BRAIN INJURY
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ACCESSIBLE HOUSING NEEDS AND BRAIN INJURY

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The position paper presented here is intended as a living document and should be regarded as such. It does not aim to represent all views or encompass the breadth of perspectives found in the many excellent sources of information available. As new evidence emerges and the landscape of knowledge evolves, this position paper and associated materials will be updated accordingly to ensure its relevance and accuracy.

While care has been taken in the preparation of this paper, such information is obtained from a number of sources and is provided to you without charge. Information provided in Brain Injury Canada's position papers is intended for informational purposes only, is not intended to constitute medical advice, and should not be relied upon in any such regard. Brain Injury Canada does not recommend or endorse the use of any health product, service, drug or treatment method that may be mentioned in the paper.

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INTRODUCTION

Housing is a fundamental human right, recognized by the Convention on the Rights of Persons with Disabilities (CRPD), which affirms the right of people with disabilities to housing, living independently and being fully included in their communities [1]. However, this right is not realized for many individuals with disabilities, including those living with brain injury. A 2020 meta-analysis found that 53.1% of homeless or marginally housed individuals have experienced a traumatic brain injury (TBI), with 23% sustaining moderate to severe injuries [2]. For these individuals there exist significant barriers to finding adequate housing, including cognitive and behavioural challenges that impact the ability to maintain traditional housing; a lack of accessible housing options; insufficient income support; and inadequate health and social services. These factors have systemic causes related to inadequate policy and program planning in the housing, health and social sectors. This lack of consideration for the needs of individuals with disabilities puts people at increased risk of precarious housing, institutionalization and chronic homelessness.

Brain Injury Canada urges all levels of government, housing ministers, and housing organizations to recognize and respond to the unique housing needs of individuals living with brain injury. This includes prioritizing accessibility and affordability in both national and provincial housing strategies. We call for a coordinated, cross-sectoral collaboration in housing, health care, and social services, to address the systemic gaps that perpetuate housing instability for this population.

In line with the principles of the CRPD, we also call for the funding, expansion and adaptation of housing models that have demonstrated better outcomes to better support individuals with disability, including those with brain injury. These investments are critical to reducing homelessness and forced institutionalization, while improving the long-term health, safety and well-being of people with brain injuries, their families, and caregivers.



RECOGNIZING THE UNIQUE CHALLENGES OF INDIVIDUALS WITH BRAIN INJURY

Acquired brain injury refers to any damage to the brain that occurs after birth and is not caused by a congenital or degenerative condition. One common type is traumatic brain injury (TBI), which results from external forces to the head such as impact from falls, motor vehicle accidents, sports, or physical assaults. Extrapolated from an occurrence rate of 500 out of 100,000 people per year, there is an estimated 165,000 traumatic brain injuries each year [3]. This number does not include non-traumatic brain injuries (which are caused by internal factors/health conditions such as stroke, brain tumour, or a lack of oxygen to the brain). There have been some recent reports on hospitalization rates for traumatic brain injury, but these are not inclusive of individuals who may not report brain injury; who do not go to the hospital for treatment; and does not include Quebec [4].

Brain injury is a prevalent health condition with a chronic disability that can deeply impact every aspect of an individual's life. Despite its prevalence, brain injury remains widely misunderstood, largely because its effects are often invisible and can vary from person to person.

COGNITIVE, BEHAVIOURAL AND PHYSICAL IMPACTS OF BRAIN INJURY

Individuals with brain injury may experience a wide array of effects that affect their daily functioning and their ability to secure and maintain stable housing. These symptoms may include (but are not limited to):

- Cognitive impairments: memory loss, attention deficits, and difficulties with executive functioning (e.g. planning, organizing, and decision making).
- Sensory sensitivities: heightened responses to stimuli such as light and noise. Physical limitations: impaired mobility, balance issues, and fatigue.
- Communication challenges: difficulty expressing needs or understanding others (e.g. forming coherent sentences, writing, and reading).
- Emotional and behavioural changes: changes in impulsivity, irritability, or increased anxiety.
- Sleep disturbances can exacerbate other symptoms and disrupt routines.

Public discourse and housing policies sometimes include physical accessibility, such as installing ramps, elevators, and widening doorways. This is important, but focusing exclusively on mitigating mobility related disabilities overlooks the significant proportion of people with non-visible/non-motor challenges. As an example, some individuals may experience discomfort when exposed to fluorescent lighting or loud environmental sounds. These can trigger migraines, anxiety, disorientation, or even behavioural outbursts for some individuals with brain injury [5] [6].

