



# OUR IMPACT ON PEOPLE WITH BRAIN INJURIES

The Disabilities Trust Brain Injury Report

# 2019-20

**“THERE IS A LOT TO BE PROUD OF IN THIS REPORT - ESPECIALLY GIVEN THAT THIS HAS BEEN A VERY TOUGH YEAR FOR ALL OF US. IT IS GRATIFYING TO READ THE STATISTICS IN THE REPORT, AS WELL AS TO HEAR ABOUT THE VERY REAL INDIVIDUAL OUTCOMES FOR THE PEOPLE WE SUPPORT WHO SIT BEHIND THESE NUMBERS.”**

Irene Sobowale, Chief Executive of The Disabilities Trust

# Contents

<b>Brain Injury Report 2019-20</b>	<b>4</b>
About brain injury rehabilitation at The Disabilities Trust	<b>4</b>
Restorative rehabilitation – Annette’s story	<b>9</b>
How our services are making a difference to people with brain injuries	<b>11</b>
Neurobehavioural rehabilitation – George’s story	<b>17</b>
Complex care and wellbeing services	<b>20</b>
Complex care and wellbeing – Frank’s story	<b>23</b>
Our specialist teams	<b>25</b>
Improving services for people with brain injuries	<b>26</b>
Our services	<b>27</b>
Where we are	<b>27</b>

## About brain injury rehabilitation at The Disabilities Trust

We deliver a clinically effective, neurobehavioural approach to improve the lives of people with brain injuries across the UK. Our two hospitals and 14 assessment and rehabilitation centres support hundreds of people with brain injuries, whose lives have changed overnight, to regain the skills they have lost through holistic neurorehabilitation. This is an evidence-based treatment which helps understand and minimise the impact of the effects of a brain injury on a person's cognitive, emotional, physical and social skills. Our dedicated teams of specialists use a range of therapies to respond to ongoing assessments of these skills, including physiotherapy, psychological therapy, music therapy, occupational therapy and speech and language therapy. We also have 28 community support services. From rehabilitation to long-term care, our brain injury services help people to move forward with their lives.

### This year in focus

The year 2020 has brought unprecedented changes and challenges within our sector – and we are especially proud of the way in which we have navigated the pandemic to continue to secure the best outcomes for the people we support. We adapted and redefined ourselves to ensure we can continue to deliver high-quality, personalised, rehabilitation, care and support. This agility has allowed us to maintain the same level of quality outcomes and improvements at the end of rehabilitation, despite the restrictions to our way of working resulting from the pandemic. For instance, we overcame limited access to the community, which is very important for rehabilitation, and visitor restrictions, by recreating community situations within services. We created a number of cafes, shops and work placements within the units so that people could continue to progress. We also used remote modes of communication and adapted visiting facilities, introducing gazebos and other features, so that people could stay connected.

Our clinical services continue to define and respond to unmet needs. These include the development of our restorative pathway, rehabilitation for people needing further assessment and support following hospital treatment for Covid-19 and provision in forensic settings through support for those with an acquired brain injury within the criminal justice and probation services via our Foundation.

We have continued to demonstrate our expertise through our research, delivering specialist staff training and sharing our expertise across the sector through webinars.

### Rehabilitation outcomes

This report explains how the people we care for who have a brain injury changed and became more independent following rehabilitation.

We use four things to measure the impact of our services:

1. How much supervision someone needs
2. The type of accommodation someone needs
3. How social someone is
4. Someone's ability to take part in recreational, vocational and occupational activities

This report shows that in 2019-2020, our services had a hugely positive impact on people with brain injuries. In this time:



**97%**

Discharge rate.

328 people were admitted to our services and 317 were discharged.



**70%**

needed less supervision when they were discharged.



**73%**

were discharged to a more independent setting.



**58%**

improved their participation in social activities.



**52%**

improved their participation in recreational, vocational and occupational activities.



**13%**

who were discharged went back to education, employment, vocational training or looking after their home = more than one in 10 people. Most do not do this straight away after being discharged from rehabilitation as these types of activities require someone to be fully independent and able to socialise.



## How we treat people with brain injuries

We support people with brain injuries to regain the skills they have lost through holistic neurorehabilitation, one of the most clinically effective approaches to rehabilitation for people with Acquired Brain Injury (ABI). This type of treatment helps us understand the effects of a brain injury on a person's cognitive, emotional, physical and social skills. Our clinical teams use a range of therapies to respond to ongoing assessments of these skills.

The people we support are at the heart of everything we do. Our teams work closely with each person to understand what they want and why, which guides their treatment.

Studies show that brain injury rehabilitation which looks at all aspects of a person's behaviour is most effective at reducing cognitive and functional impairments.<sup>1 2</sup> The severity of the injury or time post-injury are not determining factors.<sup>3</sup>

From music therapy to sessions with psychologists, our teams of specialists use different therapies to help people come to terms with what has happened to them and cope with any difficulties. Treatment focuses on increasing people's quality of life and helping them to take part in social activities.



<sup>1</sup> Worthington, A. D., Matthews, S., Melia, Y., & Oddy, M. (2006). Cost-benefits associated with social outcome from neurobehavioural rehabilitation. *Brain Injury*, 20(9), 947–957.

