



West Dunbartonshire
Community Health Partnership



**PHASE 2
CONSULTATION PROCESS**

Service Providers

Acknowledgements

This report outlines Phase 2, which was carried out with Service Providers working to support service users who have an acquired brain injury in West Dunbartonshire.

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 those agreed to take part in this study as participants.

Aims and Objectives of Phase 2

To investigate within West Dunbartonshire, the views of workers from generic service providers, the availability of resources and rehabilitation tools, their training needs and how they feel we should consult service users on the service they receive.

Objectives

To gather general information on: -

- The level of input provided by external service providers to individuals with acquired brain injury.
- The level of awareness of the West Dunbartonshire Acquired Brain Injury Service amongst service providers.
- The training needs of generic service providers within West Dunbartonshire.
- The levels of access generic service providers have to rehabilitation and information resources specific to acquired brain injury. The opinions of generic service providers on the employment opportunities available to people with acquired brain injury
- Generic service provider's views of how we can best consult service users and carers on the services they receive.

Methodology

A semi-structured questionnaire was designed in partnership with West Dunbartonshire Council, service users and carers to meet the aims and objectives of the study.

The questionnaires were distributed during two training sessions being delivered jointly by West Dunbartonshire Acquired Brain Injury Service and NHS Greater Glasgow and Clyde, for generic service providers to complete at the start of the training session.

Nineteen participants took part in the study who were mainly working as paid carers for generic voluntary sector organisations providing services to a range of disabled people, some of whom 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.

General information about the service providers

The aim of this set of questions was to gather general information about the service providers and the levels of input they provide to individuals with acquired brain injury.

The majority of participants (n = 18) defined themselves as a 'paid carer', with 12 participants stating they had worked with people with acquired brain injury for over 2 years. One-fifth had worked with this group of individuals for less than six months. Nearly half of participants worked with clients over 35 hours a week.

The following charts illustrate the benefits service providers believe their service delivers and how service providers feel the service could be improved.

Chart 1a: Benefits of Service (Service Provider Viewpoint)

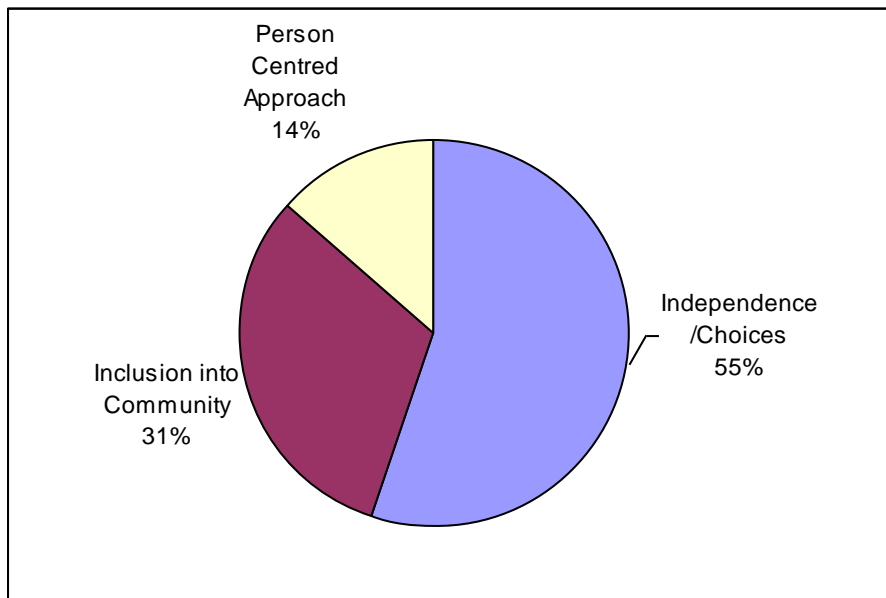
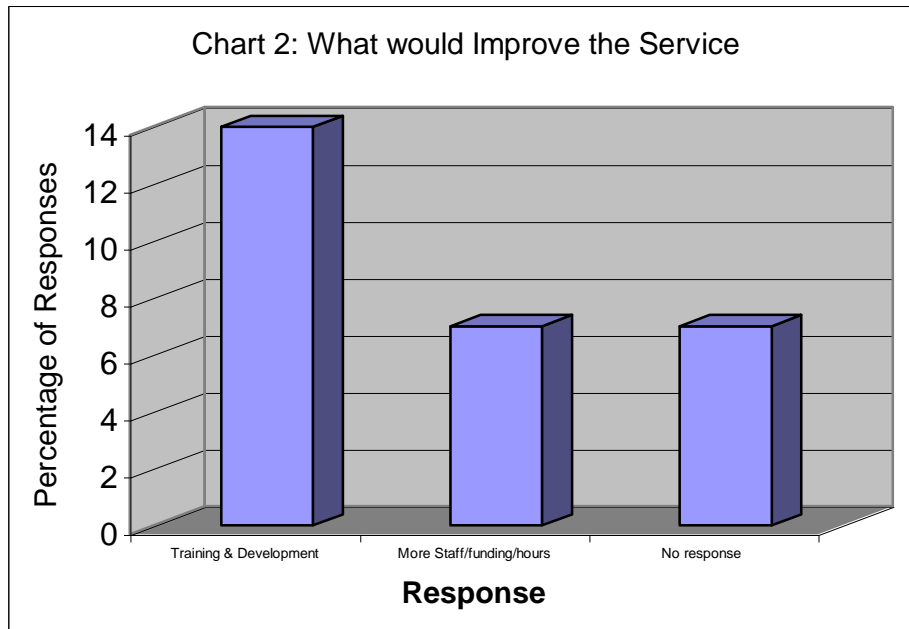


