DRIVING, ITS A RIGHT OF PASSAGE

How a Case Manager Supports a Client to Driving with an ABI/TBI

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Introduction

Being able to drive is often seen as an essential activity when reaching adulthood along with providing social inclusion within the younger population, however, the driving task requires the driver to be attentive, to concentrate, make judgments quickly in rapidly changing situations and being able to cope with an ever changing situation which is demanding (1). Many of these complex cognitive tasks are required when either learning to or returning to driving and are commonly impacted by those that have sustained an ABI/TBI. (2). As clients progress through their rehabilitation, driving is often a topic that is discussed as it is often a link that will help them reach many goals along with being seen as the gold standard of rehabilitation (3).

Case Managers often have to support the client to help identify if driving is a realistic goal and support them through the often difficult process of navigating the DVLA pathways. This can be either having a driving licence and completing the steps to show that they are still able to drive or applying for a provisional licence and learning to drive with a brain injury. This is often a long process and clients need the right support to help manage their emotional responses to this perceived delay within their recovery and the impact on their sense of identity if returning to driving/ learning to drive is not an option. (2).

Relevance and Purpose

The timeliness of information and guidance provided on returning to driving for ABI survivors and their families is a matter of safety to the individual and safety to the public. By reviewing the current requirements and guidance in the UK it is apparent that where there are gaps in information, Case Management has a duty of care to take appropriate action to manage the risks and safeguard where needed. Case Managers with expertise in Brain Injury may be best placed to proactively anticipate this need throughout the recovery process for ABI survivors and to coordinate with the person, their support network and relevant statutory authorities. By anticipating this need and coordinating the timeliness of intervention this would reflect back to the BABICM Competencies and Standards for Good Practice in Brain injury Case Management. This review identifies where there are safety and safeguarding implications and that there is a need for Statutory authorities to review the adequacy of current safeguards where injury impacts on the cognitive/behavioural functional aspect of driving.

Methodology

A literature review was completed to review research and evidence on support available to individuals learning to or returning to drive with a head injury.

Information on return to driving was sourced from statutory authority in the UK, The DVLA and brain injury charity Headway. Literature was sourced via google search using keywords and phrases. These included "driving", "identity" and "brain Injury". There were no UK based research articles on return to driving specific to brain injury.

Discussion

From experience there seems to be little awareness of Brain injury survivors of the legal requirements regarding driving following Brain Injury. Case Managers and MDTs are well placed to provide information, resources and support at the right time for the injured person and their support network. Although the client and/or their family may have been told that the client is unable to drive, this information is often provided at the wrong time such as the early stages of rehabilitation while they are in hospital and therefore the information is forgotten or not prioritised as it is not a main priority for them at the time (3) . It is good practice for the case manager to check that the client has informed the DVLA before pursuing this goal and to prevent the client from driving without a valid driving licence which inturn would deem their car insurance invalid (3).

Once this basic legal requirement is in place there is no clear pathway of what happens thereafter if the DVLA stipulates that they "may not be allowed to drive" (5) . Exploring driving as a realistic goal needs to be assessed by a suitable Multi-Disciplinary Team who can address complex and multi-faceted impairments that impact the client's ability to drive after a brain injury. This can include the following: psychology to provide therapy and coping strategies around areas such as anxiety, PTSD, emotional regulation and memory which are common issues for someone with a brain injury;Occupational Therapy to complete assessments and provide interventions such as standardised assessments e.g. The Rockwood Driving Battery and non-standardised assessments e.g. practical passenger multi level tasks and fatigue management;A practical driving assessment which can either be on road or off road, depending on the licence status and can provide a report with recommendations (7.) However, the DVLA do not need to accept this information and have the overriding decision.;A specialist driving instructor who has experience with teaching someone to drive with a head injury as they will understand the extra support the client may require. This could include extra time to process information, being able to demonstrate their ability to learn and retain information about driving and extra emotional support to complete the driving test. However, there is no specialist training for this and therefore sourcing this driving instructor can be a difficult task.

Additional consideration can and often do come from family members. On one end of the scale family members may be worried/ anxious about the client returning to/ learning to drive (6,3) and at the other end family members may be frustrated and not understand why someone is unable to drive. In clinical practice Case Managers witness anecdotal examples where family and friends decide to step in to manage those concerns. An example is by being in the vehicle while the injured person is driving or encouraging them to drive.

There are considerable gaps in information and guidance around safe return to driving/learning to drive after Brain Injury with serious implications for safety to the public. This has implications for Case Managers to proactively monitor and manage risks and step into this known gap. With this limited information, referrals to and engaging with the wider MDT to support person's with ABI around the topic of driving demonstrates competency in keeping with BABICM standards and Competencies 2, 3, 4 and 5 (4).This could bring with it a sense of expectation and responsibility for Case Managers and how they may have to manage risks. Case managers are best placed to provide clear information to the client on the potential pathway and need to also work closely with family and friends to help optimise the outcomes in relation to the goal to return to driving. However, in the absence of statutory guidance current practice is likely to be influenced by the experience levels of clinicians, leaving an unmitigated burden of duty of care onto clinicians as and when knowledge of risks arise. There are clearly implications for stakeholders at multiple levels to address the gaps in research and resources to the public and clinicians who work with survivors of head injury.

Conclusion

There are currently no UK based research articles, statutory pathway or guidance on returning to driving following Acquired Brain Injury. This review identifies a significant gap in statutory guidance and pathways for driving following injury and illness that is known to impact on the cognitive/ behavioural functional skills needed to drive safely. As an activity it is seen as something that provides a sense of identity, independence and enables engagement with the community in western cultures. The research found has implications for good practice in Case Management and the Rehabilitation Process which is to proactively address these themes with the client whilst taking practicable steps to promote safety to the client and the wider public. These steps should include the following:

- Consider driving proactively in order to monitor and manage risks.
- Identifying if driving is an appropriate goal by coordinating MDT support needed to explore the multi-faceted functional skills needed
- Manage the client's expectations as well as their support network and identify what resources are needed to support them through the processes.

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