Introduction

Rationale
2. Reflecting Gandhi’s aphorism, the rationale for invitation was that 10620NAT Course in Military Advocacy must prepare Welfare Advocates to support the younger veterans and their families that are in the greatest need.

Participants
3. Ben Webb, CFMG Member, identified the following participants, each of whom he knew were actively supporting veterans and families in a range of crisis situations:
   - Ms Floss Foster, Managing Director, Veterans off the Streets Australia (VOTSA) Ltd.
   - Ms Johanna Castle, Work Rehab Pty Ltd.
   - Ms Leanne Galayini, Research, Policy and Training Manager, Legacy New South Wales.
   - Mr Adrian Talbot, Executive Manager - Homes for Heroes
   - Mr Ben Webb, Manager, Veterans Centre Sydney Northern Beaches
   - Mr Scott Jeffrey, Manager, Payneham RSL Veterans Centre

Workshop Process
4. Participants were:
   - emailed a small range of pre-reading
   - briefed on the day about 10620NAT Course in Military Advocacy
   - invited to outline their personal and organisational experiences and lessons learned
   - requested to workshop the following three areas of welfare advocacy practice:
     - What must Welfare Advocates know about the Defence Family:
       - pre-transition?
       - during transition?
       - in a crisis situation?
       - when settled in the civilian community?
     - How does a Welfare Advocate connect with a Defence Family with welfare support needs?
How can a Welfare Advocate best deliver welfare services so as to meet the Defence Family’s:
  - needs?
  - perceptions?
  - expectations?

Scope of Report
5. This report:
   - outlines the issues that Welfare Advocates must understand to deliver effective welfare services to younger veterans and their families
   - identifies the additional knowledge and skills that must be added to the current 10620NAT welfare learning and development pathway
   - reports how younger veterans’ welfare recommend their cohort’s needs being integrated into the Military Welfare Advocacy learning and development pathway

Younger Veterans Welfare Advocacy Environment
6. Participants’ experiences provide evidence that Welfare Advocates must be able to cope with the following factors:
   - ADF treatment of chronic pain is medication-based, with the result that veterans:
     - with musculoskeletal conditions will usually have been prescribed opioids
     - suffer:
       - physical (eg., constipation)
       - psychological consequences (eg., dependence or addiction)
   - Defence does not hold in abeyance after a primary claim has been determined, which is not disadvantageous of liability is accepted; however:
     - most rejections are appealed
     - the appeal process is protracted
     - uncertainty and delay either cause or exacerbate mental health conditions
   - many younger veterans:
     - have little experience caring for themselves
     - ‘do not know what they do not know’
     - find their mental ill-health is not understood by their traditional support base (eg., parents and childhood/teenage friends, doctors and police)
     - partners display protective behaviours that causes further relationship breakdown between veteran and partner; eg.
       - sleep in same room as children
       - limit social activities – parent must accompany
     - have received poor advocacy support or been rejected by an older advocate
     - being unaware and/or poorly supported are resentful and angry
     - have become complex cases by the time they seek help
   - case complexity is exacerbated where both parents are veterans:
     - they are ill-disposed to support each other
     - the effects on – and needs of children – are amplified (learned experience)
• particular cohorts of veterans that are high risk are those who:
  o have had their claim(s) rejected by DVA before separation and have been discharged without rehabilitation or compensation support
  o have to wait years for determination of their claims through the VRB and AAT
  o have been the subject of a 28-day separation as a result of:
    ▪ an ADF psychologist finding them psychologically unsuitable, diagnosing adjustment disorder that should resolve post separation, with many later found to have other, more serious mental health disorders
    ▪ assessment as by an ADF psychologist
    ▪ voluntary discharge with inadequate, or without any, transition support
    ▪ administrative discharge for substance use
  o in such cases:
    ▪ retrospective administrative reversion to Medical Discharge is complex
    ▪ reconsideration by ADF and CSC is protracted, leaving the veterans and family without income
    ▪ the ADF Member may be reluctant to go down the MECRB path when voluntary or administrative separation is a faster option
    ▪ mental illness and/or substance abuse exacerbate the case
• the typical post-separation pathway for the most vulnerable veterans includes:
  o grief at the loss of camaraderie
  o shame that they have let down their direct and extended family
  o housing and/or financial uncertainty that precipitates:
    ▪ marriage or relationship breakdown
    ▪ no fulfilling employment opportunities
    ▪ substance abuse
    ▪ suicide
  o mental health conditions (which the veteran often ‘masks’) resulting from:
    ▪ loss of a sense of purpose
    ▪ loss of self-esteem
    ▪ guilt
    ▪ social isolation
    ▪ homelessness
    ▪ anger and aggression
    ▪ alienation
  o have been accepted for NLHC, but have not had any follow-up claims for rehabilitation and compensation
  o have experienced a protracted PI determination process, as a result of which have:
    ▪ been under pressure to find work (but may be psychiatrically ill-disposed)
    ▪ experienced a financial and existential crisis if work is not found
    ▪ entered into a self-destructive spiral for them and their family
7. Participants concluded that:
   - mental health conditions are exacerbated by:
     - the complexity of the claims process
     - extended delays in decision making (particularly relating to PI) attributed to:
       - instability of the condition
       - the (often unrealistic) possibility of improvement with further treatment
   - phone-calls and emails are inappropriate for veterans with mental-health conditions
   - contact with older veterans can be very supportive where older veterans are aware and compassionate, current and competent
   - Welfare Advocates faced with a profoundly affected Defence Family must be able to:
     - engage with a situation where everything has ‘unravelled’
     - help put everything ‘back into place’
     - work on a long-term journey (not seek a short-term solution) including:
       - support to regain dignity, control and self-worth
       - doing these things with, not for
       - gaining the confidence of veterans who would otherwise reach out only if success was assured or preceded by other successes

