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POSTER ABSTRACT

Exploring the value of Acquired Brain Injury Case Managers in Ireland's neurorehabilitation pathway

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Synopsis: A qualitative research project to gain insight into the value of case managers as facilitators of an integrated rehabilitation care pathway for people with an acquired brain injury.

Background: In Ireland, Acquired Brain Injury Ireland, a non-profit organisation, provides community-based residential rehabilitation services for people living with an acquired brain injury. Case Managers (CMs) are a crucial, yet under-resourced component of the neuro-rehabilitation pathway. The CM role has been variably defined, and evidence of its impact is limited. This study (Funded by Acquired Brain Injury Ireland (ABII)) aimed to clarify the role and value of ABII CMs within the context of Ireland's neurorehabilitation system.

Approach: The research study was co-designed in collaboration with senior ABII research staff. After conducting a narrative review of the international literature to understand how case management for people with acquired brain injuries is defined, five focus groups with 23 participants were conducted. Participants included ABI CMs, interdisciplinary neurorehabilitation professionals, and referring clinicians. ABII acted as gatekeepers in the recruitment of internal CM staff, whereas we employed an open call to referring clinicians and other neurorehabilitation professionals. Transcripts were analysed thematically in NVivo.

Results: Four core themes emerged in the analysis:
1)The ABI CM role is highly dynamic and variable, and standardisation is difficult, particularly because under the current system, the role exists both as a standalone service within ABII and as an integrated component of Health Service Executive (Ireland's public health service) disability teams.
2)The flexibility and adaptability of the CM role are both its strengths and its weaknesses. The neurorehabilitation system in Ireland is scattered across public, private, and not-for-profit charity providers. Participants highlighted that CMs often act as the "glue" holding rehabilitation journeys together, but the role is vulnerable to under-recognition and burnout in the absence of structural supports.

3)The CM intervention was described as transformative for the service user and an invaluable asset to the team, but it lacks appropriate funding and support from the health system. Although the service has expanded in recent years, a significant portion of the population remains without access, as ABII Case Managers are currently operating in only 12 of Ireland's 26 counties.
4)Supervision, training, and peer support are identified as facilitators alongside personal grit and resilience. Barriers include navigating the fragmented health system, alongside historical underfunding and delayed progress in the rehabilitation system.

Implications: •ABI CMs are crucial connectors within Ireland's neurorehabilitation networks, bridging acute and community care to enable truly integrated, person-centred pathways. The CM role is greatly valued by clinical colleagues and service users.
•The fragmented service delivery of acquired brain injury rehabilitation in Ireland means CMs are often required to bridge structural gaps with limited institutional support.
•The research informs policymakers of the need for national investment in a consistent ABI CM framework, equitable service coverage, and integration within fully resourced interdisciplinary teams, which are essential steps to realise the potential of case management as a cornerstone of Ireland's neuro-rehabilitation strategy.