



Gofal Cymdeithasol **Cymru**
Social Care **Wales**

Uned 443 - Deall ffactorau sy'n cyfrannu at
angen am ofal a chymorth ar unigolion a/neu
ofalwyr

Unit 443 - Understanding factors that
contribute to individuals and/or carers
needing care and support

**Deilliant Dysgu 9: Deall anaf
caffaeledig i'r ymennydd**

**Learning outcome 9: Understand
acquired brain injury**



Mae'r adnodd hwn wedi'i ddatblygu mewn partneriaeth â'r Consortiwm Ymarferwyr Gwasanaethau Cymdeithasol (SSP) ar ran Gofal Cymdeithasol Cymru. Mae'r consortiwm yn cynnwys y partneriaid canlynol:

This resource has been developed in partnership by the Social Services Practitioner (SSP) Consortium on behalf of Social Care Wales. The consortium is made up of the following partners:



Gofal Cymdeithasol Cymru a'i gynghorwyr penodedig sy'n berchen ar hawlfraint y deunyddiau hyn. Gall darparwyr dysgu, awdurdodau lleol a darparwyr gwasanaethau gofal yng Nghymru gopïo, atgynhyrchu, dosbarthu neu drefnu bod y Rhaglen Ddysgu Ymarferwyr Gwasanaethau Cymdeithasol (SSP) ar gael fel arall i unrhyw drydydd parti arall ar sail ddrielw yn unig. Rhaid i unrhyw bartïon eraill sy'n dymuno copïo, atgynhyrchu, dosbarthu neu fel arall wneud y Rhaglen Ymarferwyr Gwasanaethau Cymdeithasol (SSP) ar gael i unrhyw drydydd parti arall geisio caniatâd ysgrifenedig Gofal Cymdeithasol Cymru ymlaen llaw.

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Sgiliau Astudio / Study Skills



Cyfeirnod / Referencing



Darllen / Reading



Ysgrifenu / Writing



Myfyrdod Beirniadol /
Critical Reflection



Cyfathrebiad /
Communication



Gwaith Grŵp / Group Work



Cyflwyniad / Presentation



Ymchwil / Research



Sgiliau rhyngpersonol /
Interpersonal Skills



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Sgiliau Astudio Cudd / Hidden Study Skills

Peidiwch ag anghofio bod amrywiaeth o sgiliau wedi'u gwreiddio, gan gynnwys...

Trefniadaeth

Cadw amser

Cynllunio

Cymryd nodyn

Cynllunio Traethawd

Gwrandawriad

Datrys problemau

Penderfyniadau

Cwestiynu

Siarad yn effeithiol

Cyfathrebu llafar

Efallai y bydd rhai o'r rhain yn rhan o'ch sgiliau rhyngpersonol hefyd.

Don't forget there are a range of skills embedded including...

Organisation

Time keeping

Planning

Note taking

Essay planning

Listening

Problem solving

Decision making

Questioning

Effective speaking

Verbal communication

Some of these may form part of your Interpersonal Skills too.



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Meini prawf asesu:
Rydych yn deall:

- 9.1 Mathau ac achosion anaf caffaeledig i'r ymennydd
- 9.2 Effeithiau posibl anaf caffaeledig i'r ymennydd ar unigolyn a'i deulu
- 9.3 Sut y gall diffyg dirnadaeth o ganlyniad i anaf caffaeledig i'r ymennydd effeithio ar allu unigolyn i gymryd risg
- 9.4 Yr ystod o wasanaethau, asiantaethau a gweithwyr proffesiynol sy'n darparu cymorth i unigolion ag anaf caffaeledig i'r ymennydd
- 9.5 Modelau a dulliau y gellir eu defnyddio i gefnogi cyfathrebu ac ymgysylltu effeithiol ag unigolion sy'n ag anaf caffaeledig i'r ymennydd

Assessment criteria:
You understand:

- 9.1 Types and causes of acquired brain injury
- 9.2 Potential impacts of acquired brain injury on an individual and their families
- 9.3 How lack of insight resulting from acquired brain injury may impact on an individual's ability to take risk
- 9.4 The range of services, agencies and professionals which provide support for individuals with acquired brain injury
- 9.5 Models and approaches that can be used to support effective communication and engagement with individuals living with acquired brain injury

Anaf i'r ymennydd

Mae anaf i'r ymennydd yn aml yn cael ei ddisgrifio fel anabledd cudd oherwydd diffyg symptomau corfforol allanol. Gall ymddangos nad yw salwch yn effeithio ar berson ag anaf i'r ymennydd ac mae felly'n cael ei drin gan eraill fel person abl.

Oherwydd diffyg symptomau gweladwy, nid yw gofalwyr cleifion ag anafiadau i'r ymennydd bob amser yn ystyried arwyddion eraill o anaf i'r ymennydd megis iselder, blinder, newid archwaeth, problemau cof a chanolbwyntio yn llawn.

Am y rheswm hwn, mae llawer o raglenni ailalluogi yn ceisio cynnwys teulu, ffrindiau a gofalwyr mewn adsefydlu er mwyn datblygu dealltwriaeth o'r symptomau cudd.

Brain injury

Brain injury is often described as a hidden disability due to the lack of outward physical symptoms. A person with a brain injury may appear to be unaffected by illness and is therefore treated by others as an able-bodied person.

Due to the lack of visible symptoms, other indications of brain injury such as depression, fatigue, altered appetite, memory and concentration problems are not always considered fully by carers of brain injury patients.

For this reason, many reablement programmes try to involve family, friends and carers in rehabilitation to develop an understanding of the hidden symptoms.



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9.1 Mathau ac achosion anaf caffaeledig i'r ymennydd

Mae'r **cerebrwm** yn delio â datrys problemau, cof, meddwl, emosiynau a rheoli symudiad. Mae hefyd yn rheoli cydsymud a chydbwysedd.