<sup>2</sup> Oddy, M., & Ramos, S. D. S. (2013). The clinical and cost-benefits of investing in neurobehavioural rehabilitation: A multi-centre study. *Brain Injury*, 27(13–14), 1500–1507.

<sup>3</sup> Cicerone, K. D., Goldin, Y., Ganci, K., Rosenbaum, A., Wethe, J. V., Langenbahn, D. M., ... & Trexler, L. (2019). Evidence-based cognitive rehabilitation: systematic review of the literature from 2009 through 2014. *Archives of Physical Medicine and Rehabilitation*, 100(8), 1515–1533.

## Types of rehabilitation

Neurorehabilitation helps the brain to adapt which means people can relearn skills they have lost. Our specialists support people to practice functional skills such as shopping and making meals. This helps them to overcome any difficulties. The teams also help people to adapt when their cognitive skills have been affected by using assistive technologies. These include scheduling and reminder apps, cognitive training games, and automated task guides that break up tasks into small steps and give instructions on what to do at each stage.

Staff support people with an acquired brain injury to interact with others and practise skills using real life scenarios. For example, practising how to speak to people in different social settings, such as colleagues in the workplace or friends. They also support people to develop ways to manage their emotions. The outcome is that people with an acquired brain injury learn skills, with the support of staff, which then become habit.

We offer three types of programmes, each of which has a significant and proven impact, that are tailored to the different needs of the people we support:



### Restorative rehabilitation

is for people with an acquired brain injury who have significant self-care needs and communication or mobility impairments. They understand what has happened to them and do not show any behaviours of concern which would stop them taking part in rehabilitation, such as aggressive behaviour or refusing care and treatment. They can accept what has happened to them and willingly take part in neurorehabilitation.



### Neurobehavioural rehabilitation

is for people who have difficulty taking part in neurorehabilitation. They need ongoing support, prompting and feedback to accept the difficulties they face, including poor memory, attention and planning skills or impulsive behaviour. In some cases, people may be mobile and able to look after themselves. In others, people may have both cognitive and emotional difficulties and physical health needs.



### Complex care and wellbeing

is for people who can't be safely discharged into other settings. In 2019-2020, seven in 10 people admitted into our rehabilitation centres were discharged within 25 weeks or less, depending on the severity of their problems. But in some situations, people with more complex needs require ongoing care and support. They will move onto supported living services or may be discharged at a later stage.







## Restorative rehabilitation – Annette's story

---

**“At first I found it difficult being at Kerwin Court as I really just wanted to go home and being in isolation [due to Covid-19 restrictions on admission] was hard. The staff were brilliant though and have really helped me with my thoughts, as well as getting me ready for home with everyday skills.”**

Annette

---

### Why Annette needed help

In 2019, Annette had a road accident. It left her with a brain injury and multiple fractures to her arm and pelvis. She spent five months in hospital recovering, including time on a neurological rehabilitation ward.

Annette was transferred to Kerwin Court in West Sussex because doctors felt she would benefit from specialist brain injury rehabilitation with 24-hour support.

When she first arrived at Kerwin Court, Annette had limited movement in her left arm, double vision and difficulties with problem solving and planning. She also had cognitive issues, including problems with processing and remembering information. Annette had extreme fatigue, which made it difficult to think and manage day-to-day activities. And, at times, she had anxiety and low mood.

## Annette's rehabilitation

At Kerwin Court, Annette had physiotherapy sessions which included an exercise plan to improve her balance and increase movement in her arm. She worked with the psychology team to manage her anxiety and explore how her brain injury was affecting her ability to think. Annette took part in group activities where she learned about the brain and what can happen when it is injured.

Therapists identified that Annette needed support with day-to-day activities, such as personal care and cooking. She needed prompting to keep her attention and carry out different steps in a task. Rehabilitation support workers practised tasks with her and used memory aids, such as a timer, when they cooked together.

Staff also helped Annette to plan her meals for the week, gradually increasing the number of meals she was preparing. Annette worked with staff on budgeting, cleaning, laundry, road safety and managing her medication.

Before she had a brain injury, Annette worked in an NHS administrative role, which she really enjoyed. She worked with our occupational therapist to test the skills she needed to do the job. For example, practising taking a referral over the phone. She was also encouraged to take part in activities such as gardening, music, quizzes and crosswords. This gave her a routine and structure, making her feel more positive. It also tested her thinking skills.

Annette used a sleep and activity diary to learn more about her fatigue. Staff helped her to find ways to pace herself and take rest periods, so she had the energy to do what she wanted to do. The team also helped her to plan for the days when she was feeling tired by doing batch cooking and reheating meals.

## How rehabilitation helped Annette

After eight weeks at Kerwin Court, Annette returned home to live with some support from her mother. When she was discharged, she was able to take care of herself, including personal care, planning and safely preparing meals, sorting out laundry, cleaning her house and managing a monthly budget. She is now more aware of her cognitive difficulties and can manage her fatigue.

We referred Annette to the local NHS community rehabilitation team so she can live more independently, with support. Staff work with Annette to help her remember to take her medication (she had achieved this 50% of the time at Kerwin Court). Annette still has reduced mobility and balance, so staff help her to get out into the local community. They are also supporting Annette to build the skills she needs to find a new job.

