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Irish Association of
Social Workers

SOCIAL WORK COMPETENCY FRAMEWORK: ACQUIRED BRAIN INJURY

**Working with Adults with Acquired
Brain Injury, including Stroke**

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Irish Association of Social Workers

Social Work Competency Framework for Social Workers Working with Adults with an Acquired Brain Injury, Including Stroke



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INTRODUCTION

This Competency Framework is the result of a joint collaboration between social workers from various inpatient and community settings, with the leading authors based in the National Rehabilitation Hospital, Peamount Hospital and Acquired Brain Injury Ireland. The Framework has been developed to support social workers who work specifically with adults who have an Acquired Brain Injury (ABI). While the CORU standards of proficiency prescribe the core social work skills and values necessary to work with individuals with ABI and ensure a level of competency in practice, they are generic standards and do not provide specific recommendations for practice with adults who have unique impairments and requirements such as those with an ABI. Social workers new to the area of brain injury have to learn 'on the job', with the informal support and guidance (if available) of those with expertise gained from years of experience. This Framework aims to formalise that support, providing specific competencies, in the form of knowledge, skills and values, to which social workers must adhere and that can be utilised by employers for performance management purposes, Continuing Professional Development, and for identifying training needs. This should help to ensure a better service for adults with an ABI and also, a more supportive structure for social workers.

According to the World Health Organisation, brain injury is the leading cause of death and disability worldwide (Fisher et al. 2019; Gan et al. 2006; Haag et al. 2016). Acquired Brain Injury (ABI) is an injury that occurs in the brain after birth and can impact people in a myriad of ways, including physically, cognitively and emotionally. In Ireland, approximately 19,000 people sustain an ABI annually and 7,500 suffer a stroke, while approximately 120,000 are living with a disability (ABI Ireland, 2023). Social workers can therefore come into contact with adults with ABI in many settings and services. However, there are some agencies such as hospitals, rehabilitation settings, and ABI specific community services where social workers work almost exclusively with adults with a brain injury or stroke. This Framework was designed specifically to meet the needs of these social workers who engage with individuals with a brain injury on a daily basis, providing practical, emotional and social support.

A recent systematic review of the literature on social work and ABI (Linden, M et al., 2023) highlighted the importance of training for social workers working with adults with an ABI. Brain injury specific training is currently being developed in the UK, and it is hoped that similar training can be developed in Ireland in the near future. This Competency Framework is designed to set out the standards that will serve as a

foundation for any subsequent training developed in the Irish context. The Framework comprises a discussion on the values inherent in social work practice with adults with ABI and the knowledge and skills required. The term 'support system' is used throughout to include family members, friends, and anyone who supports the individual with the brain injury either formally or informally.

VALUES UNDERPINNING SOCIAL WORK IN ACQUIRED BRAIN INJURY

The core values of the social worker in acquired brain injury are a nonjudgmental attitude, empathy, respect, honesty, and compassion. Further, the social worker shall adhere to the principles of transparency, confidentiality, and consent in their practice.

In their assessment and intervention, the social worker will focus their attention on a holistic, whole person approach including physical, emotional, spiritual, cognitive, social and psychological aspects within a systemic framework, considering the meso-, macro- and micro- systems.

A defining feature of the social workers' practice will be a person-centred approach where the person's views, voice, will and preference is sought and recorded. The individual with ABI's right to self-determination will be respected and the social worker will advocate for them whilst also promoting self-advocacy and employing a strengths-based approach.

Human rights is a key factor informing the best practice of social workers in this area and the practitioner will strive to uphold the Principles of the UN Convention on The Rights of People with Disabilities. The social worker will demonstrate awareness of 'power' imbalances that may affect the individual with ABI and their support system. The social worker will demonstrate anti-oppressive practice and a commitment to empowerment in their practice. Social workers share a common aim of promoting equality and are well positioned to highlight and address issues relating to discrimination and inequality in society (IASW Code of Ethics). The social worker will demonstrate a commitment to social justice and raising awareness of equity issues vis a vis resources, services and needs regardless of a person's geographical area or other factors. Regardless of the individual with ABI's age, gender, sexuality, economic status, race, or religion the social worker will treat all individuals with ABI equally and advocate on their behalf.

The social worker will value reflective practice and show willingness to engage in this via supervision and peer support. The social worker will actively seek out collaboration with inter-disciplinary colleagues to ensure optimal assessment and interventions. Further, the social worker will endeavour to network with peers in the area and with agencies dedicated to brain injury survivors.

