



**West Dunbartonshire**  
Community Health Partnership



**PHASE 3**

**CONSULTATION PROCESS**

**Service Users & Carers**

## **Acknowledgements**

This report outlines Phase 3 of our five-phase consultation process, which looks specifically at the views of current service users and carers who have been affected by Acquired Brain Injury in West Dunbartonshire.

West Dunbartonshire Partnership wishes to thank the members of the consultation sub group, in particular the two service users and carer who contributed large amounts of time to all stages of this process. Their efforts were very much valued and greatly appreciated.

West Dunbartonshire Partnership also wishes to thank Momentum Scotland for allowing us to use their questionnaire as a basis to work from, and to thank all who agreed to take part in this study.

# 1. Introduction

The impact of Acquired Brain Injury on individuals, carers and family has until relatively recently, been an area which is largely unexplored and at best misunderstood. The term Acquired Brain Injury denotes damage acquired to the brain that is sudden in onset and occurs after birth and has an estimated prevalence rate of up to 300 per 100,000 of the population in Scotland (SNAP 2000). Individuals with Acquired Brain Injury (ABI) often differ from those within the areas of learning disability or mental health as the precipitating issues post injury tend to include consequences affecting cognition, emotions and physical ability. According to recent studies, demographic correlates identify young males who are socially, educationally, and economically disadvantaged to be most at risk of ABI (DOH, 1999; BSRM Report 2000). The effects of the injury can often be unpredictable and vary widely in terms of severity. Common consequences of ABI may include:

- Difficulties with cognitive functions such as memory, problem solving and perception.
- Poor initiation and difficulties maintaining attention.
- Impairments of self-monitoring, insight and safety awareness.
- Abnormal muscle tone, fatigue and difficulties in co-ordination.
- Mood change and adjustment problems.
- Personality changes, inappropriate behaviour and difficulties establishing or maintaining relationships.
- Being amongst the lower social classes, unemployed and dependent on financial support.
- Language deficits in expression and comprehension.

(BSRM Report 2000)

Most individuals with ABI and their families find that they are faced with pervasive and persistent problems. It is often described as a 'hidden disability' due to the lack of any apparent difficulties to the casual observer. Affected individuals may often appear well having recovered from physical ailments; but underlying this is a myriad of problems that provide a significant challenge to both carers and service providers (SHIF 2002).

Due to the heterogeneous nature of ABI, the journey towards recovery is rarely seamless or without gaps. For the main, it is generally traumatic with families struggling to ensure their loved ones, to the best of their knowledge, are provided with a satisfactory level of care. The pathways that individuals take during their recovery or rehabilitation are also varied, with many survivors reporting a lack of information or knowledge of what to expect during the initial months following injury.

In recognising the complex needs that present following Acquired Brain Injury, the West Dunbartonshire Partnership subsequently undertook a consultation to provide direction for the shaping of the Acquired Brain Injury Service in partnership with those who use the service. Service users and carers took an active role in both the design and facilitation of the consultation process. At all times, this process was based upon a firm foundation of inclusion and accessibility. It is upon the outcomes of this consultation therefore, that future service improvements will be guided.

In order to carry out a full and informative methodology for future comparisons, this phase of the consultation process followed on from a benchmarking exercise scoping the prevalence and uptake of the service by those affected by Acquired Brain Injury (Phase 1). Additional insight was gained from consulting with our partners in service provision on their perceptions of how brain injury services could be improved (Phase 2).

It is therefore the purpose of this document (Phase 3) to explore the views of service users and carers to ensure that service development and improvement of the West Dunbartonshire Acquired Brain Injury Service is in line with the views of those who use the service.

## **2. Aims and Objectives of Phase 3**

To identify the needs and gaps in services from the point of view of the person with an acquired brain injury and their carers.

### **Objectives**

To gather general information on: -

- The nature of the consequences of acquired brain injury for those affected within West Dunbartonshire.
- The views of both service users and carers on the single shared assessment process and subsequent service provision.
- How the individual with an acquired brain injury perceives their current level of access to community, health and vocational resources.
- What additional services or service improvements individuals with acquired brain injury and their carers believe would benefit them.
- The carer's perceptions of being a carer of a person with acquired brain injury.
- How the carer perceives their current levels of access to community, health and vocational resources.

