



# — HEADWAY STRATEGIC — PLAN 2016 -2018



Headway is accredited by CARF International ([www.carf.org](http://www.carf.org)) for Adult Home and Community and Vocational Services (Brain injury Speciality)

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## INTRODUCTION

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Welcome to Headway's Strategic Plan 2016-2018 inclusive.

This plan represents the map by which we will navigate the next three years and the goals will allow us measure our success in our quest to best serve people with brain injury and carers each year. We are aware that as a small organisation with relatively limited resources, there is a risk that we spread ourselves too thinly in an effort to constantly react to client need. Consequently we believe that a clearly articulated plan will continually focus us on our vision of best service provision for clients.

We believe that it is important to know that what we are doing is genuinely meeting the needs of the people we serve, and to that end we have introduced a number of new measures to record and highlight outcomes such as the Mayo Portland Adaptability Inventory and the Satisfaction with Life Scale. This is evidence of our ongoing commitment to the provision of quality services. We achieved the maximum three year CARF International accreditation in 2014 for our Adult Home and Community and Vocational Services and we continue to work towards ensuring reaccreditation in 2017.

Our 4 Strategic Objectives are:

1. To provide services in line with best practice with an emphasis on quality improvement.
2. To support and empower clients to maximise their independence by developing meaningful personal, social, rehabilitation and vocational goals.
3. To enhance services provided to existing clients, and develop and expand services to reach new clients.
4. To communicate effectively to enhance awareness of brain injury and support service development.

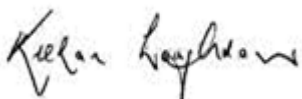
This will be the first year since 2008 that the plan has been framed against a backdrop of no further funding cuts. In light of the political and fiscal climate, we believe that it is necessary, more than ever, for Headway to establish itself and its' reputation as an outcome based, value for money service, continuously dedicated to meeting the needs of people with ABI.

In this regard we have decided to engage with the nine new Community Health Organisations on their existing services, and on their plans and ambitions to enhance support to people with brain injury. Headway does not have people located in each area, however, Headway provides an invaluable service in every area through our national telephone helpline and our information and signposting service.

The “National Policy and Strategy for the Provision of Neuro-Rehabilitation Services in Ireland” is an aspirational document, outlining plans for the development of a Neuro-Rehab strategy nationally. While it makes casual reference to the need for community based rehabilitation, it is our opinion it does not go far enough in outlining the importance of, and need for, ongoing community based support for people with Acquired Brain Injury. As the implementation plan develops, Headway will endeavour to raise the need for this support, to those that are charged with service development.

Best practice in Neuro-rehabilitation suggests a holistic and integrated approach to service provision. Unfortunately, brain injury services are fragmented, incomplete, and without a clear pathway for rehabilitation. Every single person with a brain injury would be far better served, even where there are only scant services, if there was a connection and interaction between acute, post-acute and community services and a case manager / co-ordinator in place to assist and facilitate rehabilitation. This will not happen without a generosity of spirit, a willingness to desire the best for the people we serve and a concentrated and concerted approach between all services. Headway will not be found wanting.

There are no owners of Headway but there are many stakeholders – clients, family members, the Board, staff, HSE, other funders / donors and volunteers all with a common interest – “to bring positive change in the lives of those affected by acquired brain injury”.



Kieran Loughran  
CEO

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## ABOUT ACQUIRED BRAIN INJURY

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An Acquired Brain Injury (ABI) can happen instantly to anyone in an accident, fall or as a result of a stroke or sudden bleed in the brain. It is a sudden event which can have long term consequences. It happens to thousands of people every year in Ireland.

A brain injury can make it difficult for a person to return to work, study, to enjoy a social life, to communicate fully with other people, or even to live independently. This

can place enormous pressure on the carer and the family unit as well as the injured person.

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## ABOUT HEADWAY

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We are a not-for-profit organisation which was originally founded in 1985 as a support group by families and interested professionals to address the needs of people with brain injuries and their carers and families. Over the last thirty-one years we have expanded, and now provide a range of community-based rehabilitation services for people affected by brain injury, whatever the severity of injury.

We also work to heighten public and political awareness of brain injury and the impact it has on individuals, families and carers. We provide services in Dublin, Cork, Limerick, Kerry and the South-East, along with a National Brain Injury Information and Support Service and website.

Our mission “To bring positive change in the lives of those affected by an acquired brain injury” extends beyond the person with the brain injury, and includes everyone affected including family members, carers, partners, and the wider circle of friends, employers and others.

