

Unit 46: Supporting Families of Individuals with Acquired Brain Injury

Unit reference number: D/616/7351

Level: 2

Unit type: Optional

Credit value: 3

Guided learning hours: 24

Unit summary

This unit will introduce you to the needs of families who care for individuals with acquired brain injury. While it is important to provide the best quality care for these individuals, also it is essential to remember the needs of those who are providing the care at home.

This unit will help you to understand the personality changes that can accompany acquired brain injury and the effects on the individual's family and friends.

You will look at relevant legislation. This will help you to understand the rights of carers and families, and your own responsibilities under the legislation.

In this unit, you will demonstrate communication skills in your workplace. You will, use these skills to support families and to find out about the individuals they are caring for.

This unit explores the methods used for recording and reporting the needs of carers. The unit also covers investigating when referrals to other professionals and agencies are required.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
<p>1 Understand the importance of working in a family-centred way when working with individuals with acquired brain injuries</p>	<p>1.1 Identify the family's needs and wishes when supporting individuals with acquired brain injuries</p> <p>1.2 Explain the importance of the family's needs being fully taken into consideration when working with individuals with acquired brain injury</p>
<p>2 Know the long-term effects of acquired brain injury on families</p>	<p>2.1 Describe changes that may occur for family and friends as a result of caring for an individual with acquired brain injury</p> <p>2.2 Explain the long-term consequences on a family caring for an individual who is:</p> <ul style="list-style-type: none"> • minimally responsive • severe • mild to moderate <p>as a result of acquired brain injury</p> <p>2.3 Describe the potential impact on families from:</p> <ul style="list-style-type: none"> • personality changes in the individual • lack of self-awareness • the individual's increased dependence
<p>3 Be able to apply legislation that is relevant to carers of individuals with acquired brain injury</p>	<p>3.1 Identify legislation and policy specific to carers of individuals with acquired brain injury</p> <p>3.2 Demonstrate use of key principles in legislation in own practice</p>

Learning outcomes	Assessment criteria
<p>4 Be able to support families and friends who hold the primary caring role</p>	<p>4.1 Demonstrate listening and communication skills that support the primary carer</p> <p>4.2 Demonstrate that the support needs of family and friends have been identified</p> <p>4.3 Contribute to the assessment of the primary carer's needs</p> <p>4.4 Identify any additional support needs with the primary carer(s)</p> <p>4.5 Record and report the needs of primary carers according to agreed working practice</p>
<p>5 Know the support available from other professionals and agencies for families</p>	<p>5.1 Identify professionals and agencies who support families of individuals with acquired brain injury</p> <p>5.2 Describe when referrals would be made to other professionals or agencies</p>

What needs to be learned

Learning outcome 1: Understand the importance of working in a family-centred way when working with individuals with acquired brain injuries

Family-centred care

- The individual is the person requiring support. An advocate may need to act on behalf of an individual.
- Involvement of family in all discussions and decisions related to the individual.
- Inviting advice from the family with regard to the care and support they need.
- Not intruding into the family's contributions to the care and support of the individual.
- Recognition of the family as partners in care and support.

Importance of family-centred care

- Build trust with families.
- Working relationships.
- Relevant information is provided.
- Delivery of consistent care.
- Monitoring process.

The needs of the family

- Needs, wishes and preferences of the family with regard to the individual, including religious and cultural factors.
- Safety and wellbeing of individuals.
- Care plan.

Primary carers

- Spouse/partner.
- Parents.
- Siblings.
- Children.
- Grandparents.
- Friends or identified next-of-kin outside of immediate family but who are primary carers.

What needs to be learned

Learning outcome 2: Know the long-term effects of acquired brain injury on families

Changes experienced by families

- Having to deal with personality changes in the individual:
 - irritability
 - disinhibited behaviour causing embarrassment socially and publicly
 - frustration
 - loss of social skills
 - lack of self-awareness or ability to understand impact of behaviour on others.

