



## **The Disabilities Trust submission to the Communities and Local Government Committee inquiry into homelessness, February 2016**

### **1. About The Disabilities Trust**

The Disabilities Trust is a national charity, providing care, rehabilitation and support for people with complex physical impairments, acquired brain injury and learning disabilities as well as children and adults with autism. We support approximately 1000 people each year in residential settings, independent hospitals, accommodation-based support and within individuals' own homes, and employ over 2000 staff.

### **2. The Disabilities Trust Foundation**

Our Foundation aims to make a difference to the lives of those who are unable to access the Trust's core services, by enabling the charity to share its experience and knowledge through research and the piloting of new ideas. Our project work is designed to initiate and enhance good practice and direct or influence policy within our areas of Trust expertise - brain injury, learning disabilities, autism and physical disabilities.

Brain injury, unless properly diagnosed and treated, can bring communication, memory and behaviour problems leading to increased risk of family breakdown and loss of employment. This has therefore been an area of focus for the Foundation over the past five years. An earlier study in Toronto which surveyed 904 people who were homeless, found a life-time prevalence of 53% (Hwang et al., 2008) and the Foundation has sought to both build on this early research and put in place practical measures to support homeless people with a brain injury.

### **3. Research on homelessness and TBI**

Research carried out by The Disabilities Trust Foundation (Oddy et al, 2012) has found traumatic brain injury could affect almost half (48%) of homeless people and may contribute to the risk of people becoming homeless in the first place.

This study, the first in the UK to consider the possible link between brain injury and homelessness, showed that homeless people are more than twice as likely to have suffered a traumatic brain injury (TBI) as someone in the wider population. Most of the homeless people interviewed had received their first injury before they became homeless, revealing a possible causal link between TBI and homelessness.

Results showed that:

- almost half (48%) of the homeless participants reported a history of traumatic brain injury compared to just 21% in the control group
- of the homeless participants, most (90%) indicated that they had sustained their first traumatic brain injury before they became homeless

- the mean age at first injury was 19.9 years, indicating that for many people their first TBI was sustained at a young age
- over half (60%) of the homeless participants with a history of TBI said that they had experienced more than one traumatic brain injury, compared to 24% of the control group
- These findings suggest that rates of traumatic brain injury are much higher among homeless people than in the general population and that sustaining a traumatic brain injury may be a risk factor for homelessness

This and other studies were reviewed by Jane Topolovec-Vranic (2014) who found strong and consistent evidence that there is a much higher prevalence of traumatic brain injury amongst the homeless population than in the population in general.

A further study (McMillan et al., 2014) conducted by the University of Glasgow in collaboration with The Disabilities Trust Foundation, confirmed a higher prevalence of traumatic brain injury amongst the homeless population. This study was a considerable step forwards as it has used hospital records of admission rather than self-report methods for determining a history of traumatic brain injury (TBI).

The aim of the study was to investigate whether the findings of a higher prevalence of TBI amongst the homeless community found in self-report studies could be confirmed in a study using hospital records. The study also investigated whether the homeless community had a higher mortality rate than the general population and whether mortality was related to TBI.

Results showed that:

- The frequency of admission to hospital with head injury amongst the homeless in Glasgow was five times higher than in the general Glasgow population
- A prevalence rate of 13.5% amongst the homeless was found which compares to a rate of 2.7% found in the general population in Glasgow
- A third (33.6%) of those who were homeless and had been hospitalised for head injury died in the seven year census period, compared to 13.9% in the homeless group who had not been hospitalised for head injury
- The prevalence of TBI in the homeless population was much lower than the rate found in the previous self-report studies, yet was five times higher than the rate found in the general population
- The increased prevalence of traumatic brain injury amongst the homeless is therefore higher in previous studies using self-report methodology
- Earlier studies have suggested that most commonly the brain injury occurs before the person becomes homeless suggesting that TBI plays a role in becoming homeless. This requires further investigation
- The reasons for the higher mortality rates amongst the homeless with a brain injury are unclear and need further investigation. They may be related to lifestyle choices made by those who have had a brain injury
- Services for the homeless and those for brain injury need to work together more closely

The study confirms that traumatic brain injury leading to hospitalisation is much more prevalent amongst the homeless population than in the general population and is a risk factor for mortality in the homeless population. The earlier studies suggest that brain injury often occurs before homelessness and this raises the possibility that better services for brain injury could prevent some people becoming homeless. The reasons why the mortality rates for those who are homeless and have been hospitalised for head injury are so high require further investigation. One possibility is that persisting cognitive and emotional effects of head injury may have an impact on the person's lifestyle, putting them at greater risk of premature death. For example poor organisation, planning and problem solving, impaired judgement and impulsivity are common effects of more severe head injury and may lead to lifestyle choices that lead to ill health and even death.