## How our services are making a difference to people with brain injuries

We regularly collect data from our centres to assess the impact our programmes have on people with brain injuries. The data for this report were gathered between 1 January 2019 and 31 May 2020.

The data covers two groups:

**1** People who have left our services

**2** Those still using our services



### Rehabilitation services

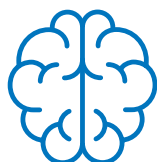
This data is for people who have been discharged from the three programmes:

**328**

people were admitted to our services

**317**

people were discharged



### On admission

Types of brain injury:

**40%**

Stroke

**38%**

Traumatic Brain Injury (TBI)

**22%**

Other

People discharged from each programme:

**54%**

Restorative

**41%**

Neurobehavioural

**4%**

Complex care and wellbeing

Time since injury:

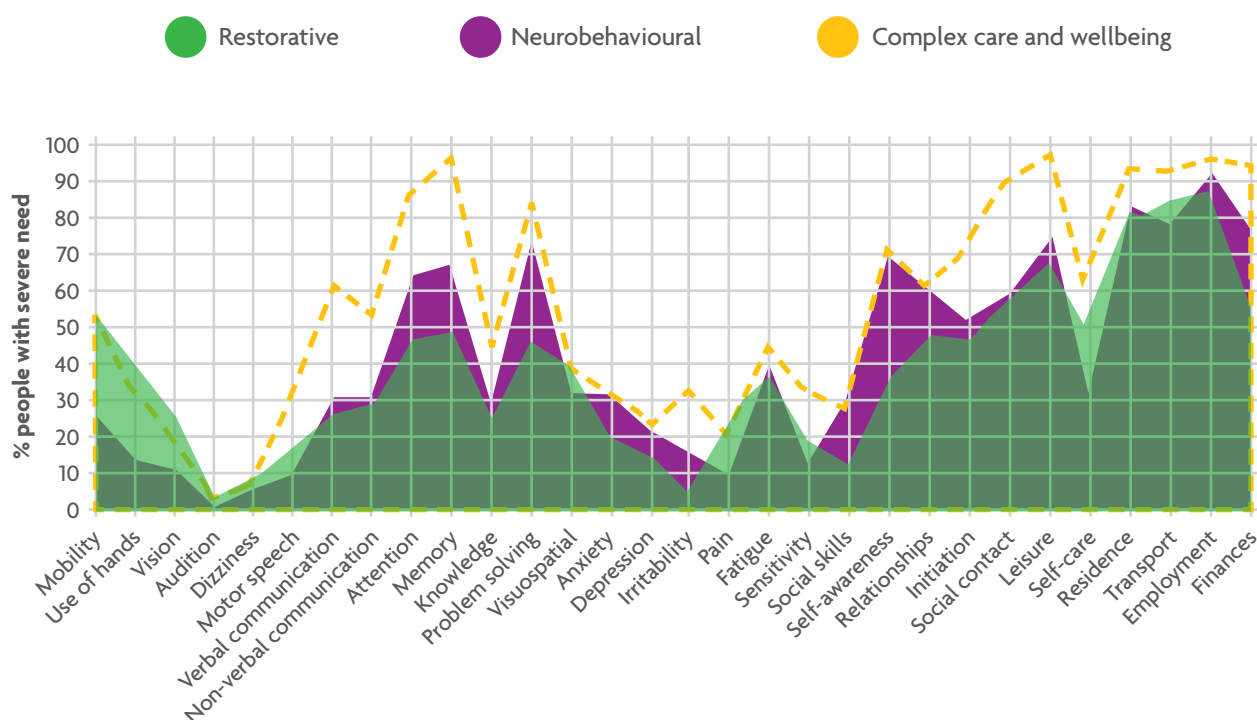
	Restorative	Neurobehavioural	Complex care and wellbeing
Median	2 months	4 months	10 months
0-6 months	87%	76%	36%
7-12 months	7%	10%	27%
Over 12 months	6%	14%	36%



## Why rehabilitation is needed

The figure below shows the types of issues people with brain injuries face and how common they are across our three programmes for people with brain injuries. The larger plots indicate the areas where people have the most difficulty. This shows how the nature and severity of brain injuries differ across our programmes.

## What is the percentage of people with severe needs in each of our programmes?



Average length of stay:

**13**  
weeks

Number of weeks people stay in services:

**8**  
Weeks  
Restorative

**20**  
Weeks  
Neurobehavioural

**97**  
Weeks  
Complex care and wellbeing

## What happens to people at the end of rehabilitation?



**70%** had reduced supervision needs on discharge



**77%** moved into a more independent living setting



**13%** returned to education, employment or vocational training, or looking after their home



**5%** remained in a residential service

**46%** moved into transitional or supported living

**36%** went home without support

## Outcomes on discharge

	Restorative	Neurobehavioural	Complex care and wellbeing
Supervision	73%	68%	68%
More independent setting	77%	78%	63%
Social participation	58%	67%	50%
Occupational activities	46%	51%	59%

**“Progress from one level to the next on the SRS\* indicates substantial, moderate change.”**

\*The supervision rating scale (SRS) measures the level of supervision someone with a brain injury needs. (Malec et al., 2017, p. 7).