> ...they need a safe place. They need a place where they don't have to look over their shoulders, where they don't have to hear their neighbour screaming at their son or something like that. You know, that's really the biggest thing. Loud noise is not a helpful thing for anybody with a brain injury […] So that's the whole thing about it, is they've got to have a safe place."—Service user [7]

This testimony highlights how overstimulating or unsafe environments can impede recovery and overall well-being. Unfortunately, many people with brain injury have no choice but to live in housing situations that lack accessible features for their needs; limit their independence (e.g. group homes with strict routines); are located in neighborhoods far from their communities and necessary services; or are unsuitable for their age demographic (e.g. long-term care homes) [8]. The following table summarizes common symptoms of brain injury and their implications of acquiring and maintaining housing:

Problem-solving

Symptom presentation	Housing Implications
Difficulties with generating solutions to complex scenarios.	Difficulties addressing housing damages, repairs, power outages, and fires that place personal safety at risk.

Behavioural changes

Symptom presentation

Reduced impulse control, volatile mood, increased irritability or aggression

Housing Implications

Can experience difficulty negotiating with property owners or interacting with neighbours. This can lead to conflicts.

Short and long-term memory

Symptom presentation

Reduced short term and/or long term memory can lead to forgetting important information.

Housing Implications

Memory difficulties can lead to forgetting important tasks such as rent or mortgage payments and seasonal housing maintenance.

Physical changes

Symptom presentation

Physical changes such as chronic pain, fatigue, headaches, balance and reduced mobility.

Housing Implications

There are limited, affordable housing options that are physicall accessible (e.g. elevators, wide doorways, ramps, low countertops).

Judgement

Symptom presentation

Difficulties with identifying safe versus harmful scenarios.

Housing Implications

Reduced judgement and problem solving can increase risk of falling for scams, and financial exploitation related to housing services.

Sensory sensitivities

Symptom presentation

Increased sensitivity to visual, olfactory, tactile and gustatory factors, which can lead to headaches or worsened physical symptoms.

Housing Implications

Newer housing may use chemical products during the build or while cleaning, which can make places unliveable. Housing units that are densely populated, with poor sound insulation or along busy roads can create an inaccessible sensory environment for individuals with ABI and sensory sensitivities.

Housing design and accessibility policies must expand beyond physical considerations to incorporate principles of accessibility that address as many potential areas of daily living as possible. These features should be considered and integrated at every stage of housing, including planning, construction, maintenance and tenant placement, to ensure inclusive and supportive living environments for individuals with brain injury. Without the proper planning and consideration for these accessibility needs, these environmental barriers can significantly compromise a person's ability to maintain stable housing as well as their overall quality of life.

ECONOMIC BARRIERS AND INADEQUATE INCOME SUPPORTS

Individuals with brain injuries often face serious social and financial consequences that affect their ability to secure and maintain housing. Brain injury can disrupt employment entirely or severely limit a person's capacity to work [9] while significantly increasing their health care costs. These overlapping challenges can create tremendous financial strain and heighten the risks of future housing instability and homelessness.

Although federal and provincial disability income supports exist, they have been labelled inadequate and fail to reflect the true cost of living, rising rental prices and inflation. For instance, the Canada Disability Benefit is a federal disability benefit that aims to "reduce poverty and support the financial security" of people with disabilities with a maximum payment amount of $2,400 per year (or $200 per month). This amount is far too low to meet the needs of people with disabilities and ensure their financial security [10], particularly given the cost of living in Canada. This does not include any eligible amounts a person may receive from their provincial/territorial government or from disability coverage from the Canadian Pension Plan. However, these benefits have different eligibility requirements, complex application processes, and in most cases do not cover the cost of all basic needs such as food, housing, heating, water, etc., let alone additional costs incurred through disability health supports. There is also not a guarantee you will qualify for the Canada Disability Benefit unless you qualify for the Disability Tax Credit [11].

> No affordable housing. [Disability assistance] is not enough to cover rent, bills, food. Shelter allowance of [dollar amount] per month is not enough. [Subsidized housing agency] doesn't have enough units available. Can't apply for rental assistance because you are already on [disability assistance]…" (virtual, group 5). [12]

INDIGENOUS CONSIDERATIONS

Indigenous communities, including Inuit, Métis, and First Nations peoples are critically affected by both brain injury and housing instability. Although Indigenous peoples represent approximately 5% of the Canadian population (roughly 1.6 million people), they are disproportionately impacted by neurotrauma and housing precarity.

- Indigenous peoples are nearly twice as likely to be hospitalized for a brain injury compared to non-Indigenous people [13].
- In Vancouver alone, approximately 40% of the homeless population is Indigenous [14].

These disparities are deeply rooted in Canada's colonial history of forced displacement of Inuit, Métis and First Nations peoples from their traditional lands and the systemic erosion of their cultures, governances, and ways of life.

