

VULNERABLE

LIFELINE

DEVASTATING

ANXIETY

DISTRESS

SLIPPING BACKWARDS

GUTS

GUTS



GUTS

FAMILY STRAIN

LIFE

DENIED

PRESSURE

FRUSTRATION



Headway

the brain injury association

# WHEN FUNDING FAILS

The crisis facing brain injury charities

STRUGGLE

UNDervalUED

HUGE IMPACT

NOT  
COPING

FACING  
CLOSURE

TV

COST OF LIVING SOARS

NO  
OPINION

UNDERFUNDED

DEBTS



## Contents

<b>Introduction</b>	<b>3</b>
<b>Delays in assessments</b> for new brain injury survivors	<b>4</b>
<b>Issues with reassessments</b> for existing brain injury survivors	<b>5</b>
<b>Delays in payments</b> to Headway charities from local authorities and integrated care boards	<b>7</b>
<b>Mark's Story</b>	<b>8</b>
<b>Commissioning rates and costs</b> of providing services for brain injury survivors	<b>9</b>
<b>Case Study</b> A Headway charity in the South of England	<b>10</b>
<b>Measures taken by local Headway charities</b> to chase payments from local authorities and ICBs	<b>11</b>
<b>Case Study</b> A Headway charity in the West Midlands	<b>12</b>
<b>Sustainability</b> of local Headway charities	<b>13</b>
<b>Conclusions</b>	<b>14</b>
<b>Acknowledgements</b>	<b>15</b>

# INTRODUCTION

**Across the UK, social care and health systems are in crisis. Underfunded and undervalued for many years, the impacts of these broken systems are being felt by brain injury survivors and the local Headway charities that support them.**

In late 2024, Headway – the brain injury association – surveyed local Headway charities to understand how the ongoing crisis is affecting survivors and families. The results are stark: community brain injury services are at breaking point.

Delays in funding assessments mean that survivors often wait months for vital community rehabilitation, losing the progress they made in hospital or specialist units. Others face cuts to existing support packages despite no change in their long-term needs, with hours reduced, transport costs removed, or Headway services withdrawn entirely.

The crisis is also putting many local Headway charities under immense strain. Many are delivering essential, high-quality services on behalf of the state, but without the funding to sustain them. Many are unsure about how long they will be able to survive to meet the needs of current and future brain injury survivors.

Several reports are on the brink of closure, with some already forced to shut their doors for good. In the past two years alone, almost 10% of the Headway network has closed, affecting thousands of brain injury survivors and their loved ones who are reliant on local Headway services. These are often the only services in their area that can meet their complex and ongoing needs.

This situation is exacerbated by many Headway charities also facing cashflow crises as a result of local authorities not paying their invoices on time. Perversely, this is leading to the charities having to invest already stretched resources into chasing payments.

With someone in the UK admitted to hospital every 90 seconds with a brain injury, demand for support services is significant - if local Headway charities no longer exist and survivors are denied the ongoing rehabilitation that is essential to them, more families will be plunged into crisis, leading to far greater pressure on state services. As some local Headways have already closed, this is already happening.

Brain injury survivors cannot wait. Their families cannot wait. Local Headway charities cannot wait.

Headway is calling on the government to invest now in community rehabilitation for brain injury survivors – before more vital services are lost for good.

## Headway calls on the Government to:

- 01.** Fund national training for local authority and ICB commissioners and social workers on the complex, hidden, and fluctuating effects of brain injury, which are often misunderstood in care assessments.
- 02.** Increase and ringfence funding for community-based specialist brain injury services, such as those provided by Headway.
- 03.** Reduce waiting times and improve assessment systems by equipping adult social care teams with the resources and expertise to identify both immediate and long-term care needs of brain injury survivors.
- 04.** Expand the Fair Payment Code to local authorities and ICBs, encouraging payment within 30 days and recognising those who meet this standard - supporting the sustainability of vital brain injury services.

DEVASTATING RESULTS

BREAKDOWN

CUTS

p3



# DELAYS IN ASSESSMENTS

for new brain injury survivors

**76% of local Headway charities who responded to our survey are aware of brain injury survivors who urgently need to access their services but are being prevented from doing so by lengthy delays to local authority or ICB assessment processes.**

We asked how long, on average, potential new clients were waiting for assessments for Headway services. Nearly half of the charities that responded told us that potential new clients are waiting for between six to twelve months for assessments from local authority social care services before they can access Headway services.

The impacts of waiting for this long for rehabilitation services in the community can be devastating for brain injury survivors and their families. Local Headway charities told us that survivors who had waited a long time for assessment had experienced anxiety, isolation, deterioration in their mental and physical health, cognitive decline and thoughts and attempts of suicide.

