

ENGLISH VERSION

Changed Lives

BRAIN INJURY INFORMATION

arbias

BrainLink



Changed Lives has been reproduced as part of a series of information products about brain injury, produced by a joint committee of brain injury organisations with the support and assistance of the Department of Human Services Victoria.-

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Changed Lives

BRAIN INJURY INFORMATION KIT

This *Changed Lives* booklet contains information about **acquired brain injury** and is designed for people who have a brain injury and their family members.

The information in this booklet is supplied by Headway Victoria, an information and advocacy service for people with brain injury in Victoria.

Changed Lives is available in 18 community languages:

Amharic	Arabic	Cambodian
Chinese	Croatian	Dari
Greek	Hindi	Indonesian
Italian	Macedonian	Polish
Russian	Serbian	Somali
Spanish	Turkish	Vietnamese

To obtain a copy of the Changed Lives booklet in one of the above languages, contact BrainLink Services (tollfree 1800 677 579) or visit www.brainlink.org.au).

If you require a language interpreter contact: **Translating and Interpreting Service** (telephone: 131 450). This service is free of charge.



Changed Lives

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“Acquired brain injury (ABI) refers to any type of damage that happens to the brain at any age from birth onwards.”

BRAIN INJURY – CHANGING LIVES

Life after brain injury brings with it many adjustments and challenges. The process of assessment and recovery is slow and it is a difficult period for everyone involved. It may also be some time before you know exactly how much damage has occurred.

This *Changed Lives* booklet is a simple guide for your journey through the acute care and recovery stages of brain injury. The organisations listed in this booklet are there to help you each step of the way.

After a brain injury occurs, there is much new information to understand and many decisions to make at a time when you may feel overwhelmed, vulnerable and swamped with advice. Initially, you may not understand everything you are told by medical staff – that’s normal – but keep asking if things are unclear.

If you are going to be in the hospital for a while, arrange for a family member or friend to come in and support you. They can help digest some of this information.

A team of doctors is usually involved in assessing and treating a person with brain injury. You need to know how to find the right staff member to answer your questions. Hospitals have social workers and patient advocates who are useful sources of information and who may point you in the right direction should you become confused.

If you require an interpreter, call this free-of-charge service:

Translating and Interpreting Service
(telephone: 131 450)

What Is Acquired Brain Injury (ABI)?

Acquired brain injury (ABI) refers to any type of damage that happens to the brain at any age from birth onwards. Damage to the brain can occur in many different ways: through illness, such as Alzheimer's disease, a heavy blow to the head, or by the head being forced to move rapidly forwards and backwards, as in a car accident.

This sort of brain injury is often accompanied by a loss of consciousness: either short term (less than 30 minutes) or long term (hours, days, months), which is called a **coma**. The **effects** of brain injury can be **mild** or **severe**, **temporary** or **permanent**.

Some common causes of brain injury are:

- › Accidents: car, sporting, assaults
- › Falls
- › Tumours
- › Strokes and aneurysms
- › Infections such as meningitis and encephalitis
- › Alcohol or substance abuse
- › Interruption of oxygen supply to the brain during near drowning, heart attack or suffocation
- › Neurological disorders such as dementia



Minor brain injury

Even minor brain injury can have a lasting impact. Sometimes the problems caused by minor brain damage are difficult to detect. For example, a person may feel less able to concentrate, they may be more forgetful or have more trouble making decisions.

If you are uncertain as to whether you have acquired a minor brain injury, ask your doctor for advice on the specialist testing available.

An information sheet about minor brain injury is available from **BrainLink Services** (telephone toll free: 1800 677 579).

The Hidden Disability

Acquired brain injury is often called “the hidden disability” because it can cause problems with a person’s cognitive functions (patterns of thinking and behaviour).

These new thought processes, habits and unusual behaviours are not as easy to recognise as other physical disabilities such as vision impairment or quadraplegia.

As a result, the challenges people with brain injury face are often misunderstood and ignored by others. For example, it can be easy to lose patience with someone whose brain injury causes them to be extremely forgetful or who becomes very aggressive over small issues.

