

BRAIN INJURY REHABILITATION TRUST



Looking ahead

disabilities
trust
meeting complex needs

ANNUAL REPORT 2009



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INVESTOR IN PEOPLE

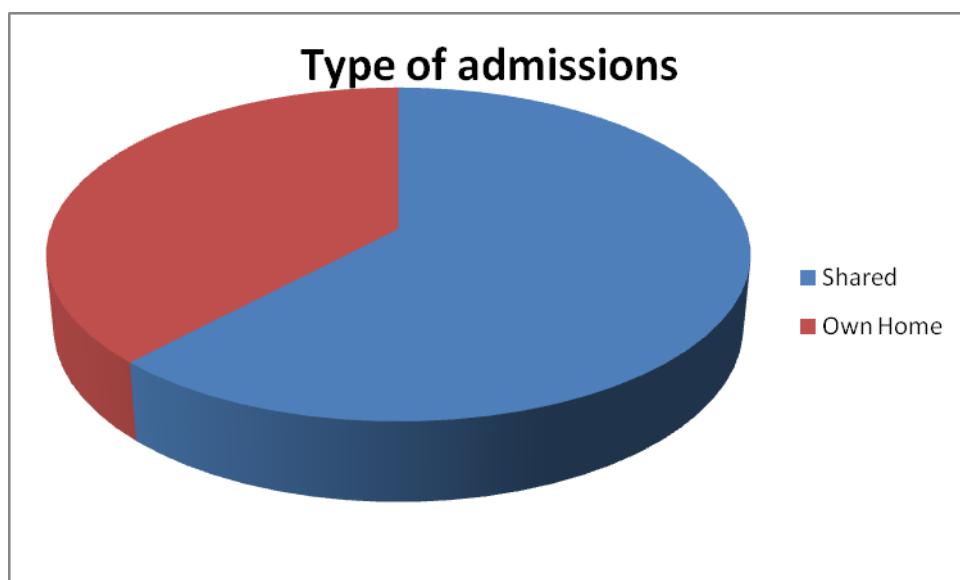
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1. NATURE OF THE PROGRAMME

Community Services forms part of the national continuum of care provided by the Brain Injury Rehabilitation Trust for those with acquired brain injury. The Community Services Division facilitates the effective community reintegration of individuals with acquired brain injury who have progressed through post acute brain injury rehabilitation. Service users are encouraged to maintain the highest level of independence possible, and in some cases, enter some form of employment.

Community Services is currently supporting 103 service users, the majority of whom are in shared accommodation.



Overall there is a 2:1 male: female ratio. This may still be a reflection of the fact that those suffering traumatic brain injury are likely to be young adult males. New admissions to the Service for 2009 reflect this (see below). Service Users can be accommodated close to existing residential services. This is an historical and geographical feature of the development of Community Services. Originally our Community Services were developed to provide a service for existing residential services to facilitate further community reintegration providing a seamless transfer to the Community and ensuring any work placements or individual programmes were maintained. Community Services also supports individuals who want to live in their own homes but may not have been through a residential rehabilitation programme.

Service Users are located throughout England, and given the recent opening of a residential service in Glasgow, this trend is likely to continue into Scotland.

The level of support provided to our Service Users ranges from a few hours per day to full 24 hour support depending on an up-to-date and regularly revised assessment of their current level of need.

The Community Services team consists of two Consultant Clinical Neuropsychologists, one clinical psychologist, a Director responsible for Physical Disabilities and Community Services, an Assistant Director responsible for brain injury community services, domiciliary care services and case management, Service Manager, six Community Support Managers and over 200 support workers. The multidisciplinary team covers the entire UK. The Head Office is based in Wakefield, comprising an Office Manager, Registered Manager Domiciliary Care, Case Manager, Business Development Manager, an Administration Manager, one administration assistant, two Community Co-ordinators, two secretaries, two office assistants, a Training Coordinator and a part-time Occupational Therapist responsible for vocational and educational activities.

Community Services has seen the continuing development of our Case Management service which supports people with an acquired brain injury, cerebral palsy or traumatic spinal injury and their families within their own homes. Our Case Management Service includes:

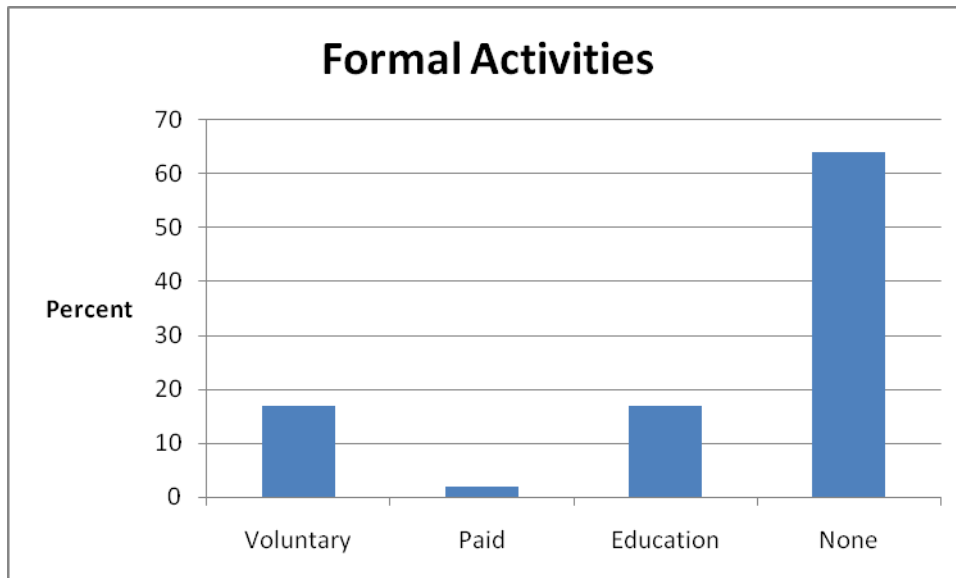
- Assessment reports and recommendations for treatment, support and rehabilitation. The Case Manager will assess the personal and family history to allow for the development of the most appropriate support package in line with presenting needs.
- Consider the present situation and make appropriate recommendations for rehabilitation and/or care needs, and additional specialist reports if required.
- Recruit, train and supervise staff if required.
- Implement treatment, support and rehabilitation plans. The Case Manager will oversee any rehabilitation/care regime, establishing agreed measurable goals in conjunction with other therapists as required.
- Risk management.

- Monitor and review treatment, support, care or rehabilitation plans. As part of the process the Case Manager will adapt the goals and treatments to reflect the changing situation.
- Provide interim reports and on-going recommendations.
- Cost of future care reports. The Case Manager can also provide evidence based cost of future care reports to assist in costing the claim.
- Witness testimony including single joint expert.

Community Services encourages the maintenance of gains made in residential units, and specifically focuses upon the maintenance of appropriate behaviour, social integration and the development of a wide range of socially relevant activities. Community Services continue to use a goal-based programme to allow for effective measurement of achievements. Behavioural and follow-up data are available for all service users within community services and it is encouraging to note that measures of psychological well-being and community integration have remained constant over the last year.

Community Services is proud to be part of an organization that has achieved recognition from CARF (Commission on Accreditation of Rehabilitation Facilities), and continues to strive to maintain those high standards. Community Services is actively engaged in finding suitable accommodation for a wide range of Service Users with a wide range of neurobehavioral problems, and is actively working in partnership with housing associations nationally. Our underlying philosophy is to attempt to support our service users in the most appropriate social environment to maximize the neurobehavioral rehabilitation input that they have received at the time of admission to our service. Assistance from psychologists is available within the service but when other professional input is required, such as occupational therapy or physiotherapy, We support our Service Users to access these services through the appropriate local statutory services, or, due to a close relationship with the residential services of the Brain Injury Rehabilitation Trust, we can often obtain extremely helpful input from our professional colleagues in other services.

Community Services encourages and supports all our Service Users to actively participate in a range of activities which can be leisure based, but can also lead into further education, or employment.

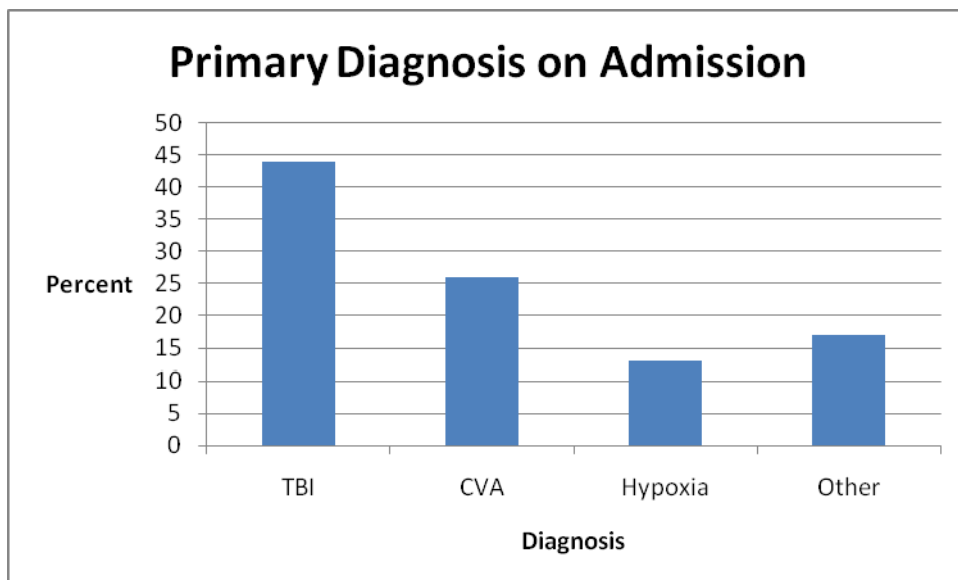


As with last year, the number of service users engaged in some type of formal activity is encouraging (36%) given the severity of their original injuries and their continuing disabilities.

