



# Optua UK



Community  
Rehabilitation,  
Accommodation and  
Support After Brain  
Injury – A Partnership  
Model

Presented by William Challis



Optua UK

**Community Brain Injury Services –**

Community Support Services for Adults  
with an Acquired Brain Injury  
(Suffolk and Shropshire)

In Partnership with **Icanho**

**The Suffolk Brain Injury Rehabilitation Centre –**

Multi-Disciplinary Community Rehab Team.

# Aims of the Presentation

- To provide information about what can be achieved through Partnership Working
- To explore some examples of Community Rehabilitation, Accommodation and Support for People with Acquired Brain Injury in Suffolk.  
(Cited as Examples of Good Practice by the DOH NSF for Long Term Conditions)

NSF Q.R.

# NSF (Long Term Conditions) Quality Requirements

These examples address the following  
Quality Requirements of the NSF:

NSF Q.R. #1

A person-centred service

NSF Q.R. #5

Community Rehabilitation and Support

NSF Q.R. #7

Equipment and Accommodation

NSF Q.R. #8

Personal Care and Support

NSF Q.R. #10

Support for Family and Carers

# Who do we mean by People with Acquired Brain Injury in these Examples ?

- People who live in Suffolk or with a significant connection
- People with primarily cognitive or behavioural problems after ABI
- People with a severe – very severe brain injury (in coma 6 - 48 hours +)
- A small % of all people receiving a brain injury – but potentially high % of costs to funders
- People likely to be considered for out of county rehabilitation
- People likely to be unable to return home from hospital without significant support
- People likely to need support for extended period in order to live independently in the community

# What do we mean by Community Rehabilitation ?

## NSF Q.R. #5

- Multi-Disciplinary and Coordinated
- Client living in the community – their own home, close to family and social networks
- Consistent (up to) 24 hour Approach – Icanho/Optua UK Partnership
- Rehab programme incorporated into daily life with creative use of local resources
- Multi-Agency approach accessing rehabilitative opportunities in the community EG Wood'n Stuff Workshops / Headway / Papworth Progression Centre / Optua Leisure / Further & Higher Education
- Education and Support (for client and family / friends)

# What do we mean by Accommodation?

## NSF Q.R. #7

Accommodation = Housing Solutions for People with ABI:

- That are person centred
- That enable them to live in their own home - ie owned or rented (with a tenancy agreement) - not residential care
- That seek to enable independence and maximise potential
- That facilitate ongoing rehabilitation and minimise the risk of deterioration
- That acknowledge, harness and maintain the support of the person's family (as appropriate)
- That allows access to opportunities in the community for social inclusion

# What do we mean by Support ?

## NSF Q.R. #8

- **Consistent approach to addressing cognitive problems**  
Strategy Development / Environmental Management
- **Increasing Independence - “Enabling” not “Doing”**
- **Consistent approach to addressing behavioural problems**