Mae **coesyn yr ymennydd** yn cysylltu â llinyn asgwrn y cefn ac yn rheoli gweithrediadau awtomatig fel treuliad, anadlu, cyfradd curiad y galon a phwysedd gwaed.

Gan fod yr ymennydd yn rheoli holl swyddogaethau'r corff, gall anaf i'r ymennydd effeithio ar:

- **symudiad corfforol**– sut mae'r corff yn gweithio
- **prosesau gwybyddol**– sut mae person yn meddwl, yn dysgu ac yn cofio
- **ymddygiad ac emosiynau**– sut mae person yn ymddwyn ac yn teimlo.

9.1 Types and causes of acquired brain injury

The **cerebrum** deals with problem solving, memory, thinking emotions and control of movement. It also controls coordination and balance.

The **brainstem** connects to the spinal cord and controls automatic functions such as digestion, breathing, heart rate and blood pressure.

As the brain controls all the body's functions, a brain injury can affect:

- **physical movement** – how the body works
- **cognitive processes** – how a person thinks, learns and remembers
- **behaviour and emotions** – how a person acts and feels.

This can have a devastating effect on both the patient and the family carers. Some brain injury patients will recover all their loss of function through intensive reablement programmes, some will be left with impaired function and will need on-going support to live an independent life

9.1 Mathau ac achosion anaf caffaeledig i'r ymennydd

Anaf Caffaeledig i'r Ymennydd (ABI) yw'r term generig ar gyfer anaf i'r ymennydd a gafwyd ers genedigaeth oherwydd nifer o achosion megis:

Trawma – fel arfer o ganlyniad i ergyd gref i'r pen neu'r corff. Gall gwrthrych sy'n mynd trwy feinwe'r ymennydd, fel bwled neu ddarn o benglog wedi'i chwalu, hefyd achosi anaf trawmatig i'r ymennydd. Gall anaf trawmatig ysgafn i'r ymennydd effeithio ar gelloedd eich ymennydd dros dro. Gall anaf trawmatig mwy difrifol i'r ymennydd arwain at gleisio, meinweoedd yn rhwygo, gwaedu a niwed corfforol arall i'r ymennydd. Gall yr anafiadau hyn arwain at gymhlethdodau hirdymor neu farwolaeth.

9.1 Types and causes of acquired brain injury

Acquired Brain Injury (ABI) is a generic term for a brain injury which has been acquired from birth due to a number of causes such as,

Trauma – is usually a result from a violent blow or jolt to the head or body. An object that goes through brain tissue, such as a bullet or shattered piece of skull, also can cause traumatic brain injury. Mild traumatic brain injury may affect your brain cells temporarily. More-serious traumatic brain injury can result in bruising, torn tissues, bleeding and other physical damage to the brain. These injuries can result in long-term complications or death.

trauma (head injury), tumour, stroke, meningitis, brain haemorrhage, encephalitis, anoxia.

9.1 Mathau ac achosion anaf caffaeledig i'r ymennydd

Tiwmor ar yr ymennydd - mäs annormal sy'n tyfu y tu mewn i'r ymennydd a all fod naill ai'n falaen (niweidiol) neu'n anfalaen (ddim yn niweidiol). Gall y ddau fath o diwmor roi pwysau ar rai rhannau o'r ymennydd wrth iddynt dyfu, er bod tiwmor malaen fel arfer yn tyfu'n gyflymach. Gwneir diagnosis o diwmor ar yr ymennydd trwy sgan MRI neu CT a chynhelir llawdriniaeth o'r enw craniotomi i'w dynnu.

Gwaedlif ar yr ymennydd - gwaedu ar yr ymennydd oherwydd aneurism wedi rhwygo. Gall hyn fod naill ai oherwydd strôc neu ergyd sylweddol i'r pen.

9.1 Types and causes of acquired brain injury

Brain tumour - is an abnormal mass growing inside the brain which can either be malignant (harmful) or benign (non-harmful). Both types of tumours can put pressure on certain areas of the brain as they grow, although a malignant tumour usually grows more quickly. A brain tumour is diagnosed through an MRI or CT scan and an operation called a craniotomy is carried out to remove it.

Brain haemorrhage - is a bleed on the brain due to a ruptured aneurysm. This can either be due to a stroke or a significant blow to the head.

trauma (head injury), tumour, stroke, meningitis, brain haemorrhage, encephalitis, anoxia.

9.1 Mathau ac achosion anaf caffaeledig i'r ymennydd

Strôc - yn gyflwr brys lle mae llif y gwaed i ran o'r ymennydd yn cael ei amharu. Mae dau fath o strôc. Mae strôc isgemig yn cael ei achosi gan glot gwaed sy'n amharu ar lif y gwaed i'r ymennydd. Mae strôc gwaedlif yn digwydd pan fydd pibell waed wan yn byrstio ac yn achosi gwaedu ar yr ymennydd. Yn y ddau achos, mae celloedd yr ymennydd yn dioddef o ddiffyg ocsigen ac yn marw sy'n arwain at anaf i'r ymennydd.

Enseffalitis - llid yn yr ymennydd a achosir gan firws neu facteria sy'n niweidio celloedd nerfol yn yr ymennydd gan arwain at anaf hirdymor i'r ymennydd.

Anocsia - mae diffyg ocsigen i'r ymennydd yn cael ei adnabod fel anocsia ac mae'n ganlyniad i wenwyn carbon monocsid, diffyg haearn (haemoglobin) yn llif y gwaed, asthma, tagu, methiant y galon neu strôc.

9.1 Types and causes of acquired brain injury

Stroke - is an emergency condition wherein blood flow to part of the brain is disrupted. There are two types of stroke. An ischaemic stroke is caused by a blood clot which disrupts blood flow to the brain. A haemorrhagic stroke happens when a weakened blood vessel bursts and causes a bleed on the brain. In both cases, brain cells are starved of oxygen and die which results in brain injury.

Encephalitis - is an inflammation of the brain caused by virus or bacteria which damage nerve cells in the brain leading to long term brain injury.