## MPAI-4

A tool used to assess disability after brain injury

### What does someone's overall improvement look like?

The figure below shows people's changes in behaviour and function between admission and discharge. This was measured using the Mayo-Portland Adaptability Inventory (MPAI-4)<sup>4</sup>, a tool used to assess disability after brain injury.

On the MPAI-4, scores reflect a person's level of disability. Lower scores indicate more ability, so a positive outcome.

The symbols represent different types of change:

- smallest change in a person's ability to perform daily activities and be social that they would identify as important (minimal clinically important change)
- ◆ larger, meaningful change in someone's ability to perform daily activities and have a social life.<sup>5</sup>

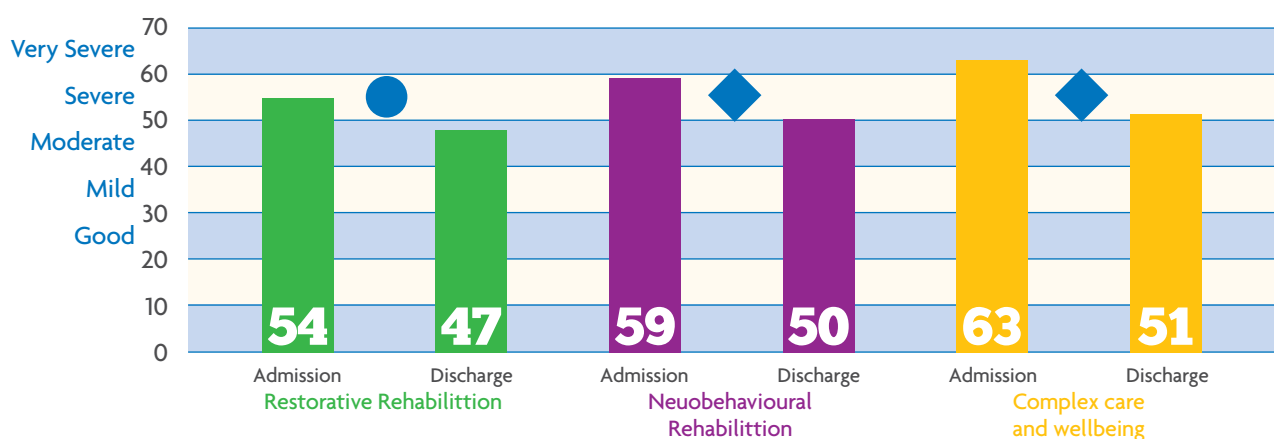
The MPAI-4 uses a range of indicators to measure impairments that have been caused by the acquired brain injury.

These include:

- The impairments people have after injury
- How the individual is coping with a brain injury, for example, mood, pain and fatigue
- Someone's ability to take part in day-to-day activities, such as carrying out a morning routine, getting on public transport and going to work.

To make improvements, clinicians promote recovery in specific areas. For example, supporting someone's mobility or language skills. They also help people to compensate for their difficulties and develop strategies to work around these.

### What improvements are achieved in each pathway?



<sup>4</sup> Malec, J. (2005). The Mayo-Portland Adaptability Inventory. The Center for Outcome Measurement in Brain Injury. Available from: <http://www.tbims.org/combi/mpai>. Retrieved 14 September 2020.

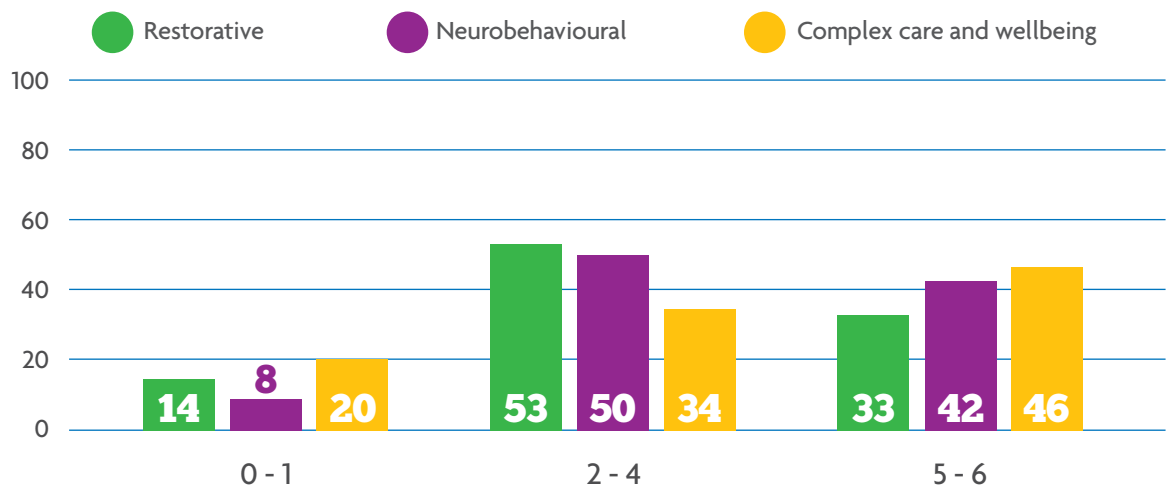
<sup>5</sup> Malec, J. F., Kean, J., & Monahan, P. O. (2017). The Minimal Clinically Important Difference for the Mayo-Portland Adaptability Inventory (MPAI-4). The Journal of Head Trauma Rehabilitation, 32(4), E47.



