Is it appropriate - a review of the current experience

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Initial Thoughts

- It seems that in some cases the costly gains people have made are sacrificed in the transition from health to social care. What is even more concerning is that in the current financial climate the period of post acute rehabilitation is being shortened and therefore people are coming out less able and being placed in places which may meet their current needs but will not necessarily have the experience to enable them to make further gains or allow then to build on the progress they have already made. In the absence of an independent case manager the responsibility is between the commissioner to meet the needs of the client, the provider meet those needs and the cqc to monitor the suitability of placement in terms of resident mix.

Young adults with acquired brain injury in nursing homes in Glasgow McMillan and Laurie 2001

- Objective: To survey the characteristics, level of disability and services received by young adults with acquired brain injury (ABI) resident in nursing homes in Greater Glasgow.

- Subjects: Young adults (16-64) with ABI.

- Main outcome measures: Structured questionnaire, Barthel Index, Office of Population Census Survey (OPCS) Disability Form, review of medication cardexes.

- Results: Information was obtained on all cases identified in 75 nursing homes. There were 92 people with ABI in 28 nursing homes; 43/92 were in three homes. Only 42 had inpatient rehabilitation preadmission. Severe disability (OPCS categories 7-10) was found in 54 cases and minimal/minor disability (OPCS categories 1-2) in 18. Thirty-two exhibited challenging behaviour, nine of these were physically violent. Homes were staffed by unqualified assistants, supervised by nurses. No home itself offered rehabilitation, but some had accessed an NHS physical disability community team (28/92 cases) or other community teams (5/92). Proactive medical review was uncommon. Medication had been reviewed since admission in a minority (21/92). Most had regular visits from relatives.

- Conclusions: There is a wide range of disability in nursing home residents in Greater Glasgow. Proactive, routine review of medical, rehabilitation and medication needs is rare, as is rehabilitation pre and post discharge. This is serious given the likelihood of reduced intellectual and/or physical capacity in *these individuals My italics*

Treatment paths and costs for young adults with acquired brain injury in the United Kingdom

JENNIFER BEECHAM1,2, MARGARET PERKINS1, TOM SNELL1, & MARTIN KNAPP 2008

- 49 in abi unit
- 256 in care home

Young people with brain injury in nursing homes: not the best option!

Kate O'Reilly and Julie Pryor 2002

- **Abstract**

We discuss the growing needs for appropriate accommodation for young people with acquired brain injury by exploring the accommodation of young people with brain injury in nursing homes. While the actual number is not clear, it is certainly expected to grow. Reviewing the literature and drawing on clinical experience exposes how nursing home becomes an option for these people. We argue that this should not be an option for this typically young male population, and give some suggestions for more appropriate accommodation.

- Australian Health Review 25 (3) 46 - 51

Long-term care of people below age 65 with severe acquired brain injury: appropriateness of aged care facilities

Gate Cameron, Sandi Pirozzo, Leigh Tooth 2007

- **Abstract**
- ***Objective***: To identify the number of people younger than 65 years with acquired brain injury (ABI) living in aged care facilities in Queensland, and to evaluate the appropriateness of this accommodation option.
- ***Methods***: A cross-sectional descriptive study of all 493 Commonwealth Department of Health and Aged Care registered aged care facilities in Queensland. Associations between a range of demographic factors, resources, care provision and client needs were examined, from the perspective of service providers.
- ***Results***: The response rate was 75%. Twenty-six per cent of facilities (n=97) were providing care for 209 people younger than 65 years with ABI. The social, cognitive and rehabilitation aspects of client care were found to be inadequate in facilities where staffing levels, training and funding resources were limited ($p<0.05$). Smaller facilities (<60 beds) reported higher levels of family participation in specific aspects of client care ($p<0.05$). Almost 40% of the facilities indicated they did not adequately meet the specific and complex rehabilitation needs of these clients. Aged care facilities were the least favoured model of care for this client group (8%) compared with the most favoured model of small group homes (46%).
- ***Conclusions***: The current use of aged care facilities for housing younger people with high-level care needs resulting from ABI is inappropriate and does not meet client needs.

