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PROCEEDINGS OF MILADW002 CURRICULUM WORKSHOP

We do these things not because they are easy, but because they are hard.
John Fitzgerald Kennedy

BACKGROUND

Introduction
1. Over the period 18-20 December 2017, Younger Veterans and SME\(^1\) workshoped the 10520NAT welfare curriculum. This paper identifies key considerations and outcomes.

Participants
2. Participants were invited on the basis of welfare expertise, knowledge of younger ‘Defence Family’\(^2\) needs, awareness of influences in the strategic environment and proximity to Sydney. Workshop participants are identified at Annex A, page 20.

Reference Materials
3. To ensure deliberations were evidence-based, reference materials\(^3\) were forwarded to participants before the Workshop (Annex B, page 21) and were supplemented during the workshop by a review of documented issues in the strategic environment.

Workshop Scope
4. While the Workshop was convened to develop the welfare curriculum, it became quickly apparent that interactions with compensation must also be considered. The following matters were workshopped:
   - 10620NAT learning and development philosophy and policy.
   - Relationship between welfare and compensation competencies.
   - Integrating Younger Veterans’ welfare needs into the 10620NAT learning pathway.
   - MILADW002 and MILADW003 framework, topics, resources and delivery.
   - Welfare advocacy knowledge, skills, workplace experience logbook and CPD\(^4\).
   - Welfare Support Officer\(^5\) knowledge and skills.
   - Implementation, including constraints, actions, responsibilities, and milestones.

Process
5. The workshop process involved:
   - identification in small groups of:
     o The knowledge and skills that need to be addressed.
     o The learning resources relevant to each knowledge and skill set.

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1 SME means Subject Matter Experts.
2 ‘Defence Family’ has the meaning imputed in MRCA 2004, s15(2) and further defined in s5; viz: the member; the member’s partner, parent or step-parent, grandparent, child or stepchild, grandchild, brother, sister, half-brother or half-sister; a person for whom the member acts as a parent; a person who acts as the member’s parent; or the member’s partner’s parent or step-parent, or the partner’s child or stepchild.
3 Copies can be provided on request.
4 CPD means continuing professional development.
5 Welfare Support Officers provide companionship, including home and hospital visits.
ATDP Curriculum Workshop

• in plenary sessions:
  o Consolidation of small group findings.
  o Moderated:
    ▪ brain-storming of UoC\(^6\), and
    ▪ mind-mapping to identify relationships.
  o Iterative identification and refinement of advocacy learning and development:
    ▪ philosophy, policies and framework issues,
    ▪ integration of on-line learning, mentoring, OJT, and consolidation,
    ▪ Workplace Experience Logbook (WEL) requirements, and
    ▪ evidence needed for competency assessment.

CONTEXT

6. Participants resolved that the Workshop needed a consensus on the conceptual foundations, known requirements and strategic influences on military advocacy before they could address welfare knowledge, skills and learning pathways.

Conceptual Foundations

7. Contextualisation ensured first that all participants shared the same concept of military welfare advocacy. The following definition was agreed:

'Military welfare advocacy means providing peer support and facilitating other rehabilitation support for veterans and their families.'\(^7\)

8. Participants then agreed that military welfare advocacy must directly support the aim of rehabilitation. Welfare advocacy’s core objective is therefore to:

'maximise the potential to restore a person who has an impairment or an incapacity ... as a result of an injury or disease to at least the same physical and psychological state, and at least the same social, vocational and educational status, as he or she had before the injury or disease.'\(^8\)

Younger Veterans’ Needs

9. Workshop pre-reading drew to participants’ attention the reports from the three prior Younger Veterans’ workshops. The unambiguous priority is immediate and competent delivery of advocacy service to veterans and families in crisis – so called ‘first responder’ or triage and needs assessment support.\(^9\) Once the crisis has been resolved and a level

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\(^{6}\) UoC means Unit of Competency.

\(^{7}\) In these workshop proceedings, a ‘veteran’ is any present or past member of the ADF.

\(^{8}\) MRCA 2004, s38.

\(^{9}\) To ensure clarity; the definitional differences between ‘triage’ and ‘needs assessment’ have implications for the development of 10620NAT. In an advocacy context:

a. **Triage** means the process of determining the priority of, and attending to the needs of a veteran and his/her family in crisis based on the gravity of their situation.

b. **Needs Assessment** means a systematic process for determining the needs (the “gaps” between current situation and desired situation or “wants”), facilitating access to support services, monitoring service delivery, and advocating on behalf of the veteran and family if service delivery falls short of need.
of normality restored, advocates could deliver services aimed at compensation and rehabilitation. Participants resolved that the 10620NAT learning and development pathway should adopt a similarly staged approach.

Emergent Strategic Influences

10. Participant’s review of the documented strategic environment reinforced the urgency of ‘first responder’ knowledge and skills. The following influences were considered:

- **NMHC Review.** Participants noted that, in response to the National Mental Health Commission Review of Suicide and Self-Harm Prevention Services, Government has committed to four key actions:
  - improved suicide prevention and mental health support;
  - improved transition, including targeted family support;
  - improved family engagement and family-sensitive support; and
  - transformed DVA response to veteran and family needs.

- **‘The Constant Battle: Suicide by Veterans’.** Participants noted Government has agreed the following recommendations from the Senate DFAT Reference Committee report:
  - Recommendation 2: independent study of mental health impacts of the compensation claim assessment process.
  - Recommendation 8: piloting personalised and veteran-centric case management of at-risk veterans.
  - Recommendation 11: expanded on-line engagement with younger veterans.
  - Recommendation 12: the Productivity Commission examination of advocacy service delivery (amongst other things).
  - Recommendation 13: the ANAO efficiency audit DVA service delivery.
  - Recommendation 14: expanded ToR for the Transition Taskforce.
  - Recommendation 15: intensive transition services for ‘at-risk’ veterans.
  - Recommendation 19: information and advice, counselling, peer support and respite care options for the veteran’s partner.
  - Recommendation 20: support for alternative therapies.
  - Recommendation 23: further review of veterans’ advocacy.

- **ESORT 2018 Priorities:** Participants acknowledged that the ESO Round Table’s (ESORT) first focus in 2018 on the ‘Future of Advocacy’ is an opportunity to strengthen the relationship between ATDP and ESO National Presidents. They

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10 National Mental Health Commission, 28 March 2017, ‘Review into the Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their families’.

11 Senate, Foreign Affairs Defence and Trade References Committee Report, August 2017
resolved that strengthening be grounded in ESORT’s deeper understanding of advocacy practice, ATDP training and mutual obligation.

- **Veteran-Centric Reform:** Participants acknowledged again the extent to which VCR transforms the delivery of advocacy services. They noted that key changes include:
  - the strong inter-action between the objectives of VCR and ATDP, and
  - VCR’s focus on the veteran and his/her dependents, necessitating movement away from TIP welfare training’s focus on the service provider.

- **Demand Analysis:** Acknowledging ESOs’ perception that introduction of 10620NAT has caused a substantial decline in the number of practicing pension and welfare officers, participants noted that early demand analysis\(^\text{12}\) suggest such concerns are not the problem first thought:
  - The number of practicing officers undertaking RPL and number of candidates enrolling in 10620NAT is trending towards supply-demand equilibrium.
  - The reducing number of practitioners is being offset by higher levels of competency and commitment.

- **Rolfe Review:** Participants noted that the Rolfe Review called for a far more formal approach to veterans’ advocacy than had existed since the introduction of advocate training in 1992. They noted, in particular, the Review recommendations that advocacy training should:
  - include training to support parent ESOs in their role of providing OJT and mentoring to practitioners; and
  - provide measures and assessment data to allow regular review of the programme’s success and quality.

