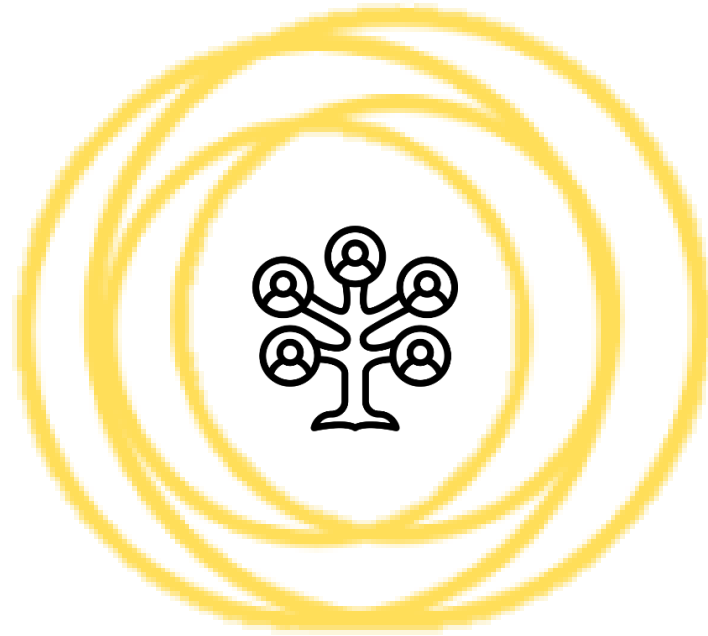




King's College Hospital  
NHS Foundation Trust



# THIS IS US

## Family Support Booklet

Name:

MRN:

Date:

Ward:

Filled in by:

## Initial family assessment

1. Explain role (Name, job title and role within Brain Injury Team)
2. Introduction to 'family sensitive support'
  - Idea that brain injury can affect the whole family as well as the person with the brain injury. Our team want to provide support to help the family navigate this stressful time.
  - The medical staff at King's are looking after [patient], but it is also important to understand how the family are coping, and whether there is anything our team can do to help.
  - We would like to offer support tailored to your family's needs.
  - Part of this involves asking the family some initial questions about the family's current needs, as well as finding out who is around. We can then plan some family meetings to answer questions and discuss any worries.
3. Confirm it is an appropriate time to talk to family and ask some initial questions.

If not, plan another time to return.

If a family does not speak English, it will be necessary to use an interpreter to answer the questions.

## Getting to know the family

*It can be helpful to start with a genogram to map out family relationships and improve our understanding of who's around. Would you be happy to do this?*

**Genogram (space below)**

Names of involved family /friends	
Borough/area family lives in	
When do family visit?	
Does the patient have dependent children? Ages.	
Is the patient a carer (not for dependent children)?	

## Current needs

*The following questions relate to your experience of care so far at hospital. We want to consider your needs as a family at the moment, and offer support which will be most useful to you.*

1. What is most important to your family right now?

- Medical updates
- Practical support
- Emotional support
- Family support
- Other

*If multiple options chosen, ask further questions around what support would be beneficial.*

Details:

2. Are you happy with the care / medical updates you have received until now?

- Yes
- Somewhat
- No

Details:

3. Are there any other challenges your family is facing alongside this?

*E.g. financial difficulties, additional care responsibilities, barriers to visiting*

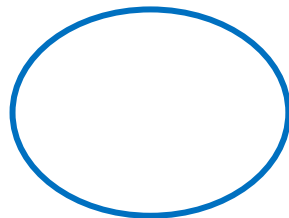
4. How do you think our team could be most helpful?

*If families aren't sure what support there is/they need, describe what other families often find helpful (e.g. signposting, space to discuss concerns, other issues).*

## Other support systems

*Sometimes, patients and families have wider support systems. These can include friends, communities (spiritual, hobbies etc.), neighbours, groups etc. We use an ecomap to draw these networks out; would you be happy to do one for patient/your family now?*

**Ecomap (space below)**



## Assessment conclusion

Are the family happy to fill out the FNQ-R? (If not already completed)

\*FNQ-R to be handed to family, and time organised to collect it and check in\*

**IF NOT** – Are family happy to answer demographic questions on next page?

\*Hand over booklet to family member/read out questions and ask them to fill from THEIR perspective, not the patient's.\*

*>Summarise and clarify the information discussed with the family. Confirm any action points and take details if required. Thank them for taking part.*

**Agreed next steps:**

## Refusal of family support:

Please tick if:

The family do not want any family support

The family do not currently want to engage with a family needs assessment

If they do not currently want to take part, would the family like to be contacted again in a few weeks?

Yes

No

Reasons for decline:

## Demographics

Please answer the following questions about yourself as part of standard data collection. If you would prefer not to answer, please place a tick in this box  and leave the items blank.

### Age group

- Under 16
- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+
- Prefer not to say

### Disability

Do you consider yourself to have any physical or mental health conditions, disabilities, or illnesses lasting or expected to last 12 months or more?

- Yes
- No
- Prefer not to say

If you have answered 'yes' to the above question, please tell us any that apply to you

- Blind or sight loss
- Deaf or hearing loss
- Difficulty speaking
- Learning disability/Intellectual disability (e.g. Autism Spectrum Disorder, Down Syndrome)
- Learning difficulty (e.g. Dyspraxia, Dyslexia)
- Manual dexterity loss
- Mental health concern
- Physical disability
- Other
- Prefer not to say



### **Ethnicity**

- White British
- White Irish
- White other
- Black Caribbean
- Black African
- Black other
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Asian other
- Mixed Background
- Other
- Prefer not to say

### **Religion and Belief**

Do you regard yourself as belonging to any particular religion or belief group?

- Atheist
- Buddhist
- Christian
- Hindu
- Humanist
- Jewish
- Muslim
- Sikh
- Other
- Prefer not to say

### **Gender**

What best describes your gender identity?

- Female (including Transgender female)
- Male (including Transgender male)
- Non-binary
- Other
- Prefer not to say

### **Sexual Orientation**

What is your sexual orientation?

- Asexual
- Bi/Bisexual
- Gay/Gay Man
- Heterosexual/Straight
- Lesbian/Gay Woman
- Other
- Prefer not to say

Thank you for taking the time to fill out the questionnaire. Please inform us if you have any questions.