## How many areas show improvement?

Each person is different, and recovery is influenced by many factors. This means some people may improve in one area but not another. The figure below shows the amount of people who have improved in an area.<sup>6</sup> Almost nine in 10 people (88%) discharged in 2019-2020 showed improvements in two or more areas.

## How many people show improvements in more than one area?



<sup>6</sup> This analysis includes improvements in: (1) the amount of supervision someone needs, (2) the level of supported accommodation someone needs, (3) someone's ability to take part in vocational and recreational activities, (4) someone's abilities, (5) adjustment, and (6) social participation.



## Neurobehavioural rehabilitation – George’s story

---

**“I’d recently had a cerebral haemorrhage. It doesn’t always make you the nicest person in the world for a while – I’ve seen the videos of me in hospital! The TEM [Thomas Edward Mitton House staff and service users] folks were perfect, as my brain recovered, in offering tolerance of that at first, and then improvement. Also, offering home, food and the high-quality talks we all shared. I learned a lot there about how the brain actually works.”**

George

---

In October 2019, George had a fall at home which left him with a brain injury. He had a subarachnoid haemorrhage on the brain, affecting the frontotemporal areas on both sides. He was treated at John Radcliffe Hospital before being transferred to Thomas Edward Mitton House in Milton Keynes.

### Why George needed help

This was not George’s first brain injury. In 2010 he had a bleed on the brain. Staff at Thomas Edward Mitton House assessed him and found he had a memory impairment and problems learning new information and remembering. He was mobile and keen to regain his independence.



## George's rehabilitation

George found it hard to adjust to rehabilitation. He met with the psychology team daily for the first few weeks at Thomas Edward Mitton House. The team supported George to adjust by explaining how the rehabilitation would work and helping him to achieve his goals. These included becoming more independent and being able to go out for walks without being supervised. Once George started to accept support, he progressed quickly.

The psychology team encouraged family and friends to visit George and take him out on regular trips. Their activities tended to revolve around George's love of trains and history. They also took him on visits to local shopping centres and cafes for coffee and cake.

George worked hard to achieve his rehabilitation goals. He practised making hot drinks and doing laundry. An important goal for George was to be able to walk unsupervised to the local shop to pick up a newspaper and a sweet treat. He listened to staff and took feedback onboard, adopting strategies and techniques to keep himself safe.

During his stay, George had physiotherapy and occupational therapy as well as support from the psychology team. He took part in group activities to learn more about the brain and how an injury can affect someone's cognition, function and mood. George learnt to manage his emotions by using relaxation techniques.

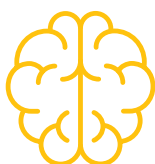
During his rehabilitation, George started to accept his limitations. Our psychology team helped him to cope with his memory impairment and difficulties with executive functioning. Physiotherapy has also improved George's balance and strength.

## How rehabilitation helped George

In March 2020, 14 weeks after he had first arrived at Thomas Edward Mitton House, George returned home to live by himself. He can cook without supervision and goes for walks to local shops. He enjoys going on the train to visit his family and friends. George is now more aware of the impact his brain injury has had on his memory.

## Complex care and wellbeing services

This section of the report looks at data from a sample of 66 people who are currently being supported in our complex care and wellbeing services. They were admitted between 2015 and 2018.



### On admission

Types of brain injury:

**49%**  
TBI

**31%**  
Other

**19%**  
Stroke

Time since injury:

0 - 6 months	7 - 12 months	Over 12 months
19%	17%	63%

Average length of stay:

**5**  
years



## How many goals were achieved in 2019-2020?

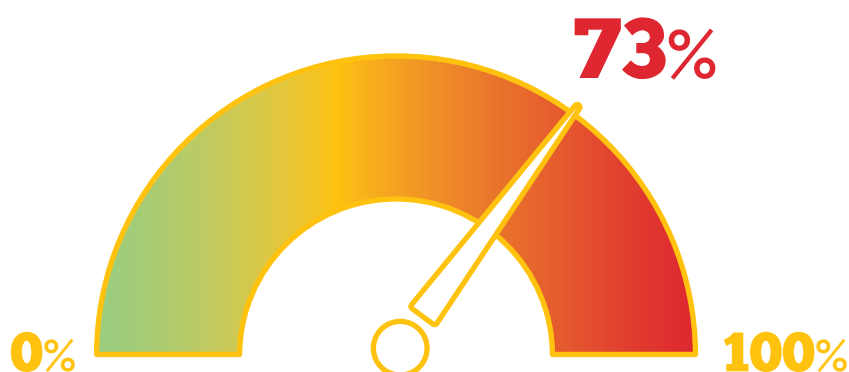
We help each person who uses our services to set SMART objectives. This means they are 'specific', 'measurable', 'achievable', 'relevant' and 'time bound'. Our specialist staff regularly work with people to monitor how they are doing against these goals. For example, in complex care and wellbeing services, goals are reviewed, on average, every 16 weeks, depending on the individual.

