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BIEN and the West Dunbartonshire Acquired Brain Injury Service

# Training Report

**2013 - 2014**

#### Contents

1. Introduction
2. Training Needs and Co-production Approach
3. Training Delivered and Evaluation
4. Key Findings

**Appendices**

1. Training Participants
2. Conferences and Poster Presentations
3. Goal Based Outcome evaluation
4. Training Effectiveness: Before and After Brain Injury Knowledge Quiz
5. Participant Feedback: Training Evaluation Form

**1. Introduction**

West Dunbartonshire’s Brain Injury Experience network (BIEN) and the Acquired Brain Injury (ABI) Service are delighted to present their training report for 2013-2014.

BIEN and the Community Health and Care Partnership, through the ABI Service, have continued to invest in acquired brain injury training in the West Dunbartonshire area, targeting practitioners, as well as people living with acquired brain injury.

The purpose of this report is to provide an update on the training delivered in 2013-14. This report is aimed at practitioners and people affected by acquired brain injury.

It is recognised that training sessions can help contribute to continued professional development and provide useful practical advice for supporting a person with a brain injury and their families, as well as promoting the confidence of those affected by the present and future consequences of acquired brain injury.

**Background**

There were four distinct types of training sessions offered between June 2013 and September 2014:

1. Individualised training sessions for individuals living with brain injuries and for their support workers/personal assistants.
2. Acquired Brain Injury Awareness Training for multi-disciplinary practitioners.
3. Support Worker Training (including Challenging Behaviour Training)
4. A Reflective Practice session for Support Workers

These sessions were delivered in response to identified training needs and have been developed from the ABI Service’s rolling programme of ABI awareness training that has been in operation since 2006.

As part of the development process for the training; the BIEN group actively engaged to ensure the pitch and tone of the training sessions was relevant and appropriate based on their experiences as service users. BIEN members are also co-trainers with a co-productive delivery model of training and raising awareness of acquired brain injury

**2. Training Needs and Co-production Approach**

**2.1 Training Needs Analysis 2013**

Re-evaluation of training needs was undertaken in January 2013 by the ABI Service. All local organisations supporting people with acquired brain injury were approached individually to ascertain training needs. (see Appendix 1)Training was requested for more than 50 support workers, and support worker sessions aimed to target the requested topics of challenging behaviour and reflective practice. This survey of needs indicated that Support Worker training should be a regular feature of the rolling training programme, and suggested that training sessions require to take place twice a year (for up to 25 participants per session) in order to provide an adequate level of training for new staff.

**2.2 Training with BIEN; a co-production approach**

The Brain Injury Experience Network (BIEN) is an independent service-user group with all members having experienced an acquired brain injury. Members of BIEN have been involved in coproducing ABI Training since the onset in 2006. Since further consultation with BIEN in March 2011, the service user group has become increasingly engaged in the coproduction of training. The consultation (which was previously reported in the 2012 Training Report) indicated the importance of the involvement in training of people living with brain injuries, in order to raise awareness of the complex issues for people living within their communities. BIEN now have four committee members who have elected roles in coproducing and co-training sessions.

**3. Training Delivered and Evaluation**

**3.1 Individual Service User Acquired Brain Injury Education Sessions**

Due to the individualistic nature of acquired brain injury, and to preserve confidentiality for individuals, the Acquired Brain Injury service continues to offer individual sessions with person specific collaboratively agreed goals around brain injury education. These are offered on a person-centred basis for service users and their families following agreement of specific issues and individual personal circumstances. These sessions have included individuals with acquired brain injury, their family and support workers. Individualised educational sessions make use of test results (including neuropsychological assessments, medical record reviews and brain scan results), identify presenting issues and collaboratively propose solutions and strategies.

Sessions were evaluated for each individual via Goal Based Outcomes evaluation (Appendix 3) and Service User and/or support worker completion of feedback forms. Due to the individual and confidential nature of this work, further details are not supplied in this report. All individuals who completed feedback forms indicated that they would recommend the service.