Many Headway charities also told us about the strain that a long wait for their services places on families, leading to relationship and family breakdown and even greater pressure on statutory services.

## Local Headway charities told us:

*"We have experienced at least three potential clients who have had thoughts of suicide and attempted suicide. The long wait gives survivors a sense of worthlessness, unimportance, lack of confidence, anxiety, stress and feelings of suicide."*

*"...the wait of over six months on occasion can be disastrous, leading to unhelpful coping mechanisms being used by the service user to cope in the interim, including substance misuse, mental health breakdown, carer breakdown, family relationships strained/breaking, exclusion from services due to their behaviours being misunderstood (without an advocate to help)."*

*"Clearly the longer someone has to wait for the assessment, there is a detrimental impact on rehabilitation and an emotional impact for the individual and their family."*

*"...access to rehabilitation following a brain injury is vital and acts as a lifeline for not only the individual, but for their families and carers. Long assessment periods will ultimately lead to individuals relying more on NHS and authority services, potentially opening up the way to poorer health, falls, hospital admissions and social work allocation which could be avoided if the Headway (services) are utilised and prioritised in funding expectations."*

*"I have noticed a considerable decline in health and physical abilities from the time I complete my assessment to the time a client comes to our centre. People are not receiving or receiving very little in the way of community service either now, so from their injury to being sent home and my initial involvement, they are deteriorating rapidly."*

# ISSUES WITH REASSESSMENTS

for existing brain injury survivors

**It is not just new brain injury survivors who are being left to cope with the damaging consequences of delays to assessments. Many existing Headway clients, who have relied on local services to maintain their independence, are now being told their funding will end following reassessments by local authority or ICB staff who lack specialist knowledge of brain injury.**

Alternative services, where they exist, are rarely equipped to meet survivors' complex and fluctuating needs.

Local Headway charities have reported a growing number of serious issues faced by existing clients following reassessment:

- **73%** said clients have had to increase their personal contributions to attend Headway services.
- **37%** reported cuts to clients' funded hours.
- **37%** said clients were told they were no longer eligible for support to attend Headway.

Other issues raised by local Headway charities include:

- Assessors often lack understanding of brain injury, especially the hidden and fluctuating effects, and some survivors lack the ability or insight to explain the issues their injury has caused.
- Assessors often significantly underestimate the amount of support a brain injury survivor or their carers require.
- At one local Headway charity, ALL social care clients are being reviewed with the aim of cutting hours or increasing their personal contributions, with long-term users being moved to short-term "independence services" that are completely inappropriate for many brain injury survivors.
- One local authority is now funding only those with critical needs, as the local authority is bankrupt.
- Survivors whose needs have increased are often not reassessed, meaning support needs are not met.
- Poor communication and long delays affect survivors whose care transfers between local authorities and ICBs.
- Funding policies vary dramatically between regions, and who receives funding is a postcode lottery.

- Some survivors who had their transport funded have had this withdrawn, meaning they cannot attend Headway services as they are unable to use public transport.
- The harmful impact of these reassessments cannot be overstated. For some survivors, the loss of support is devastating - threatening their independence, wellbeing, and quality of life.





## Local Headway charities described these impacts to us:

*"Clients struggle to understand why long-term support has been reduced when their issues have not changed. Social services assume individuals with long-term conditions can get 'better' with the right therapies and support – this is not the case. Many individuals with brain injuries who cannot process and retain information, meaning short therapy programmes... offer no solutions for them and leave them without critical support after they end, causing decline in health and wellbeing."*

*"Re-assessments, which are being conducted, it seems, to reduce costs, exacerbate existing symptoms, prolong recovery, and create uncertainty around care needs. Such challenges often lead to increased anxiety, frustration, and a sense of*

*neglect, impacting mental health and confidence in the healthcare system. Families may face added stress managing unmet needs, while survivors risk losing progress in rehabilitation."*

*"They have all been devastated and stressed at how they will cope with either less money at a time when the cost of daily living is going up or having to make the difficult decision to reduce support. For many this means they are sitting at home alone or there is increased burden on families to provide extra support."*

*"Extreme worry before the assessment as they all expect to lose their funding/ support to attend, if they do lose funding they then panic, may try to self-fund their attendance which can then lead to financial distress for them. We often see those who have to stop using the service slip backwards in their recovery, experiencing worsening mental health, family strain, carer breakdown and the use of unhelpful coping mechanisms."*

*"The huge turnover in social workers does impact the length of time but also has a negative effect on individuals who are unclear about who to speak or go to with questions or queries. Additionally, the lack of education within the social work team regarding brain injury is surprising, many are unaware of communication or cognitive deficits and book in for hour-long meetings, unaware of the effects of fatigue."*