### DEDUCTIONS

11. Noting that implementation of the Blueprint was transitioning military advocacy from the numerically unconstrained approach to training that ESOs expected of TIP towards ATDP’s smaller number of accredited advocates, participants deduced that:

- the requirements of advocacy service delivery, and therefore advocate training and development, have changed significantly since the Minister approved the Blueprint.
- As ATDP is committed to facilitated learning and being a ‘learning organisation’\(^{13}\):
  - lessons learned during implementation will necessitate transformation; and
  - transformation may affect advocacy philosophy, policy, course content, modes of learning and ATDP’s organisational structure.
- the forthcoming Productivity Commission Review, ESORT’s 2018 priority focus on the future of advocacy, the Scoping Study on the veterans’ advocacy, and ANAO Efficiency Audit, inevitably, will bring to bear as-yet-unsighted influences on ATDP and advocacy service delivery, inevitably leading to:

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\(^{12}\) See Policy and Procedures Manual, Library No.2, Chapter 3 Demand Management.

\(^{13}\) A ‘learning organisation’ is one in which members continually expand their capacity to create the results they truly desire, new and expansive patterns of thinking are nurtured, collective aspiration is set free, and members are continually learning to see the whole together. Peter Senge (1990).
o further professionalisation; and
o even greater discrimination in the assessment of suitability for candidature.

- Workshop outcomes must further the transition towards a small and agile cadre of professional military advocates.

12. The following consequential deductions were identified:
- All advocates – irrespective of whether welfare or compensation – must be able to provide competent ‘first responder’ support.
- No TIP welfare knowledge can be discarded; however, significant new content is needed.
- New knowledge and skill will need to be integrated into a revised learning pathway;
- the success of ATDP is profoundly dependent on Mentors’ ability to:
  o help candidates apply knowledge in the workplace; and
  o develop candidates advocacy skills.
- Re-focusing Level 1 training for all candidates on triage and needs assessment will:
  o align the learning pathway and stages in ‘Defence Family’ support needs, and
  o result in significant efficiencies, including:
    - an early return for VC/ESOs on their investment in training, and
    - early intrinsic rewards for candidates.

13. Noting that communication of ATDP developments has been a significant source of (unnecessary) concern and work for the National Training Team and the Secretariat, participants deduced that the magnitude of the changes necessitate:
- active, wide-ranging consultation with VC/ESOs by SGB and CFMG Members; and
- robust culture change activities involving ATDP, CoP and VC/ESO.

14. In particular, as Members of the National Consultation Framework (NCF) are major stakeholders and, potentially, one of ATDP’s strongest suits, participants deduced that:
- ATDP must ensure ESORT, the Operational Working Party (OWP), Young Veterans - Contemporary Needs Forum (YV-CNFF), Female Veterans and Families Forum (FVFF), and the Transition Taskforce are aware of the rationale for and significance of the:
  o changes already being implemented by ATDP;
  o the further developments that are arising during implementation, including from the younger veterans workshops; and
  o ATDP’s implementation objective - professional advocacy.
- The SGB and, as they are deeply engaged in implementation, CFMG Members will need to:
  o keep NCF members aware of progress during implementation, and
  o invite joint engagement with ATDP in consultations with the Productivity Commission, Scoping Study consultants and ANAO audit team (if appropriate).

15. In summary, participants deduced that, while they did not set out to change the approach to advocacy learning and development or service provision, a new advocacy philosophy was needed that encompasses not only welfare but also advocacy generally.
NEW MILITARY ADVOCACY PHILOSOPHY

16. With the younger veterans’ needs re-confirmed, a definition and objective of welfare agreed, key strategic influences understood, and deductions drawn, participants re-considered the philosophy of military advocacy – and, particularly, the welfare advocacy role. They resolved that the following key themes best fitted the advocacy role:

- The well-ness\textsuperscript{14} (viz, welfare and well-being) of the ‘Defence Family’ is military advocacy’s new focus.
- Military advocacy involves ‘end-to-end’ or ‘cradle-to-grave’ support; however, there are important differences between the advocacy disciplines:
  - compensation advocacy is episodic, involving specialist interventions in a wellness support continuum; but
  - welfare advocates ‘walk beside’ their clients providing life-long support.\textsuperscript{15}
- All advocates must exercise fine judgement so that they do not foster dependency.
- ATDP must actively nurture VC/ESOs’ and Advocates’ commitment, by ensuring:
  - VC/ESOs receive the earliest possible return on resources they are investing in advocate training and development, and
  - Advocates receive the earliest possible intrinsic rewards by knowing they are:
    - directly meeting their ‘mates’ (viz. veteran and family’s) needs, and
    - delivering increasingly effective services as their knowledge and skills grow.

CURRICULUM MODELS

17. Applying Maslow’s hierarchy of needs, participants discussed in detail the options for how ATDP might best prepare advocates to meet younger veterans’ needs, while simultaneously enhancing welfare services to the older veteran and widow(er) client base for which TIP had trained specifically.

18. Three curriculum models were discussed:

- Model 1 sought to assemble knowledge and skills into the three areas of rehabilitation identified in DRCA and MRCA:

\begin{center}
\begin{tabular}{|c|c|c|}
\hline
Medical Rehabilitation & Vocational Rehabilitation & Psycho-social Rehabilitation \\
\hline
\hline
\end{tabular}
\end{center}

Model No 1. DRCA/MRCA Rehabilitation System

- Model 2 addressed veteran support as he/she progressed through the various stages from transition, through crisis, to triage, to needs assessment to recovery:

\begin{center}
\begin{tabular}{c}
\textbf{Transition} \quad \textbf{Crisis} \quad \textbf{Unstable} \quad \textbf{Stable} \\
\end{tabular}
\end{center}

Model No 2. Veteran’s Stage of Post-ADF Life

\textsuperscript{14} Young Veterans attending the DVA Legislation Workshop in November 2017 advocated, and gained a consensus on, the notion of ‘well-ness’. The concept usefully subsumes welfare and well-being

\textsuperscript{15} TIP training recommended that Welfare Officers ‘point the way’.
Model 3 added the veteran’s family to, and addressed the welfare advocacy continuum from, the perspective of the stages of natural life:

19. Having considered models within which content might be assembled and delivered, participants addressed the knowledge and skills required by both triage and long-term welfare advocacy support. They identified the following areas of welfare support need:

1. Transition and defence Medical Employment Classification
2. Loss and Grief
3. Veteran and Family in Crisis
4. Mental Wellness
5. Shelter (Accommodation/Housing)
6. Financial Support
7. Physical Wellness
8. Life Stages, Life Skills and Lifestyle
9. Family and Extended Family Relationships

‘Healthy Veteran, Healthy Family’ Model

20. With the knowledge areas identified, participants collated knowledge and skill by their relevance to the veteran, to the family, and to both. In so doing, they deduced that the earlier models would lead to a level of unwanted repetition, extending training time.

21. A fourth model emerged. This model, which is depicted below (numbers from para 19), demonstrates how intimately inter-connected welfare advocacy services are for veteran and family. Participants also noted the close relationship between the model and the focus of the various reports shaping the strategic environment.

22. They resolved the emergent model be called ‘Healthy Veteran, Healthy Family’.
23. With the advocacy model, knowledge, skills and resources identified, participants addressed implementation of the ‘Healthy Veteran, Healthy Family’ model. The key implementation considerations follow.

