# Brain injury and street homelessness

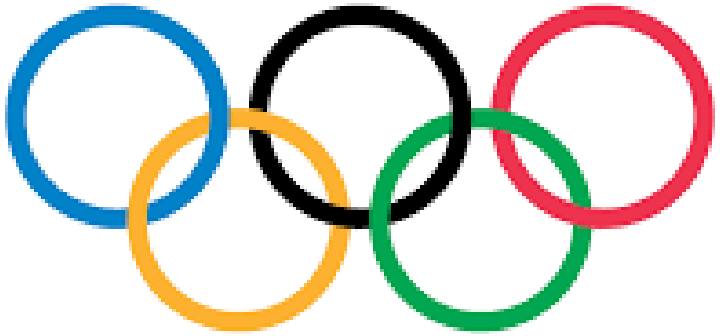
## *Update from the frontline.*

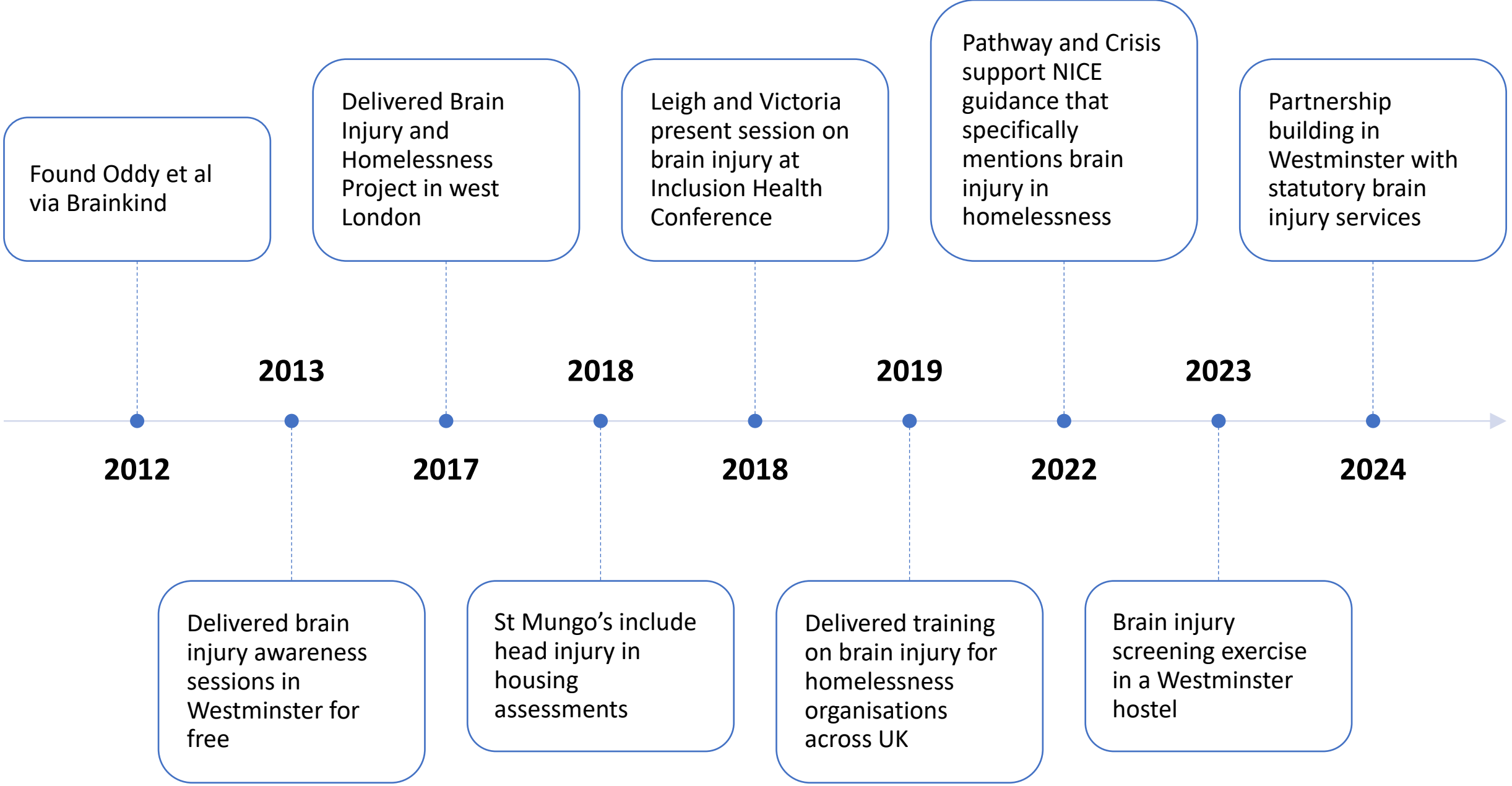
**Leigh Andrews, Head of speech and language therapy, Change Communication**