Children with Brain Injury

Children with acquired brain injury face a double challenge because it complicates the normal

development process and can make growing up so much harder. For advice, useful contacts and information on how to support children in their recovery from brain injury, contact:

BrainLink

(telephone: 9845 2950 or toll free: 1800 677 579)

Melbourne Citymission ABI State-wide Paediatric Service

(telephone: 9487-9200)

ACUTE CARE – IN HOSPITAL

The acute phase of a brain injury includes emergency care in hospital. Since brain injury often happens through an accident, it is not unusual for a person to have other injuries. A series of tests are performed to diagnose the injuries and a team of medical staff work to stabilise the patient’s condition.

You may experience some of the following injuries during the acute care stage:

- › Spinal injuries
- › Brain swelling
- › Coma
- › Post traumatic amnesia

Spinal injuries

After an accident, a person must often wear a hard collar to restrict their movement and to help prevent further injury to the spine until tests can determine if there is a spinal injury.

“People experiencing post traumatic amnesia (PTA) become easily agitated and are often unable to cope with much noise, movement or activity.”

Brain swelling

The brain swells after a serious injury to the head. Normally, the brain fits inside the skull with little space to spare. If the swelling continues the brain becomes compressed, which can cause further brain damage.

The treatment for brain swelling often involves drugs that may sedate the person to such a degree that their breathing must be taken over by a machine called a respirator. Other drugs will be used to reduce fluid in the body, which may help to reduce the swelling. Sometimes surgery will be required to reduce the pressure.

Coma

Deep in the centre of the brain is an area that is responsible for keeping us aware of what goes on around us and inside us. If it is damaged, a coma – **loss of consciousness** – follows.

A mild brain injury can cause a coma that lasts for one or two minutes, but a severe brain injury can result in a coma that continues for days, weeks or months.

We do not know exactly how much information a person receives when they are in a coma. We know that their brain is not functioning at a high level and that it cannot store memory. We know that their brain has a limited ability to take in information or to respond to light, sound or touch. In some cases, the person may be aware of what is happening around them, but they are unable to respond.

During a coma, the person will not open their eyes, will not speak and will not follow commands.

Coming out of a coma

As the coma lightens, the person may begin to respond to someone’s voice or touch, but the process is slow. This can be a time of great anguish for family members, but great anticipation too. A person does not suddenly wake up from a coma.

You know a person is getting better when they can repeatedly and consistently open their eyes and follow your movements around the room. Their eyes may appear more alert, or the person may become restless.

At first, they may not recognise you or other people they knew before the coma. They may be confused about where they are and what has happened to them.

Post traumatic amnesia

The phase after coma is called post traumatic amnesia (PTA). It is the time between regaining consciousness and a person’s ability to retain memories of day-to-day events.

In the early stages of PTA, a person may display uninhibited behaviour such as swearing or inappropriate sexual behaviour. They may appear confused, aggressive, agitated, noisy, restless, disoriented or even child-like. People do not remember their behaviour throughout this PTA phase.

During this time, it is important to keep outside stimulation to a minimum, which means few visitors are allowed. People experiencing PTA become easily agitated and are often unable to cope with much noise, movement or activity.



Treatment During Acute Care

Many x-rays and tests will be performed to help medical staff know what damage has occurred before a person is transferred to an appropriate area for treatment.

MRI and CT brain scans

MRI scans and CT scans (also called CAT scans) help to determine the location and extent of any damage and whether surgery is needed. A CT scan is a series of x-rays taken at different levels of the brain. An MRI scan uses a magnet and radio waves to produce a detailed image of the brain.

Neurosurgical ward

The neurosurgical ward specialises in the care of people with brain and spinal cord injuries or disease. Staff who work here include nurses with expert training in brain and spinal injuries, neuro-physiotherapists, occupational therapists, dieticians, speech pathologists and social workers. If you want an explanation of these specialist roles, ask to speak with the nurse in charge.

Intensive care unit

Each person in intensive care is allocated one nurse. Their condition will be monitored 24 hours a day. The aim of immediate treatment is to maintain breathing and to minimise brain swelling. While in intensive care, a person may:

- › Be unconscious
- › Be conscious but unable to speak
- › Be heavily sedated
- › Wear eye pads to stop their eyes drying out

- › Have tubes in their nose, mouth or throat to assist breathing
- › Have a shaved head from surgery
- › Perspire excessively

Initially, it can be a shock to see so much machinery attached to a person who, only yesterday, was perfectly well and mobile. It helps to understand what these machines do. Don't be afraid to ask the nurses to explain their functions to you.

Family members can reassure a person in intensive care by simply talking with them and behaving in their presence as if they were conscious.

