



NeuroTriage Interim Report 2 May 2018



Summary

NeuroTriage has been active for five months, from December 2017. The service was funded to provide assessment and Link Worker provision for people with an acquired brain injury (ABI) in addition to the multiple and complex needs of people who meet LWoH criteria.

Unfortunately there was a delay in the Link Worker starting, as the person initially recruited decided not to take up the role, meaning we did not have a Link Worker in post until February 2018. However this has proved positive as we now have an excellent recruit in Sally Rowlands, and the space also gave us opportunity to organise two community engagement events. We also continued with the assessments which were conducted by Cormac Duffy (Trainee Clinical Psychologist) and Dr Stephen Weatherhead (Consultant Clinical Psychologist). We also continued with the publication output and a series of training packages were developed by Natalie Leigh (Trainee Clinical Psychologist). We have also begun to develop reflective practice materials, and facilitated a half day multi-agency reflective session, following the death of a person in temporary accommodation.

Over the next three months we will be increasing the direct work conducted by the Link Worker, as well as continuing with all other areas of our work. Before the next report, we expect to have completed the following:

- Another community engagement event
- A new film on homelessness and brain injury
- Reflective sessions, if further funds are made available by LWoH
- Training sessions to at least one housing provider, plus others as required
- Alcohol-Related Brain Injury (ARBI pathway)

Key policy messages / learning to date are:

- The level of brain injury in this population appears to be very significant, and the cognitive deficits profound
- This population are being excluded from mainstream services on the grounds of complexity, which is resulting in health inequalities
- Liverpool needs a clear ARBI pathway to support people through acute and community services in a joined-up manner
- Staff working in this area are experiencing high levels of burnout. Those on volunteer arrangements are additionally over-used and under-appreciated.
- A solution needs to be found to enable people who are dependent on substances, to still have access to counselling services.

Assessments and direct work

To date we have completed 18 assessments, all but one of which have evidence of brain injury. This shows two points; firstly, as suspected, there are clear needs for brain injury input with this population, and secondly, referrals are being made appropriately. Required input ranges from brief cognitive management strategies, capacity assessments, staff training, or indirect work. Given the population are defined as having 'multiple complex needs', it is unsurprising that the associated work is more complex and demanding than when working with brain injury in the general population. Whilst the delayed start to the Link Worker post has led to minimal direct work to date, it is worth noting that it can often take time to work out the best form of intervention. Where intervention has commenced, positive contributions are being made.

Case Example:

Wendy (pseudonym) was referred for a capacity assessment following multiple admissions to the Emergency Department, and then discharge back to an environment where there was limited support and suspected domestic abuse. Each time Wendy was admitted to hospital, a capacity assessment was completed to appraise whether she had the capacity to decide her preferred discharge destination. She invariably said that she wanted to go back to her flat, and despite the problematic context, she was found to have the capacity to make this decision. In the 12 months prior to NeuroTriage becoming involved, Wendy attended hospital on more than 80 occasions, and was admitted on more than 50 of those. At the point of referral Wendy was four months into a predicted life expectancy of 3-6 months.

NeuroTriage involvement presented an opportunity for a more contextualised capacity assessment which took into account a psychological formulation built around the very serious history of abuse Wendy had suffered from childhood, and a redefining the capacity question from 'Can Wendy decide where to live now?' to 'Can Wendy decide where to spend the remainder of her life?'. This meant a more holistic report was produced, which made a significant contribution to Multi-Agency Meetings, and Best Interests Meetings. As a consequence, Wendy was able to be moved to 24hr nursing accommodation and lived the remainder of her life in the most supportive environment possible. Whilst her death could not be prevented, and the end of her life was not perfect, significant improvements were made.

****The report for Wendy is available on request.***

A further nine cases have been referred to NeuroTriage and we are in the process of engagement. One of the things we have learned during these initial stages is that much work has to be done to engage people before beginning formal assessment and so we have implemented an additional stage in our processes to allow for this, and make the best connection possible with this client group.

Community engagement and awareness raising

A significant part of our work in NeuroTriage will always be community engagement and awareness raising. The first film produced and the conference held before NeuroTriage was commissioned, raised the profile of needs in this area. Since then we have continued building new events which are either free to attend, or donation based. We have also commissioned blogs, have a new film in production and are planning a photography project aimed at highlighting Black, Asian, and Minority Ethnic (BAME) people who experience homelessness but are often excluded

from literature, and the public eye, despite reports that the BAME population make up more than one third of the homeless population.