**Victoria Aseervatham, Westminster City Council, Housing Needs**

**Jennie Fortune, Blue Light Project Lead, SHP**

**Kaliyah Lacey, Project Worker, Look Ahead**




Found Oddy et al via Brainkind
2012
Delivered brain injury awareness sessions in Westminster for free
2013
Delivered Brain Injury and Homelessness Project in west London
2017
St Mungo's include head injury in housing assessments
2018
Leigh and Victoria present session on brain injury at Inclusion Health Conference
2018
Delivered training on brain injury for homelessness organisations across UK
2019
Pathway and Crisis support NICE guidance that specifically mentions brain injury in homelessness
2022
Brain injury screening exercise in a Westminster hostel
2023
Partnership building in Westminster with statutory brain injury services
2024

# What has the street homelessness sector learned?

- We routinely think about brain injury.
- Brain injury is not TBI alone.
- Brain injury is leading to homelessness in some cases.
- Clients with brain injury usually had no neuro-rehab.
- Drugs, alcohol and mental illness complicate assessment.
- A lack of significant others in a brain injured person's life complicates assessment.
- It is challenging to access all mainstream brain injury services for this group.
- There are things that homelessness settings can do to help people with brain injury in their services.
- There is learning for mainstream brain injury services about the risk and experience of homelessness for their patients.

# Brain injury screening in a Westminster hostel:

# Commissioner overview

Average age = 54

57% had experienced head injury

46% more than one head injury

No one in contact with community neuro-rehab services

45% of people experiencing homelessness in the Westminster rough sleeping pathway who died over the last 4 years, experienced head injuries, of which 35% were diagnosed.

# Brain injury in a Westminster hostel:

# Project worker perspective

What is hostel like e.g. bed spaces, layout, rooms, privacy.

Brain injury problems in a hostel environment e.g. misunderstandings.

Losing contact with family.

Trying to get help for brain injury with this group – barriers and facilitators.

# Supporting brain injury in change resistant drinkers:

# Blue Light overview

**Blue Light clients at point of referral**

- Not engaging with any professionals or services
- High risk of becoming homeless
- Multiple unmet health needs
- Socially isolated
- Multiple contacts with public service but engagement is often disruptive and their needs continue to go unmet:

  - Attending Emergency departments regularly but not remaining to complete assessments or receive treatment.

  - Multiple daily police contacts

# Supporting brain injury in change resistant drinkers 1

**Fast foward after working with blp**

- All constructively engaging with relevant professionals and service
- All in secure accommodation
- Their contact with public services ie, police, ED and LAS negligible.
- Less isolated

# Supporting brain injury in change resistant drinkers 2

**What makes a difference**

- All our clients may be experiencing cognitive impairment – consider in all our interactions.
- We give lots of space for supporting engagement – go slow.
- Collecting clients for their appointments.
- Allowing at least 45 minutes with client prior to needing to leave to get to the appointments.
- Returning after 5 /10 minutes with a cup of tea if client was initially resistant to attend.
- Consider supporting in pairs.

