REPORT NO 266/02

ANGUS COUNCIL

SOCIAL WORK COMMITTEE

26 FEBRUARY 2002

3RD WORLD CONGRESS OF NEUROLOGICAL REHABILITATION

REPORT BY THE DIRECTOR OF SOCIAL WORK

1  RECOMMENDATIONS

It is recommended that Social Work Committee:

i) notes the content of this report;

ii) notes the production of two poster presentations at the 3rd World Congress of Neurological Rehabilitation to be held in Venice during April 2002.

iii) agrees that the Acquired Brain Injury Worker should attend the Congress in Venice to represent Angus Council Social Work.

2  INTRODUCTION

The posters presentations will provide a semi formal presentation and describe the innovative work undertaken by Social Work in Angus to support adults and families affected by acquired brain injury.

Poster 1 : Am I To Blame?
This poster describes an evaluation of the booklet My Mum has a Brain Injury. 
Angus Social Work. ( Note previous Social Work Committee Report 1057/00)

A booklet was written for young children with a parent affected by brain injury and was produced in a colourful, child friendly format. Initial evaluation with eight children aged from five to eleven years suggests that all benefited from being given written information about brain injury and more specifically, the problem of irritability. Parents reported that the booklet helped their child to cope more easily with the behavioural effects of their parent’s brain injury. Raising a child’s understanding would appear to reduce negative feelings such as guilt generated by the child feeling responsible for triggering their parent’s irritable outbursts. The booklet helps children to adapt to changes in their parent’s behaviour and may be useful in reducing secondary problems within the family.

ABSTRACT

This report informs Committee that the Social Work Disabilities Team have successfully submitted an application for two poster presentations to the 3rd World Congress of Neurological Rehabilitation in Venice. The posters provide a semi formal presentation and describe the innovative work undertaken by Social Work in Angus to support adults and families affected by acquired brain injury.
**Poster 2: ‘Moving On’**

*This poster describes a joint assessment and discharge care planning initiative between Angus Social Work and NHS Tayside.*

The aim of this work was to establish a process of interagency assessment using a single shared assessment tool to improve the quality of discharge planning from a post-acute brain injury rehabilitation centre. The project specifically aims to assist individuals and their families with long-term goal planning, to improve quality of life, avoid unnecessary delayed discharges and to minimise problems post discharge. Central to the process was the focus on promoting greater patient/family/carer participation and involvement in decision making.

### 3 FINANCIAL IMPLICATIONS

The cost of sending the Acquired Brain Injury Worker to represent Angus Council Social Work at the 3rd World Congress of Neurological Rehabilitation in Venice will be £968.00 and this will be contained within the social work revenue budget.

### 4 HUMAN RIGHTS IMPLICATIONS

There are no human rights implications arising from the recommendations contained in this report.

### 5 CONSULTATION

The Chief Executive, the Director of Law and Administration and the Director of Finance have been consulted in the preparation of this report.

### 6 CONCLUSION

This report provides the Social Work Committee with evidence of the continued commitment of Social Work to provide innovative, quality services which meet the needs of families affected by disability in Angus. Approval is sought from Social Work Committee to present these posters at the 3rd World Congress of Neurological Rehabilitation in Venice.

W B Robertson  
Director of Social Work

**NOTE:** No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information) were relied on to any material extent in preparing the above report.
Am I To Blame?

‘My Mum has a Brain Injury’

Angus Council Social Work.

Objectives

Young children who have a parent experiencing problems with irritability and impaired control of emotions following an acquired brain injury can feel bewildered, guilty and afraid. This study describes the early evaluation of a booklet written to help young children to understand why a parent may behave in an irrational way and thus help to minimise negative feelings towards themselves and the brain injured parent.