New Content (Additional Knowledge)
8. On the basis of their pre-reading and briefing about 10620NAT, participants advised that the content in the current welfare units was still needed. Specifically mentioned were:
   - police checks
   - workplace health and safety
   - manage personal stressors in the workplace
   - interviewing techniques
   - national consistency
   - finding documents
   - privacy principles including
     - duty of care
     - referral pathways
     - personal boundaries
     - self-monitoring
     - mandatory reporting
     - bereavement
     - aged care
     - elder abuse

9. The new content to meet younger veterans’ needs will be:
   - embedded in an ‘end-to-end’ model
   - include a ‘first-responder’ module to facilitate recognition of, and effective response to crises
   - include modules on:
     - the MECRB process
     - means of retrospective action:
• changing mode of separation
• accessing CSC entitlements
• accessing DVA entitlements
  o the basics of compensation legislation
  o case management
  o how to be a volunteer (Volunteering Australia)
  o legal and ethical boundaries (Volunteering Australia)
  o accidental counselling (available commercially)
  o understanding social isolation (available commercially)
  o dealing with mental health
  o talking to drug and/or alcohol-affected people
  o suicide awareness (eg., safeTalk counselling, ASIST)
  o basic skills of living (eg., getting a Medicare Card, opening a bank account, registering a car, seeking employment)
  o facilitating social engagement
  o vicarious trauma
  o delivering services when the Defence Family is not capable of helping itself
  o rehabilitation
  o recreation activities
  o support for children in the crisis-ridden family
  o developing strategies to foster self-reliance
  o working with DVA, CSC and service providers

10. Additionally, participants propose that a ‘wellbeing model’ that has been developed by a veteran with service in the Police Force and the Chaplaincy and Doctorate in Education and has been trialled in mental health establishments in Sydney. Homes for Heroes is workshopping the model for its staff and has invited others attendance.

Required Advocacy Skills
11. Participants advised that:
   • Whereas, in the past the Welfare Officer ‘pointed the way’
   • the Welfare Advocate must ‘walk beside the veteran and family’

12. To do so, Welfare Advocates:
   • primary responsibility is information discovery
   • must understand the younger Defence Family’s expectations, necessitating:
     o managing unreasonable expectations
     o opening awareness of resources
   • responses must be:
     o tailored to the individual Defence Family’s needs
     o driven by their attitudes and behaviours, not by assumptions
     o must be query-driven; eg:
       • who is the Family already linked in with?
       • who did the Family attempt to link in with but failed?
       • what worked, what didn’t, what can be revisited?
must become case managers

13. Participants were also concerned that, when dealing with complex case while holding the Defence Family’s hand, Welfare Advocates must:

- Have empathy and not judge
- be critically aware of their limits
- not over-step the boundaries of their role
- recognise that they can damage others and themselves through lack of knowledge and inadequate skills
- use their personality and skills-sets wisely
- adopt a self-preservation, burn-out prevention strategy
- create partnerships to ensure appropriate support
- network with their local community support providers

Learning and Development Pathway

14. Participants advised that the 10620NAT Welfare learning and development pathway must:

- adopt an holistic approach
- include in the pre-ATDP suitability assessment phase ‘first-responder’ activities that:
  - provide immediate support for mates
  - create a sense of achievement
  - introduce the Welfare pathway
  - stimulate the want to learn more
- limit Level 1 to the units of learning that both Compensation and Welfare candidates need
- place new knowledge in Welfare 2, then completely reorganise flow to meet need
- add a half-day welfare module into Level 2 Compensation
- ensure a thorough understanding of the issues, not just the perfect journey
- foster inquisitiveness
- recognise the limits of on-line learning
- ensure OJT and mentoring are providing the range of experiences needed
- use:
  - case studies to develop case management skills
  - mentoring to develop frameworks of questions
- ensure best practice competency assessment (two of three means):
  - scenario
  - role modelling
  - Q+A
  - portfolio of evidence
  - underpinning knowledge quiz