Units of Learning
24. Participants developed the welfare learning pathway in four stages:
   - Stage 1: the knowledge and skills required in MILADW001 and MILADC001 was examined in detail:
     - re-analysing younger veterans and their family’s needs; and
     - re-confirming:
       - the appropriateness of a common curriculum at Level 1, and
       - discipline-specific streaming at Level 2 and beyond.
   - Stage 2: review of the TIP Welfare Level 1 and 2 units of learning.
   - Stage 3: amalgamation of TIP core-knowledge and new units of learning.
   - Stage 4: definition of the new MILADW001-002-003 Learning Pathway.

25. TIP Core Knowledge. The following topics from TIP Welfare Level 1 and Level 2 have migrated into the on-line learning modules, or WEL or Consolidation Course:
   - TIP Welfare Level 1:
     - Roles & Responsibilities
     - Effective Communication
     - Interviewing Techniques
     - Tools of Trade
     - Personal Boundaries
     - Self-Protection, Burn-out and Mentoring
     - Privacy Principles and Freedom of Information
     - VITA
   - TIP Welfare Level 2:
     - Repatriation Heath Cards
     - Veterans and Veterans’ Families Counselling Service (VVCS)
     - Office of War Graves (OWG)
     - Fraud
     - Aged Care (including Carers, Respite and Elder Abuse)
     - Powers of Attorney
     - Guardianship
     - Australian Veterans’ Children Assistance Trust (AVCAT)

26. Participants confirmed that the following knowledge and skills, which had been identified during the prior Workshops, need to be added to the existing units of learning:
   - Volunteering, including legal and ethical boundaries
• Defence Family in crisis
• Mental health
• Suicide awareness (eg, safeTALK counselling, ASIST)
• Working with drug/alcohol-affected people
• Vicarious trauma
• Accidental counselling
• Basic living skills (Medicare, banking, job seeking)
• Understanding social isolation
• Facilitating social engagement
• Support for children in a crisis-ridden family
• Delivering services when Defence Family incapable
• Developing strategies to foster self-reliance
• Rehabilitation
• Wellness, including healthy living, nutrition and recreation
• Case management

TIP-trained Practitioner Up-skilling
27. Recognising the gap between TIP welfare training and the welfare advocacy need, and the critical importance of effective mentoring, participants resolved that:

• Level 2 Welfare Officers be accredited by RPL on TIP-core-knowledge; but, following RPL they undertake the following CPD modules\(^{16}\) to align their knowledge and skills with Welfare Advocates that complete MILADW001- MILADW002:\(^{17}\)
  o transition,
  o ‘first responder’ skills,
  o community re-engagement, and
  o an introduction to compensation (units of learning extracted from MILADC001).
• Compensation Advocates undertake MILADW001 on-line learning to ensure they understand the basics of welfare advocacy and are able to work competently within the welfare and wellness continuum.

MILADW003
28. Participants unanimously endorsed the need for MILADW003, with the new UoC to be based on CHC42015, Cert IV in Community Services. They also acknowledged the value for service delivery of a small number of professional welfare advocates being trained beyond MILADC003. They also noted that this advanced level was aligned with younger veterans’ focus on a career as a professional military advocate.

Wider Value of CHC42015
29. Noting the detailed content in each of the CHC42015 UoC, participants identified those listed at para 30 as relevant. They resolved that, to the extent reasonable, these UoC

\(^{16}\) Completion of each CPD module will accrue 5 points (thus satisfying the advocate’s CPD commitment for that year).

\(^{17}\) For those yet to undertake RPL, the four modules are to be completed within the first 12 months following RPL. For those that have already undertaken RPL, completed as soon as possible.
should be incorporated across MILADW. They saw the following advantages in this approach:

- First, it ensured that MILADW amalgamated veteran-specific knowledge and skills with competencies that are recognised by the community-services sector.
- Second, it created an incentive for:
  - Trainer-Assessors and Advocates interested in and needing to deepen their professional knowledge and skills, and
  - progression to full certification.

30. Participants resolved that, subject to certain caveats (paras 31 and 32), the following CHC42015 UoC be used as a guide to the future structure and content of the Welfare learning and development pathway:

- MILADW/C001:
  - CHCCOM002: Use communication to build relationships
  - CHCCCS003: Increase the safety of individuals at risk of suicide
  - CHCCCS019: Recognise and respond to crisis situations
  - OR
  - CHCCCS028: Provide client-centred support to people in crisis

- MILADW002:
  - CHCMHS001: Work with people with mental health issues
  - CHCAOD001: Work in an alcohol and other drugs context
  - CHCCCS028: Provide client-centred support to people in crisis
  - CHCCCS004: Assess co-existing needs
  - CHCDIV001: Work with diverse people

- MILADW003:
  - CHCLEG001: Work legally and ethically
  - CHCADV001: Facilitate the interests and rights of clients
  - HLTWHS003: Maintain work health and safety

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18 Participants noted that, for candidates to gain a credit for this UoC, modification of the e-learning modules that cover communication may be necessary.

19 Alternative units of learning to CHCCCS003 include safeTALK, ASIST and Mental Health First Aid (MHFA).

20 Further to Note 19, at the time of writing, MTS is proposing integration of suicide awareness as follows:

**Interim Period** (date recommendations ratified until ASQA accreditation obtained; paras 53-55):
- safeTALK included in Level 1 Welfare Consolidation Training (with pilot in Brisbane 14-16 Mar)
- safeTALK included in Level 1 Compensation Consolidation Training (Pilot course scheduled for 2018)
- MHFA as compulsory CPD for all Level 1 Advocates during first 12 months following accreditation at Level 1 (blended or face-to-face options)
- MHFA as compulsory CPD for all mentors and Level 2 Advocates who have undergone RPL (blended or face-to-face)

**Mature Pathway** (once ASQA has accredited for new UoC; paras 53-55):
- MHFA as part of Level 1 Advocate curriculum (blended version with face-to-face workshop component as part of Consolidation Training)
- ASIST as part of Level 2 Welfare Advocate curriculum
EHSs

31. Participants acknowledged that VC/ESOs need to ensure advocates are competent to meet client demands and advocates’ personal interest in gaining certification must be consonant with the Commonwealth’s interest in a fair return on investment for funding ATDP. Noting that certification under CHC42015 requires completion of 15 units (7 core and 8 elective), participants resolved that the number of CHC42015 units that may be acquired through 10620NAT (viz., at Commonwealth expense) should be limited.

32. Participants noted that CHC42015 UoC would most probably be provided by the RTO or its strategic partner and offered either on-line or face-to-face. They resolved that the necessary balance would be best struck through the following:

- enrolment being limited to the UoCs listed at para 30; and
- VC/ESO being required to justify the need for its candidate/advocate to complete the UoC; and
- a satisfactory business case being submitted to the Secretariat through the NTM; and
- completion of a full Certificate IV in Community Services being:
  - normally funded by the VC/ESO/Advocate,
  - funded through 10620NAT only where ATDP benefits from the expenditure of funds (eg. upskilling an SME or Learning Facilitator).

33. Participants collated the content listed in paras 19, 25-26 and 30, and through the DVA Senior Project Officer, requested that (subject to the considerations at paras 52-56):

- Wherever appropriate and feasible, MTS incorporate UoC from CHC42015 Cert IV in Community Services into 10620NAT.
- MTS prepare:
  - common units of learning for MILADW/C001 to integrate ‘first responder’ competencies into the current UoC;
  - a MILADW002 UoC that integrates existing TIP-based knowledge and the new competencies directed at the younger ‘Defence Family’;
  - workplace experience requirements at each Level;
  - WEL, and WEL instructions;
  - MILADW002 Consolidation Course training resources;
  - MILADW002 Assessment criteria; and
  - a MILADW003 UoC.

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34. The resulting course content is aggregated into notional UoC at Annex D (pages 23-26), and a compilation of learning resources is included at Annex E (pages 27-39).

