

## **Experiences of Homelessness and Brain Injury**

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# Experiences of homelessness and brain injury

## Background

Research<sup>1,2,3,4</sup> suggests that the prevalence of traumatic brain injury in the homeless population is much higher than in the general population. This is consistent with general poor health amongst homeless people<sup>5</sup>.

The consequences of TBI can pose particular problems for homeless people. People with a TBI may be reluctant to seek help, and even if they do receive appropriate brain injury support, the long term neurological effects of their brain injuries combined with their lack of stable housing may leave them unable to rely on family, or to implement some of the strategies suggested for cognitive rehabilitation, for example establishing routines to build functional independence. In addition, maintaining health status and managing health conditions after a brain injury is challenging for brain injured people<sup>6,7</sup>.

The causal relationship between TBI and homelessness is not established, yet studies have shown very high rates (70%<sup>8</sup> and 90%<sup>9</sup>) of homeless people with a brain injury reporting their first injury occurring before they became homeless. The reported prevalence of TBI amongst the homeless population suggests this is a significant issue, yet TBI is seldom mentioned in homelessness research and strategies.

## Methods

This research was co-produced by the Head Injury and Homelessness Research Group, and was led by Steph Grant, a brain injury survivor with experience of homelessness.

We recruited participants through Ben's Centre for Vulnerable People<sup>10</sup>, who used the Brain Injury Screening Index<sup>11</sup> to ascertain if people had a history of head injury and were likely to have sustained a TBI.

Interviews were conducted in the summer of 2016 by Steph Grant and Alistair Atherton together and a total of five men were interviewed for the research. All interviews were held at Ben's Centre for Vulnerable People, a place deemed to be safe and familiar for the interviewees.


The Head Injury and Homelessness Research Group transcribed and analysed the interview material, with additional analysis meetings being held with academics and other stakeholders.

This report was co-produced by the Head Injury and Homelessness Research Group in September 2016. The research was led by Steph Grant, a brain injury survivor with experience of homelessness

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A short film about the research will be available soon.

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## Findings

### *Interactions with services*

All of the men were taken to hospital after their head injuries, yet this did not necessarily lead to longer term rehabilitation. Only one of the five participants recalled being referred to the Head Injury Rehabilitation Centre, and he only attended once.

The support the men were receiving varied and included anti-depressants, counselling, alcohol support, mental health services, tenancy support, and contact with social workers and Turning Point. However, no one was receiving specialist support directly related to brain injury, and several opportunities to provide support appear to have been missed.

*'I was supposed to see a social worker [in hospital] but they never came to see me'* (Edward)

*'They used to help me from jail... I've had no help at all the last few times. When I came out, I had nowhere to live, no money, I mean, what are you supposed to do?'* (David)

There seemed to be a lack of trust between the men and service providers, which in some cases was associated with a lack of engagement from both sides. Some men reported a lack of respect by some service providers, and felt they sometimes weren't taken seriously.

*'She [the social worker] always seems too busy, it's always late, and instead of an hour I get 25 minutes'* (Barry)

There was a perception by some of the men that their head injury had not been properly acknowledged, and they had been dismissed as a 'junkie alcoholic' or troublemaker.

*'Nobody listens, it's just "here's this drunken bastard"'* (David)

Some of the men acknowledged their own lack of engagement with services, describing how they had, for example, discharged themselves from hospital before being treated, or missed appointments that had been arranged for them.

*'I wanted to get out, I just, I know what to look for in myself'* (Barry)

*'I had one recently [a meeting with tenancy support] but it didn't happen. I don't whether it was me or... it just didn't happen. Got the day wrong, something...'* (Charlie)

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## *The reality of being homeless with a brain injury*

The men described experiencing a range of symptoms after their head injuries, from physical symptoms such as headaches, dizziness, loss of balance, swelling, to psychological and other symptoms, such as anger, loss of confidence, panic attacks, difficulty concentrating, depression, alcohol addiction and memory loss.

*'I've got so much anger inside me... I've picked fights and let people hit me... I don't care, they can't hurt me, can't hurt me' (David)*

These can be difficult to deal with, particularly given their vulnerable living situations.

The men reported many violent incidents throughout their lives, in some cases from childhood, and in many cases leading to head injuries of varying levels of severity. Some talked about their own violent behaviour, and how this had on occasion led to jail. The men recounted how they had been hit with a lump hammer, bottle, tin of paint, pool balls in a sock, and one had been strangled with a shower hose.

*'I saw lump hammer shapes being smacked through the door... horrible feeling, trapped... I just remember big flashes of star bursting, puffs, puffs of light... I had my tv smashed over my head... I went to hospital because blood just wouldn't stop coming out of a wound on the back of my head' (Barry)*

The violence described was often brutal, sometimes premeditated, and often seemingly carried out with intent to kill or with significant disregard for the life of the victim.

## *Coping strategies*

The men had developed a range of coping strategies to deal with their situations. 'Home' was not necessarily seen as a place of safety - two men had been attacked in their own homes, and one of them was too scared to return to his home. Several talked of isolating themselves from other people (which could potentially account for them losing contact with services), and finding places and people they could feel safe with.