When a person's medical condition has stabilised, they will be transferred from intensive care to a ward. This is a good time to bring in some of their belongings: photos, for example, give staff an understanding of who the person was before their trauma, and help nurses to talk to them in a familiar and supportive way.

Visiting the Hospital

What happened to me?

You may be asked to deliver some difficult news to the injured person who is likely to be disoriented and in much need of your reassurance. Speak with the staff about how to inform your family member of their injuries and any other unhappy news that may be associated with their event. They may forget what you tell them and you may have to repeat the information many times, which can be upsetting for both of you.

“While medical therapy cannot repair brain cells destroyed by the injury, the brain can learn to develop new ways of processing information.”

Remember, social workers understand your situation and are there to assist you through this difficult time.

Visiting with children

Children often find hospitals a scary place to visit: there are so many strange smells and sick people, so much unusual equipment. It is important to prepare children for their visits by telling them what to expect. For ideas on how to help children confront acute care situations contact:

BrainLink

(telephone: 9845 2950 or toll free: 1800 677 579)

REHABILITATION

Rehabilitation involves intensive therapy that helps the natural process of recovery and aims to reduce the chance of long term disability. The emphasis is on regaining previous skills and teaching strategies to overcome ongoing problems. While medical therapy cannot repair brain cells destroyed by the injury, the brain can learn to develop new ways of processing information. This intensive rehabilitation stage can take up to 12 months.

But the Doctor Said . . .

Often when participating in a rehabilitation program, families find the original prognosis (assessment of the patient’s condition and chances of improvement) given at hospital has changed. Some families feel very angry about

this, but the assessment given at the acute care stage may have been appropriate at the time.

It is important to remember that a person’s condition is changing as they recover and each professional brings a different perspective to that condition. Rehabilitation professionals have the opportunity to reassess a person’s condition over a longer period of time. Often, a new prognosis will be formed.

Choosing the Right Rehabilitation Program

The type of rehabilitation facility you require depends on:

- › The nature of injuries
- › Type of professionals required
- › Rehabilitation needs
- › Your capacity to pay
- › Your eligibility for insurance cover
- › Where you live
- › Type of residence (home or alternative accommodation)

Ask for information about the options and if possible ring or visit several rehabilitation facilities to make sure their rehabilitation programs will meet your particular needs. Convenience and location are important, but your primary considerations should be the quality and level of therapy provided. For more information, contact:

BrainLink

(telephone: 9845 2950 or toll free: 1800 677 579)

Translating and Interpreting Service

(telephone: 131 450)

Length of program

Rehabilitation programs differ in length, intensity and the type of professionals involved. Rehabilitation hospitals offer inpatient (stay in hospital) and outpatient (day visit to hospital) rehabilitation services. The program design will depend on the:

- › Severity of the brain injury
- › Stage of recovery
- › Range of services available

People with very severe injuries considered unsuitable for mainstream rehabilitation services may be eligible for the **Slow To Recover Program** (telephone: 8792 2396), which is a slow-stream rehabilitation program.

During rehabilitation, you can request a meeting to be held or ask to attend meetings such as treatment conferences about your family member. Speak to the doctor or nurse in charge.

COMING HOME

Coming home and being surrounded by your old life, but not being able to continue it in the same manner, will be stressful at times. **Changed Lives** lists many services designed to support you and your family as you tackle changes to your lifestyle.

How Long Before Things Improve?

The long term effects of brain injury are very difficult to predict early on and it may be some time

before medical staff and physical therapists can determine how much recovery you can expect.

Brain cells do not regenerate. Those that are destroyed are not replaced, but in some instances, nearby brain cells may take over the jobs of some of the damaged and dead cells.

A person can expect improvement to continue as the damaged cells heal, but healing subsequently slows. Rehabilitation assists the person to take full advantage of the natural recovery process, so that they regain or re-learn as many skills and abilities as possible.

The most significant improvements occur in the first six months, but good gains can continue for up to two years and then more slowly after that. Generally speaking, if a person's initial improvement is slow, they are more likely to have permanent disability.

How a Person Changes After Brain Injury

Someone with a brain injury may behave differently and exhibit changes that are not in keeping with their personality. These may include swearing, aggressive outbursts, childlike behaviour, physical restlessness and acting impulsively.

Dealing with these changes can be difficult but there are members of your rehabilitation team, such as the neuro-psychologist, who are experts in identifying these changes and in developing appropriate behaviour management strategies.

