Partnership outcome: brain injury training and support program for Aboriginal and Torres Strait Islander health workers

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Introduction

Brain injury is a leading cause of disability across all communities. Nationally, acquired brain injury (ABI) is a significant health and disability issue. In Queensland, the prevalence rate is 2.5% compared with the national average of 1.8%. More than one in three (34%) people with ABI reported 5 or more health conditions, compared with about one in eight (13%) of all people with disability (1). The rate of brain injury for Aboriginal and Torres Strait Islander Queenslanders is three times higher than for non-indigenous people (2). However, within Queensland there is an under representation of Aboriginal and Torres Strait Islander Peoples using inpatient and outpatient brain injury rehabilitation services.

In 2002, the National Aboriginal and Torres Strait Islander Social Survey (2004) revealed that over one third of Aboriginal and Torres Strait Islander Peoples aged 15 years and over reported a disability or long term health problem. In this survey, 7% reported an intellectual disability, 23.6% a physical disability and 13.7% a disability in relation to hearing, speech, or vision, and many reported more than one type of disability (3). Interestingly these categories of disability may also be sequelae of brain injuries, reflecting possible long term difficulties post ABI.

The coexistence of brain injury with other health conditions demonstrates the importance of health workers knowing about brain injury and the difficulties that people with brain injury may face in dealing with other health conditions, such as diabetes.

Brain injury can result in impairments in all areas of functioning—physical, cognition, communication, sensation, and behaviour. It is often described as a ‘hidden disability’, as in approximately 75% of injuries, a person will recover well physically, but continue to experience difficulties in cognition and behaviour regulation. This particularly has an ongoing impact on a person’s psychosocial functioning, their families and communities.

Background

Previous research (2006-09) conducted by the Acquired Brain Injury Outreach Service (ABIOS) in partnership with two Aboriginal and Torres Strait Islander communities in Far North Queensland identified the need for community-wide increased knowledge and understanding of brain injury. This research resulted in the development of a service model which is supported by a number of key Aboriginal and Torres Strait Islander health and disability service providers in Queensland. The model identifies a local worker/s with brain injury knowledge as being the link between communities and mainstream health services, and as being a key support within communities for people with brain injury and their families (4).

The ABIOS Brain Injury project has enhanced the cultural competence of our service and more specifically, our ongoing work with a community in southern Queensland, where we have been visiting since 2003. Key stakeholders in this community endorsed the findings of our research. They recognised that brain injury was not being adequately addressed within their community and that staff needed to be trained in this area to optimise their work with and support of people with brain injury and their families. This recognition led to the development of a Brain Injury Training Program through collaboration between ABIOS and people of this community.
A pilot program was developed and, in 2011, three health workers participated in this training. This occurred in Brisbane, over two days, and included:

- viewing of DVDs and group discussions
- home visits to meet people with brain injury
- a visit to the Brain Injury Rehabilitation Unit at the Princess Alexandra Hospital
- attending a community performing arts/health workshop.

Feedback from participants was positive, including the interactive and experiential learning methods:

"We found that the training was appropriate and very interesting’

‘Hands on [training] is the best way’

‘...we would love to learn more and become facilitators to get the message and train others in all communities about brain injury; how to cope, support and prevent.”

Participants believed this training was an initiative that could benefit health workers in other communities. In addition, feedback included constructive suggestions for improving the training, particularly suggestions for more DVD segments which would make the training program accessible to communities across Queensland.

A clear outcome of the training with this group was their decision to facilitate wider community education through an interactive theatre workshop called ‘Yarning about brains’, bringing together interested community members and service providers. This workshop facilitated discussion and planning about brain injury and community agreed activities. From this, the Cherbourg Aboriginal Acquired Brain Injury Mob (CAABIM) was formed. This group has been an invaluable resource in the further evaluation and development of the brain injury training program for health workers.

The Brain Injury Training Program

The overall aim of the Brain Injury Training Program is to improve the long term health and disability outcomes for Aboriginal and Torres Strait Islander adults with brain injury and their families. It aims to bridge the gap between Aboriginal and Torres Strait Islander communities and services and mainstream health and rehabilitation services for adults with brain injury.

The intention of this program is to provide training to Aboriginal and Torres Strait Islander health workers across Queensland within communities who identify a need for this training. The program can continue to be offered within a community by trained staff, increasing the knowledge and capacity within participating communities.

This program aims to deliver brain injury education in the context of a Community Based Rehabilitation (CBR) model (5) to Aboriginal and Torres Strait Islander health workers, whilst establishing relationships and partnerships with and amongst program participants to facilitate ongoing support after training. The program aims to build capacity within communities by having a number of people trained, who become a link within the community for people with brain injury and their families.