MILADW001 and MILADW002 Assessment

35. As MILADW001 candidates’ on-the-job exposure to all nine modules at para 19 is unlikely in all but a busy capital city VC/ESO, assessment must have inherent flexibility. With MTS advice, participants resolved that:
   - MILADW001 assess primarily by quiz (if necessary); and
   - MILADW002 assessment require that candidates accrue workplace experience and demonstrate competency in at least three of the nine units of learning.

Welfare Handbook

36. Having noted that:
   - MTS has adopted a URL-based approach in the Compensation Handbook, and
   - MTS’ 2018 tasks include review of the Welfare Handbook,
   participants resolved to support the consultant’s planned approach – to reference URL so that Welfare Advocates access current information when researching a matter.

Proposed Pathway Model

37. With broad MILADW001 and 002 knowledge and skills framework identified and the Consultant’s support in developing the UoC in place, participants turned to the welfare learning and development pathway.

38. The mature pathway entails a common UoC at Level 1 for Welfare and Compensation Candidates. As discussed in para 52, resource constraints will delay development and accreditation of the mature pathway until CY2019. Participants therefore resolved that, to ensure the earliest practicable change of focus to the ‘Defence Family’ and introduction of ‘first responder’ knowledge and skills, common units of learning be introduced into MILADW001 and MILADC001 from mid CY2018.

39. The mature pathway model, which is depicted overleaf, includes the following elements:
   - the 10620NAT learning and development pathway focused by the ‘Healthy Veteran, Healthy Family’ model;
   - culture change embedded in 10620NAT, directed at fostering an ethos of professionalism;
   - psychometric assessment as a VC/ESO pre-enrolment suitability criterion;
   - ‘first responder’ units of learning and TIP core knowledge integrated into MIADW001;
   - the MILADW002 UoC structured around the nine units of learning identified in para 19, and amplified at para 26;
   - accreditation of Welfare Advocates at Level 2 by two means:
     - existing Welfare Officers RPL-ed on the basis of TIP-core-knowledge, and
     - completion of MILADW001 and MILADW002;

   (cont. page 14)
MILADW001 – 003 LEARNING AND DEVELOPMENT PATHWAY
ATDP Curriculum Workshop

- completion of four ‘gap’ CPD modules to up-skill Welfare Officers that:
  - have already accredited under the existing MILADW002 UoC, and
  - may accredit at Level 2 before MILADW002 is rolled out;
- incorporation of UoC from CHC42015 Cert IV in Community Services:
  - as units of learning embedded in 10620NAT UoC at MILADW001, 002 and 003;
  - through justification of need by VC/ESO via a Business Case:
    - as CPD options post-MILADW002, and
    - as UoC towards completion of a Cert IV in Community Services; and
    - the dual elements of CPD: formal points-earning units, and self-directed learning.

ASSOCIATED AND CONSEQUENTIAL ISSUES

Welfare Support Officer Training

40. Participants identified the areas of knowledge that Welfare Support Officers (WSO) need to provide companionship, make home and hospital visits, and connect veterans with accredited Advocates. As the list at Annex F (page 40) demonstrates, there is a very high level of overlap with the knowledge needed by WSO and accredited Welfare Advocates.

41. This prompted participants’ realisation that, while the findings of The Constant Battle: Suicide by Veterans’ validate the need for formal WSO training:
   - the knowledge gained may encourage ‘over-reach’;
   - as WSO are not covered by professional indemnification, over-reach carries significant personal and VC/ESO risk;
   - therefore:
     - care will need to be taken during program preparation and delivery to ensure the depth of coverage does not exceed ‘awareness’; and
     - the WSO training program will need stress:
       - the boundaries of the WSO role, and
       - referral of non-role matters to accredited advocates.

42. As development of MILADW002 and common units of learning for MILADW001 and MILADC001 have priority, preparation of the WSO induction training program will not begin until the second half of CY2018.

Suitability Assessment

43. Younger veterans’ ongoing experiences demonstrate that:
   - aged-related cultural differences\(^{23}\) are often a significant factor in older veterans’ suitability for mentoring of, and delivering advocacy services to younger veterans; and

\(^{23}\) Note: CHC42015 UoC embedded in 10620NAT are transferable credits to the Cert IV in Community Services

44. Participants resolved that along with the criteria listed in the Guidelines for the Selection of Trainees for the Advocate Training and Development Program:\footnote{24} 
   - psychometric assessment be introduced as a pre-training VC/ESO responsibility for:
     - all 10620NAT candidates, and
     - all Welfare Support Officers;
   - a date of introduction be:
     - identified following analysis of the experience of Veteran Centres already using the tool, and
     - in due course, advised by the SGB to ESORT Members; and
   - in the interim, Mentor training emphasise:
     - development of an ethos of professionalism, and
     - the need for system-wide culture change.

**Securing ESO Engagement**

45. Participants expressed significant concern about:
   - the continuing gap between ATDP implementation and VC/ESOs’ awareness of the very significant improvements in military advocacy that are resulting; and
   - the possible reaction of VC/ESO and RPL-ed Advocates/Mentors to the new approach to Welfare (and Compensation) Advocacy.

46. With respect to the first concern, participants noted ESOs’ tradition of ‘mates helping mates’ and the strategic influences that are driving greater professionalisation. In this context, they reasoned that:
   - VC/ESOs’ unawareness is effectively making ATDP’s progress to date in professionalising military advocacy a ‘stranded asset’.
   - In an era of Budget constraint, the gap is a tantamount to an inadequate return on the investment of Public funds.
   - From ATDP’s perspective, VC/ESO unawareness is a barrier to the attainment of the full training benefits inherent in professionalisation.

47. Participants therefore resolved that greater emphasis is needed on Blueprint objective 5.1 – ‘transition to [a] new, system based programme’. They rationalised that, as ATDP has already significantly systematised advocacy training, a ‘system-based programme’ is necessary, but not sufficient.

48. Participants resolved that an ‘eco-system’\footnote{25} approach is needed, engaging all stakeholders with an interest in military advocacy. The required ‘eco-system-based’ outcome is professional military advocacy as VC/ESOs’ core objective. A culture change

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\footnote{24}{See Policy and Procedure Manual, Library No 1, Part A, Volume No 1.}

\footnote{25}{In this context, an ecosystem is marked by the inter-relationships between the various stakeholders, their physical and virtual infrastructure, processes, and human activities that create a community of shared interests.}
program that engages all stakeholders – but especially VC/ESO and ATDP - is the ‘grist for the eco-system mill’.

49. With respect to their second concern, participants noted:
   • the time taken to respond and the characteristics of responses to earlier complaints and challenges; and
   • the small number of ATDP Members and Younger Veterans that truly understand the rationale for, and details embedded in the new approach.

50. Participants resolved that:
   • over the first 6 months in CY2018 CFMG Members conduct:
     o a comprehensive and wide-ranging program of information sessions for VC/ESO, CoP and Advocates on:
       • the new approach to Welfare,
       • the need for MILADW001 candidates to experience ‘first responder’ situations (prerably actual, but simulated where necessary),
       • the inclusion of ‘first responder’-specific workplace experiences in the MILADW002 WEL, and
       • the new knowledge and skills Mentors require;
     o an intensive training program for Mentors in ‘first responder’ units of learning; and
     o comprehensive briefings\textsuperscript{26} supported by electronic information packages at the earliest possible ESORT (SGB briefing), OWP, YVCTF and FVFF.