Chart 1b: How could services be improved?



- **Level of awareness of the West Dunbartonshire Acquired Brain Injury Service**

The purpose of this objective was to identify the level of awareness of the West Dunbartonshire Acquired Brain Injury Service.

Participants were asked how long they had been aware of the West Dunbartonshire Acquired Brain Injury Service, the response was clear that individuals were relatively new to knowing about the service. 15 participants stated they had been made aware of the service within the last 2 or more years. Nine participants had found out about the service within the last year and four had only become aware of the service until the day of completing the questionnaire. Of the 8 participants that had received support from the West Dunbartonshire Acquired Brain Injury Team, all stated that they were either '*satisfied*' or '*very satisfied*' with the input they had received from the service.

- **Training needs**

This objective and set of questions aimed to find out the training needs and resources available of service providers. Participants were asked what their training needs were when working with people with acquired brain injury, how training can be met more effectively.

To enable a fuller understanding of the results of these open questions, answers have been collapsed into a maximum of five categories. Findings are illustrated on the following page: (Charts 2a & 2b)

Chart 2a: Q – What are your training needs?

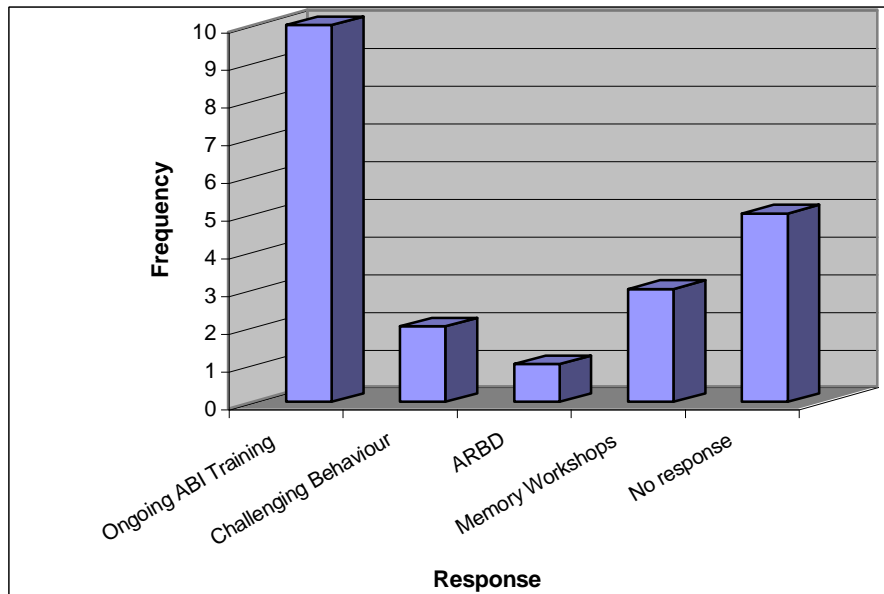
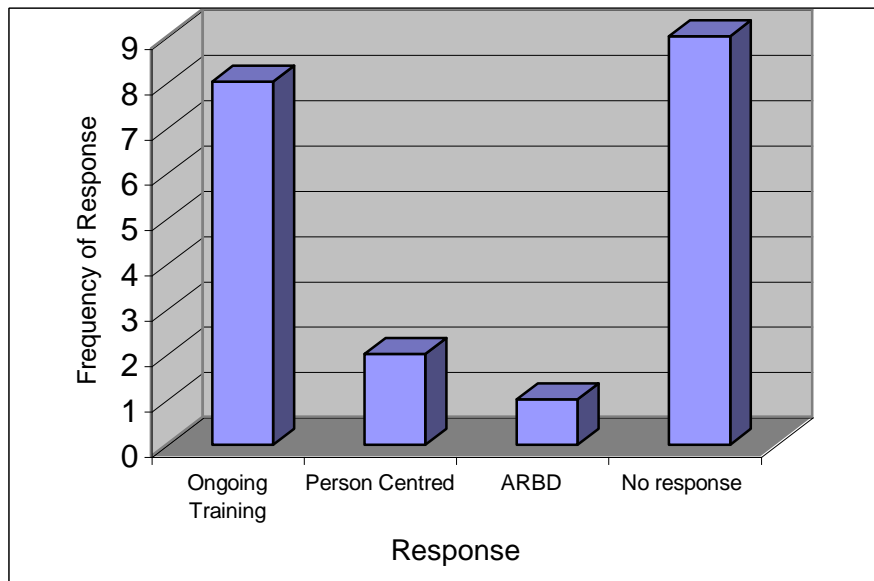