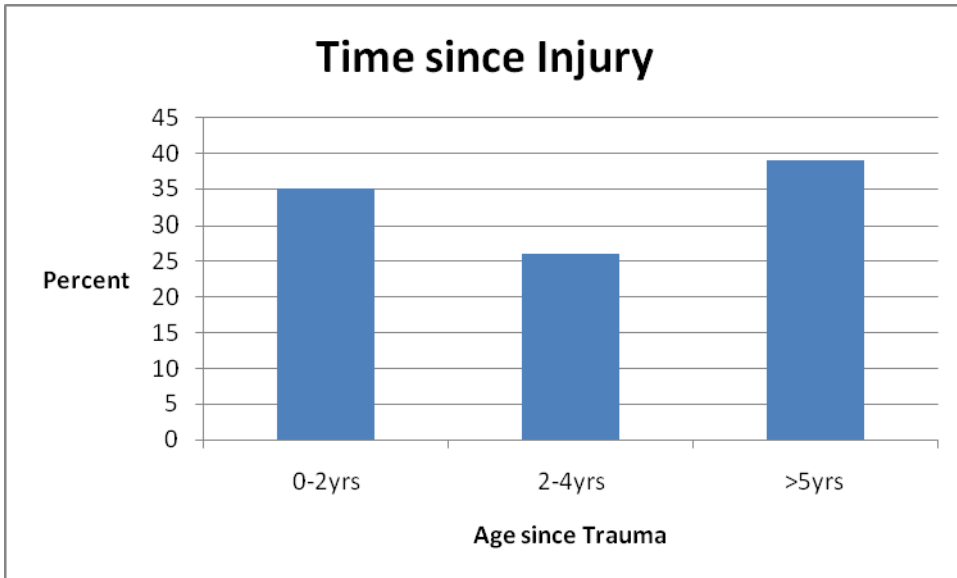
Person Centred Planning is an integral part of the overall programme. Service Users are actively encouraged to participate with their programme planning, and it is important that goals established reflect their aims and aspirations. These can range from learning to cook a meal to planning a move on to more independent living. We also support the families of Service Users to engage, as appropriate, in the individual's programme planning.

Service Users are involved in all aspects of their community reintegration, down to simple aspects such as dietary choice, and the decor of living arrangements. The Service User is fully involved in the formal review process which assesses progress against previously agreed goals. We facilitate their interaction with various professionals and stakeholders in review meetings.

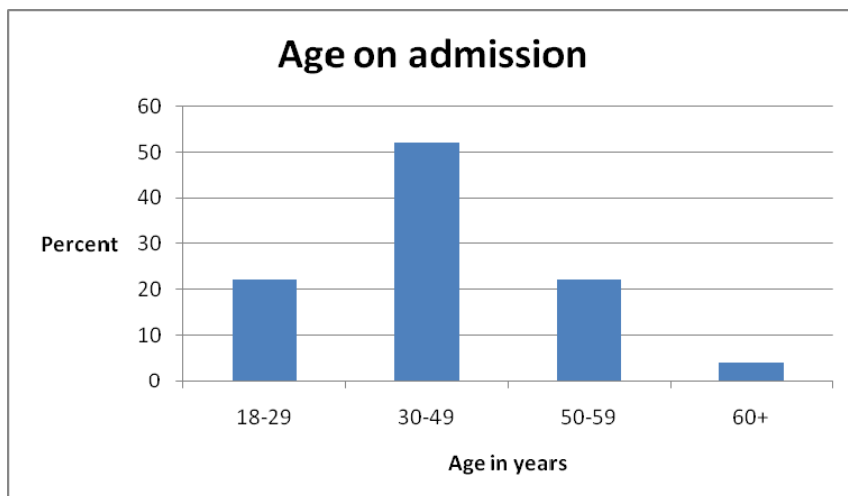
Of those who entered Community Services in 2009, the majority have experienced traumatic brain injury, most of which have been sustained within road traffic incidents. However, the last year has seen a marked increase in those presenting with either vascular problems, or unusual neurological conditions. These problems bring their own challenges. Some conditions may be related to alcohol, and thus rehabilitation may be diverted by the need to address problems arising in this particular area. Those with hypoxic brain injury continue to present with limited drive, arousal and motivation, particular problems for community rehabilitation and integration.