Since a comprehensive evaluation system for goals was introduced to the ABI Service procedures (January 2014), five service users have set goals regarding brain injury education and one for support worker training. Four service users achieved their goals and two service users are completing on-going work.

**3.2 Acquired Brain Injury Awareness Training**

Training sessions were delivered by a combination of BIEN and the ABI Service Psychologists (at least two trainers at each session). Sessions were monthly, and lasted for 3 hours.

The overall aim of the training was:

*To increase professional knowledge, skills and confidence in working with individuals with Acquired Brain Injury (ABI).*

The explicit intended learning outcomes were:

1. *To increase knowledge of the brain, brain injury and the consequences of ABI*
2. *To increase knowledge of the ABI team and when/how this service can provide support*

*To increase skills and confidence in working effectively with those with an acquired brain injury.*

Method and Format:

The training was delivered by a one hour lecture with handouts; a one hour service-user perspective session delivered by BIEN; and a one hour workshop, ensuring that issues particularly relevant to the individual practitioner’s role were targeted and problem solved.

**3.2.1 Before and After Brain Injury Knowledge Quiz**

Prior to the training session, participants completed a short paper evaluation of their knowledge base (see Appendix 4). After the training, the assessment was repeated, and quiz scores across the group had improved. These increased from a median score of 5/10 at time one (T1) with scores ranging from 1 to 10; to a median score of 9/10 at time two (T2) with scores ranging from 2 to 10; in a group of 149 individuals assessed at two time points (see figure 1).

*Figure 1,* graph bar shows the Brain Injury Knowledge quiz median scores pre-training (n = 172, range 1 to 10) and post-training (n = 149, range 2 to 10)

**3.2.2 Participant Evaluation**

After the training, all participants rated the intended learning outcomes on an anonymous feedback questionnaire (see Appendix 5). The results are described as follows.

##### Question 1: How relevant was the training to your job role?

*Figure 2*, bar graph shows the Participants Ratings Distribution (from 1 to 10, n = 191) about Relevance to Job Role (example n.1)

The median value on a Lickert scale from 1 to 10 was 8, with ratings ranging from 2 to 10. The modal rating was 10/10.

**The majority of participants rated the training as relevant to their role.**

##### Question 2: How much has this training increased your understanding of the definition, causes, and outcomes of Acquired Brain Injury?

*Figure 3,* bar graph shows the Distribution of all Participant Ratings (from 1 to 10, n = 191) about Increased Understanding of Acquired Brain Injury.

The median value on a Lickert scale from 1 to 10 was 9, with ratings ranging from 5 to 10. The modal rating was 10/10.

**The majority of participants rated the training as having increased their understanding regarding ABI.**

##### Question 3: Has this training increased your ideas of how to work with people with an Acquired Brain Injury?

*Figure 4,* bar graph shows the Distribution of all Participant Ratings (from 1 to 10, n = 191) about Increased Ideas in working with ABI.

The median value on a Lickert scale from 1 to 10 was 9, with ratings ranging from 5 to 10. The modal rating was 10/10.

**The majority of participants rated the training as having increased their ideas in how they could work with individuals with ABI.**

##### Question 4: Has this training increased your confidence in working with someone with an Acquired Brain Injury?

*Figure 5,* graph bar shows the Distribution of all Participant Ratings (from 1 to 10, n = 190) about Increased Confidence in working with ABI.

The median value on a Lickert scale from 1 to 10 was 8, with ratings ranging from 5 to 10. The modal rating was 10/10.

**The majority of participants rated the training as having increased their confidence in working with individuals with ABI.**

Question 5 :Has this training increased your knowledge of the ABI team and relevant referrals?

*Figure 6,* bar graph shows the Distribution of all Participant Ratings (from 1 to 10, n = 89) about Increased Knowledge of the ABI Team and relevant referrals.

