

**VICTORIAN COALITION OF ABI SERVICE PROVIDERS**

**RESPONSE TO THE DISCUSSION PAPER:  
'INCLUSION OF PEOPLE WITH DISABILITY  
THROUGH SUSTAINABLE SUPPORTED  
EMPLOYMENT'**

**NOVEMBER 2010**

CONTACT PERSON: MARC PARADIN PH: (03) 9939 8602

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### Introduction

Increased opportunities for people with acquired brain injury (ABI) to achieve social inclusion through equitable access to community programs and services, is an important social policy. Opportunities for employment and career development are essential, as people with acquired brain injury want to contribute to society, maintain valued roles and realise their potential. Within this context, employment programs including supported employment are a viable and desirable option for many individuals.

This response paper provides information about the impact of ABI on an individual's capacity to access and maintain supported accommodation and proposes a range of strategies regarding program management and funding. This paper does not seek to respond directly to more generic issues of disability and supported employment. In this regard, VCASP refers to the National Disability Services (NDS) *'Response to the Australian Government's Discussion Paper on Inclusion for people with disability through sustainable supported employment'*.

### About VCASP

VCASP was established in 1998 in response to the need for coordinated policy and service development for people affected by acquired brain injury (ABI). VCASP is a not-for-profit peak body acting on behalf of public and private sector service providers who assist people with acquired brain injuries, their families and others involved in their support. VCASP advocates for the availability of appropriate services and resources, as well as information and research that can assist those experiencing the effects of ABI. VCASP has advised the Victorian Department of Human Services (DHS) and been involved in the ABI strategic plan and its implementation. VCASP is a key body involved in implementing innovative service delivery development, such as the response to people with ABI due to alcohol and other drug use.

## About Acquired Brain Injury

ABI can result from a number of causes, including head trauma, hypoxia, infection, tumour, substance abuse, degenerative neurological disease and stroke and cerebral haemorrhage. It can cause physical, cognitive, psychosocial, and sensory impairments, which may lead to restrictions in various areas of life. The nature of the disability support required can vary with each individual and fluctuate over time. Timely and early interventions have a large benefit, in particular for people with acute brain injuries, that is, for all acquired brain injury that occurs suddenly.

It is important that people can seek disability support at any stage of their lives. Some people who have recovered from physical injuries will only suspect brain injury at a later time and seek entry to the disability support system. Some people will not suspect ABI and remain unsupported experiencing, for example, unemployment or unstable employment and social isolation.

Unlike the developmental disabilities, acquired brain injuries can occur when individuals have had significant life experience without a disability. However, children, adolescents and young adults with ABI from various causes face particular problems because of limited life, education and work experience prior to their injury. Skills related to learning or work may be even harder to develop if the brain injury occurs early in life.

People with ABI are a relatively large and growing group of people with disability. Fortune and Wen (1999) estimated the incidence and prevalence of ABI to be similar to intellectual disability. This study noted the difficulty of obtaining estimates of incidence and prevalence for ABI. Population estimates were found to be difficult for instances of non-traumatic brain injury and because ABI frequently remains undiagnosed when occurring concurrently with other conditions. The significant numbers of people with ABI believed to be in the criminal justice and unemployment networks are consistent with this under diagnosis. The indigenous population is also under-represented in current ABI services.

## Issues faced by employees with Acquired Brain Injury

Appropriate employment support is a significant gap in the current systems for people with ABI. Evidence is that many people with ABI can gain entry back to work arrangements but frequently have difficulty maintaining work without targeted supports. Currently there is no specific support to employment for people with ABI, except through the Traffic Accident Commission (TAC) where a specialist program has assisted people with mild to severe ABI to return to and stay in work.

There are few people with ABI in the disability employment system and probably many people with ABI undiagnosed or not identifying with having a disability in the general unemployment system. They may be receiving inappropriate support (often through ignorance of the cognitive challenges they face) and therefore experience prolonged unemployment or frequent job change over. Currently the emphasis in employment is physical adaptation rather than the need for ongoing support and review relevant to assisting someone with a cognitive and behavioural impairment.

The features of an effective disability employment service for people with acquired brain injury are:

- A 'whole of life' approach to employment. This means the capacity to tackle the issues which will jeopardise employment, such as conflict with family members, someone who is losing friends or has no friends, has an alcohol and/or drug problem, has little pre-injury work experience, has mental health problems, has budgeting problems, or is struggling to cope with their cognitive impairments.
- Specialised understanding of how to support people with acquired brain injury seeking employment, such as peer feedback at the pre-employment stage can greatly assist people's perceptions of their employability
- Various partnerships between agencies including those involved with non-work issues. Supporting employment means attention to transport options, strategies to promote independence to complement the assistance provided by open employment services, advocates to represent people with acquired brain injury, and support groups for people with acquired brain injury or their family members. Specialist support is needed, for example,

enough trained employment support staff, counselling services to assist with dealing with the acceptance of the disability and the lack of community acceptance, and support for people with an alcohol and drug problem. Support in these non-work issues is fundamental to achieving and sustaining employment outcomes.