Current housing challenges cannot be addressed in isolation from Indigenous ways of knowing and beliefs. Indigenous homelessness, as outlined by Thistle (2017), goes beyond narrow, colonial definitions and emphasizes the holistic disconnection from land, family, culture, and identity:

> "These include: individuals, families and communities isolated from their relationships to land, water, place, family, kin, each other, animals, cultures, languages and identities. Importantly, Indigenous people experiencing these kinds of homelessness cannot culturally, spiritually, emotionally or physically reconnect with their indigeneity or lost relationships" [15]

This definition reinforces that housing must be viewed not merely as a physical shelter, but as a broader web of belonging, cultural continuity, and identity. For Indigenous communities, the quality and stability of housing is directly tied to environmental, spiritual, and relational well-being.

To meaningfully address homelessness among Inuit, Métis and First Nations communities, housing strategies must partner directly with Indigenous housing leaders and organizations, to center their voices, history of displacement and Indigenous ways of knowing. Incorporating approaches of reconciliation, preserving traditional knowledge, and supporting the self-determination of Indigenous communities, will contribute to more inclusive, intersectional and equitable housing solutions.

MENTAL HEALTH, SUBSTANCE USE AND CONCURRENT CONDITIONS

It is equally important to look at the intersection of brain injury and other concurrent conditions, to properly address the housing needs of the community. Housing insecurity can often be worsened by concurrent challenges, including (but not limited to):

- Mental health challenges: Up to 77% of individuals with a brain injury receive a mental health diagnosis, including major depression and anxiety, within the first year post-brain injury [16].
- Substance use: chronic pain affects more than 51% of individuals with a brain injury, compared to approximately 20% of the general adult population without a brain injury [17].
- Marginalized populations and systemic barriers: Lower income and rural communities [18], as well as those experiencing homelessness, incarceration, Indigenous communities, and veterans are disproportionately impacted by brain injury and co-occurring conditions [19]. In addition, rural and remote communities face barriers in accessing health care, rehabilitation, and housing support services.

Considerations of the impacts of concurrent conditions such as mental health difficulties, substance use and other health conditions must be considered in housing solutions for all Canadians. Multi-sector services that support an individual's wellbeing (also called wrap-around services) should be incorporated into housing developments and programs to encourage community integration and independent living. These services can be broadly available (such as libraries or public facilities) or more specialized depending on needs [20]. Recognizing intersecting vulnerabilities and their direct impact on the ability to maintain stable housing can more effectively lead to housing solutions for many more communities.

WE KNOW IT WORKS: EXISTING ACCESSIBLE HOUSING MODELS FOR INDIVIDUALS WITH BRAIN INJURY

Housing models exist that demonstrate improved health and long-term housing outcomes when specific needs (such as those related to brain injury) are met. Several housing models across Canada and internationally have shown promise in supporting individuals with brain injury, cognitive disabilities and concurrent conditions, such as mental health challenges and substance use.

The Housing First model addresses housing needs for those experiencing or at immediate risk of homelessness. It prioritizes rapid access to permanent housing without restrictive eligibility criteria, such as sobriety or treatment compliance. It is especially effective for individuals with complex needs, offering integrated, wraparound supports such as mental health care, substance use services and case management. Research shows this model reduces emergency service use, hospitalizations, and re-entry into homelessness [21]. You can read a full report from the Mental Health Commission of Canada on The At Home/Chez Soi project, one of the biggest Housing First trials ever completed.

Colorado's Permanent Supportive Housing Program is based on the principles of Housing First and was specifically built to provide stable housing for individuals and families experiencing homelessness and brain injury. Services are provided both on and off-site, all in support of giving people the opportunities to be engaged community members [22].

In addition to permanent housing models, shelters and transitional housing options (i.e. emergency shelters, extreme weather shelters, and family violence shelters) continue to play an important role in short-term housing support. However, these housing options typically have restrictions on length of stay, lack accessibility features, and have limited training on brain injury and disability informed care, as exemplified in this quote by a shelter staff member:

> *If we as staff, as frontline service providers aren't understanding how to work with [individuals with ABI], then they are the ones who end up kicked out of the shelter for behaviors or not able to access service because somebody thinks they're drunk at 9:00 AM and they're passing judgment on their slurred speech and their inability to make eye contact or maybe they have difficulties with their balance... It's those things that I think are important to recognize. [23]*

The consequences of limited housing solutions can be severe. As highlighted in *Break the Needle*, a national investigative report on brain injury and addiction, many individuals with a brain injury have experienced cycling through shelters and hospitals without receiving appropriate care. The report underscores how unrecognized brain injuries contribute to long-term homelessness and intersect with substance use and trauma.