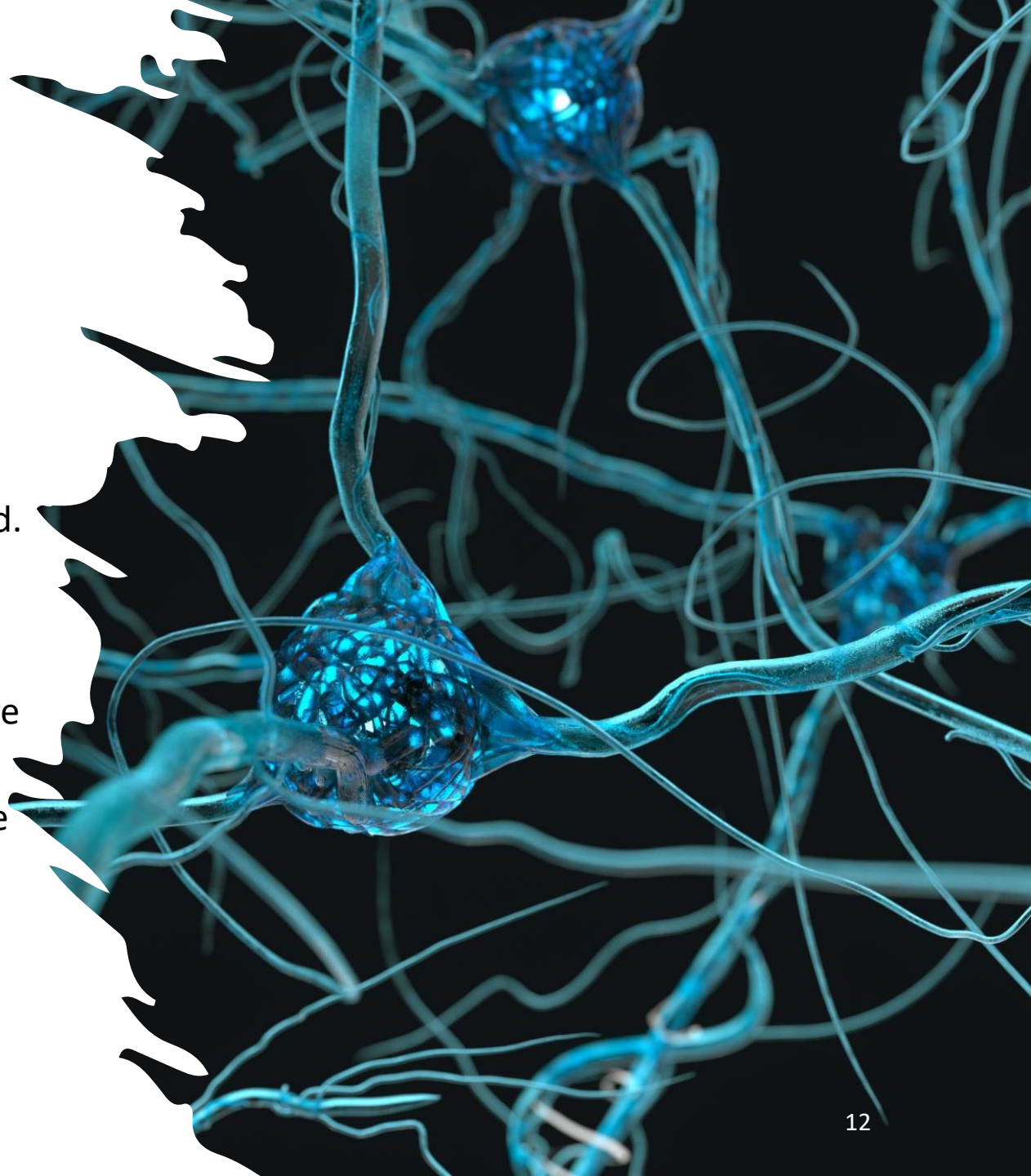
# Supporting brain injury in change resistant drinkers 3

**Practical**

- Dementia clocks
- White Boards to write messages, reminders, appointments
- Weekly planners
- Visual picture plans
- Greeting cards  rather than formal scary letters
- Photos
- Simplified consent forms
- Identity bracelets
- Pictures rather than words for visual orientation
- Avoid warnings for unwanted behavior
- Advocacy with other service providers to encourage engagement.
- We encourage hospital and custodial sentences to be person centered rather simply dealing with immediate presenting issue.

# Key messages

- Risk of homelessness after neuro-rehab - an unfolding story:
- Cumulative micro failures.
- Loss of family, friends and colleagues over time.
- Falling into cracks - no one can see them any longer.
- Vulnerabilities amplified - risk, neglect, predators attracted.
- Pushes people to the peripheries – desperation.
- Easy to lose sight of the brain injury.
- Austerity impact on criteria to access health and social care and family support.
- Confidence of mainstream services in working with people who have been street homeless with addictions.
- Missed opportunities to remove people from a rough sleeping lifestyle following brain injury whilst homeless.



# The Ask

| Read | Learn | Train | Highlight | Ask questions | Consider | Donating |
|---|---|---|---|---|---|---|
| Read our report on the BISI screening. | Undertake Fairhealth online free homelessness training<br><br>https://www.fairhealth.org.uk/course/student-guide-homeless | Undertake Blue Light training<br><br>https://alcoholchange.org.uk/help-and-support/training/for-practitioners/award-winning-blue-light-training-programme-1-day-bestseller | Raise issue of homelessness and ABI to your clinical networks using Chan et al 2023.<br><br>https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(23)00329-2/fulltext | Ask about housing security and future housing plans in neuro and rehab settings. | Consider providing information about preventing homelessness to significant others. | Clocks<br>White boards<br>Pens<br>Note pads<br>Post its<br><br>etc. to homelessness services. |

# Contact

- leigh.andrews@chgcomm.org
- vaseervatham@westminster.gov.uk
- jfortune@shp.org.uk
- kaliyahlacey@lookahead.org.uk