

# Safeguarding Issues with Individuals with Acquired Brain Injuries



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# participant example authority practice principles name within personal name within personal risk decision action help superated care services arms at staff support act include waters management adults staff support act include waters well-being insert safe local person people sport well-being insert safe local person people sport well-being insert safe local person people sport within needs policy at local person people sport act include waters onceins capacity organisation decisions home low concerns capacity organisation decisions home low applicate taken making procedures legislation part england sharing actions uk case appropriate including sexual domestic safeguard consert police safety physical tocal someone involved includes

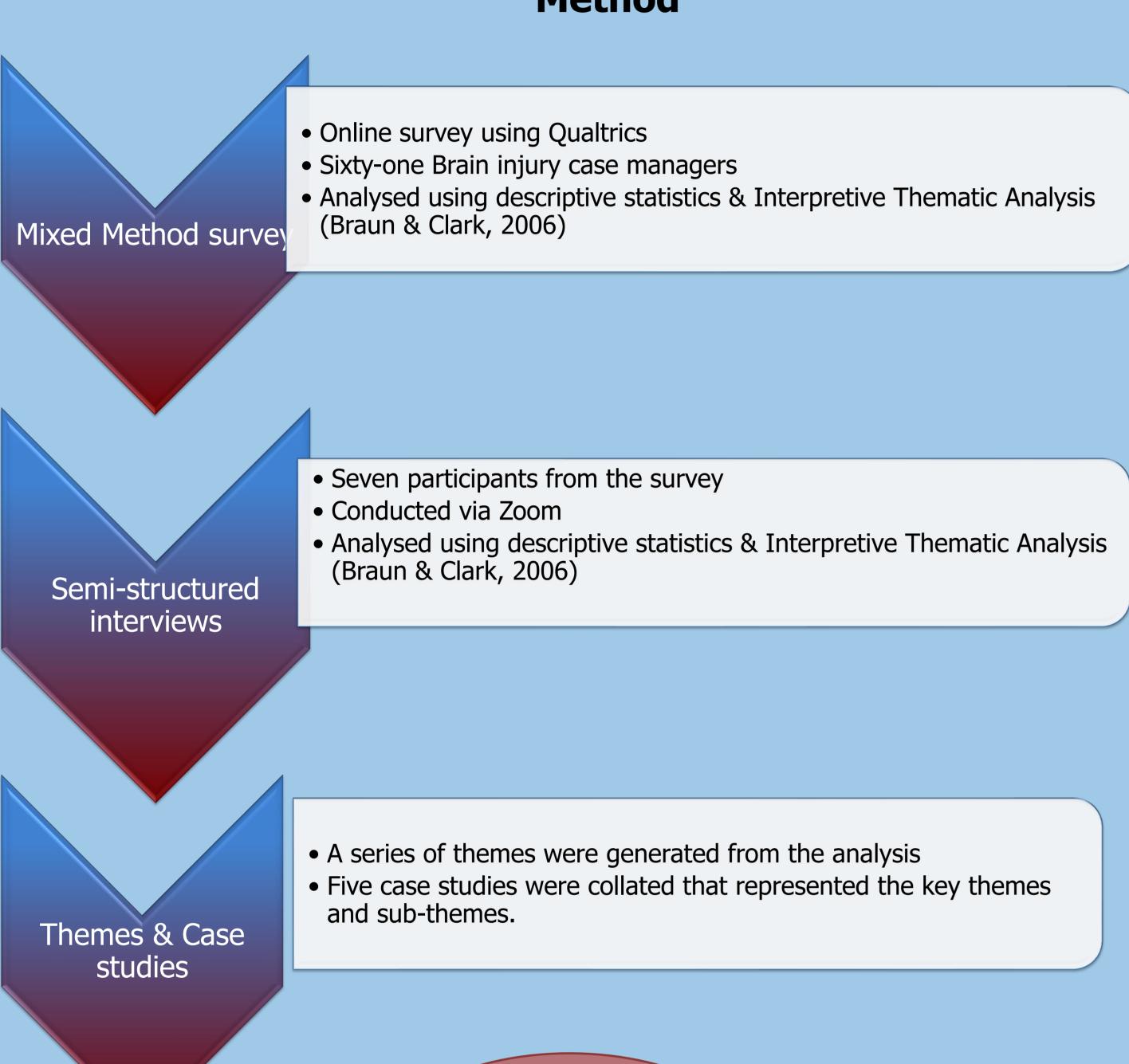
### **Background:**

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 insight can leave individuals at significant risk of harm and abuse in the community (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:

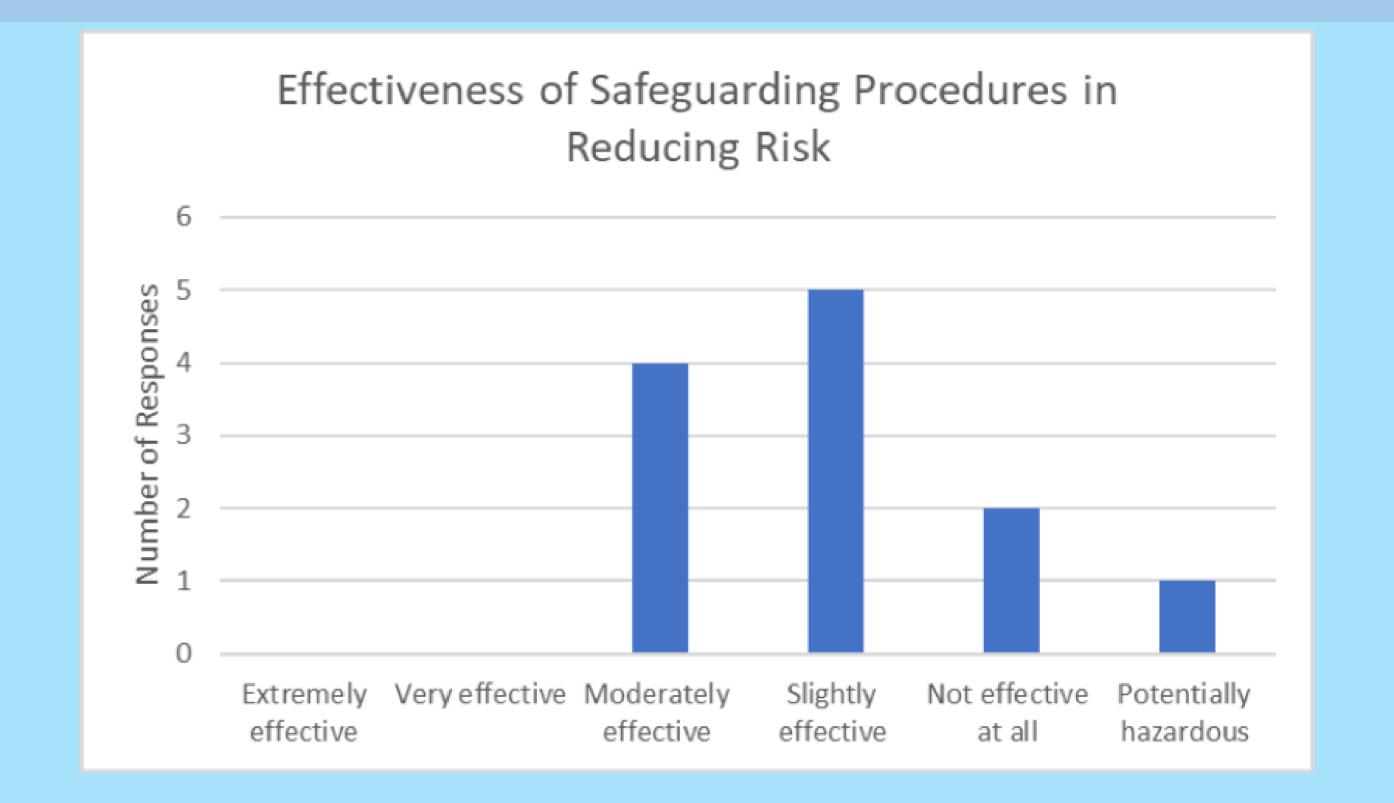
To investigate the experiences of UK brain injury case managers surrounding safeguarding of clients with brain injuries.