Anoxia - is a lack of oxygen to the brain is known as anoxia and be a result of carbon monoxide poisoning, lack of iron (haemoglobin) in the blood stream, asthma, choking, heart failure or stroke.

trauma (head injury), tumour, stroke, meningitis, brain haemorrhage, encephalitis, anoxia.

9.2 Effeithiau posibl anaf caffaeledig i'r ymennydd ar unigolyn a'i deulu

Ar ôl anaf i'r ymennydd, gellir amharu ar weithrediad naill ai'n barhaol neu dros dro. Cyfeirir at nam tymor byr weithiau fel cyfergyd a gall achosi cur pen, pendro, blinder, anniddigrwydd a phroblemau cof. Gall anaf difrifol i'r ymennydd achosi problemau mwy pellgyrhaeddol, a gallai rhai ohonynt fod yn gymhleth ac efallai na fyddant yn gwella. Mae'r ffenestr lle mae'r ymennydd yn ailddysgu sgiliau ac yn ailddatblygu llwybrau niwrolol yn gymharol fach a dyna pam mae ailalluogi a chymorth amserol yn hanfodol.

Gwylwch y Fideo - <https://www.youtube.com/watch?v=vvZleKkloAs>

9.2 Potential impacts of acquired brain injury on an individual and their families

After a brain injury, functions can be impaired either permanently or temporarily. Short term impairment is sometimes known as concussion and can cause headaches, dizziness, fatigue, irritability and memory problems. A severe brain injury can cause more far-reaching issues, some of which could be complex and may not improve. The window within which the brain re-learns skills and redevelops neurological pathways is relatively small which is why timely reablement and support is essential.

Watch Video - <https://www.youtube.com/watch?v=vvZleKkloAs>



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<https://www.youtube.com/watch?v=vvZleKkloAs>

9.2 Effeithiau posibl anaf caffaeledig i'r ymennydd ar unigolyn a'i deulu

Gall ymddangos bod gan glaf ag anaf i'r ymennydd bersonoliaeth wahanol oherwydd pryder, rhwystredigaeth, dicter neu broblemau gwranddo neu ddeall. Mae aelodau'r teulu weithiau'n teimlo bod yr ymddygiadau newydd hyn yn fwriadol ac yn methu â gwneud iawn amdanynt.

Mae rhai cleifion anaf i'r ymennydd yn dioddef o flinder ac yn ei chael hi'n anodd adennill eu sgiliau sgwrsio blaenorol. Gall diffyg tosturi gan eu teulu eu digalonni yn eu hymdrechion i ymgysylltu ag eraill. Yn yr un modd, oherwydd diffyg hunanymwybyddiaeth yn dilyn anaf i'r ymennydd, mae aelodau'r teulu'n adrodd nad yw'r claf yn deall yr anawsterau wrth ofalu amdano.

Mae llawer o ysbytai anaf i'r ymennydd arbenigol yn cynnig cymorth i deuluoedd a gofalwyr yn ogystal â'r claf er mwyn goresgyn y problemau sy'n ymwneud â symptomau cudd.

9.2 Potential impacts of acquired brain injury on an individual and their families

A brain injury patient may appear to have a changed personality due to anxiety, frustration, anger or problems listening or understanding. Family members sometimes feel that these changed behaviours are deliberate and fail to compensate for them.

Some brain injury patients suffer from fatigue and find it difficult to regain their former conversational skills. Lack of compassion from their family can discourage them in their attempts to engage with others. Likewise, due to a lack of self-awareness following a brain injury, family members report that the patient lacks understanding of the difficulties in caring for them.

Many specialist brain injury hospitals offer support for families and carers as well as the patient in order to overcome the issues surrounding hidden symptoms.



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9.2 Effeithiau posibl anaf caffaeledig i'r ymennydd ar unigolyn a'i deulu

Beth yw'r effeithiau posibl eraill ar yr unigolyn a'i deulu?

- Cyflogaeth
- Cyllid
- Hunan adnabod
- Problemau iechyd ychwanegol - corfforol a meddyliol
- Perthnasoedd
- Rhagolygon ac uchelgeisiau ar gyfer y dyfodol

9.2 Potential impacts of acquired brain injury on an individual and their families

What are the other potential impacts on the individual and their family?

- Employment
- Finances
- Self identification
- Additional health problems –physical and mental
- Relationships
- Future prospects and ambitions

9.3 Sut y gall diffyg dirnadaeth o ganlyniad i anaf caffaeledig i'r ymennydd effeithio ar allu unigolyn i gymryd risg

Dirnadaeth, y cyfeirir ato hefyd fel hunanymwybyddiaeth, yw gallu person i arsylwi a myfyrio ar ei feddyliau a'i weithredoedd ei hun. Mae anafiadau i'r ymennydd, yn enwedig anafiadau i'r llabedau blaen, yn aml yn achosi effaith sylweddol ar y gallu hwn. Gall hyn fod yn broblem arbennig i oroeswyr anaf i'r ymennydd a'u teulu, ffrindiau a gofalwyr.

Gall fod yn ofidus i oroeswyr, oherwydd efallai y byddant yn cael trafferth deall pam mae pobl yn eu rhwystro rhag gwneud rhai pethau.

Gall teuluoedd, ffrindiau a gofalwyr ei chael yn broblemus ac yn ofidus oherwydd gall y goroeswr anaf i'r ymennydd ymddwyn yn amhriodol heb fod yn ymwybodol bod unrhyw beth o'i le ar ei weithredoedd.

9.3 How lack of insight resulting from acquired brain injury may impact on an individual's ability to take risk

Insight, also referred to as self-awareness, is the ability of a person to observe and reflect on their own thoughts and actions. Brain injuries, especially injuries to the frontal lobes, often cause this ability to be significantly affected. This can be a particular problem for both brain injury survivors and their family, friends and carers.

It can be distressing for survivors, because they may struggle to understand why people are restricting them from doing certain things.