It is challenging to identify measures<sup>7</sup> that accurately describe if SMART goals are achieved across our three programmes. It is also difficult to find measures that reflect the full range of aspirations of each person who uses our services.

To start to meet this challenge, in 2017 we began centrally monitoring the total number of goals we set and achieve across all of our services. We measure the percentage of goals that are fully or partially achieved. We have found that this is easier to understand. 'Partial' achievement reflects some progress towards the set goals. Goals are scored as 'fully achieved' when the outcome is as good as, or even better than, expected at the time the goals were set.

The figure below shows that, on average, people using complex care and wellbeing services achieved 73% of their goals. This statistic was taken from the most recent review of goals in May 2020.

### How many goals did people achieve?



Outcome data for each BIRT service is available on the service's webpage:  
[www.thedtgroup.org/brain-injury/our-services](http://www.thedtgroup.org/brain-injury/our-services)

<sup>7</sup> Evans, J. J. (2012). Goal setting during rehabilitation early and late after acquired brain injury. *Current Opinion in Neurology*, 25(6), 651-655.





This is not a picture of Frank. This is a 'in situation' picture showing the positive rehabilitation work at one of The Disabilities Trust centres. The following anonymised case study is included with the permission of Frank's legal guardian.

## **Complex care and wellbeing - Frank's<sup>8</sup> story**

---

**Frank was referred to our brain injury service a year after he had a stroke following a performance as an amateur jazz musician. A scan at the hospital showed one of his arteries had ruptured. It bled so heavily that it compressed his brain and caused damage.**

---

### **Why Frank needed help**

When Frank arrived at the hospital, he could not communicate or remember where he was or why he was there. He also could not control his emotions and would get frustrated. Our teams worked with him to set personal goals for his rehabilitation, but he found this difficult. He would get distressed and be physically aggressive towards staff which made it difficult for them to support him.

Frank also slept badly which made him feel irritated. He found it hard to take part in the different therapies as he was tired. He was also incontinent which affected his quality of life. He was dependent on other people for support but would get frustrated when staff helped with personal care.

## Frank's rehabilitation

Staff monitored Frank's sleep to see how it could be improved. They found that common sleeping medication, such as zopiclone, temazepam, lorazepam and trazodone, did not help him.

One day, while reviewing a year's worth of data, the team discovered that Frank's sleep pattern was not tuned to day-and-night. He had a 25-hour circadian rhythm which meant he did not feel awake during the day and sleepy at night. To restore a 24-hour cycle, we planned regular activities for the day making sure Frank had exposure to sunlight. We used a dawn simulator alarm clock and helped Frank to stop taking daytime naps. This still did not help. The team tried a new medicine, similar to melatonin. This signalled to the brain when it was nighttime and Frank started sleeping.

## How rehabilitation helped Frank

The change in Frank was like night and day. With restorative sleep he became more resilient and less irritable. He started letting staff clean him after accidents. He would use pads for his incontinence. Staff were able to spend more time with him.

But a few years since admission, Frank was still unable to regain the skills he needed to become independent. The team felt it was not in his best interests to continue to support his complex needs in a hospital environment. So, we built Frank a home for life. For the past five years, he has lived in one of our continuing care services. He gets on well with his care team and visitors. He plays his music, which helps him to express how he is feeling.

<sup>8</sup> This is a fictitious name to protect the person's identity. This anonymised case study is included with the permission of Frank's legal guardian.



## Our specialist teams

Specialist teams of clinicians and support staff work together to deliver our services, 24 hours a day. They are skilled in brain injury rehabilitation. Clinicians include consultant neuropsychologists, clinical psychologists, occupational therapists, physiotherapists, speech and language therapists and rehabilitation support workers. They work closely with the people we support to develop individual care plans. This includes setting personal goals for rehabilitation and deciding what therapies will best suit the people we support.

Clinical teams provide care and treatment with the input of rehabilitation support workers. Detailed monitoring and observations are carried out to assess the behaviour and skills of the people using our services and evaluate the effects of different therapies. Teams use monitoring data to motivate the people we care for and show them the progress they are making.



**By working as a team, we support all aspects of a person's recovery**

By working as a team, we support all aspects of a person's recovery. For example, to make sure a person can shop at the supermarket by themselves, a speech and language therapist will work on improving someone's communication. A physiotherapist will support them to walk stably while holding a trolley. An occupational therapist and psychologist will work together to improve the skills the person needs to locate items on a shelf and use lists or an app as a memory aid.

### Working together to provide person-centred care

We have multidisciplinary teams working in all our brain injury services. In our **hospitals**, a consultant neuropsychologist and neuropsychiatrist lead on rehabilitation work, with input from nurses.

Consultant neuropsychologists provide clinical leadership in our **community-based rehabilitation centres**. They are supported by consultants in rehabilitation medicine and neuropsychiatry, as well as community nurses.

In our **complex care and wellbeing services**, support workers look after the mental wellbeing and physical health of those we care for. This work is overseen by clinical psychologists.



