PE1179/M

ADSW
ASSOCIATION OF DIRECTORS OF SOCIAL WORK

26th August 2009

Petition PE1179 : Acquired Brain Injury

Dear Ms Smith

Thank you for your letter of 21st May 2009 relating to Petition PE1179

There is currently no National Strategic Framework for Acquired Brain Injury (ABI). We need to therefore take account of the current guidance and legislative frameworks produced by the Scottish Executive within which community care services should be developed.

The National Managed Clinical Network for ABI provides the following context for ABI. As the human brain controls all our thoughts, feelings and actions, both voluntary and involuntary, when it is damaged the consequences are often complex and variable. Acquired brain injury (ABI) often leads to a mixture of physical, cognitive, communicative, emotional and behavioural changes with profound consequences for the individual and their family. The person with such complex disabilities requires expertise traditionally based in medicine, mental health and learning disability services but does not fit neatly into these categories so may be denied access to appropriate treatment. ABI rehabilitation is patient or family centred and involves joint working with social work, educational, vocational and voluntary agencies as well as health professionals.[1]

Typically, ABI could be due to damage to brain tissue after road traffic accidents or assaults, falls, industrial or sporting accidents, poisoning, viral infections to the brain, neuro surgery or damage to blood vessels in the brain. It commonly presents special problems owing to the combination of physical, cognitive, behavioural, emotional and social difficulties arising from damage to the brain, and consequently demands intensive health care in the short-term and collaborative input from health, social work and voluntary organisations over the medium to long term.

Most community care services therefore adopt a holistic approach in provision of assessment, support, training and advice. It has long been recognised that ABI affects the whole family and the rehabilitation process is most successful when there is a clearer understanding of the situation and realistic expectations in terms of the recovery of the individual with an ABI.

The Scottish Government laid out national minimum standards for the assessment of needs for all adults[2] with specific headings relating to needs assessment. Acquired brain injury is detailed as part of the personal care and physical well-being.

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[1] Traumatic Brain Injury in Adults – Standards ABI NMCN February 2009
[2] National Minimum Standards for all Adults In Scotland for assessment, shared care and support plan, review and carers assessment and support December 2007

Within the Guidance on Care Management in Community Care[3], ABI is not specifically mentioned, the list of those who should be considered for care management, in all community care groups, will include those who:

- may require or are at risk of permanent admission to care homes or other long-stay care settings;
- are being discharged from hospital or other care settings after a period of long-term care;
- are being discharged following major intervention or serious illness requiring acute hospital care;
- are experiencing severe mental or physical incapacity and loss of independence;
- are terminally ill and may require palliative care;
- are at high physical risk;
- are in need of care and protection;
- have complex needs or challenging behaviour where high level support is necessary or whose care arrangements are at risk of breaking down;
- have rapidly or frequently changing needs;
- are highly dependent on the input of a carer; and
- are carers of people with complex needs whose own care needs mean they are unable to maintain their caring role and require services in their own right.

This would relate directly to ABI based on the needs as outlined within the service standards as laid out by the ABI NMCN.

The Joint Future Report 2001 aims to develop further partnership working between health and social care agencies for all community care groups (including ABI) through joint management and joint resourcing of services and single shared assessment of need. This means that every local partnership has a responsibility to jointly assess the needs of all clients, including those with ABI and their carers.

Community Care and Health (Scotland) Act 2002 introduces direct payments for all adults with physical impairment from June 2003 and reinforces the importance of joint working by removing some of the obstacles.

The Mental Health Care and Treatment Act 2003 changes the criteria, determining whether an individual's decision making is impaired, in relation to compulsory treatment. It also introduces a mandate to provide independent advocacy services to people who are detained for treatment and applies to people with ABI.

It is therefore essential that service delivery for individuals with ABI does not occur in isolation. It is worth noting that most people with ABI return to the community within days or weeks of injury. A small number (but who are significant in terms of their needs) require longer periods of inpatient treatment. Some may require treatment after return to the community.

In addition to the wide range of generic health and social care services that people with ABI may require to access links with addictions, homelessness, mental health, physical disability, sensory impairment, criminal justice, older people, child and adolescent and specialist ABI services will be central to the successful rehabilitation of the individual. Integrated ways of working are required that develop close relationships between service providers on a regular and routine basis[4].

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[3] Circular CCD8/2004: Guidance on Care Management in Community Care

[4] NHS Greater Glasgow and Clyde, Glasgow City Acquired Brain Injury Strategic Framework 2005 – 2014

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Therefore in conclusion, rather than focusing on the specifics of particular medical diagnosis social work services promote the needs of individuals and their carers within a model of assessed need. The new service standards provide a basis for developing closer links between community services and acute services, which are already underway in most areas. It is hoped that the NMCN will work with each health board area to implement the standards within hospital services and therefore local partnerships will be part of the next stage of development for the NMCN if it agrees to become to a national care network.

I hope this is a useful response

Yours sincerely

Kenny Leinster
Convenor of the ADSW Community Care Standing Committee