Chart 2b: Q: How training needs can be more met more effectively?



On asking service users how training needs may be more effectively met, a large proportion did not respond. This may indicate that service providers lack knowledge of the areas in which they require more training.

- **Access to Resources**

Participants were asked if they had adequate access to information and resources to a variety of different area. The numbers of participants and their responses are detailed in table 3 below.

Table 3: Q: Do you have adequate access to the following resources?

Knowledge/Resources	Very Adequate	Adequate	Very Inadequate	<i>No Response</i>
Appropriate ABI resources		12	6	1
Services / Organisations related to ABI	1	12	6	
Resources for managing challenging behaviour	3	13	3	
Resources for managing communication needs	4	12	2	1
Resources for managing cognitive needs		15	4	
Resources for managing social needs		19		
Resources for managing emotional needs		17	1	

The results appear to indicate that service providers believe they do have adequate knowledge and resources in working with people with acquired brain injury.

- **Rehabilitation needs & support for individuals with acquired brain injury**

This section explored service providers' views of the support needs of individuals with ABI by rating on a scale of 1 to 10 (10 being the most important). Results are displayed in Table 4 below:

Table 4: How important do you consider the following needs are for individuals with ABI?

1 = not important 10 = very important

Question	No Response	Average Response
Isolation	3	7
Rehabilitation		9
Housing/Support within the community		9
Behavioural Difficulties		8
Throughcare	2	8
Speech / Language Therapy	1	8
Mental Health		9
Addiction	2	10

Service providers were then asked how accessible they believe services are for clients who have rehabilitation needs. These were rated subjectively as being uneasy, easy or very easy as displayed in Table 5 below:

Table 5: How easy do people with ABI have access to the following services?

Finally participants were asked if they had adequate access to specialist services. The numbers of participants and their responses are detailed in table 5 below.

Services	Very Easy	Easy	Uneasy	No Response
Physiotherapy	3	12	3	1
Occupational Therapy	3	10	4	1
Psychological Services	2	12	4	1
Other Medical Services	3	11	4	1
Social Work Services	3	11	4	1
Housing Services	2	8	8	1

Results suggest that the majority of service providers believe it to be relatively easy to access some services apart from ‘*Housing Services*’ in which 42% of participants rated it being ‘*uneasy*’ (see above).

Service providers were then asked how challenging certain areas of support were. Results show that most areas are quite challenging, with the average of all answers being either 6 or 7 (where 10 is very challenging).

Table 6: How challenging are the following areas in supporting individuals with ABI?

1 = not challenging	10 = very challenging	
Question	<i>No Response</i>	Average Response
Getting out of the home		6
Accessing Resources		6
Physical Functioning	1	7
Emotional Functioning	2	7
Social Functioning	1	7
Cognitive Functioning	2	7

