

A SLICE OF PIE

PIE is all about relationships....A Psychologically Informed Environment is a place or service that has been purposefully designed to support the mental, emotional, relational, learning and social needs of both service users *and* staff.



Piloting a Neuropsychology Assessment and Screening Service for People with Acquired Brain Injury Living at Edward Gibbons House

Homeless people are more than twice as likely to have had an acquired brain injury (ABI) compared to the general population (Stubbs, Thornton, Sevick et al., 2019).

ABI's happen when the vital supply of blood or oxygen to the brain is restricted.

Common causes of ABI include; trauma (e.g. from a road traffic accident, assaults or falls),

alcohol use, stroke, heart attacks or serious asthma attacks.

In most cases, brain injuries happen before an individual becomes homeless (Hwang et al., 2008; Topolovec-Vranic et al., 2017; Oddy et al., 2012), and can have a long-lasting impact on the way a person thinks, feels and behaves.



For example, an individual with a brain injury may struggle with their memory, organisation, planning and problem solving. They may have impaired judgement, act impulsively or make poor lifestyle choices (McMillan et al., 2015). Such changes in behaviour and daily functioning may explain why people who have had an ABI might be more likely to become homeless and more likely to be diagnosed with ‘personality disorder’ than an ABI.

ABI may also explain why some homeless people do not respond to de-escalation techniques, repeat behaviours that are challenging for those supporting them, forget appointments or find it difficult to understand or act on information they have been given (Homeless Link, 2018).

In the homeless population, ABI has also been linked to poorer self-reported physical and mental health, increased suicide risk, increased use of health services and criminal justice involvement (Stubbs et al., 2019; Topolovec-Vranic, Schuler, Gozdzik et al., 2017) as well as increased risk of seizures (Hwang, Colantonio, Chiu et al., 2009) and death (McMillan et al., 2015).

Unfortunately, brain injury often goes unrecognised in homeless people and there is a lack of systematic screening, assessment and rehabilitation in this population.

Instead they may be labelled as “challenging” or “hard to engage” and be bounced around between services. Ultimately, they do not get the support they need, including appropriate housing and social care.

The East London Foundation Trust, Psychology in Hostels Service wants to do something about this. Inspired by the work of Dr Ste Weatherhead, Clinical Psychologist and the NeuroTriage Service he founded in Liverpool, we are planning to pilot a “Neuropsychology Screening and Assessment Service” at Edward Gibbons House (EGH) over the coming months. The aim of this service will be to:

- **Identify hostel residents with ABI.**
- **Offer a neuropsychology assessment.**
- **Help residents with ABI access community services including neuro-rehabilitation services third sector organisations who work with people living with a brain injury and social services.**



However, we know that services can be difficult to access for people living in homeless hostels. Therefore, we also aim to:

- **Build links between hostels and local services.**
- **Help services to adapt to better work with homeless people.**

- ***Offer ‘neuro-informed’ consultation and reflective practice to hostel teams to help them understand, support and make adaptations for residents who have an ABI. This might involve changing the physical environment, the way that information is presented or the way that staff respond to incidents and work with residents who have an ABI.***

We chose to start this at EGH as residents have multiple strengths and needs and many experience active addiction of alcohol and drugs (street and prescribed). People who are using substances are often declined neuropsychological assessments and rehabilitation.

Our first priority, in the spirit of PIE, is to build relationships with hostel staff and residents, as well as local services. We plan to hold an event at EGH to raise awareness about what we are doing and hopefully have some fun while we are at it.

With the support of hostel staff, we will start working with just one or two residents, following their journey and helping them to navigate the various services on offer. We will use our learning to inform how we develop and expand the service to screen all residents in the hostel, and beyond!



***Dr Louise Noronha
Clinical Psychologist
ELFT Tower Hamlets Psychology in Hostels Service
louise.noronha1@nhs.net***



We are always looking for feedback, comments, suggestions, articles and photos for the Bulletin. Please email: Jaydee Anciro Specialist Services Team Manager with your contributions at: janciro@prha.net

Which comes firstHousing First

There's an age-old debate within the homelessness sector and beyond when it comes to helping people experiencing mental health issues and addiction who have been persistently homeless.

Which comes first a homed mind or a homed body? (Melamed et al. 2004) And as Luther Vandross points out a House is not a Home <https://www.youtube.com/watch?v=gQ9ZVGM7smE>

Maslow's hierarchy of needs theory (1968, 1987) gave a compelling, but not proven (Rosebert, 2000; Neher 1991), argument that we should home people first and then work with them to help them have the best life they could.

For many years there's been a focus on getting people into supported accommodation of various kinds then helping people achieve what may or may not be their goals before they progress into more and more independent accommodation until they have their own front door.

And then some people become stuck not achieving what on the surface seem like reasonable, helpful goals. What was missing from Maslow was the messiness of life and the role of social connections in psychological wellbeing. Now we focus on psychologically informed environments and trauma informed care. Of course the aim is to help people have a homed mind and a homed body.