Work has begun on raising awareness of the BAME homeless population needs, via a blog which can be viewed on the NeuroTriage website here - <http://neurotrriage.com/content/it-isnt-only-white-people-who-end-homeless>. We are currently in discussion about a photography project to continue highlighting this important issue. Following this we hope to be able to make some clear policy recommendations.

In February 2018 we supported Liverpool University's 'Help the Homeless Society run a 'Give it a go' session aimed at encouraging students to become involved in action to reduce the prevalence and impact of homelessness. A summary of the night can be found here - <http://neurotrriage.com/content/hths-give-it-go-session>, including a specially commissioned video message from Louise Ellman MP.

Perhaps our most successful event to date has been the Comedy and Story-Telling event held at Leaf on Bold Street. We had well over 100 attendees to an event where people with lived experience were able to tell their stories, interspersed with some professional and semi-professional comedians. The event was filmed and can be viewed on our new YouTube site - <https://www.youtube.com/channel/UCFI1Qu3AkUZhAm5TrTa6o4w>.

Our next event is a collaborative food and music event at Constellations. The night is described on the Facebook event page as:

Humanise invites people of all genders, race, age, status, belief and background to come together as one; a unique take on canteen dining, strangers can enjoy each other's company over good, whole, hearty food.

We are truly focusing on collaboration and community with Humanise. Alongside every one of you that are invited, we will be inviting a long list of local charity, non-for-profit, voluntary, and community organisations to also join us. Spending an evening with old and new friends alike, we hope to develop our understandings of the people around us.

Working on a non-for-profit bases, the cost of entry and the food will be what you can afford to donate.

We have been marketing the event in as many different places as possible, and plan on arranging support for homeless people to attend on the night. The event page is proving popular and we we expect approximately 100 people to attend.

Event page - <https://www.facebook.com/events/327446774449861/>

We are also working on a new film, through which we hope to be able to present some significant policy messages. It is hoped that this film will be completed within the next 2-3 months.

Conference presentations and publications

The publication of journal articles and presentations at conferences remains a key focus in reaching an academic audience. We have recently published an article in a Division of Neuropsychology publication, which can be cited as:

Forrester, R.L., Weatherhead, S., Rosebert, C., Hewett N., & Worthington, A. (2017). Homelessness and brain injury: What role do we play as socially-conscious service providers? *The Neuropsychologist*, 4, 19-23.

A full text of the article is available on the NeuroTriage website - <http://neurotrriage.com/sites/default/files/Forrester%20et%20al%202017.pdf>

We currently have a paper under review on the topic of health inequalities, homelessness, and human rights. We are also in the process of preparing a protocol paper for submission, in which we detail the assessment processes used in NeuroTriage.

In March, NeuroTriage presented at the National Homelessness Faculty conference, at which we were pleased to hear that a similar service has been set up in London after local clinicians had heard about the model being used in Liverpool. We are following this up with a presentation at the regional conference on 4th June. We are also in the process of submitting a proposal for a symposium at the Division of Clinical Psychology National Conference scheduled for January 2019.

Health inequalities, policy messages and proposals

During the first five months of NeuroTriage being an active service, we have identified a number of significant gaps in this area of work. These include, marginalisation of BAME populations, staff burnout, health inequalities, financially inefficient models of service provision, and the lack of much needed service pathways.

National statistics for homelessness have consistently shown that BAME populations are over-represented in the numbers of people at risk of homelessness, and who subsequently become homeless. However, public images of homelessness have a very White focus. Services are mostly designed by white people, peer mentors and service providers are not representative of the wider demographic, and as a result the BAME population becomes hidden from view. This is a new area of attention for NeuroTriage and we are beginning to do some awareness raising through the blog and photography projects referred to above. However we are at the very early stages here, and it is clear that investment is needed to address the marginalisation of minority groups within homeless and complex care provisions.

During our interactions with staff connected with the LWoH programmes and homeless services more generally, very high rates of work-based stress have been observed. Whilst this is purely anecdotal at the moment, it certainly warrants more assessment through relevant measures such as number of days of work, questionnaire-based measures of stress, and the gathering of personal narratives. It is likely that volunteer members of staff and their managers will be experienced the highest levels of stress.

