

2 March 2010

The Hon David Bartlett MHA  
The Hon Will Hodgman MHA  
Nick McKim MHA  
Parliament House  
HOBART TAS 7000

**Re: Brain Injury in Tasmania**

Please find enclosed a copy of the Issues Paper *'Brain Injury in Tasmania... Getting Beyond the Rhetoric'*. Representatives from the brain injury sector met with your respective Community Services/Shadow Health and Human Services/Shadow Health Ministers towards the end of last year to discuss the issues raised in this paper.

Follow up action arising from these meetings has since been undertaken by the brain injury sector as requested.

To enable the brain injury sector to inform its members and key stakeholders on each political party's position on issues important to Tasmanians living with or affected by acquired brain injury, it was our clear understanding an outcome from the meetings with the Hon Lin Thorp MLC, Brett Whiteley and Cassy O'Connor would be a detailed written response on the issues raised.

As this has yet to be received, and given the election is now less than three weeks away, the Brain Injury Association of Tasmania, on behalf of the acquired brain injury sector in Tasmania, has prepared the following nine questions on key issues affecting Tasmanians living with or affected by acquired brain injury. To allow for dissemination and consideration by our members and stakeholders, it would be appreciated if you could provide a response by cob 11 March 2010.

In considering your response, the Community Consultation Issues Paper *'Acquired Brain Injury Issues?... Solutions?...'* prepared by BIAT in April 2006 may be of some use to you. A copy of this document can be found at: <http://www.braininjurytasmania.org.au/documents/pdf/Final%20Community%20Consultation%20Issues%20Paper.pdf>

Yours sincerely



Deborah Byrne  
Executive Officer

web:  
[www.biat.org.au](http://www.biat.org.au)

email:  
[enquiries@biat.org.au](mailto:enquiries@biat.org.au)

Telephone: (03) 6278 7299 | Facsimile: (03) 6228 0855  
Visit: 1 Sells Point Road CORNELIAN BAY | Mail: PO BOX 702, Moonah 7009

Biat is the peak body for brain injury in Tasmania

### **Acquired Brain Injury Policy**

**Q. 1 Does your Party have a policy on the support of Tasmanians living with or affected by acquired brain injury (ABI)? If not, please state why.**

*Background: If outcomes for people with ABI are to improve, significant change must occur at the policy, program and service delivery level. People with ABI in Tasmania urgently require a real commitment from the Tasmanian Government to develop a service system which addresses their current and future needs.*

### **Acquired Brain Injury Service System**

**Q.2 Does your party accept there is an inadequate service system for people with acquired brain injury in Tasmania which has resulted in years of neglect for thousands of Tasmanians living with or affected by acquired brain injury?**

**If yes, do you believe your party fully understands the significant impacts (economic, social and emotional) of this neglect on people living with or affected by acquired brain injury, the services that support them, and the Tasmanian community?**

*Background: The average prevalence rate in Australia for acquired brain injury (ABI) is 1.8%; in Tasmania it is higher at 2.2%. Currently services for Tasmanians living with or affected by brain injury are fragmented, poorly co-ordinated, poorly promoted, difficult to access, inequitably distributed, inadequately resourced and poorly linked to acute care planning processes. The seriousness of the situation and an understanding of the cost implications, both economic and social, to the Tasmanian community of this neglect must be appreciated by Government.*

### **Prevention and Awareness**

**Q.3.1 What concrete actions would your party take to ensure greater resources are directed into enhancing community awareness and prevention of brain injury?**

**Q.3.2 Will your party continue to provide funding to the 'Heads Up 2 Brain Injury' program for Tasmanian high school/college students?**

**Q.3.3 Recognising that, with the exception of families, schools have been recognised as the most influential factor in the lives of young people, would your party be prepared to invest in the development and implementation of a brain injury prevention and awareness program targeted at primary school children?**

*Background: Despite the fact that the sequence of events leading up to most brain injuries is highly predictable and preventable, most of the efforts and resources of our health care system are currently directed toward treatment and rehabilitation, not primary prevention. Prevention is only possible among an educated public; as Tasmanians better understand brain injury and its consequence, they become better equipped to prevent brain injury and to address the needs of people with brain injuries in their communities.*

### **ABI & Criminal Justice**

**Q4. Does your party support the recommendations made in the 'Acquired Brain Injury and the Criminal Justice System: Tasmania Issues' Paper? If so, how do you plan to ensure there are concrete action steps implemented in order to ensure the recommendations are realised? If not, please explain why.**

Background: Prisons are not the shelters people living with brain injury need; nor are they treatment or rehabilitation centres. They are the least effective, yet most punitive and expensive, means of addressing social issues. The Brain Injury Association of Tasmania Issues Paper 'Acquired Brain Injury and the Criminal Justice System: Tasmania Issues' August 2007 highlighted the seriousness of this issue however to date no action has been taken by Government to address the recommendations made in this Report.