From September 2020, in Tower Hamlets, *Spitalfields Crypt Trust* (SCT) has been working with *Poplar Harca Housing Association* placing one person a month into their own tenancy and providing intensive support to the people placed.



The initial plan is to home 30 people in this way. I interviewed SCT's Housing First Scheme Manager Gary Davidge and Verna Coke, Senior Support Worker.

What is housing first?

Housing First places homeless people directly into long-term, self-contained housing with no requirement that they progress through transitional housing programmes, such as hostels, shared housing, or time limited tenancies based on special conditions (Gary).

Housing First gives people an opportunity to have their own home and security of shelter, in a neighbourhood that has a mixture of people, to be connected with service providers that wrap care around them, offering assistance with their wellbeing.

Tenants don't have to do certain things before they get their home, avoids the chicken and egg of if you do this you will get a home, but I need a home in order to do what I am asked (Verna).

What do you like most about working in a housing first service?

I have worked in homelessness for ten years and I have now seen some people who have been homeless all that time housed. For some there has been a dramatic change, less chaos and some simple things – such as prompting people to start their day earlier and well has made such a difference [Gary].

The joy of seeing someone in their new home. Some of the new tenants don't believe they are actually going to get their own home until they are in there. Having their own front door means they can get away from some people [who aren't helpful to them] when they choose. Less fear of eviction. Once in, the work really begins. [Verna]



**SCT's Housing First Scheme
Manager Gary Davidge**



What would you say to people who may wish to self-refer to your Housing First service or to staff who may wish to make a referral?

It's not about our expectations, it's about yours. Housing First is about not giving up on people when they have given up on themselves [Verna].

We have hope for you until you have hope for yourself [Gary].

For an introduction to Housing First that originally began in the USA see <https://youtu.be/pwdq2VWavtc>

For an example of what's happening in London from a resident's perspective see <https://youtu.be/siLmW1JW1g>

Information on how to refer can be found [here](https://www.sct.org.uk/what-we-do/referrals/): <https://www.sct.org.uk/what-we-do/referrals/>

**Dr Ché Rosebert
Clinical Psychologist**

**NB: references available on request
crosebert@prha.net**

To save a life is a real and beautiful thing. To make a home for the homeless, yes, it is a thing that must be good; whatever the world may say, it cannot be wrong. – Vincent Van Gogh

People have been living in the Spitalfields, Brick Lane and Whitechapel area since Roman times when it was just outside the City of Londinium. It has always been a diverse place with successive waves of immigrants settling here and leaving their mark on the areas culture, buildings and community.

Because it was outside the City Boundaries there was far more freedom for people to practice their own religions and trades, without being limited by the restrictions set by the City Corporations and guilds. This meant it was easy for immigrant communities to settle in the area while still being close to the wealth of the City and the opportunities for business that presented.

As well as being known for industry and trade the area also gained a reputation for poverty, debauchery and crime, with people who were unwelcome in the City, social outsiders, the poor and criminals also gravitated towards the area because of the freedom from law enforcement. By the 18th century the area became known for poor housing, drunkenness, prostitution and crime.



It was known to have a high number of ‘lodging houses’, places where people could pay for a bed for a few hours, in a shared room, sometimes a shared bed. In the cheapest lodging houses it was not even a bed, just a space on the floor or a rope to lean on while you slept.

In 1495 the English Parliament passed the Vagabonds and Vagrants Act, this stated that ‘vagabonds, idle and suspected person ‘shall be set in the stocks for three days and three nights’ given nothing but bread and water, and then be put out of town.

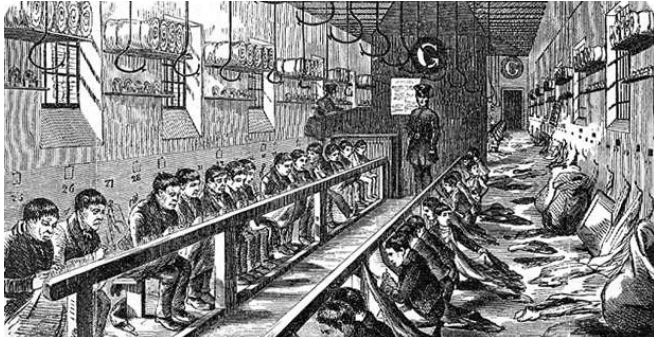
Anyone who was able to work was ordered to return to the last place they lived or risk further punishment. In 1530 the punishment was increased to whipping. In the same year a system of licensed begging was introduced. Local Justices of the Peace had to allocate a specific area where people who couldn’t work because they were disabled, sick and elderly were allowed to beg.

In 1555, in response to high levels of unemployment in London the first House of Correction was opened at Bridewell, near Fleet Street. This was basically a prison to punish homeless people



Anyone suspected of vagrancy, begging, petty theft or prostitution could be incarcerated here for around two weeks. Two thirds of those imprisoned were women. Starting in 1601 England issued a series of Poor Law acts. These targeted vagrants, beggars and the unemployed.

