

Queen Elizabeth's Foundation Brain Injury Centre

**Inspection of FEFC-funded provision in
non-sector establishments for students with
learning difficulties and/or disabilities**

September 2000

**REPORT FROM
THE INSPECTORATE
2000-01**

***THE FURTHER EDUCATION
FUNDING COUNCIL***

The Further Education Funding Council has a legal duty to secure provision for individual students in England with learning difficulties and/or disabilities where sector provision is inadequate. When it exercises this duty, the Council makes a contract with the establishment making the provision. The contract includes the right of inspection.

College inspections are carried out in accordance with the framework and guidelines described in Council circulars 97/12, 97/13 and 97/22. Inspections seek to validate the data and judgements provided by institutions in self-assessment reports. They involve full-time inspectors and registered part-time inspectors who have knowledge of and experience in the work they inspect.

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GRADE DESCRIPTORS

The procedures for assessing quality are described in Council Circulars 97/12 and 97/22. During their inspection, inspectors assess the strengths and weaknesses of the curriculum and other aspects of provision they inspect. Their assessments are set out in the report. They use a five-point scale to summarise the balance between strengths and weaknesses.

The descriptors for the grades are:

- *grade 1 - outstanding provision which has many strengths and few weaknesses*
- *grade 2 - good provision in which the strengths clearly outweigh the weaknesses*
- *grade 3 - satisfactory provision with strengths but also some weaknesses*
- *grade 4 - less than satisfactory provision in which the weaknesses clearly outweigh the strengths*
- *grade 5 - poor provision which has few strengths and many weaknesses*

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Summary

Independent Establishment 04/00

Inspection of FEFC-Funded Provision in non-sector establishments for students with learning difficulties and/or disabilities.

Queen Elizabeth's Foundation Brain Injury Centre, Surrey

Inspected September 2000

Queen Elizabeth's Foundation Brain Injury Centre is situated in North East Surrey. It is a specialist residential centre for the full-time rehabilitation and assessment of young adults who have acquired disabilities as a result of brain injury. The centre is part of Queen Elizabeth's Foundation. It is registered under the 1984 Registered Homes Act with Surrey County Council. The centre aims to 'explore and develop the potential of each of our clients during rehabilitation after brain injury.' Their goal is 'for clients to increase their independence and regain their autonomy'.

The centre has places for 28 students. At the time of the inspection, 23 students were on the register. Two students are funded by the FEFC. Both are over nineteen. One student lives locally and attends daily. The rehabilitation programme usually lasts between one and two years. The provision includes occupational therapy, emotional therapies, cognitive therapies, recreation, physiotherapy and further education, including the teaching of independent living skills, key skills, pre-vocational skills, communication skills and the

development of recreation and leisure activities. The self-assessment report was developed by the head of education. Inspectors agreed with the overall grade, but considered that some strengths were overstated and identified some additional weaknesses. Some of the weaknesses identified in the report were already being addressed.

Queen Elizabeth's Foundation Brain Injury Centre has comprehensive base-line assessment arrangements. Programme planning and review procedures for individual students are good. There is some good teaching which takes into account the individual learning goals of students. Specialist support, including emotional and social support for students, is good. Some of the quality assurance arrangements are underdeveloped. There is insufficient planning and liaison in some lessons. Some programmes and students' work are adversely affected by the concern to meet accreditation requirements. Educational support procedures, such as induction, career development and transition planning, need further development.

The work funded by the FEFC was judged to be satisfactory provision, with strengths but also some weaknesses, and was awarded a grade 3.

Context

The Establishment and its mission

1 Queen Elizabeth's Foundation Brain Injury Centre is part of Queen Elizabeth's Foundation. Its aim is 'to explore and develop the potential of each of our clients during rehabilitation after brain injury.' Its goal is 'for clients to increase their independence and regain their autonomy'. At the time of the inspection, the college had 23 students, two of whom were funded by the FEFC. Both students were over 19. One was a resident student and the other a day student.

2 The centre is a specialist establishment which provides residential and day placements for young people whose acquired disabilities are the result of brain injury or neurological disorders. Disabilities include learning difficulties, some of which are complex, physical disabilities and behavioural difficulties. The centre does not provide for students with severe challenging behaviour or those requiring medical or nursing care. The centre is governed by Queen Elizabeth's Foundation, a registered charity, limited by guarantee. The centre manager reports to the chair of the executive committee through the Chief Executive Officer. The centre's finances are managed by the Queen Elizabeth's Foundation. The Centre is registered under the Registered Homes Act (1984). Its most recent review was in April 2000.

3 The students' programme is multi-disciplinary. Education is one part of the rehabilitation programme. For most students, the programme comprises eight elements: creative therapy; cognitive therapy; occupational therapy; speech and language therapy; physical

therapies; key skills; pre-vocational skills; and leisure and recreation activities. These elements are provided by different departments. A multi-disciplinary team drawn from each department plans each student's programme and monitors their progress. Each student has an individual programme which is regularly reviewed. Where appropriate, students attend local FE colleges. At the time of the inspection, neither of the two FEFC-funded students was attending a local college.