15. With respect to more intense use of pre-ATDP suitability assessment, participants proposed that the phase include learning and skill development as a ‘first-responder’ in:

- recognising and responding to crisis
- accidental counsellor
• how to deal with mental health first aid
• informed-choice self-protection

16. Participants considered the mentoring role. They:
• preferred a wide definition, seeing mentoring as ‘giving back’
• reinforced the extent to which effective mentoring requires knowledge and skills
• proposed that a Cert IV in Community Services is on the Welfare Advocate Level 2 learning and development pathway

17. Participants also advised that:
• the new knowledge will need to be introduced into mentor training
• the WEL should include hours worked (as a relevant measure of development)
• the Advocacy Register should include CPD points
• the complexity and scope of younger veterans’ needs indicates that Military Welfare Advocacy should extend beyond Level 2
• younger veterans would be attracted to volunteering if it opened a career opportunity if:
  • units of competency from Cert IV in Community Services were included at:
    ▪ Military Welfare Advocacy Level 2
    ▪ in continuing professional development would be very positive
  • ATDP included opportunities for completing modules for a Diploma in Community Services (Case Management)

‘Extra-curricular’ Roles
18. During the workshop, participants raised a number of issues that saw 10620NAT-accredited Welfare Advocates having a wider role that influenced their required skills and knowledge base. Their thoughts included:
• advising psychologists and GPs on veteran-centric issues, which necessitates:
  • awareness of the MATES website
  • understanding ADF psychologist’s use of adjustment disorder as a tool
• using feedback through the QA system to alert Defence through its representatives on SGB/CFMG/RMGs and Transition Task Force about the practical ramifications of the mode of discharge
• supporting ESOs development of policy proposals for:
  • transition leave to enable all discharge transition activities to be completed
  • a change in Defence policy on not holding in abeyance where a claim is rejected and appealed

Facilitators’ Responses
19. As dual-accredited Advocates, we support the participants’ views. We note especially the importance of younger veteran candidates obtaining the intrinsic rewards of early, active and effective support of their mates. This is a compelling reason for quite radical change during redevelopment of the Welfare learning and development pathway.
20. Inclusion of meaningful activities in the pre-training suitability assessment phase will, however, have wider ramifications:

- Mentors will have to be trained and experienced in ‘first-responder’ knowledge and skills
- Consideration will need to be given to, and funding allocated for, inclusion of Cert IV in Community Services in Welfare Advocacy learning and development pathway
- VITA indemnification will need to be extended beyond professional negligence causing financial loss to cover for negligent or incorrect welfare advice

21. We also support attendance by a member of the ATDP Training and Development Team who is an experienced Welfare Advocate attending the workshop being convened by Home for Heroes to trail the ‘Wellbeing Model’.

**Conclusion**

22. The workshop provides clear evidence that younger veterans envisage a more intense role for Welfare Advocates which will, in turn, demand a more extensive and intensive learning and development pathway. Acceptance of the wider role and engagement in the more demanding pathway will:

- Test the commitment of existing welfare officers who have transitioned, or are contemplating transition to welfare advocacy
- Accepting that the participants have already committed, necessitate a more appropriate ‘package’ that future, younger veteran welfare candidates would find attractive

23. Importantly, the younger veterans who participated in the Workshop have already identified the factors that support a more demanding pathway and welfare advocacy practice. Younger veterans want:

- Interaction with older veterans (in this context, as advocates) provided they are aware, effective, current and competent
- A learning and development pathway that offers a ‘career path’ (be it as a paid or a volunteer advocate)
- To be the ‘first-responder’ for their mates in crisis

24. All in all, the Workshop:

- Confirmed that the content of the current Welfare unit of competency remains valid
- Identified the need for:
  - Significant new inclusions in an extended Welfare learning and development pathway
  - The inclusion of a welfare unit of learning in the Compensation learning and development pathway
- Underlined the importance of an ethos of professionalism as the future driver of military advocacy
Recommendations
25. We recommend that:

- the additional units of learning outlined at para 9 be included in the Welfare Advocacy learning and development pathway
- wherever practicable, the additional units of learning be modules from the Cert IV in Community Services
- the Welfare Advocacy learning and development pathway provide the opportunity for progression to a Diploma in Community Services
- younger veterans be engaged as SME to finalise the content of the Welfare units of learning and firm the Welfare learning and development pathway

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