



*Caring for people with acquired brain injury and their families*

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The Executive Officer  
Family and Community Development Committee,  
Parliament House  
Spring St.,  
East Melbourne

**Re: Parliamentary Inquiry into the Provision of Supported Accommodation for Victorians with a Disability or Mental Illness.**

I have been involved with people who have sustained an injury to the head that has resulted in an Acquired Brain Injury (ABI). Not only have I worked and supported individuals and families for the past 24 years I have been caring for our son who has an ABI. During this time I have encountered many difficulties when seeking suitable accommodation for people with ABI.

The majority of people who acquire an injury to the brain receive no additional financial support other than government benefits, and limited external personal support. Families may provide both forms of support for many years. People who have recently suffered a brain trauma will most likely come into contact with the primary health care service system, (medical practitioners and therapist), and acute health and rehabilitation providers. However there are many people living with their families who have not received any appropriate rehabilitation and may not have had contact with a medical practitioners and therapist for years. Access to services and support may often only be sought when the person's condition or circumstances are complex, or the families are no longer able to assist. Most likely when the family is in crisis.

Very few people with an ABI are currently registered for services with the Victorian Government, compared to people with other disabilities. Most people wish to live the life they knew before the incident that caused the ABI. It can take many years for them to come to terms with their impairment, and some not at all. After long periods of hospitalisation and recovery they may not wish to be associated with further assessments or support services. The trauma may lead to family or relationship breakdowns.

Families and people with an ABI may not appreciate the term "disability" and often will not want to associate with people with other forms of disabilities. This makes the inclusion of many people with ABI into Supported Accommodation Units untenable. People with an ABI usually do not accommodate well with people with an intellectual disability.

In 2001 statistics indicated that of the 73,000 people with an ABI in Victoria, only 1,750 people, 2.4% were receiving services as compensable clients from Transport Accident Commission or Work Cover ( DHS. ABI Strategic Plan 2001).

Only four percent of service users of Accommodation Support Services had an ABI, whereas 54% had an Intellectual Disability. Four per cent of community access service users had an ABI; 4% Neurological, and 48% an Intellectual Disability. (CSDA Annual Report 2003-2004; Australian Healthcare Associates August 2005)

Total hospital admissions for brain injury including concussion in Victoria in 2006 were 6245 (Victorian Injury Surveillance Unit, Accident Research Centre, Monash University).

Many people with ABI have not been able to access Supported Accommodation suitable to their needs. While some people with ABI do need 24 hour care many can live in the community with minimum support given the accommodation is suitable.

The ideal accommodation for many people with ABI is a normal house or unit in a normal street with easy access to facilities especially transport. This accommodation needs to be within their community, not in a regional town or city. It is very stressful for the individual and their families to find that the only accommodation available is in Melbourne or a six or seven hours away from family and friends. As most people with ABI have very good past memories and can cope within their known environment but struggle when taken out of their comfort zone away from family and friends.

If families are supported to locate their loved one in suitable accommodation within the immediate location they can then provide some of the support necessary to assist the individual to become as independent as possible. At present it is very difficult to obtain assistance from the DHS as the assessment process is difficult, and there is long waiting lists. Funds also need to be available for emergency housing and respite.

Yours sincerely,



Thelma Kingwill,  
Committee Liaison Officer  
Headway Gippsland Inc.