The Inspection

4 The inspection was carried out by two inspectors over two days. Eight observations were made across the students' programme. Discussions were held with students, the principal, the psychologist, the social worker, a key worker, a programme tutor, the head of education, a rehabilitation assistant, the independent living skills co-ordinator, the head of creative therapies, leisure staff and teachers. Centre documentation, including students' files, was examined.

Curriculum

Grade profile of lessons observed

Grade	1	2	3	4	5
Number of lessons	2	2	4	0	0

5 Of the lessons observed, 50% were judged to be good or outstanding. This is below the national average of 65% for all colleges inspected in 1998-99, as reported in *Quality and Standards in Further Education in England 1998-99: Chief inspector's annual report*. No lessons were judged to be less than satisfactory or poor.

6 The procedures for baseline assessment, programme planning and review are comprehensive. The centre makes use of information from a range of specialist sources about the nature of the disability following brain injury which the students have. Following a two-day initial assessment, the centre psychologist oversees the multi-disciplinary assessment, which is carried out over eight weeks. The base-line assessment includes cognition, social and emotional issues, communication, and physical and functional skills. At the end of the eight weeks there is a multi-disciplinary case conference to discuss the students' programme. Each department uses the base-line assessment when agreeing individual departmental action plans and targets with students. An individual action plan includes targets for cognitive therapy, physical progress, independent living skills, mobility and community access, creative therapy, leisure and recreation and pre-vocational skills. The initial assessments for reading and reading skills are not age-appropriate. There are three-monthly reviews and six-monthly formal reviews

of students' progress, with revised targets agreed with the student.

7 Staff are committed to improving assessment and programme planning. The assessment team has recently piloted revised individual action planning procedures with some students, including the FEFC-funded students. Under these revised arrangements, generic goals are agreed and all departments use these to inform their action plans. Compensatory strategies to help with issues such as 'remembering information from day to day', have been introduced to guide staff across all disciplines. These procedures provide a more cohesive programme for each student than previous arrangements in which each department developed individual targets in relation to departmental requirements. This was identified as a weakness by the college in its self-assessment report and the new procedures address this. Inspectors observed some examples of staff in different departments addressing the agreed generic aims with students. At the time of the inspection these procedures were too new to evaluate fully.

8 The education centre is responsible for the students' education and pre-vocational programme. This includes literacy, numeracy, information technology and practical skills. Since the previous inspection, the basic skills programme has been developed further. The centre has introduced opportunities

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for accreditation and made links with local FE colleges. The targets set for the educational elements of the students' individual action plan are dominated by the criteria for accreditation, rather than the individual learning needs of the students. This weakness was not identified in the self-assessment report.

9 All the teaching observed was at least satisfactory and some was very good. The most effective teaching occurred when the students were learning through 'real life' activities related to their individual action plan. For example, in one lesson a student was gaining cooking skills with a view to living independently, by cooking and serving lunch for four people. The student had an individual prompt sheet attached to the menu devised specifically for his level of cognition at this stage of his recovery. The lesson included generic objectives linked to his speech therapy, occupational therapy and educational targets. There was a strong emphasis on the student developing self-autonomy through decision making, problem solving and working with others. Good anticipation by staff of the need for support enabled the student to succeed. The best teachers keep students involved in learning by providing a variety of activities through which students progress, moving from one activity to another at an appropriate pace. In the best lessons, teachers made good use of materials specific to the students' interests.

10 Teaching is less effective when the aims and objectives for the lesson are linked to the requirements of external accreditation rather than the learning needs of the student. In some lessons

there had been insufficient preparation for the task set. There is some poor lesson planning. In one literacy session, a student was asked to wordprocess a letter. There had been insufficient preparation of the letter content. The student was confused by the combination of coping with the syntax and vocabulary of the letter, and the wordprocessing requirements. Emphasis was on task completion rather than the processes of learning. In one cookery lesson, there had been insufficient liaison between staff. The student was not able to read the recipe sheet or the instructions on the packet sufficiently well to understand what was required of him. His previous lesson had been in literacy. Opportunities to link the two were missed. These weaknesses were not identified in the self-assessment report.

11 Procedures for assessing and recording students' progress are good. There are weekly multi-disciplinary meetings to discuss students' progress. A particular feature of the rehabilitation process developed at the college is the requirement for students to evaluate their own progress at every stage. Each student carries a personal file. This serves as a memory aid and also records the progress they make towards achieving their core objectives. The file contains the individual timetable, progress sheets, confidence and stamina report forms, minutes of the previous case review and exercise sheets. This file provides an effective record of the student's daily achievements across the programme. For example, one student had written in his confidence record that he had successfully spoken to a cashier at the bank. Individual lesson planning and recording is less effective. Some lesson

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plans record tasks to be undertaken, and are not written for a specific student. Records of lessons indicate the activities undertaken by the students and do not record what they have learned.

