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**Brain Injury Australia:  
Submission to the Australian Government's  
Discussion Paper on the  
Future of Disability Employment Services  
in Australia**

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## INTRODUCTION:

### **Definitions**

**Acquired brain injury (ABI)** refers to the multiple disabilities arising from any damage to the brain that occurs after birth. Common causes of ABI include **accidents, stroke, infection, alcohol and other drug abuse and degenerative neurological disease**. **Traumatic Brain Injury (TBI)** is an ABI caused by a traumatic event, from an external force to the brain such as a **motor vehicle accident, a fall or a blow to the head**.

**ABI is common in Australia. In 2003, 432,700 people (2.2% of the population) had an ABI with “activity limitations” or “participation restrictions”<sup>1</sup> due to their disability<sup>2</sup>:**

- **Almost 3 out of every 4 were aged less than 65 years.**
- **160,000 had “severe or profound core activity limitations”<sup>3</sup>.**
- **2 out of every 3 were under 65 years, half of them between 15 and 34 years of age.**
- **3 out of every 4 were men.**

27,300 people with an ABI aged under 65 years experiencing “activity limitations” or “participation restrictions” said their ABI was the “main disabling condition”<sup>4</sup>:

- **9 out of every 10 said their ABI was caused by accident or injury.**
- More than 50% of them said the accident or injury occurred on a street, road or highway.
- 2 out of every 3 said that they acquired their brain injury when they were under 25 years of age.<sup>5</sup>

### **Effects**

The consequences of an ABI can be profound, complex and multiple. The physical problems commonly reported by people with an ABI include **headaches, fatigue, seizures, poor balance and coordination, visual and hearing disturbances, chronic pain, paralysis and epilepsy**. Many people with an ABI experience **cognitive problems, including poor memory and concentration, reduced ability to learn, plan and solve problems**. **Roughly two-thirds of people with an ABI exhibit shifts in behaviour post-injury, including poor impulse control and disinhibition, aggressive verbal and physical tendencies**. In that context the psychosocial-emotional problems consequent to ABI can be debilitating. **A person who has experienced an ABI has a 80% likelihood of developing a diagnosable mental illness**. (Conversely, people with psychiatric conditions are at risk of incurring a subsequent ABI.) The types of psychiatric disorders present after (or before) an ABI may include major depression, anxiety disorders, borderline and avoidant personality disorders, and bi-polar affective disorder. There are several types, or combinations, of disabilities that come under the heading of “Dual Diagnosis”, one of which is ABI and mental illness. ABI is often referred to as the “invisible disability” because its consequences, even if observable, are often not associated with disability generally nor ABI specifically. (This is especially the case with people with a mild or moderate ABI). **The cognitive-psychological and psychiatric problems, while often the consequence of ABI, can also mask it**. The presentation of ABI and mental illness can be very similar. Indeed, in some clients it is impossible to separate whether a presentation is due to ABI, or mental illness, or both. **The local and international study evidence demonstrates that roughly one third of clients of a mental health service have an underlying ABI**.

The Australian Bureau of Statistics' 2003 Survey of Disability, Ageing and Carers found that **1 in 4 people with an ABI reported 4 or more disability groups, compared with 1 in 18 of all people with disability and 1 in 3 reported 5 or more health conditions, compared with about 1 in 8 of all people with disability.** The survey also provided information on people with a disability's need for assistance across 10 "life domains" - three core activities (mobility, self-care and communication) and seven "non-core activities". The area with which people with an ABI most commonly required assistance was cognitive and emotional tasks. Over 100,000 people, or more than one-third of all people with an ABI aged under 65 years, reported needing help in this area. Compared with people with disability generally, **people with ABI were more likely to need assistance with mobility, self-care, cognitive and emotional tasks, paperwork, transport, health care and meal preparation. Almost 30% of people with ABI aged under 65 years living in households needed help with at least one core activity, and 4% needed help with all three core activities. In comparison, 26% of people with disability generally needed help with at least one core activity, and 2% needed help in all three areas.**

The international literature shows that ABI is 10 times more common and produces, on average, 3 times the level of disability as spinal cord injury.

## B R A I N I N J U R Y A U S T R A L I A

Brain Injury Australia is the national peak ABI advocacy organization representing, through its State and Territory member organizations and network relationships, the needs and interests of people with an ABI, their families and carers. A major component of Brain Injury Australia's role is:

- advocacy for Australian Government program allocations and policies that reflect the needs and priorities of people with an ABI and their families, and
- the provision of effective and timely input into policy, legislation and program development through active contact with Australian Government ministers, parliamentary representatives, Australian Government departments and agencies, and national disability organizations.

### ***Employment***

Given the potentially large number of Australians living highly, multiply and complexly disabled as a result of their ABI, **only 10,219 people with an ABI accessed a Commonwealth State/Territory Disability Agreement (CSTDA)-funded service in 2006-07, down from 11,866 in 2004-05.** Moreover, recent Australian Institute of Health and Welfare analysis of the CSTDA National Minimum Data Set found that people with ABI who use CSTDA-funded disability services were the "**most likely to need help with activities related to learning and working—more than three-quarters of service users with ABI needed assistance in these areas**". However, people with an ABI were "**less likely than service users generally to access disability employment services.**"<sup>6</sup> Only **2,680 people with an ABI sought disability employment services in 2006-07** - 2,040 in open employment, 640 in supported employment<sup>7</sup>. **While disability employment services have experienced dramatic growth over the last 4-5 years – by 25%, or 15, 727 additional service users – very few of them (675) were people with an ABI.** The numbers of disability employment services users with an ABI, again small, have increased by 33.7% - less than the average increase across primary disability types, of 37.1%<sup>8</sup>.

These unmet needs for support with employment for people with an ABI continue over the life course. The evidence of this is consistent across the results of the numerous long-term follow-up studies of Australians with an ABI – for instance, a 2004 survey of 100 men with Traumatic Brain Injury admitted to Sydney’s Lidcombe Hospital between 1976 and 1981. Apart from the fact their needs for support were ongoing so long post-injury - **85% had used at least one service in the preceding twelve months – their greatest unmet need (after “social participation activities”) was in “occupational areas”, for 67% of them**<sup>9</sup>. Moreover, while “significant proportions of the series continued to experience activity limitations in mobility (25%) and basic self-care tasks (21%)...restrictions in social participation were much more prevalent (e.g., **66% for employability, 54% for interpersonal relationships**)...”

Brain Injury Australia notes that “increased participation of people with less severe disability” has not “carried through to people with severe or profound limitations”<sup>10</sup> – many of them people with an ABI. The Australian Institute of Health and Welfare’s recent analysis of the Australian Bureau of Statistics’ 2003 Survey of Disability, Ageing and Carers demonstrates not only that “the unemployment rate for people with disability (almost 9%) was significantly higher than for people without disability (5%)” but that the rate was twice as high (10%) for people with severe or profound limitations, and almost 3 times as high (14%) for people who did not need help with core activities but had schooling or *employment* restrictions.”<sup>11</sup> Again, many of these would be people with an ABI. Furthermore, “comparative analysis showed that there was a decline of 21,200 people aged 15–64 years with a severe or profound limitation who were in the labour force between 1998 and 2003. This comprised 17,600 fewer employed people and 3,600 fewer unemployed people.”<sup>12</sup>

The relatively low utilization of disability employment services by people with an ABI is especially concerning to Brain Injury Australia given that there is some evidence that their “outcomes”<sup>13</sup> have been improving. The last time the Australian Institute of Health and Welfare conducted a detailed analysis of Australia’s open employment services system for people with a disability, in 1998-99, people with an ABI: **had the second lowest representation in the clientele (after “neurological disability”<sup>14</sup>); the highest mean number of hours to “get job”; the third highest mean direct support per client (58 hours) after people with autism and intellectual disability and, when compared with 1996-97’s “outcomes”, the mean level of client support required had fallen for all disability groups except for people with an ABI.**<sup>15</sup>