*"We believed that one of our clients had not been assessed accurately, the assessment provided 12 hours of support, one to one, but after our intervention and advocating the client will shortly be receiving 24/7 care, with two to one support. A significant difference from the ICB assessment. The initial assessment would have left the client extremely vulnerable."*

## DELAYS IN PAYMENTS

### to Headway charities from local authorities and ICBs

**We asked local Headway charities if they had experienced delays in receiving payments from local authorities and ICBs. 57% told us they had.**

These delays place significant financial pressure on local Headway charities. Some told us they are running at a deficit, while many face cashflow problems that make it difficult to ensure staff are paid. Chasing late payments takes up valuable staff time and resources that should be spent directly supporting brain injury survivors. It is unacceptable that charities are being forced into this position.

Despite this, most local Headway charities continue to deliver services while waiting for overdue payments, because they know how vital those services are to survivors and their families.

Of those experiencing delays, 62% said they still offer a full service to new clients and 19% provide a partial service – meaning over 80% continue supporting new clients despite not being paid.

Of those charities experiencing payment delays, 95% said they provided a full service to existing clients while waiting for payment.

However, six charities said they were unable to support new clients while

awaiting payment. These individuals were left waiting an average of six to twelve months to access services. This is an unacceptably long delay for brain injury survivors – especially as much of the progress made during NHS post-acute rehabilitation may be lost during this wait.

These delays not only harm individuals and families, but also risk wasting public money by undermining the long-term benefits of NHS rehabilitation.

## Local Headway charities told us:

*"We run at a deficit most months due to the delays in funding. We are at a point where, if these continue, we will have to close the service, and the support we offer to 50+ individuals will be signposted back to the council – which, ironically, will cost the local authority more money than just paying our service directly."*

*"It costs us staff time while we chase for payment and interact via phone/email with the clients, which has a knock-on effect on our finances."*

*"This causes us cashflow issues meaning significant additional time spent on credit control by staff."*