## **3. Methodology**

To promote maximum levels of participation, various methods of data collection were designed jointly with the West Dunbartonshire Partnership, service users and carers and through consultation with service providers to meet the aims and objectives of the study. In brief, these included structured interviews, questionnaires for both service users and carers, and independently facilitated focus group discussions. A shortened version of the questionnaire was also developed for those who would prefer to complete this with support from a member of the consultation sub group.

To ensure the validity of the data collected and to maximise service user participation, two service users and a carer were provided with training from an independent research consultancy on basic interview techniques, and ethically guided procedures and protocols required for discussing sensitive issues with fellow service users and carers. Involving service users and carers in the design of this methodology ensured that the consultation process could take place with full consideration given to inclusion using a

process which would be flexible and fluid in order to meet the needs of service users and carers.

Choice was offered at all times to all participants as to whether or not they would prefer to be consulted on a one-to-one basis, within focus groups hosted by an independent research consultancy or by being supported to complete questionnaires. A break down of the numbers of people who chose each alternative method is outlined in the table below:

<b>Method of consultation</b>	<b>Number of Participants</b>
Questionnaire – longer version to be completed independently/with support	3
Questionnaire – shorter version to be completed with support from independent research agency	5
One to One Interviews held by peer, and assisted to complete short questionnaire.	2
Participated in informal focus groups	13

#### **4. Participants**

A total of twenty-three individuals took part in the consultation process. This number comprised seventeen current service users of the Acquired Brain Injury Service, and six carers of individuals who have an acquired brain injury.

All research participants were given an information sheet outlining the study and their level of involvement. This included issues around consent, confidentiality and the storage of data.

## **5. Ethics**

Ethical guidelines especially those with respect to consent and confidentiality were highlighted during a dedicated training session on research methods and the protocols surrounding consent and confidentiality. All members of the consultation sub group received this training, and further instruction was provided to those who were actively taking part in facilitating focus groups and/or conducting interviews.

Again, all service users immediately prior to all consultation methods received a brief verbal explanation about their rights with respect to confidentiality and consent and the storage of data prior to participating. To further assist with understanding, all research participants were also offered an information sheet outlining the purpose of the study and their level of involvement. All participants were advised that they could withdraw from the study at any time.

## **6. Data Analysis**

Twenty-three individuals participated in the Phase 3 section of the consultation process. The data from the questionnaires was analysed, after being coded, to provide statistical information for review. Key quotes from focus groups were recorded and key themes identified. A copy of the participant guide for the focus group is contained in Appendix 1 and a copy of the key themes recorded during the focus groups is contained in Appendix 2.

## **7. Findings**

For ease of interpretation, this section will illustrate in turn the data that has been collated with respect to the six individual objectives mentioned above. Results have been extracted from both questionnaires/structured interviews, with each section in turn highlighting key themes and related quotations from the facilitated focus groups as not all service users and carers completed questionnaires.

For ease of perusal, data has therefore been summarised when possible using table/chart format if appropriate.

## 7.1 Objective 1

**To gather information on the nature of the consequences of acquired brain injury for those affected within West Dunbartonshire**

The Ten service users who completed questionnaires/interviews were asked to rate how severely they felt their brain injury had affected various areas of their life. Findings are presented in table 1 with high frequency ratings highlighted in **bold**.

### 7.1.1) What areas in life and to what severity are service users affected following brain injury?

**Table 1.1**

Area/Severity of Impact	Very Severe	Moderately Severe	Occasionally produces problems	No Difference	Declined to Answer
Relationships	<b>2</b>	<b>4</b>	2	1	1
Mental Health	<b>2</b>	1	3	3	1
Movement/Mobility	<b>2</b>	<b>2</b>	1	3	2
Employment	<b>6</b>	0	1	1	2
Memory	1	<b>5</b>	3	0	1
Leisure	<b>2</b>	<b>3</b>	1	3	1

Table 1.1 highlights the heterogeneity of issues and problems following brain injury. It can be observed that there are few set patterns with consequences appearing to be specific to each individual. Findings suggest that all life areas can be affected, especially with regards to employment, memory and relationships.

