



## Brain Injury Linkworker Report: Leeds Community Homeless Service

2016 saw the completion of a four year pilot by The Disabilities Trust Foundation to support homeless people with brain injuries. The Foundation team provided a Specialist Brain Injury Linkworker service to work alongside health professionals in the community of Leeds. A total of 45 homeless people aged 18 to 63 years old were supported by the Linkworker over the period June 2014 to June 2016. The findings presented here are based on the 45 people supported throughout the pilot<sup>1</sup>.

**“The Linkworker service has opened up a whole new avenue of support and has allowed us to provide a more holistic service to our clients. The specialist knowledge that the Linkworker can provide has enabled us to make referrals on to NHS services in particular. Without this knowledge we would not be able to secure much needed rehabilitation placements for service users”<sup>2</sup>.**

### Profile Of The Homeless People Supported

- 98% had sustained moderate to severe Traumatic Brain Injuries. (9% had sustained an Acquired Brain Injury)
- 82% lost consciousness as a result of their injury<sup>3</sup>
- Mean age at first head injury: 16 years<sup>4</sup>
- Mean number of head injuries: 3 injuries<sup>5</sup>
- 60% had a forensic history<sup>6</sup>, of whom;
  - 33% have received a custodial sentence
  - Offences committed included non-violent (25 offences), violent (29 offences), and sexual (1 offence)

### Cause of injury included:

Assault	29 injuries
Road traffic accidents	16 injuries
Fights	16 injuries
Falls when sober	5 injuries
Falls when under the influence	4 injuries
Stroke	4 injuries
Sports injuries	3 injuries
Domestic violence	2 injuries <sup>7</sup>



### Service delivered

Homeless people were identified using the Brain Injury Screening Index (BISI®) and an integrated care pathway developed.

- Average length of time a homeless person spent in Linkworker service was 73 days (10 weeks)<sup>8</sup>
- Mean number of sessions per homeless person was 9<sup>9</sup>
- The number of sessions per homeless person ranged from 1 to 104, although the client who received this large number of sessions was an exceptional case

Many homeless people were identified, through assessment, to have 'cognitive impairments' with a range of problems identified; memory (87% of homeless people supported), attention (76%), language (40%), organising & planning (29%), impulsivity (18%), and problem solving (16%). There were also a range of mental health and emotional problems identified, including; low mood (69%), anxiety (62%), motivation (24%), and confidence (13%). Problems in these areas are likely to have a detrimental effect on engagement with other services such as community mental health and drug and alcohol teams, and the ability to maintain tenancies and education and employment.

The Linkworker provided interventions and strategies, most commonly to address memory, attention, anger, organising and planning, and anxiety. Interventions were tailored to suit individual needs and included psychoeducation, the introduction of diaries to explore triggers for anger and anxiety, relaxation techniques to combat stress, diaries and planners in order to structure time and aid memory and organisation and tasks to practice attention and memory techniques. Psychoeducation and brain injury awareness training enabled people to understand

the impact of their brain injury and as a result made it easier to manage their problems.

Discharge reports were prepared to summarise their identified problems, their achievements towards addressing these problems and areas for continued development.

Professionals working with the homeless received training, suggestions and guidelines ('Portable Profiles') on how to better manage and support the person. The 'Portable Profiles' provided information and advice for others around the nature of the person's problems, such as memory, anger and impulsivity as well as practical guidance for supporting the individual accordingly.

Referrals to other organisations and professionals were made to facilitate access to essential services. Improvements for young people were seen, for example, as a result of referrals to the Community Neurology Team and Social services for more long term and intensive support for head injury and learning disability.



“The service made it easier to offer clients a professional service, with the Linkworker accessing medical records and undertaking relevant assessments that staff would not have knowledge for. Being able to consult, discuss, plan and iron out difficulties together has been helpful. For example: The Linkworker has been able to formally assess difficulties that I have identified when trying to support an in house volunteer with a brain injury – following Linkworker intervention this client and I have a clear pathway to ensure that she can sustain her volunteering as appropriate strategies are now in place to deal with tasks she finds hard.”