By 2006-07, in spite of the fact that disability employment services clients with an ABI reported a “profound or severe core activity limitation” more often than others, and though they “were more likely than average to work in jobs of less than 20 hours per week”, **they experienced “marginally higher employment outcomes than the national average” (65% compared to 61%, 55.9% of clients with an ABI “attained employment outcome in open employment” compared to the average across all “primary disability types” of 49%).**<sup>16</sup>

Brain Injury Australia is also aware of a detailed analysis of Case Based Funding for the Disability Employment Network (DEN) - since its introduction in July 2005 - undertaken by the Department of Education, Employment and Workplace Relations (DEEWR), that showed **clients with an ABI: experienced above average outcome rates of all DEN clients (213 clients, 37% of whom achieved an employment outcome); demonstrated similar length of time to outcome as other disability types; experienced below average (of clients achieving outcomes) reduction in retention of income support 18 months after commencement with DEN and; experienced above average continuing employment status.**<sup>17</sup>

In 2002, Brain Injury Australia was commissioned by the then Department of Family and Community Services to conduct a study into ABI and employment. Its detailed analysis of data from the Australian Bureau of Statistics' 1998 Survey of Disability, Ageing and Carers found that:

- **Only 36.5% of people with an ABI were participating in the workforce (working or looking for work) compared to 53.2% of people with a disability generally, and 80.1% of people without a disability.**
- **People with an ABI had an unemployment rate of 18% compared to 11.5% for people with a disability generally, and 7.8% for people without a disability<sup>18</sup>.**
- **17% of people with an ABI reported that they were in full-time employment compared to 31% of all people with a disability.**
- **Only 30% of people with an ABI were in any employment compared to 47% of all people with a disability.**
- **48% of people with an ABI were permanently unable to work compared to 27% of all people with a disability.**
- **86% of people with an ABI reported having an employment restriction compared to 70% of all people with a disability.**
- **9% of people with an ABI reported a need for ongoing assistance and supervision in employment compared to 5% of all people with a disability.**
- **12% people with an ABI reported needing other special employer arrangements such as building or fittings modification, training and different duties compared to 9% of all people with a disability.**
- **While there was considerable growth in the total number of people receiving disability employment services between 1998 to 2001 - from 67,174 to 91,864 - there was relatively little movement in the number of people with an ABI receiving services – from 3,248 to 3,975 – representing a 0.1% increase in their proportion of to the total number of people receiving disability employment service (the study estimated the total “potential population” of people with an ABI capable of some participation in the workforce at 74,800). During the same period the participation rate for people with a physical disability increased from 29.4% to 29.7% and for people with a psychiatric disability, from 19.9% to 21.6%.**

The most recent analysis of the Commonwealth State/Territory Disability Agreement's National Minimum Data Set – specifically, the utilisation of employment supports by people with an ABI - tends to confirm these 2002 findings; **“people with an ABI were less likely than service users generally to access disability employment services”**. **Only 16.3% of people with an ABI accessed open employment services, compared with 21.9% of all service users, 7% of people with an ABI accessed supported employment services, compared with 9.3% of all service users. Overall 24.1% of people with an ABI accessed employment services, compared with 32.3% of all service users.**<sup>19</sup>

Brain Injury Australia's 2002 study also included detailed individual interviews and focus groups conducted with over 50 people with an ABI (as well as family members and carers). They represented men and women aged 20 to over 60 of different cultural, educational and socio-economic backgrounds and types of ABI. The interviews found:

- **Many people with an ABI, especially in the moderate or mild categories, do not see themselves as having a disability** and, thus, as candidates for disability employment services. The study uncovered a pattern of people with an ABI moving in and out of the

open employment market seeking to use their abilities, often self-initiating job applications, and often finding their new incapacities irreconcilable with the kind of work they had before their ABI. The costs of these initial failures – in damage to self-confidence and, importantly, in an entrenched reluctance to re-engage with the job market, are considerable.<sup>20</sup>

- **Disability employment services were seen as the “last resort”, particularly services where customers with different types of acquired, congenital and developmental disabilities worked together. This is due to a reluctance of people with an ABI (again, due to the circumstances in which their injuries occurred) to be grouped, and potentially confused, with other disabilities – especially intellectual disability. People with an ABI also perceived there were low expectations of employees with a disability in these settings, finding them irreconcilable with their pre-injury experiences of employment.**

(More information about Brain Injury Australia’s 2002 study into ABI and employment is available in its submission to the National Disability and Mental Illness Employment Strategy, via; [www.braininjuryaustralia.org.au](http://www.braininjuryaustralia.org.au))

## **Summary**

The majority of non-traumatic ABIs are the result of stroke, occurring mostly in the elderly. Traumatic Brain Injury has a “trimodal age distribution”<sup>21</sup>: incidence rates are generally highest in children (0-14), young adults (15-24) and the elderly (65 years plus).<sup>22</sup> A rule of thumb is 1 in 5 TBI *hospitalisations* (there were 22, 710 in 2004-05)<sup>23</sup> will result in some form or permanent and/ or profound disability. TBI is an injury predominantly of the “working age”, in the prime of life - roughly half of all TBIs occur at age 22 or younger - and it happens to twice as many men as women. It is often precisely the combination of the circumstances of the injury and the types and severity of the resulting disabilities that presents very significant barriers – some individual, others systemic – to full workforce participation for people with an ABI.

One clear goal that Brain Injury Australia has set itself is the reduction in both participation failures and dismissals from employment for people with an ABI. One royal road to both of these is universal training in ABI awareness for all staff of the disability employment services system – government and non-government – which Brain Injury Australia can either provide or procure, combined with the implementation of ABI-appropriate services and support pre-employment and within workplaces. **While Brain Injury Australia and its Member organisations are broadly supportive of the proposed direction set for disability employment services in the Discussion Paper, the general lack of a basic awareness of ABI and of a broadly available ABI specialist capability in both vocational rehabilitation and disability employment services remain the fundamental impediments to greater workforce participation for the more than 500,000 Australians living with an ABI.**<sup>24</sup> Until these impediments are addressed, no amount of outcomes-focussed tweaking of the disability employment services system will make any difference to Australians with an ABI who feel – or are made to feel - excluded from the world of work.

## “THE FUTURE OF DISABILITY EMPLOYMENT SERVICES IN AUSTRALIA”

Brain Injury Australia welcomes any government service provision that seeks to reduce “the administrative burden and red tape associated with contractual requirements and an over-emphasis on processes”. Brain Injury Australian embraces any disability employment services system that will; “focus attention on improving outcomes for job seekers and creating more streamlined service delivery” and “on transparency and accountability”; “build on the strengths of the existing approaches, including early intervention for job seekers”; “match the intensity of service to the individual needs of job seekers”; “tailor services to the circumstances of job seekers with disability, including meeting their education, training and capacity building needs” and “provide the greatest rewards when providers find *sustainable* jobs for job seekers”

### **1. “...The new model builds on the strengths of the existing programs, including...specialist providers with expertise in helping particular client groups...”**

From the consultations conducted in preparation of its response to the Discussion Paper, Brain Injury Australia remains convinced that the increased and sustained workforce participation of Australians with an ABI fundamentally depends on the development of a specialist capacity within disability employment services. Everything contained in the “Introduction”, above, argues the circumstances of jobseekers with an ABI are *special* – uniquely complex and challenging – and, unless a modern disability employment services system responds accordingly – from *specialist* knowledge - representation of people with an ABI in the workforce will remain relatively low. **The responses Brain Injury Australia received from its consultations overwhelmingly pointed to a lack of awareness about ABI throughout the disability employment services system as being *the* fundamental impediment to workforce participation.**

Brain Injury Australia notes that the **vast majority of the open employment services membership** of the Association of Competitive Employment (ACE) - the peak body for Australia's Disability Employment Network (DEN) – are either generalist in nature (57%) or **specialists in Intellectual Disability (23%)**. It has been Brain Injury Australia's experience of generalist services that approaches suitable for people with an Intellectual Disability predominate. The Australian Institute of Health and Welfare's 1998-99 analysis of Australia's open employment services system for people with a disability found only 1 “outlet” whose “predominant disability group” (having 75% or more of their clients from a particular primary disability group) was ABI and 3 where the most common primary disability group or groups (occurring for 25-74% of clients) included ABI. Brain Injury Australia is unaware of any increase in the number of outlets specializing in ABI since then but is grateful that the “new disability employment services model will continue to support a combination of providers, including such specialists who wish to work with particular client groups.”