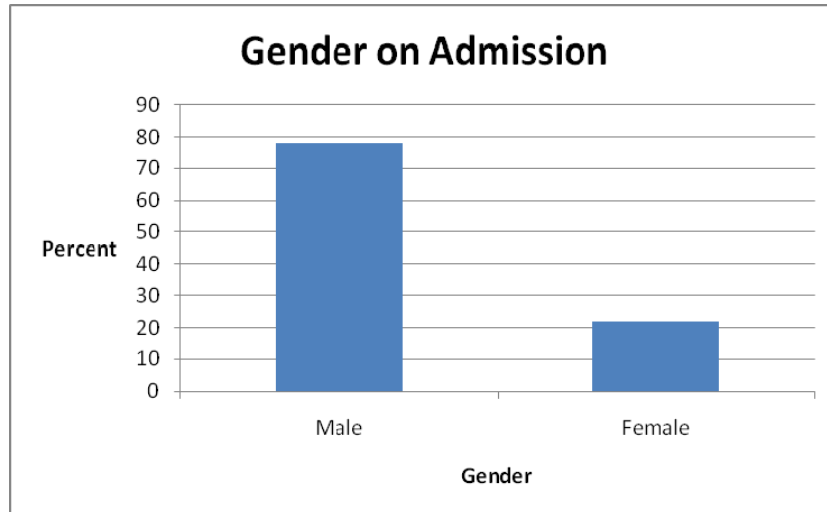
The length of time since injury shows little change in various age groups when comparing admissions in 2009 with those of 2008. We continue to take a large proportion of our new admissions from those many years post injury, proving the well established point that rehabilitation and community reintegration can produce benefits many years after the original trauma



This is perhaps also seen in the age on admission, where the proportion of those in the 18-29 year old group, the usual cohort of young, adult males, is less than it was one year ago, and there is an increase in the other groups.

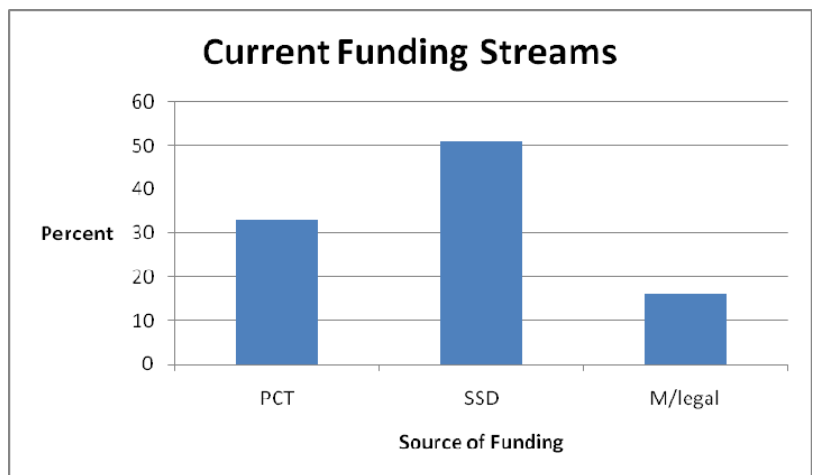


The proportion of males to females of those admitted in the last year is nearly 3:1. This reflects the national incidence of traumatic brain injury although other forms of acquired brain injury such as vascular and neurological conditions have an equal incidence in men and women. Community Services will be analysing this more closely over the coming year, as the suggestion is that alcohol related vascular and neurological brain damage may be associated with higher risk male behaviours, together with other societal factors.



Community Services continue to monitor the funding arrangements of our Service Users, particularly in the light of the current economical problems. Figures for the current year show little change in the general spread across Social Services and Primary Care Trusts, with a smaller proportion funded by medicolegal cases.

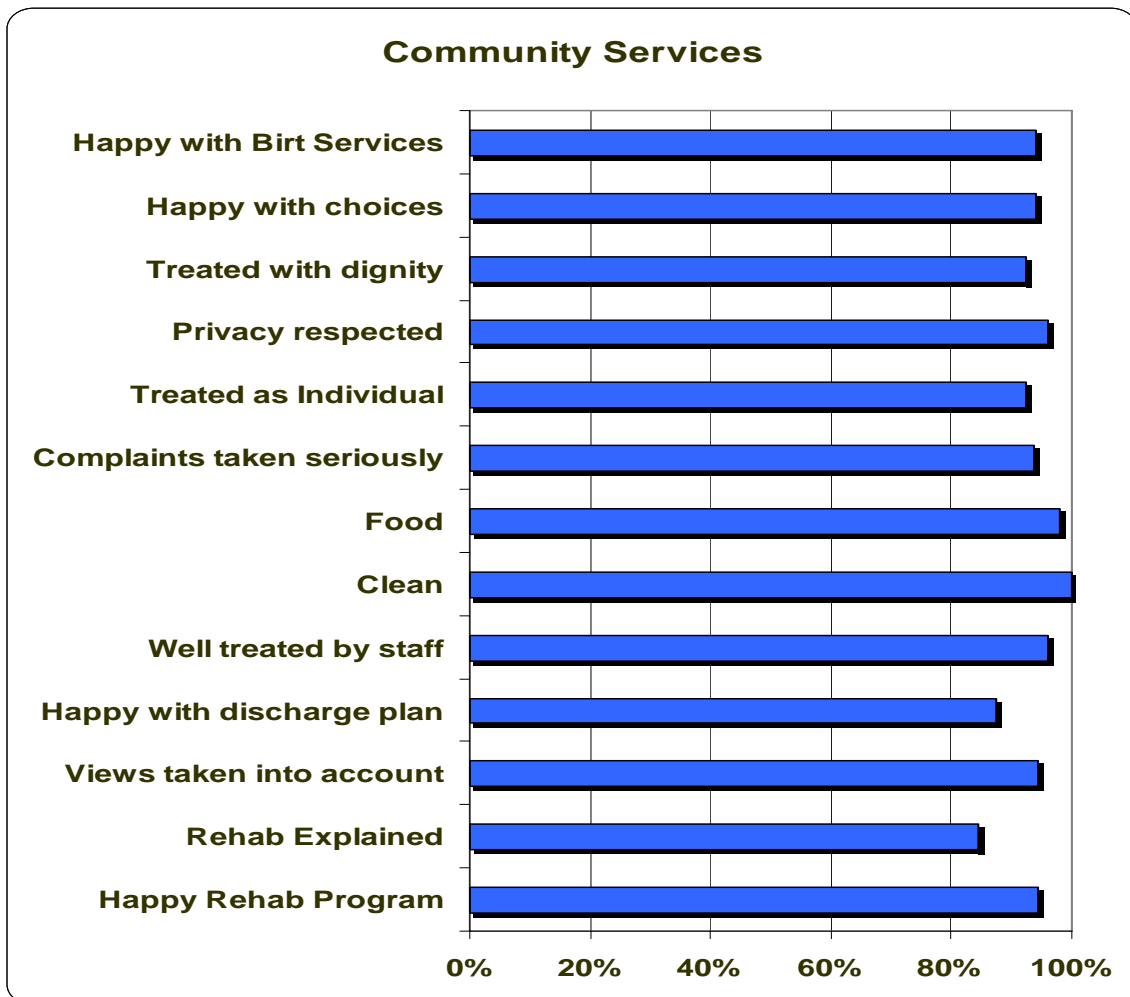
A proportion of Service Users in Community Services are now funded through individual budgets and direct payments.



