

## **Service model/philosophy**

### **Berkeley Close Providing a home for community integration**

Research and experience gained with adults that have survived brain injury shows that for a significant proportion their life will never be the same. Rehabilitation seeks to promote recovery and use of compensatory strategies to maximise the ability of survivors to participate in a valued lifestyle. However, for some survivors of severe brain injury there are frequently limits on attainment that may result in ongoing needs for nursing or residential home support. Such supported living may utilise the best in therapeutic and nursing interventions, but ultimately the experience for the brain injured service user can be demoralising. Community participation is frequently limited by acquired behaviours, 'challenging behaviour', and the need for staff escorts at any time when outside the home can have the effect of reducing the number of available opportunities. At Berkeley Close we are setting out to provide a service that reverses this pattern of social exclusion by making use of a staff team of enablers who are supported, trained and supervised by an experienced multi-disciplinary team. Our aim is simple, to restore opportunities for participation in the relationships and activities that contribute to community integration. This is achieved through a focus on service user involvement in the home, in social relationships and in productive activity.

#### **The service users**

The target group for using the services based at Berkeley Close is adults with an acquired brain injury who have been engaged in a programme of rehabilitation. They will currently be residing in brain injury rehabilitation units whilst a relevant placement is being identified. In many cases their placement may have become inappropriate in that work focused upon community participation and development of a quality lifestyle may not be possible within the facilities and resources of an active rehabilitation setting. Another group of potential service users at Berkeley Close may already be living in community based settings, residential services or at home with care packages, but be receiving limited benefits from what is currently available. This may be due to ongoing behavioural or cognitive difficulties that can not be successfully managed within the available resources and a lack of fit between the service and individual. The range of difficulties that can be experienced after brain injury that can be managed at Berkeley Close include physical disabilities, including wheelchair use, cognitive impairments, including ongoing confabulation and disorientation, and emotional and behavioural disorders. Service user involvement is an integral part of the service provision and is promoted no matter what difficulties an individual may present with.

### **The staff team**

At Berkeley Close we have adopted a staffing model that maximises available staff support within a context of experience and skill. The majority of staff are enablers who provide support for service users to maintain and build upon gains made in previous rehabilitation settings. This support involves activities of daily living, maintaining roles within the home, and accessing a range of community based activities. Nursing staff within the core staff team monitor health in the widest sense and the Community Participation and Therapies Co-ordinator works to access services and opportunities in keeping with individual service user need. In addition to this core, there is routine training, supervision and individual work with referred service users by therapists from Kemsley, National Centre for Brain Injury Rehabilitation. They contribute experience of structured neurobehavioral rehabilitation and seek to assist service users and enablers in reaching out into the community to establish functioning and adjustment in real world settings. Similarly, specialist medical input is provided from Kemsley, covering the Neurology and Neuropsychiatry of brain injury.

### **The facility**

Berkeley Close provides a purpose built, 24 bedded environment that serves as a base for community participation and provides a range of internal opportunities to develop skills, responsibilities and relationships at 'home'. Nearby opportunities for activity are exceptional. Within Northampton there is a Headway Day Service, colleges offering supported learning courses, a range of supported work placements and a wealth of leisure, recreation and shopping facilities. For service users that need to commence integration into activity in a more controlled and safe environment, we are able to use the facilities of St Andrew's Hospital. These include an industrial therapy unit that provides sheltered work experience and a range of sports facilities including a gymnasium and swimming pool staffed by instructors already experienced in the problems that people might have following brain injury.

### **Therapeutic model and philosophy**

The overall aim of our work with service users at Berkeley Close is to maximise community participation by overcoming the difficulties presented by behaviour, cognitive and physical change due to brain injury. We seek to provide flexible non-institutionalised enablement that meets needs through an ongoing process of individual planning in which service users are fully involved. Integral to the model is family involvement, especially if the service user has difficulty in fully participating in planning and decision-making independently. Such involvement becomes much more dependent upon the feelings of the service user where they are able to express clear preferences. External supervision of the service involves advocates and the statutory and voluntary agencies that provide different elements of inspection, advice or guidance.

Both within Berkeley Close and in the community, rehabilitation gains are maintained or built upon by the use of the most appropriate means for a given service user. This may include regular feedback sessions to review performance and consider possible improvements, training in self-monitoring of thoughts or behaviour, the use of prompting and cueing by enablers, or more detailed behaviour programmes to assist learning. This application of a neurobehavioural model within real world settings is paramount in order to maximise community reintegration. We constantly review the health and functioning of the system at Berkeley Close, the relationships between service users, staff interactions and the directions being taken by the service as it continually evolves. The social milieu, both inside and outside the home, provides numerous opportunities for learning. This is then augmented by staff modelling of appropriate behaviours and the provision of opportunities to participate with others in the local community. In parallel, research and outcome monitoring is a fundamental part of our work and the measurement of community integration and quality of life are amongst the approaches taken to routinely monitor outcome and change.

Various outcomes are anticipated for users of the service at Berkeley Close. For some individuals the opportunities afforded by an emphasis upon community participation will result in further gains in function that facilitate moving on to less intensive and less structured services. For others it may become apparent that they are unable to cope with the level of responsibility required of them at Berkeley Close, and that a more structured or containing setting is required. Every effort is made to avoid this outcome by both careful pre-admission screening and the use of appropriate interventions. Other service users may find that their quality of life is enhanced considerably by working with Berkeley Close, but that they require this support to be maintained in the longer term. Within Berkeley Close, we are able to meet this range of needs and responses using an individual care plan approach set within the context of our high aspirations for community participation.

**Keith G Jenkins**  
**Consultant Clinical Neuropsychologist**

Contacts for more information:

Claire Harnett, Clinical Services Manager	01604 616267
Martyn Smythe-Hudson, Business Manager	01604 616226
Dr Brian Moffat, Clinical Director,	01604 616521
Keith Jenkins, Consultant Clinical Neuropsychologist	01604 616510

Email: [kemsley@standrew.co.uk](mailto:kemsley@standrew.co.uk)