The social worker will actively seek out feedback from individuals with ABI to demonstrate the value of the person's lived experience and to inform learning and best practice.

KNOWLEDGE AND SKILLS

1. ASSESSMENT

The Social Worker:

- Demonstrates the ability to obtain a comprehensive history and life story of the individual with ABI and their support system. Brain injury happens to an individual and their support system. The assessment should consider the impact on the whole system. Research evidence suggests that a person's outcomes are more successful when family are involved in all stages of rehabilitation.
- Possesses the necessary knowledge to effectively and comprehensively assess the individual with ABI and their specific needs, which includes sufficient understanding of:

Brain anatomy and function

Social workers require a basic understanding of the structure and functions of the brain, including their roles in cognitive, emotional, and physical functioning. Understands the potential impact of brain injuries on various aspects of a person's life.

Types of brain injuries

Awareness of different types of brain injuries including traumatic brain injury (TBI) resulting from accidents or injuries, acquired brain injury (ABI) caused by non-traumatic factors like stroke or infection and degenerative brain conditions like Alzheimer's disease or Parkinson's disease.

Effects of brain injuries

Knowledge about the potential effects of brain injuries depending on the location, severity, and type of injury. Common consequences may include cognitive impairments, physical disabilities, changes in behaviour and personality, emotional challenges, and difficulties with social interactions.

Rehabilitation and treatment options for individual with ABIs

Understanding the rehabilitation and treatment options available to individuals with brain injuries is crucial. Social workers should be familiar with therapies and interventions that can help manage the specific challenges individual with ABIs face, such as physical therapy, occupational therapy, speech therapy, and cognitive rehabilitation.

- Recognises the importance of assessing the support system, ascertaining their needs and if they require emotional or practical support. After identifying the needs of the support system, the social worker will provide and/or advocate for that support system to have services and/or interventions for their own benefit.
- Demonstrates the ability to recognise that some individuals with ABI may require shorter and multiple meetings to complete an assessment, depending on their specific brain injury sequelae.
- Demonstrates an awareness of when to ask for help from other professionals such as speech therapists when interviewing individuals with ABI.
- Demonstrates the ability to work with the individual with ABI to support them to recognise their own strengths and challenges and to empower them to make their own decisions.
- Recognises the importance of working with and including the person's support system, with his/her consent, in the assessment process, while also promoting the rights of the individual with ABI, making use of conflict resolution skills when required.

- Demonstrates knowledge of the psychosocial impact of brain injury on the individual and the support system including social, cognitive, physical, emotional, spiritual, economic, family and relationships: knowledge of the emotional and social challenges that individuals with brain injuries may experience, such as depression, anxiety, social isolation, relationship difficulties and adjustment issues. Social Workers should also be aware of the impact on family dynamics and the need for family support. In some cases, the needs of children, partners, parents, siblings or friends in the support system require specific consideration and assessments should reflect this.
- Recognises the importance of identifying the potential impact of ABI on the parenting role if the individual with ABI has children.
- Recognises the potential challenges for the individual with ABI in understanding the assessment process and ensuring information is explained in an accessible manner in order to obtain informed consent.
- Is able to tailor the approach to assessment, taking into account the best time, environment etc. to conduct the assessment, considering the potential fluctuating capacity of the person with the brain injury.
- Recognises the importance of assessing the person within their home environment in order to gather a comprehensive picture.
- Has a good understanding of the support services and resources available to individuals/support system with brain injuries. This includes knowledge of community-based programs, vocational rehabilitation services, support groups, financial assistance options, and advocacy organizations.
- Needs to be familiar with legal and ethical considerations related to brain injury, including confidentiality, informed consent, presumption of capacity, and advance healthcare directives. Irish social workers should especially have good understanding of their obligations as prescribed professionals under the recently commenced Assisted Decision Making (Capacity) Act and relevant codes of practice for health and social care professionals. They should also have knowledge of relevant disability rights and legislation that protect the rights of individuals with brain injuries.

- Determines if an Enduring Power of Attorney, Advance Healthcare Directive or any ADMA decision support agreement is in place, including a Decision Making Assistance Agreement, Co-Decision Making Agreement or Decision Making Representative Order. Alternatively, assesses whether advance planning or ADMA decision supports would be beneficial or required for the individual's wishes to be carried out. Should have a strong understanding of cultural competence when working with individuals from diverse backgrounds who have brain injuries. Cultural factors can influence the perception and experience of brain injury, access to resources and the effectiveness of interventions. Sensitivity to cultural differences is crucial for providing effective support.
- Is aware of the potential impact of gender on brain injury sequelae and includes this in assessment.

