.

Registered social workers must:

**Know the limits of their practice and when to seek advice or refer to another professional**

*This echoes MCA Code of Practice and NICE supporting decision making guidelines. But do we do it? (George 2018)*

# Conclusion -The key recommendations for ABI practice

- ✓ *Be critically curious*
- ✓ *Expertise is required*
- ✓ *Intent and words*
- ✓ *Cognitive care*
- ✓ *The agile practitioner*
- ✓ *Remember basic social work skills - Listen and build relationships*

# What next?

\* *“Something I don’t remember has done something I can’t see and made me someone I don’t know”*

(Mel Ashwin, who suffered a traumatic brain injury)

Do you have any suggestions on how we can better inform social workers?

# Thank you for listening!

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# Further sources of support and information

- \* Headway, the national brain injury charity (*leaflets, books*)
- \* Child Brain Injury Trust
- \* Other charities, Encephalitis, Meningitis, Brain and Spine etc.
- \* British Association of Brain Injury Case Managers (*training provided*)
- \* Brain Injury Social Work Group (*You can join! Cheap*)
- \* INSWABI (*International group, free to join*)
- \* IBIA (*research*)

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