- **Employment opportunities for individuals with acquired brain injury**

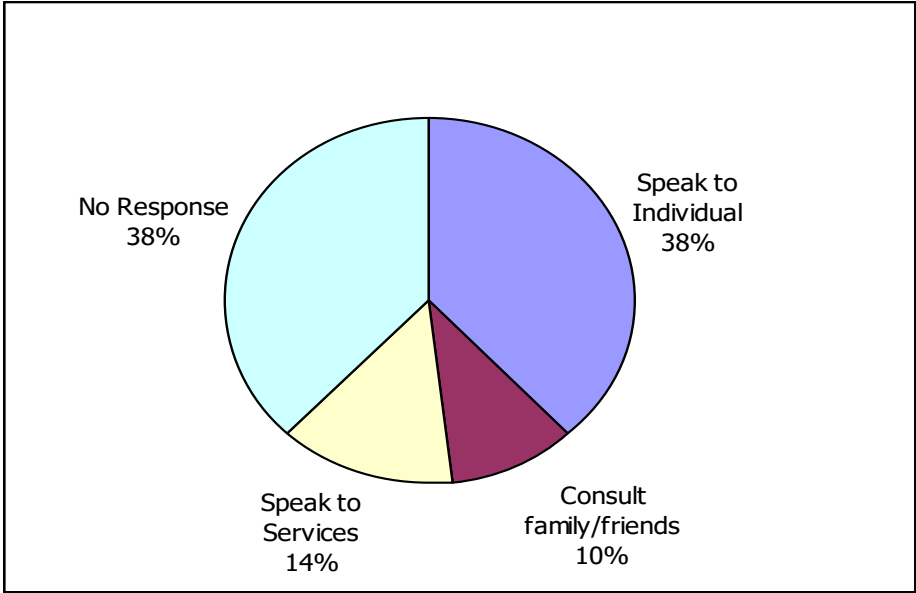
This section wanted to investigate the employment opportunities of service users with acquired brain injury.

Service providers identified a clear slant towards individuals not being in employment with 63% identifying they ‘*feel that employment is unlikely in the near future*’. When asked how could individuals be supported into work, 59% identified that a ‘*supported placement*’ would be effective. With regards to leisure activities, 53% of service providers felt clients were restricted in pursuing leisure activities.

- **Developing Consultation Research**

This objective was to identify service provider’s views of developing the consultation research with individuals and carers with acquired brain injury. Results are illustrated in the Pie Chart below:

Chart 7: Q: How should we consult service users in order to improve services?



One third of service providers recommended various ways of engaging with the service user, which was most helpful to designing our consultation. Interestingly, over one third of service providers did not provide a response to this question.

Key Findings

With reference to the overall results there are a number of points worth noting:-

- 12 participants stated they had worked with people with acquired brain injury for over 2 years with almost half of participants working with clients over 35+ hours per week.
- Service providers believed 'Independence' and 'social inclusion in the community' were the most significant benefits their service provided in supporting people with acquired brain injury.
- Of the 15 of service providers who were aware of the ABI Team, 8 stated they had received input from West Dunbartonshire Acquired Brain Injury. All were either satisfied or very satisfied with the service.
- The majority of service providers stated 'continual specialist training' would improve and develop services. A total of 4 participants, however, did not indicate what their specific training needs were. This may suggest the extent to which service providers may lack knowledge of the generic areas of Acquired Brain Injury that they require training in.
- 16 out of the 19 Service Providers felt that they had 'adequate' or 'very adequate' access to appropriate rehabilitation/information resources, including organisations related to ABI, and managing challenging behaviour and communication needs.
- Service providers viewed rehabilitation, housing support and mental health needs as considerably important needs of those with ABI. 15 out of 19 participants believe it to be 'easy' or 'very easy' to access formal rehabilitation and support services such as psychology, OT, physiotherapy and social work services.
- 7 of the service providers felt that employment would be a likely goal in the near future for individuals they work with.
- Participants were asked what they thought would be the most effective approach to undertake research with people with acquired brain injury. The two main responses were to consult with their family/friends and speak to the individuals directly themselves about their needs; however, 6 participants did not offer suggestions and omitted to offer a response.

Key Issues

The Acquired Brain Injury service proposes the following points for discussion at the Acquired Brain Injury Strategy Group.

1. There are considerable challenges working with individuals with acquired brain injury, addressing rehabilitation, leisure activities and employment needs. Providers of support services to people with acquired brain injury require up to date specialist training and development.
2. It is a common theme that service providers have variable views of what information they feel they may need.
3. Service providers' opinions on how to best consult service users about the support they receive and require were variable with almost half of service providers not providing a response to this question. In consideration of the training needs of this population, these two points may be invariably linked.

In response to these issues, this report suggests the following ideas for discussion and integration into the ongoing work plan: -

- Awareness of the West Dunbartonshire Acquired Brain Services is made more widely available throughout the whole of West Dunbartonshire.
- Appropriate training is offered to service providers working with West Dunbartonshire. An analysis of training needs is required so as to fulfil training needs.
- A full training needs analysis should be conducted to provide ongoing training which is ongoing, and regularly updated to suit both service providers and service user needs. Any such training should be shaped so as to reduce incongruence between service providers' perspectives, and service user experience.
- Knowledge of how to effectively access rehabilitation and information resources should be distributed to service providers.