**“The Brain Injury Unit provides vital support to our residents who have suffered an injury to their head.”**

“Great signposting to other external support networks where appropriate.”

**“I could not rate highly enough. I became more knowledgeable around working with brain injury cases which was something I knew very little about. The Linkworker was flexible, extremely professional and worked relentlessly to achieve a positive outcome for the client - great partnership working!”**

### Training

Training sessions were delivered to professionals within a number of organisations in Leeds working with the Homeless<sup>10</sup>, allowing the service to support people with brain injuries who may not have been able to access the service directly. The training raised awareness of the problems people can face if suffering from a brain injury, provided practical advice on how best to support them and this resulted in numerous referrals to the service.

### Stakeholder feedback

Comments from the people supported were favourable with a therapeutic relationship often formed. This is evidenced particularly in those cases where the person overcame initial resistance to engage with the service as a result of the Linkworker’s approach. The relationship also meant that they were able to listen and accept comments from the Linkworker about their challenging behaviour.

Professionals working directly with the Linkworker were invited to respond to a service evaluation survey<sup>11</sup>. 80% of respondents reported that the service was ‘very valuable’. Respondents stated:

**“I have been able to discuss problems with [my] Linkworker and be fully involved in client progress – this has been particularly useful when clients have particularly complex needs as the professional assessments prove invaluable”, and “we share information about the client and vice versa which means that the best support is offered to them”.**

80% of respondents also reported that they had a better understanding of brain injury after working with the Linkworker. Respondents were also invited to comment on the impact of the service.

### Case study

Bethany\* sustained a brain injury at the age of seven when she was hit by a van as she was crossing the road. Bethany can't remember what happened but has been told by her family that she was taken to the Leeds General Infirmary where she had surgery and this subsequently resulted in her being in a coma. Following her head injury she became more aggressive and she struggled in school. As an adult Bethany has low confidence in her abilities, she will often say "there's no point telling me, I won't remember". Bethany has had a chaotic adulthood including being in custody and her children being taken in to care. When she was referred to the Brain Injury Linkworker, Bethany was living in a flat with her partner and was volunteering as a cleaner at a homeless hostel. Bethany reported difficulties in her relationship including difficulties with managing her temper; in addition she struggled to cope with the demands of volunteering - often becoming distracted and causing disruption to the staff team, and this led to the hostel team asking Bethany not to return for volunteering.

The Brain Injury Linkworker conducted assessments of Bethany's functioning including a cognitive assessment and observations while she volunteered. From these assessments it was evident that Bethany had deficits in her memory, attention and executive functioning ability. This meant that she was unable to remember what people told her and was less able to plan and organise her tasks. In addition it was evident that Bethany would become easily frustrated and find it difficult to control her emotions at times.

The Brain Injury Linkworker has provided advice and recommendations to the staff team at the hostel on how to better manage Bethany's behaviour. This has meant that she has been able to come back to the hostel to volunteer, which is important for Bethany as she has little other meaningful activity in her life. Bethany has also been able to acquire a part time cleaning job which she has been able to maintain for a number of months so far. The Linkworker has also been helping Bethany with her anger management issues, being able to identify her triggers and how to behave when they arise. This will enable her to have a more stable relationship. Bethany has also been accepted by the Community Neurology Team for more long term support.

1. The Community Linkworker service was delivered from June 2014 to June 2016.
2. Stakeholder Feedback survey conducted June 2015
3. Base: 17 people.
4. Base: 22 people.
5. Base: 42 people.
6. Base: 15 people.
7. Base: 45 people with one or more brain injuries. A further three injuries had 'other' causes including epilepsy, brain haemorrhage and being in the armed forces.
8. Base: 34 people
9. Base: 43 people.
10. Nationally The Disabilities Trust Foundation delivered brain injury awareness training to 1000 professionals prior to 31 December 2015
11. Online survey in 2015, 5 respondents.

### Further Information

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