Brain Injury Australia does not imagine that only “such specialists” in disability employment services are capable of appropriately assessing, placing and supporting people with an ABI. However, **Brain Injury Australia is convinced that funding for disability-specific (inclusive of ABI) awareness-raising and training for all disability employment and vocational rehabilitation service providers must be built into the \$1.2 billion the Australian Government has committed to the next contract period commencing on 1 March 2010.**

## 2. “...The proposed model includes a quarantined business share for CRS Australia in Program A...”

While Brain Injury Australia welcomes the Australian Government’s commitment to CRS Australia, it also notes that CRS’ specialist expertise in ABI has been radically curtailed since this author was a client over 10 years ago - when a number of CRS specialist ABI outlets were spread through metropolitan areas and made their expertise available to regional and rural outlets. The loss of that specialist expertise is to be regretted and Brain Injury Australia believes is reflected in the relatively low rates of workforce participation of people with an ABI. As one recent Australian survey of studies of vocational rehabilitation and employment outcomes from Traumatic Brain Injury notes “**despite innovations in vocational rehabilitation practices and favourable legislative changes, poor employment rates and substantial variation in return-to-work outcomes persist. Sadly, in Australia, less than 25% of individuals with TBI earned their main source of income from wages or salary. These rates of employment do not reflect well on vocational rehabilitation.**”<sup>25</sup>

Stories like the following are legion:

“My partner’s ABI affects his cognition and communication. After being unemployed since his accident 7 years ago, it was imperative for his continuing recovery to gain employment. After many obstacles and refusals of employment (mainly because of lack of understanding from employers about what is needed to assist his memory) my partner became case managed with CRS. *His case manager was untrained in assisting someone with a brain injury and, although a nice person, she had no idea what to do with him or what to provide him to help.* After finally gaining employment in the health sector, there was minimal communication between the CRS case manager and the employer to implement strategies to ensure ongoing employment. After the funding run out with the employer there became an unwillingness to continually implement strategies for improvement in a way that is manageable for a person with an ABI...Now the funding has run out my partner is at risk of losing his job and placing him right back where he started.”<sup>26</sup>

“...The rehab. provider [CRS] will not look at training to further myself or improve my employment prospects, as they keep pointing out “their job is to return me to the workforce, not retrain me”. They say I have transferable skills, but this is to an industry [steel manufacture] I can no longer work in. *The rehab. provider has said often enough that each ABI is different, but they still seem to be treating it like any other injury. This may be because there are no guide lines or even a common starting point for this type of injury. How can that be?* Each will affect each person differently! So far my return to work has been emotionally devastating and heart breakingly slow (there is nothing worse for a workaholic, than not being able to work). It’s no wonder I’ve become so reclusive – sadly, I realise that this will hurt me in the long run, as humans need social interaction...”<sup>27</sup>

**3. "...Programs will offer 18 months of individually tailored assistance... If, after 18 months, the job seeker has not found employment...one option would be to extend the program for an additional six months...."**

Both local and international research evidence points to people with an ABI needing more time and more support to achieve sustainable and fulfilling employment. Furthermore, **"it is generally thought that a gradual and supported return-to-work is essential after TBI if stable long-term outcomes are to be achieved. As it can be more challenging for people to return to their original employment position, casual and part-time employment is often suggested as an important precursor to full-time employment... the natural course of return to work appears to operate in terms of decades rather than months."**<sup>28</sup> A Victorian follow-up study of 103 clients with extremely severe TBI found that, of those who had been in employment at the time of their injury, only 50% were working at 2 years after their injury, and this had dropped to 40% at 5 years.<sup>29</sup>

A small qualitative study of employment outcomes for people with severe TBI in New Zealand concluded the following about vocational rehabilitation services; "if vocational rehabilitation services are evaluated (or indeed remunerated) on the achievement of work placement rather than the durability of that employment, there is a risk that long-term vocational support for people with TBI will not be provided when needed...The findings suggest that people with TBI may well benefit from accessing rehabilitation or work support services at intervals throughout their working lives, particularly at times of individual role or organization change."<sup>30</sup>

**Brain Injury Australia is concerned that the timeframes for support under the "new model" for disability employment services still fail to take into account the longer periods of rehabilitation and recovery leading to sustainable workforce participation for people with an ABI.** For instance, "for the first 12 months following job placement, providers will determine the appropriate level of support for employees identified as requiring ongoing support. In cases where a provider considers that ongoing support should continue beyond 52 weeks from job placement, an independent assessment will be required. The independent assessor will, in consultation with the employee, employer and disability employment services provider, assess ongoing support requirements and recommend an appropriate level." Given the needs for ongoing post-placement support experienced by many people with a disability (including people with an ABI) it is disappointing that Discussion Paper fails to indicate for how long – and at what "level" – such support will be provided.

This is especially disappointing given that the greatest need for ongoing supports will be retained by those jobseekers the "new model" would designate "most disadvantaged" - by, for instance, the severity of their ABI - and to whom the "new model" aims to direct the "most resources". A three year follow-up of 198 people in NSW with TBI found that those who experienced the longest period of Post-Traumatic Amnesia (PTA – one commonly used measure of severity of TBI) had markedly lower levels of workforce participation (19%) than those in the shorter PTA duration groups (48% and 47%)<sup>31</sup>.

**4. "...Job Capacity Assessments (JCA) will continue to be the gateway into disability employment services, with JCA providers determining eligibility for Program A or B....Job seekers may be reassessed at any time if their circumstances change. To move between Programs A and B, a new JCA will be required..."**

Brain Injury Australia's area of greatest concern - where the lack of awareness of ABI impacts most heavily on jobseekers - is at the gateways to the disability employment services system, and with its gatekeepers. It has been Brain Injury Australia's – and its Member organisations' – experience that **Job Capacity Assessors (and Centrelink staff) regularly fail to correctly assess or appropriately refer clients with an ABI.**

It should be stated that, because of the "invisibility" common in the client presentation of ABI (see above), JCAs are ultimately reliant – in the absence of medical records, for instance – on what the client elects to tell them about their disability. Often due to the circumstances of the injury and the types and severity of the disabilities that result, a person with an ABI may not disclose their disability, particularly to a relative stranger. **Moreover, around 40% of people with ABI exhibit limited insight into the kinds and levels of their impairment during the early stages of recovery, as a direct result of injury to the brain.**<sup>32</sup> (For some people with an ABI their non-disclosure may not be a critical issue, as their disability - due to aspects of their appearance or speech - may become potentially identifiable. Brain Injury Australia argues that disclosure is almost always a two-way street, that: as much as government agencies and disability employment services may expect that it is their customer's responsibility to acknowledge their disability, there may be a host of reasons for secrecy – the age at which a person acquired their brain injury, its causes, its consequences. And government agencies and employment services have at least an equal responsibility to make their practices – and their staff – disability-aware enough for the customer environment to be conducive to disclosure.) However, in its submission to the Department of Human Services review of the Job Capacity Assessment Program, Brain Injury Australia forwarded evidence of clients, whose severe ABI is known to the JCA, being told "you don't seem to have any *obvious* disabilities so there's no reason why you shouldn't be working 15 or more hours per week" or from conversations Brain Injury Australia has had with JCAs - one, a qualified psychologist, already knew where to begin an assessment of a client with an ABI; "...give them an IQ test"<sup>33</sup>.