Whilst NeuroTriage would be happy to support with this, it is important to note that we are not commissioned to do so. There would consequently be an additional fee attached and we would

only take on this role if there was commitment from LWoH to address the service-level context to staff wellbeing.

As an example of what could be offered, we recently facilitated a session for staff who worked with Tommy (pseudonym), a resident of the YMCA. Tommy died after admission to hospital and many involved in his care felt that things could have been better for Tommy, particularly towards the end of his life. NeuroTriage facilitated a reflective session, which included staff from the YMCA, Brownlow GP Practice, and The Whitechapel Centre. An outline of the session is included as an appendix to this document.

In order to best support the volunteer and paid staff team, it is felt the following is required:

1. A positive and supportive working environment
2. Regular individual supervision and reflective space
3. Support to access direct therapy / service involvement as required
4. Regular reflective group spaces

From a service provision perspective there are two clear problems which are leading to health inequalities and inefficient use of resources. Firstly, there appears to be no pathway from acute to community provisions for people with Alcohol-Related Brain Injury (ARBI) in Liverpool. NeuroTriage recently facilitated a meeting for commissioners, clinicians and service leads, to raise this issue. There was a consensus that there is a need for a pathway, and a note that work had begun on one some years ago but it had never been finalised. This is a clear and important need for the city. The second problem relates to people who present with mental health difficulties and substance misuse problems. This group of people currently seem to be largely excluded from mainstream mental health services. There needs to be significant work done on this as it is leading to major health inequalities. The group we are working with here have had major traumas in their lives, and have often resorted to substances in order to dull the pain of those traumas. The mental health and substance misuse difficulties need to be dealt with in tandem, otherwise we see increased levels of self-harm, unmet psychological needs, and further deterioration.

We see a similar picture in brain injury services where people with known brain injuries are excluded from services because of other elements of their complexity. Having a full time Link Worker in place, presents NeuroTriage with the opportunity to support people into statutory services and help with rehabilitation strategies. It is hoped that over the next few months we will be able to offer some proposals for future service design.

The problems faced by people with multiple and complex needs, and the way services are managing this group currently, seems to be leading to health inequalities and financial inefficiencies. Better pathways can be one factor in dealing with this issue, as can better individual management strategies. As the case example of Wendy detailed above shows, a short period of intensive input can lead to the design of care plans which better meet the needs of the individual whilst also reducing the use of acute services. Wendy had had more than five years of high frequency Emergency Department use, before NeuroTriage became involved and helped reach a higher quality management plan. We are considering conducting a health economics review of this case to see what findings we can offer to policy design.

Policy / Service Gaps	Next steps towards improvement	Proposal for NeuroTriage involvement
Marginalisation of BAME populations	<p>Exploratory work needs to be done to investigate the cause and solution to the gaps between the number of BAME people who are homeless (or at risk of homelessness) compared to those who access services.</p> <p>Significant effort needs to be made to reach out to marginalised populations, in order to involve them in service design, provision and review at all stages.</p>	<p>NeuroTriage are currently developing a photographic project to raise awareness of the issue, and would be happy to be involved in any further work focussed on this significant gap in provision and inclusivity.</p>
Staff wellbeing	<p>Ensure all staff have access to:</p> <ol style="list-style-type: none"> 1. A positive and supportive working environment 2. Regular individual supervision and reflective space 3. Support to access direct therapy / service involvement as required 4. Regular reflective group spaces <p>Particular attention should be paid to the needs of volunteer staff and their managers</p>	<p>NeuroTriage can offer the following but there will be an associated but reasonable fee:</p> <ul style="list-style-type: none"> - 1:1 session for up to three members of staff at any given time - Facilitated group reflective sessions every two months
ARBI Pathway	<p>The city has a clear and vital need for an ARBI pathway supporting people through acute and community provisions</p>	<p>NeuroTriage have facilitated one meeting to explore this gap, and would be willing to continue this process, until the contract expires.</p>
Co-morbid mental health and substance misuse difficulties	<p>Mental health services and substance misuse services need to work much more closely in order to joint manage the input and care for people with co-morbid presentations</p>	<p>NeuroTriage could offer support in developing awareness-raising and training events to highlight and seek solutions to this service gap.</p>
Over-use of acute services	<p>Where there are particularly complex cases with high levels of acute service use, consider the role of psychological professionals in helping to design and implement case management plans.</p>	<p>NeuroTriage would be willing to conduct a health economics appraisal of two or three clients in order to see what cost savings could be made through a more formulation-driven approach.</p>