12 Students' work is well presented and organised. However, there is little evidence of staff marking work or giving feedback on progress to the student. The majority of the comments are for the purpose of the external assessment rather than to help the student to improve his or her performance. Previous work in students' files included assignments that were contrived in order to meet accreditation requirements. There are insufficient examples in numeracy files of links with personal interests or functional activities in other areas of the students' day to day experience. This weakness was not identified in the self-assessment report. Students are entered for awards which are unitised or modular, and are entered for units when they are at the appropriate level. This helps to build students' confidence and allows for variations in their progress. Student destinations are recorded. Three FEFC-funded students left during the last academic year. One moved on to a behavioural unit intending to apply for sector college entry in September 2000, and two moved on to sector colleges .

Other Aspects of Provision

13 Multi-disciplinary support for students is good. Inspectors agree with the self-assessment report that support relating to students' care and rehabilitation needs is well developed. Each student has a manual handling risk assessment and an individual care plan related to daily living requirements. Students are allocated a key worker and an associate key worker, who work closely with them to help them with their personal care needs and encourage independence. Where appropriate, the programmes are guided by occupational therapists, who sometimes teach daily living skills. Students also have physiotherapy, speech therapy and access to personal counselling. The social worker is available to help with issues such as benefits. The creative therapy department provides psychotherapy through art, music and drama. There are sessions on brain injury awareness and a social skills development group. There are regular multi-disciplinary meetings to discuss students' progress. There are morning staff meetings to discuss any pressing issues. This is followed by a meeting with students.

14 Support procedures for some aspects of educational provision are less well-developed. Inspectors agreed with the centre that the formal links between the key-worker and the programme tutor need further development. The programme tutor sees the student on a weekly basis to discuss students' progress. The meetings between the key-worker and the programme tutor are informal. A key-worker of one of the two FEFC-funded students did not know who the programme tutor was. There is no formal induction programme. Students start on their programme

straightaway. The centre is aware of this weakness, which was raised in the previous inspection report, and a programme is currently being developed. Provision of careers advice has improved since the previous inspection. There is a careers library, staffed by the education team. Each student sees a qualified careers adviser once during the programme. This is insufficient for the students, most of whom want to return to work or further study. The transition programme for students to prepare them for leaving the centre is still in the process of being developed.

15 The leisure and recreation department offers activities outside the daily timetable. The self-assessment report identifies that there have been problems with staff changes and the lack of clarity in the identification of roles. In the months leading up to the inspection, responsibility for leisure development was taken over by two members of staff, who are developing a programme based on student need, rather than the provision of activities. They are encouraging students to take responsibility for planning activities themselves, and have piloted a leisure needs analysis for individual students. Eighty percent of students attended the leisure planning evening. They are making closer links with educational activity. For example, students have started a newsletter, which will involve practical application of key skills. It is too soon to evaluate the effectiveness of the new arrangements.

16 The accommodation is satisfactory. There is wheelchair access to student areas, and clear directional signs to the different areas of the campus. There are single study bedrooms for

Other Aspects of Provision

students. There are also some independent flats and a communal house. All are in the main body of the campus and easy to reach. Some areas need upgrading. For example, a flat for independent living did not contain shower or bathroom facilities and the sink area could not be used as the work-top was rotting. Teaching resources are not always sufficient. In one session, a flip-chart had to be leant against a wall as one leg was shorter than the other. The teacher had to kneel to write on the chart. There was no space to display visual aids required for the session. In Information Technology, the lesson content was dictated by the number of machines with appropriate software. This weakness was not identified in the self-assessment report. Staff are well-qualified in their specialist areas and some are members of professional bodies.

17 The quality assurance arrangements are underdeveloped. The arrangements for monitoring and recording individual students' progress are good, but the procedures for overall quality improvement are not sufficiently rigorous. There are no annual planning and review procedures for the centre. There is no teacher observation scheme. Opportunities to share good practice across the departments are not taken. There is no formal system for analysing the education programmes. Comments written by students on their evaluation sheets are not analysed and used to plan improvements. There is a well-developed staff development programme for rehabilitation and care, particularly for new staff. Individual training needs are not systematically linked to appraisal in order to develop whole college training plans. There are appropriate

policies in place for a residential centre. A complaints procedure and a students' charter have been introduced by the centre since the previous inspection. Other policies are mainly those developed by Queen Elizabeth's Foundation for its centres. Some policies have not been updated since 1995. The equal opportunities policy is in the process of being updated so that it relates to students. It is not monitored.

18 The senior management team currently comprises the centre manager and six staff members. Twelve members of staff currently report to the centre manager. There are plans to restructure the reporting lines. The multi-disciplinary senior team works well to support students.

Conclusions

19 **Key strengths**

- thorough base-line assessments
- effective recording and review of students' progress
- good specialist support for individual students
- some good teaching that meets students' learning needs

20 **Weaknesses**

- underdeveloped transition arrangements
- no formal student induction programme
- over-emphasis on accreditation requirements in basic skills
- underdeveloped quality assurance arrangements.