

## **Senate Community Affairs Committee inquiry into proposed Welfare to Work legislative changes**

The South West Brain Injury Rehabilitation Services (SWBIRS) provides specialised rehabilitation services to adults and children who have had a traumatic brain injury or an acquired brain injury.

Clients who reside in the western region of the Greater Southern Area Health Service and in some circumstances residence of North Eastern Victoria are able to receive services from SWBIRS.

Services offered by SWBIRS include:

- Residential and non residential programs thorough a Transitional Living Unit, Tarkarri
- Case Management Services
- Outreach services from Albury and Wagga
- The Kids Team provides an outreach and case management service which addresses the needs of children and their families.

### **Issues of concern for people who have sustained a Traumatic Brain Injury in relation to the proposed Bill.**

Common problems caused by Traumatic or Acquired Brain injury include;

- Memory problems
- Word finding
- Poor insight
- Reduced concentration levels
- Fatigue
- Lack of initiation
- Impulsivity
- Reduced planning and problems solving
- Slowed verbal or physical responses
- Rigidity of thoughts
- Inappropriate social behaviour
- Poor anger management
- Reduced mobility
- Reduced balance

The effects of a brain injury are difficult to predict. Whilst rehabilitation works with clients to reduced the effects of the injury the long term effects can be from

subtle to profound. For some client's the injury and resulting disability can be invisible, i.e. not physical signs of disability.

No brain injury is the same. The extent and number of problems resulting from a brain injury will vary from person to person. Cognitive changes have the most significant impact for people with brain injury.

The proposed Welfare to Work Bill talks about a Comprehensive Work Capacity Assessment to be administered to people claiming Disability Support Pensions. As stated people with TBI have complex needs and it is difficult to understand how a proposed Comprehensive Work Capacity Assessment of 4 hours will identify and quantify these issues.

Any assessment tool would need to be a standardized assessment, such as a Neuropsychological assessment that has the capacity to capture the issues that a person with a Traumatic Brain Injury may face.

The complexity of the Newstart compliance system will disadvantage people with a Brain Injury if they are assessed as *being able to work more than 15 hours a week*. Remembering and understanding the compliance procedure will unintentionally place people in breach of these compliance requirements.

A one size fits everyone assessment process will significantly disadvantage people who have a Brain Injury. The complexity of Brain Injury can not be left to such an assessment and needs to be done by qualified specialists such as Neuropsychologist. Such assessments take on average 4 to 6 hours to administer and prepare a report.

Robert Parker  
Community Rehabilitation Worker  
SWBIRS

## Case Studies

Ms K

K sustained a severe closed head injury as a consequence of being struck by a motor vehicle in August 1997. The accident resulted in physical, cognitive, behavioural and emotional problems.

Her program at Tarkarri focussed on providing her with functional skills to manage physically, domestically, socially, vocationally, and emotionally.

K returned to her work as an apprentice with support from CRS. She struggles to complete the outstanding subjects.

Following her graduation K left her employment as she reported difficulty with staff and could no longer handle the stress of the position.

K had several short term jobs in her profession. She left each one as she reported that she was not able to handle the stress and had lost her capacity to plan and organise.

K had the qualifications and presentation to get work but her TBI was a significant factor or the factor in her not being able to continue in employment.

## Mr. D

- Suffered grade 5 subarachnoid haemorrhage on 6<sup>th</sup> April 1998
- Operation to have the Aneurysm clipped on 8/4/98.
- Shunt inserted on 6/5/98. Remains in my skull with no complications.
- Admitted to Tarkarri, Residential Unit of South West Brain Injury Rehabilitation Service June 98.
- At the time of the acquired brain injury he was living independently and employed at a timber mill.
- Following Rehabilitation D returned to work with the support of CRS at the mill. Remained employed until the Mill closed in December 2002
- Re-referred to CRS to assist in obtaining suitable employment
- Tried several work trials through CRS which highlighted the complexity of the brain injury.

- Encounter issues of :
  - Distractability
  - Difficulty with multi tasking
  - Unreliability
  - Problems with new learning
  - Maintaining consistent production
  - Poor insight about the problems I was having

Despite this D wanted to keep looking for work and remained on NewStart from Centrelink until advised to apply for DSP in May 2005.

Memory issues resulted in D not completing forms and returning them to Centrelink. The result was that D required the assistance of a case manger to complete the DSP forms and attend interviews with Centrelink.

D is still awaiting the result of this application.