Appendix 1: Reflective session outline

Experiences with Tommy

All of us feel saddened when someone dies, and many of us are feeling desperate about the way people with complex needs are still struggling through our systems. Tommy was the first person referred to NeuroTriage and sadly we were only able to assess him, but he died before we started working with him. We are aware that the death of Tommy has had a big impact on many people, with some of us feeling hurt, let down and disappointed. NeuroTriage would like to propose a workshop to see what learning can be done from these experiences.

Date: Friday 20th April (11-2) or Thursday 26th April (10-1)

Venue: TBC once date is confirmed

Facilitators: NeuroTriage (probably Stephen Weatherhead & Cormac Duffy)

Cost: No cost

Attendees: TBC. Those who worked within systems Tommy was connected to

Overview

The workshop will take place in 3 parts; setting the context, analysing processes, learning together.

Setting the context: This section will utilise reflective conversation approaches from psychology and the humanities to set the context in which this workshop will take place. It will explore why we are here, what we hope to gain from the experience, and the ways in which we can have civil conversations, even in times of difficulty.

Analysing processes: We will work together on a root cause analysis of the processes and systems which were part of the sad loss of Tommy. This will be done in an open but non-blaming manner, with the goal of working out what we can all do differently in future.

Learning together: In this section we will explore our individual experiences of the loss of Tommy, and how we personally can take learnings and share them with others.

Outcome

NeuroTriage have a film company contracted to help us with our project and we would utilise them to capture a narrative of Tommy's journey and some of the information shared in the main workshop. All information will be anonymised, but we hope this 'memorial film' can draw attention to the experiences of Tommy and others, and the ways in which we can all help create better futures for others.

Setting the Context

Courtesy of On Being: Civil Conversations

Words That Matter

We are starved for fresh language to approach each other. We need what Elizabeth Alexander calls “words that shimmer” — words with power that convey real truth, which cannot be captured in mere fact. Words have the force of action and become virtues in and of themselves. The words we use shape how we understand ourselves, how we interpret the world, how we treat others. Words are one of our primary ways to reach across the mystery of each other. As technology reframes the meaning of basic human acts like making and leading and belonging, the world needs the most vivid and transformative universe of words we can muster.

Humility

Humility is a companion to curiosity, surprise, and delight. Spiritual humility is not about getting small. It is about encouraging others to be big. It is not about debasing oneself, but about approaching everything and everyone with a readiness to be surprised and delighted. This is the humility of the child. It is the humility in the spirituality of the scientist and the mystic — to be planted in what you know, while living expectantly for discoveries yet to come. The wisest people we’ve interviewed carry a humility that manifests as tenderness in a creative interplay with power.

Generous Listening

Listening is an everyday art and virtue, but it’s an art we have lost and must learn anew. Listening is more than being quiet while others have their say. It is about presence as much as receiving; it is about connection more than observing. Real listening is powered by curiosity. It involves vulnerability — a willingness to be surprised, to let go of assumptions and take in ambiguity. It is never in “gotcha” mode. The generous listener wants to understand the humanity behind the words of the other, and patiently summons one’s own best self and one’s own most generous words and questions.

Patience

Like humility, patience is not to be mistaken for meekness and ineffectuality. It can be the fruit of a full-on reckoning with reality — a commitment to move through the world as it is, not as we wish it to be. A spiritual view of time is a long view of time — seasonal and cyclical, resistant to the illusion of time as a bully, time as a matter of deadlines. Human transformation takes time — longer than we want it to — but it is what is necessary for social transformation. A long, patient view of time will replenish our sense of our capacities and our hope for the world.

Adventurous Civility

The adventure of civility for our time can’t be a mere matter of politeness or niceness. Adventurous civility honors the difficulty of what we face and the complexity of what it means to be human. It doesn’t celebrate diversity by putting it up on a pedestal and ignoring its messiness and its depths. The intimate and civilizational questions that perplex and divide us will not be resolved quickly. Civility, in our world of change, is about creating new possibilities for living forward while being different and even continuing to hold profound disagreement.

