Homeless and brain injured:
Development of a pilot case management service

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Homelessness and Traumatic brain injury

Many studies have shown an association between traumatic brain injury (head injury) and homelessness.

The majority of homeless adults report having had one or more head injuries

The majority report their first head injury occurred prior to becoming homeless.

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Interventions with homelessness

- Integrated care models for homeless help improve health and social function
- Pilot specialist treatment programmes for homeless who have substance misuse/mental health issues
- No UK intervention programmes for homeless with brain injury
- Proactive case management
  - Brain injury support
  - Interagency liaison
  - Signposting and follow up

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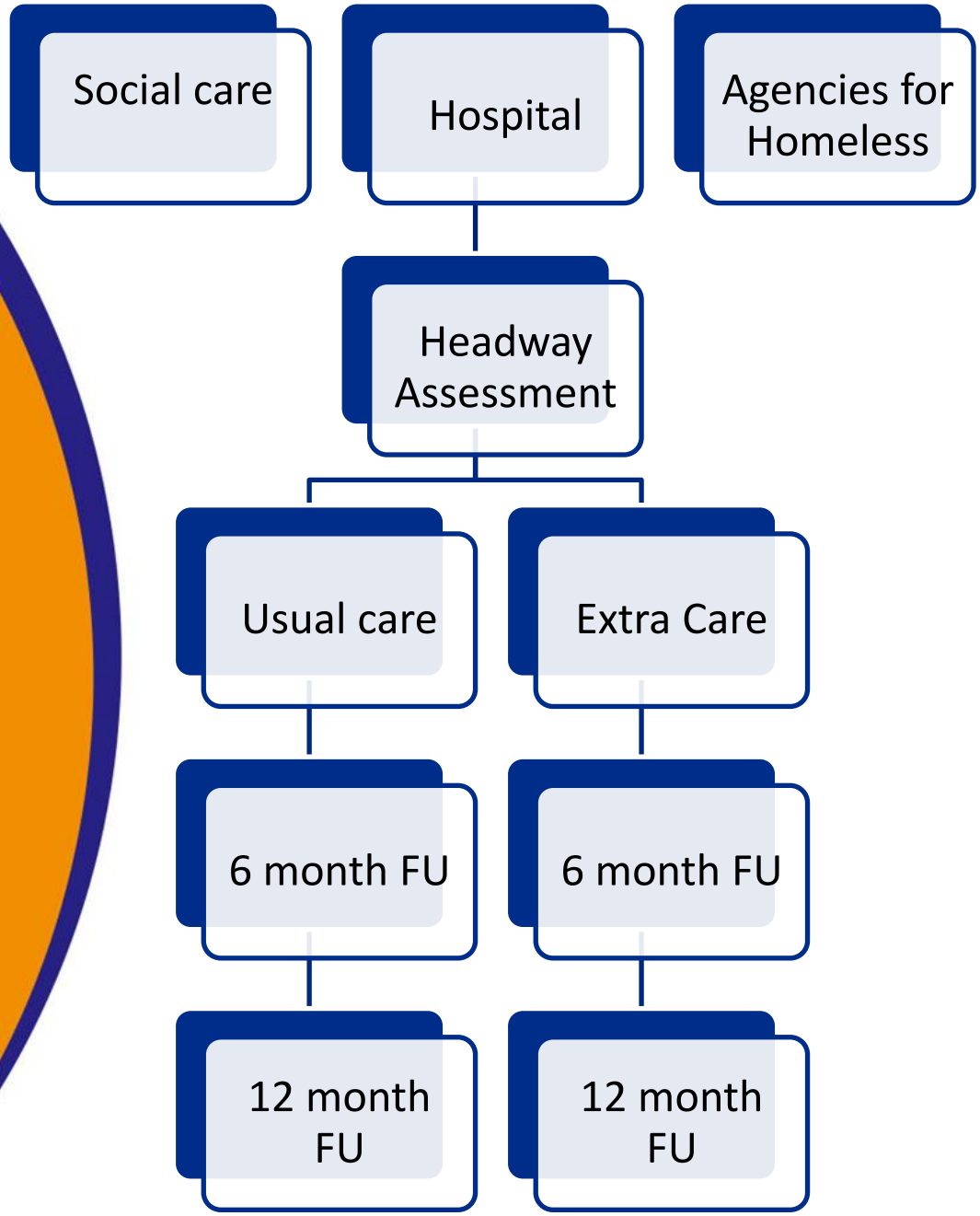
Collaboration between private provider and local Headway brain injury charity

Dedicated Headway case worker (0.5 WTE) for adults with brain injury who are homeless.

Is this more effective and cost-effective than usual care?