1. COMMUNICATION

The Social Worker:

- Demonstrates the ability to adapt communication style and use a total communication approach where appropriate in order to engage with the individual with ABI.
- Seeks assistance when required through the use of interpreters, assistive technology or other professionals such as speech therapists.
- Possesses the necessary knowledge to effectively and supportively communicate with individuals with ABI at all stages of intervention, from psychosocial assessment to discharge planning, demonstrating awareness of:
 - Types of brain injuries and their resulting impact on ability to communicate, both verbal, non-verbal and written
 - Aphasia and apraxia of speech and the required knowledge on how best to support communication with individuals with ABI who have these impairments
 - Understands the role of communication in supported decision-making and how best to maximise capacity by supporting communication tailored to the individual with ABI.

- Demonstrates an awareness of the effects of ABI and neurological conditions and how these may impact on an individual with ABI's communication and understanding.
- Demonstrates the ability to recognise that an individual with ABI may be more prone to fatigue or may not be able to concentrate for long periods of time, thereby possibly requiring several sessions in order to complete an assessment or intervention.
- Demonstrates an awareness that relationships may take time to develop due to the nature of the injury, for example if an individual with ABI has difficulty processing information or displays irritability or anxiety.
- Demonstrates the ability to support individuals with ABI to communicate their will and preference to their support system and health care professionals.
- Demonstrates the ability to present information in a clear and concise way for individuals with ABI.
- Demonstrates the ability to communicate effectively with family members or other members of the person's support system who may be struggling to understand the impact of the brain injury on the individual and the family.
- Demonstrates awareness that individuals with ABI may exhibit anger or impulsive behaviour which can impact on communication.
- Demonstrates the ability to speak clearly and concisely, using terminology and language appropriate to the individual with ABI and their support system.
- Demonstrates the ability to actively listen to the individual with ABI and their support system, clarifying, paraphrasing and summarizing information.
- Recognises the importance of seeking consent when communicating with persons with brain injury, or their support system if appropriate.
- Uses their knowledge of complex grief and ambiguous loss to manage communication and relationships with individuals with ABI and their support system.
- Understands the importance of being client-led in communication and thus communicates with the individual with ABI first before communication with family or other relevant individuals, where possible.

- Demonstrates capacity to engage and intervene with child relatives of individuals with ABI, being cognisant of different developmental stages and associated needs.
- Demonstrates capacity to utilise groupwork interventions, for example peer support, carer support.

2. ADVOCACY AND SUPPORT

The Social Worker:

- Demonstrates the ability to support the individual with ABI in recognising their rights and entitlements, and supports the individual with ABI in accessing services.
- Possesses relevant knowledge of advocacy supports and organisations relevant to individuals with ABI and how to liaise with them in support of individuals with ABI and their support system.
- Understands the potential challenges some individuals with ABI may have in articulating their own needs or asking for support and acts as their voice where appropriate.
- Demonstrates the ability to empower individuals with ABI and their support system to problem solve and seek solutions to their challenges.
- Demonstrates the ability to maximise the capacity of individuals with ABI to make their own decisions, in line with the Assisted Decision Making Capacity Act and HSE National Consent Policy.
- Demonstrates the ability to support individuals with ABI to articulate their will and preferences, and subsequently support these will and preferences to be acknowledged and facilitated as far as possible.
- Ensures that the individual with ABI is linked to an independent advocacy service where appropriate, for example when the individual with ABI requires supported decision making or will benefit from ongoing support with multiple state services/voluntary organisations.

- Demonstrates an awareness of the potential fluctuating capacity of individuals with ABI and can recognise the most appropriate time to undertake functional capacity assessments, when there is a valid trigger for questioning capacity.
- Demonstrates the ability to work in collaboration with other health and social care professionals and understands the value they bring when advocating for the rights of the individual with ABI.
- Has awareness of the many gaps across systems relevant to the individual with ABI and thus understands the importance of advocating for the individual with ABI as far as possible.
- Demonstrates the ability to support the individual with ABI to take positive risks while also working with interdisciplinary colleagues to try to manage this risk effectively, in as least restrictive a way as possible.
- Demonstrates the ability to support the individual with ABI and their support system to set their own goals and advocate for themselves.
- Possesses knowledge of the safeguarding rights of vulnerable adults, including their right to self-determine, the right to privacy and dignity and the particular supports needed for individuals with ABI and their support system in different safeguarding scenarios.
- Demonstrates the ability to support family members who may be finding it difficult to cope with the changes in their loved one, or in their changed family circumstance, and can direct them to support services or peer support groups where necessary.
- Facilitates the opportunity for the individual with ABI to receive and/or give support from or to their peers.