Families, friends and carers can find it problematic and upsetting because the brain injury survivor may behave inappropriately without being aware that there is anything wrong with their actions.



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9.3 Sut y gall diffyg dîrnadaeth o ganlyniad i anaf caffaeledig i'r ymennydd effeithio ar allu unigolyn i gymryd risg

Mae'n bwysig bod yn sensitif i unrhyw risgiau neu beryglon y gallai'r goroeswr anaf i'r ymennydd eu gosod eu hunain neu eraill ynddynt o ganlyniad i'w diffyg dîrnadaeth. Er enghraifft, os nad ydynt yn cydnabod bod ganddynt broblem cof, byddwch yn ymwybodol o faterion fel gadael popty heb oruchwyliaeth neu anghofio cloi drysau cyn gadael y tŷ. Neu os nad ydynt yn cydnabod bod eu sgiliau gyrru wedi'u heffeithio, gwnewch yn siŵr eu bod yn ymwybodol o gyfreithlondeb gyrru ar ôl anaf i'r ymennydd.

Fodd bynnag, mae peryglon wrth dybio bod diffyg dîrnadaeth ar gyfer pob penderfyniad, gan ei bod yn bosibl na chaniateir i berson ag anaf i'r ymennydd ddatblygu cyfrifoldeb am ei weithredoedd. Mae dîrnadaeth yn aml yn newid dros amser hefyd; er enghraifft, efallai y bydd rhai pobl yn dangos llai o dîrnadaeth yn nyddiau cynnar eu hanaf i'r ymennydd, ond yn dod i adennill dîrnadaeth yn ddiweddarach.

(<https://www.headway.org.uk/media/4091/lack-of-insight-after-brain-injury-factsheet.pdf>)

9.3 How lack of insight resulting from acquired brain injury may impact on an individual's ability to take risk

It is important to be sensitive to any risks or dangers that the brain injury survivor may place themselves or others in as a result of their lack of insight. For instance, if they do not recognise that they have a memory problem, be mindful of issues such as leaving a cooker unattended or forgetting to lock doors before they leave the house. Or if they do not recognise that their driving skills are affected, make them aware of the legalities of driving after brain injury.

However, there are dangers in assuming a lack of insight for all decisions, as a person with brain injury may not be allowed to develop responsibility for their actions. Insight commonly changes over time as well; for instance, some people may display reduced insight in the early days of their brain injury but come to regain insight later on.

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9.4 Yr ystod o wasanaethau, asiantaethau a gweithwyr proffesiynol sy'n darparu cymorth i unigolion ag anaf caffaeledig i'r ymennydd

Mae adsefydlu ac ailalluogi yn wasanaethau a ddarperir i gleifion yn dilyn salwch neu drawma fel anaf i'r ymennydd. Nod y gwasanaethau hyn yw helpu unigolion, eu teuluoedd a'u gofalwyr, ac asiantaethau eraill i wneud y mwyafr o'r potensial i ddychwelyd i fywyd normal ac adfer ansawdd bywyd da. Mae hyn yn digwydd trwy weithwyr proffesiynol medrus yn cydweithio i ddyfeisio cynlluniau a therapiau person-ganolog priodol yn seiliedig ar asesiad o weithrediad yr ymennydd ar ôl trawma. Oherwydd cymhlethdod yr ymennydd, gallai cynlluniau ganolbwyntio ar broblemau gwybyddol, emosiynol, ymddygiadol a/neu weithredol a gallent gynnwys gwneud addasiadau i ffordd o fyw person neu ei gartref i'w alluogi i weithredu. Nod cynllun adsefydlu neu ailalluogi fyddai caniatáu i unigolyn gyflawni'r lefel uchaf bosibl o weithrediad.

9.4 The range of services, agencies and professionals which provide support for individuals with acquired brain injury

Rehabilitation and reablement are services provided for patients following an illness or trauma such as a brain injury. The aim of these services is to help individuals, their families and carers, and other agencies to maximise the potential to return to normal living and restore a good quality of life.

This happens through skilled professionals working together to devise appropriate person-centred plans and therapies based on an assessment of brain function after a trauma. Due to the complexity of the brain, plans could focus on cognitive, emotional, behavioural and/or functional problems and could include making adaptations to a person's lifestyle or their home to enable them to function. The aim of a rehabilitation or reablement plan would be to allow an individual the highest level of function possible.



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9.4 Yr ystod o wasanaethau, asiantaethau a gweithwyr proffesiynol sy'n darparu cymorth i unigolion ag anaf caffaeledig i'r ymennydd

Mae adsefydlu anaf i'r ymennydd yn ymwneud â datrys problemau ac addysgu'r claf a'i deulu, gan gyfuno damcaniaeth dysgu ag egwyddorion addasu ymddygiad. Rhaid bod gan yr unigolyn rywfaifnt o allu i ddysgu a chadw gwybodaeth newydd neu allu ymateb i raglen rheoli ymddygiad.

Disgrifir rhai cleifion fel rhai sydd mewn cyflwr llonydd sy'n golygu nad ydynt yn ymwybodol ac yn anymatebol oherwydd difrod aruthrol i hemisfferau cerebraidd yr ymennydd a choesyn yr ymennydd sydd wedi niweidio atgyrchau awtonomig ac echddygol y tu hwnt i'w hatgyweirio. Ar gyfer y cleifion hyn, nid yw ailalluogi yn bosibl.

9.4 The range of services, agencies and professionals which provide support for individuals with acquired brain injury

Brain injury rehabilitation is about problem solving and educating the patient and their family, combining learning theory with behaviour modification principles. The individual must have some ability to learn and retain new information or to be able to respond to a behavioural management programme.

Some patients are described as being in a vegetative state which means they lack awareness and are unresponsive due to overwhelming damage to the cerebral hemispheres of the brain and the brain stem which has harmed autonomic and motor reflexes beyond repair. For these patients, reablement is not possible.