- Results of the service user consultation should be cascaded across organisations and towards those who are employed to support those with Acquired Brain Injury.
- Ongoing work is undertaken to support generic services for working with people with acquired brain injury, to include training opportunities, peer support from the Acquired Brain Injury service and joint working across individual cases
- Individuals with acquired brain injury and carers are involved at all stages of service development, research and consultation
- Ongoing work is undertaken to support generic services for working with people with acquired brain injury, to include training opportunities, peer support from the Acquired Brain Injury service and joint working across individual cases.

Conclusions

By investigating the views of service providers; in particular focusing on their understanding of service user needs, access to resources and rehabilitation tools, training needs, and finally to explore how service providers would consult service users has produced interesting findings. By understanding the perspective of the service providers, we may begin to compare and contrast this to the perspective of the service user; whilst identifying areas for development (see Service User Consultation: Phase 3 for comparison).

From the data captured in this small study, there appear to be areas of incongruence between the views of service providers and literature describing service users' experiences during recovery, which frequently report difficulties accessing specialist services and resources pertinent to their needs. By consulting with partner agencies within generic support services, areas for future development have been identified, namely the need for specialist training for service providers. This should be based on a client centred and holistic understanding of acquired brain injury and how working practice can be improved for those who use the service.

Appendix One

Literature Review

The purpose of the literature review is to gain a broader understanding of service provision to those with Acquired Brain Injury, with particular focus on partner agencies that are employed to support individuals with brain injury.

Following a brain injury, most people return to the community within days or weeks of injury. A small number of individuals require longer periods of inpatient rehabilitation treatment, including a gradual and planned discharge process, with the majority of people returning to a community setting with appropriate housing support. The focus of an acquired brain injury services is to encourage those with an acquired brain injury to live as independently as possible, whilst accessing the appropriate rehabilitation, resources and support to aid as full a recovery as possible. To assist such recovery, many individuals with acquired brain injury require ongoing support in the community, facilitated largely by locally delivered services in the form of paid service providers.

There is a range of specialist and generic service providers supporting individuals with brain injury including Momentum, Cornerstone, Richmond Fellowship Largely organisations that provide support services to physical disabled people and those with mental ill health also support those affected by brain injury. Given the incidence of disability in adults with head injuries admitted to hospital is 100-150 per 100 000 population (Thornhill et al 2001), it is likely that in West Dunbartonshire there are at least 150 individuals in need of such support services at any one time.

There are various literature sources outlining current service provision arrangements for those with Acquired Brain Injury, with many outlining gaps within and between both health and local services (McMillan TM, Oddy, M. 2001; Kay AD et al 2001). In many cases, the focus for development with strategic planning is to improve the identification of client need and subsequent service delivery once the brain injured individual returns to the community. It is widely understood that most people with acquired brain injury, will suffer from cognitive and emotional difficulties, which in most cases are not immediately recognisable as consequences of what is often 'a hidden disability'. In most cases, they are young, male and geographically from areas with higher levels of social deprivation. Consequently, many do not have access to useful therapies and treatments and are, in some cases,

not able to facilitate access to the required services. It is also a common outcome that many do not return to employment and become socially isolated and vulnerable. If, however, brain injury is identified, and appropriate services put in place, many individuals with brain injury, who have access to the correct support services and access to local resources, are able to lead a full and fulfilling life.

The growth of community based organisations working to support individuals with acquired brain injury, have developed largely from mainstream generic services. Some specialist services such as Momentum Scotland, who offer vocational rehabilitation in the area of brain injury, are growing rapidly and have proven to be highly effective (Yasuda et al 2001). In the case of specialist services, however, the demand for places can commonly outstrip supply. In light of this, steps have been taken by more generic services to fulfil this need, and to provide services to those with brain injury. Although it has been recognised that taking the views of service users (McMillan & Sparkes 2001) and relatives (Brooks et al 1987); research of a consultative nature surrounding the views of the generic service providers is somewhat limited. As the philosophy of brain injury services to take a whole systems approach to developing a comprehensive network of services for individuals with Acquired Brain Injury, it is proposed that an integrated approach, inclusive of partner agencies, whether voluntary or statutory, is necessary to allow service provision to be accessible, effective and to fully meet service users needs.

It is therefore of vital importance that any services which are appointed should be aware and sensitive to the needs of those who are brain injured. To do this, and to adhere to recommendations for best practice for working within brain injury rehabilitation, 'all staff working within brain injury must be trained to understand cognition and its impact upon their own professional inputs' (Society for Cognitive Rehabilitation, 2004). The British Society for Rehabilitation Medicine also emphasises that 'all those who are involved with a patient who has a brain injury, must understand cognitive impairments and how they alter what the patient is able to comprehend, comply with and achieve' (BSRM, Working Party Report; 1998). In light of such guidelines, it is imperative that any generic services have access of an adequate level to information, training and resources for effective working with those who have a brain injury.