Potential long-term consequences on families

- Loss of social contacts and relationships.
- Loss of income because of reduced work time or having to give up work.
- Physical illness because of increased stress levels.
- Breakdown of other relationships because of the stress of caring for the individual.
- Loss of intimacy between partners.
- Poor school attendance and/or performance – children and adolescents.
- Self-harm – children and adolescents.
- Loss of important role models – children and adolescents.
- Depression.
- Changes in role.
- Stigma in the community.
- Loneliness.

Learning outcome 3: Be able to apply legislation that is relevant to carers of individuals with acquired brain injury

Legislative and regulatory guidelines

- Equality Act 2010.
- Mental Capacity Act 2005.
- Deprivation of Liberty Safeguards (DoLS).
- Care Act 2014.
- Care and Support Reforms 2015 and 2016.
- Carers (Equal Opportunities) Act 2004.

Principles of legislation

- Needs, wishes and preferences to be taken into consideration.
- Needs assessed separately to the individual.
- Respect and dignity.
- Cooperation between professionals and carers.
- Involvement of carers in all decisions and discussions.
- Sharing of information with carers.

What needs to be learned

Learning outcome 4: Be able to support families and friends who hold the primary caring role

Communication and listening skills

- Use of preferred methods of communication.
- Clear speech.
- Avoidance of regional expressions, slang.
- Avoidance of acronyms.
- Non-defensive body language.
- Active listening.
- Clarifying understanding by:
 - paraphrasing
 - reflective listening.
- Informing family and friends of any proposed changes.
- Asking family and friends for updates.

Needs of carers

- Health issues.
- Financial support.
- Alternative care if carer wishes to work/participate in leisure activities/participate in religious activities.
- Instruction in the use of specialist equipment, e.g. hoists.
- Emotional support.

Recording and reporting the needs of carers

- Use of agreed methods within own workplace.
- Prompt recording of issues.
- Escalation of needs and concerns to agreed persons.
- Boundaries of own role.
- Maintenance of confidentiality:
 - secure storage of paper-based and electronic documents
 - use of secure passwords
 - not leaving documents on view
 - not leaving computer screens that show confidential materials on view.

Learning outcome 5: Know the support available from other professionals and agencies for families

Professionals and agencies

- Organisations for carers.
- Social workers.
- General practitioners (GPs).
- Supervisor.
- Advocate:
 - carers/family members
 - colleagues
 - relevant charities.

What needs to be learned

Referrals to other professionals and agencies

- Referrals would be made when:
 - the carer is not coping
 - the carer is becoming ill
 - the carer has additional needs
 - specialist intervention is required, e.g. speech and language therapy
 - the individual has developed further needs
 - the individual is not making the expected progress.

Information for tutors

Suggested resources

Books

Roberts Stoler D and Albers Hill B – *Coping with Concussion and Mild Traumatic Brain Injury* (Avery Publishing Group, 2013) ISBN 9781583334768

Sullivan C – *Brain Injury Survival Kit* (Demos Health, 2008) ISBN 9781932603736

Websites

www.communitycare.co.uk/2012/07/26/how-social-care-staff-can-improve-their-communication/	Community Care website – article on improving communication within care.
www.headway.org.uk	Headway – the brain injury association, a registered charity website with useful information and online communities for people with a brain injury.
www.nhs.uk/conditions/dysarthria/	Factsheet on dysarthria and dysphasia.

Assessment

This guidance should be read in conjunction with the associated qualification specification for this unit.

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria, and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meets the assessment criteria, centres should follow the guidance given in *Section 8 Assessment* of the associated qualification specification and meet the requirements from the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with the assessment strategy (principles) in *Annexe A* of the associated qualification specification.

Assessment decisions for learning outcomes 3 and 4 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation cannot be used as an assessment method for learning outcomes 3 and 4.

Assessment of learning outcomes 1, 2 and 5 (knowledge) may take place in or outside of a real work environment.