**"RUNNING AT A DEFICIT."**

**"WE ARE CURRENTLY IN A FINANCIAL POSITION OF LOSS."**

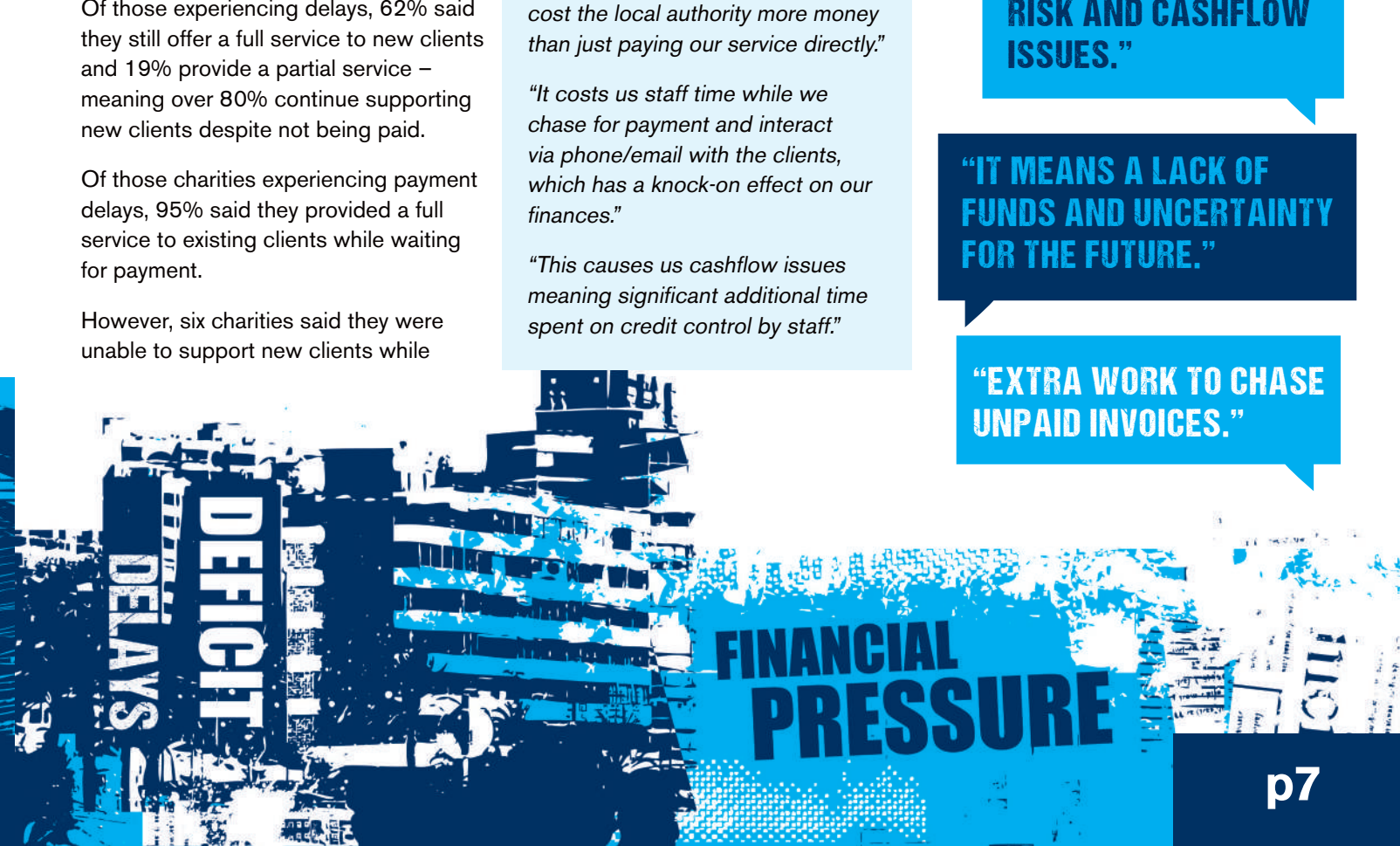
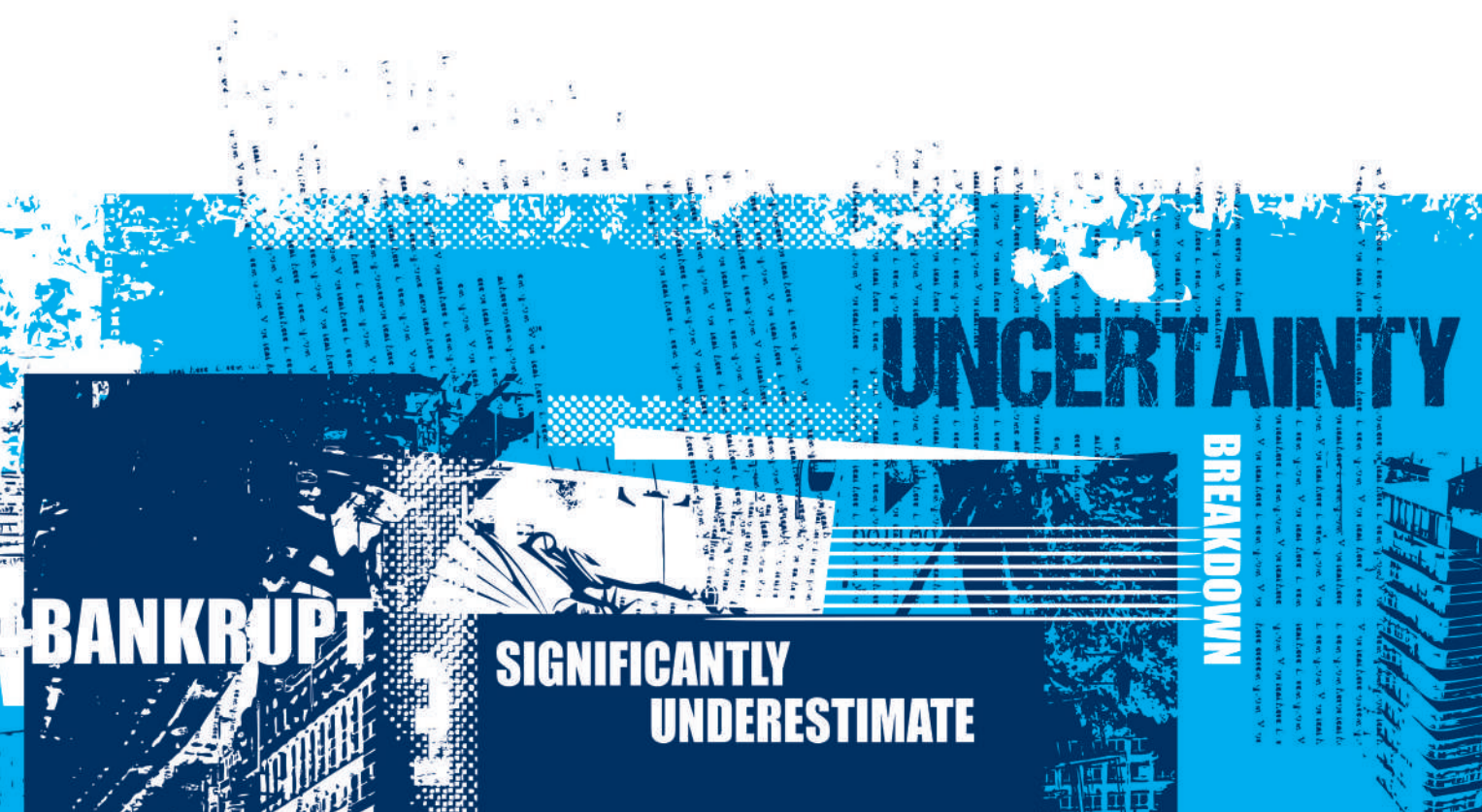
**"IT PUTS US IN A VULNERABLE PLACE WHERE WE CAN BE QUICKLY OVER-LEVERAGED."**