“Many people with brain injury will be unable to live alone... options for living away from home are limited... look at a range... before choosing one.”

Aids and Equipment for the Home

Some people may need aids or special equipment such as wheelchairs, walking frames, special lifting equipment and communication aids (including computers and tape recorders) to compensate for lost or weakened abilities.

You may also need to make modifications to the home such as adding a ramp or widening doorways. Generally, public funding for new or replacement equipment is limited and carefully rationed. The main sources are:

Public hospitals

Hospitals supply essential aids and equipment when a patient is ready to leave. These may be given to you or lent to you. If you have accident compensation or health insurance, some items will be paid for by the insurer or your health insurance company.

The Aids and Equipment Program

This state government program is for people with disabilities who are living in the community. It is administered by approved public hospitals and health services, but there are strict eligibility guidelines. For more information, contact:

Department of Human Services Disability Intake Service

(telephone: 1800 783 783)

The Continence Aids and Assistance Scheme (CAAS)

CAAS is a Commonwealth program offering assistance to people who have permanent and

ongoing incontinence as a result of a neurological condition (telephone: 1300 366 455).

Accommodation and Support

Many people with a brain injury will be unable to live alone without assistance. They may need help because of physical disability or they may have memory, planning and organising problems. Others may have lost their jobs and be unable to afford to live alone.

Options for living away from home are limited, and will depend on the person's needs and where they live. Families interested in this kind of accommodation should look at a range of options and **inspect them carefully** before choosing one.

Some accommodation options are:

Community housing with support

Public or private community housing is affordable, group housing that includes support services such as attendant care (see Attendant Care, Returning to the Community, pg 13) or outreach support that help you organise your daily life.

Another option is shared equity housing where tenants share ownership of the house.

The Department of Human Services also has some homes available that are designed for people with particular disabilities.



For more information, contact:

Department of Human Services Disability Intake Service

(telephone: 1800 783 783)

Nursing homes and hostels

Nursing homes and hostels cater mainly for older people and the problems specific to their age group.

Supported residential services

These privately owned houses offer supervision and personal care for people but they do not offer nursing care. They are mainly for older people, although some will consider taking younger people with brain injury.

Boarding houses and private hotels

These privately owned facilities can provide low-cost options for people who need little support. Some provide meals and do the house cleaning.

Community-managed rooming houses

Community-managed rooming houses generally offer single, furnished rooms with shared facilities. People must meet income requirements that make them eligible for public housing.

For more information about accommodation that includes support for people with brain injury, contact:

BrainLink

(telephone: 9845 2950 or toll free: 1800 677 579)

Department of Human Services Disability Intake

(telephone: 1800 783 783)

RETURNING TO THE COMMUNITY

At the very heart of the recovery process is the question of **how to live with a brain injury**. The changes it can bring to a person's life have an impact on so many people – their family, other relatives, friends, work colleagues, neighbours, new acquaintances, even strangers.

The best way to adjust is to prepare well by examining your new needs at home, at work, at school and within the community. Some of these needs will be long term, others will change from day to day or as time goes on.

For example, some people may need occasional help with housework or travel arrangements. Others may need ongoing physical care or assistance with personal administration matters like paying bills and making phone calls.

Services and Resources

Once you have determined your needs, you can track down the right community service to assist you. This can take a lot of time and trouble – it is important to **be persistent**.

Some organisations have little knowledge or first-hand experience of people with brain injury. Their staff may feel they have nothing to offer you or that you are not eligible for their program: they may confuse brain injury with intellectual or psychiatric disability.

“Attendant carers assist a person with brain injury to perform tasks that are necessary for living life in the community.”

Organisations like BrainLink are designed to help you find the right service, while others, like your rehabilitation hospital and local council, provide direct services.

Community Health Centres offer social and independent living skills programs for people with acquired brain injury.

The Brain Disorders Program provides a residential skills living program for people with brain injury and severe behavioural or mental health problems (telephone: 9490 7366).

The Transitional Living Centre provides intensive skills training in a residential setting (telephone: 9416 9820).

The Commonwealth Rehabilitation Service (CRS) has a specialist service for people with brain impairment (telephone: 1800 642 824).