In pursuit of this mission, Headway provides person-centred services to help people rebuild their lives following injury. These services are based on assessment of a person’s needs and their own goals for recovery and aim to maximise potential and quality of life and promote independence.

We work in a multidisciplinary way, and where necessary link with resources or people with specialist skills not available within Headway. Collaboration is a strong feature of our approach and Headway takes a lead in advocating for better sharing of resources, information and expertise both between voluntary agencies and between the voluntary and statutory services.

In June 2014, Headway succeeded in gaining accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) for our Home and Community and Vocational Services (Brain Injury Speciality Programmes) for Adults. This accreditation decision represents the highest level of accreditation that can be awarded to an organization and shows Headway’s substantial conformance to the CARF standards. An organization receiving a Three-Year Accreditation has put itself through a rigorous peer review process and has demonstrated to a team of surveyors during an on-site visit that its programmes and services are of the highest quality, measurable, and accountable.

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## STRATEGIC PLANNING PROCESS

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**Visions workshop:** This workshop facilitated exploration of a comprehensive long term vision to inform a shorter term strategic plan. Representatives of both the Management Team and the employee body were in attendance.

Through this process, a diagnosis of Headways current position was considered. PESTLE (Political, Economic, Social, Technological, Legal and Environmental) analysis was utilised to consider the external environment. A SWOT based analysis (Strengths, Weaknesses, Opportunities and Threats) was utilised to consider both the external macro environment and the internal organisational environment. Consideration of these outputs informed discussion on which areas could be most beneficially brought into the nearer term strategic plan for Headway.

**Strategic Direction Workshop:** This workshop explored Headways external and internal environment with the aim of developing a guiding direction from which sets of coherent goals could be developed. A clear strategic direction was proposed in order to prioritise strategic objectives and operational goals. This workshop was attended by the full Management Team.

**Board and Management Review Workshop:** This workshop facilitated collaboration between the Board of Directors and Headway's Management Team in relation to the methodology of the Strategic Planning Process to date and the proposed Strategic Direction. Priority areas for objectives were agreed.

**Organisational Workshop:** A companywide day allowed for input from all staff on the output from the Strategic Planning Process to date. Feedback was solicited on the proposed Strategic Direction and Vision, plus consideration of proposed objective areas.

**Goal Planning:** The above workshops were followed up by the Management Team through goal planning work. Each operational goal was assigned a sponsor who developed clear actions and timelines for the goals achievement.

The combined input from the above process is represented in this plan. Of note, stakeholder feedback (client, community and staff) was considered and represented throughout the discussions and planning process. The result is a future orientated plan for interacting with the external environment in order to provide a framework for all managerial decisions and facilitate achievement of organisational objectives.

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## MISSION

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Headway's mission is to bring positive change to the lives of those affected by an acquired brain injury.

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## VISION

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Our vision is for a future where people with Acquired Brain Injury in Ireland can rebuild their lives and meaningful roles in their own communities. Headway's flexible and person centred services will be responsive to the full range of individual's needs at all stages following brain injury, providing the highest standards of rehabilitative support. As a recognised leader in ABI rehabilitation, Headway will heighten communication and awareness of brain injury in Ireland, to shed light on this hidden disability.



Each individual has unique needs following an ABI and the continuum of care needs to be consistent, flexible, adaptable and open. A core characteristic of our organisation is the keeping the persons served at the centre. This is guided by our organisation values of dignity, accountability, respect and responsibility. Integrity is at the very core of what we do.

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## DEFINING THE CHANGING ENVIRONMENT

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### The Social Context

Operating in the community and voluntary sector within Ireland has been increasingly challenging over the last five years. Following a number of high profile financial scandals, public sentiment towards the sector as a whole has taken a downward plunge. Economic recession has had a parallel impact on the level of corporate giving and also on public finance. Though the economic outlook is improving, and Headway has not suffered reputation damage, this has made the funding climate in which Headway operates extremely difficult.

In the public eye, acquired brain injury continues to be a relatively un-recognised phenomenon. This is despite an estimated prevalence over four times that of multiple sclerosis, for example, which puts it on a par with autism. The challenge of

raising awareness of what Headway does and why it does it will clearly remain significant in the short to medium term.

Stroke continues to be perceived as an issue distinct and separate from the public understanding of brain injury. It is also perceived broadly as an issue for older people. However, the increasing number of adults under the age of 65 with stroke is noticeable. This, coupled with the reduced number of injuries due to improved road safety statistics has shifted the emphasis of our work towards dealing with a higher proportion of non-traumatic injuries. Lifestyle and demographic trends suggest that this shift will continue.