**"STRETCHES LIMITED RESOURCES AND DEPLETES RESERVES."**

**"CUTS INTO BUDGETS, AND WITHOUT REIMBURSEMENT LEADS TO SIGNIFICANT RISK AND CASHFLOW ISSUES."**

**"IT MEANS A LACK OF FUNDS AND UNCERTAINTY FOR THE FUTURE."**

**"EXTRA WORK TO CHASE UNPAID INVOICES."**





# MARK'S STORY

Margaret and Stanley from Oldbury were relieved when their son, Mark, returned home following the breakdown of a 14-year relationship. In the time that Mark was away from them, he had been the victim of abuse and had sustained a serious brain injury.

Margaret recalled: "When he came home, he was thin, and his memory wasn't very good at all. He would stay in his room where he felt safe, hide under layers of clothing and he was too embarrassed to eat with us – so would eat alone."

Over time, Mark's memory, speech and physical appearance declined. After an MRI scan showed that one side of his brain had shrunk as a result of a brain injury, an employee at the local Job Centre suggested Mark visit Headway Black Country.

Mark and his dad, Stanley, were invited to look around and learn about what happens there – and things started to look up. "Mark said he thought he'd like to go," Margaret remembered. "He was excited."

However, delays in funding meant he couldn't attend for over 12 months. "Everything took so long," Margaret said. "We fought to prove he needed support. It was a very hard year, and it really set him back – he became more insular and withdrawn, he didn't leave the house and found it increasingly difficult to walk and even eat."

When funding finally came through, the difference was immediate. Mark began attending Headway twice a week, gaining confidence, purpose, and joy.



Mark before Headway's support



Mark after Headway's support  
"We were getting our old Mark back."

"He always came back smiling from Headway, he loved the coffee mornings, chatting to people, even making the drinks.

"We felt like we were getting our old Mark back. He was remembering to shower and change his clothes. He even put aftershave on for the days he went to Headway."

One Friday in October 2024, Mark came back from Headway Black Country 'all smiles and happy' because he had got all the answers to the quiz right.

"I hugged him that day and told him we were proud of him. We felt like he had started to turn his life around," Margaret said. "He was so pleased with himself!"

Mark then headed to his room for dinner.

Margaret added: "When he didn't come down with his plate like usual, I went up and found him slumped backwards, he had a piece of food stuck in his throat."

Margaret administered CPR and was able to find a heartbeat. A paramedic soon arrived and took Mark to hospital, though sadly, despite everyone's efforts, nothing more could be done, and Mark passed away four days later, aged 55.

Margaret said: "In the end Mark was so happy because Headway Black Country did so much for him – and we thank them with all our heart. They said if we need to talk they are always there for us."

*"Headway is so patient with everyone, they are fantastic, my only wish is that the funding had been in place straight away for Mark and that he hadn't missed out on the twelve months we spent fighting for his place."*

## COMMISSIONING RATES AND COSTS of providing services for brain injury survivors

**We asked local Headway charities if the commissioning rates covered the cost of their contracted service(s). Of those that receive local authority funding, 54% said the rates covered the cost of the service, but 46% said they did not. Of those that receive ICB funding, 36% said that ICB rates covered the cost of their services, but 64% said they did not.**

We asked local Headway charities what percentage of the contracted service the local authority and/or ICB funding covered, if it did not cover the whole service. The responses point to large variations across the UK, ranging from 20% of the service to 97%.

### Local Headway charities described these impacts to us:

"There are several different levels of funding for day services depending on level of need so can be different for each service user, however we did calculate the average across all service users and worked out that the local authority/ICB funding covers 60% of the cost of providing the service."

"This is local authority dependent. In one local authority the rate paid to us is two thirds of cost. However, we are the lowest charging provider in the area charging approximately 40-50% less than other providers (half what others charge and these are not specialist)."

"Local authorities pay around 77% but each individual is different - some are as little as 50%."

"Just 48.5% of the costs are covered from both ICB and local authority."