## Improving services for people with brain injuries

The Disabilities Trust works alongside people with an acquired brain injury, autism, and learning or physical disabilities across the UK. This means our brain injury services are connected to and supported by a national network, which works together to continuously improve.



### 5 Year Plan

to provide high-quality personalised care to the people we support

We have a five-year strategic plan to provide high-quality, personalised care to the people we support, including those with brain injuries. The plan focuses on “building firm foundations” and “delivering leading edge services”. This is about making sure our organisation is sustainable and managed effectively, invests in technology and researches new ways to support people with complex needs.

In 2019-2020, we carried out a range of activities to improve the lives of people with brain injuries. These include:

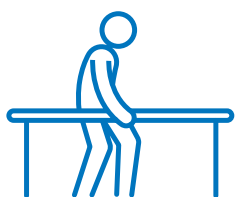
- Refurbishing existing services and opening new services for people with brain injuries. This is allowing us to provide high-quality services to more people with brain injuries across the UK.
- Updating our tool for clinical psychologists to assess the effects of brain damage. The Brain Injury Rehabilitation Trust Memory and Information Processing Battery (BMIPB-II) is helping neuropsychologists and clinical psychologists across the UK to better assess and support people with brain injuries and other neurological conditions. New features include: updated and extended reference data that allow us to determine whether a person has a memory impairment or not; a test to monitor how quickly a person with motor difficulties can process information; and another test to determine whether someone forgets faster than average.
- Increasing awareness of social workers and health professionals of the lesser understood aspects of acquired brain injury through training and talks.

### BMIPB-II

to better assess and support people with brain injuries and other neurological conditions

## Future plans

In 2020-2021, we are committed to further improving our brain injury services. We will:



- **Develop clearer criteria to determine the type of rehabilitation someone should receive and continue to tailor therapies for our programmes.** This will help to make sure each person receives the right treatment at the most appropriate stage, and that we identify someone's emerging needs faster.

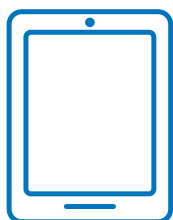
- **Refine the outcome measures for physiotherapy, occupational therapy and speech and language therapy.** This will help improve how we evaluate the impact of these therapies and let people with brain injuries know how they are progressing.

- **Carry out research,** share knowledge and improve understanding of brain injury for staff and health professionals outside the organisation. Each brain injury service is part of our wider network of services that work together to share knowledge. We also offer a range of continuous professional development opportunities to health professionals, including free seminars and webinars.



- **Invest in becoming an “employer of choice” and creating an environment where people want to work.** Our staff are the driving force behind our organisation. They work hard to improve the lives of people living with brain injuries. To continue providing high quality services, we need staff to feel motivated and enjoy their work.

- **Continue to be strategic about how we support people with brain injuries** by remaining relevant, being sustainable, adapting to the changing needs of the people we support and being a leading expert in the care sector. We are three years into our strategic plan, which in 2019-2020, guided us to support over 600 people with an acquired brain injury, autism, physical or learning disabilities, to live as independently as possible.



- **Integrate the latest technology into what we do.** Our services have been adapted using the latest technology and clinical innovation. This is helping us be a leading care provider for people with a brain injury. For example, local services use adjustable worktops in their training kitchens and a new electronic resource to report back on how the people they support are doing. This is making our impact reporting timelier and more efficient.

## Our services

We have a range of services across the UK that meet the changing needs of people living with brain injuries. These include two independent hospitals, 14 assessment and rehabilitation centres and 28 community support services.

To make a referral, contact our Business Development team on 0330 0581 881 or [business.development@thedtgroup.org](mailto:business.development@thedtgroup.org)

Visit [www.thedtgroup.org/brain-injury](http://www.thedtgroup.org/brain-injury) to find out more.