51. Participants also resolved that the CFMG request SGB to facilitate engagement with ESORT Members with the objectives of:
   • actively strengthening the VC/ESO -ATDP-DVA partnership; and
   • progressing a united approach and coordinated submissions to:
     o Transition Taskforce
     o Productivity Commission reference
     o Scoping Study in Veterans Advocacy
     o Future of Advocacy discussions at ESORT

TRANSITION

52. Having reconfirmed ATDP’s commitment both to learning facilitation and to being a learning organisation, participants resolved that lessons learned must, where merited, lead to transformation. They acknowledged, however, that MTS and volunteers’ workload will determine the rate at which needed change can be effected. In this respect, participants were mindful of the commitments already in place to integrate SOP units of learning into MILADC001 and 002, finalise Compensation Level 3,\textsuperscript{27} and prepare for the Compensation Level 4 Pilot.

\textsuperscript{26} Suggested Talking Points are at Annex G (pages 41-42).
\textsuperscript{27} Due for roll-out on 01Jul18.
53. Before developing the implementation plan, participants therefore identified the key prerequisites for, and constraints on:
   - transition from the current 10620NAT to the proposed learning and development pathway, and
   - the structural changes that will more fully engage knowledge and skill within the ATDP volunteer workforce.

54. Participants identified the following key considerations:
   - change proposals must be evidence-based;
   - acceptance of the need for change by those that are affected by the change;
   - the rate of change will be governed by:
     - a clear ‘Vision’ and implementation plan,
     - an effective culture change program engaging all stakeholders,
     - open and comprehensive information flow between stakeholders, and
     - leadership exercised by those implementing the change;
   - programming MTS workload; and
   - strengthened task orientation within the CFMG-RIG cohort of volunteers.

55. With these considerations in mind, participants resolved that:
   - until 30Jun18:
     - MILADW001 and MILADC001 continue as independent UoC, and
     - ‘first responder units of learning be added to the Consolidation courses;
   - from 01 Ju18:
     - MILADW001 and MILADC001 commence, combining:
       - amended WELs that include ‘first responder’ workplace experience units,
       - common units of learning in ‘first responder’ knowledge and skills, and
       - discipline-specific units of learning; and
     - CPD ‘gap’ modules covering the ‘first responder’ units of learning commence for RPL-ed Advocates,
   - in the second half of CY2018, MTS:
     - scope a common Level 1 UoC for all welfare and compensation candidates, and
     - develop the UoC for MILADW003; and
   - following ASQA-accreditation (in 2019?), ATDP:
     - begin Level 1 training using a common MILADW/C001 UoC, and
     - introduce MILADC003 UoC.

56. To meet the preceding milestones, participants developed the action plan at Annex H (pages 43-44). The key activities and targets in the implementation plan are:
   - Develop new Mentor Training package: Completed
   - Develop Level 2 WEL, and WEL instructions: 20Jan18
• Conduct information sessions for:
  o Trainer-Assessors: 06Feb18
  o RPL-ed Mentors and SME Ongoing after 8-9Mar18 CFMG
  o ESORT, OWP, YV-CNF and FVFF: 09Mar18, 27Mar18, A/R
  o VC/ESO and Welfare practitioners: 02Apr18
  o Complete Welfare Handbook: 01May18

• Integrate ‘first responder’ and nine units of learning into Level 1 Consolidation Course 01Mar18
• Complete ‘first Responder’ CPD development: 01Mar18
• Start interim MILADW/C001 units of learning: 01Jul18

OPERATIONAL POLICY FRAMEWORK

57. Summarising their deliberations, participants resolved that the following operational policy framework be forwarded to the CFMG for ratification:

• 10620NAT is to refocus on the welfare and wellbeing of the ‘Defence Family’.
• VC/ESOs’ Suitability Assessment include psychometric assessment.28
• In addition to interview techniques, effective communication, NLHC, self-care and discipline-specific knowledge and skills, 10620NAT Level 1 is to include ‘first responder’ units of learning.29
• In due course, a common MILADW/C001 is to be developed that:
  o assures the investigative skills needed for comprehensive triage and needs assessment, and
  o lays the foundations for specialised compensation and welfare advocacy from Level 2 candidature and beyond.
• As ‘Defence Family’ and ‘First responder’ competencies significantly increase the volume of required knowledge, 10620NAT delivery modalities are to:
  o maximise on-line content during formal learning (eg, TED-type videos, voice-over slide presentations, and video/tele-conference tutorials), and
  o require careful description of learning objectives in the WEL, and
  o avoid excessive pedagogy during Consolidation training.
• As inadequate triage of veterans and families-in-crisis is unacceptable, fully effective workplace experience during formal training is crucial, necessitating:
  o substantial strengthening of Mentor training, and
  o in due course:
    ▪ mentoring becoming a ‘specialist’ qualification, and
    ▪ Mentors being assessed.
• The National Training Team is to ensure that current Mentors are well-prepared for their new task, requiring:
  o Mentors to be trained and to demonstrate competency in:

28 Participants reviewed the elements of Suitability Assessment. Annex C (page 22) lists the inclusions.
29 See para 28 for participants’ eventual consensus on the required inclusions.
eliciting problem(s) from the client,
researching resolution(s) to the client’s problems,
formulating a crisis-response action plan, and
providing ongoing client support.

- Mentors’ instructions and MILADW/C001 WEL are to ensure that:
  - candidates gain needed and comprehensive ‘first responder’ experiences, and
  - candidates’ learnings are recorded comprehensively.

- The eco-systems approach to include integration of:
  - on-line learning,
  - workplace experience,
  - consolidation training,
  - assessment,
  - CPD; and
  - self-directed professional reading.

- MILADW003 to be added to 10620NAT on the basis of:
  - alignment with UoC from the the Cert IV in Community Services; and
  - a Business Case that establishes the Welfare Advocate’s situational needs.

- Culture change to be embedded in formal training, CPD and self-directed learning to foster a professional ethos.

- In due course, ASQA-accreditation of an amended 10620NAT is to be obtained.

**RECOMMENDATIONS**

58. Participants recommend that the CFMG and SGB ratify out-of-session:

- in the short-to-medium term, inclusion in MILADW001 and MILADC001:
  - both disciplines: common units of learning that reinforce the core competencies needed for delivery of ‘first responder’ advocacy services, and
  - discipline-specific: specific units of learning for candidates’ advocacy disciplines;

- in due course, development of a common Level 1 welfare-compensation UoC;

- ‘streaming’ of welfare and compensation candidates at Level 2 and beyond;

- introduction of ‘gap’ CPD modules for all RPL-ed TIP-trained Welfare and Compensation Advocates to ensure competency in the new knowledge and skills;

- intensive training for all Mentors in ‘first responder’ knowledge and skills;

- a comprehensive information program conducted by selected CFMG Members for all stakeholder groups;

- maintain regular direct liaison with stakeholders;

- actively strengthen the VC/ESO - ATDP-DVA partnership;

- promotion of an ecosystem approach to military advocacy training and service delivery;

- introduction of MILADW003 that incorporates relevant UoC from CHC42015 Cert IV in Community Services; and

- development of 10620NAT in accordance with the Implementation Plan (Annex H).
WORKSHOP PARTICIPANTS

The participants in the Curriculum Workshop were:

- Greg Hoving, National Training Manager
- Roger Greene, A/g Chair, CFMG
- Brian Warren, Continuing Professional Development Team Leader, CFMG
- Tich Tyson, Welfare Subject Matter Expert
- John Sutton, Welfare Subject Matter Expert
- Ben Webb, Manager, Veterans Centre Sydney Northern Beaches, CFMG
- Leanne Galayini, Project Manager, Legacy NSW
- Adrian Talbot, Executive Manager, Homes for Heroes
- Darryl Proud, Major Training Services (RTO)
- Richard Kelloway, Facilitator, CFMG Supernumerary
- Wayne Stidston, Senior Project Officer, ATDP
WORKSHOP REFERENCE MATERIALS