Brain Injury Australia is regularly made aware of inaccurate Job Capacity Assessments that result in either **inappropriate referrals of people with an ABI to DEN providers** (people with ABI are consistently being assessed at levels lower than their actual support needs) or the **denial of a Disability Support Pension in favour of Newstart Allowance**, with the associated mutual obligation requirements. **The costs of either – in failure at a first attempt at workforce participation (often after many years absence) or in compliance breaches – can result, again, in permanent disengagement from workforce participation.**

Brain Injury Australia is also aware that Centrelink is frequently used as a punching bag for consultations like this – because it's often at the front line of Australian Government social policy reform. Brain Injury Australia is equally aware that Centrelink staff, like JCAs, are ultimately entirely dependent on what an individual client and/ or a referring service tells them about disability. As part of the consultations that informed Brain Injury Australia's 2002 study into employment Centrelink staff, while feeling disadvantaged by an inadequate level of preparation for dealing with people with ABI, also stressed their role did not include specialist quasi-diagnostic

assessment – if, say, a person with an ABI arrived at Centrelink without evidence of previous assessments and with no preparedness to discuss their disability.

However, the following interaction is unfortunately typical:

“Client A sustained an extremely severe TBI in a motor vehicle accident, and underwent an inpatient rehabilitation program at the Brain Injury Rehabilitation Unit. She was discharged at 8 months post-injury. Upon discharge she attended Centrelink to apply for a Disability Support Pension *with supporting information from the Brain Injury Rehabilitation Unit*. When asked by the Centrelink officer if she would like to work, she replied ‘yes’ and similarly when asked if she felt able to work, she replied ‘yes’. On those grounds, her application for the Pension was refused and she was placed on a Newstart Allowance. The client had extensive cognitive, visual and physical impairments, with very little carry-over of memory from one day to the next. This included impairments in insight. Commencing work or attending an employment agency was unsuitable at that stage of her recovery. The Brain Injury Rehabilitation Unit assessment (available to Centrelink from the client) suggested that she needed another 12 months to recover to the fullest extent possible from her impairments, and that would be the opportune time to examine her suitability for a vocational rehabilitation program.”<sup>34</sup>

The Discussion Paper makes great play of the “new model” of disability employment services seeking “partnerships” with “schools and *health facilities*”. **Many of the incorrect assessments and inappropriate referrals of people with ABI to disability employment services - indeed, many of the compliance breaches, participation failures and appeals to the Social Security Appeals Tribunal (Brain Injury Australia notes that appeals relating to the Disability Support Pension and Newstart Allowance have risen by 21.5% and 26.8% respectively during 2007-08) - would be averted if the gatekeepers of Australia’s disability employment services (and Social Security) systems consulted with the health professionals responsible for clients’ rehabilitation and ongoing care.**

In its 2008 policy paper on “Children, Young People and Acquired Brain Injury” (available at [www.braininjuryaustralia.org.au](http://www.braininjuryaustralia.org.au)) written for the Department of Families, Community Services and Indigenous Affairs, Brain Injury Australia pointed out that ever since 1994, when the Commonwealth and State governments agreed on a “National Policy on Services for People with Acquired Brain Injury”, ABI has been recognized – by name - in most legislative and administrative contexts as a distinct disability. Most notably, 1998’s first (and all subsequent) Commonwealth/States/Territories Disability Agreements cite ABI as a distinct disability group. The paper registered Brain Injury Australia’s disappointment that ABI fails to appear, by name, in either of the two instruments – Centrelink’s “Lists of Recognised Disabilities” and the Child Disability Assessment Tool (CDAT) – that centrally determine eligibility for income support for parents-carers of children with a disability (Centrelink’s Carer Payment and Carer Allowance). This is especially disappointing since: 23,000 Australian children live with an ABI, the “invisibility” of ABI can mean that children with the disability, especially in its mild or moderate form, go unrecognized, undiagnosed and other cognitive disabilities that also occur on a spectrum of severity but have lower prevalence - “Autistic Disorder or Asperger’s Disorder”, for example - appear on the “Lists of Recognised Disabilities”. The kind of awareness in gatekeepers to the disability employment services system that might prevent incorrect assessments and inappropriate referrals begins with the recognition of ABI, by name.

**5. “...For Program B, a new assessment tool, similar to the Job Seeker Classification Instrument (JSCI), will run during the initial JCA to determine which of the two funding levels will apply...The new assessment tool will use information currently collected by both Centrelink and the JCA. The Government is committed to working with stakeholders on the development of the new disability employment services model, including the new assessment tool. A reference group, drawing on the experience of VRS and DEN providers, will be established to provide advice on the development of the new assessment tool...”**

Many, perhaps most, jobseekers with an ABI will be streamed into “Program B”. For all the reasons outlined at 4., Brain Injury Australia retains little confidence that any “new assessment tool” will accurately measure either the types or levels of impairment or support needs of a person with an ABI.

Centrelink’s Child Disability Assessment Tool (CDAT – “if a child does not have a *recognised disability* or medical condition, this instrument enables a weighted score to be calculated...”) – though, as a result of a recent review, Brain Injury Australia has been assured it will be modified for greater sensitivity to ABI – is an exemplar. It has been Brain Injury Australia’s experience from consultation with parents and carers of children - especially those with a mild or moderate ABI - that, where they do not miss out on appropriate income support altogether, Centrelink’s CDAT (and its “Lists of Recognised Disabilities”) remain blunt instruments for adequately reflecting the care needs of a child with an ABI. For example, a parent of a child with challenging behaviour the result of an ABI can still score poorly on CDAT’s “Customer Questionnaire” because their intensive management of their child *is working*. Their child may never be at risk of, for example, self-harm only because behaviour is so closely monitored. If a carer aims to be eligible for income support, the CDAT can place them in an unenviable position.

Brain Injury Australia can only trust that the Departments of Families, Community Services and Indigenous Affairs and Human Services and the “reference group” (above), when exposed to the experiences of this “stakeholder”, will ensure that any “new assessment tool” will reflect the needs of people with an ABI accurately.

**6. “...All eligible job seekers with disability will have more timely access to services. Currently, only job seekers with partial work capacity and part-time activity test requirements are guaranteed a service. Other job seekers, including people receiving the Disability Support Pension (DSP), can only access services when a place becomes available. The proposed model will mean that all job seekers with disability who need specialist assistance to find work, including DSP recipients, will get the help they need without having long waiting periods...”**

Brain Injury Australia welcomes the “uncapping” of disability employment services to meet potential demand. Brain Injury Australia also welcomes one of the interim results of the National Disability and Mental Illness Employment Strategy’s consultations; that people on the Disability Support Pension (DSP) are now able to volunteer for employment assistance and undertake a Job Capacity Assessment without having their eligibility for the Pension reviewed. However, **the major planks of the “Welfare to Work” reforms that came into effect on July 1, 2006 remain in place - continuing to act as the major systemic barriers to employment.**

Brain Injury Australia believes that these reforms produce disincentives from workforce participation *specific to people with an ABI*. Given the lack of awareness about ABI among gatekeepers to the disability employment services system and the vagaries of assessment – where JCAs regularly rate a client with an ABI’s work capacity as being greater than it is – diversion to Newstart Allowance is common (see the example, above). Apart from having to survive on a lower base rate of income support than the DSP, Newstart Allowance recipients are subject to harsher income and onerous activity tests, which many people with memory and cognitive impairment the most common consequences of an ABI – especially where those “invisible” aspects of their disability remain unrecognized, undetected - have difficulty understanding or even remembering to complete, unintentionally placing themselves in breach of compliance.

