

FACT SHEET 1

Evidence of the need for training, secondary consultation on acquired brain injury and improved linkages between services

The Brain Injury Secondary Consultation Information & Training (BISCIT) Project: Developing skilled staff with expert support

(This project was conducted by Headway Victoria and the Brain Foundation Victoria with funding from the Victorian Department of Human Services in 2000)

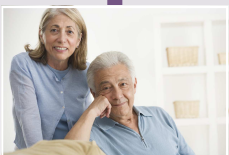
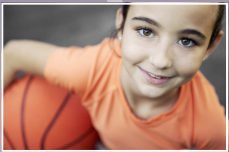
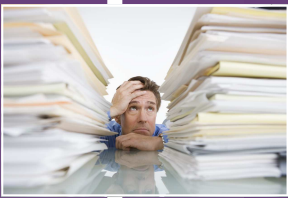
The aim of the *BISCIT* project was to ensure that workers providing services to people with Acquired Brain Injury have access to the information, training, and secondary consulting support that they require to work effectively with people who have an acquired brain injury and with their families.

The *BISCIT* Project had four key stages.

- clarifying regional needs and project objectives
- determining the target audience
- data collection and analysis
- constructing a strategic plan to meet the information, training and secondary consultation needs of the Loddon Mallee region.

Project Findings

- The Project revealed that information tools as well as training and secondary consultation are almost nonexistent among service providers and this contributes to a widespread naiveté about acquired brain injury.
- Of those service providers who were providing services to people with acquired brain injury, 89% reported a need for some form of information, training, or secondary consultation. This demonstrates a huge unmet need for assistance in working with people with acquired brain injury.
- Service providers (900) most frequently indicated a need for acquired brain injury awareness, i.e., 1hour sessions to convey a basic understanding of this disability; 500 service providers were identified as requiring basic acquired brain injury training, ie, half-day sessions on causes and effects of acquired brain injury on the individual and family
- The project identified a need for secondary consultation but many service providers had not pursued solutions to the needs of their staff and clients (sometimes because they do not recognise the effects of acquired brain injury; sometimes because they do not understand it as a distinct disability; and sometimes because they have not uncovered any solutions).
- Specialist acquired brain injury service providers often have a clear knowledge of key programs and individuals and can readily navigate the acquired brain injury related service system. But neither they, nor the Department of Human Services, effectively inform generalists in any coordinated or systematic way.



Lobbying to represent the needs, wishes and aspirations of people living with an acquired brain injury since 1991



8 6 H E R B E R T S T R E E T N O R T H C O T E V I C 3 0 7 0
P H : 0 3 9 4 9 7 8 0 7 4 F A X : 0 3 9 4 8 6 7 9 4 1

W W W . B R A I N I N J U R Y A U S T R A L I A . O R G . A U