The following materials\textsuperscript{30} were forwarded so that participants were prepared for the workshop:

- TIP Victoria Welfare PPT (prepared by Roger Greene)
- TIP NSW Welfare Course Outline (prepared by Del Heuke)
- Comparative Analysis (Spreadsheet prepared by Wayne Stidston)
- UoCs for MILADW001 and 002
- Summary of DVATrain Welfare Module Contents
- UoCs for Certificate IV in Community Services
- URL for Welfare Handbook
- Proceedings of the 2015 TIP Younger Veterans workshop in Sydney, including a tabular summary of relationship between the workshop findings and ATDP
- Reports from the earlier:
  - Younger Veterans’ Welfare Needs Workshop
  - MILADW002 UoC Workshop

\textsuperscript{30} Copies can be provided on request.
REVISED SUITABILITY ASSESSMENT CHECKLIST

Further to the information at https://www.atdp.org.au/guidelines.pdf:

- Psychometric Assessment:
  - Emotional and Behavioural Maturity
  - Ability to Interact Effectively across Generational and Cultural Boundaries
  - Ability to Mentor

- ESO Familiarisation
  - Committee and advocacy personnel
  - Physical environment
  - Office procedures
  - Record-keeping
  - Volunteer policy

- Police Checks:
  - Working with Vulnerable People
  - Working with Children
NOTIONAL ARRANGEMENT OF WELFARE CONTENT INTO UoC

Common MILADW/C001
- First Responder Model (viz., triage and needs assessment)
  - needs assessment
  - Suicide awareness (SafeTalk Counselling, ASIST)
  - Support of veterans and families in crisis
- Tools of the Trade:
  - Introduction to ATDP
  - National Consistency
  - Effective communications
  - Interviewing techniques
  - Basics of problem-solving
  - Finding documents
  - The internet and the Welfare Advocate
  - Referral Pathways
  - Case management
- Legal and Ethical boundaries:
  - Volunteering
  - Welfare Advocate’s role (NOT a Counsellor)
  - Legal Consequences of ‘over-reach’
  - Ethos of Professionalism
  - Engaging in culture change
  - Accidental counselling
  - Privacy Principles
  - Freedom of Information
  - Working with vulnerable people and children
  - Mandatory reporting
  - Record-keeping
  - Avoiding dependency and co-depedency
  - Accidental Counselling
  - VITA Protocols
- Occupational Work and Safety:
  - Risk Assessment
  - Safe Workplace
  - Dealing with Drug/Alcohol-affected People
Managing the work environment

Duty of Care:
- Working with a mentor
- Volunteering
- Personal boundaries
- Vulnerability
- Self protection - Managing personal stressors in the workplace
- Burn-out
- Vicarious Trauma
- Work-life balance

MILADW002

Transition and Medical Employment Classification:
- Medical Employment Categories
- MECR Process
- Reclassification of Mode of Discharge
- Basics of veterans’ legislation

Loss and Grief:
- What is loss and grief
- How does it affect the sufferer
- What can help healing
- When grief is a problem
- How to help someone who is grieving
- Office of War Graves

Veteran and Family in Crisis:
- TBA (from Certificate IV in Community Services)
- VVCS
- Facilitating services when family is incapable
- Supporting children of a family in crisis
- Developing strategies to foster self-reliance

Promoting Wellness:
- Basic Living Skills:
  - Post-discharge health checks
  - Medicare registration
  - Banking
  - Job Seeking
o Physical Wellness:
  - Structure of the National Health Care system DVA health support system
  - Repatriation Health Cards
  - DVA rehabilitation services
  - Healthy eating
  - Healthy living
  - The healthy house

o Emotional and Behavioural Wellness:
  - Good mental health
  - Understanding social isolation
  - Facilitating Social Engagement
  - Emotional and behavioural disorders
  - Mental health and veterans
  - DVA mental health services
  - Community-based mental health services
  - Things to avoid
  - Community support
  - Caring for yourself
  - Common feelings

o Rehabilitation
o Recreation

- Shelter:
  - ‘Couch-surfing’, sleeping in car, ‘living rough’, community resources
  - Crisis/Emergency Housing
  - Accommodation-at-Risk (lease-expiring/expired, rent or agency problems, unhealthy/unsuitable accommodation)
  - Stable accommodation

- Financial Support:
  - Income support
  - Compensation
  - Superannuation:
    - DFRDB
    - MSBS
    - Defence Super
Emergency financial assistance:
- Centrelink
- ESO support

Financial planning
Fraud

Life Stages, Life Skills and Lifestyle:
- Elements of a healthy lifestyle
- Employment
- Social engagement
- Alternative therapies
- Personal development
- DVA health and wellness services
- Aging – health and wellness issues

Aged care:
- Aging-in-place
- Aged-care services
- Respite
- Elder abuse

Family and Extended Family Relationships:
- DRCA and MRCA entitlements
- AVCAT
- Understanding relationship challenges
- Guardianship
- Custody of children
- Powers of Attorney
- Healthy relationships
INDICATIVE RESOURCES FOR WELFARE UoC

Transition and Medical Employment Classification

- Transition:
  https://www.dva.gov.au/i-am/current-or-transitioning-adf-member
- Medical Employment Category System:
- Severely injured transitioning clients:
- ADF Personnel Policy Manual (see Part 10, Transfers/Resignations/Separations):
- Reclassification from Administrative to Medical Discharge:
  TBA

Loss and Grief

- Suicide Call Back Service: www.suicidecallbackservice.org.au
- Life Line: https://www.lifeline.org.au/get-help/topics/loss-grief-

Veteran and Family in Crisis

- CHCCCS019 Recognise and respond to crisis situations:
  Identify imminent crisis situations
  Address immediate safety concerns
  Provide referral for crisis intervention support
- Red Cross:
- Lifeline:
- Helping another in crisis:
- Coping with Crisis:

Emotional and Behavioural Wellbeing

• Mental Health:
• Mental Health Services:
  https://thiswayup.org.au/
• Mental Health Support: https://www.dva.gov.au/factsheet-hsv99-mental-health-support
• Effects of Mental Health Concerns on Veterans and their Families:
• Psychology:
  https://www.healthdirect.gov.au/low-cost-or-free-mental-health-services
  http://www.believeinchange.com/About-Us
• Addictions:
  Substance Abuse:
  https://www.counsellingonline.org.au/
  Alcohol:
  https://au.reachout.com/articles/alcohol-addiction
  Drugs:
  Gambling:
  Indebtedness:

Physical Wellness
• What is physical wellness:
  https://www.fedehealth.org.au/what-is-mental-wellbeing/
Wellness education

Veterans MATES Program:
https://www.veteransmates.net.au/

Health Support

Structure of Health System:
- Primary, Secondary and Tertiary Health Care:
- Community Health: http://communityhealth.org.au/
- Community Health Services:
  Search Google <Community Health Services/Centres>
- General Practice: https://ama.com.au/resources/general-practice
- GP Role: https://www.racgp.org.au/becomingagp/what-is-a-gp/
- District/Community Nursing:
  Search Google <District/Community Nursing Service>
- Primary Health Networks:
- Local Health Networks:
  http://meteor.aihw.gov.au/content/index.phtml/itemId/491016
- Private v Public Health Services:
- Private Health Insurance:
- Chronic Care Management:
- Paediatrics:
  https://www.rch.org.au/kidsinfo/fact_sheets/Paediatricians_about/
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- Obstetrics and Gynaecology:

- Over-Medication:

- Clinical Pharmacology Review:

- Complementary/Alternative Therapies:

- Disability Care:

- Indigenous Health:

- Medicare:

- Medicare Benefits Schedule:

- Accessing On-line Personal Health Records:
  o AUSKey: https://abr.gov.au/AUSkey/Registering-for-AUSkey/
  o MyGov: https://my.gov.au/mygov/content/html/about.html
  o MyHealth Record:
    https://myhealthrecord.gov.au/internet/mhr/publishing.nsf/content/home

- Structure of DVA Health Support System:
  o Comparative Health Care by Act
  o Health Provider Portal: https://www.dva.gov.au/providers
  o Post-Transition GP Health Check:
    https://www.dva.gov.au/i-am/current-or-transitioning-ADF-member#health-serv
Medical Services Requiring Pre-Approval:
https://www.dva.gov.au/providers/services-requiring-prior-approval

Physiotherapy:

Exercise Physiology:

Occupational Therapy:

Rehabilitation:

Rehabilitation Service Provision:

Coordinated Client Support:

Medical Travel:

Repatriation Pharmaceutical Benefits Scheme:
https://www.dva.gov.au/providers/pharmacists

Hospital Services:

Ambulance Services:

Hospital Discharge Support:

Hearing Services:
conditions/hearing-services
http://www.hearingservices.gov.au/wps/hp/home/site/eligibility/programhelp/veterans-
lp/lut/p/a0/04_Sj9CPykssy0xPLMnMz0vMAfGjzOK9A03NDD0NjLwtwvzdDBwd_UJ9vNxMjAwcDfULsh0VAav0Y6cI/

Dental Services:

Optical Services:

Rehabilitation Appliance Program:

MATES Program and Materials
https://www.veteransmates.net.au/

Shelter (Accommodation/Housing)

- DVA:
- VOTSA:  www.votsa.org.au
- Homes for Heroes:  rslifecare.org.au/young-veterans
- RSL Defence Care:  www.defencecare.org.au/
- Salvation Army:  www.salvos.com.au
- Veterans Liaison Australia:  https://veteransliaison.net/
- VVCS:  www.vvcs.gov.au
- Human Services:
- Defence Service Homes:  www.dsh.gov.au
- Financial Services Ombudsman:  www.fso.org.au
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- Effects of Housing Problems:  

Financial Support

- Financial security:  

- DFRDB:  

- MSBS:  

- CSC:  

- Military Superannuation:  

- ADF Superannuation:  

- ADF Cover:  
  https://adfsuper.gov.au/adf-cover/ and  

- Veterans Liaison Australia:  
  https://veteransliaison.net/

- Financial Advice:  

- Crisis Support:  

Life Stages, Life Skills and Lifestyle

- Healthy Living:
  - Fitness:  
  - Exercise:  
    https://at-ease.dva.gov.au/highres/#/home
  - Benefits of Exercise:  
  - How much Exercise:  
  - Sources of Exercise Program:  
  - Recreation:  
  - Diet and Nutrition:  
Balanced Diet:

Seasonality:

Dieting:
https://thebutterflyfoundation.org.au/

Food:

Preparation:

Storage:

Food-born Illnesses:

Disease related to unhealthy diet:
https://www.nhmrc.gov.au/health-topics/nutrition

Dietary Supplements:
Performance Enhancing Drugs:

Addiction:

Sleep:
- Healthy Sleeping Habits:
- Sleep Deprivation:

Aged Care:
- Healthy aging:
- Aging in Place:

- Residential Aged Care

- Healthy Aging:

- Geriatric Care:
  http://www.anzsgm.org/documents/Revision-ElderAbuse-5-9-03.pdf
  https://www.veteransmates.net.au/news#Dementia_Awareness

- Over-medication:

- Palliative Care:

- DVA Aged Care:

- Carer Support:
  - Carer Allowance:
  - Carer Payment:
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- Respite:

- Healthy House:

- Sanitation:

- Infection:

- Disease Vectors:

- Toxic Exposure
  - https://issuu.com/oecd.publishing/docs/echemportal-flyer-print-flashcode/1?ff=true&e=3055080/49919560

**Life Stages, Life Skills and Lifestyle**

- Social relationships:

- Social engagement:

- Family and friends:
In-person and electronic (EG, social media):
https://research.cornell.edu/news-features/how-social-media-affects-our-wellbeing

Volunteering – sustainably https://www.volunteeringaustralia.org/

Integration with the local community
- Volunteer emergency services (state based)
- Ex-service organisations (various)
- School & family projects/events (local school)

Alternative therapies/hobbies
- Animals – benefits of pets
  Veterans Liaison Australia: https://veteransliaison.net/
- Art therapy https://acata.org.au/
- Adaptive sports:
  http://www.sports.org.au/
  https://invictusgamesfoundation.org/games/sydney-2018/

Self-actualisation:
http://theincrementallife.com/14-key-components-personal-development/
also various mobile applications
- Establishing/reconnecting with your values
- Time management
- Expectations of civilian life
- Good decision making – risk management
- Recognising failure is not failing
- Stress and burnout management
- Self-help strategies https://au.reachout.com/articles/6-strategies-for-self-care
- Redefining identity:
  - Career transition – assistance by psychometric testing.
    - Differences between the civilian and military environment – new career/industry mentors/support networks.
    - Benefits of continuing employment with chronic conditions (volunteering, part-time & full-time employment).
- Living with physical/psychological conditions

- DVA
  - Health cards – eligibility, differences & what can be accessed

Family and Extended Family Relationships:
- Relationships Australia: https://www.relationships.org.au/
- Education:
WELFARE SUPPORT OFFICER TRAINING PROGRAM

Preamble
Completion of the WSO training program would be:
- preceded by Suitability Assessment (see Annex C);
- include at least the following VC/ESO training elements:
  - Advocates’ roles and responsibilities
  - policy on WSO activities; and
- culminate in VC/ESO Authorisation.

Learning Program
Training program content:
- Role responsibilities
  - Volunteering
  - Boundaries
  - Lack of indemnification insurance cover
  - Consequences of over-reach
  - Code of conduct
  - Legal and ethical considerations
  - Privacy Principles
  - Confidentiality
  - Consent and information-sharing
  - Record-keeping
  - Mandatory reporting
  - Referral
- Effective Communication
- Workplace Health and Safety
  - Safe work methods
  - Risk Assessment
  - Self-care
  - Vicarious trauma
- Principles of physical, mental and spiritual wellness
- National Health Care system
  - Hospitalisation
  - Patient access
  - Geriatric support
  - Hospital discharge process
INDICATIVE TALKING POINTS FOR STAKEHOLDER BRIEFINGS

Objective
To ensure stakeholders understand the rationale for, and actively support:
- adoption of the ‘Healthy Veteran, Healthy Family’ advocacy model
- a common 10620NAT Level 1 focused on triage support
- streaming into welfare and compensation advocacy at Level 2
- Level 3 welfare advocacy based on Cert IV in Community Services
- further transformation of veterans’ advocacy training and service delivery

Rationale for Transformation
The ATDP Blueprint:
- culmination of numerous reviews of advocacy training
- Ministerially approved outcome of technical working parties involving ESOs
- fundamentally improved military advocacy training and service delivery:
  - ASQA-accredited Course in Military Advocacy
  - adoption of adult-learning principles
  - mandatory mentoring and OJT
  - assessment in accordance with VET criteria
  - mandatory continuing professional development
- reinforced relevance of:
  - Government-funded training of advocates by expert peers
  - continuing voluntary military advocacy

Senate FDAT Report ‘The Constant Battle: Suicide by Veterans’ and 2017 NMHC ‘Review into Suicide and Self-Harm Prevention Services’:
- emphasise need for ‘first responder’ training for advocates
- finely focus advocacy service delivery on the ‘Defence Family’