3. RELATIONSHIP BUILDING AND COUNSELLING

The Social Worker:

- Recognises the potential challenges in building rapport and a relationship with the individual with ABI and/or support system depending on brain injury sequelae but works with the individual with ABI in their environment to maximise the opportunity to provide emotional support, allowing time and space for the relationship to develop.
- Takes into account the necessary knowledge regarding how to tailor communication in accordance with the needs of the individual with ABI, as outlined above, in order to build a relationship and provide effective counselling.
- Demonstrates understanding of the psychosocial impact of brain injury, including knowledge of the emotional and social challenges that individuals with brain injuries may experience, such as depression, anxiety, social isolation, relationship difficulties and adjustment issues, and uses this knowledge to work with them in building a supportive relationship at their own pace.
- Demonstrates the ability to empathise with and support the individual with ABI's support system, providing emotional support and referring to counselling services where appropriate.
- Supports the relationship between the individual with ABI and their support system, recognising the potentially changing roles and/or identities and helps facilitate adjustment to potential challenges.
- Recognises the conflict that can arise between the needs or wishes of the individual with ABI and their support system, and helps to address it.

4. REFLEXIVITY

The Social Worker:

- Demonstrates the ability to recognise their own values, attitudes and potential biases when working with individuals with ABI and their support system.
- Actively seeks out supervision and opportunities to reflect on their work and any challenges or ethical dilemmas, particularly when the will and preference of individuals with ABI may not be supported by their support system, IDT or themselves.
- Demonstrates an understanding that sometimes relationship building is not possible and that individuals with ABI may continue to exhibit behaviours that challenge despite intensive emotional support.
- Demonstrates the ability to reflect on their intervention with an individual with ABI, assessing their effectiveness and adjusting their approach if appropriate.
- Understands the importance of proactively reflecting on their work and knows how best to achieve this in their specific setting.
- Demonstrates an awareness of their own limitations and knows when to seek out supervision for advice and support.
- Understands the importance of recognising the limits of their own knowledge across competency areas and how best to respond.
- Demonstrates the ability to engage in reflective dialogue with individuals with ABI and their support system, ensuring the individual with ABI is an active participant in their own life, having as much control and autonomy as they can.
- Has knowledge of self-care strategies and burnout prevention techniques to maintain their own well-being and ensure they can provide the best possible support to individuals with ABI.

5. RESEARCH, TRAINING AND EDUCATION

The Social Worker:

- Understands the need for and benefit of continuing professional development in this area, keeping pace with advancements in research and development in practice specific to neurological rehabilitation, and using this knowledge in interactions with individuals with ABI, support systems, and other professionals.
- Uses knowledge of theories relevant to the area of brain injury (such as grief, ambiguous loss), policies and legislation (e.g. HSE National Consent Policy, ADMA, Safeguarding policy) to work effectively with individuals with ABI and their support system.
- Understands the importance of recognising the limits of their own knowledge across competency areas and how best to develop their knowledge in these areas.
- Is knowledgeable about how to develop research, training and education in their specific setting and knows where to seek out relevant research, training and education that may be lacking.
- Engages with universities and provides placements/learning opportunities for social work students.
- Mentors and provides supervision to main grade social workers working with adults with ABI.
- Initiates and leads education and training activities in the area of brain injury.
- Seeks service user feedback and integrates this into practice and service delivery.