Melbourne Citymission State-wide ABI Case Management Service is a service for adults aged between 18 and 64 years with moderate to severe acquired brain injury who are about to be discharged from hospital/rehabilitation units or who have recently been discharged (eligible for up to two years post injury) and who have no compensation (telephone: 9385 6333).

arbias provides information on alcohol and substance-related brain injury (telephone: 8388 1222).

The Alzheimer's Association has information about people with dementia (telephone: 1800 100 500).

Transport Accident Commission (TAC) and Victorian WorkCover Authority provide case co-ordination and information about services that are available to people who are eligible for compensation under TAC or WorkCover provisions (see Legal Issues, pg 18).

TAC

(telephone: 1300 654 329)

Victorian WorkCover Authority

(telephone: 1800 136 089)

Or contact BrainLink, or your local council or social worker for more information.


Attendant Care

Attendant carers assist a person with brain injury to perform tasks that are necessary for living life in the community.

They help with tasks such as personal care and hygiene, personal administration like paying bills or making phone calls, shopping, organising transport, maintenance of aids and equipment and finding the right community programs.

It is best to have attendant care organised before your discharge from hospital or the rehabilitation unit. The social worker at the hospital or the rehabilitation service or your case manager can help you make the application for funding for the services you need.

Those not eligible for compensation can make an application to the Department of Human Services, but there can be a long waiting list.



Attendant care is also available in programs provided by local councils and disability organisations.

For information about, or problems with, attendant care services contact:

Department of Human Services Disability Intake and Response Service

(telephone: 1800 783 783)

Action for Community Living

(telephone: 9489 2999)

Advocacy and Support Groups

Life in the community can be difficult for someone with brain injury because people do not understand or have knowledge of your special needs. Advocacy services provide vital support. They can protect and promote your interests in the community and are an essential source of information.

Action on Disability in Ethnic Communities (ADEC)

is a community-based organisation that represents the rights and needs of disabled people of non-English speaking backgrounds and their carers. ADEC provides advocacy, information, service referral, education, training and consultancy (telephone: 9480 1666). **Bear in Mind** is a self-advocacy and community education group for people with acquired brain injury (telephone: 9639 7222).

The Office of the Public Advocate is an independent statutory office that works to promote the interests, rights and dignity of

Victorians with disability. It can provide advice, and in some circumstances, advocacy (telephone: 9603 9500).

Case Management

People with brain injury and their families have very particular needs. It is important to properly identify these needs to ensure each of you receives adequate care and support. Families can make these assessments themselves, or they can receive help from a “case manager”.

A case manager can:

- › Provide information on and organise services that meet your needs
- › Inform you of your rights and entitlements in different situations
- › Provide long term support by reassessing your needs and service arrangements

For information about case management services that specialise in people with brain injuries contact:

BrainLink

(telephone: 9845 2950 or toll free: 1800 677 579)

“...seek advice on how to handle situations. It does help to talk to a professional who understands your position.”

Counselling

There will be times when you or your family feel exhausted by this difficult journey and may not cope as well as you might. Be kind to yourself and seek advice on how to handle situations. It does help to talk to a professional who understands your position.

Commonwealth Care Link (telephone 1800 059 059), offers counselling for carers.

The Bouverie Family Centre offers skilled, individual and family therapy for people with brain injury and their families. The centre also assists with counselling and training for managing difficult behaviour (telephone: 9385 5100).

ABI Behaviour Consultancy Service provides counselling and consultancy for people with difficult or challenging behaviour. It can provide advice over the phone or work with an individual and their family (telephone: 03) 9490 7366)

Driving, Travel and Getting Around

People with brain injury are often anxious to return to driving. For some however, the effects of their injury may disqualify them from driving:

- › epilepsy
- › slowed reactions
- › difficulty concentrating
- › sight and hearing impairments
- › memory problems

People with moderate or severe brain injury must have a driving assessment with an occupational therapist before they return to driving.

For people who are unable to drive

The **Multi-Purpose Taxi Program** (telephone: 9320 4300 or 1800 638 802) provides a 50% subsidy (half fare) for people with specific disabilities.

There may be some financial limits on the amount available to you. You must also obtain a doctor's certificate to be eligible for the program.

Assistance with public transport

The **Accessible Transport Unit** assists people with disabilities to travel on trams, trains and buses (telephone: 9655 3333).

Concession fares are available on public transport for those who carry a Health Care Card issued by **Centrelink** (telephone: 13 27 17).

The **Travellers Aid Society** (telephone: 9654 7690) provides assistance with public transport queries, buying tickets, and information on how to get on and off trams, trains and buses.