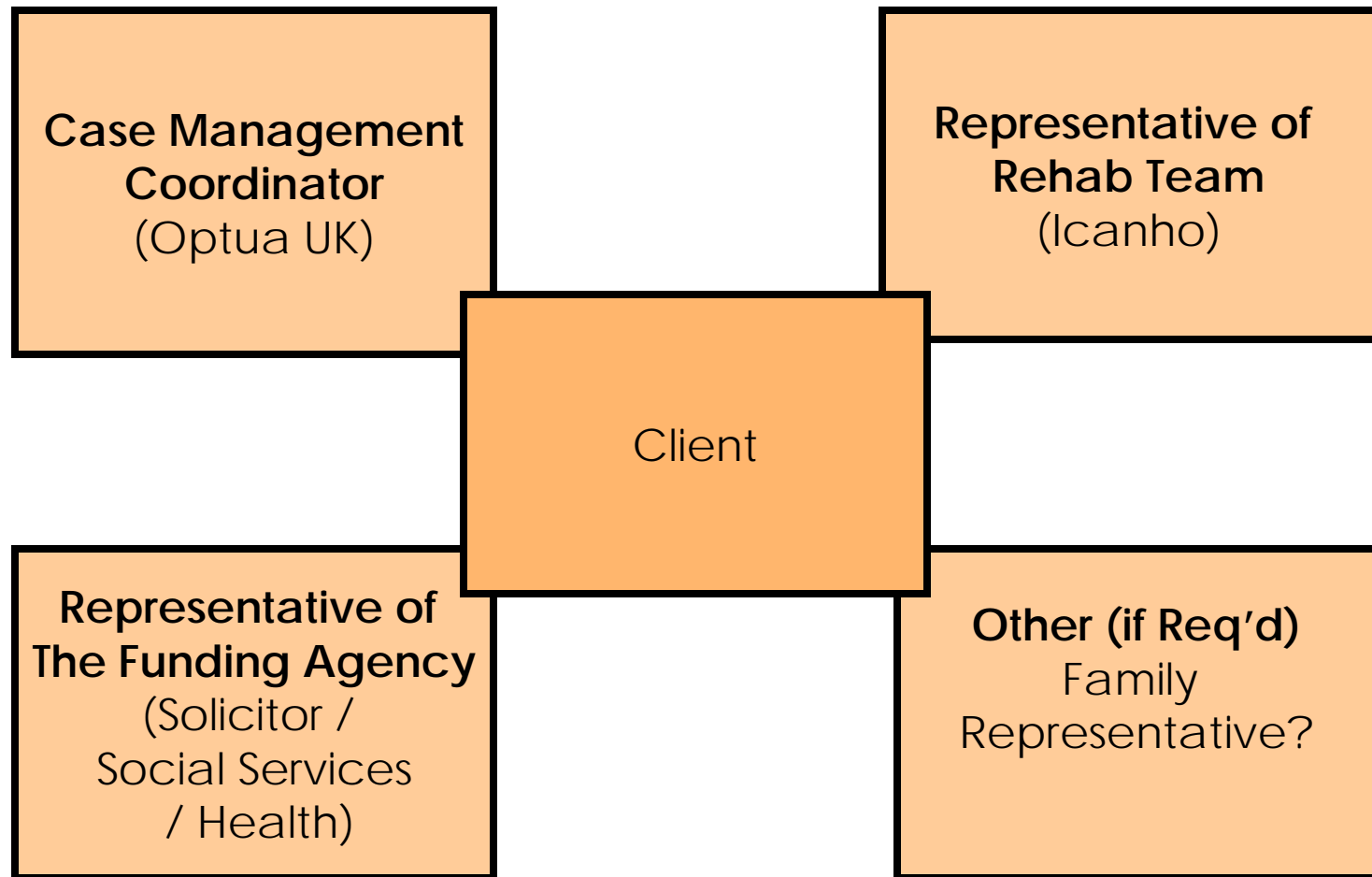
### Support with:

Activities of Daily Living  
Managing Relationships  
Personal Care  
Behaviour - Consistency of Response  
Decision making-Feedback

Finance  
Planning/Organising  
Structure and Routine  
Meaningful Activity  
Vocational Activity

# Partnership Model of Case Management

NSF Q.R. #1



# Community Rehabilitation, Accommodation and Support - Options

NSF Q.R.#5, #7&#8

1) Going home With  
Domiciliary / Outreach  
Support

2) Move On Unit

3) Supported Housing

Joint Allocation Panel

Single Referral

1)

## Domiciliary/Outreach Support

NB : Specialist Support or Domiciliary care?

### **Content:**

- Specialist Support – Cognitive / Behavioural Focus
- Increasing Independence – “Enabling” not “Doing”
- Maximising social inclusion and building networks of support

### **Style:**

- 2 hours a week - 24 hours a day
- Clients living alone
- Clients living with Family

2)

## Move On Unit – Ipswich

- Efficient use of resources – reduces time spent on acute ward / out of county placements
- Accurate Community Assessment
- Thorough Management of Risk
- 24 hr Community Rehabilitation (Icanho/Optua UK Partnership)
- County Wide Resource
- 6 Months (min stay) – 24 Months (max stay)
- Stepping stone back into community living
- Informed and Well Planned Move on to more independent living (with Outreach Support if required)

### 3) Supported Housing

NSF Q.R.#5, #7&#8

Bridge Street - Stowmarket

4 Clients

(Communal Living -1 Wheelchair Accessible)

Staff space included in Tenants's accommodation

Takers Lane - Stowmarket

3 Clients

(Individual Flats - 2 Wheelchair Accessible)

Staff Space separate from Tenants's accommodation

Ansell Close - Hadleigh

1 Client

(Wheelchair Accessible Bungalow)

