



Brain Injury Australia works nationally to ensure that all people living with ABI have access to the supports and resources they require to optimise their social and economic participation

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**Employment and Workplace Relations Legislation Amendment (Welfare to Work and other Measures) Bill 2005**

**Family and Community Services Legislation Amendment (Welfare to Work) Bill 2005**

**Response by Brain Injury Australia**

I would like to express my concern on behalf of BIA regarding the impact of the above for people disabled by an acquired brain injury whose cognitive deficits may lead to unintended breaches.

It is very likely that people with memory and cognitive impairment, such as those with acquired brain injury, will have difficulty remembering, or understanding, the reporting and compliance procedures, and will unintentionally place themselves in breach of the requirements. As their disability may not be visible, and therefore not detected or recognised, they will be at risk of increased marginalisation and be placed at unnecessary risk of homelessness and the criminal justice system.

Acquired brain injury (ABI) refers to any type of brain damage that occurs after birth. It can include damage sustained by infection, disease, lack of oxygen or a blow to the head. Around 160,000 Australians are coping with some form of acquired brain injury, with more men (2.2 per cent) affected than women (1.6 per cent).

The long term effects of brain injury are difficult to predict. They will be different for each person and can range from mild to profound. It is common for many people with ABI to experience increased fatigue (mental and physical) and some slowing down in the speed with which they process information, plan and solve problems. They may experience changes to their behaviour and personality, physical and sensory abilities, or thinking and learning.

**Impact of ABI**

An acquired brain injury is potentially one of the most devastating disabilities, with a huge range of effects due to the complexity of the brain.

The number and severity of problems resulting from a brain injury will differ from person to person because each individual's brain injury varies in the extent and location of damage. The extent of some of these changes may only become apparent as time progresses.

## **Cognitive Changes**

Cognition is the conscious process of the mind by which we are aware of thought and perception, including all aspects of perceiving, thinking and remembering. In general, cognition is knowledge – the way we learn and perceive the world around us.

### **Lack of insight**

People with a brain injury may have great difficulty seeing and accepting changes to their thinking and behaviour. The person may deny the effects of the injury and have unreasonable expectations about what they are able to do.

### **Memory problems**

There are many ways memory can be affected. The most common is loss of short term memory, with problems in remembering people's names or appointments, passing on messages or phone calls, or remembering details read in a book or newspaper. In therapy the person may forget what they are doing from one session to the next.

### **Poor concentration**

A very common outcome is a tendency to lose concentration or be distracted easily from what they are doing. This is usually because they are having difficulty concentrating. The person may have a short concentration span, which means they might jump from one thing to the next.

### **Slowed responses**

The person with a brain injury may be slow to answer questions or to perform tasks and they may have difficulty keeping up in conversation. Their capacity to respond quickly in an emergency may also be lost.

### **Poor planning and problem-solving**

People with a brain injury may have difficulty solving problems and planning and organising things they have to do. They may encounter trouble with open-ended decision-making and complex tasks need to be broken down into a step-by-step fashion.

### **Lack of initiative**

In spite of all good intentions an injured person may sit around at home all day long and watch TV. If the problem is severe they may need prompting just to have a shower and get dressed or to participate in a conversation.

### **Inflexibility**

People with a brain injury can be very inflexible in their thinking. They can't always change their train of thought, so they may tend to repeat themselves or have trouble seeing other peoples' points of view. They may not cope very well with sudden changes in routine.

### **Impulsivity**

People with a brain injury can be very impulsive because they may have lost the filtering system or control that makes them stop and think before jumping in. This can lead to a wide range of behavioural issues and problems with relationships and finances.

## **Irritability**

People with a brain injury tend to have a low tolerance for frustration and can lose their temper easily. If kept waiting for an appointment they may become agitated and walk out. They may become unreasonably suspicious and paranoid.

## **Socially inappropriate behaviour**

People with a brain injury may have difficulty judging how to behave in social situations. They may walk up to strangers and start telling them about their accident, they may be overfamiliar with therapists or they may make inappropriate sexual advances. This area can be incredibly difficult for families or partners. In more severe cases the person will often end up homeless or in the correctional system.