9.4 Yr ystod o wasanaethau, asiantaethau a gweithwyr proffesiynol sy'n darparu cymorth i unigolion ag anaf caffaeledig i'r ymennydd

Ar gyfer cleifion sy'n dechrau rhaglen ailalluogi, dylai fod yn broses weithredol rhyngddynt hwy eu hunain, eu teulu neu ofalwyr a therapyddion. Mae ffyrdd o addasu i newid yn hanfodol i'r unigolyn a'r teulu. Bydd hyn yn wahanol i bob person yn dibynnu ar y rhan o'u hymennydd sydd â nam.

Mae gweithgareddau ailalluogi yn cynnwys:

- ffisiotherapi (ar gyfer gweithredoedd corfforol fel symudedd)
- datblygu sgiliau (ar gyfer bywyd bob dydd)
- sgiliau cyfathrebu (llefaru, iaith, darllen ac ysgrifennu)
- datblygu'r cof
- therapïau.

9.4 The range of services, agencies and professionals which provide support for individuals with acquired brain injury

For patients who begin a reablement programme, it should be an active process between themselves, their family or carers and therapists. Ways of adapting to change are essential for both the individual and the family. This will be different for each person depending on the area of their brain that is impaired.

Reablement activities include:

- physiotherapy (for physical functions such as mobility)
- skills development (for daily living)
- communication skills (speech, language, reading and writing)
- memory development
- therapies.



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9.4 Yr ystod o wasanaethau, asiantaethau a gweithwyr proffesiynol sy'n darparu cymorth i unigolion ag anaf caffaeledig i'r ymennydd

Gallai'r ystod o weithwyr proffesiynol/asiantaethau sy'n ymwneud ag adsefydlu, ailalluogi a chymorth parhaus gynnwys;

- Nyrsys Adsefydlu
- Therapydd galwedigaethol ailalluogi
- Niwroseiciatrydd
- Ffisiotherapydd
- Therapyddion Iaith a Lleferydd
- Niwroseicolegydd
- Gweithiwr Cymdeithasol
- Cwnselydd

9.4 The range of services, agencies and professionals which provide support for individuals with acquired brain injury

The range of professionals/agencies involved in rehabilitation, reablement and ongoing support could include;

- Rehabilitation Nurses
- Reablement occupational therapist
- Neuropsychiatrist
- Physiotherapist
- Speech and Language therapists
- Neuropsychologist
- Social Worker
- Counsellor



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Rehabilitation Nurses

These specially trained nurses often work on a one to one basis with patients whilst they are still in hospital. They work alongside occupational therapists and physiotherapists to support and assist patients with their rehabilitation plan. They encourage patients to attempt daily living tasks such as toileting, washing and dressing whilst on the ward. As well as caring for patients in hospital, rehabilitation nurses also liaise with and educate family and carers.

The reablement occupational therapist

Family and carers will work with the reablement occupational therapist initially to make the transition from hospital to home as smooth as possible. An assessment of the patient and their home will take place to decide on the necessary adaptations to help the individual carry out daily living tasks. The rehabilitation service in a hospital will give verbal and written advice to families, educating them on the cognitive, emotional, functional and behavioural problems they may encounter. When a patient is discharged from hospital, the reablement occupational therapist will carry out an assessment of the home and suggest adaptations to make daily living easier. They set targets and goals for patients and make assessments of brain function before drawing up an individual plan.

Interview with a brain injury patient:

“When I regained consciousness after two brain haemorrhages, a reablement occupational therapist visited me on the ward. She gave me an address and asked me to remember it. She then asked me to name thirty words beginning with a specific letter. I was only able to name one word. I was asked to tell her the address that she had given me five minutes earlier. I couldn't remember it. I had no movement in my right-hand side. The reablement occupational therapist made sure that I had access to the shower at home, grab rails and

wheelchair access before I was discharged from hospital three weeks later. She asked me about my goals, I told her that I wanted to walk again unaided and regain my speech and memory. One month later, my speech had improved, and I had moved from walking with a zimmer frame to using a walking stick. I was very motivated and determined to meet my goals, I realise that not all brain injury patients have the same level of determination that I had.”

Neuropsychiatrist

The neuropsychiatrist diagnoses and manages patients with emotional and behavioural issues following a brain injury by taking a history of the illness and previous issues and making an assessment. Further investigations may include blood tests and MRI scans following which a treatment plan is devised which may include medication. The assessment is usually carried out whilst the patient is still in hospital.

Physiotherapist

The physiotherapist works with the physical impairments of movement to improve posture, balance and mobility. They carry out an assessment of the patient’s movement followed by a treatment plan which may include gym programmes, swimming or exercises at home. Physiotherapists are based on the ward but also see patients through the outpatient referral system and can visit less mobile patients in their own home.

Speech and Language therapists

The speech and language therapist assesses a patient’s ability to communicate, swallow and use language. Difficulties may be less apparent whilst a patient is in hospital but may emerge when they return to work or college. Therefore, speech and language therapists often see patients after they have been discharged from hospital.

Neuropsychologist

The neuropsychologist assesses memory, planning, reasoning, concentration, mood and behaviour following a brain injury. A patient’s strengths and limitations form the basis of their treatment plan which helps patients compensate for functions such as loss of memory by using diaries and calendars. The neuropsychologist gives advice to the individual and the family on how to cope with the emotional impact of a brain injury.

Following discharge from hospital, a patient may see the GP about on-going issues and be referred to other services such as Social Services, the District Nurse and/or the Community Rehabilitation Team. These services work together to ensure that a person with an acquired brain injury is not vulnerable and is receiving the correct medication/medical care.

Social Worker

A social worker can work with the patient, their family and health professionals to establish an ongoing care and support plan which will help meet the person’s well-being outcomes and what is most important to them.