### **Children and ABI**

**Q5. How would your party structure government policy to support an 'across portfolio' approach (i.e. DHHS, Education) to identify, assess and implement a comprehensive, co-ordinated and seamless system necessary to support children and young people with acquired brain injury and their families/carers?**

Background: Many cases of ABI in children remain undiagnosed due to a lack of awareness, resources and the supporting infrastructure to provide appropriate services. The long term implications (both social and economic) of children with acquired brain injury not receiving the support they need while they are young must be recognised, and addressed as a matter of priority, by Government. The worst scenario, and research supports this, is that children and young people, particularly those with undiagnosed brain injury and violent backgrounds, are at risk of developing lifestyles potentially injurious to themselves and to others.

### **Inequity**

**Q6. What are your plans to address the two long standing areas of inequity that continue to have a detrimental impact on Tasmanians living with or affected by acquired brain injury. The first being regional inequity i.e. access to the availability of diagnostic, professional and 'on the ground', accommodation, community, and support services. The second being the total failure by successive governments to address the historical inequities of the allocation of funding based on disability type.**

Background: The Department of Health and Human Services "Review of Funded Services for People with Acquired Brain Injury" Final Report, August 1999 states "Current support services for people with acquired brain injury (ABI) in Tasmania are fragmented and have allowed for the development of significant inequities across the State". An effective and equitable level of funding needs to be provided to address the current imbalance in service provision to meet the needs of people with acquired brain injury across Tasmania.

To date many of the issues identified in the 1999 Review of Funded Services for People with Acquired Brain Injury have not been addressed and the inequities that existed at the time of the release of the Review have further escalated.

Rural disadvantage denies access to services for a large number of Tasmanians with ABI. For adults and children with ABI who live in rural areas, their problems are further compounded by a greater paucity of community services and the geographical dispersion of available services across vast areas.

### **Alcohol and Acquired Brain Injury**

- Q7. If elected, how would your government work to (a) reduce the rate of alcohol related brain injury in Tasmania; and (b) address the access difficulties currently experienced by people with ABI who also have substance abuse problems, to alcohol and other drug services?**

*Background: Research associates current adolescent binge drinking patterns with brain damage, and alcohol is involved in more than 50% of brain injury (assaults, falls, motor-vehicle accidents, overdoses, alcohol related brain damage etc).*

*In striking contrast to 10% of the general population, substance abuse prevalence rates approach or exceed 50% for persons with brain injury, spinal cord injuries or mental illness. Currently Melbourne is the only city in Australia offering a diagnosis and continuing treatment program for people with alcohol- related brain injuries.*

### **Whole of Government Approach to Acquired Brain Injury**

- Q8. BIAT and the ABI sector advocates strongly for a whole of government approach to brain injury. Do you agree and if so what would you do to ensure this occurs? If you do not agree how is your policy different, and what will the implications be for people living with or affected by acquired brain injury?**

*Background: Barriers for Tasmanians living with or affected by brain injury have unwittingly been created by a narrow portfolio focus on 'disability'. Current research has identified strong linkages between the impact of brain injury and a range of variables in a person's life including:-education, employment, housing, mental health issues, abuse of alcohol and other substances, an increased risk of suicide, greater risk of entering the criminal justice system, family breakdown and social difficulties.*

*Achieving improved outcomes for people with acquired brain injury, their families and their carers, is contingent upon the effective co-ordination of efforts across government services. An effective system response that crosses all government departments will do much to alleviate the current ad-hoc and inequitable system that fails many Tasmanians with ABI.*

### **ABI Strategic Plan**

- Q9. The ABI sector in Tasmania has provided a strong argument for the development of a sector strategy around acquired brain injury (similar to the Alcohol, Tobacco and Other Drug Services Tasmania five year plan 2008/09 – 2012/13). Do you agree with the need for a strategic plan for the ABI Sector in Tasmania? If yes, are you prepared to commit the necessary resources to work with the ABI sector in the development, costing and implementation of such a plan?**

*Background: There is an urgent need to improve the service system to ensure all Tasmanians living with or affected by brain injury have access to the supports and resources they need to optimise their social and economic participation in the community. A strategic plan, if adopted by the Tasmanian Government, will assist in the development of an effective, contemporary acquired brain injury service system that is integrated with all service sectors accessed by people living with or affected by brain injury.*