In anticipation of these findings and to provide scope for further exploration, questionnaires, interviews and focus groups were designed to encourage participants to elaborate where they felt necessary and make further comments, which they felt relevant.

Summaries of the points raised within area are outlined in section 7.1.2.



## 7.1.2) Summary of comments and key themes\*

- Relationships:
  - Changes in behaviour can cause tensions.
  - Family and friends sometimes don't understand.
  - Individuals can feel isolated following an acquired brain injury.
  - Service users report difficulties in establishing and/or maintaining meaningful relationships.
  
- Mental Health:
  - Some service users are affected by depression & paranoia.
  - This has improved for some following involvement in social activities.
  
- Movement/Mobility:
  - Individuals can be greatly affected and may be a wheelchair user
  - Some service users may require support with all basic care. needs and require assistance from carers and/or Personal Assistants.
  - Mobility and muscles are commonly affected.
  - Dizziness and epilepsy is a common consequence of Brain Injury
  
- Employment:
  - Service users can be forced to leave their current job or retire early.
  - Some individuals have never felt able to try to return to work.
  - Many service users have a desire to go back to work, but few feel they receive the support they require to do this.
  
- Memory:
  - Sometimes it's difficult to recall basic things such as names and appointments.
  - Constant forgetfulness affects most service users and many require diaries.
  
- Leisure:
  - Difficulties in motivation levels following brain injury affects access to leisure activities.
  - Some service users report an improvement following input from the Acquired Brain Injury Service.
  - Hobbies or interests enjoyed prior to the brain injury may now not be accessible.

(\* Individual quotes have been augmented to relay key themes and to not repeat service users' exact words)

### 7.1.3) Key Findings

- Two thirds of participants reported employment and relationships to be severely affected following their injury.
- Two thirds of participants also reported memory problems as a severe consequence of their injury.
- One half of participants reported severe difficulties with mobility and movement.
- Over one half of those consulted felt that leisure was severely affected following brain injury.
- One third of those with Acquired Brain Injury feel their mental health has been severely affected following brain injury.

In summary, the majority of participants reported having difficulties in most areas of life to varying extents. The most severely affected areas were those relating to employment, relationships and memory; however areas such as mental health, leisure, and mobility and movement are all reported as affected to some degree. It appears that the majority of participants have quite severe and enduring issues post injury.

## 7.2 Objective 2

**To gather information on the views of both service users and carers on the single shared assessment process and subsequent service provision.**

To explore service users opinions about the single shared assessment process, participants were asked questions about the approach taken by the professional completing the assessment, how long post injury it began, and finally if they were kept informed of the progress. Each area is taken in turn as follows, and levels of satisfaction of subsequent service provision were measured.

### 7.2.1) What are service users' views of the single shared assessment process?

Feedback from both questionnaires and focus groups were collated into key themes with main points highlighted below:

Participants reported:

- Confusion over types of assessments e.g. purpose of single shared assessment and how this affects outcomes.
- No clear role of the varying types of assessments spanning health and community services.
- Limited feedback on assessment findings with some individuals not being able to understand how they related to their support requirements.
- Equal numbers of individuals feeling their injury was treated as unique however, similar numbers of service users felt the approach was too generalised.
- Some positive feedback regarding the assessment process reporting in one case it led to them accessing services such as psychology.

### 7.2.1a) How long after the injury did assessment begin?

Table 2.1a

<b>Time post-injury</b>	<b>Number of responses</b>
Immediately / In hospital	3
Within a month of injury	1
Within a year of injury	3
Longer than a year	3

### 7.2.1b) Did service users feel they were informed of the progress of their assessment?

Table 2.1b

<b>Were you kept informed of the progress of your assessment?</b>	<b>Number of responses</b>
Yes	5
No	2
No answer/Unsure	3

It is clear from these findings that there is a great degree of variation both in terms of the time lapsed between injury and assessment, and whether participants were fully informed of the assessment progress. Overall, from the comments received from service users, the assessment process appears to be a source of confusion both with regards to the actual procedure and how this relates to service provision.