9.4 Yr ystod o wasanaethau, asiantaethau a gweithwyr proffesiynol sy'n darparu cymorth i unigolion ag anaf caffaeledig i'r ymennydd

Mae llawer o'r sefydliadau isod yn darparu ystod eang o wybodaeth i gefnogi pobl ag anaf caffaeledig i'r ymennydd. Maent yn darparu cyngor a chefnogaeth i ofalwyr trwy strategaethau a thechnegau a thrwy egluro sut y gall person ag anaf caffaeledig i'r ymennydd fod yn teimlo'n emosiynol. Mae hyn yn galluogi gofalwyr i werthfawrogi newidiadau mewn hwyliau a phersonoliaeth, gan ystyried ymddygiadau a allai fod yn heriol.

Headway yw sefydliad anaf i'r ymennydd cenedlaethol sydd â grwpiau cymorth lleol ledled y DU. Maent yn darparu gwybodaeth helaeth i gleifion ag anaf i'r ymennydd gan gynnwys rhestrau o gyfreithwyr cymeradwy a darparwyr gofal.

9.4 The range of services, agencies and professionals which provide support for individuals with acquired brain injury

Many of the organisations below provide a wide range of information to support people with an acquired brain injury. They provide advice and support for carers through strategies and techniques and by explaining how a person with an acquired brain injury may be feeling emotionally. This allows carers to appreciate changes in mood and personality, considering behaviours which may be challenging.

Headway is a national brain injury organisation which has local support groups all over the UK. They provide extensive information for brain injury patients including lists of approved solicitors and care providers.

Headway

<https://bit.ly/2qTjnC6>

People with hidden disabilities to benefit from blue badges

<https://bit.ly/2LCxG7K>

A rights based approach to disability

<https://bit.ly/2xW7wDm>

Volunteering and its surprising benefits

<https://bit.ly/2RuAW85>

Making it happen

<https://bit.ly/2xRIAy2>

Voice, choice and control

<https://bit.ly/2LVef8O>

What is advocacy

<https://bit.ly/2UImXYL>

What is neuroplasticity

<https://bit.ly/2NhurOO>

Neuroplasticity after Traumatic Brain Injury

<https://bit.ly/2Y5FbcJ>

Advocacy types

<https://bit.ly/2LtlUuH>

Stroke Association

www.stroke.org.uk

Support groups charities

<https://bit.ly/2LsjLR7>

Types of assistive devices

<https://bit.ly/2K0C9vF>

Statutory Guidance – Advocacy services

<https://bit.ly/36dK3gR>

9.4 Yr ystod o wasanaethau, asiantaethau a gweithwyr proffesiynol sy'n darparu cymorth i unigolion ag anaf caffaeledig i'r ymennydd

Mae **The Brain Injury Rehabilitation Trust (BIRT)** yn darparu cymorth yn genedlaethol i bobl ag anawsterau dysgu, awtistiaeth ac anaf i'r ymennydd. Mae hwn yn is-adran o'r Disabilities Trust.

Mae **Brain Injury is BIG (B.I.G.)** yn elusen ar gyfer gofawyr pobl ag anafiadau difrifol i'r ymennydd gyda fforwm trafod ar-lein a llinell gymorth dros y ffôn.

Mae'r **Brain Injury Hub** yn ganolfan cymorth ar-lein ar gyfer teuluoedd plant yr effeithir arnynt gan anaf caffaeledig i'r ymennydd a grëwyd gan The Children's Trust.

Mae **Carers UK** yn ffynhonnell wych o wybodaeth, cyngor a chymorth i ofalwyr pobl ag anaf caffaeledig i'r ymennydd.

9.4 The range of services, agencies and professionals which provide support for individuals with acquired brain injury

The Brain Injury Rehabilitation Trust (BIRT) provides support nationally for people with learning difficulties, autism and brain injury. This is a sub-division of the Disabilities Trust.

Brain Injury is BIG (B.I.G.) is a charity for carers of people with severe brain injuries with online discussion forum and a telephone helpline.

Brain Injury Hub is an online support centre for the families of children affected by acquired brain injury created by The Children's Trust.

Carers UK is an excellent source of information, advice and support for carers of people with an acquired brain injury.

Mae Technoleg Gynorthwyol Electronig yn derm sy'n ymwneud ag amrywiaeth o gynhyrchion sydd wedi'u cynllunio i alluogi pobl anabl i fyw bywydau diogel ac annibynnol:

- **cymhorthion symudedd**, megis cadeiriau olwyn, sgwteri, cerddwyr, ffyn, ffyn baglau, dyfeisiau prosthethig, a dyfeisiau orthotig
 - **cymhorthion clyw** i helpu pobl i glywed neu glywed yn gliriach, capsiynau caeedig i ganiatáu i bobl â phroblemau clyw wyllo ffilmau, rhaglenni teledu a chyfryngau digidol eraill.
 - **cymhorthion gwybyddol**, gan gynnwys dyfeisiau cynorthwyol cyfrifiadurol neu drydanol, i helpu pobl â heriau o ran cof, sylw, neu heriau eraill yn eu sgiliau meddwl
 - **meddalwedd a chaledwedd cyfrifiadurol**, megis rhaglenni adnabod llais, darllenwyr sgrin, a chymwysiadau ehangu sgrin, i helpu pobl â namau symudedd a synhwyraidd i ddefnyddio cyfrifiaduron a dyfeisiau symudol
 - **offer** megis trowyr tudalennau awtomatig, dalwyr llyfrau, a gafaelion pensil wedi'u haddasu i helpu wrth gymryd rhan mewn gweithgareddau addysgol, dyfeisiau a nodweddion dyfeisiau i helpu i gyflawni tasgau fel coginio, gwisgo, a hunan-ofal;
- addasiadau ffisegol yn y cartref**, gan gynnwys rampiau, bariau cydio, a drysau lletach i alluogi mynediad i adeiladau, gweithleoedd, switsys ac offer addasol i ganiatáu i'r rhai â sgiliau echddygol cyfyngedig fwyta, chwarae gemau, a chyflawni gweithgareddau eraill, dolenni a gafaelion arbenigol, dyfeisiau sy'n ymestyn cyrhaeddiad, a goleuadau ar ffonau a chlychau drws - dyma rai enghreifftiau.