Hospitality

Hospitality is a bridge to all the great virtues, but it is immediately accessible. You don’t have to love or forgive or feel compassion to extend hospitality. But it’s more than an invitation. It is the creation of an inviting, trustworthy space — an atmosphere as much as a place. It shapes the experience to follow. It creates the intention, the spirit, and the boundaries for what is possible. As creatures, it seems, we imagine a homogeneity in other groups that we know not to be there in our own. But new social realities are brought into being over time by a quality of relationship between unlikely combinations of people. When in doubt, practice hospitality.

Contextualising today

Why are you here?

What is your best hope for today?

What are your worries about today?

Tracing it back: Why do we work in this space?

What are your perceptions of this area of work?

What values do you hold?

How does this area of work present opportunities to live in accordance with those values?

If your job was an animal what would it be?

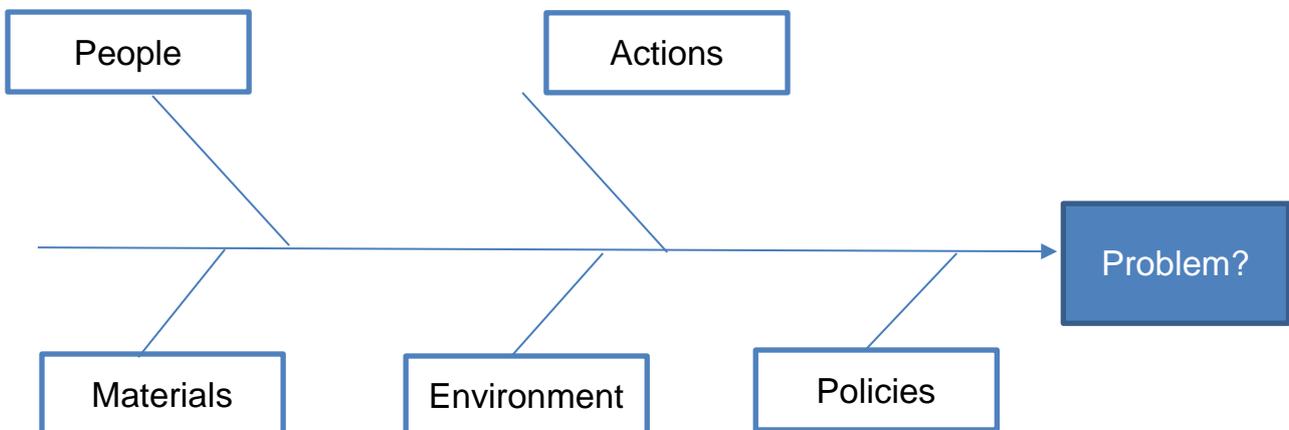
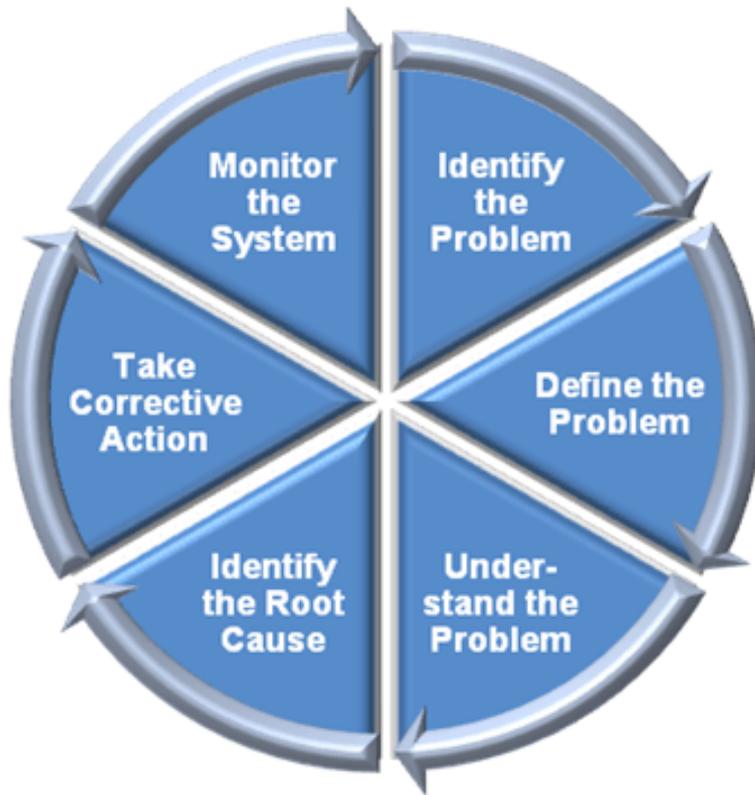
Centring Tommy

What are your memories of Tommy?