References

Child Brain Injury Trust (2004) *What is an Acquired Brain Injury?*
Oxfordshire: <http://www.cbituk.org>

UKABIF (2004) *Mapping Survey of Social Services provision for adults aged 16 years and over with acquired brain injury and their carers in England.*
Sheffield: United Kingdom Acquired Brain Injury Forum

[Thornhill S et al](#); Disability in young people and adults one year after head injury: prospective cohort study. *BMJ*; 2000; 320:1631-1635(17 June)

(McMillan TM, Oddy, M. 2001;
Kay AD et al 2001
(Yasuda et al 2001).
(McMillan & Sparkes 2001)
(Society for Cognitive Rehabilitation, 2004)
(BSRM, Working Party Report; 1998)
(Brooks et al 1987)

West Dunbartonshire Acquired Brain Injury Service Evaluation

Background of the Study

The West Dunbartonshire Acquired Brain Injury Service has been established within West Dunbartonshire to provide a number of different services for people with acquired brain injury (ABI). The role of the service includes undertaking a range of assessments in order to assess and implement a supportive care management package for the individual client and family members; to provide training and support groups for professionals, carers and family members involved with the service; and to work jointly with service providers, including Occupational Therapists and Physiotherapists in order to provide the best care and support for the client.

Background of the Study

AskClyde has agreed to undertake an evaluation of the needs of the individual's who use the West Dunbartonshire ABI Service, in order to develop the service in the future. This evaluation is in its earlier stages, which aims to include the views of the service user, carer and service provider. The initial part of this study is to research the views and perceptions of the service provider.

Participation

You are being asked to take part in a research project. Before you decide to take part it is important that you understand why the research is being undertaken and what taking part will involve. Please read this information carefully and ask the researcher if anything is unclear or if you would like more information before deciding whether you wish to take part. The research team is David Lyon, Business Manager and Jim Campbell, Research & Development Officer. Both researchers are from AskClyde. They can be contacted on (0141) 952 5406 or enquiries@askclyde.co.uk

If you agree to take part in the study, you will be asked to complete the attached questionnaire. This will last about 10 minutes.

What is the purpose of this study?

West Dunbartonshire Acquired Brain Injury Service wants to investigate the training needs, service input, available resources, rehabilitation needs and

views of service providers in developing a methodological tool in interviewing clients with ABI.

Why have I been chosen?

You are a service provider who has contact with people with acquired brain injury.

Do I have to take part?

- You do not have to take part in the study if you do not want to.
- You can request to withdraw from the study at any time and your wishes will be respected.
- If you agree to take part you will be agreeing to consent to participate and give permission for the information collected to be used within a summary report.

Confidentiality

- The responses to this questionnaire will be anonymised and will only be read by the researchers involved.
- All information is confidential throughout the study
- All information is stored in a locked filing cabinet throughout the study.
- All information will be archived at the end of the study and later destroyed after an agreed time.
- A report will be written on conclusion of the study. Although your name and identity will be mentioned within the study. The questionnaire information you provide will not be identified to yourself.

Thank you for reading this information.

If you would require further information, please ask the researcher before agreeing to take part.

Appendix 3: Service Provider Questionnaire

Interview & Participant Details

Today's Date:-

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Name:-

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Job Title:-

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Organisation:-

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1.1 Role of working with people with Acquired Brain Injury

- Paid Carer
- Unpaid Carer
- Other

(please specify)

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1.2 Length of time working with people with Acquired Brain Injury

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1.3 How many hours per week do you work with people with Acquired Brain Injury?

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1.4 Age range of people with Acquired Brain Injury within your role

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1.5 What do you think are the good points that your service provides in supporting people with acquired brain injury?

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1.6 How do you think your service could be improved in supporting people with acquired brain injury?

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2. Awareness of West Dunbartonshire Acquired Brain Injury Service

2.1 How long have you been aware of the West Dunbartonshire Acquired Brain Injury Service?

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2.2 Have you had any input from the West Dunbartonshire Acquired Brain Injury Team?

- Yes No

2.3 If Yes – How satisfied were you with their input.

- Very Satisfied Satisfied Very Unsatisfied

3. Training Needs

3.1 What are your training needs in relation to working with people with Acquired Brain Injury?

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3.2 How can your training needs be met more effectively?