Electronic Assistive Technology is a term relating to a range of products designed to enable disabled people to live safe and independent lives:

- **mobility aids**, such as wheelchairs, scooters, walkers, canes, crutches, prosthetic devices, and orthotic devices
- **hearing aids** to help people hear or hear more clearly, closed captioning to allow people with hearing problems to watch movies, television programmes, and other digital media.
- **cognitive aids**, including computer or electrical assistive devices, to help people with memory, attention, or other challenges in their thinking skills
- **computer software and hardware**, such as voice recognition programs, screen readers, and screen enlargement applications, to help people with mobility and sensory impairments use computers and mobile devices
- **tools** such as automatic page turners, book holders, and adapted pencil grips to help participation in educational activities, devices and features of devices to help perform tasks such as cooking, dressing, and grooming;
- **physical modifications in the home**, including ramps, grab bars, and wider doorways to enable access to buildings, workplaces, adaptive switches and utensils to allow those with limited motor skills to eat, play games, and accomplish other activities, specialised handles and grips, devices that extend reach, and lights on telephones and doorbells are a few examples.

Case study A 24 year old man developed a manic episode following a brain injury. He stopped sleeping and eating, he was over-talkative and his speech would 'go off at a tangent'. He felt that he was very rich, which was not the case, and began spending excessively on credit cards. He became very irritable with his partner if she spoke to him about the money situation and referred to himself as being 'chosen'. His condition deteriorated and he started to neglect his personal hygiene. Following assessment by a psychiatrist, the GP and a social worker he was placed in hospital under Section 2 of the Mental Health Act.

9.5 Modelau a dulliau y gellir eu defnyddio i gefnogi cyfathrebu ac ymgysylltu effeithiol ag unigolion ag anaf caffaeledig i'r ymennydd

Dull seiliedig ar hawliau at anabledd mewn iechyd a gofal cymdeithasol. Mae'r dull hwn at iechyd a gofal cymdeithasol yn cael ei derbyn yn eang yn rhyngwladol fel dull arfer gorau, sydd wedi'i wreiddio yn egwyddorion Confensiwn y Cenhedloedd Unedig ar Hawliau Pobl ag Anableddau ac a ddiogelir yn y Deyrnas Unedig gan y Ddeddf Hawliau Dynol. Yn ei adroddiad Hawliau Dynol ac Iechyd a Gofal Cymdeithasol, mae Sefydliad Hawliau Dynol Prydain yn datgan:

"Wrth graidd hawliau dynol, mae gwerthoedd tegwch, cydraddoldeb, urddas, parch ac ymreolaeth, gwerthoedd sydd hefyd yn greiddiol i iechyd a gofal cymdeithasol o safon."

9.5 Models and approaches that can be used to support effective communication and engagement with individuals living with acquired brain injury

A rights-based approach to disability in health and social care. This approach to health and social care is widely accepted internationally as a best practice approach, which is rooted in the principles of the United Nations Convention on the Rights of Persons with Disabilities and protected in the United Kingdom by the Human Rights Act. In its report Human Rights and Health and Social Care, the British Institute of Human Rights states that:

"At the core of human rights, are the values of fairness, equality, dignity, respect and autonomy, values which are also at the core of quality health and social care."

9.5 Modelau a dulliau y gellir eu defnyddio i gefnogi cyfathrebu ac ymgysylltu effeithiol ag unigolion ag anaf caffaeledig i'r ymennydd

Dyma rai o'r rhesymau pam yr ystyrir bod dull sy'n seiliedig ar hawliau at iechyd a gofal cymdeithasol yn arfer gorau:

- mae'n cefnogi staff iechyd a gofal cymdeithasol i gyflawni eu rhwymedigaethau moesegol proffesiynol;
- mae'n gwella ansawdd ac effeithiolrwydd iechyd a gofal cymdeithasol, yn gwella prosesau gwneud penderfyniadau ac yn gwella iechyd a llesiant pob defnyddiwr gwasanaeth;
- mae'n anfon neges i gymdeithas bod pobl ag anableddau yn bennaf oll yn bobl gyfartal â hawliau dynol;
- mae'n arwain at gyfranogiad ac ymgysylltiad mwy ystyrion gan bobl ag anableddau wrth ddylunio a darparu gwasanaethau iechyd a gofal cymdeithasol.
- mae'n helpu staff iechyd a gofal cymdeithasol i ddeall yn well yr ystod o ffactorau cymdeithasol a diwylliannol sy'n effeithio ar iechyd a llesiant unigolyn; ac
- mae'n lleihau cwynion ac ymgyfreitha.

9.5 Models and approaches that can be used to support effective communication and engagement with individuals living with acquired brain injury

Some of the reasons why a rights-based approach to health and social care ~~is considered to be~~ best practice are that it:

- supports health and social care staff in meeting their professional ethical obligations;
- improves both the quality and effectiveness of health and social care, improves decision-making processes and enhances the health and well-being of all service users;
- sends a message to society that people with disabilities are first and foremost equal persons with human rights;
- leads to more meaningful participation and engagement of people with disabilities in the design and delivery of health and social care services.
- helps health and social care staff to better understand the range of societal and cultural factors that impact upon an individual's health and well-being; and
- reduces complaints and litigation.