Awareness of traumatic injury in the US has increased through the impact of war and the visibility of the military veteran population. There has also been an accompanying boost to research into many TBI topics which will ultimately benefit all. We might hope this level of understanding will travel across the Atlantic in due course.

The attention paid towards sport-related injury from American football, is also being reflected here. An increased focus and public debate about the role of sport in the incidence of concussion and the longer term effects of multiple concussions has put increased focus on the needs of people with mild TBI (mTBI) in Ireland. This is a cohort which Headway has not previously addressed in large proportion. New engagements with major influencers in sports such as Munster Rugby and IRUPA may also result in an increase in this type of referral.

### **The Service Context**

Having a stroke or other brain injury in Ireland remains problematic. All stakeholders have acknowledged large gaps in service provision and geographical inequalities. There is increased pressure on hospitals to discharge early, but waiting lists for inpatient rehabilitation have increased. Community services are under increased pressure dealing with increased caseloads with, in many cases, fewer therapist resources. The financial pressure on HSE budgets has cut the level of home care assistance and impeded access to long term residential care for the elderly. Access to community facilities and transport has also been impacted. Entitlements to mobility grants and housing adaptation have either been removed or made discretionary and difficult to access. The funding of placement in long term accommodation for people under the age of 65 remains problematic leading to difficulties accessing appropriate placements. Services for people over the age of 65 remain generic and in many areas, unavailable in rehabilitation terms.

Services for family members remain sparse, and in a funding context are seen as lower priority by the HSE, if the need is acknowledged at all, though state funding for Headway services has been available in this area through TUSLA, the Child and Family agency.



Whilst the actual services available for traumatic brain injury have remained in many places relatively undeveloped, there have been some improvements in the availability of resources to treat people who have stroke. For example, the success of the HSE National clinical programme on stroke has resulted in more stroke units, better survival rates and better inpatient outcomes. However, the resources needed in the community to support early supported discharge (an approach shown to correlate with better long term outcome) have not (yet) been made available. Neither is there a consistent link between acute and community services such as Headway.

## **The Political Context**

The failure of the Government and HSE to implement the National Neurorehabilitation strategy is perhaps an illustration of the level of state's investment in real change in this area. The strategy, which was conceived without timelines or accountability, has been the subject of disputes between the Department of Health, the HSE Community services and the National Clinical Care Programmes. The implementation of the strategy remained inactive until, following pressure from the sector, commitments to implementation were secured. However, at the date of expiry of the strategy, no plan was in place and the National Clinical Programme for Medical Rehabilitation had managed only to produce a theoretical model of care despite having been in existence for three years. An implementation plan now exists at the time of writing, but with what level of political will and commitment remains to be seen.

Simultaneously, the financially-conceived initiative to save money in health services, the HSE "Value for Money" Review, since retitled "Transforming Lives", has no obvious end point in sight or commitment to real change. Hints from this process and the consultation on Commissioning of Public Service suggest that a move towards a market of person-centred budgets and a service purchaser/provider marketplace (perhaps virtual) are still to be thought of as more of a long term aspiration than an immediate policy shift. Nonetheless, some service contracts are already subject to competitive tendering process and the development of this area is being monitored closely.

Relationships with immediate funders are always vulnerable to initiatives arising at the top of the HSE hierarchy. The increased bureaucracy surrounding service level agreements and the reorganisation of the HSE itself into Community Health Organisations present ongoing challenges. The administrative burdens for compliance with reporting requirements look set to increase.

Other initiatives impacting our work include New Directions, the day service re-configuration project which Headway has welcomed and implemented, and general legislation affecting the sector as a whole, such as charity regulation and lobbying

regulations. The implications of the new Assisted Decision Making Act will also impact on our client group as will new regulations concerning the safeguarding of vulnerable adults.

The merging of the Family Support Agency with the Child Support Agency to become Tusla represents a potential threat to one (relatively minor but still significant) source of funding. The operation of the new agency is being monitored for opportunities and threats.

Finally, the competitive environment remains active. Headway has active collaborations with other agencies and the existence of other service providers in the brain injury space needs careful monitoring. In the absence of any single agency dominating the space, other providers are likely to appear, e.g. Nua Healthcare is one such example.

### **The Research Context**

Development of technologies for better and more rapid brain imaging are having a major impact on the scientific understanding of the brain. Ultimately, this will translate into evidence to inform rehabilitation practice but in exactly what way is hard to predict. For now, the development of technology based platforms for both psychological diagnostics (e.g. online testing tools) and the increasing uptake of app based assistive technology are two trends for Headway to monitor.