Method

A booklet was written and produced in a bright, child-friendly format and was designed in such a way as to allow the child to personalise it by colouring in line drawings and writing in their own name. Based on a dialogue between two children, the booklet addresses the issue of acquired brain injury from a child’s perspective. It aims to answer a series of common questions about the nature of their parent’s illness, especially hidden disabilities like forgetfulness and impaired control of emotions. The booklet was only given to children with a parent suffering from irritability and it provided them with a simple strategy for coping whenever the parent was upset. Parents were advised that the book should initially be read under adult supervision to allow the child the opportunity to ask questions and explore their own feelings about their parent’s problems. To assist in evaluating the effectiveness of providing written information to young children, eight parents were asked to complete a structured questionnaire. In all cases the book was read under the supervision of the non brain-injured parent although the questionnaires comprised the views of both parents.

Results

As a result of reading the book all parents (n=8) agreed that their child had a better understanding of the affected parent’s brain injury. Similarly, all agreed that their child subsequently showed less evidence of being upset if the affected parent experienced an outburst of irritability. However, one of the eight sets of parents thought that their child continued to feel responsible when such outbursts occurred. Nevertheless all parents agreed that their child was better able to cope with upsets and was more confident about explaining the problem of brain injury to their friends.

Conclusions

Initial evaluation of the booklet ‘My mum has a brain injury’ with eight children aged from five to eleven years suggests that all benefited from being given written information about the nature of brain injury and more specifically, the problem of irritability. Parents reported that the booklet helped their child to cope more easily with the behavioural effects of their parent’s brain injury. Raising a child’s understanding would appear to reduce negative feelings such as guilt generated by the child feeling responsible for triggering their parent’s irritable outbursts. A booklet written for young children of brain-injured parents may be useful in reducing secondary morbidity within the family.
OBJECTIVES
This project aimed to establish a process of interagency assessment to improve the quality of discharge planning from a post-acute brain injury rehabilitation centre.

AIMS
• Assist the patient with long term goal planning
• Avoid delayed discharges
• Minimise problems post discharge
• Promote greater patient/family/carer participation and involvement in decision making

METHODS
A systematic approach to data collection was developed that focused on all aspects of a patient/family/carer functioning that are relevant to discharge planning. An existing core assessment tool, which is shared across different disciplines and agencies, was adapted for this purpose and revised 3 times over the course of the project. This core tool allows the patient, family and each member of the multi-agency team to contribute their individual perspective and experience of the patient across a comprehensive range of topic areas. Quality of life issues are included and individuals and families are encouraged to discuss their hopes and expectations for the future. It allows each contributor to view and relate to others’ assessment conclusions and views.

The assessment information is collated by Social Work and a joint discharge care plan is agreed.

RESULTS
The integrated picture of the patient and family, encompassing current functioning and future aims enables the team to:

• Identify patient objectives necessary for safe discharge, e.g. outdoor mobility safety
• Identify resources required for timely and successful discharge, e.g. carer training and education
• Identify new goal areas, e.g. recreational
• Predict post discharge goal targets, e.g. independent use of public transport within 3 months
• Agree a discharge date

CONCLUSION
The completed joint discharge care plan provides a ‘360 degree’ perspective from patient, family and professionals on the needs for continued rehabilitation and support after discharge. This process of collaboration ensures that the views of all stakeholders are taken into account and provides an opportunity to reconcile differences at an early stage.

The brain injured person and family are central to the process and the care plan forms the basis for discussion in the pre-discharge case conference.

The joint discharge care plan facilitates communication with family, GP and all contributors prior to discharge.

The joint care plan is monitored and reviewed on discharge through Social Work and the multi-professional, multi-agency, Brain Injury Clinic.

Focus on continued goal planning emphasises the dynamic process of rehabilitation and reinforces the notion that rehabilitation is not complete when the patient leaves hospital but continues into the community.

Inter-agency investment in patient/family/carer centred discharge planning is essential to ensure a timely and smooth transition from hospital to home and to assist in carrying forward individual, goal orientated, community rehabilitation programmes.