Furthermore, the reform’s emphasis remains placement in *any job*. Given the life circumstances of many people with ABI post-injury – in coming to terms with how their impairments may restrict their work potential – they are at distinct risk of exploitative job placement (the kind of “parking” referred to, below, at 9.)

Brain Injury Australia understands that supported employment services are not part of the Review, but notes these remarks of the Auditor-General in a recent Performance Audit of Disability Employment Services: “Over 90 per cent of Business Services’ [supported employment] clients receive a Disability Support Pension, with the majority of clients reported to have an intellectual or learning disability [640 supported employment services consumers reported an ABI as their “primary disability type” in 2006-07<sup>35</sup>]...**there is a risk that some Business Service providers are not fully complying with contract requirements by extending the period in which clients, with lower support needs, remain in the employment assistance phase rather than progress to the employment maintenance phase, to maximise the fees they can claim from the Department of Families, Housing, Community Services and Indigenous Affairs. This risk is currently not adequately managed, with evidence indicating that it is occurring...**”<sup>36</sup>

**7. “...The JobAccess service...offers help and workplace solutions for people with disability and their employers to contribute to increasing the employment and retention of people with disability. The JobAccess service also manages the Workplace Modifications Scheme and the Auslan for Employment program, which will be combined to form the new Employment Assistance Fund...”**

Given the circumstances of many job seekers with an ABI - described throughout this submission - combined with the generally low level of community awareness about the disability, Brain Injury Australia recommends that, in the run-up to the commencement of the next contract period for disability employment services, on 1 March 2010, disability-specific awareness training (inclusive of ABI) be arranged for all JobAccess staff.

**8. “...Many stakeholders raised concerns that the rules for using Workplace Modifications Scheme funds were too restrictive. For example, it was implied that only physical modifications to the workplace or assistive technology could be funded. For many job seekers this appears to disregard the needs of people with mental health conditions...”**

While many people with an ABI have an associated physical disability, Brain Injury Australia believes that the Workplace Modifications Scheme’s “ramps-and-rails” focus has been at the expense of people with cognitive disabilities like ABI, and those with a mental illness (an 80% likelihood in a person with an ABI, see above.) Brain Injury Australia believes that the scope of the Scheme should be widened to include, for example, memory aids (Personal Digital Assistants – PDAs, tape recorders etc.) and to accommodate potentially radical changes in work processes the result of a worker with an ABI’s cognitive impairment, challenging behaviours, fatigue, post-traumatic epilepsy etc.<sup>37</sup>

Brain Injury Australia also believes that, if provision is not made for disability-specific awareness training in the \$1.2 billion committed by the Australian Government to the next disability employment services contract period, that training (which is covered, for instance, by Auslan for the employment of people with hearing impairment) should be funded under the Workplace Modifications Scheme. Of the 230 disability employment assistance services surveyed as part of Brain Injury Australia’s 2002 study into ABI and employment, more than two out of every three services were supporting small numbers of people with an ABI, typically one to five people (for a total of 732)<sup>38</sup>. While there was an apparent willingness to support people with ABI implicit in the number and nature of comments received from disability employment services, there was also evidence that **job-seekers with an ABI were perceived as difficult and challenging by disability employment services and employers who may be less than willing to “take them on” in favour of clients more susceptible to a ready outcome.**

**9. “...Feedback indicates that the pressure to place job seekers in any job has resulted in job seekers with disability being placed in entry level jobs, where they remain. These jobs are often low paid, precarious and unlikely to lead to career progression...Feedback indicated that current contract arrangements and incentives can skew provider behaviour towards obtaining short term jobs, rather than equipping job seekers with the skills they need to obtain sustainable employment and contribute to Australia’s skills base and productivity...”**

As often as Brain Injury Australia is made aware of inappropriate work placements – too soon in the client’s recovery from ABI, without appropriate supports etc. – it suspects that as many **clients of disability employment services with an ABI are “parked” in low-skill positions in order to trigger an outcome fee for the provider.**

“Clinical observations have indicated that the majority of individuals with TBI who do return-to-work are not employed in roles commensurate with their qualifications or experience, or are no longer able to perform at their pre-injury levels. Lenient definitions of return-to-work that fail to assess these qualities may artificially inflate return-to-work rates. Without demeaning the importance of sheltered workshops, supported employment, volunteer activities and home duties, some researchers have concluded that a true indicator of return-to-work must include only full-

time or part-time employment in the competitive workforce. These researchers have found that, although 45% of their sample was engaged in some type of work activity, only 19% were actually employed using the more stringent definition of work. Consequently, these researchers concluded that 81% of the TBI population could be considered unemployed, an important policy implication that is obscured by inappropriate research.”<sup>39</sup>

Brain Injury Australia is alerted regularly to stories of potentially exploitative job placements, like the following:

“...one day after some 3 to 4 months with them [a DEN member] it was implied that it was time that I was employed and that I would have to take just about anything that was in the offing. *They then offered me a job as a carer looking after elderly people*, taking them shopping, cleaning up for them and on occasion - if the situation warranted it - doing things like showering them (This could be either men or women, but they did say more than likely it would be men). My entire employment history has been in the banking/finance sector. *I have worked for Westpac and St. George Banks across 27 years*. Working as a carer did not suit my skill areas, and it was particularly daunting to start in a new job area following a brain injury. I said that I did not think that I had sufficiently recovered from my own injuries to do a job such as this, and that I would struggle to look after other people...I was then told that I should be able to handle the job and that I should take it.”<sup>40</sup>

Brain Injury Australia’s 2002 study into ABI and employment included consultations with both open and disability employment service providers. Most reported that customers with an ABI were not thought highly likely to achieve “outcomes” when support intensity was rationed, time-limited and if it did not allow for multiple work trials and job placements (nothing about the Discussion Paper’s description of the next contract period persuades Brain Injury Australia that these competitive pressures for “throughput” of customers will change). The 2002 study found increasing numbers of disability employment services alluding to a “**competition between disability groups**” whereby – with a limited pool of positions suitable for people with disabilities in the open employment market - **the “traditional” disabilities, that is physical or intellectual disabilities, were preferred as being easier to place and easier to support**. Employers and employment services generally recognised that many people with an ABI need longer and sustained assistance to gain and then maintain employment. Brain Injury Australia’s 2002 survey found that employment services perceived people with an ABI as often requiring the most intensive long-term support and as having poor sustained employment outcomes in the absence of support. Moreover, the survey found that there are not enough employment services support staff with specific training in ABI - who can work flexibly in the workplace with the individual, co-workers and the employer in relation to workplace and job-design and who can support co-workers and employers. Seven years on, Brain Injury Australia believes this finding still holds.

**10. “...Providers advised that uncertainty about the availability of a place in their services made it difficult for them to commit to early intervention partnerships, for example with schools and health facilities... employment providers will be able to commit to early intervention partnerships with schools and health facilities. This will mean families will know an employment service will be available as soon their child is ready to move from school to work...”**

The Discussion Paper makes numerous references to partnerships with “schools”; for example, “the current cap on services acts as a barrier to service providers offering early intervention, including building partnerships with schools and mental health services, as a place may not be available when needed.” Brain Injury Australia welcomes any disability services arrangement that reaches across the lifespan, especially key transition points such as from formal education into work. In its 2008 policy paper on “Children, Young People and Acquired Brain Injury”, Brain Injury Australia alerted the Australian Government to the uneven (and ultimately inequitable) eligibility of students with an ABI to school services and supports made available for students with other disabilities.