They included some 'outdoor relief' for people who were too elderly or sick to work, and were administered by local parishes. You had to prove a connection to the parish in order to receive any form of benefit, if you could not you were removed to wherever your local connection was, or placed in the House of Correction.



From 1631 a system of workhouses developed, often alongside the Houses of Correction. These were shelters where anyone with a parish connection could apply, they would receive a bed, basic food, and in some cases medical attention. In addition men and women were housed separately meaning that families and couples were unable to stay together.

The intention was to make a profit from the labour of the people living there in order to fund provision of relief.

This is a description of the Whitechapel workhouse in the 19th century written by Margaret Harkness:

"The men are not allowed to smoke in it, not even when they are in their dotage; the young women never taste tea, and the old ones may not indulge in a cup during the long afternoons,

Only at half-past six o'clock morning and night, when they receive a small hunch of bread with butter scraped over the surface, and a mug of that beverage which is so dear to their hearts as well as their stomachs.

The young people never go out, never see a visitor, and the old ones only get one holiday in the month. A little gruel morning and night, meat twice a week, that is the food of the grown-up people, seasoned with hard work and prison discipline.

Doubtless this Bastille offers no premium to idle and improvident habits; but what shall we say of the woman, or man, maimed by misfortune, who must come there or die in the street? Why should old people be punished for their existence".

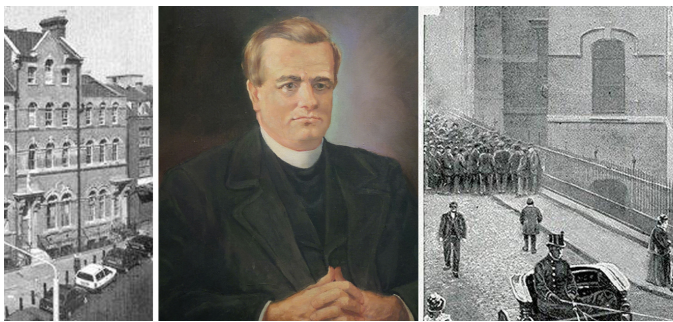


There was little understanding of what we would now see as the roots causes of homelessness, trauma, poverty, mental health issues, etc. People were seen as having caused their situation by their own actions and therefore deserving of the consequences.



Charles Dickens opened a home for ‘fallen’ women (street prostitutes) to provide training, and over the course of the 19th century several religious groups and philanthropists opened shelters for homeless people, many of which were in the East End.

These shelters were an improvement on the lodging houses, cleaner and safer, but often required people to attend services, belong to a particular faith or trade, or otherwise comply with rules set by ‘respectable’ society.



One of the first was opened in 1858 by Father Daniel Gilbert, a catholic priest working in the East End. He became upset by the levels of homelessness, poverty and distress he saw around him and was able to fundraise and open the first Providence Row shelter in 1858.

Father Gilbert believed that help should be offered to all who needed it so Providence Row was open to anyone, regardless of race or creed, nobody was turned away or kept waiting for help. A woman in one of the early Salvation Army Shelter said this is in 1894:

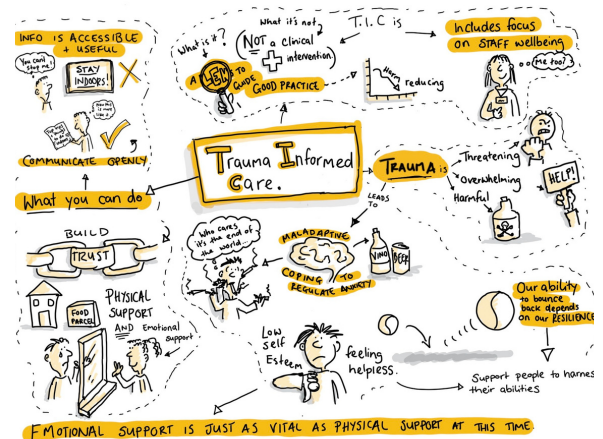
“I did used to think myself lucky if I’d the chance of a four penny lodging, but now I’d a deal sooner sleep in a bunk and have the feelin’ of safety there is about this place.”

The shelters were an improvement on what had gone before, homeless people were no longer seen as deserving of their fate, rather they were recognised as people who had fallen on hard times and needed help.

It marked a slow change in attitudes towards the poor and destitute which ended with the Welfare State in 1945.

A recent development is understanding of the impact of trauma on people’s lives, and how big an issue this is for people who end up on the streets. Not just in how they got there, but also in how it is made worse by the experience of homelessness.

Homelessness is not going away in London any time soon. Between April 2020 and March 2021 11,018 people were seen sleeping rough on London’s street, and the numbers have increased by 94% in the last decade.



However if we continue to listen to the stories of the individuals involved, create environments in which they feel valued, and work together with them to help them achieve their goals, maybe we can decrease some of the damage done, and help people move forward to better, happier lives.

Susan Smith
Supported Housing Manager Daniel Gilbert House/Providence House/Edward Gibbons House