The partnership with the Cherbourg community, specifically CAABIM, has involved the review and the further development of the training modules, and the development of a new DVD resource which is an integral part of the training program. The review process involved semi-structured interviews of two of the original training participants by phone, with a follow-up written (email) question/answer response from all three participants. In addition, follow up activities in the community allowed opportunity for group consultation about the direction of the training program development. This group consultation involved CAABIM members, including the three original training participants and a community Elder.
The DVD resources were seen as an essential learning tool for health workers and a means to increase accessibility of the training across Queensland. This includes the majority of DVD footage used in the pilot training program, plus new footage filmed specifically to cover the examples of experiential learning in the pilot training program, such as the visit to the inpatient brain injury rehabilitation unit, home and community visits.

The content of the training program includes the following themes, presented in 8 modules:

1. Introduction: Acquired Brain Injury (ABI)
2. Changes after brain injury and common strategies
3. Brain injury rehabilitation
4. Working with people with brain injury in the community—assessing needs
5. Working with people with brain injury in the community—staying connected
6. Family issues
7. Community Based Rehabilitation (CBR)
8. Models of health and well-being

Each of the modules is supported by PowerPoint slides and each participant has copies of these slides in a workbook. Emphasis however is on visual and experiential learning, through stories on DVD and shared stories within the group. Most of the 8 modules are supported by the DVD resources, which enhance and support the learning outcomes. The new DVD developed in partnership with Cherbourg Community Health and community includes CAABIM members as presenters. The second DVD, which was an outcome of our original research in Cape York, is in story format with three Aboriginal men and their families talking about their experiences after brain injury. It includes footage from a remote community, a regional community and an urban setting in Queensland.

Included in module 3 on the new DVD is extensive footage about inpatient rehabilitation post ABI, where Aunty Grace Bond, a Cherbourg Elder, guides the viewer through the inpatient unit, meeting health care professionals and talking with them about their roles. This module demonstrates the importance of early and specialist ABI rehabilitation, aiming to increase knowledge and understanding and therefore reduce early self-discharge of ABI patients, before they participate in the inpatient rehabilitation phase of treatment. This module has also been used by hospital staff to prepare families of future patients as to what they can expect from the inpatient stay. This could also help allay fears about the hospital environment and health professionals for patients and their families. The training for health workers will assist in providing an increased understanding of this phase of rehabilitation, highlighting the processes, treatments and environments that community members with brain injury may have experienced before returning home. Armed with this understanding, health workers will be better placed to be encouraging and supportive to those who may be recently injured and their families to undertake this rehabilitation phase.

An important aspect of the training program is after training support. The training is designed to extend health workers’ knowledge and skills so that they are more aware of brain injury and are able to work more effectively with clients with brain injury. In addition, they will have knowledge to refer on to more appropriate and specialised brain injury services. ABIOS also offers community based rehabilitation support to the trained workers and their communities. This means that they will be assisted to consider a broader community approach to issues related to brain injury. If requested, ABIOS will support them in these endeavours.

Health workers who have participated in the training program are provided with resources that will enable them to train others within their communities. ABIOS provides further support and resources for this, as required. To make the training as accessible and flexible in delivery as possible, additional
training resources (Facilitator’s Manual and Training Booklet) have been developed that will enable community members to deliver training or work through the program at their own pace.

The self-paced program has a modified content, and will assist the participant to understand and have knowledge about the following:

- **Chapter 1: Introduction to Brain Injury**
  - What a brain injury is
  - What causes a brain injury?
  - Common changes to functioning following a brain injury
  - Strategies to assist with these changes

- **Chapter 2: Brain Injury Rehabilitation**
  - What brain injury rehabilitation is?
  - The importance of early and timely brain injury rehabilitation
  - The role of each member of the multidisciplinary team

- **Chapter 3: Working with People with Brain Injury in the Community**
  - Assessing the needs of a person with brain injury
  - Strategies to use to assist people with brain injury and their families
  - Impact of brain injury on the family

- **Chapter 4: Community Based Rehabilitation**
  - Understand CBR
  - Examples of CBR which may be applicable to other communities

**Future plans**

Since the development of this training program, ABIOS has provided training to another 4 workers in Cherbourg. The established partnerships with CAABIM, Cherbourg Community Health and community are ongoing. In addition, ABIOS has applied for funding to implement and evaluate the training in five Queensland communities (1 remote, 2 regional and 2 urban). The aim of this is to further pilot the training, evaluate content and delivery mode, and compare outcomes with training delivered in self-paced mode. The evaluation will determine whether health workers are including new learning from this training into their work and if so, what the outcomes are for people with brain injury and their families.

**Recommendations**

Due to the significance of brain injury as a health and disability issue for Aboriginal and Torres Strait Islander Peoples, it is recommended that training about brain injury and the significant impact on the individual, their family and community is included in the health worker training curriculum.

**References**