2. OUTCOMES

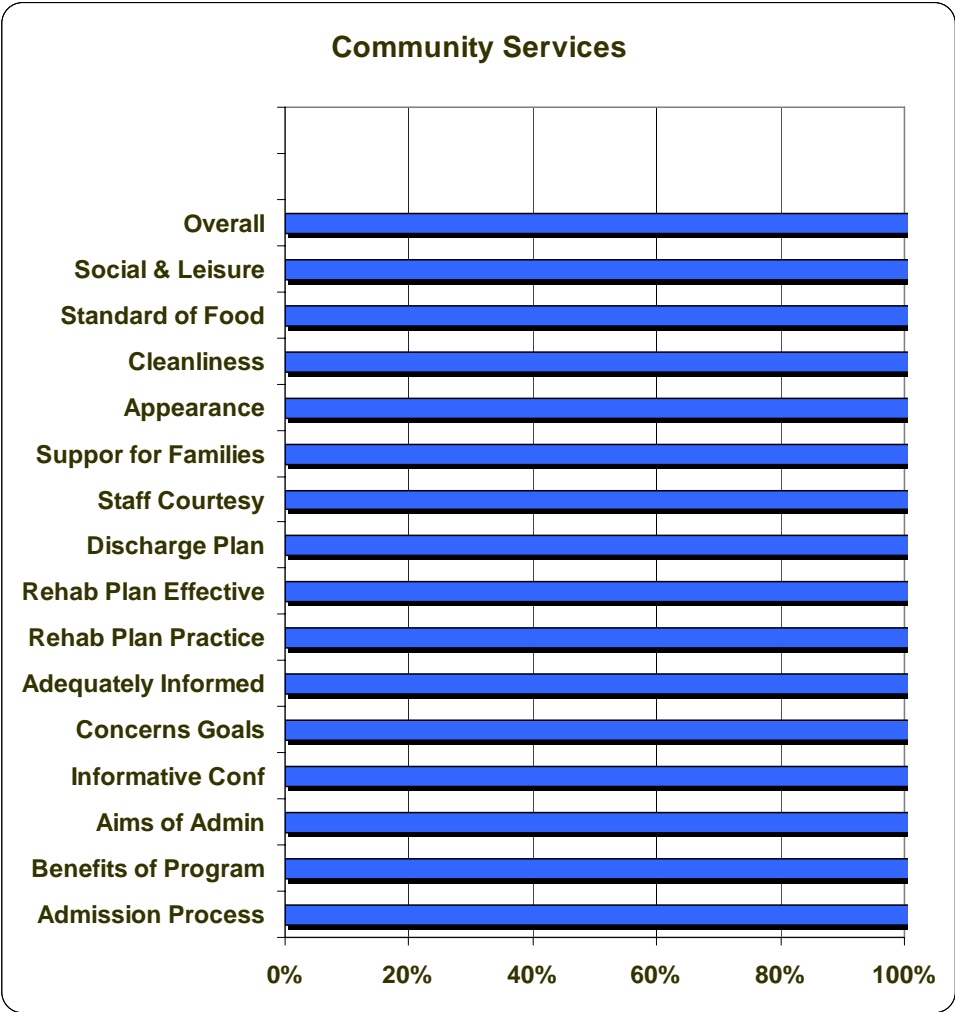
Satisfaction Analysis

Ensuring the provision of the highest quality rehabilitation is a core value of the Trust. One of the ways that we monitor quality is to ask all stakeholders how satisfied they are with the service provided. Data is used to plan, develop and improve our services. The results of the 2009 Satisfaction Survey are shown below and on the next pages.