"Does not cover the cost of current service in terms of wider services (head office, overheads) but does cover immediate staffing costs. Some day centres make a profit whilst others do not. Staffing is approx. 70% of cost, so this has a considerable impact."

"The local authorities determine the rates and they are all different. Of the five local authorities we work with, none cover the costs of us running a session."





# CASE STUDY

## A HEADWAY CHARITY IN THE SOUTH OF ENGLAND

**The CEO of a Headway charity in the South of England spoke with us about issues with assessments and reassessments by local authority social care teams that are affecting brain injury survivors at the charity.**

On average, potential new clients are waiting 15 weeks for assessment by the local authority – this is 15 weeks in which they are unsupported, waiting at home and likely to be losing any progress they made in the initial weeks following their brain injury. Once survivors are established at the local Headway, when it comes to their reassessment, it is often dependent on the social worker dealing with their case as to whether this happens in a timely fashion, and whether the often hidden and fluctuating needs of survivors are understood.

The CEO also told us about broader problems with local authority and NHS services, which are impacting on some of the charity's survivors, as well as the charity itself.

One brain injury survivor who currently receives support at this local Headway charity has been waiting for reassessment for over a year. The impacts of this survivor's brain injury mean that he now needs more intensive support than the charity can provide, likely through his own team of personal assistants, because it is not possible for one person to cope with his (often verbally abusive) behaviour for very long. Sadly, he has no relatives or friends available to advocate for him. He needs the local authority to provide an independent advocate, but this has not yet happened.

The Headway charity has ensured that the local authority is well aware of his situation, and of the huge amount of time and effort that their staff have put into supporting him. However, the local authority has given no indication of when his reassessment will take place, despite the year-long wait, presumably because they know that reassessment will demonstrate that he now has greater and more costly needs. Very soon, it is likely that the charity will be unable to meet his needs, and he will be left with no support despite repeated contact with the local authority.

Another brain injury survivor supported by the local Headway charity had been experiencing mental ill-health, in the form of psychosis. He lived with his elderly mother but had been having violent thoughts towards her. The charity had repeatedly requested urgent reassessment for this client, but after three months of waiting, his psychosis worsened to the extent that it became necessary for his sister to remove his mother from their home, and out of the immediate danger she was in. However, this meant that the client was left alone, which was an impossible situation due to high levels of need caused by his brain injury.

*To support the family in dealing with this urgent situation, Headway called the local mental health crisis team, who said they had no capacity to deal with him, and to call an ambulance. They then called an ambulance, which never arrived.*

Another brain injury survivor is supported by the charity's outreach service. She receives a four-hour visit every two weeks, where she is often supported to do her shopping, and any other tasks which she requires support with. Over Christmas, she had a fall. An

ambulance was called, but she faced a long wait. Her son, who lives at the other end of the country, contacted her Headway support worker who was able to go and be with her while she waited for the ambulance. Unfortunately, she had broken a bone and needed to stay in hospital.

This survivor lives on the border of two local authorities. While she was in hospital, they were in dispute as to which of them would pay for her personal care when she was discharged (she does not normally require this). Because they took so long to resolve this dispute, the survivor, against all advice from the charity, discharged herself from hospital, but there was no care in place for her at home. Her son could not afford to pay for interim agency care, so came to a financial arrangement with a local cleaner to support her with her care needs. Throughout this situation, Headway supported the family and repeatedly contacted the local authority that funded her two-weekly Headway support visit, as they were the obvious authority to fund her temporarily-increased care needs. The situation was never resolved, presumably because neither authority wanted to pay, and were aware that the survivor had some support in the form of her (non-local) family and the Headway charity.

These tragic individual stories demonstrate the consequences for brain injury survivors and their loved ones when local authority and local NHS services fail them. Headway services are often the only local support system available to pick up the pieces, often outside working hours, and at their own expense. However, as this report shows, these local Headway charities are on the brink themselves. If they are forced to close due to lack of funding, brain injury survivors will suffer the consequences.

## MEASURES TAKEN BY LOCAL HEADWAY CHARITIES to chase payments from local authorities and ICBs

**As evidenced above, many local Headway charities now find themselves in a situation where local authority and ICB rates do not cover the cost of the commissioned service for brain injury survivors. In addition, precious resources then have to be spent to chase payment so that they can pay their own staff and operating costs.**

50% of respondents told us about the special measures they have had to start using. Some have had to employ additional members of staff purely to chase the debts they are owed. Some have made debt-chasing an additional responsibility for existing staff members, meaning their time is spent on this task, rather than the role they were employed to do. And some Headway charities simply do not have the capacity to chase, so debts accrue, and they have to use their reserves, placing them in a precarious and unsustainable financial position.