**But Brain Injury Australia is unaware of the financial incentives currently in place (and the Discussion Paper lacked detail of any new incentives proposed for the next contract period) to encourage disability employment services to engage in such “partnerships”. It also wonders, given that the “rates of hospitalisation for TBI [in 2004-05] were highest for youth and young adults”<sup>41</sup>, why the same potential for partnerships would not extend to tertiary education.** Brain Injury Australia is unaware of any survey of the number of *university* students with an ABI. However, a 2002 survey of Australia’s Vocational Education and Training (VET) students conducted by the National Centre for Vocational Education Research (NCVER) found that: 2.0% of all students with a disability (1856 students of 91, 439) “reported that they had” an ABI; a “very high proportion of students” with ABI reported multiple disabilities; the proportion of students with ABI who completed an Australian Qualifications Framework (such as diplomas or certificate IIIs) was “markedly lower” than that for all VET students and their employment rate was “lower than that for most other disability categories”.<sup>42</sup>

**11. “...The National Disability Recruitment Coordinator (NDRC) service, operates as a single, national contract. The contracted provider works with large employers who employ more than 100 employees to develop Memorandum[sic] of Understanding, which commits the employer and the NDRC service to increase the employment of people with disability within the organisation. The NDRC service aims to create job opportunities for people with disability and provide assistance to large employers to develop disability recruitment and employment policies...”**

Brain Injury Australia assumes “large employers who employ more than 100 employees” includes the public sector. **In 2003, four out of five people with disability who were employed worked in the private sector. Between 1998 and 2003, the number of people with a disability employed in the private sector grew by 18%, compared with 4% growth in the public sector.**<sup>43</sup> Brain Injury Australia believes that, in setting policies devoted to the “social inclusion” of people with a disability, the Australian Government should then take the lead in *employing them* as well. And encourage State and Territory governments, whether with carrot or stick, to do likewise. While the creation of a “Public Employees Disability Network to share advice and best practice” and the “provision of training for managers” - two other interim results of the National Disability and Mental Illness Employment Strategy’s consultations – are laudable, **Brain Injury Australia has lost count of the number of unmet recommendations (of both NGO and government reporting) relating to public sector employment of people with disabilities and lost count of the number of unmet disability employment targets of Australian Government and State and Territory Government agencies.**

Brain Injury Australia is wary of recommending yet another affirmative action program since their outcomes seem to be honoured more in the breach than the observance. But if the Discussion

Paper is serious in its commitment that the new disability employment services system will direct “the most resources to the most disadvantaged”, then Brain Injury Australia only notes that - given the percentages, above, and the level of disability experienced by its constituents - the public sector has got a lot of catching up to do, before it can begin to show leadership in the employment of people with an ABI: between 1998 and 2003, “the overall number of people with disability who were employed increased by 109,000, while the number of employees with severe or profound limitation decreased by 17,600 people.”<sup>44</sup>

**12. “...Stakeholders were critical of the payment model for remote servicing, in particular that the payment does not adequately recognise the true costs of servicing job seekers in remote locations. The new model increases remote loadings from either 20 or 30 per cent in the current programs to 70 per cent...”**

Brain Injury Australia commends the increase in loadings for remote disability employment services, especially if it results in services reaching Indigenous Australians. The Australian Bureau of Statistics’ 2003 “Survey of Disability, Ageing and Carers” found “41% of people aged under 65 years with ABI lived outside major cities, compared with 38% of all people with disability and 34% of the Australian population in this age group.” Moreover, “the age- and sex-standardised ABI prevalence rate for people living outside major cities (2.2%) was significantly higher than for people living in major cities (1.6%).”<sup>45</sup>

**In 2002, 36% of Indigenous Australians reported having “a disability or a long-term health condition.”<sup>46</sup> In 2006-07, 36.8% of disability employment services consumers were from regional and remote areas of Australia<sup>47</sup>. Yet only 2.3% of disability employment services consumers were Indigenous. The unemployment rate for Indigenous Australian is around 20%.<sup>48</sup>**

While a reliable estimate of prevalence rates of ABI among Indigenous Australians (see Brain Injury Australia’s comments on the 2003 Australian Bureau of Statistics “Survey of Disability, Ageing and Carers”, at endnote 2) is yet to be produced “overall, Indigenous service users were more likely to have intellectual, physical or acquired brain injury as their primary disability than non-Indigenous service users.”<sup>49</sup> Based on the results of smaller community surveys, **Brain Injury Australia believes that Indigenous Australians are three times as likely to experience ABI as non-Indigenous Australians.** The transport injury rate for Indigenous Australians is up to three times that for non-Indigenous Australians<sup>50</sup>. Indigenous women are 70 times more likely to be hospitalised than non-Indigenous women for head injuries due to assault<sup>51</sup>. Unpublished data provided to Brain Injury Australia by the Australasian Consortium of Rehabilitation Outcomes indicates that the median age for stroke in the Northern Territory (where 30% of the population is Indigenous) is 20 years under the national average. While reliable figures on alcohol-related brain injury in Indigenous communities are hard to obtain, a recent Senate Committee report recorded 60 Indigenous deaths in the Northern Territory and 120 people in Central Australia with permanent brain damage as a result of petrol-sniffing.

**11. "...Improving employment services for people with disability is a key priority for the Government. Disability employment services make a critical contribution to achieving social inclusion objectives and to improving the nation's productive capacity..."**

Brain Injury Australia welcomes the Australian Government's commitment to social inclusion across all policy and service delivery. Brain Injury Australia's constituency – described in the Introduction, above – includes some tens of thousands of the most socially *excluded* Australians. **It should be noted that people with an ABI are drawn from the same populations as those at the greatest risk of any injury and with generally lower workforce participation rates – of low socio-economic status: from poor housing; large family size; histories of abuse and neglect; marital breakdown; parental drug or alcohol abuse and substance abuse; mental illness and poor levels of education.** Brain Injury Australia urges the Australian Government, in its pursuit of a social inclusion agenda for policy, not to underestimate the genuinely *social* in social inclusion.

For many people with an ABI, their first attempt at rejoining the workforce might come after many years of rehabilitation and recovery. Because of the circumstances in which their injury occurs – for many, it's in the prime of life – low self-esteem, poor self-perception and impaired insight into both their disabilities *and* abilities can present the most significant barriers to any form of social participation, let alone employment. **In keeping with the Discussion Paper's interest in disability employment services forming "early intervention partnerships with schools and health facilities", Brain Injury Australia urges any new disability employment services systems to extend such partnering to feeder programs, aimed at a general "enabling" of people with a disability, programs that may not have employment as their goal but may act as a stepping stone to workforce participation; Community Access Services, also CSTDA-funded, for example.** The Australian Institute of Health and Welfare's 2007 report into "Current and Future Demand for Specialist Disability Services" warns that "in coming years, demand for community access services may be expected to increase, due to growth of the CSTDA target population." Moreover, "among people aged 0–64 years, the broad disability groups with the highest projected growth rates are physical/diverse disability (6%) and Acquired Brain Injury (5%)."<sup>52</sup>

An example. 75% of traumatic brain injuries in New South Wales are caused by motor vehicle accidents. 70% of those injuries happen to men, 40% to men aged between 17 and 25. And while traumatic brain injuries represent less than 2% of claims made on the state's Compulsory Third Party (CTP) scheme, they account for half of the Motor Accidents Authority of New South Wales' large claims and nearly one-fifth of the scheme's total cost. Their average cost is roughly \$1 million. In partnership with Rotary's Youth Driver Awareness (RYDA) program, Brain Injury Australia's New South Wales member organization - the Brain Injury Association of New South Wales - has established a 40-member Speakers' Bureau; of people with a traumatic brain injury who share their experience of road trauma with high school students. Over 50,000 students have participated in RYDA since its inception in 2000. The benefits of such a program are manifold. Firstly, the Bureau caters to the enormous community enthusiasm for road safety information. Secondly, the Bureau satisfies Rotary's objectives of community benefit and aids the socially disadvantaged. Thirdly, low community awareness about Acquired Brain Injury is raised. Fourthly, injury prevention moneys are available to the Bureau to match community interest in road safety. Finally, and most importantly for the Association's mission, the benefits to the speakers of sharing their experience of ABI, of simply being heard, are immense. **A survey conducted of speakers involved in a similar program - Sydney's Westmead Hospital's "Think Twice" - found that**