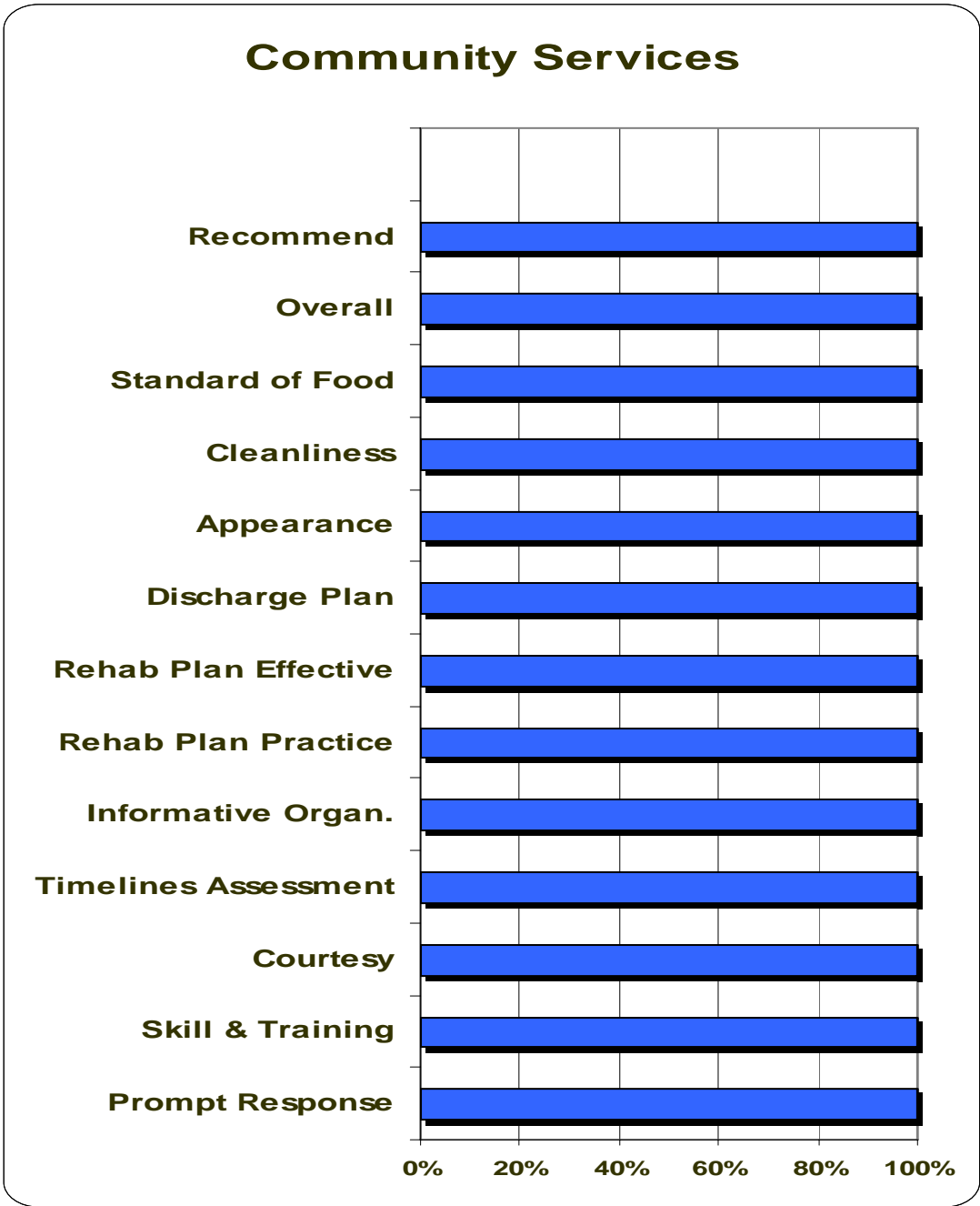
Service User Satisfaction Survey Results

This graph shows that 94% of Service Users were satisfied or more than satisfied with the overall service provided.



Family Satisfaction Survey Results

The graph above shows that 99% of families were satisfied, or more than satisfied, with the services provided by Community Services. Families commented on the high level of professionalism and the supportive attitudes shown by staff which helped them to rebuild their lives positively.