*'I'm scared to death of anyone touching my face, re-fracturing it... I take myself away from everybody... I'm scared to death of getting in a brawl, or being in the wrong place at the wrong time' (Edward)*

*'I've got places that are little hideouts that I can go where I can breathe quietly, where nobody can find me. I tend to spend a lot of time in the library with my back to the wall, because... I like the peace, I like the quiet of it' (Barry)*

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One man however had secured a more stable position than previously held, and was doing voluntary work several days each week, which he found was a good way to keep busy. This indicates the potential value of community integration for people with TBI, both for the individual and the community in development of personal identity and contribution to society.

*'When I wake up every morning and I've got some targets to do, and I feel useful not useless, it's much better for me... I've got lots of experience about life on the street... and I can use this to help other people'* (Arthur)

The men also shared some positive stories about their identities, with one feeling that he had gained enough experience to help others, whilst another described himself as articulate, a painter and a musician. They also talked resiliently about being able to cope with whatever life threw at them

*'Listen, I'll get through it, I'm a soldier... I've got it easy mate'* (Edward)

Despite this, the men acknowledged that life was not always easy when you had a TBI, especially on the streets.

*'You see, when you're brain injured it doesn't mean you're incapable. It just means everything's harder... you kid yourself, you say I'm alright Jack, I'm ok. Nothing's bothering me. And before you know it, things pile up, you get debts, you're out on the street'* (Charlie)

Having a support network has proven to provide invaluable help for people with TBI, however this was not always available and, if families and friends themselves have not been supported to understand the problems and challenges facing people with a brain injury, they may not necessarily understand or know how to help.

*'My family don't understand, they just think ah, he's a mad alcoholic... I've changed.'* (David)

As a result, there was a general feeling of having nobody to talk to and to being alone as some stated that friends could not always be trusted to provide consistent or reliable support.

*'Oh god, it kills you. Sometimes it kills you. You want someone to be there. You want someone to say it's ok, you want someone to say it's alright. That's what you feel, that's what you want... and that's what you need. It's not always there though'* (Charlie)

Perhaps because of this, the men expressed appreciation at being able to talk about their lives in the interviews, despite sometimes finding it difficult.

*'I never opened up like this to anybody, to no-one, I haven't... I'm glad, it's good to talk to people that listen... It's good to get things out, I haven't cried so much in years'* (David)

## Conclusions and recommendations

This research has demonstrated the particular difficulties faced by people with TBI who are homeless, and the dearth of appropriate support available for them. The services that the men in the study encountered did not always recognise their TBI, meaning support was often targeted at surface issues (for example, substance abuse), and opportunities to address the underlying TBI were missed. Support was not always available or easy to access. We therefore make the following recommendations.

- Brain injury screening, and appropriate training for staff, should be available in frontline services in contact with homeless people (for example hostels, A&E). This is currently being done at Ben's Centre for Vulnerable People in Sheffield, and at a variety of places in Leeds, using the Brain Injury Screening Index (BISI), developed by The Disabilities Trust Foundation.
- Specialist brain injury services need to be present and accessible in settings where homeless people go, rather than identifying these settings as simply access points into the traditional community rehabilitation services. It is likely that approaches will focus on case management rather than episodic inputs, supporting the development of positive self-narratives, coping, participation and inclusion rather than impairment.
- It is crucial to work with existing staff when providing innovative specialist services in settings where homeless people go. This may involve training about brain injury, use of screening tools, and unblocking the institutional obstacles to communication and effective management of people who attend a range of services unpredictably and possibly infrequently. Services should work with service users and carers to develop and deliver user-led training.
- In order for specialist services to be useful when they encounter homeless brain injured people, service provision will need to be innovative (for example having multiple access/rapid response points via a network of homeless, alcohol, drug, housing and tenancy support services). Services need to consider models, skill mix and desired outcomes that rethink linear pathways of provision that are typically provided in community brain injury rehabilitation teams.
- Preventative support should be prioritised. For example, social workers should ascertain the needs of people with TBI by using the Brain Injury Needs Index<sup>12</sup> (BINI) during assessments, and specialist support should be available for people 'at risk' with TBI so as not to lose their housing tenancy.
- Support should be available for those who are already homeless, including the development of robust pathways back into brain injury support and rehabilitation when needed.

# Experiences of homelessness and brain injury

The current study was limited by the small number of participants, and that only adult male participants were interviewed. We therefore call for more research into homelessness and TBI in male, female, adult and youth populations. The majority of people who sustain TBI will never become homeless, yet research has shown that still too many people do, and we must understand the pathways to homelessness if we are to prevent such numbers in the future.

## Head Injury and Homelessness Research Group

This research was co-produced by the Head Injury and Homelessness Research Group, and was led by Steph Grant, a brain injury survivor with experience of homelessness. The members of the group involved in this research are:

- **Steph Grant**, principal investigator
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- **Jenni Brooks**, Senior Lecturer in Sociology, Sheffield Hallam University
- **Matthew Colbeck**, Honorary Research Fellow, University of Sheffield
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- **Dave Vanderhoven**, Research Supervisor

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