## **Communication**

A broad range of social skills may be affected by an acquired brain injury including the ability to start or take turns in conversation, interpret and respond to social cues, show interest in others, use humour appropriately, shift between topics of conversation and regulate the volume and tone of voice. People with brain injury often lose their listening skills, and may talk excessively. Accompanying memory problems may mean that they often repeat topics as well.

## **Self-centredness**

People with a brain injury will often appear to be self-centred, and may be very demanding and fail to see other people's point of view. When this happens, resentment can build up from family members, and it is a key cause of losing friends and having trouble establishing new friendships.

## **Dependency**

One of the possible consequences of self-centredness is a tendency for the person with a brain injury to become very dependent on others. The person may not like being left alone, and constantly demand attention or affection.

## **Emotional lability**

Just as people with a brain injury have difficulty controlling their behaviour, they may also have difficulty in controlling their emotions. They may cry too much or too often or laugh at inappropriate times, or they may suffer rapid mood changes, crying one minute and laughing the next.

## **Depression**

Depression in a person with brain injury is a very common emotional consequence that usually comes some time after the injury. Signs of depression include lack of motivation, loss of sexual drive, sleep disturbance and tearfulness.

A widely perceived myth is that a brain injury is simply a type of intellectual disability. People with an acquired brain injury usually retain their intellectual abilities but have difficulty controlling, coordinating and communicating their thoughts and actions.

Acquired brain injury is often called the invisible disability. As there are frequently no outward physical signs of a disability, effects such as fatigue, lack of initiation, anger, mood swings and egocentricity, may be seen simply as personality defects by family members, government policy makers and health professionals. As a result there are very few supports available for people with an acquired brain injury, and often the few supports available may be withdrawn as the disability is not recognised. It is easy to see why an acquired brain injury can be such a devastating disability, especially when it is historically one of the most neglected when it comes to support services for people with an acquired brain injury.

## **Concerns**

As a direct result of the acquired disability:

- People with acquired brain injury assessed as being able to work between 15-29 hours per week will no longer be eligible for the DSP, but will instead be diverted to the lower payment Newstart.
- In addition to a lower base rate, Newstart recipients are subject to harsher income tests and taper rates. This will make it harder for people to meet their non-optional costs of disability, making it harder in turn for them to find and maintain employment
- People with acquired brain injury who wish to study will be particularly disadvantaged.
- Existing DSP recipients will have reduced incentive to find work because of the risk that if it does not work out, they will be forced onto Newstart.
- People with disability who are currently working but need to reduce their hours because of their impairment will be severely disadvantaged by the loss of the DSP safety net.
- Eligibility criteria for the increased rate of Mobility Allowance may be too restrictive.
- It is very likely that people with memory and cognitive impairment, such as those with acquired brain injury, will have difficulty remembering, or understanding, the reporting and compliance procedures, and will unintentionally place themselves in breach of the requirements. As their disability may not be visible, they will be at risk of increased marginalisation and be placed at unnecessary risk of homelessness and the criminal justice system.
- Places in disability specialist employment services will be ‘uncapped’ for activity tested clients, but there are few additional places available for people on the DSP who volunteer to look for work.
- The Government has reduced the average level of funding available to Job Network providers to assist disadvantaged job seekers in two ways:
  - Applying a “one size fits all” model of employment assistance to people with disability does not work for people with an acquired brain injury, who have been historically excluded from such services.

- The DSP Pilot project in 2004 identified substantial gaps in the capacity of the Job Network to meet the needs of people with acquired brain injury, which are yet to be addressed.
- Unlike Disability Open Employment Services, Job Network agencies are not required to meet the Disability Service Standards.
- Work capacity assessments will be conducted on more people with a greater range of impairments and disability related needs than ever before. The system has not proved to be efficient with the detection and response to people with an acquired brain injury.
- People with acquired brain injury should be referred to the most appropriate employment assistance service on the basis of their needs, not the number of hours they are assessed as being able to work.

Should you require further information please contact me on (07) 3367 1049

Yours sincerely

A handwritten signature in black ink that reads "John Dickinson". The signature is written in a cursive, flowing style.

John Dickinson, President