Everybody Knows

By Nick Rushworth, Executive Officer, Brain Injury Australia*

People with an acquired brain injury (ABI) are over-represented among the homeless. Everyone, at least, who works with the homeless knows this. But do governments know? And do they really want to?

I wrote in Parity’s February 2009 “White Paper” edition — with the (brief) experience of working for the Northern Territory Government — that the (good) old days of government, where all it would take was one aggrieved constituent to beat the ear of a politician at a Sunday barbeque for a gripe to become policy Monday morning, were (mostly) gone. Nowadays, so it’s said, governments only respond to beefs with a base in evidence.

So, what follows is Brain Injury Australia’s invincible logic.

The second of the Australian Government’s “guiding principles” in the White Paper was “we need to understand the causes of homelessness and use this knowledge” because “preventing homelessness is important.”

ABI produces, on average, around three times the level of disability (and is ten times as common) as spinal injury, because it’s the brain that’s injured. It is overwhelmingly common (as common) as spinal injury, because it’s the brain that’s injured. It is overwhelmingly common (as common) as spinal injury, because it’s the brain that’s injured. It is overwhelmingly common (as common) as spinal injury, because it’s the brain that’s injured. It is overwhelmingly common (as common) as spinal injury, because it’s the brain that’s injured. It is overwhelmingly common (as common) as spinal injury, because it’s the brain that’s injured. It is overwhelmingly common (as common) as spinal injury, because it’s the brain that’s injured. It is overwhelmingly common (as common) as spinal injury, because it’s the brain that’s injured. It is overwhelmingly common (as common) as spinal injury, because it’s the brain that’s injured. It is overwhelmingly common (as common) as spinal injury, because it’s the brain that’s injured. It is overwhelmingly common (as common)

Numerous local surveys have attempted estimates of the number of homeless people with an ABI. A 1998 Down and Out in Sydney project found 10% of people using inner-city Sydney hostels and refuges had cognitive impairment as a result of alcohol-related brain injury or a traumatic brain injury. Two Victorian studies of pension-only Supported Residential Services pointed to the high proportion of residents with an ABI: 13% and 17%. A study by Ozanam Community Support Services Outreach Program found that over the three year period, 1997–2000, 33% of its clients had a diagnosed alcohol-related brain injury.

Cheerleading for ABI has got to come both from advocating for individuals and arguing on behalf of a population. Because governments always want to know the scale of the problem before they’ll give it any attention, let alone money. So, it’s a source of ongoing frustration for Brain Injury Australia that, for instance, throughout the 25 years in which the Supported Accommodation Assistance Program has been operating its National Data Collection Agency — managed by the Australian Institute of Health and Welfare which, peculiarly, recognises and records ABI specifically in every other avenue of its research — still does not invite self-report of ABI in its “Client Form” (thought it does for intellectual and physical disability) and while offering “psychological”, “specialist counselling” and “psychiatric services” as well as “drug/ alcohol support or intervention” as “specialist services” in its “support to client”. Brain Injury Australia is convinced that community awareness of ABI lags around 20 or 30 years behind that of other disabilities. And Brain Injury Australia often raises its success in mere mentions of ABI alongside other disabilities. ABI’s continued absence from such a fundamental potential source of information about the causes of homelessness spurs the cynic inside me to conclude that governments really don’t want to know. Moreover, staff working in services to the homeless should be given training in ABI to aid their work with clients and to help them identify an ABI in someone either unwilling to disclose or unaware of their disability. Brain Injury Australia is under no misapprehension as to what assessment and support of clients’ ABI could add to the workloads of already overstretched homeless services. And while it welcomes the Australian Government’s commitment to public health approaches to social policy such commitment is costly, potentially more costly than providing shelter for Australia’s homeless. The same cynic, above, wonders whether ABI’s exclusion from documentation like the SAAP “Client Form” reflects governments’ general worry about disabilities that occur on a spectrum of severity and that aren’t susceptible to ready testing. Lest the floodgates open to, for example, the Disability Support Pension. Perhaps governments fear that acquired brain injury could become the “new” black, the “new” asthma or Asperger’s. Sometimes I think they think... everybody will want one.

Moreover, policies that are serious about, and that seriously fund prevention are a long tail business. They don’t conform to the electoral cycle. If Kevin Rudd’s still Prime Minister, Tanya Plibersek still Minister for Housing and the Australian Government still Labor in 2020, their commitment to “halving” homelessness and “offering supported accommodation to all rough sleepers who need it” can be put to the real test. Chances are, success in 2020 is going to rely solely on the generosity of successive governments.

More than a year on from the White Paper, Brain Injury Australia is still waiting on the Department of Families, Housing, Community Services and Indigenous Affairs’ invitation to be “involved” in “consultations on individual measures such as the development of accreditation systems[sic] and the content of a new Homelessness Act.” And this is an election year. ■

* Nick Rushworth is Executive Officer of Brain Injury Australia — the national peak acquired brain injury (ABI) advocacy organisation representing, through it State and Territory member organisations, the needs of people with an ABI, their families and carers. In 1996, armed with a bicycle, Nick attacked two cars. The cars won, but Nick’s recovery from a severe ABI was exceptional. Formerly a producer with the Nine Television Network’s Sunday Program and ABC Radio National, his most recent work has been for the Northern Territory Government setting up their new “Office of Disability”. Brain Injury Australia’s submission to The Australian Government’s Green Paper Which Way Home? A New Approach to Homelessness is available from their website — www.braininjuryaustralia.org.au