Service evaluation



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Measures

- **Independent variables**
- Demographic information
- Brain Injury Screening Index

- **Dependent variables**

1. SF-12
2. Community Independence measures
3. Homelessness scale
4. Occupation status
5. Social integration metric

    registered with GP, dentist

    maintains contact with family

    Enrolled on drug/alcohol programme

    Sees social worker / probation officer

    A&E attendances

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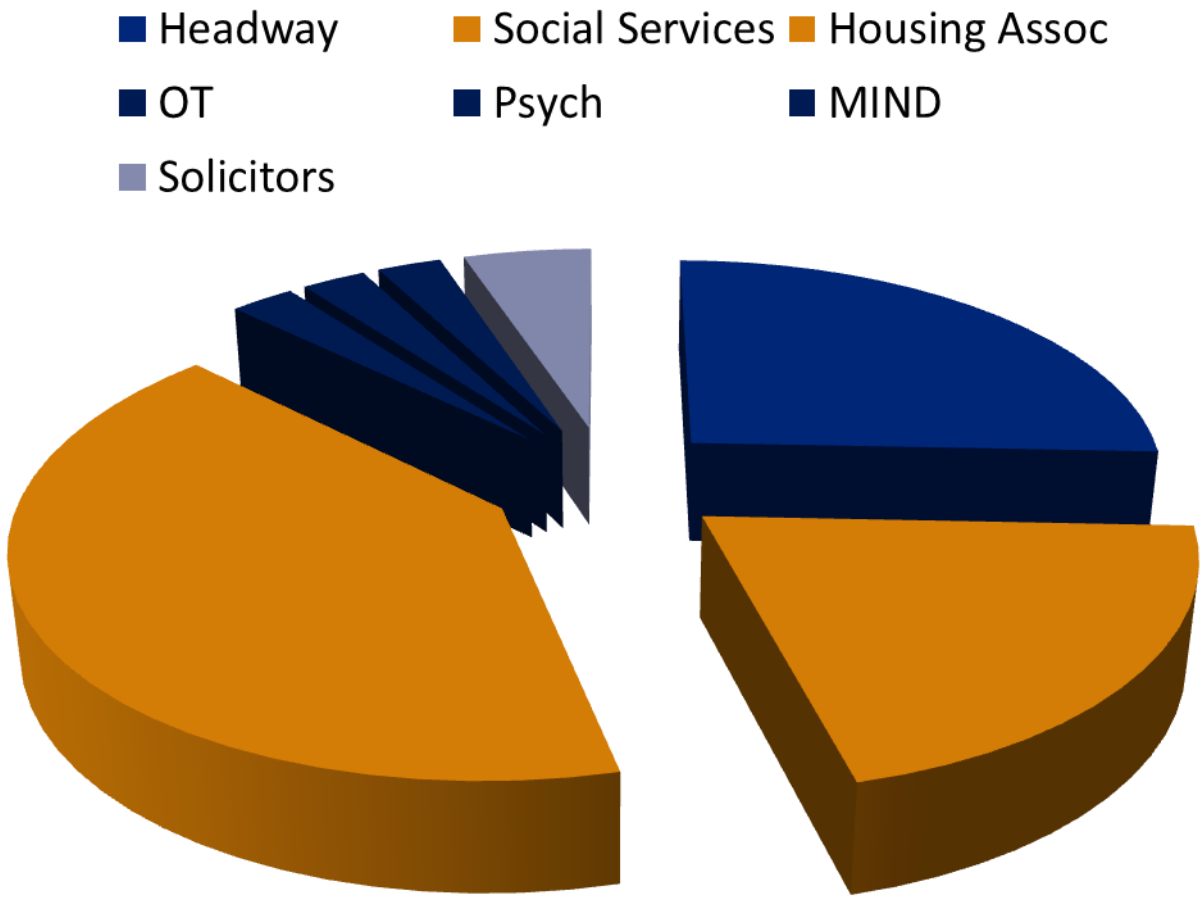
Signposting venues



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Barriers

- Housing – many hostels not appropriate for people with ABI, housing waiting list 3 months before application looked at.
- Language – increase across all HBS support services of clients from Eastern Europe who don't speak any English. HBS has no budget for translators, so need to rely on family or other charities – not ideal
- Addictions – many homeless clients have alcohol or drug addictions. Means they don't always stay in accommodation sourced for them or attend rehab services and maintaining contact is difficult

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Gender	*89 M*
Age	92% 25-65 years
Onset of TBI	*84% Prior to being homeless*
TBI Severity	84% moderate to severe TBI
Comorbidity	*20% LD*
	12% ADHD
	40% Substance misuse
	24% Mental health
	36% Offending hx
Attrition rate	31% From referral to assessment
	27% From assessment to 6 month FU
	57% From 6 month FU to 12 month

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Positive Outcomes

- Supported a number of homeless people to access specialist ABI services aimed at improving their own health and wellbeing and reducing social isolation
- Developed excellent working partnerships with homeless charities, NHS and local authority services
- Led to raising awareness of brain injury and homelessness and improved service provision

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