All the time and money that local Headway charities are spending on chasing local authority and ICB invoices is time and money that could have been used to undertake their real purpose – providing support services to brain injury survivors and their families.

### Local Headway charities told us:

"We have had to appoint someone to monitor this weekly, taking resource away from other operations. We have to send emails multiple times a week – which never get read or responded to, we call multiple times a week to be told they can only take notes and pass on the information to the ICB team – to which you don't hear back. You feel left in a hopeless position with no idea when funds will be received. We have also escalated this to commissioners and the finance department manager – the commissioners do try and escalate to the finance manager, but they rarely respond. The system is broken."

"Yes, we have had to get a financial team in place to chase debtors and pay for a lot of admin time in managers chasing team leaders and social workers to find out why payments haven't been made."

"Extra person in finance who just chases payments."

"Issues around disputed uplifted fees are escalated to Senior Management and due to being understaffed there have been time constraints with focusing on those issues."

"Staff have had to take on additional roles to support the needs and financial process."

"We have a finance officer to help chase payments and have relationship manager to hold relationships with commissioners. The CEO has to chase payments."

"Finance Manager monitors all outstanding invoices on a monthly basis and chases accordingly."

"Earlier this year we made extensive representations to the local authority to speed up the turnaround and deal with some assessments outstanding for in excess of a year. Turnaround did improve but still causes delays."

"No, just down to me to find the time to chase payments in between all the other stuff!"

"No, we do not have capacity."





# CASE STUDY

## A HEADWAY CHARITY IN THE WEST MIDLANDS

### The CEO of a Headway in the West Midlands told us about the delays in payments her Headway charity has experienced with the local authority and local ICB.

In 2024, the Headway charity received confirmation of funding for a brain injury survivor to attend their services under a Continuing Healthcare package funded by a local ICB.

*Despite sending repeated invoices for this package to the ICB's finance team, and chasing them with emails and phone calls, the ICB did not send through any payment for over six months. The charity used its reserves to fund the survivor's hours with them, so that he could continue to attend.*

Eventually, the local Headway had to involve the survivor's social worker and tell them that it would not be possible for the survivor to continue to

attend Headway services unless they received payment. This was a terrible position to be in – both for the survivor and the charity – but was a last-resort attempt to extract payment from an unresponsive and then defensive ICB.

Payment was eventually received, but not without months of chasing on the part of the local Headway's finance officer and the CEO. The survivor is still attending Headway services, which are essential to their wellbeing.

A further example from the same charity is of a survivor funded by a local authority, who received funding to attend both one-to-one services and day centre services. He stopped attending one-to-one services but continued to attend the day centre service.

However, when the survivor stopped attending the one-to-one service, the local authority stopped providing any funding at all for him, even though he was still attending the day centre service.

The local Headway is still in dispute with the local authority to retrieve this funding – after four months spent chasing it with no response. Again, the charity has eaten into its reserves in order to ensure that the survivor can continue to attend services – but this is not sustainable.

The charity's finance officer now has to carve out time in her weekly schedule specifically to chase unpaid invoices from local authorities and ICBs. In addition, a week before payments are due, she diarises time to chase and prompt, knowing that payments will be late if she doesn't do this. And despite the time and effort put into this, there is often no response unless the CEO is involved.

These are just two examples of the many delayed and disputed payments that local Headway charities across the UK are having to spend time and money trying to resolve. Time and money that could be spent providing services for brain injury survivors.

Other smaller Headway charities do not have the time to chase payments, and do not have the reserves to fund services while experiencing payment delays and disputes. Local authorities and ICBs need to provide prompt and accurate payment – or many local Headway charities will not be able to survive, and brain injury survivors will need to be supported by more costly, and often inappropriate, state services.

# SUSTAINABILITY

## of local Headway charities

### We asked local Headway charities if they thought their charity was sustainable on a long-term basis – i.e. for five years or more.

Only 37% thought that their Headway charity would be sustainable in the long term. 63% said their charity was not sustainable or were not sure.

We asked the 63% why they thought that their charity was not sustainable or were not sure. Their responses point to the effects that public sector financial pressures and short-termism are having on local charities, and the difficulty of staying afloat amidst a cost-of-living crisis, rising operational costs and unstable, unsustainable and inconsistent commissioning practices.

