

Meeting the challenge of community integration after brain injury: An international perspective

The seeds of this issue of *NeuroRehabilitation* were sewn in Belfast, in November 1999, during Ireland's first international conference considering community integration after brain injury. The conference aimed to bring together rehabilitation specialists to present and discuss 'leading edge' service models, standards and practice developments in community brain injury rehabilitation. Meeting the community integration needs of people after brain injury can be both complex and long-term. The complexity of this challenge is reflected in the diversity of papers in this issue, beginning with a consideration of the concept of community integration. In this paper, Minnes and her colleagues present an outcome measure of community integration (known as "AIMS") developed and adapted from previous work in cross-cultural psychology. The AIMS measure has unique and intuitively appealing qualities emphasizing the interdependence of relationships and support networks. My paper, written with Susan Ferry, considers the importance of social network and support variables to health outcomes and community integration after traumatic brain injury (TBI). From the literature, we develop a number of suggestions for the application of social network and support interventions to meet some of the needs of people with TBI.

Vander Laan and colleagues in Toronto describe their progress to date in an ambitious project to develop an integrated system or network of service providers. This integrated system acts as a guide for persons with brain injury, helping to ensure smooth transition from the neurosurgical bed to post-acute service providers, and onwards to more community based and long-term rehabilitation and support services. Vander Laan and colleagues then outline recent efforts to involve service network members together with people with brain injury, and their families, in the development of best practice standards and meaningful outcome measures.

They develop the theme of service standards in their paper charting the development of specialist and dedicated brain injury services. They present strong and reasoned arguments for the development of formal specialist training for front line rehabilitation staff, families and primary care workers. They outline a model of training emphasizing principles of learning in the delivery of effective rehabilitation. Jackson and Manchester give some details of a training curriculum developed along these lines. They consider such training to be complimentary, yet essential as an addition to the core training of professionals prior to beginning work in brain injury rehabilitation.

Kolakowsky-Hayner and Kreutzer have developed and summarised a practical guide for professionals and people with brain injury, facilitating decision making on the important issues of return to work. They acknowledge the need for productive alternatives to paid employment and suggest that when considering return to work, people with brain injury should define success in their own terms. Savage and colleagues address the long-term needs of children after brain injury by placing educators and families centre stage in ensuring needs are met. This is, again, a very practical paper highlighting the multiple transitions experienced by children when moving from one class to another, year on year. Recommendations are given to help 'smooth' these transitions by the use of Individual Educational Plans (IEP's) and the acquisition by families of the skills of case management. Finally, Tyerman and Booth offer a detailed and practical example of the development and integration of a range of family interventions within a community head injury service in the UK.

Reading this collection of papers will offer much practical help and suggestions for providers of community based rehabilitation services. Whilst acknowl-

edging these largely empirically based service developments, it is also clear that there is much work yet to do in developing and evaluating rehabilitation strategies and service models which will help deliver maximum

outcomes in the community for people following brain injury.

Robert J. Rauch
Guest Editor