### 7.2.2) What are current service users' levels of satisfaction with subsequently implemented support services?

The following table highlights levels of satisfaction or dissatisfaction with some basic elements of support within a small sample of service users:

Table 2.2

<b>Support Type</b>	<b>Very satisfied</b>	<b>Satisfied</b>	<b>Unsatisfied</b>	<b>Very unsatisfied</b>	<b>Not Applicable</b>
Basic Care (daily living)	2	3			4
Movement / Mobility	2	3			4
Employment		3		2	4
Leisure Activities		3	1		5

Although the majority of this small sample appears to be satisfied with the level of support that has been supplied, this consultation has highlighted needs in vocational rehabilitation and supporting clients back into work.

### **7.2.3) Key Findings**

- Confusion over the role of varying types of assessments spanning health and community services and how they mediated outcomes.
- In some cases, the assessment was too generalised and did not assess the unique consequences of their injury.
- Service users reported positive feelings when assessments led to their referral to appropriate specialist services.

## 7.3 Objective 3

**To gather information on how the individual with an acquired brain injury perceive their current level of access to community, leisure, health and vocational resources.**

### 7.3.1) How do service users perceive their access to community resources?

Table 3.1

<b>Services</b>	<b>Very satisfied</b>	<b>Satisfied</b>	<b>Dissatisfied</b>	<b>Very Dissatisfied</b>	<b>N/A</b>
Homecare					3
West End Project	1	1			1
Richmond Fellowship	2	1			
Momentum		1			2
Cornerstone					3
ILF/ Direct Payments					3
Other	1 (Erskine)				

Although this information is taken from a small sample of service users, of those who *do* use the services there is a predominant level of high satisfaction with the resources that are accessed.

It can be observed that there are a high proportion of individuals that do not access these services and rated each section as non-applicable. Reasons for this were not explored, however suggested reasons may include service users declining such services, or that funding/availability for such resources are limited.

### 7.3.2) How do service users perceive their access to health and professional resources?

Table 3.2

Service	Very Comfortable	Comfortable	Un-comfortable	Very Uncomfortable	N/a
GP	1	1	1		1
Social Worker	1	1			2
Goldenhill Res.Centre			1	1	3
Psychology	1				3

It can be interpreted from table 3.2 above that there appears to be a variation in terms of how accessible service users perceive community statutory services. This was most evident with respect to the community mental health resources.

### 7.3.3) How do service users perceive their access to vocational resources?

- Service users had varied opinions regarding the personal development and further education options available to them. Although some service users were already pursuing avenues of vocational rehabilitation, others felt less hopeful of pursuing this or felt it would be unachievable.
- Service users generally felt uncertain of finding employment in the future.
- Service users felt that supported placements or volunteer placements with flexible hours would assist them to build confidence to return to the workplace.

### 7.3.4) How do service users perceive their access to leisure facilities?

- Some service users felt restricted in terms of the types of leisure activities that they could pursue, however equal numbers also stated that they did not feel restricted.
- Some buildings within West Dunbartonshire Council area were not perceived as fully accessible, and these include leisure services; for example, the local swimming pool.

- Service users suggested that local leisure facilities should have a half-day or evening scheduled specifically to accommodate those with disabilities.
- Support and physical access to such facilities is still problematic to some service users.

### **7.3.5) Key Findings**

- Service users rated their access to community support resources such as the Richmond Fellowship, Momentum and the West End Project as satisfactory or were highly satisfied with the service.
- Service users did not favourably rate their levels of comfort accessing community mental health services.
- Accessing social work, and when possible psychology, was a positive experience for the service users who participated in this section of the consultation.
- It was the general opinion of service users that employment would be unachievable following their injury, although some individuals expressed a desire to pursue supported or voluntary placements.
- Some service users reported difficulties accessing various leisure facilities due to issues with accessibility.