**while none were working or studying at commencement, 60% had left the program after 18 months to commence full or part-time work or study. For many of the speakers, their involvement in the program represented their first social venture since their ABI.**

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## **ENDNOTES:**

<sup>1</sup> Participation restrictions are “problems an individual may experience in involvement in life situations” such as attending school or participating in recreation. (Australian Bureau of Statistics’ 2003 Survey of Disability, Ageing and Carers)

<sup>2</sup> Brain Injury Australia considers the Australian Bureau of Statistics’ 2003 Survey of Disability, Ageing and Carers radically underestimates the real number of Australians with an ABI. The survey’s sample comprised “14,000 private dwellings and 300 non-private dwelling units”, covering “people in both urban and rural areas in all states and territories, except for those living in remote and sparsely settled parts of Australia. The exclusion of these people will have only a minor impact on any aggregate estimates that are produced for individual states and territories, with the exception of the Northern Territory where they account for over 20% of the population.” Estimates of the prevalence of ABI in Indigenous communities generally, and in the Northern Territory specifically (where Indigenous Australians comprise 30% of the population) indicate rates up to three times that of non-Indigenous communities. The survey had no capture of the criminal justice system or the homeless where estimates of the prevalence of ABI range between 40%-80% and 10%-30% respectively. The survey’s results were “based, wherever possible, on the personal response given by the respondent. However, in cases where information was provided by another person, some answers may differ from those the selected person would have provided.” Brain Injury Australia considers that, given the circumstances in which many ABIs occur – especially in the young, disclosure of the nature and level of impairment, let alone ABI itself, to a government-appointed surveyor may be difficult. The survey recognises this: ““A number of people may not have reported certain conditions because of: the sensitive nature of the condition...[and] a lack of awareness of the presence of the condition on the part of the person reporting...” Also, ““The need for help may have been underestimated, as some people may not have admitted needing help because of such things as a desire to remain independent...” Given the multiplicity and complexity of disability that many people with an ABI experience, cited above, the following statements of survey are also noteworthy: “as certain conditions may not have been reported, data collected from the survey may have underestimated the number of people with one or more disabilities” and “as certain conditions may not have been reported, data collected from the survey may have underestimated the number of people with one or more disabilities.” Brain Injury Australia is grateful that the July, 2008 Community and Disability Services Ministers’ Conference agreed to inject \$6.5 million to enhance the next iteration of ABS Survey of Disability, Ageing and Carers, including doubling the sample size.

<sup>3</sup> Activity limitations are “difficulties an individual may have in executing activities” such as learning to read (Australian Bureau of Statistics’ 2003 Survey of Disability, Ageing and Carers)

<sup>4</sup> A disabling condition is a “disease, disorder or event that leads to an impairment or restriction that has lasted or is likely to last for at least 6 months”. (Australian Bureau of Statistics’ 2003 Survey of Disability, Ageing and Carers)

<sup>5</sup> Australian Bureau of Statistics, Disability, Ageing and Carers: Disability and Long Term Health Conditions, Australia 2003, Canberra

<sup>6</sup> Australian Institute of Health and Welfare, 2007. Disability in Australia: acquired brain injury. Bulletin no. 55. Cat no. AUS 96. Canberra: AIHW.

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<sup>7</sup> Australian Government Disability Services Census 2007, The Department of Families, Housing, Community Services and Indigenous Affairs, Canberra, 2008.

<sup>8</sup> This is particularly disappointing to Brain Injury Australia given the bulk of the growth in uptake has been in open employment services – from 43,042 to 59,478 service users, an increase of 38% - where the vast majority of people with an ABI using disability employment services are located.

<sup>9</sup> “Long-Term Outcomes After Traumatic Brain Injury: Following Up A Consecutive Series At 20-26 Years Post-Trauma - Final Report To Motor Accidents Authority Of New South Wales”, R Tate et al. Rehabilitation Studies Unit, Faculty of Medicine University of Sydney, 2004

<sup>10</sup> Australian Institute of Health and Welfare 2008. Disability in Australia: Trends in Prevalence, Education, Employment and Community Living. Bulletin no. 61. Cat. no. AUS 103. Canberra: AIHW, p.22.

<sup>11</sup> Ibid., p.23.

<sup>12</sup> Ibid., p.23

<sup>13</sup> “Outcome” here refers to *employment* (i.e. a client is in direct employment at all or some of the time of a survey or study period) rather than a *payment* triggered for a disability employment service provider.

<sup>14</sup> Anderson P, Psychogios C & Golley L 2000. Open employment services for people with disabilities 1998–99. AIHW cat. no. DIS 20. Canberra: AIHW, p. xvii. “Neurological disability...applies to impairments of the nervous system occurring after birth, and includes epilepsy and organic dementias (e.g. Alzheimer’s Disease) as well as such conditions as multiple sclerosis and Parkinson’s”, National Community Services Data Committee 2006. National community services data dictionary. Cat. no. HWI 91. Version 4. Canberra: Australian Institute of Health and Welfare, p. 69, 70.

<sup>15</sup> Ibid.,

<sup>16</sup> Australian Government Disability Services Census 2007, The Department of Families, Housing, Community Services and Indigenous Affairs, Canberra, 2008.

<sup>17</sup> Brain Injury Australia is grateful to Tony Waters, the Director of Rocky Bay Employment Services in Western Australia, for bringing the DEEWR study to its attention.

<sup>18</sup> “However, this unemployment rate for people with an acquired brain injury includes those people who are permanently unable to work because of their disability. If this latter group is excluded, then the unemployment rate for people with acquired brain injury drops to 15 per cent. This is the difference between those who are not in the labour force and those who indicated in the survey that they were permanently unable to work. The unemployment rate for people with acquired brain injury capable of being in the workforce is therefore almost double that of the total Australian unemployment rate.” Brain Injury Australia, “Acquired Brain Injury Employment Study”, prepared for the Department of Family and Community Services by Jeffrey McCubbery, Dr Chris Fyffe, Kris Honey, Susanne White and Jenny Crosbie, 2002 (unpublished).

<sup>19</sup> Dr Louise O’Rance and Nicola Fortune, Australian Institute of Health and Welfare 2007. Disability in Australia: acquired brain injury. Bulletin no. 55, Canberra: AIHW.

<sup>20</sup> “This did not mean that people did not need intensive support or support from time to time. It was more a question of what was available was not accessible, relevant or had the capacity to keep in touch with people over the years.” Brain Injury Australia, 2002.

<sup>21</sup> “It was noted that within the 0–14 years age group, the age-standardised rate over the same period [1998-2005] declined from 120 to 93 separations per 100,000 population, and that the rate for people aged

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45–64 years increased from 58 to 66 separations per 100,000 population, while the rate for people aged 65 years and older rose from 118 to 153 separations per 100,000 population.”, Helps Y, Henley G & Harrison JE. 2008. Hospital separations due to traumatic brain injury, Australia, 2004–05. Injury research and statistics series number 45. Adelaide: AIHW, p. 1.

<sup>22</sup> Ibid., p.viii.

<sup>23</sup> Ibid., p. viii.

<sup>24</sup> See endnote 1.