The median value on a Lickert scale from 1 to 10 was 9, with ratings ranging from 5 to 10. The modal rating was 10/10.

**The majority of participants rated the training as having increased their ideas in how they could work with individuals with ABI.**

In addition, following participants’ comments on the evaluation sheets and having reviewed the feedback from these 3 hour sessions, it was agreed within the training team that a one day (6 hour) session would be developed for new support workers in order to enable trainers to provide additional brain injury education and facilitate participants to consolidate their learning over a longer training period.

**3.3 Support Worker Training (including Challenging Behaviour Training)**

This group training session was designed to be specific for a local support organisation due to ongoing difficulties in supporting an individual with acquired brain injury. This training focused on behaviour that can be interpreted as challenging and on overcoming barriers to rehabilitation. The session was structured around the individual with brain injury’s own goals and the difficulties they face, as identified with them individually and utilising their neuropsychological assessment. Before each session the Assistant Psychologist discussed the perceived difficulties with the individual service user and she then brought their suggestions for solutions to the training sessions.

Education was offered on causes of acquired brain injury and resulting issues, an introduction to neuropsychological assessment, and tips and advice on working with or around difficulties. Additional time was spent looking at stress and anger for both the service-user and workers. The final part of this training session focused on problem solving, and the developing of better ways of working with people affected by brain injuries and specifically with this individual person.

**3.4 Reflective Practice session for Support Workers**

This one-off session in September 2014 provided a follow-up session to the initial Support Worker training (including Challenging Behaviour training). Six participants attended this three hour session. This training used a concrete case example that allowed exploration of the issues around challenging behaviours and supported workers’ perception of these more practically. Participants expressed high ratings regarding the training, finding it appropriate and informative.

**3.5 Conferences and Poster Presentations**

In addition to the formal training sessions, the training team also attended a number of conferences and provided presentations and poster

presentations in order to raise awareness of acquired brain injury training, promote the central themes and BIEN training resources.(Appendix 2)

The central themes of training and presentations delivered included:

1. The benefits of adopting a co-productive model of working
2. The benefits of working in partnership utilising person-centred approaches, social circles and collaborative goal-setting
3. Recognition as “survivors not victims”
4. The benefits of working within a health and care partnership
5. The importance of identifying and recognising cognitive factors in rehabilitation
6. The need for on-going community care – “2 years in hospital, 50 years in the community”

**4. Update on Key Findings**

BIEN and the Acquired Brain Injury Service provided consistent training throughout the year at an individual, familial, practitioner and societal level.

Individuals, families and practitioners who received this training reported that it was extremely beneficial. The training was effective, relevant, and increased participants’ knowledge, ideas and confidence in working with adults with ABI.

The coproduction process with the Brain Injury Experience Network was confirmed as invaluable in developing and delivering training. Training provided by BIEN made a direct impact on support worker learning and practices, and therefore indirectly on their service users (individuals living with acquired brain injury in West Dunbartonshire).

Participants of training noted the impact and learning benefits of individuals with acquired brain injury describing and analysing their own experiences and discussing life in the community.

Additionally, the benefits of presenting at international and local conferences have included: increased sharing of information and knowledge, and increased networking and partnership working.

All central themes:

* The benefits of adopting a co-productive model of working
* The benefits of working in partnership utilising person-centred approaches, social circles and collaborative goal-setting
* Recognition as “survivors not victims”
* The benefits of working within a health and care partnership
* The importance of identifying and recognising cognitive factors in rehabilitation
* The need for ongoing community care – “2 years in hospital, 50 years in the community”

were delivered across training and conferences with this being recognised as a worthwhile method of delivering wider messages and impacting greater change.

This work will be continued in 2015.

**Appendix 1 : Training Participants**

Fourteen training sessions were delivered between June 2013 and July 2014, for 186 professionals (WDC Welfare Rights workers, WDC Community Learning and Development workers, CHCP Homecare managers and workers, Support Workers, Personal Assistants, CHCP Supported Employment Workers, CHCP Community Addiction Workers) from CHCP, NHS, third sector and independent organisations.