6. PROFESSIONAL AUTONOMY AND ACCOUNTABILITY

The Social Worker:

- Promotes and complies with the CORU standards of proficiency as well as relevant policies and legislation, such as Children First, Assisted Decision Making (Capacity) Act, HSE National Consent Policy, Safeguarding Policy.
- Demonstrates the ability to act in good faith and for the benefit of the individual with ABI, guided by their will and preference at all times. Recognises and effectively manages current or potential conflicts of interest when working with individuals with ABI.
- Manages professional boundaries with colleagues and stakeholders.
- Manages professional boundaries with individuals with ABI and their support system.
- Engages in and seeks out supervision when appropriate.
- Understands the need to presume capacity, unless otherwise indicated and knows how to functionally assess capacity specific to the decision being made, only after all attempts have been made to maximise the individual with ABI's ability to make a decision, tailored to their needs.
- Demonstrates an awareness of when to seek the views of the support system of individuals with ABI if and when their capacity is in doubt, while acknowledging that no one can make a decision or provide consent for the individual with ABI unless they have legal authority to do so.
- Seeks advice from colleagues when required, understanding the limits of their practice, for example seeking advice from a physiotherapist on a person's physical ability and if there is a risk of falling.
- Demonstrates an awareness of the limits of confidentiality and how this can be impacted when an individual with ABI lacks capacity to make decisions.
- Demonstrates the ability to write clear and accurate reports, which clearly outlines the will and preference of the individual with ABI and all steps taken to facilitate their wishes.
- Understands the need for and benefit of continuing professional development in this area, keeping pace with advancements in research and development in practice specific to neurological rehabilitation.

- Keeps up to date with knowledge on new legislation and policy in this area in order to best serve the individual with ABI cohort.
- Possesses robust knowledge of relevant EU, Irish-specific legislation and policy underpinning the rights of individuals with cognitive impairments, good understanding of the Assisted Decision Making Capacity Act, the functions of the Decision Support Service and Circuit Courts and the HSE National Consent Policy.
- Has proactively undertaken research and training on how to functionally assess decision-making capacity for individuals with ABI as under the Assisted Decision Making Capacity Act, Social Workers are one of the named 'prescribed classes of professionals' designated to undertake capacity assessments for individuals who may benefit from formal decision-making supports.

7. COLLABORATION AND MULTIDISCIPLINARY/INTERDISCIPLINARY/INTERAGENCY TEAMWORK

The Social Worker:

- Understands the importance of an interdisciplinary approach to ensure holistic care for the individuals with ABI as working with individuals with brain injuries often requires collaboration with other professionals, such as physicians, nurses, psychologists, occupational therapists, physiotherapists and speech and language therapists as well as a range of other health and social professionals.
- Demonstrates the ability to support and advocate for the individual with ABI as a professional social worker, while also working as part of a team with other professionals and disciplines.
- Uses their understanding of the importance of building and sustaining professional relationships to ensure the best service is given to the individual with ABI.
- Uses their understanding of the importance of working with other colleagues as part of an interdisciplinary team to provide a holistic and person centred approach to individuals with ABI and their support system.
- Recognises the importance of team working and collaborates with the team as well as individuals with ABI during the goal planning process and review process.
- Facilitates the co-ordination of interdisciplinary goal planning meetings.
- Demonstrates the ability to work with a human rights based and person centred approach with individuals with ABI while also navigating the challenges of the current social structures in collaboration with members of the interdisciplinary team.

EXPLANATORY NOTES AND ADDITIONAL COMMENTS

Abbreviations

DMR	Decision Making Representative
ABI	Acquired Brain Injury
DSS	Decision Support Service
ADM(A)	Assisted Decision Making (Act)
AOP	Anti Oppressive Practice
AHCD	Advanced Health Care Directive
PoA	Power of Attorney
CORU	Ireland's multi-profession health regulator

Terms

Aphasia: A comprehension and communication (reading, speaking, or writing) disorder resulting from damage or injury to the specific area in the brain.

Apraxia: Apraxia is caused by damage to the parts of the brain that are involved in speaking and involves the loss or impairment of existing speech abilities. It may occur together with other conditions that are caused by damage to the nervous system.

Dysphagia: Dysphagia is a medical term for difficulty swallowing.

Total Communication Approach:

Total communication uses a variety of methods such as gesture, sign, drawing, facial expression and mime. It is based on the idea that any means of communication is valuable if it works.

Relevant Theoretical Frameworks

Systems Theory

Bio-Ecological Approach

Family Illness Model

Grief and Loss, including Ambiguous Loss

Cognitive Behavioural Therapy

Motivational Interviewing

Solution Focused Therapy

Brief Intervention

Counselling Approaches

Group Work

Strengths Based Approach

Task Centred Practice

Crisis Intervention

Anti Oppressive Practice

Social Model of Disability

Narrative Therapy

Social Justice and Human Rights Principles

Person Centred Practice

Trauma Informed Practice

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