9.5 Modelau a dulliau y gellir eu defnyddio i gefnogi cyfathrebu ac ymgysylltu effeithiol ag unigolion ag anaf caffaeledig i'r ymennydd

Y Model Meddygol o Anabledd

"Mae pobl anabl yn cael eu hystyried yn anabl oherwydd eu nam (er enghraifft, dallineb). Os yw'r nam yn cael ei wella, mae'r mater o sut mae person anabl yn ffitio i mewn i gymdeithas yn mynd i ffwrdd ac nid oes rhaid i gymdeithas newid i ddarparu ar eu cyfer."
www.allfie.org.uk (<https://bit.ly/2LUme68>)

Y Model Cymdeithasol o Anabledd

Diffiniad o fodel cymdeithasol o anabledd yw:
"Mae pobl anabl yn cael eu hystyried yn anabl nid oherwydd eu namau (fel dallineb neu awtistiaeth) ond gan fethiant cymdeithas i gymryd eu hanghenion i ystyriaeth. Mae bod yn anabl yn rhan o sbectrwm arferol bywyd dynol: rhaid i gymdeithas ddisgwyl i bobl anabl fod yno a'u cynnwys."
www.allfie.org.uk (<https://bit.ly/2YY1MVM>)

9.5 Models and approaches that can be used to support effective communication and engagement with individuals living with acquired brain injury

The Medical Model of Disability

"Disabled people are seen as disabled due to their impairment (for example, blindness). If the impairment is cured, the issue of how a disabled person fits into society goes away and society doesn't have to change to accommodate them."
www.allfie.org.uk (<https://bit.ly/2LUme68>)

The Social Model of Disability

A definition of a social model of disability is:
"Disabled people are seen as being disabled not by their impairments (such as blindness or autism) but by society's failure to take their needs into account. Being disabled is part of the normal spectrum of human life: society must expect disabled people to be there and include them."
www.allfie.org.uk (<https://bit.ly/2YY1MVM>)

<https://bit.ly/2LUme68>

<https://bit.ly/2YY1MVM>

The medical model of disability has negative effects for disabled people who are unable to be cured of their disability and means that they are unable to access the same education, work and social opportunities as others in society. This does not give them a rights-based approach to their disability and has far-reaching effects on their opportunities and quality of life. The medical model of disability focusses on what is "wrong" with a person instead of what their needs are. This creates low expectations and ultimately leads to loss of independence.

The social model of disability states that disability is caused by the way that society is organised rather than a person's impairment. The model investigates ways to remove barriers hence removing restrictions and allowing disabled people to live an independent and equal life.

This model allows disabled people to access a full range of educational, employment and social opportunities, giving them equal status and a better quality of life.

An example of how the social model of disability benefits disabled people in education is through adapting, not just the buildings of a school, but the curriculum and school ethos, allowing education to be inclusive and accessible for all.

Many disabled charities and organisations use the social model of disability as it was developed by disabled people and takes the view that people are disabled by barriers in society, not by their impairment or difference. Physical barriers can include steps, doorways or accessible toilets. Social barriers relate to peoples' attitudes towards disabled people, for example, the assumption that they will not be able to carry out certain tasks.

9.5 Modelau a dulliau y gellir eu defnyddio i gefnogi cyfathrebu ac ymgysylltu effeithiol ag unigolion ag anaf caffaeledig i'r ymennydd

Model Cymorth Gweithredol

Mae hwn yn fodel person-ganolog yn seiliedig ar ryngweithio ag unigolion trwy system gynllunio ddyddiol sy'n hyrwyddo cyfranogiad ac yn gwella ansawdd bywyd. Mae'r model hwn yn sefydlu lefel y cyfranogiad mewn gweithgareddau a lefel y gefnogaeth sydd ei hangen i ddatblygu'r sgiliau i gymryd rhan mewn gweithgareddau mor annibynnol â phosibl. Mae cynlluniau dyddiol yn seiliedig ar ryngweithio cadarnhaol ac atgyfnerthu, gan addysgu ac aildrysdu sgiliau i gymryd rhan mewn ystod o weithgareddau gwerthfawr ac ystyrlon.

9.5 Models and approaches that can be used to support effective communication and engagement with individuals living with acquired brain injury

Active Support model

This is a person-centred model based on interaction with individuals through a daily planning system that promotes participation and enhances quality of life. This model establishes the level of participation in activities and the level of support needed to develop the skills to engage in activities as independently as possible. Daily plans are based around positive interaction and reinforcement, teaching and relearning skills to participate in a range of valued and meaningful activities.

9.5 Modelau a dulliau y gellir eu defnyddio i gefnogi cyfathrebu ac ymgysylltu effeithiol ag unigolion ag anaf caffaeledig i'r ymennydd

Mae dull seiliedig ar gryfderau yn adeiladu ar gryfderau a hunanbenderfyniad person ac yn ddull cydweithredol rhwng yr unigolyn, y teulu a'r gwasanaethau cymorth i ganolbwyntio ar gryfderau ac asedau'r person.

Mae awdurdodau iechyd sy'n gweithredu dull seiliedig ar gryfderau yn darparu gwasanaethau cyngor a gwybodaeth ar y we sy'n llywio pobl tuag at gymorth a gwybodaeth fel y gallant aros yn eu cartref eu hunain a byw gyda rhywfaint o annibyniaeth. Gallai hyn fod drwy ddefnyddio technoleg gynorthwyol neu'r cynllun teleiechyd neu drwy gymorth dyddiol gan ofalwyr neu nyrsys ardal. Mae'n cynnig seibiannau byr a gwasanaethau seibiant i ofalwyr llawn amser cleifion ag anafiadau i'r ymennydd.

Mae'r dull hwn yn canolbwyntio ar gryfderau yn hytrach nag anghenion ac mae'n unol â gwerthoedd ac egwyddorion Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014.

9.5 Models and approaches that can be used to support effective communication and engagement with individuals living with acquired brain injury

A strengths-based approach builds on a person's strengths and self-determination and is a collaborative approach between the individual, family and the support services to focus on the person's strengths and assets.

Health authorities implementing a strengths-based approach provide web-based advice and information services that steer people towards support and information so that they can remain in their own home and live with a degree of independence. This could be through the use of assistive technology or the telehealth scheme or through daily support from carers or district nurses. It offers short breaks and respite services for full time carers of brain injury patients.

The focus of this approach is on strengths as opposed to needs and it is in line with the values and principles of the Social Services and Well-being (Wales) Act 2014.