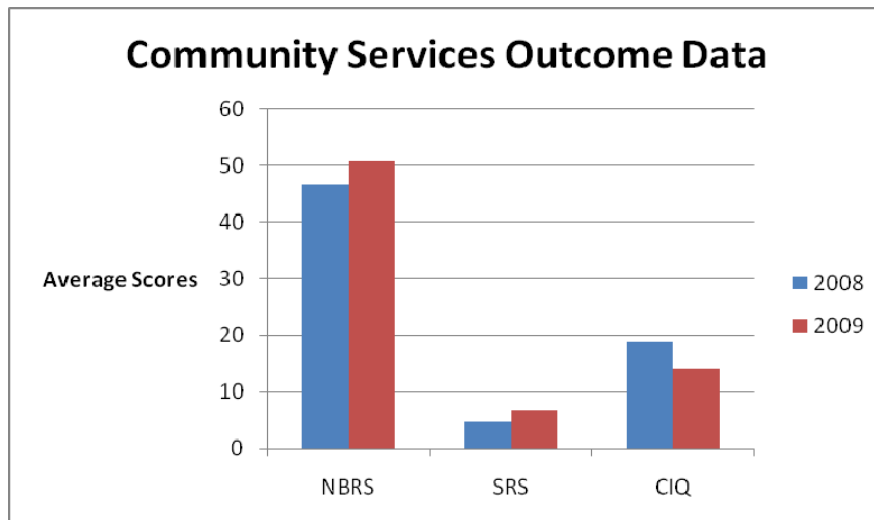


Stakeholder Satisfaction Survey Results

The above graph shows that 99% of referrers and purchasers were satisfied or more than satisfied with the services overall, and would recommend Community Services to other referrers. Respondents commented on the dedication of the staff and the importance we place on training our staff.

Outcome Measures

We continue to monitor outcomes on a variety of standard measures. From our perspective, in Community Services, the most relevant measures are the Supervision Rating Scale, and the Community Integration Questionnaire. We also use the Neurobehavioural Rating Scale which measures progress on a wide range of neurobehavioural changes common after brain injury.



The scoring range is between 27 and 189, with higher scores indicating greater levels of impairment.

The Supervision Rating Scale (SRS) indicates the level of supervision required to maintain a current placement safely but unobtrusively. The scoring range is 1 to 13. The higher the score the more supervision is required.

The Community Integration Questionnaire (CIQ) indicates levels of community integration, which is a process, not an event. Community Services strive to increase community integration which generally correlates with quality of life. The score range is 0 to 29, with higher scores indicating greater levels of community integration.

There is little difference overall, but the scores may be interpreted with the knowledge that over the last year the severity of neurobehavioural problems has increased, that is, Community Services is managing more challenging service users, as few other organisations have the experience with this complex group.

These measures also demonstrate the success, or otherwise, of our programmes, particularly in reducing supervision where possible, to reduce costs to funders.

Throughout the Brain Injury Rehabilitation Trust continuum of care, any aggressive or irritable behaviour of service users is rated using the BIRT Aggression Rating Scale (BARS). This assesses the frequency and intensity of any such behaviour, behaviours which may affect their rehabilitation progress. Such analysis allows the development and implementation of interventions to support the service user to reduce the frequency of these behaviours.

A review of data comparing 2008 and 2009 shows that our service users have maintained the same high levels of behavioural control, that is, there is no significant change in the level of reported behaviour problems. Where service users have demonstrated challenging behaviours the information obtained from the BARS has been helpful in providing strategies to staff to assist them to regain control over their behaviours.

During the last year Community Services received 87 referrals, the majority of which came from local authorities and social services, as well as other BIRT services, and had 34 admissions to the service, with a number of referrals currently awaiting assessment.

3. STAFF – LEAVERS AND JOINERS

We would like to welcome several new members of staff to Community Services including Patricia Dhliwayo, Marcus Jennings, Diana Hirst, Michelle Jefferson and Said Kombo who have joined recently – and one member of staff, Stef Shaw, who has made a welcome return to the Trust as Occupational Therapist for Community Services. Stefanie will be looking at vocational opportunities for Service Users within Community Services and will be based at Normanton, working Tuesdays and Wednesdays. Gemma Saint has recently joined Community Services from Daniel Yorath House as Administration Manager which has released Tracey McKenna to take on new responsibilities and the role of Business and Development Manager for Community Services. Dr Ivan Pitman, Consultant in Neuropsychology and Rehabilitation now supports our Community Services in the North-West and Karen Hogg, Clinical Psychologist joined us in May 2009 from the BIRT service York House.

4. STAFF TRAINING – DEVELOPMENT AND SUPERVISION

All Community Support Managers receive regular supervision from Consultant Psychologists, dealing with both individual cases, and general principles of behaviour management, neurobehavioural rehabilitation, risk assessment and goal setting. Our Clinicians provide a practical interface between complex Care legislation theory and practical applications, for example, in assessing capacity within the meaning of the law. Through their links with the BIRT Clinical Executive and Clinical Governance committees they continue to promote development of new skills and ideas based upon scientific principles.

Our clinicians provide training and development for all levels of support staff, both in terms of general development and in facilitating the skills set required in a professional rehabilitation support worker.

Staff retention remained stable during 2009, albeit with some changes in personnel as would be expected in a large organisation. The fact that there have been no major changes to our core team of staff enables us to provide continuity. Training remains an important part of our development, and we continue to base our confidence in our proven rehabilitation ability on our training and development programme.