<sup>25</sup> p. 149. “It would appear that there is inherent benefit in the provision of vocational rehabilitation programs post-TBI. To increase the representation of individuals with TBI in the competitive workforce, earlier and intensive emphasis on preparation for full-time employment is recommended. “Vocational rehabilitation following traumatic brain injury: A quantitative synthesis of outcome studies”, Elizabeth Kendall, Heidi Muenchberger and Travis Gee, Centre of National Research on Disability and Rehabilitation Medicine (CONROD), Griffith University, *Journal of Vocational Rehabilitation* 25 (2006) p.158.

<sup>26</sup> Private correspondence with Brain Injury Australia.

<sup>27</sup> Private correspondence with Brain Injury Australia.

<sup>28</sup> Ibid., p. 158.

<sup>29</sup> Brain Injury Australia is grateful to the Brain Injury Rehabilitation Unit at Liverpool Health Service in NSW for forwarding this reference from their submission to the National Mental Health and Disability Employment Strategy – “Enhancing vocational outcomes for people with Acquired Brain Injury”, Philippa McRae, Dr. Grahame Simpson, Marianne Bush and Maggie McFadyen.

<sup>30</sup> “Success in the Workplace Following Traumatic Brain Injury: are we Evaluating what is Most Important?”, William Levack, Kath McPherson, Harry McNaughton, *Disability And Rehabilitation*, 2004; Vol. 26, No. 5, p. 296.

<sup>31</sup> Brain Injury Outcomes Study (Final report) May 2004, Robyn Tate, Ian Cameron, Julie Winstanley, Bridget Myles, Ross Harris, Rehabilitation Studies Unit, Northern Clinical School, Faculty of Medicine, The University of Sydney.

<sup>32</sup> Fleming, J, Strong, J, and Ashton, R., “Self-awareness of deficits in adults with traumatic brain injury: How best to measure?” *Brain Injury*, 10,1-15, 1996.

<sup>33</sup> Brain Injury Australia to Senator the Hon. Joe Ludwig, Minister for Human Services, 2 April 2008. . IQ tests have been shown to fail to pick up the “specific neurobehavioural domains that are particularly vulnerable to the impact of ABI, for example, attention, speed of processing, memory and learning.” Moreover, “IQ measures are unable to detect the subtle shifts occurring as a consequence of mild TBI” (the majority of TBIs, above) and “often place the performance of students with an ABI within normal limits, despite the presence of ‘significant processing and learning disorders.” (Vicki Anderson, Elizabeth Northam, Julie Hendy, Developmental Neuropsychology: A Clinical Approach, Psychology Press, 2003-02, p. 160,161)

<sup>34</sup> Private correspondence to Brain Injury Australia.

<sup>35</sup> Australian Government Disability Services Census 2007, The Department of Families, Housing, Community Services and Indigenous Affairs, Canberra, 2008, p. 66.

<sup>36</sup> The Auditor-General, Report No.11 2008–09; Performance Audit - Disability Employment Services

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Department of Families, Housing, Community Services and Indigenous Affairs Department of Education, Employment and Workplace Relations, Australian National Audit Office, p.23.

<sup>37</sup> More information about ABI-appropriate workplace accommodations is available via Brain Injury Australia's submission to the National Disability and Mental Illness Employment Strategy, at; [www.braininjuryaustralia.org.au](http://www.braininjuryaustralia.org.au)

<sup>38</sup> "People with an Acquired Brain Injury in this sample of services comprised 6.5 per cent of the total number of people with disabilities in these services. There were notable exceptions to the national average. In the Northern Territory, respondents reported that of the total number of job-seekers, 18 per cent were people with acquired brain injury from Indigenous and isolated populations. Brain injuries were reportedly due to alcohol, drug and other substance use. In Western Australia and New South Wales, there were significantly higher numbers of job-seekers with acquired brain injury, probably because of employment services specialising in acquired brain injury", Brain Injury Australia/ McCubbery, 2002.

<sup>39</sup> "Vocational rehabilitation following traumatic brain injury: A quantitative synthesis of outcome studies", Elizabeth Kendall, Heidi Muenchberger and Travis Gee, Centre of National Research on Disability and Rehabilitation Medicine (CONROD), Griffith University, Journal of Vocational Rehabilitation 25 (2006) p.158.

<sup>40</sup> Brain Injury Australia is grateful to the Brain Injury Rehabilitation Unit at Liverpool Health Service in NSW for supplying the story for the purposes of preparation of this paper.

<sup>41</sup> Helps Y, Henley G & Harrison JE. 2008. Hospital separations due to traumatic brain injury, Australia, 2004–05. Injury research and statistics series number 45. Adelaide: AIHW, p. viii.

<sup>42</sup> "As a whole, students with a disability in VET have prior schooling education levels strikingly far below those for all other VET students. About 55% of all people with a disability had left school at or before the end of Year 10, compared with 40% for all VET students. This suggests that developing educational pathways before Year 10 for people with a disability is important as part of an early-intervention approach." Cavallaro et al. "People with a disability in vocational education and training: A statistical compendium", National Centre for Vocational Education Research (NCVER), Adelaide, 2000.

<sup>43</sup> Australian Institute of Health and Welfare 2008. Disability in Australia: Trends in Prevalence, Education, Employment and Community Living. Bulletin no. 61. Cat. no. AUS 103. Canberra: AIHW, p.25.

<sup>44</sup> Australian Institute of Health and Welfare 2008. Disability in Australia: Trends in Prevalence, Education, Employment and Community Living. Bulletin no. 61. Cat. no. AUS 103. Canberra: AIHW, p.25.

<sup>45</sup> Australian Institute of Health and Welfare 2007. Disability in Australia: acquired brain injury. Bulletin no. 55. Cat no. AUS 96. Canberra: AIHW.

<sup>46</sup> "Of these, 21,800 or 8% of the population aged 15 years or over had a profound or severe core activity limitation, meaning that they always or sometimes needed assistance with at least one activity of everyday living (self-care, mobility or communication).", Australian Institute of Health and Welfare analysis of the Australian Bureau of Statistics 2002 National Aboriginal and Torres Strait Islander Social Survey. The 2006 Census of Population and Housing found a total of 19,600 Indigenous people (4% of the population) were identified as needing assistance with core activities some or all of the time: "after taking account of age differences between the Indigenous and non-Indigenous populations, the level of need for assistance among Indigenous people overall was almost twice as high as that among non-Indigenous people.", The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2008, Australian Bureau of Statistics/ Australian Institute of Health and Welfare, Canberra, p.55.

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<sup>47</sup> Australian Government Disability Services Census 2007, The Department of Families, Housing, Community Services and Indigenous Affairs, Canberra, 2008, p.7

<sup>48</sup> This rate classifies (current and former) Community Development and Employment Program (CDEP) participants as being 'employed'. If these participants were not classified as such, then the unemployment rate for Indigenous Australian would be around 34%.

<sup>49</sup> Australian Institute of Health and Welfare (AIHW) 2008. Disability Support services 2006–07: national data on services provided under the Commonwealth State/Territory Disability Agreement. Cat. no. DIS 52. Disability series. Canberra: AIHW.

<sup>50</sup> Australian Institute of Health and Welfare: Harrison JE & Berry JG 2008. Injury of Aboriginal and Torres Strait Islander people due to transport, 2001–02 to 2005–06. Injury research and statistics series number 46. Cat. no. INJCAT 120. Adelaide: AIHW, p.vi.

<sup>51</sup> "Hospitalisation for head injury due to assault among Indigenous and non-Indigenous Australians, July 1999-June 2005", Lisa M Jamieson, James E. Harrison and Jesia G. Berry, Medical Journal of Australia, Volume 188, Number 10, 19 May 2008.

<sup>52</sup> The Australian Institute of Health and Welfare 2007. Current and future demand for specialist disability Services, Canberra: AIHW.