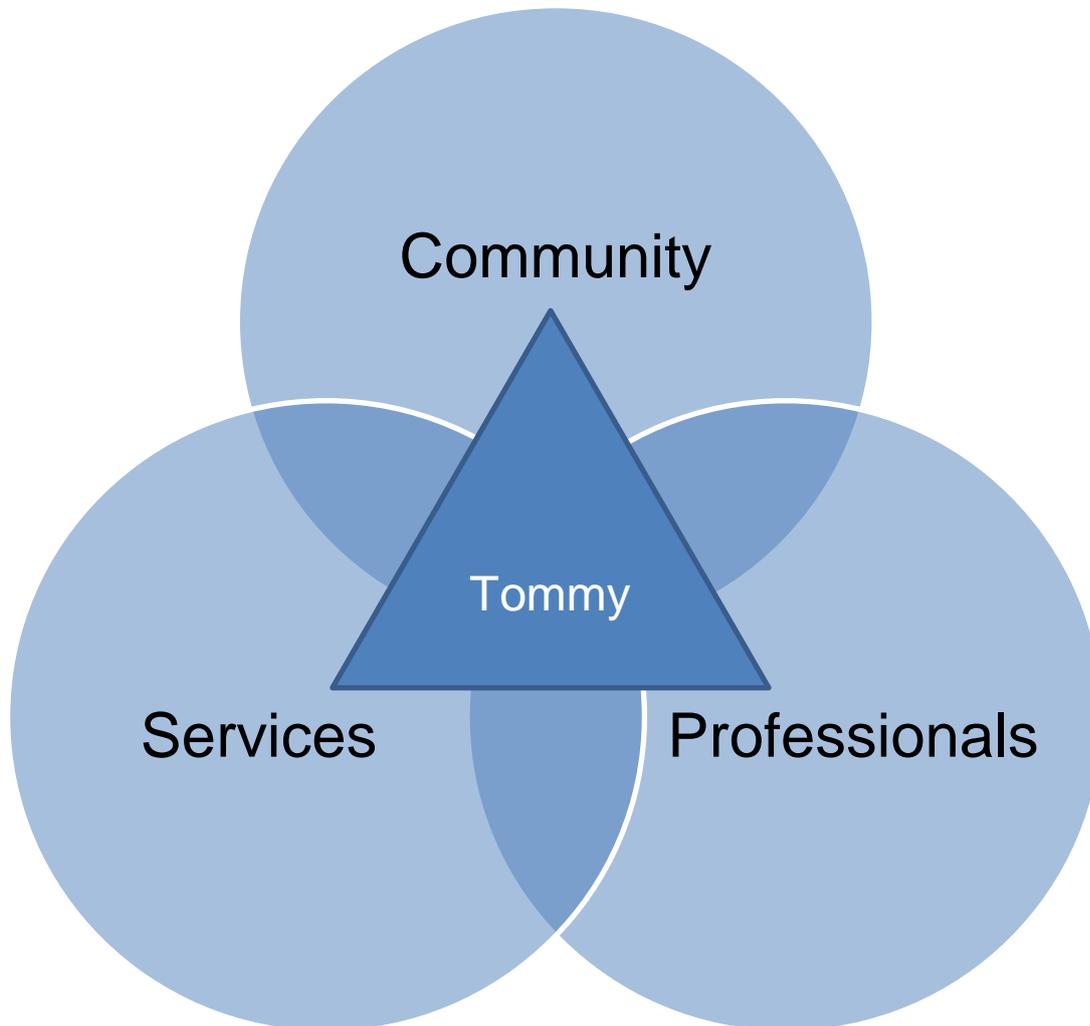
How would Tommy describe you?

What do we know about Tommy's life?

Root Cause Analysis



Truth and Reparation



1. Choose another person in the room and say what you admire about their work with Tommy
2. What concerns you about your own ability to work in this area?
3. What are our shared fears?
4. What are our skills as a whole?
5. What commitments can we make in the name of Tommy?
6. What do we need to do to make that happen?
7. Do we need help from outside this group?