5. WORKING WITH FAMILIES

The role of the family in brain injury is salient whatever the setting, and community reintegration is no exception. Families are generally very committed to assisting where possible, which can pose difficulties for the staff, particularly in own home packages, where it is often necessary for the individual with acquired brain injury to be encouraged to do more for themselves. A well-meaning family member can inadvertently undo many months of work in rehabilitation by an understandable desire to “help.” Our staff need considerable interpersonal skills and empathy to take the best from all parties.

Unfortunately, some aspects of neurobehavioural functioning can alienate individuals from family members.

Because of these various potential problems, it is our view that education of, and clear communication with, family members is vitally important, where such communication is appropriate and permission has been given. Education can be at a formal level, often taking advantage of groups run for families on our residential units. Such education will continue in the community, perhaps more specific to the needs of the family member with brain injury. It is an ongoing process, and many family members become extremely valued members of the rehabilitation team. Our staff are encouraged to remain aware that the family is the best resource for information regarding the individual's premorbid personality, likes and dislikes and so forth, of vital importance when re-entering the community and regaining a role or identity.

6. EVENTS AND NEWS

24th March 2010

Hampden, The National Stadium, Glasgow

Brain injury rehabilitation - a heady mix?

Free seminar for professionals provided by Graham Anderson House, Glasgow

Email wilma.whyte@thedtgroup.org for details or call 0141 404 6060

14th May 2010 10am to 1.30pm

Birmingham - The Westmead Hotel, Hopwood, Birmingham, B48 7AL

Effective outcomes in brain injury rehabilitation

Free seminar for professionals provided by West Heath House, Birmingham, 1101 Bristol Road, Birmingham, and BIRT Community Services.

Email nicola.carroll@thedtgroup.org for details or call 0121 478 1847

Brain Injury Awareness Week – 17th – 23rd May 2010

May 2010

Midlands - venue and exact date to be confirmed

Using outcomes to improve performance in brain injury rehabilitation

Free seminar for professionals provided by Thomas Edward Mitton House, Milton Keynes, and Kent House, Aylesbury.

21st May 2010

Joint promotional stand with the Helment Initiative Trust at Center Parcs, Longleat

28th May 2010

Promotional stand at Center Parcs - Sherwood Forest

4th June 2010

Promotional stand at Center Parcs – Whinfell Forest

23rd June 2010

The Retreat, York

Challenging and changing times for all stakeholders in brain injury rehabilitation

Free seminar for professionals provided by York House, York, Goole Neuro Rehabilitation Centre, Goole, and Daniel Yorath House, Leeds. Email samantha.boothroyd@thedtgroup.org for details or call 01724 290065

July 2010

Sussex - venue and exact date to be confirmed

Specialist Brain Injury Rehabilitation - is it worth it?

Free seminar for professionals provided by Kerwin Court, Slinfold, near Horsham, West Sussex.

9th September 2010

Cambridgeshire - venue to be confirmed

How can you justify the cost of specialist brain injury rehabilitation?

Free seminar for professionals provided by Fen House,, Ely.

Email cas.anderson-dixon@thedtgroup.org for details or call 01353 667340

October 2010

Liverpool - venue and exact date to be confirmed

From rehabilitation through to independence – a cost effective journey

Free seminar for professionals provided by Redford Court, Liverpool.

November 2010

Devon - venue and exact date to be confirmed

Striking the balance: cost versus benefits in brain injury rehabilitation

Free seminar for professionals provided by the Woodmill, Cullompton, Devon.

7. PLANS FOR THE COMING YEAR

- To ensure every individual who enters Community Services is supported to develop individual talent and skills through person centred planning.
- Increase the level of clinical support for the North.
- To ensure all Community Services staff are given the opportunity to participate in planning their personal development.
- To continue to be successful in the Pre Qualification Questionnaires and tender processes for Service Provision.

8. CONCLUDING REMARKS

Community Services continues to face a number of challenges, not least the financial situation which causes problems for funders, who have limited resources. It remains our view, however, that the cost of residential rehabilitation, which is considerable, should not be wasted by inappropriate placement in the community at the conclusion of rehabilitation. Community Services feel proud that they can justify their role in the continuum of care in the rehabilitation of those with acquired brain injury. We facilitate effective community reintegration to the highest level commensurate with neurobehavioural disability and premorbid functioning. We believe that a fully developed community reintegration programme will lead to improved quality of life, with less likelihood of psychological disability, unfortunately a common problem following brain injury. We believe that the more actively engaged an individual can be in the community, the less likely it is that there will be adverse psychological reactions or poor adjustment to the admittedly devastating effects of acquired brain injury.

Community Services have demonstrated that they can provide effective support for those with even challenging behaviours and complex neurobehavioral problems following various types of acquired brain injury. We rely upon a competent staff, wide-ranging and flexible training and, not least, the contribution of those individuals with acquired brain injury from whom we continue to learn each day. In meeting their needs we recognize the complex collaboration required between all parties. We look forward to continuing a methodical and scientific approach to the management of those with brain injury in the community.

Ian Fussey

Consultant in Neuropsychology

And Rehabilitation

Julia Morley

Assistant Director