Organisations trained:

**Council and CHCP**:

Welfare Rights Department

Homecare Department

Community Learning and Development Department

Community Addictions Team

Homeless Service

Work Connect

**Other Organisations:**

Cornerstone Community Care

Key Housing Scotland

Rosshead House

MacMillan Cancer Care

CATCH Scotland

The West End Project, Mungo Foundation

The Richmond Fellowship Scotland

**Appendix 2 : Conferences and Poster Presentations**

BIEN and the ABI Service attended and presented at a number of events and conferences over the period 2013-2014 in order to raise public, professional, service user and family awareness and to demonstrate their work

Examples of these are:

1. Head Injury Information Days, May 2013 and 2014
2. Scottish Head Injury Forum, April 2013
3. The Scottish Allied Health Professional Conferences, October 2013 and 2014
4. Parliamentary Day in Dumbarton, February 2014
5. The Division of Neuropsychology Scotland Research and CPD Day, October 2014

**4.1 Head Injury Information Days, Glasgow**

This annual conference is organised by the Brain Injury Network Group (BING) as an opportunity for those affected by ABI and their families/ friends to receive up to date and accurate information in relation to ABI and available services. The conference is divided into two presentation halls in which the ABI team and BIEN hold stalls and separate rooms in which service user and carer presentations and DVDs are shown.

In 2013, the Chair & Secretary of the Brain Injury Experience Network (BIEN) gave a presentation regarding BIEN and the work they complete. The ABI Service Co-ordinator gave a presentation on the model of ABI Service working in the West Dunbartonshire community.

In 2014, both BIEN and the ABI team had stalls in the exhibitors and service users halls, providing information about the services and providing copies of *“Getting your Head around Brain Injury,”* an educational DVD resource produced by BIEN (see appendix 6 for promotional flyer).

A trailer for this resource can be found at: <http://www.youtube.com/watch?v=FIHVVDQCf8U&feature=email>

**4.2 Scottish Head Injury Forum event**, **April 2013.**

*Acquired Brain Injury – A Family Affair,* City Chambers, Edinburgh. Four members of the training team, from BIEN and the ABI Service, attended this event and held a stall from which they distributed the BIEN DVD and spoke to attendees about the Dumbarton ABI supports. Attendees at this event represented a wide variety of statutory, third and independent sector and service user and carer organisations from all over Scotland.

**4.3 Allied Health Professionals Conferences 2013 and 2014**

*AHPs as Agents of Change in Health and Social Care*
held on Wednesday 2nd October 2013 at the Assembly Rooms, Edinburgh.

*Coproduction, Integration and Partnership Conference* on 2nd Oct, 2014 at the Stirling Management Centre - University of Stirling.

These Allied Health Professionals conferences were attended by representatives from AHP teams from all over Scotland. The Service Co-ordinator attended these learning events and presented the Service Model poster at both.

**4.4 Parliamentary Day in Dumbarton**

The BIEN and ABI Service trainers attended an evening reception event for Parliamentary Day in Dumbarton. The attendees consisted of local group representatives, local Councillors and Scottish Government officials including MSPs. Several MSPs and Councillors expressed interest in learning more about the effects of brain injury and BIEN members spoke through these and the benefits of supports from services and the importance of peer supports.

**4.5 The Division of Neuropsychology Scotland (DON-S) Research and CPD Day – 2nd October 2014 - Training Audit Poster**

An abstract was accepted to present this training report in poster form, with a focus on co-production, participant knowledge increase and participant evaluation over 2013-2014

The Division of Neuropsychology Scotland hosted a research/CPD event with key topics being neurological disorders. A posters presentation on research or audit work within the field of neuropsychology was also hosted. The attendees were mainly members of the DON-S, professionals engaged in the assessment and management of patients with neurological injuries or neurodevelopmental disorders and who teach and undertake research in the field of neuropsychology. Some attendees expressed direct interest in the poster and further curiosity about training details.