EXISTING FACILITIES IN QUEENSLAND

Often, younger people with Acquired Brain Injury who are left with severe and lasting impairments are discharged into aged care facilities for long-term care. In Australia in 1998, there were 5,924 people with a disability under the age of 65 years accommodated in residential aged care facilities. In Queensland, 1,162 people under the age of 65 years were living in aged care facilities.

The provision of long-term care options for younger people with severe Acquired Brain Injury and high-level care needs has been limited.

Often, younger people with Acquired Brain Injury are placed into aged care facilities where the appropriateness of care is questionable.

Advances in medical technology and trauma care services have resulted in an increasing number of people surviving the acute phase of serious brain injury.

These advances have created a new population of individuals with high level care needs who require lifelong health, welfare and social support.

Some, though physically fit, are psychologically and socially disabled with unique and individual care needs that are not met by generic or aged care services.

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WHY AGED CARE IS INAPPROPRIATE

There are many reasons why aged care is not suitable for many younger people with an acquired brain injury.

Social environment

There is a lack of peer interaction for younger residents who are in the minority and have nothing in common with other residents. Residents with Acquired Brain Injury frequently seek staff contact in preference to other residents as they are closer in age, interests and can offer more meaningful interaction than some residents who are frail or have dementia. In general, aged care facilities primarily attempt to maintain a serene, quiet atmosphere for aged residents to live their remaining years. Social activities, entertainment, music, exercise and even diet understandably cater for the elderly.

Aged care building design for younger residents
In some facilities there is a lack of privacy and single rooms. Young residents with Acquired Brain Injury may share rooms with people who are elderly and sometimes have dementia. Such living restrictions are likely to create feelings of depression, loneliness, frustration and boredom, thus compounding any existing problems of mood swings, behaviour and impulse control resulting from the brain injury. As many people with Acquired Brain Injury do not have a shortened life span their stay in supported care could be lengthy depending on the age of entry. Younger residents may experience significant loss, through death of many roommates when they reside in aged care facilities for a number of years.

Rehabilitation of younger residents in an aged care setting

Younger residents are usually more physically fit and stronger, requiring a very different level of stimulation and rehabilitation to frail aged residents. On average, younger residents with Acquired Brain Injury require higher numbers of staff hours to meet their nursing and exercise needs than aged residents. Aged care staff are usually not trained in aspects of Acquired Brain Injury. They frequently report problems in communication, managing challenging behaviours and managing the emotional needs or moods of younger people with Acquired Brain Injury. Research has indicated that aged care staff believe that the social, cognitive and rehabilitation aspects of care were of greatest difficulty, and the areas in which the needs of this client group were being least catered for.

Meeting care needs

Aged care staff report the majority of needs as being met. However, there is a markedly different picture with regards to the rehabilitation, emotional, cognitive and social aspects of care. Staff often identify difficulties with providing supervision, communicating with, and managing the emotions and moods of residents with Acquired Brain Injury, and dealing with their challenging behaviours such as disinhibition, verbal or physical aggression.

Adjustment issues for younger residents

For the resident, feelings of loss of independence and control, and post-placement depression are common in adjustment to the new environment and high levels of ongoing support and counselling are often needed. It is often the staff who work in aged care facilities who are faced with providing this complex and ongoing support, with a lack of resources, inadequate levels of training and skills in the area of Acquired Brain Injury, and limited access to specialised rehabilitation and community services.

Family involvement

Often families wish to participate and be involved in all aspects of their relatives' care. Research has indicated limited family participation in the physical aspects of resident care, in contrast with more frequent leisure and social interaction. There are a number of possible reasons for this finding. Families may have chosen to hand the burden of care to professional staff but maintain social and leisure contact. Daily tasks of care are mostly completed in the morning and evening, at the times of day when visitors are not available or not permitted to visit. Some families were reported to have limited contact as a result of their own emotional distress. Sometimes young children and teenagers can be distressed by the aged care environment. It is also possible that aged care facilities do not encourage family participation in the physical aspects of client care, viewing this as predominantly the professional caregiver's role.

UKABIF Project

34 Year old man with ABI	EMI unit
45 year old man ABI	ABI Unit Devon
40 year old woman ABI	Mental Health Unit
40 year old man	Mental health Unit
50 year old man	Leeds ABI Unit