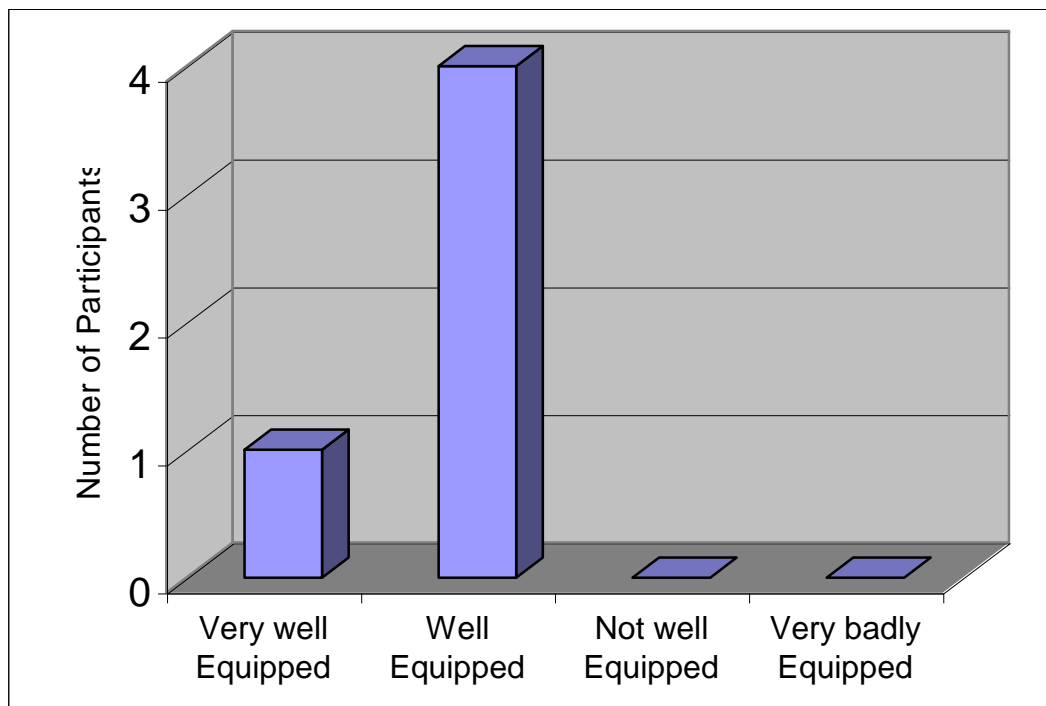


## 7.4 Objective 4

**To gather information on what additional services or service improvements individuals with acquired brain injury and their carers believe would benefit them**

**7.4.1) The Acquired Brain Injury (ABI) Service -: Do you think that the ABI Service is well equipped to provide the kind of advice, information and care that you required?**

Chart 4



Overall results of this question suggest that all current service users believe the Acquired Brain Injury Service is well equipped to provide the treatment, information and care that service users require.

**\*\*It should be noted, however, that at time of writing, there are no set standards for measuring how 'well equipped' a brain injury service may be. At present, this question measured subjective opinions of service users, however, as the majority had not had experience of other brain injury services, the results of this should be viewed within this context\*\***

## 7.4.2) Key Findings

- Service users all rated the current Acquired Brain Injury Service as well equipped to provide the level of advice, support and information they required.
- During focus group discussions, regular comments were made regarding improvements suggested for the acute stages of care upon discharge into the community and community-based services.
- Some service users reported a delay between discharge and making contact with social work services.
- Participants commented on the need for a seamless pathway of care, support and information upon discharge into the community.

## 7.5 Objective 5

### To gather information on the carer's perceptions of being a carer of a person with acquired brain injury

Key findings from the questionnaires and discussions are outlined below:

#### 7.5.1) Impact of Injury on areas of daily life for the carer

1. Relationships appear to be predominantly affected when caring for a brain injured individual.
2. One carer felt that mental health issues occasionally have an impact on them as a result of the brain injury.
3. Access to leisure activities was reported to have improved following input from the brain injury service, which arranged support for the brain-injured individual.
4. Employment opportunities for carers are affected, with forced retirement being a recorded outcome for one whilst others reported only occasional problems.

#### 7.5.2) The assessment process

- Two Carers who attended the interviews had not accessed the Single Shared Assessment process until up to 15 years post injury.
- Once the assessment did start, however, carers felt that they and the cared for person were kept informed of the progress of the assessment at all times.
- Carers felt that the Acquired Brain Injury Team were well equipped to provide the kind of advice, information and care that the person they care for required.

### **7.5.3) Key Findings**

- Relationships appear to be predominantly affected when caring for a brain injured individual. Without support, carers advised that their well-being and mental health are at times affected.
- Access to leisure activities was reported to have improved following input from the brain injury service, which arranged for support of the brain-injured individual.
- Employment opportunities for carers are in most cases affected.