**Appendix 3 : Goal Based Outcome evaluation**

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**Goal Based Outcomes**

Service User Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ With (ABI worker):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Goal 1:** |
|  |
| **What steps can you make towards achieving this goal?** |
| **How can the ABI Team help you achieve this goal?** |
| **On a scale of 0 to 3, How important is this goal to you?****0 1 2 3** |
| **On a scale of 0 to 10 with 0 being totally not achieved and 10 being totally achieved, how far along the scale are you now, with regard to this goal?****0 1 2 3 4 5 6 7 8 9 10** |

**Appendix 4 : Training Effectiveness: Before and After Brain Injury Knowledge Quiz**

**Quiz (pre training)**

**Please rate how confident you would feel about working with a client who has an Acquired Brain Injury:**

Not confident Very confident

1 2 3 4 5 6 7 8 9 10

**Tick only one answer to the following questions:**

**1. Tick the one statement that is FALSE:**

Acquired Brain Injury:

* is sudden in onset.
* Is acquired after birth and early childhood.
* gets worse over time.
* involves damage to the brain.

 **2. The brain is protected by:**

* The skull
* The dura and the meninges
* Cerebral Spinal Fluid
* All of the Above

**3. The frontal lobe is most commonly associated with:**

* Language processing and speech
* Memory encoding
* Executive function (e.g. planning & regulation of behaviour)
* Balance and co-ordination

**4. Someone with ABI is always able to report the difficulties that they have:**

* True
* False

**5. Rehabilitation can be effective even many years after acquired brain injury:**

* True
* False

**Please Turn Over**

**Please turn over**

**Please turn over**

**Please turn over**

**Please turn over**

**6. Every person who has sustained an ABI will have:**

* Motor control difficulties.
* Sensory problems.
* Varying difficulties according to the area of the brain that has been damaged.
* Language difficulties.

**7. The WD CHCP Acquired Brain Injury team work primarily with referrals for:**

* Stroke
* Traumatic brain injury
* Alcohol related brain damage
* All of the above

**8. Strategies for dealing with challenging behaviour include:**

□Positive reinforcement

□Teaching new skills/ behaviours

□Modifying the person’s environment

□ All of the above

**9. Tick the statement that is FALSE:**

□Challenging behaviour can be changed

□Challenging behaviour can seriously compromise a person’s ability to engage in day to day life

□ Challenging behaviour is a diagnosis

□ Self-injury could be described as a form of challenging behaviour

**10. Challenging behaviour after Acquired Brain Injury is usually caused by:**

□ The client’s personality

□ A number of factors including: the environment, the brain injury and personal factors

□ Injury to the brain and this means that challenging behaviour cannot be changed

**Appendix 5 : Participant Feedback: Training Evaluation Form**

**Evaluation form**

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Acquired Brain Injury Team would like to thank you for coming to our training today. Please fill in this evaluation form so that we can identify any areas in which we could improve.

# Please rate the following aspects of today’s training

**How relevant was the training to your job role?**

Not Relevant Very Relevant

1 2 3 4 5 6 7 8 9 10

**How much has this training increased your understanding of the definition, causes, and outcomes of Acquired Brain Injury?**

Not at all Very much

1 2 3 4 5 6 7 8 9 10

**Has this training increased your ideas of how to work with people with an Acquired Brain Injury?**

 Not at all Very much

1 2 3 4 5 6 7 8 9 10

**Has this training increased your confidence in working with someone with an Acquired Brain Injury?**

Not at all Very much

1 2 3 4 5 6 7 8 9 10

**Has this training increased your knowledge of the ABI team and relevant referrals?**

Not at all Very much

1 2 3 4 5 6 7 8 9 10

**In addition, please answer the following questions**

**What was the most useful part of the training?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is there anything that you feel should have been included in the training that was not?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any suggestions on how we could improve our training?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Thank you for completing our evaluation form.