



TRY NOT TO LOOK AWAY

AN EPIDEMIC OF BRAIN INJURY
IN PEOPLE FACING MULTIPLE
EXCLUSION HOMELESSNESS

Steph Grant Expert living a brain injured life

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Introducing HIHRG

The Head Injury & Homelessness Research Group

While developing a programme of brain injury awareness training in late 2012, some survivors of brain injury with lived experience of homelessness came across a piece of research published earlier in the year by the Disabilities Trust Foundation.

The study showed that 48% of the homeless community in Leeds, UK, had sustained a traumatic brain injury (TBI) and further that 90% of these had sustained their first TBI prior to becoming homeless ("The Prevalence of TBI in the Homeless Community in a UK City", Oddy et al, 2012).

These findings closely replicated the findings of another earlier study in Toronto, Canada, which showed that 53% of the homeless community had sustained a TBI, and of these 70% reported sustaining their first TBI prior to becoming homeless (Hwang et al, 2008).

These two studies were the inspiration for the origin and development of the Head Injury and Homelessness Research Group which published the study, "Experiences of homelessness and brain injury" (Grant et al, 2016)'.




ONE STUDY FOUND THAT
90%
OF HOMELESS PEOPLE WITH A TBI*
SUSTAINED IT **PRIOR**
TO BECOMING HOMELESS
(Oddy et al, 2012)

*TBI: Traumatic Brain Injury

If you are interested in brain injury survivor led research, and are a brain injury survivor, carer or family member of, clinician, academic, or someone with an interest in this line of research and activity, please contact hihresearchgroup@gmail.com

Make that connection!

Core Membership of The Head Injury & Homelessness Research Group (HIHRG)

Steph Grant (Chair)

Jennie Martin (Secretary)

Alistair Atherton (Treasurer)

Rachel Grellier

Dave Vanderhoven

Matt Colbeck

Helen Cowhig

Peter Wilding

Robin Nelson

What are we setting out to do today?

- The damage done by a **traumatic brain injury (TBI)**
- TBI in homeless and precariously situated people can be devastating
- Stress the importance of keeping our gaze fixed on TBI when trying to assist people facing **multiple exclusion homelessness (MEH)**

THE DAMAGE DONE BY TBI

Brain injury always makes life harder whatever life position you are in:

PHYSICAL

COGNITIVE

EMOTIONS &
INTERACTIONS

SELF ORGANISATION
& REGULATION

Traditional clinical models emphasise the **event** model of TBI, the severity of the injury and its impact upon recovery

This model also emphasises the importance of early rehabilitation

TBI: UNFOLDING DAMAGE

TBI is also an evolving neurological condition and if unmodified, the damage sustained unfolds adversity throughout a person's life.

Costs to individuals and society are vast¹

Health and medical unfolding^{2, 3}

TBI: SOCIALLY UNFOLDING DAMAGE

Cumulative micro failures in all domains of participation

Return to preinjury social roles often compromised or impossible – for example work, family

Loneliness – social groups contract and concentrate

Vulnerabilities are amplified, risks, neglect and predators are attracted

Falling into the cracks: services disengage, revolving door, high drop-outs and reciprocal reactions

Multi-morbidities are common before and after TBI⁴

Propulsive force towards the periphery of the urban space -> movement towards silos

LOSING SIGHT OF TBI

Despite moderate to severe disability, 70% do not receive inpatient rehabilitation and 85% do not receive out-patient rehabilitation³

Specialist brain injury rehabilitation services are affected by a variety of factors that serve to distract them from seeing the evolving consequences of TBI

The vast majority of those affected by socially unfolding damage rely on the goodwill, kindness and energy of non-specialists

TBI IS COMMONPLACE: PREVALENCE

- Prevalence is about 10-12% in the general population⁵
- Prevalence is very different in our groups
 - Homeless – 53%⁶
 - Male youth custody - 74%⁷
 - Adult male prisoners – 60%⁸
 - Adult female prisoners – 78%⁹
 - Prostituted women – 53-89%¹⁰
 - Female survivors of domestic violence - up to 90%¹¹

TBI IS COMMONPLACE: INCIDENCE

- Annualised incidence rate of TBI is <1% in the general population¹²
- Annual incidence in homeless and precariously housed groups is different:
 - Homeless / precariously housed – 20-50% ^{12, 13, 14}
 - Homeless and drug dependence, excessive alcohol, early life TBI, multiple TBIs and poor role functioning increase the risks of further TBI to the highest levels ^{12, 14}
 - Chronically homeless people with serious alcohol dependence have a TBI rate 14 times higher than homeless people without that level of alcohol problem ¹⁴
 - Homeless – rates of serious TBI several times greater than in general population ¹²
 - Repeated TBI extremely common ^{12, 14}

ALYSON NORMAN

LIFE AND SUICIDE FOLLOWING BRAIN INJURY

A Personal and Professional Account



AFTER BRAIN INJURY: SURVIVOR STORIES

ROUTLEDGE

TOM¹⁵

“The sad reality is that there are Toms in many cities across the UK... who have experienced a TBI, been saved by the miracles of modern medicine and then discarded like an inconvenient blemish on society.

Tom deserved so much more from services that were meant to look after him and so do all the other Toms out there, and all those that are to come.

As professionals we must start accepting that Tom is not an extreme and unusual case; he represents how a person’s life can turn out following brain injury if they are not given access to the appropriate services and forms of support”.



STEPH'S STORY ¹⁶



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