

Brain Injury and Homelessness

Context

It is recognised that people experiencing homelessness have some of the worst health outcomes of any community of people. One of the underpinning issues is the high levels of prevalence of traumatic brain injury (TBI) within the population impacting on the ability of individuals to take up the health and care support that is offered to them. Studies have estimated that 48% of the homeless population has a brain injury (Disabilities Trust 2015), with the majority (90%) indicating they had sustained their first traumatic brain injury before they became homeless. These individuals can present as extremely vulnerable, with a range of complex needs, often requiring the expertise of a range of specialist teams. The challenges this group of people experiencing homelessness face are often exacerbated by systems in place that can exclude them further. Typically, rough sleepers and hostel dwellers find it virtually impossible to access brain injury services. Barriers are experienced by both sides, homeless people find it hard to reach and engage in services, and non-specialist services find it hard to include the homeless community. Illustrative responses from staff supporting people experiencing homelessness on the ground include:

- ‘we have to think of the other vulnerable people we support’.
- this person has ‘no rehab potential’.
- ‘why don’t you try mental health / adult social care / learning disability services’.

The challenge is to provide a joined-up approach that acknowledges the specific needs of people experiencing homelessness and brain injury, and promotes successful long term outcomes through addressing the health inequalities the population experiences.

There is evidence of how effective this practice can be ([Pathways 2020](#)), demonstrating how multi-agency and specialist health interventions for people experiencing homelessness make a significant difference to health outcomes. The interventions can work to resolve homelessness, leading to decreased costs across health and housing.

Aspirations

- To understand the prevalence of brain injury in people experiencing homelessness, taking account of both acute traumatic brain injury, and mild to moderate brain injury that mostly occurs over a period of time.

- To contextualise the prevalence of brain injury in the wider challenges people experience, including substance misuse, mental health and other health related inequalities to inform system development.
- To reduce the number of people in the system by providing earlier brain injury interventions, for example in supported accommodation, to keep them safe and address the specific support needs an individual with a brain injury may have to prevent them from becoming homeless.
- To raise brain injury awareness and identification, in line with the upcoming ABI strategy, as part of an integrated services model response to homelessness.
- To include rehabilitation post brain injury as part of the multi-agency, specialist health intervention for people experiencing homelessness as outlined in the NICE guidelines on homelessness.

Brain injury and homelessness proposals

The following proposals are in keeping with current NHS and social care reforms, but provide the specific system reform to address the gaps in brain injury awareness and tailored services for the homeless population.

1. **Support research** into the prevalence of brain injury in people experiencing homelessness through a variety of routes, including:
 - brain injury screening for people experiencing homelessness when they access health services, typically at A&E.
 - screening for people who are rough sleepers, hostel dwellers, and those that do not engage with services.
 - develop a holistic screening model that covers brain injury, substance misuse, and mental wellbeing in one screening tool.

Proposal for DLUHC: **Support and fund a brain injury screening pilot project building on the findings of the Disabilities Trust original work, and in partnership with Pathways hospital team.**

2. **Raise awareness** of brain injury across all partners involved in delivering services for people experiencing homelessness. In a poll of health professionals conducted by The Disabilities Trust, we identified that confidence in health professional's own ability to provide treatment for patients with BI was at 32%. When asked what would help build their confidence, 63% said further training. Examples could include:
 - online / face to face training for healthcare professionals, and the wider group of professionals supporting the homelessness sector.

- pilot a regional brain injury co-ordinator role to offer information, advice and guidance to all partners.

Proposal for DLUHC: **Support, in partnership with DHSC, the roll-out of brain injury awareness training across professionals within the homelessness sector, and healthcare professionals.**

Fund a pilot to trial regional brain injury coordinator role.

3. Working with the Single Homelessness Accommodation Programme to **pilot a specific housing and support pathway** for people with a brain injury experiencing homelessness. Underpinning this approach is:
 - Increased recognition of the importance of adopting a multi-disciplinary biopsychosocial perspective focused on improving adjustment, social participation, and wellbeing.
 - Understanding and measuring the impact of this approach to improve services and develop best practice.

Proposal for DLUHC: **Support a housing and support pathway pilot, facilitating a partnership between SHAP, The Disabilities Trust, and Pathway**

4. **Roundtable** – to bring together all the active partners representing central and local government, and the third sector to share and develop knowledge and expertise. This could include:
 - Draw out learning from the data / evidence.
 - Discuss effective practice.
 - Establish joint priorities and support the removal of barriers to effective working.

Proposal for DLUHC: **Commission a roundtable to bring together key partners working for people who are experiencing homelessness and brain injury.**



Evidence shows that homeless people are more than twice as likely to have suffered a traumatic brain injury. Most of the homeless people interviewed had received their first injury before they became homeless, revealing a possible causal link between brain injury and homelessness.