## Where we are

### Independent hospitals

- 1** Graham Anderson House, Glasgow
- 2** York House, York

### Assessment and rehabilitation centres

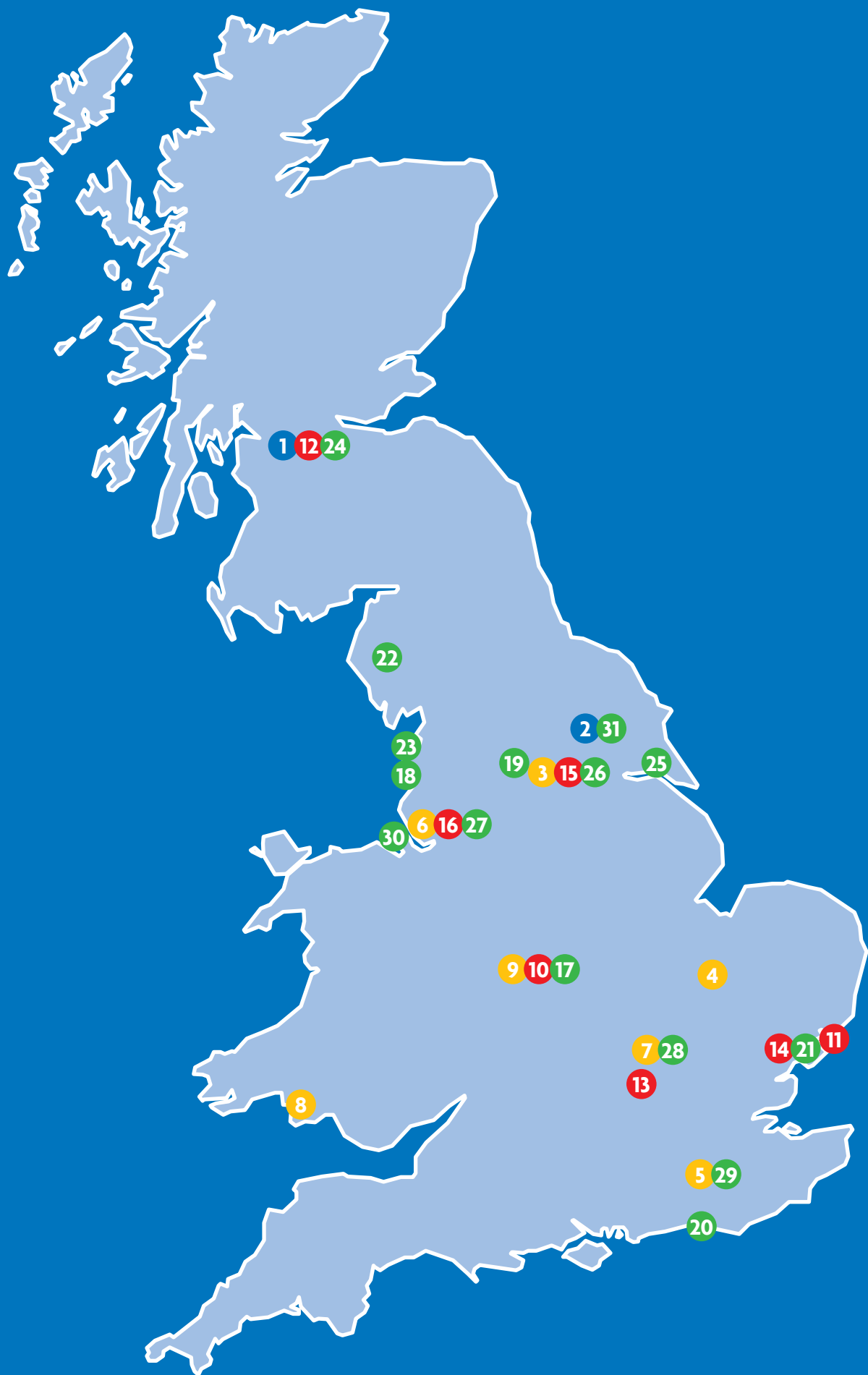
- 3** Daniel Yorath House, Leeds
- 4** Fen House, Ely
- 5** Kerwin Court, Horsham
- 6** Redford Court, Liverpool
- 7** Thomas Edward Mitton House, Milton Keynes
- 8** Ty Aberdafen, Llanelli
- 9** West Heath House, Birmingham

### Continuing rehabilitation

- 10** Bristol Road, Birmingham
- 11** Dover Court, Harwich
- 12** Eastfields, Glasgow
- 13** Kent House, Aylesbury
- 14** Myland House, Colchester
- 15** Osman House, Leeds
- 16** Redford Lodge, Liverpool

### Community support services

- 17** Birmingham
- 18** Blackpool
- 19** Bradford
- 20** Brighton
- 21** Colchester
- 22** Cumbria
- 23** Fleetwood
- 24** Glasgow
- 25** Hull
- 26** Leeds
- 27** Liverpool
- 28** Milton Keynes
- 29** West Sussex
- 30** Wirral
- 31** York







## About The Disabilities Trust

The Disabilities Trust is a charity that works alongside people with acquired brain injury, autism, and learning or physical disabilities to help them live as independently as possible.

We improve the lives of people with brain injuries across the UK. Injuries include encephalitis, or inflammation of the brain, and hypoxia, when the brain is damaged because it does not get enough oxygen.

Our two hospitals, assessment and rehabilitation centres support people with brain injuries to regain the skills they have lost through neurorehabilitation. This type of treatment helps us understand the effects of a brain injury on a person's cognitive, emotional, physical and social skills. Our clinical teams use a range of therapies to respond to ongoing assessments of these skills, including physiotherapy, psychological therapy, music therapy, occupational therapy and speech and language therapy.

We also have community support services. Our dedicated teams of specialists work closely with each person with a brain injury to understand what they want and why, and shape treatment.

From rehabilitation to long-term care in supported living accommodation, our brain injury services help people to move forward with their lives. Our aim is to support them to achieve their rehabilitation goals, become more independent and improve their quality of life.

To find out more, please visit:

**[www.thedtgroup.org/brain-injury/our-services](http://www.thedtgroup.org/brain-injury/our-services)**

 01444 239 123

 [info@thedtgroup.org](mailto:info@thedtgroup.org)

 The Disabilities Trust  
First Floor, 32 Market Place, Burgess Hill, West Sussex, RH15 9NP

 Disabilities Trust

 @TheDTgroup

 The Disabilities Trust