Keeping an eye on what works, that is, best practice in rehabilitation is an ongoing task which Headway has in continual focus. Since the production of the seminal guidelines by The British Society of Rehabilitation Medicine (BSRM), National Institute for Clinical Excellence (NICE) and Scottish Intercollegiate Guidelines Network (SIGN) on brain injury rehabilitation, Headway maintains a close watching brief on the area for new innovation and evidence. Alliances and relationships with colleagues and collaborators, such as the National Rehabilitation Hospital, and Headway's accrediting body, CARF, are vital to keeping abreast of developments. Research links with the University College Cork, Trinity College, Dublin and the University of Limerick also continue to inform good practice in Headway as well as provide a connection to students and academics working at the leading edge of both research and clinical practice.

### **Conclusion**

From this environmental survey, it is clear that Headway has much to be proud of in terms of its adaptability and resilience in the face of a challenging funding climate and demands placed upon the service. It is also clear that changes which will impact Headway's service delivery can arise from many quarters. This overview shows the areas that the team is actively monitoring and the strategy which follows takes these influences into consideration.

## STRATEGIC OBJECTIVES 2016 - 2018

The following represent the overall strategic objectives for the upcoming 3-year period.

1. To provide services in line with best practice with an emphasis on quality Improvement.

2. To support and empower clients to maximise their independence by developing meaningful personal, social, rehabilitation and vocational goals.

3. To enhance services provided to existing clients and to develop and expand services to reach new clients.

4. To communicate effectively to enhance awareness of brain injury and support service development.

## OPERATIONAL GOALS

The following operational goals support these objectives and ensure they are supported through appropriate action planning. Detailed goal planning sheets support the implementation of these goals.

### 1. To provide services in line with best practice with an emphasis on quality Improvement.

1.1 Implement all recommendations as per CARF Survey 2014; Complete internal Audit in line with current standards and address findings.

1.2 Prepare for and gain accreditation in July 2017.

1.3 Standardise training materials delivered to clients nationally, and ensure provision of high quality and up to date information, specifically tailored to the needs of those with ABI.

1.4 Promote and develop an outcomes focused culture that ensures the quality and consistency of our measures.

1.5 Ensure compliance with the Accessibility Plan, and in particular, to explore the issue of transport and how it relates to clients, with a view to ensuring that clients are not excluded.

1.6 Develop, implement and evaluate components of a rolling Organisational Training Strategy.

1.7 Develop and implement a Positive Work Environment and wellbeing Strategy.

## OPERATIONAL GOALS

### 2. To support and empower clients to maximise their independence by developing meaningful personal, social, rehabilitation and vocational goals.

2.1 Explore and build opportunities to develop case management services in line with client need.

2.2 Engage with and prepare for all developments in relation to Direct Payments.

2.3 Proactively engage with all developments regarding New Directions.

2.4 Facilitate initiatives to support self - empowerment based on identified client interests.

### 3. To enhance services provided to existing clients and to develop and expand services to reach new clients.

3.1 Explore and pursue all opportunities to provide multi disciplinary input for our clients.

3.2 Engage with Community Health Organisation areas and explore opportunities for service development.

3.3 Explore best practice in community stroke rehabilitation and position Headway in that context.

3.4 Explore opportunities to develop more targeted services for those with mild TBI.

3.5 Develop awareness and understanding of Cultural Competency for staff and clients, identifying cultural barriers and proposing initiatives.

3.6 Produce and deliver a new range of high quality, accessible, Irish brain injury information resources through a variety of media.

3.7 Increase the number of appropriate and timely enquiries, internal and external handled by Information and Support by 10 % per annum.

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## OPERATIONAL GOALS

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4. To communicate effectively to enhance awareness of brain injury and support services development.

4.1 Develop and activate Communications Plan to promote Headway profile as a quality service and increase knowledge of ABI in the Community.

4.2 Grow funding through engagement with existing and new donors and sponsors; secure additional support to continue provision of existing services and development of new services.

4.3 Develop and implement an internal communications platform to inform staff about all activities happening regionally and nationally. Identify opportunities to maximise Headways profile in the community and wider sector.

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## MONITORING THE STRATEGY

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Objectives and subsequent actions will be reviewed monthly at management level and quarterly with the Board of Directors. This strategy is a very much a living document and flexible to account for emergent changes in the environment in which we operate. Objectives and actions will be revised accordingly.