## 7.6 Objective 6

**To gather information on how the carer perceives their current levels of access to community, health and vocational resources**

### 7.6.1) How do carers perceive their levels of access to community resources?

Table 6.1

<b>Services</b>	<b>Very satisfied</b>	<b>Satisfied</b>	<b>Dissatisfied</b>	<b>Very Dissatisfied</b>	<b>N/A</b>
Homecare					3
West End Project	1	1			1
Richmond Fellowship	2	1			
Momentum		1			2
Cornerstone					3
ILF/ Direct Payments					3
Other	1 (Erskine)				

Although carers don't directly access the above services, they report benefits from the cared for person attending as it provides respite and time for themselves.

Of the services accessed, carers in the main appear to be satisfied with the accessibility of the voluntary organisations they have accessed through the Acquired Brain Injury Service.

## 7.6.2) How do carers perceive their access to health and professional resources?

Table 6.2

Service	Very Comfortable	Comfortable	Un-comfortable	Very Uncomfortable	N/A
GP	1	1	1		1
Social Worker	1	1			2
Goldenhill Res.Centre			1	1	3
Psychology	1				3

With exception to accessing social work and psychology, which carers report as a positive experience, there appear to be mixed feelings regarding access to primary care and community mental health team services. Reasons for these reports were not offered within our questionnaires; however this may be an area for additional enquiry and further consultation with both service users and health colleagues.

## 7.6.3) Key Findings

- Carers report satisfaction at the services the cared for person receives; reporting that it benefits them by giving them much needed respite.
- Carers feel they would benefit from a Carers discussion group to discuss issues regarding services for people with Acquired Brain Injury.
- Carers can feel isolated after the traumatic series of life changes following brain injury.
- With exception to accessing social work and psychology, which carers report as a positive experience, there appear to be mixed feelings regarding access to community statutory services.

## **8. Recommendations**

This consultation has identified a number of issues, gaps in service and areas for improvement within the field of Acquired Brain Injury. Although many of the issues raised by both service users and carers included experiences of health services in addition to social work and housing services, these will be explored in the following phase of our consultation process with the aim of informing future joint working processes.

For ease of perusal, recommendations are outlined with respect to the set objectives.

### **1. Objective 1**

- The Partnership should scope local resources and appropriate referral pathways for those who would benefit from specialist vocational rehabilitation services. Additional links should be made to local employment agencies, job centre plus specialist advisors and to local organisations who offer voluntary or supported placements.
- The Partnership should review access to specialist input from a psychology service to assist in the rehabilitation of memory and other cognitive or behavioural problems.
- A training programme should be developed to raise awareness of brain injury amongst professionals, for example Occupational Therapy, Speech and Language Therapy and associated partners.
- The Partnership should scope the development of a resource library of community resources, groups, voluntary agencies and any relevant support networks.
- The Brain Injury Service will work with Mental Health colleagues to scope and establish referral pathways for those who require support for mental health issues that may be a consequence of brain injury.

### **2. Objective 2**

- The Partnership will work together to develop and implement a Specialist ABI Single Shared Assessment across all agencies.

### **3. Objective 3**

- The Acquired Brain Injury Strategy group will provide information to the Access Panel and Policy Officer (Equalities) regarding access issues to Council Services highlighted by service users.
- The Partnership should provide opportunities for employment and volunteering through Community Planning partners.

### **4. Objective 4**

- The Partnership will work to develop referral pathways between acute services and the Acquired Brain Injury Service to improve joint working processes with the aim of offering a seamless pathway of service provision from acute services to the community.
- Leaflets and information packs should be made as accessible and available as possible with clear instructions regarding the referral processes between services.
- The Partnership should use evidence of best practice to scope effective ways of integrated working.

### **5. Objective 5**

- The Partnership should continue to offer carers assessments when applicable, and refer the carer to an appropriate support service such as the Carers Centre or Headway.
- The Partnership should offer information and develop access to carers groups for those affected by brain injury.

### **6. Objective 6**

- The Partnership should develop general information packs and a resource library and details of available information given to carers.
- The Acquired Brain Injury group will disseminate the key findings on carers to the Carers Strategy Group.



## 9. Conclusions

This consultation sought to gather the views of service users and carers of local service provision.

