

JUST THE TIP OF THE ICEBERG



Exploring the use of Brain Injury Needs Indicator (BINI) Tool within statutory Care Need Assessments

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Introduction

Survivors of Brain Injury are frequently subject to their care and support needs being missed when assessed by practitioners with little or no knowledge and awareness of the cognitive and psycho-social impact of a Brain Injury(2). "The Brain Injury Needs Indicator (BINI) is a free tool designed to be used by social workers or other assessors during a social care assessment, for the purpose of finding out how well someone has recovered from their brain injury and to determine what social care support they might need." (1). The BINI is referenced in the Care Act Guidance (point 6.43) as a tool that can be used as part of the assessment to help identify deficits of people with a suspected or diagnosed brain injury (1). There is current evidence demonstrating that where there are gaps in information triangulation, care needs assessments can and do have fatal consequences (3,5). This phenomena has been clearly documented with evidence demonstrating 3 times higher risks of suicide, a high representation amongst prison populations (above 70%) and high prevalence of homelessness and substance abuse. It has been nearly a decade since critical publications highlighting the need to improve the assessment of needs and therefore this is an exploration of whether there have been improvements.

Conclusion

"The Brain Injury Needs Indicator (BINI) is a very simple to use document developed by brain injury specialists to facilitate non-specialist colleagues identify ABI and support the completion of a valid assessment of need" (2). The impact of care and support needs have a significant impact on Brain Injury Case Managers to find resources in the community to keep client's safe and to promote quality of life throughout their life span. Brain Injury Case Managers have specialist knowledge and experience, and are critical professionals in advocating for Brain Injury Survivors. It is evident that more needs to be done to advocate for good practice in Care Needs Assessment under the Care Act (2014) and Mental Capacity Act (2005). The authors conclude that promoting the use of BINI is an act of duty of care and professionalism as set out by BABICM Competencies. It is therefore important that proactively promoting its use is integrated into Case Management practice as this also promotes good practice within Brain Injury Case Management (4).

Aims & Objectives

The purpose of this mapping exercise is to:

- Capture a snapshot of use of the BINI within the cohort of Brain Injury Case Management Service users.
- Promote good Brain Injury Case Management practice.
- Highlight good practice in Brain Injury Case Management
- Raise awareness of Case Managers to promote the use of BINI Tool and triangulation as good practice for Care Needs Assessment in keeping with Care Act (2014), the Mental Capacity Act (2005) and BABICM Competency & Good Practice Framework (4).

Methodology

Literature Review

An internal database search was conducted in order to collate quantitative data around the use of the BINI within care act assessments. This was in order to determine how many local authorities completed or acknowledged the use of the BINI within the care act assessment.

Quantitative data was collated throughout the various searches completed on our internal systems and compiled for recording and comparing use within each local authority.

Key Search Terms: Serious Adult Reviews;

'Care Act'; 'Care Act Assessment'; 'AST'; 'Care'; 'BINI'; 'Brain Injury'; 'Brain injury needs; indicator'; 'Adult needs assessment'; 'Adult care Assessment'

A two year time frame (2020-2022) was agreed upon prior to collating the quantitative data. This was in an attempt to capture the increased awareness of the BINI whilst highlighting a need for further awareness and use.

Results/Discussion

The internal database search identified that across 25 different local authorities, a total of 13 care act assessments were completed between 2020-2022 within Social Return Caseloads.

The search identified that out of the 13 care act assessments, it was evident within 2 of these assessments that consultation and information sharing with the case manager took place. It was identified that the BINI was not used within any of the care act assessments completed within this timeframe. Inconsistent practice in sharing the assessment document has limited the scope of information available. The time frame of the data was chosen to capture this information after recent publications highlighting the recurring gaps in assessment of needs of Brain Injury Survivors and their families (3). This mapping exercise shows that there has been little or no change to the practice of Social Service practitioners in assessing care needs within the data set. The results indicate a serious need for increased promotion of good practice in Care Needs Assessment.

Research and publication to date have highlighted the detrimental risks to lives when the care and support needs of brain injury survivors are missed.(5,6) The gaps in knowledge, understanding and experience of Brain Injury within Social Care Services is recognised as a key contributing factor to the failings of provision for appropriate support intervention (2). Yet, our findings show that there is a continued significant gap in the use of the BINI Tool as part of good practice in Care Needs assessment. The data search also revealed gaps in information sharing from statutory social care services, highlighting the ongoing gaps of good practice in the assessment of care needs for Survivors of Brain Injury.

The authors acknowledge that this data has some limitations because it is reliant on the disclosure of Care assessment documents to the referring Case Manager There is a need for further enquiry to capture whether there was information sharing and the active promotion of the use of the BINI. The number of local authorities services within the data set mirrors the number of local authorities included in previous enquiries (2.) This suggests that further inquiry to expand on this mapping exercise could yield significant information on the current landscape of the practice of assessment of needs under the Care Act (2014).

References

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