"We don't need more institutions, but we do need controlled settings that can support stabilization and address the needs of people"
—Dr. Carolyn Lemsky [24]

This need for safe, supportive, and flexible housing is echoed by those with lived experience. Kaitlynn, a survivor of brain injury and a mother, shared:

> Complex-care housing has helped me tremendously. Not only was I able to get the right care to fit my needs, but it also allowed me and my daughter to be healthy, housed and together on my pathway to healing.



These examples reinforce that accessible, supportive housing is not a one-size-fits all solution. Individuals with brain injury require a continuum of housing options, ranging from immediate, low-barrier shelter to long-term, stable environments equipped with specialized supports and adaptations. Housing approaches must also be adaptable to an individual's life stage, health needs, and community context.

A coordinated national investment in both proven and emerging housing is essential. Alongside this, the disability and brain injury community must be included in all phases of housing planning, development and maintenance to ensure that their voices are centered, and housing solutions reflect their on-going needs.

CALLS TO ACTION

Brain Injury Canada urges housing ministers, policymakers, and housing organizations to consider the following recommendations in support of systemic improvements.

Include the Voices of the Disability Community: People with lived experience of disability, including brain injury, must be included in all phases of planning, design, implementation, and evaluation of housing projects. Their input will ensure housing solutions reflect real-life needs, including issues of affordability, accessibility, independence, inclusion of wrap-around services and community integration.

Integrated Accessibility in All Phases of Development: Accessibility must be included in all housing solutions. It must also extend beyond physical accessibility to include cognitive, sensory, and behavioural considerations. Including accessible design in the planning phase is cost-effective, while avoiding higher expenses in housing modifications later. Accessible and universal design also benefits broader populations, including seniors, people who will develop disabilities/impairments later in life, and mutli-generational homes.

Define Affordability for all Canadians: Affordability must be defined based on the needs of Canadians most in need of housing. Clearly defining affordability in terms of the needs of those living in poverty and low-income households will ensure that they will not be outpriced in housing solutions. There is a risk that if housing is priced only for middle-income earners, there will be a growing rate of individuals that will live in housing instability and rely on health care and social services, which will increase the overall costs for federal and provincial governments.

Integrate Wrap-Around Services without Restrictions: Supportive housing models must include wrap-around services across sectors. These could include but are not limited to mental health supports; access to rehabilitation and recovery facilities/treatments; and goal-specific supports such as vocational training, life-skills building or education. These services must be delivered in collaboration with community-based organizations, accessible without restrictive conditions (e.g. sobriety or medical compliance) to the best of the provider's ability and be embedded in housing solutions. Models like Housing First highlight that housing is a starting point that can promote long-term success, reduce system strain and uphold the dignity of all Canadians.

Align with Sector Leaders: Brain Injury Canada's recommendations align with the work of our partners in the disability, homelessness and housing sectors. Together these

CALLS TO ACTION

organizations provide a unified call to action, that Canada must build housing that is universally designed, community-informed, and accessible to all, especially those who have been historically excluded from housing considerations.

WHAT CAN I DO TO HELP?

- Participate in advocacy activities from local, provincial/territorial, and national organizations concerning accessible housing.
- Reach out to your representatives about the above recommendations.
- Share resources on housing disparity, accessibility, and available supports within your community.
- Stay informed through news, reports, and publications, and look at them through the lens of brain injury and accessibility.

CONCLUSION

For housing solutions to be successful, it must fully include the voices and input of people with disabilities. Brain Injury Canada urges the federal, provincial and municipal governments to engage people with lived experience in co-design and oversight, center accessibility in their housing policy, invest in inclusive housing solutions, integrate supports without barriers to access, and define affordability in terms of those living below the poverty line and low-income households. By embedding inclusion, accessibility and affordability into housing policy and practice, Canada can fulfill its obligation to uphold the right to housing. People with brain injury deserve more than just shelter: they deserve safe, stable homes that support independence, health, and community inclusion.

TOOLS AND RESOURCES FOR FURTHER LEARNING

- Canada's Housing Plan
- Accessible Housing Design–CMHC

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MORE FROM BRAIN INJURY CANADA

Brain Injury Canada's mission is to empower and connect the brain injury community through education, advocacy and collaboration, creating lasting positive impacts. Our vision is for a better quality of life for all people affected by brain injury. Check out our wide variety of accessible resources and practical tools, all informed by lived experience and evidence-based.

- www.braininjurycanada.ca, our living resource website
- Brain Injury Canada Connect, our service directory that connects Canadians with supports in their area
- Brain Injury and Teens (BRITE), our ever-growing youth resource website
- Brain Injury Online Education, our library of e-courses for health care professionals and caregivers
- Stories of Brain Injury, featuring first-person stories from across the country
- Brain Injury Canada's advocacy