It has been highlighted in this consultation and many previous studies, the importance of facilitating and supporting individuals to achieve the maximum levels of social inclusion that they desire. Additionally, links and appropriate referral pathways and procedures should be developed for effective joint working with Partner agencies.

Following this consultation, it is a main recommendation that further discussions regarding making improvements or additions to the present services across health and social work, that support people with acquired brain injury and their carers, should take place across the planning partnership. In view of this, and to explore this further, it is recommended that this process should be integrative whereby service users, carers, professionals and partners alike work together in developing ways to meet the needs of people affected by Acquired Brain Injury.

As the nature of brain injury involves a traumatic life event, which affects most areas of their life, it is important that the needs of carers are assessed and all efforts are made to see that these are met. Links to other organisations such as Headway should be made, and carers signposted to these and similar support centres. Carer's views are very relevant and influential with respect to identifying gaps in service and areas in which services may develop.

The above recommendations will be submitted by the Acquired Brain Injury Strategy Group to the Social Work and Health Improvement Committee for discussion.

## 10. References

British Society of Rehabilitation Medicine (BSRM) 2000; *Rehabilitation after Traumatic Brain Injury: A Working Party Report for the British Society of Rehabilitation Medicine*; London

Department of Health (1999); "A hidden disability" Report of the Social Services Inspectorate Traumatic Brain Injury Rehabilitation Project; London

Scottish Needs Assessment Programme (SNAP) 2000; *Huntington's Disease, Acquired Brain Injury and Early Onset Dementia* (Office for Public Health in Scotland)

Scottish Head Injury Forum (2002); *Service Standards for the Rehabilitation of Adults with Acquired Brain Injury*.

## Acquired Brain Injury Consultation Focus Group

### Participant Guide

Thank you for agreeing to take part in this discussion group.

AskClyde will be taking the notes, both on the flipchart and capturing some quotes.

Before we start I need to read through the Information Sheet (see separate sheet).

At the end, before you leave, it would be good if you can fill out these few questions (hand out now).

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#### **About You**

Firstly I just want each of you to go round the room and introduce yourself, so we know who we all are.

Just say your name

Whether you have a brain injury or you care for someone

How old you are or whether in your 20s, 30s, 40s, 50s or 60s)

I'll start.....My name is.....

#### **Services**

Firstly we just want to open the discussion by exploring your experiences of the Brain Injury Service.

How do you feel about the Brain Injury Service?

How could the services be improved?

#### **Information and Communication**

Across the Service there are a number of people you see. We want to know how information is passed on between them, about you?

So firstly, what are your thoughts and feelings about your:

GP; Social Worker; Psychology

Do you feel they communicate well with you?

Do they pass information on about you, effectively?

Do different services communicate with you well?

## **Assessment**

We've all been through the assessment process and so we are interested to hear your thoughts on the Single Shared assessment.

Did it help and if so how did it?  
How helpful were the staff  
How could the assessment be better?

## **Support in daily life**

A big part of the Brain Injury Service, is to make sure that your needs are met and you are supported

Do you feel you are supported well with daily life?  
Are you supported well with basic care?  
Are you supported with leisure / work activities?

## **Work and Leisure**

We are now wanting to know what activities you do during the day and how easy it is to access them. So we want to know,

How easy it is to access the following:  
Leisure activities?; Voluntary Work?; Employment?  
How could you be helped to access these activities?  
(Leisure activities, Voluntary Work, Employment)

## **Training / Learning Sessions**

Finally we are interested in training.

What training and learning would be helpful to you in the future?

## **Anything Else**

Is there anything else you want to add?

THANK YOU FOR YOUR THOUGHTS & DISCUSSIONS

IT HAS BEEN VERY VALUABLE & HELPFUL



### **Discussion theme: Assessments**

Confusion over types of assessments

Not clear of role of assessments

### **Discussion theme: Support in daily life**

Service user	Need to be listened to More opportunity to have their say
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Carer	Need to be listened to
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PAs	More training Invaluable
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### **Discussion theme: Work & leisure**

Disability access – there is an issue within Council buildings including leisure services

Physical access problematic

Support to access services problematic

### **Discussion theme: Training/learning**

Access	Home support Scribes
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### **Generic themes across all discussion areas**

Communication

Information

Training

Access