Information about support for people with disabilities at train stations is available from **Metlink** (telephone: 131 638).

Some local councils offer community transport services or volunteer drivers to take you to medical appointments. They may also have home-help workers who provide limited assistance with transport. Check with your local council.

If you are eligible for compensation, the insurance company may agree to provide some assistance.

Education

Most schools, universities and colleges are able to offer some assistance to people with brain injury



– call them to find out what they offer. The range of assistance includes:

- › Integration workers (“aides”) in primary and secondary schools
- › Disability Liaison Officers in colleges and universities
- › Special schools for children with severe disabilities
- › Aids and equipment (for example, tape recorders) at some schools and institutions
- › Special allowances such as extended time for exams or provision of a note taker

Financial assistance may be available to adults to take up approved study.

For advice on assistance at primary and secondary schools, contact:

Association of Children with a Disability

(telephone: 9818 2000 or 1800 654 013)

For information about financial assistance for approved study, contact:

Commonwealth Rehabilitation Service

(telephone: 1800 624 824)

Centrelink Disability, Sickness and Carers

(telephone: 13 27 17)

Employment and Training

Many adults with brain injury find their working lives must change to suit their new circumstances. Some may be able to return to former jobs with extra assistance. Others may need their workplace or job modified to accommodate their needs. Sometimes part-time work or different work is

the best option. These programs and organisations can help with your back-to-work needs:

Commonwealth Rehabilitation Service (ABI program)

The Commonwealth Rehabilitation Service is funded by the Commonwealth government and offers work-related advice, counselling, training and retraining, and support for people with brain injury.

The service provides or organises training allowances, on the job support, equipment and modifications for the workplace and information and education for employers and co-workers of people with brain injury.

Commonwealth Rehabilitation Service

(telephone: 1800 624 824)

Centrelink

The Centrelink government welfare agency provides assistance and information about the employment programs, allowances and benefits that are available. Centrelink also assists people who receive the Sickness Allowance or the Disability Support Pension to take part in work-related training and rehabilitation.

Centrelink Disability, Sickness and Carers

(telephone: 13 27 17)

Recreation and Leisure

Recreation and social activities are an essential part of the recovery process. Everyone needs relief from the strain of rehabilitation and the challenges a life with acquired brain injury brings.

“It is absolutely necessary for people with brain injury and their families to take a break from each other...”

Check out your local council - they offer some great resources and specific services for people with disabilities. In particular, there is the **Access for All Abilities** recreational program for people with disabilities and the **Home and Community Care** program, which is also run through the council and some community health centres.

BrainLink (telephone: 9845 2950 or toll free: 1800 677 579) collect information about recreational programs specifically for people with acquired brain injury.

Companion Card

The Companion Card has been developed so that people with a permanent disability who require assistance to attend venues or events only need to pay for a single ticket. It can be used at many major public events and on public transport (telephone: 1800 650 611).

Respite - Taking a Break

It is absolutely necessary for people with brain injury and their families to take a break from each other now and then - for a day, a night or a longer period. Everyone needs to maintain their sanity and good humour, so make a commitment to giving each other space.

Ideally, respite services should be flexible and offered in your home or outside your home, on a planned or emergency basis. In practice however, few services are able to offer this degree of flexibility.

Some ways to take a break include:

- Finding a day or recreational program that the person with brain injury can attend – ask your local council
- Get a home-help worker to come in for a few hours each week
- Organise a family member or volunteer to stay over for a weekend
- Pay for an attendant carer to stay over occasionally or on a regular basis
- Arrange for the local council to provide a respite service
- Access a respite bed for short periods in a nursing home, a hostel, or a supported residential service
- Some private hospitals offer respite care for a fee
- Arrange for a disability service provider or community organisation such as **Yooralla** or **Scope** to provide respite care

For more information contact:

Carers Victoria (information in a range of community languages, telephone: 1800 242 636 or visit www.carers.vic.org.au)

Commonwealth Carer Respite Centre
(telephone: 1800 059 059)

BrainLink
(telephone: 9845 2950 or toll free: 1800 677 579)

Yooralla
(telephone: 9650 4077)

Scope
(telephone: 9843 3000)

LEGAL ISSUES

In Victoria, how you were injured determines where you are treated and the range of services and compensation to which you are entitled.