- Practices which promote the participation by people with acquired brain injury and their families (based on McCubbery et al 2002).

Rather than a model of career development, disability employment services have evolved with a view of job placements as permanent and job change as a reaction to a problem or failure. The incorporation of disability employment support into mainstream employment support is unlikely to greatly affect the employment prospects of people with ABI unless there is active case finding of those people not recognised as having an ABI and recognition of the nature of support required, before, during and while planning future employment.

It is important not to imply all people with ABI could work. However, all people do need a range of meaningful activities in their lives. In common with the lack of appropriate employment support, there exists a stark shortage of appropriate services for people with ABI.

### **Training Opportunities**

Adequate and appropriate training of staff and employers in ABI is integral to the success of employment programs for people with ABI. ABI may present unique and potentially challenging circumstances which may differ from conventional approaches to disabilities such as Intellectual Disability, and which may not have been addressed in more generalised tertiary training courses or workplace training in disability.

The development of a Nationally Accredited Training program for Acquired Brain Injury can make optimal use of the many valid training programs in operation, and can provide a standardised means for ADE providers and other employers to obtain the necessary training to work alongside people with ABI.

When adequately funded and appropriately implemented, training in ABI for employment providers can both assist the individual to achieve their workplace goals, and can assist and support the service provider and staff in their roles. This may potentially have flow-on effects in relation to the numbers of people with ABI accessing supported employment, and the productivity of the employment programs.

### **Potential impacts of Supported Employment amendments**

Red tape reduction trial - Due to the significant individual differences and impacts of ABI on wellbeing, people with ABI often benefit from regular review of their support needs and level of capacity. Any proposed reduction in the time spent by ADE agencies in reviewing support needs must be mindful of the deleterious impact this may have upon people with ABI in supported employment.

### **Percentages of People with ABI within Supported Employment**

The *'Inclusion for people with disability through sustainable supported employment Discussion Paper'* makes reference to a current level of supported employees with ABI of 3%, and supported employees with an ABI of 2%, which is a level currently well below the current estimations of incidence of ABI. Fortune and Wen (1999) estimated the incidence and prevalence of ABI to be similar to intellectual disability. Whilst many people with ABI or a neurological disability may choose to seek work within the non-supported employment sector, the percentage rates within Supported Employment do appear to be below average levels.

### **Example of a successful Employment Program**

One example of a current successful program for people with ABI is the Compass Clubhouse. Operating outside of the activities currently funded through government, and piloted using a small philanthropic grant in 2006, and the Transport Accident Commission, and then through a grant by the Lord Mayor's fund in 2007/08, this initiative provides a more substantial opportunity for people with ABI to move from support and service emphasis to developing

independence in life goals, with a particular emphasis on 'work-ordered' days. Current operation is three days per week, with the following work groups operating:

- Administration, which includes membership processing, newsletter and event coordination
- Catering group, which provides both in-house meals for members who attend, and for events such as the recent open day held in Brain Injury Awareness Week;
- Gardening group, which now supplies herbs and vegetables for the catering group, and also supports skills development
- IT working group which is offering a range of opportunities to learn computer skills and also supports the IT system development.

### **Recommendations / Conclusion**

VCASP recommend that the following key principles in relation to the area of Acquired Brain Injury be endorsed as part of a Supported Employment Program.

- Establish appropriate procedures and programs to identify and assist people with ABI in the unemployment system. Some of these people will not have been previously diagnosed with an ABI.
- Develop appropriate and accredited training in ABI for staff and employment providers who work alongside people with ABI.
- Ensure that Supported Employment programs provide equitable access to people with ABI or neurological impairment.

In conclusion, VCASP appreciates the opportunity to contribute to this discussion in recognition of the significant potential that employment offers to progress the social inclusion of people with acquired brain injury.

## References

Fortune, N., & Wen, X. (1999). *The definition, incidence and prevalence of acquired brain injury in Australia*. AIHW cat. no. DIS 15. Canberra: AIHW.

McCubbery, J., Fyffe, C., Honey, K., White, S., & Crosbie, J. (2002) *Acquired brain injury employment study*, Head Injury Council of Australia: Canberra