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4. Resources

4.1 Do you believe that you have adequate access to the following:-

(Please tick as appropriate)

	Very Adequate	Adequate	Very Inadequate
Knowledge of appropriate ABI resources			
Knowledge of relevant Services / Organisations related to ABI			
Resources for managing challenging behaviour			
Resources for managing communication needs			
Resources for managing cognitive needs			
Resources for managing social needs			
Resources for managing emotional needs			

ABI = Acquired Brain Injury

5. Rehabilitation Needs

5.1 How easy do people with Acquired Brain Injury have access to the following services:-

(Please tick as appropriate)

	Very Easy	Easy	Uneasy
Physiotherapy Services			
Occupational Therapy Services			
Psychological Services			
Other Medical Services			
Social Work Services			
Housing Services			

6. Levels of Support

- 6.1 How challenging do you find the following areas of support for individuals of acquired brain injury?
on a scale of 1 to 10, where
1 = not challenging
10 = very challenging

Please circle the corresponding number

Getting out of the home

1 2 3 4 5 6 7 8 9 10

Accessing Resources

1 2 3 4 5 6 7 8 9 10

Physical Functioning

1 2 3 4 5 6 7 8 9 10

Emotional Functioning

1 2 3 4 5 6 7 8 9 10

Social Functioning

1 2 3 4 5 6 7 8 9 10

Cognitive Functioning

1 2 3 4 5 6 7 8 9 10

**6.2 How important do you consider the following needs are for the individual with an acquired brain injury?
on a scale of 1 to 10, where
1 = *not important*
10 = *very important***

Isolation

1 2 3 4 5 6 7 8 9 10

Rehabilitation

1 2 3 4 5 6 7 8 9 10

Housing / Support within the Community

1 2 3 4 5 6 7 8 9 10

Behavioural Difficulties

1 2 3 4 5 6 7 8 9 10

Throughcare

1 2 3 4 5 6 7 8 9 10

Speech / Language Therapy

1 2 3 4 5 6 7 8 9 10

Mental Health

1 2 3 4 5 6 7 8 9 10

Addiction

1 2 3 4 5 6 7 8 9 10

7. Employment Opportunities

7.1 How do you view the employment opportunities available to the service users you care for?

Please tick

- Have a job / very confident of finding one soon
- Hopeful of finding a job in near future
- Feel uncertain of being able to find employment
- Feel that employment is very unlikely in near future

7.2 In your opinion would any of the following aid the individual's transition back into the working world, or make them more confident in re-entering the workplace?

Please tick

- Help to find a volunteer placement to try out different types of work
- Help to find a work placement with flexible hours
- Supported placement (where someone who knows them can stay with them to help them settle in)
- Other (please specify)

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7.3 Do you feel that the service users are restricted at all in the types of leisure activities they can pursue?

- Yes No

If 'yes', please give details.

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8. Involvement of Acquired Brain Injury Service Users in Research

Part of this evaluation research project will involve consulting service users to understand their views and needs, in order to develop the service in accordance.

How would you suggest that, we the research team, could consult individuals with acquired brain injury effectively in order to improve services?

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THANK YOU FOR COMPLETING THE QUESTIONNAIRE

PLEASE RETURN THE COMPLETED QUESTIONNAIRE TO THE RESEARCHER

Full Detail of findings**General information of service providers****Job Title of Participants**

Job Title	Number of participants
Support Worker	8
Project Worker	3
Service Manager	1
Support Assistant	4
<i>No Response</i>	3

Organisation of Participants

Organisation	Number of participants
Cornerstone	3
Richmond Fellowship	10
The Mungo Foundation (West End Project)	2
<i>No Response</i>	4

Role of working with people with Acquired Brain Injury

Role	Number of participants
Paid Carer	19
Unpaid Carer	
Other	
Please Specify	
<i>No Response</i>	

Length of time working with people with Acquired Brain Injury (in months)

Months	Number of participants
Less than 6	4
6 – 12	1
12 – 24	2
24 – 36	5
36 – 48	3
48 +	4
<i>No Response</i>	

How many hours per week do you work with people with ABI (in hours)

Hours	Number of participants
Less than 7	3
7 - 14	1
14 - 21	2
21 - 28	2
28 - 35	1
35 +	8
Variable	2
<i>No Response</i>	

Age range of people with ABI within your role (in years)

Years	Number of participants
18 +	2
20 +	5
30 +	3
40 +	8
50 +	1
<i>No Response</i>	

What do you think are the good points that your service provides in supporting people with ABI?

Response	Frequency of Response
Inclusion into Community	8
Increase users confidence	1
Help to understand their Brain Injury	1
Maintain tenancy/routine	4
Individual/Person Centred Support	2
Have choice & Independence	10
Better Quality of life	4
<i>No Response</i>	2

How do you think your service could be improved in supporting people with ABI?