### Local Headway charities told us:

*"The current financial pressures on local authorities continue to have an impact on our funding and long-term sustainability."*

*"Lack of funding – no secure contracts in place. We only exist on spot purchase funding from Adult Social Care (no NHS funding) and obtaining that funding is increasingly difficult."*

*"We are facing recommissioning tenders with two local authorities in the next six months and anticipate cuts in funding or restructuring of funding."*

*"Session fees only cover c.70% of overheads, so the remainder is covered by fundraising and donations which is becoming increasingly difficult in the current climate."*

*"We cannot carry on running at a loss – we need to charge for placements at full cost recovery however the council will only pay set rates."*

*"Our charity runs at a deficit each year because our local authority costs do not cover our expenses and our fundraising income has reduced, increasing this deficit further."*

*"Currently utilising our reserves."*

*"We have too great a shortfall between income and expenditure as a result of all cost of living/ minimum wage increases. If we cannot secure a regular and sustained level funds through grants and foundations, we will eventually run out of funds."*

*"Because we may have no uplift in 2025 and our salary bill will go up by £180k due to increased living wage and employer NI costs, we may have to cut some days of services/ reduce staff."*

*"If we continue to have client hours reduced or lose client hours due to their contributions increasing, and continue to wait six months or more for new clients to be assessed and receive funding, it could be very difficult to continue to support local services with offering care for individuals with ABI. We may have to consider moving over to private individuals only and changing our business model."*

*"Clients' needs are increasing, which in turn requires more staff to manage these and we are not allowed to increase costs."*

*"Adult social care funding does not cover all our costs so we are still reliant on grants and fundraising which is increasing difficult to get."*

# NOT SUSTAINABLE

p12

## BROKEN SYSTEM

# UNSTABLE

## FACING A PERFECT STORM

### COST OF LIVING CRISIS

# LACK OF FUNDING

p13



# CONCLUSIONS:

Nearly 10% of local Headway charities have closed in the past two years. That's six local areas where brain injury survivors are no longer receiving support that meets their needs. Without urgent action, this situation is likely to be repeated across many more parts of the UK.

The reasons for these closures are clear and evidenced throughout this report:

- Local authority and ICB commissioning rates often fail to cover the true cost of delivering services.
- Financially pressured commissioners are cutting clients' hours, withdrawing support entirely, or increasing the costs to service users—many of whom cannot afford to pay.
- Local authorities and ICBs are taking longer to pay for services and to complete client assessments, leaving brain injury survivors in limbo. As a result, vital gains made in neurorehabilitation are often lost.

These challenges come on top of wider financial pressures:

- Headway charities are struggling to secure funding from trusts and foundations due to ever-increasing demand.
- The rise in employers' National Insurance contributions in April 2025 is stretching already tight budgets.
- The ongoing cost-of-living crisis has made it harder to attract donations from local communities.

Headway services play a vital role in supporting statutory systems. They provide specialist support for survivors, families, and carers - working alongside adult social care and the NHS to help people rebuild their lives, relearn skills, and regain independence.

But with pressures mounting from all directions, these essential services are being pushed to breaking point.

To protect brain injury survivors who are some of society's most vulnerable people—Headway urges the Government to provide urgent, targeted financial support for local brain injury charities. Investment in these services is preventative; without it, public spending will increase in the long term.

As Baroness Fraser of Craigmaddie said in a House of Lords debate on the community and voluntary sector last year, organisations are facing a “perfect storm”, highlighting charity closures due to cash flow issues and the role charities play in propping up the state. In her speech, she spoke about the vital work of Headway charities and their closures. Her final remarks sum up the need for a shift in attitude from the Government:

“These organisations are key partners, and it is about time we treated them as such. When will there be recognition that this sector is not voluntary, it is essential?”

**Headway calls on the Government to act now.**

## Headway calls on the Government to:

01.

Fund national training for local authority and ICB commissioners and social workers on the complex, hidden, and fluctuating effects of brain injury, which are often misunderstood in care assessments.

02.

Increase and ringfence funding for community-based specialist brain injury services, such as those provided by Headway.

03.

Reduce waiting times and improve assessment systems by equipping adult social care teams with the resources and expertise to identify both immediate and long-term care needs of brain injury survivors.

04.

Expand the Fair Payment Code to local authorities and ICBs, encouraging payment within 30 days and recognising those who meet this standard - supporting the sustainability of vital brain injury services.

# ACKNOWLEDGEMENTS

With our sincere thanks to everyone who contributed to this report:

- Our contributing Headway charities
- Mark's family
- Our wider Headway community

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## REFERENCES:

Further information about the Fair Payment Code (FPC) referred to in our fourth ask can be found here: [www.smallbusinesscommissioner.gov.uk/new-fair-payment-code](http://www.smallbusinesscommissioner.gov.uk/new-fair-payment-code)





If you need help or support, or have a question  
about brain injury, contact our freephone nurse-led helpline:

**0808 800 2244**

**helpline@headway.org.uk**



the brain injury association

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