Staff space included in Tenant's spare bedroom

All with 24 hour  
specialist  
Support available

including  
Case  
Management  
Co-Ordinator  
for each Client

# Case Studies 1)

## Client R

- ABI following Diabetic Coma
  - Lived Alone
- OOC rehab – Behavioural Unit
- Bridge St Supported Housing Unit for 12 months
  - Move on to Existing Flat
- Sustainable Support Package (35 hrs weekly > 21 hrs)  
Management of Diabetes /  
Executive problems /  
Social Behaviour

# Case Studies 2)

## Client C

- ABI following Haemorrhage
  - Lived with Spouse
- Blocking Acute Hospital Bed
  - 15 months in Move On Unit
    - Relationship Breakdown
- Move on to General Needs Housing
  - Phased Reduction in Support (21 hrs > 8 hrs over 10 months)
  - Cognitive problems - Memory
    - Supported to return to work

# Case Studies 3)

## Outreach Client T

- ABI following RTA
  - Lived Alone
- On Probation / “Section” in Rehab Unit
- Appropriate Gen Needs Housing Found
  - Outreach Service 24 Hours
  - Case Management Partnership
- Rapid Reduction in hours of Support (100+ hrs > 19 hrs per week)
- Financial Management / Planning and Organizing / Feedback

# COMPONENTS OF SUCCESS

- ✓ An ABI Rehab Team
- ✓ Development of Specialist Support Agencies
- ✓ A Housing Development Forum
- ✓ Commitment of Enlightened Funders  
(PCT / Social Care / Supporting People)
- ✓ Commitment of Housing Authorities  
(Suffolk County Council / District Councils)
- ✓ Commitment of Housing providers  
(Housing Associations / District Councils /  
Private Clients Compensation)
- ✓ An Understanding of the needs of People with ABI
- ✓ Flexible and Creative Partnership Working

# Funding – The Positives

## ➤ **Creative Finance:**

Partnerships in Funding – Housing Corporation / Health / Social Care / Supporting People / Benefits Agency / Housing Benefit / Private £

## ➤ **When Funding works:**

When people are in acute beds / OOC Rehab units

Early Investment = best outcome for clients  
= increased quality of life  
= significant reductions in cost

# Funding - The Threats..?

## ➤ **Short Term Thinking**

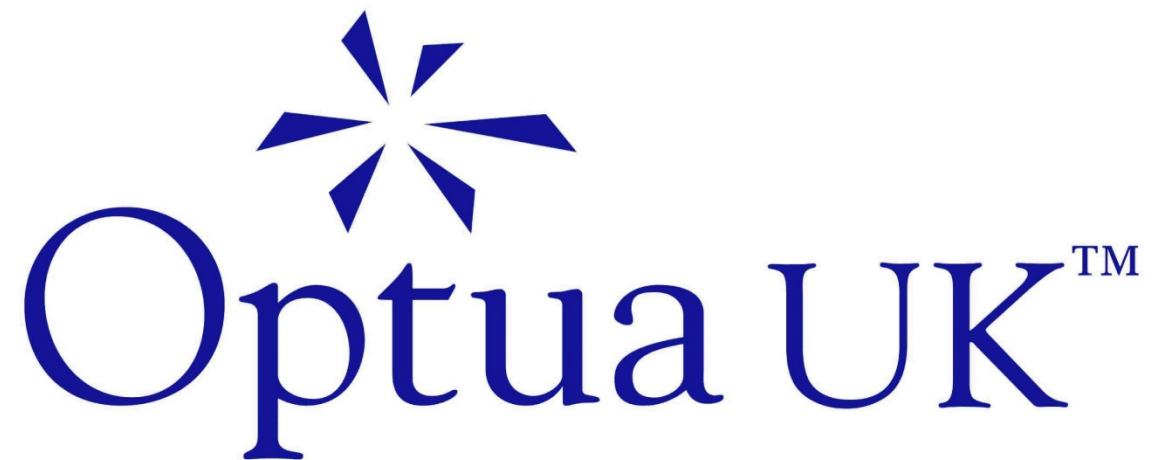
Specialist services, especially Case Management are expensive BUT effective – need for long term view

Balancing Budgets = fighting your own corner

## ➤ **Client Led or Client Focused?**

Individualised Budgets / Greater Client choice and Control / Extension of Direct Payments  
= Difficult balance of Choice vs Capacity

Financial resources available under Direct Payments don't stretch to specialist workers / long term community rehabilitation & support



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