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## Background:

Acquired brain injury (ABI) can result in considerable long-term physical, behavioural, emotional, and cognitive difficulties. These invisible executive impairments associated with ABI, including lack of insight can leave individuals at significant risk of harm and abuse in the community (Norman, 2016; Norman & Holloway, 2022; Moore et al, 2019). Brain injury case managers (BICMs) work closely with clients to rehabilitate, safeguard, and support their complex needs.

## Aim:

- 1) To investigate the recommendations made with Safeguarding Adults Reviews Associated with the death of a person with ABI
- 2) To investigate the experiences of UK brain injury case managers surrounding safeguarding of clients with brain injuries.

## Method

### Study 1

- Review of Safeguarding Adults Review related to brain injury since 2014 in the UK.
- Thematic analysis conducted of the recommendations

### Study 2:

- Online survey using Qualtrics
- Sixty-one Brain injury case managers (BICMs)
- Analysed using descriptive statistics & Interpretive Thematic Analysis (Braun & Clark, 2006)
- Seven participants from the survey
- Conducted via Zoom
- Analysed using descriptive statistics & Interpretive Thematic Analysis (Braun & Clark, 2006)
- A series of themes were generated from the analysis
- Five case studies were collated that represented the key themes and sub-themes.

### Study 2:

- The average number of safeguarding alerts raised by BICMs in the last year = 17.72. The highest number of alerts reported was 48.
- BICMs reported concerns with the effectiveness of safeguarding procedures in reducing risk (Figure 1).
- Three areas of difficulty were identified within current safeguarding procedures; a lack of understanding of brain injury among social services and local authorities, absence of information sharing and communication between services, and a failure to assess mental capacity correctly.
- Recommendations were made by participants around a need for ABI-specific safeguarding training and the need for more effective communication within and across organisations.

## Results

### Study 1:

Four main themes were identified:

- 1) a lack of awareness of the needs of those with ABI and their families, and around the symptoms and nuances of brain injury, particularly executive impairment and mental capacity, among social workers,
- 2) 2) poor interdisciplinarity led to a lack of shared communication and decision-making with professionals with such knowledge,
- 3) 3) a poor understanding of aspects of the mental capacity legislation, particularly surrounding unwise decisions, led to inappropriate or absent mental capacity assessments and 4) a lack of professional curiosity led to a lack of action where intervention or assessment was required.