Understanding what underlies these new findings will allow services for the homeless and for those with brain injury to work together in more effective ways.

#### **4. Brain injury screening and linkworker service**

The Disabilities Trust Foundation has been supporting homeless people in Leeds with brain injuries since 2009. We have developed a training programme for front line hostel staff, health and social care staff and a robust and peer reviewed brain injury screening tool (BISI).

##### *Brain Injury Screening Index (BISI)*

The BISI ® is an 11 question screening tool to help identify an individual's history of brain injury and indicate severity. It is an easy to use tool, asking questions about blows to the head and the resulting treatment received. It includes previous medical history relating to illnesses affecting the brain. Answers to specific questions can be used to estimate the severity of any brain injury that may have been received. The BISI is free to use and can be used by all levels of practitioners.

##### *Brain Injury Linkworker Service*

This service developed and delivered by The Disabilities Trust Foundation:

- Identifies people with a history of brain injury using the BISI®
- Assesses needs
- Develops and delivers personalised support plans, enabling people to identify and achieve personal goals
- Provides effective interventions to address problems related to brain injury including memory, concentration, behavioural problems and motivation
- Refers where necessary to neurology, physiotherapy, mental health teams, housing and substance misuse support and social services
- Builds a network of support through the development of partnerships with health services, offender management, housing and drug and alcohol services
- Liaises with agencies and families to provide guidance on supporting people with a brain injury
- Aids community integration and transition including release from prison

## **5. Case study**

Ben was assaulted in June 2010. He was punched and hit his head on the pavement as he fell. He was in a coma for several weeks and after receiving medical treatment at hospital for several weeks, was transferred to a rehabilitation ward. He spent four months receiving rehabilitation before being discharged to a property in the community with no support, but with access to outpatient appointments. As Ben received no support he was unable to maintain attendance to these appointments and was discharged from the service.

He struggled to live independently and to maintain personal care. His tenancy eventually broke down because of his antisocial behaviour towards his neighbours and he was served with an Anti-Social Behaviour Order (ASBO). Because of this the council evicted him from his home and he had to move to private rented accommodation. The same issues arose in his new tenancy and Ben was unable to maintain the property and look after himself. Four years after his injury and after being unable to sustain rented accommodation a support worker took him to a homeless hostel.

It was apparent quite quickly to hostel staff that Ben was severely disabled both physically and cognitively as a result of his brain injury and he was referred to the Foundation's brain injury Linkworker service. The Linkworker administered the Brain Injury Screening Index indicating Ben had a moderate to severe brain injury. Hostel staff struggled with Ben's behaviours and were given advice on his brain injury and how best to deal with his needs and behaviours. However, Ben was unable to adhere to the rules at the hostel and ended up living on the streets for two weeks. During this time Ben was very vulnerable and was robbed on a number of occasions, including when someone took his bag with all his belongings and medication in while he slept. Ben's phone was also taken and his benefits taken from him when he went to withdraw them from the cash machine. Ben began taking 'legal highs' as he was in such a low mood due to his circumstances.

During this time, another hostel with a unit for disabled access accepted Ben on their waiting list. Eventually a ground floor bedsit became available and Ben was able to move in. His needs and difficulties were made apparent to hostel staff and after only a few days staff were unable to cope with Ben's behaviours and needs. With support from staff and the Foundation, Ben stayed at the hostel despite his challenging behaviours and ill health which led to a short period in hospital and difficulties managing his money.

Following intense support from Foundation staff and Linkworker Ben gained a place in a BIRT specialist brain injury rehabilitation unit but was unable to complete his rehabilitation due to ongoing substance misuse. He made significant improvements in the three weeks he was there, however he is now back in rented accommodation and again struggling to cope.

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### **Bibliography**

Hwang SW, Colantonio A, Chiu S, Tolomiczenko G, Kiss A, Cowan L, et al. (2008) The effect of traumatic brain injury on the health of homeless people. *CMAJ Canadian Medical Association Journal*, 179, 779–784.

Oddy, M, Moir JF, Fortescue D and Chadwick, S (2012) The prevalence of traumatic brain injury in the homeless community in a UK city. *Brain Injury*, 26, 1058-1064

McMillan TM, Laurie M, Oddy M, Menzies M, Stewart, E & Wainman-Lefley, J (2014). Head injury and mortality in the homeless. *Journal of Neurotrauma*, Early Online  
doi:10.1089/neu.2014.3387

Topolovec-Vranic J, Ennis N, Colantonio A, Cusimano MD, Hwang SW, Kontos P, Ouchterlony, D and Stergiopoulos, V (2012). Traumatic brain injury among people who are homeless: a systematic review. *BMC Public Health*, 12: 1059