Transport-related injuries

If you suffer brain injury as a result of a car, motorbike, train or tram accident, you will be eligible for compensation under the Transport Accident Act of 1986, which created the Transport Accident Commission (TAC). The TAC will pay reasonable costs for:

- › Ambulance
- › Medical services
- › Rehabilitation
- › Nursing
- › Related services
- › Disability support

TAC (telephone: 1300 654 329 or visit www.tac.vic.gov.au)

Work-related injuries

People who have suffered a brain injury as a result of an accident at work are covered by the Victorian WorkCover Authority insurance scheme. Those eligible can receive payments or reasonable costs for:

- › Ambulance
- › Loss of earnings
- › Medical services
- › Rehabilitation
- › Nursing and Related services

Victorian WorkCover Authority (telephone: 1800 136 089 or visit www.workcover.vic.gov.au)

Common law damages

Common law damages must be determined by a court. The court will determine who was at fault. If the injury was someone else's fault, you may be entitled to receive common law damages.

Personal insurance and superannuation entitlements

Personal insurance policies such as life insurance or disability and death insurance or superannuation policies may give you entitlements in the event of serious injury or death. Check your policies; you may have forgotten what is in them.

Insurance policies can be very difficult to understand, however. If you think you may have a compensation claim, have your insurance policy reviewed by a lawyer or call the superannuation company to discuss your situation.

When Compensation is Not Available

Not everyone with a brain injury will be entitled to compensation. If you have private health insurance, your entitlements will depend on the extent of your cover. Check your policy and call your insurance company if you have any doubts.

If you do not have private health insurance, the public health system is free to people who need it.

Depending on your other sources of income, you may be entitled to benefits from **Centrelink**.

Other Legal Issues

Making Decisions

After a brain injury, a number of decisions require immediate attention. A family member may be

“A family member may be required to make decisions on behalf of the person who has the brain injury... or an independent guardian can be appointed...”

required to make decisions on behalf of the person who has the brain injury.

There are decisions about treatment and there may be financial or legal issues that arise as a result of the injury, or there may be pressing issues that the person was addressing prior to their injury. Then, once home, there are many decisions we make daily in response to finances, work and other responsibilities.

If a decision maker is needed and a family member is not able to do the job, an independent guardian can be appointed by the **Office of the Public Advocate** (telephone: 1300 309 337). The office offers advice and information pamphlets (available in 11 community languages) in relation to powers of attorney, decision making, guardianship and administration of a person's affairs.

Choosing a solicitor

Do you require a solicitor to help you make a compensation claim? **Victoria Legal Aid** (telephone: 9269 0120 or Rural 1800 677 402) can help you make that decision by offering free legal advice over the telephone.

If you need to discuss your problems in person, you can visit your local community legal centre, which will advise you if you are eligible for a free, Legal Aid lawyer.

When choosing a private solicitor, it is important to know that they are competent and able to communicate with you in terms that you can understand. The **Law Institute of Victoria** (telephone: 9607 9311) has a list of lawyers who specialise in accident compensation issues.

Independent third person program

If at any time you need to be interviewed by police as either a suspect or a victim of a crime, an Independent Third Person (ITP) can be appointed to help you.

The role of the ITP is to facilitate communication between you and the police, make sure you understand your rights and to support you through the process of formal questioning. The police have details of ITP's in their area and will call them for you if requested, For more information, contact:

Office of the Public Advocate:
(telephone: 1300 309 337).

FOR MORE INFORMATION ON BRAIN INJURY

Action on Disability in Ethnic Communities

provides support, advocacy and advice to people from culturally diverse backgrounds on disability issues (telephone: 9480 1666 or 1800 626 078).

arbias can provide more information about alcohol or substance-related brain injury (telephone: 8388 1222 or www.arbias.org.au).

BrainLink can provide more information about stroke-related and tumour-related brain injury, neurological conditions and other forms of brain injury (telephone: 9845 2950 or toll free: 1800 677 579 or visit www.brainlink.org.au).

Language assistance is available through the

Translating and Interpreting Service (TIS)

(telephone: 131 450). Any of the organisations listed throughout this booklet may be contacted through TIS. If you wish to speak your own language, phone the organisation and leave your name, the language you speak, and your telephone number and ask them to contact you through TIS. Alternatively, you may call TIS and ask them to contact the organisation for you.

FOR INFORMATION CALL

1800 677 579
BrainLink

arbias

BrainLink