Response	Frequency of Response
Continual Training and Development	9
Utilising community resources & information more effectively	1
More time / funding / staff	6
Increase Awareness of Service	2
<i>No Response</i>	7

Level of awareness of the West Dunbartonshire Acquired Brain Injury Service

How long have been aware of the West Dunbartonshire ABI service (in months)

Length (months)	Number of Participants
From Today	4
0 - 6	4
6 – 12	1
12 - 24	4
24 – 48	1
48 – 60	3
60 – 72+	2
<i>No Response</i>	

Have you had any input from the West Dunbartonshire ABI Team?

Response	Number of Participants
Yes	8
No	11
<i>No Response</i>	

If Yes – How satisfied were you with their input?

Response	Number of Participants
Very Satisfied	6
Satisfied	3
Very Unsatisfied	
<i>No Response</i>	11

Training Needs of Service Providers

What are your training needs in relation to working with people with ABI?

Response	Number of Participants
To have a better understanding of ABI	5
Ongoing Varied Training	3
Memory Workshops	2
Psychology of ABI	1
Alcohol Related Brain Damage	1
Understand challenging behaviour	1
How to support people with ABI better	1
<i>No Response</i>	5

How can your training needs be met more effectively?

Response	Number of Participants
Thorough / Ongoing training	7
Training done by specialist professionals	1
Focus on Alcohol Related Brain Injury	1
Focus on one issue/area at a time	1
<i>No Response</i>	9

Do you believe that you have adequate access to the following?

Question	Very Adequate	Adequate	Very Inadequate	<i>No Response</i>
Knowledge of appropriate ABI resources		9	6	1
Knowledge of relevant Services / Organisations related to ABI	1	9	6	
Resources for managing challenging behaviour	3	13	3	
Resources for managing communication needs	4	12	2	1
Resources for managing cognitive needs		15	4	
Resources for managing social needs		19		
Resources for managing emotional needs		18	1	

Rehabilitation needs & support for individuals with acquired brain injury

How easy do people with ABI have access to the following services?

Question	Very Easy	Easy	Uneasy	<i>No Response</i>
Physiotherapy Services	3	12	3	1
Occupational Therapy Services	3	11	4	1
Psychological Services	2	12	4	1
Other Medical Services	3	11	4	1
Social Work Services	3	11	4	1
Housing Services	2	8	8	1

How challenging do you find the following areas of support for individuals with ABI?

1 = not challenging

10 = very challenging

Question	Average Response	<i>No Response</i>
Getting out of the home	6	
Accessing Resources	6	
Physical Functioning	6	<i>1</i>
Emotional Functioning	6	<i>2</i>
Social Functioning	6	<i>1</i>
Cognitive Functioning	7	<i>2</i>

How important do you consider the following needs are for the individual with an ABI?

1 = not important

10 = very important

Question	Average Response	<i>No Response</i>
Isolation	8	<i>3</i>
Rehabilitation	9	
Housing/Support within community	9	
Behavioural Difficulties	9	
Throughcare	7	<i>2</i>
Speech / Language Therapy	8	<i>1</i>
Mental Health	10	
Addiction	9	<i>2</i>

6.5 Employment opportunities for individuals with acquired brain injury

How do you view employment opportunities available to service users you care for?

View	Frequency of Response
Have a job / very confident of finding one soon	0
Hopeful of finding a job in near future	2
Feel uncertain of being able to find employment	5
Feel that employment is very unlikely in near future	12
<i>No Response</i>	0

In your opinion would any of the following aid the individual's transition back into the working world, or make them more confident in re-entering the workplace?

Aid	Frequency of Response
Help to find a volunteer placement to try out different types of work	8
Help to find a work placement with flexible hours	2
Supported placement (Where someone who knows them can stay with them to help them settle in)	17
<i>No Response</i>	1

Do you feel that service users are restricted at all in the types of leisure activities they can pursue?

Response	Number of Participants
Yes	11
No	8
<i>No Response</i>	

6.6 Developing Consultation Research

How would you suggest that, we the research team, could consult individuals with ABI effectively in order to improve services?

Response	Frequency of Response
Speak to Service User individually/with support worker	6
Utilise other services – e.g. West End Service	1
Consult with families / friends	2
Speaking to existing services / projects	1
It takes a long time for staff to gain confidence with clients – They will not want to speak to you!	1
Spend a few days with them, to experience their daily living & challenges they face	1
Discuss one topic at a time	1
Send Letter / Questionnaires	5
No Response	8