#### Method



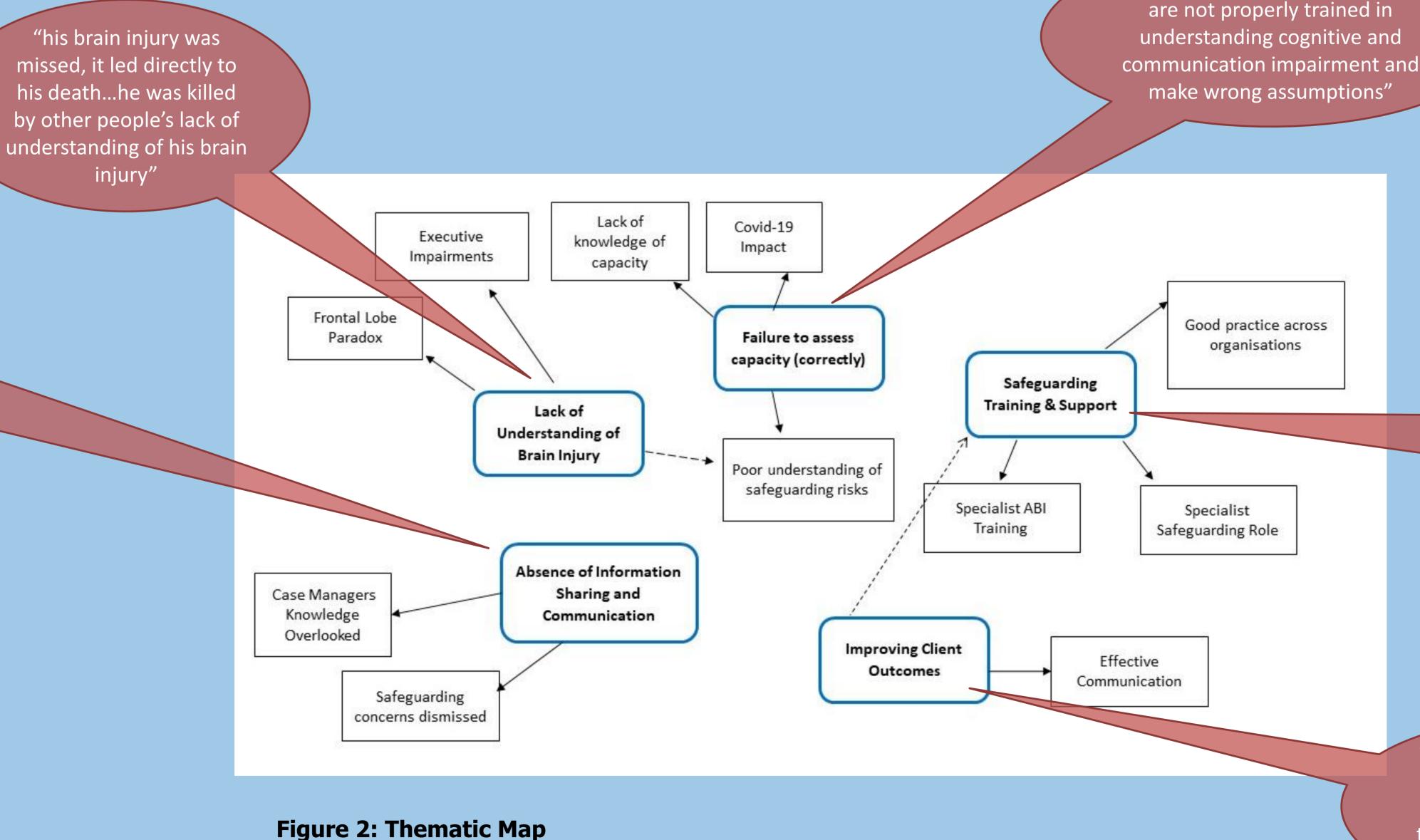
## **Results:**

- 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 difficultly 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.



**Figure 1**. A bar chart to show participants responses to the effectiveness of current safeguarding procedures.

'The people who assess capacity



"safeguarding investigations to be carried out by people who actually understand ABI, have training in ABI, and can rely upon colleagues for other disciplines"

"social workers need to be following their own guidance on the fact that there needs to be effective communication"

# **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:**

"you often end up in

situations where you've

referred and you don't hear

anything back from

them...you have to chase it

up to find out what has

happened"

- Moore, S., Wotus, R., Norman, A., Holloway, M., & Dean, J. (2019). Behind the cloak of competence: Brain injury and mental capacity legislation. *Journal of Adult Protection*, 21(4), 201-218. <a href="https://doi.org/10.1108/JAP-02-2019-0007">https://doi.org/10.1108/JAP-02-2019-0007</a>.

  Holloway, M. & Norman, A. (2022). Just a Little Bit of History Populating: The recurring and fatal capacity legislation. *Journal of Adult Protection*; DOI: 10.1108/JAP-10-2021-0036.
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