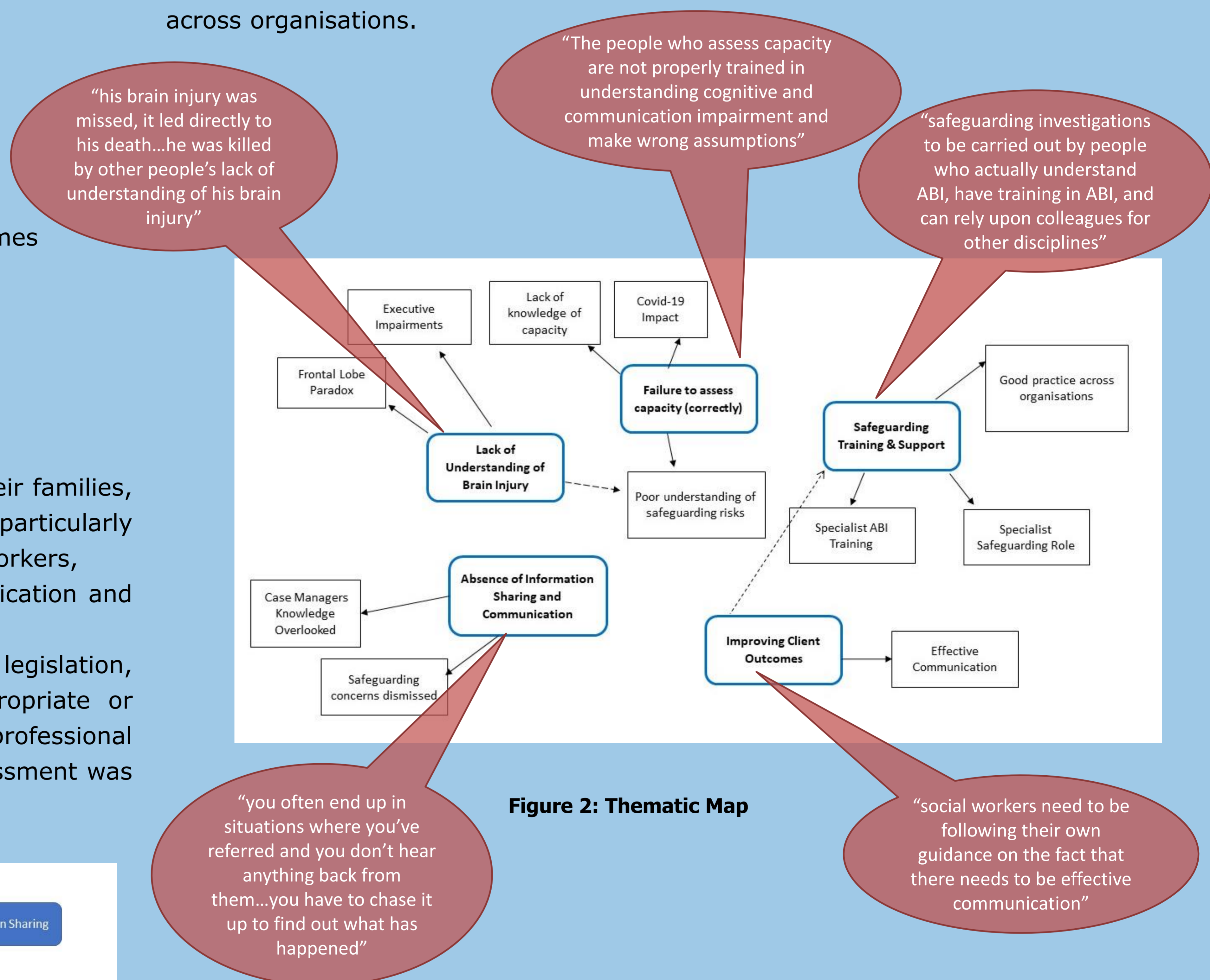


Figure 2: Thematic Map

## Discussion

The review identified significant shortcomings in social work practice, education and training within the UK with regards to ABI. The paper provides recommendations to current social work practice and highlighted the need for significant improvements in pre-qualification and post-qualification training and supervision of social workers.

Study two highlights the need for ABI training for professionals outside of brain injury case management, with a specific focus on executive impairments and how they fit with safeguarding and mental capacity. Understanding the "hidden" disabilities associated with ABI is essential to safeguard those at risk.

## Conclusions:

This study highlights the need for ABI training for professionals outside of brain injury case management, with a specific focus on executive impairments and how they fit with safeguarding and mental capacity. Understanding the "hidden" disabilities associated with ABI is essential to safeguard those at risk.

## References:

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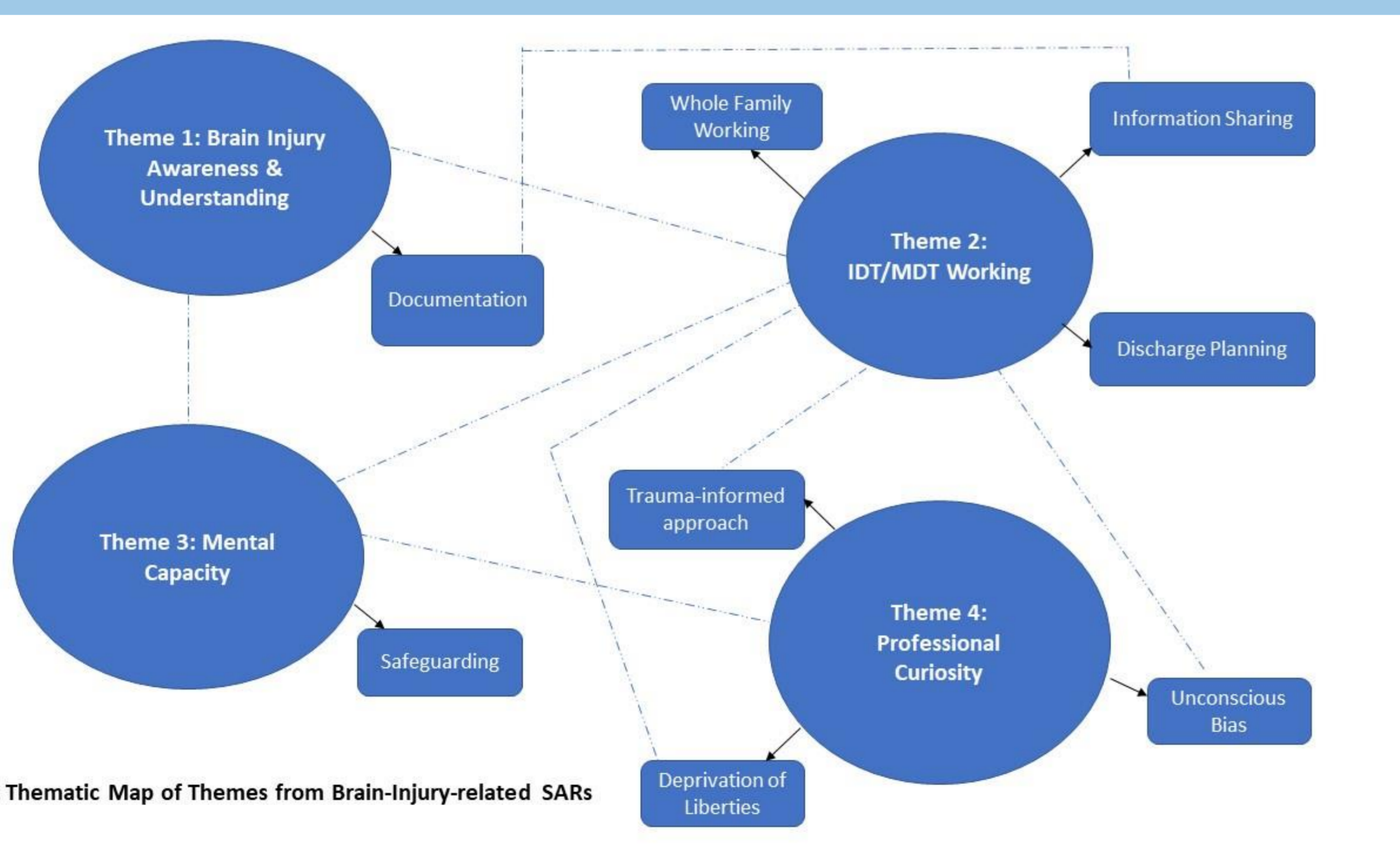


Figure 1: Thematic Map of Themes from Brain-Injury-related SARs