

AGENDA ITEM No. 8

To: SOCIAL WORK COMMITTEE		Subject: BRAIN INJURY NEEDS IDENTIFICATION WORK BY DARE : FINDINGS
From: DIRECTOR OF SOCIAL WORK		
Date: 11 <sup>TH</sup> MARCH 2004	Ref: ST/SKMCD	

## 1. PURPOSE OF REPORT / INTRODUCTION

- 1.1. To advise Committee of the findings of the review of acquired brain injury services, which took place within the context of the Best Value Review of Independent Living Services.

## 2. BACKGROUND

- 2.1. Damage to the brain can occur through a variety of different injuries such as a blow to the head, lack of blood to the brain or through infection. As a result the difficulties people experience following an acquired brain injury are often wide ranging and complex, including:
- physical disability eg difficulty co-ordinating movement
  - cognitive impairment eg difficulty with concentration and memory
  - psycho-social problems eg mental health problems and problems with social interactions
- 2.2. Consequently, people are often unable to return to their lifestyle prior to their brain injury without a significant period of rehabilitation, which may initially be hospital based followed, by service provision within their local communities.
- 2.3. Services for people with acquired brain injury are currently delivered either via reception services, other area team staff or referred to the Brain Injury Project which currently offers a specialist rehabilitation input.
- 2.4. Approval was granted at Social Work (Operations and Services) Sub Committee on 25 April 2002 for the DARE (Disability and Rehabilitation Education) Foundation, an independent organisation, to conduct a review of brain injury services. Funding of £36,510 was approved for this purpose.
- 2.5. DARE was identified as the most appropriate organisation to carry out this review as it aims to develop sustainable partnerships between service users and providers in shaping and evaluating services. It was founded in 1994, and their philosophy fits well with the Department's commitment to service user participation in reviewing and planning services and in developing person centred services.

## 3. PROPOSALS / CONSIDERATIONS

### 3.1. Approach and Method

- 3.1.1. A number of methods were used to identify people to participate, which included contact via existing service providers - area teams, the Brain Injury Project, adult day services, health colleagues and both local Headway groups and Headway National.

3.1.2. Three workshops took place over the review period, concluding with a final workshop at which participants presented their findings. There were 4 project groups each comprising a mix of service users, carers and service providers. Each group chose to work on a specific issue:

- Developing a support group
- Developing a community focal point for support, information, meetings, links with local communities etc
- Production of a comprehensive information pack
- Provision of information and awareness training.

3.1.3. The groups received regular support and facilitation from DARE in progressing their work in-between workshops.

3.1.4. The final presentation of this work took place on 23<sup>rd</sup> January 2004 and was highly innovative, thought provoking and enjoyable. The invited guests included representation from the Scottish Executive, elected members, social work, health, voluntary organisations, the independent sector, service users and carers.

### 3.2. Review Findings

3.2.1. The review identified a number of areas of existing good practice such as:

- Initial primary care service
- Some specific services eg. a follow-up clinic at Monklands Hospital where people are followed up 3 months post trauma and referred to social work for ongoing support where the need is identified.
- Commitment of service providers
- Information when accessible is helpful

3.2.2. Participants were keen to promote change in a wide range of services for people with acquired brain injury. Similarly to people with mental health difficulties, there was a sense that services are too focussed on a “medical model” and that greater attention needs to be given to social inclusion and social care/support.

3.2.3. Another clear message was that people with acquired brain injury need support to achieve their hopes, wishes and aspirations. It was also recognised that carers need support in their own right.

### 3.3 Priorities

3.3.1. The main issues identified as priorities are :

- Better recording systems within health and social work. Currently, data on the numbers and incidence of people with acquired brain injury is not recorded in a consistent and comprehensive manner.
- Acquired brain injury awareness training for professional staff within the Council and Health.
- Specific training for health staff as a brain injury can sometimes not become apparent until some months later, usually when the person has been discharged and is not aware that they have sustained a brain injury. This is frequently the case when the brain injury is not the primary injury and the person is treated on an orthopaedic or surgical ward.
- Integrated working across health, social work and voluntary organisations – in particular the need for a co-ordinated approach.

- Better information for users, carers and health and social work staff about acquired brain injury. This needs to be widely accessible and in a format which is helpful.
- Joint training – especially around person centred planning.
- Opportunities to support people to return to employment including the provision of retraining where necessary.
- Improved support for social, leisure and recreational activities, both within a person's local community and opportunities for people with an acquired brain injury to meet together.
- Improved support for families including regular ongoing support, respite provision and the opportunity for holidays.
- Access to counselling support for service users and carers – at every stage of a person's pathway from trauma to home.
- Better sign posting for carers and support for them.

#### 4. FINANCIAL / PERSONNEL / LEGAL / POLICY IMPLICATIONS

- 4.1 The findings and priorities outlined in this report are consistent with the broader findings contained within the Best Value Review of Independent Living Services, which is the subject of a separate report to Committee (11<sup>th</sup> March 2004). They are also consistent with the direction of national and local policy in respect of community care services.
- 4.2 The findings and priorities require to be incorporated into the Best Value Implementation Plan for Independent Living Services. This will require further work in considering which proposals can be addressed via service improvements on a no cost basis, and which will require additional investment. These resource implications will be reported to Committee at a future date, in the context of progress in implementing the Best Value Review.

#### 5. RECOMMENDATIONS

5.1. Committee is asked to :

- (i) note the contents of this report
- (ii) request the Director of Social Work to :
  - prepare a further report for Committee following the receipt of the final report of the work by DARE
  - provide additional information to Committee about resource implications



**Jim Dickie**  
**Director of Social Work**  
**5<sup>th</sup> February 2004**

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