Productivity Commission Reference and forthcoming consultancy on ‘Scoping the future of advocacy’ sharpen the focus on further professionalisation of military advocacy
- ESOs and ATDP share interest in ensuring all ‘Defence Family’ advocacy needs met
- pro-active engagement with Reviews needed to balance obsolescent perceptions
- evidence suggests Reviews were justified on historical perceptions of advocacy
- ATDP is:
  - focused on Defence Family’s emerging advocacy needs
  - informed by ESOs’ strategic requirements and operational policies
  - directly supporting DVA veteran-centric reform program
  - advancing a professional ethos for military advocates
ATDP Curriculum Workshop

- directions in military advocacy training:
  - already satisfy independent professional oversight by ASQA
  - consonant with further professionalisation
  - amenable to integration of voluntary and salaried advocacy
  - open to professional Program management

Foundations for Further Transformation
ATDP ready to further transform advocacy training and service delivery:
- all original Welfare content retained in re-developed 10620NAT
- four workshops with younger veterans identified additional knowledge and skills
- need clear for all advocates to be competent in triage/needs assessment
- RTO tasked to develop:
  - MILADW003 based on Cert IV in Community Services
  - common Level 1 Unit of Competency for all military advocacy Candidates
  - CPD program for RPL-ed ex-TIP advocates to ensure competency in triage
  - specialised training for Mentors to ensure effective workplace experience
- closer interaction between ESOs and ATDP already occurring through suitability assessment, mentoring and OJT, VITA indemnification grounded in accreditation
- burgeoning concern at ESORT about the future of advocacy

Benefits of Further Transformation
- ESOs gain early return on their investment in advocacy training and development
- Candidates gain early intrinsic reward of ‘helping their mates’ – effectively
- ‘Defence Family’ has wide access to needed services delivered competently
- greater professionalisation increases efficiency of Government/ESO-funded military advocacy
- close VC/ESO-ATDP-DVA partnership enhances opportunities for innovation in training for and delivery of military advocacy services

Next Steps
Forthcoming Reviews are an opportunity for strengthening ESO-DVA-ATDP partnership:
- regular information exchange:
  - within National Consultation Framework
  - through program of consultations by CFMG and RIG to related ESO levels
- close interaction between ESOs and ATDP to advance ‘Defence Family’ interests
- joint engagement with Reviews
- joint progression of advocacy professionalisation model
- a comprehensive culture change program engaging VC/ESO and ATDP focused on the tradition of ‘mates helping mates’
## IMPLEMENTATION PLAN

<table>
<thead>
<tr>
<th>#</th>
<th>ACTIVITY</th>
<th>LEAD MEMBER</th>
<th>RESOURCES</th>
<th>TARGET</th>
<th>ROLL-OUT</th>
<th>ACHIEVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Workshop Proceedings draft finalised</td>
<td>Kelloway</td>
<td>Participants review draft</td>
<td>29Dec17</td>
<td>08Jan18</td>
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<tr>
<td>2</td>
<td>CFMG Members ratify finalised Proceedings</td>
<td>Greene</td>
<td>CFMG Members, MTS, Senior Project Officer</td>
<td>19Jan18</td>
<td>25Jan18</td>
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<tr>
<td>3</td>
<td>Amend MILADW002 WEL and instructions</td>
<td>Proud</td>
<td>Hoving</td>
<td>20Jan18</td>
<td>31Jan18</td>
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<tr>
<td>4</td>
<td>SGB out-of-session clearance of policy and framework</td>
<td>Greene and Hoving</td>
<td>Secretariat support</td>
<td>TBA</td>
<td>14Feb18</td>
<td></td>
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<tr>
<td>5</td>
<td>Finalise YV Welfare Needs MILADW content in workshop</td>
<td>Greene &amp; Kelloway</td>
<td>Webb (Talbot, Galayini, Foster, Jeffrey)</td>
<td>19Feb18</td>
<td>21Feb18</td>
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<tr>
<td>6</td>
<td>Integrate new units of learning in MILADW/C001 Consolidation Courses</td>
<td>Proud</td>
<td>NTM and SME support</td>
<td>01Mar18</td>
<td>01Jul18</td>
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<td>7</td>
<td>Facilitator-Assessors, &amp; SME briefings</td>
<td>Greene &amp; Hoving</td>
<td>MTS, Hoving</td>
<td>06Feb18</td>
<td>06Feb18</td>
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<td></td>
<td></td>
<td></td>
<td>b. 06Feb18</td>
<td>b. 06Feb18</td>
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<tr>
<td>9</td>
<td>Roadshow No 2: a. workshop content b. conduct sessions</td>
<td>a. Stidston</td>
<td>a. MTS, Greene, Hoving b. Greene &amp; Hoving</td>
<td>a. 12Feb18</td>
<td>a. 19Feb18</td>
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<tr>
<td></td>
<td></td>
<td>b. Members TBA</td>
<td></td>
<td>b. after 07-08Mar18 CFMG</td>
<td>b. 30Jun18</td>
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<td>10</td>
<td>Advise NCF Secretariat of ATDP briefing</td>
<td>Greene and Hoving</td>
<td>NCF Secretariat</td>
<td>31Jan18</td>
<td>08Mar18 Pre-ESORT Meeting</td>
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<tr>
<td>No</td>
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| 10 | Welfare Handbook:  
   a. workshop content  
   b. prepare Handbook | a. Stidston  
   b. Proud | a. YV, SME, Sub-groups  
   b. Sub-groups review | a. 19Feb18  
   b. 11Mar18 | a. 21Feb18  
   b. 01May18 | |
| 11 | ESORT Briefing | Foster | ESORT Submission  
   Briefing notes | 23Feb18 | 09Mar18 | |
| 12 | Advise CHC42015 UoC  
   integration in 10620NAT | Proud | MTS | 28Feb18 | 28Feb18 | |
| 13 | OWP Briefing | TBA/Warren | OWP Submission  
   Briefing notes | 12Mar18 | 27Mar18 | |
| 14 | FV&FF Briefing | TBA | | | TBA | |
| 15 | YV-CN F Briefing | TBA | | | TBA | |
| 16 | Start ‘gap’ CPD:  
   a. prepare materials  
   b. administer OMS | a. Warren  
   b. Hoving | Warren & SME  
   OMS | a. 01Mar18  
   b. 30Apr18 | a.13Apr18  
   b. 04Jun18 | |
| 17 | Commence interim  
   MILADW/C001 | Proud & Hoving | National Training Team | 01Jul18 | 01Jan19 | |
| 18 | Commence MILADW002 | Proud & Hoving | National Training Team | 01Jul18 | Ongoing | |
| 19 | Scope common  
   MILADW/C001 &  
   MILADW003 UoC | Proud | MTS and/or CHC42015  
   strategic partner | 01Jul18 | 31Dec18 | |
<table>
<thead>
<tr>
<th>No</th>
<th>New ACTIVITY</th>
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<th>RESOURCES</th>
<th>TARGET</th>
<th>ROLL-OUT</th>
<th>ACHIEVED</th>
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<tbody>
<tr>
<td>20</td>
<td>Lodge new UoC for ASQA accreditation</td>
<td>Proud</td>
<td>NTM and SME</td>
<td>31Dec18</td>
<td>01Jan19</td>
<td></td>
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<tr>
<td>20</td>
<td>Commence common Level 1 UoC and MILADW003</td>
<td>Proud &amp; Hoving</td>
<td>National Training Team &amp; MTS/CHC42015 strategic partner</td>
<td>CY2019</td>
<td>Ongoing</td>
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