REPORT ON
YOUNGER VETERANS’ WORKSHOP
DVA OFFICES, SYDNEY, 10 JULY 2015

1. Introduction
In response to a Web and Facebook-based open invitation, on Friday 10 July 2015 thirty three (33) members of the contemporary cohort of veterans, serving or ex-ADF personnel and spouses participated in a Younger Veterans Workshop convened in the DVA offices, Sydney. Funding support from the Department enabled attendance by participants from the North, Central and South Coast areas of NSW, as well as from Sydney, Canberra and Brisbane.

2. Workshop Aim
The objective was to facilitate TIP NSW-ACT’s understanding of how:
   a. the cohort is helping its ‘mates who are not travelling well’, and
   b. it can develop its courses to help the cohort bring a greater awareness of veterans’ legislation into its caring.

3. Workshop Process
The Workshop comprised plenary opening and closing sessions and two small group sessions on either side of lunch. TIP NSW-ACT Presenter-Facilitators moderated the small group sessions, with TCG Members acting as observers’ and taking notes of the key issues participants discussed.

4. Record of Proceedings
Attachment A summarises the key issues participants raised during the small group sessions.

5. Report
This report extends from participants’ key issues. Although our interest was TIP-specific, participants raised a range of issues relevant to ESOs, DVA, and Defence. As these may be more widely useful, they have been included in the attached record of proceedings. The following tabular analysis addresses only the issues, and implications and recommendations that are relevant to TIP (the paragraph numbers are included to facilitate cross-reference to Attachment A).
6. **TIP-Specific Analysis**

**Self-Awareness.** The ramifications for TIP of how members of the cohort see themselves and their caring for each other follow:

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<tr>
<th>Para</th>
<th>Key Issues</th>
<th>Implications</th>
<th>Recommendations</th>
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<tbody>
<tr>
<td>19</td>
<td><strong>Motivation:</strong> want to <em>help mates in whatever way needed</em></td>
<td>Social media are reinforcing the caring that veterans have traditionally felt for each other.</td>
<td>As TIP transitions into ATDP, the long-standing ethos of <em>Mates helping Mates</em> will have strong appeal.</td>
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<tr>
<td>21</td>
<td><strong>Major Concerns:</strong> homeless, alcoholic &amp; suicidal mates are greatest concerns</td>
<td>An understanding of the issues underlying these symptoms will benefit younger veterans’ ability to support their peers.</td>
<td>Welfare offerings to include the organisations providing professional support for these conditions.</td>
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<td>25</td>
<td><strong>Young Widow(er)s and Children:</strong> a specific concern, especially where spouse suicided and mental health support needed</td>
<td>Self-evident.</td>
<td>Greater effort be expended on recruiting female Practitioners and Facilitators. Welfare offerings include the organisations providing professional support for women.</td>
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<td>31</td>
<td><strong>Females:</strong> greater attention required to needs of and services available to females</td>
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<td></td>
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<tr>
<td>23</td>
<td><strong>Stages of Caring:</strong> three stages &amp; timings: (1) triage/first aid/crisis care/information sharing; (2) support of higher-trained person; (3) ongoing professional care</td>
<td>This need contextualises paras 19, 23 and 29.</td>
<td>The Capability Framework to include an on-line self-help site that provides ‘triage’ advice on typical veteran and dependent needs, a Facebook/Twitter page and telephone Helpline for immediate crisis support, and referral list to community-based service providers and ESOs for second-stage care and support.</td>
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<td>22</td>
<td><strong>Formal Volunteering:</strong> members too busy and too drained by work to volunteer formally</td>
<td>In addition to retiring and Permanently Incapacitated Members, spouses be encouraged to undertake Wellbeing and Claims training.</td>
<td>The Capability Framework to emphasise distance-learning modes and Regional Administration Bodies schedule face-to-face courses to maximise availability for busy volunteers.</td>
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<td>22</td>
<td><strong>Best Prospects</strong>: members transitioning into retirement still <em>savvy</em></td>
<td>MRCC Rehabilitation Policy be amended to encourage volunteering as a critical path item.</td>
<td>ATDP and volunteering as rehabilitation be included as topics in Transition Seminars.</td>
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<td>18 &amp; 19</td>
<td><strong>Communication</strong>: initial contact by social media, SMS or phone; followed by face-to-face which is <em>paramount</em> in supporting mates.</td>
<td>Self-evident.</td>
<td>ATDP to have active Facebook and Twitter presences on which relevant and interesting posts are made never less than once per week. ATDP Regional Administration Bodies and communities of practice to engage with these informal get-togethers on Facebook and face-to-face by invitation.</td>
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<tr>
<td>55</td>
<td><strong>Social Media</strong>: starts information flow as it prompts mouth-to-mouth spreading</td>
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<td>18</td>
<td><strong>Keeping Contact</strong>: ad hoc contact and organised get-togethers (camping, coffee group, or dinner), normally promoted on Facebook</td>
<td>These informal activities are an important avenue for younger veterans and their dependents to exchange information on ATDP, rehabilitation and well-being issues.</td>
<td></td>
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<tr>
<td>18</td>
<td><strong>Family Orientation</strong>: activities involving whole family preferred</td>
<td>Engaging family members (parents, siblings, spouses and children) in caring will be well-received by the cohort.</td>
<td>Capability Framework rehabilitation, well-being and claims training and competency development activities to engage families.</td>
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In-Service Preparation. The ramifications for TIP of member’s ADF service and transition into civilian life follow:

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<tr>
<th>Para</th>
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<tr>
<td>28</td>
<td><strong>Awareness Training</strong>: compensation, rehabilitation and welfare to be included in the ADF’s mandatory training schedule, and recommended that awareness of DVA, ESOs and other support services start in recruit training.</td>
<td>Carefully selected, must remember/vital to know information on claims, rehabilitation and well-being be included in ADF recruit training and ongoing unit awareness training. Selected ADF personnel (Padres, medical and unit admin staff) receive regularly updated information.</td>
<td>Regional Administration Bodies and/or communities of practice to engage with proximate recruit training units and ADF base commands. ATDP to include an on-line (Facebook/Twitter/web) information service that collates and posts time critical new information.</td>
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<tr>
<td>29</td>
<td><strong>TIP-Trained Staff</strong>: ADF should have TIP-trained members to provide better advice before separation.</td>
<td>Self-evident.</td>
<td>TIP has been training ADF personnel for a number of years. ATDP to continue this practice; however, the catchment could be widened (Padres, medical and unit administrative staff).</td>
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<tr>
<td>51</td>
<td><strong>In-ADF Training</strong>: start TIP training before separation so as to support mates with better knowledge.</td>
<td>Unit administrative, medical and pastoral care personnel canvass the ATDP as a means of continuing contact with and helping ‘Mates’ post-separation.</td>
<td>Regional Administrative Bodies to include on-line (Facebook/Twitter/web) schedules of courses.</td>
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<td>31</td>
<td><strong>Transition Interview</strong>: OBAS, VAN and ESO practitioner interviews during transition.</td>
<td>Information on availability of OBAS, VAN and ESO personnel be canvassed by unit administrative and medical personnel and included in Transition Seminars.</td>
<td>Regional Administrative Bodies to include on-line (Facebook/Twitter/web) information on ESO services. ESOs includes support of transitioning personnel in their activities.</td>
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Support Provision. The ramifications for TIP of members’ expectation of, and interactions with support providers follows:

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<tbody>
<tr>
<td>32 &amp; 33</td>
<td>Practitioner Engagement: age no problem if practitioner competent, professional, highly regarded and approachable.</td>
<td>This suggests that younger veterans are looking for practitioner to have a combination of good interpersonal skills, an established reputation and a high level of competence.</td>
<td>ATDP to implement the Blueprint, Rolfe and 2010 Reviews’ recommendations on progressive transition to VET accreditation of training courses and certification of Learning Facilitators and Practitioners.</td>
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<tr>
<td>36 &amp; 37</td>
<td>Claims Support: members generally claim via practitioner, but process not explained or member not engaged, to detriment of rehabilitation.</td>
<td>Too many ESO Pension Officers appear to be focused on claims preparation and submission leading to compensation. The lack of focus on rehabilitation probably reflects the disinterest of many Practitioners in SRCA and MRCA.</td>
<td>ATDP offers an opportunity to restructure formal distance and face-to-face syllabuses from Act-based to claims, rehabilitation and well-being focused courses.</td>
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<tr>
<td>45</td>
<td>Confusion: number of Acts and differences in benefits are confusing.</td>
<td>Self-evident.</td>
<td>Capability Framework formal training courses and OJT-Mentoring to include interpersonal skills and such advice as competency criteria.</td>
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<td>45</td>
<td>Starting Point: few members understand that treatment of an injury or disease by ADF is not sufficient for acceptance by DVA.</td>
<td>Too many ESO Pension Officers appear to be failing to explain the steps and requirements of claims process.</td>
<td>Capability Framework formal training courses and OJT-Mentoring to include interpersonal skills and such advice as competency criteria.</td>
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<tr>
<td>43</td>
<td>Stress Management: claims process is stressful and member and family must be engaged and helped understand.</td>
<td>Too many ESO Pension Officers appear to have inadequate interpersonal skills.</td>
<td>ATDP formal training courses and OJT-Mentoring to include interpersonal skills development.</td>
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<td>36</td>
<td>Dual Practice: practitioners should be both welfare and compensation trained.</td>
<td>TIP Queensland already requires Welfare training as a pre-requisite for Compensation training. Other States see practice in each Stream as being so complex that specialisation in either is necessary.</td>
<td>The Capability Framework to include as a competency outcome the adoption of a team-approach by ESO Claims and Well-Being Officers. Refresher training to include joint analysis of complex case studies to reinforce the need for a team approach to practice.</td>
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<tr>
<td>No.</td>
<td>Section</td>
<td>Description</td>
<td>Details</td>
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<td>40</td>
<td>Credibility:</td>
<td>Practitioner’s need to understand three Acts and policy, and appeal Advocates need to be able to adjudge whether legislation and policy have been applied justly and consistently with legislative intent.</td>
<td>Younger Veterans are generally more highly educated, more discerning and more aware of their rights than the older generations that constitute the current cohort of Practitioners. ATDP to inculcate a culture of continuous learning and continuous improvement in Practitioners and the competency assessment process must reinforce an ethos of <em>Mates helping Mates – Better!</em></td>
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<tr>
<td>24</td>
<td>Mental Health Considerations:</td>
<td>Critical that support providers understand how to work with members with mental health issues.</td>
<td>Dealing with persons with mental health issues is an elementary interpersonal skill. Capability Framework formal training courses and OJT-Mentoring to include interpersonal skills and awareness of mental health issues as competency criteria.</td>
</tr>
<tr>
<td>46</td>
<td>Entitlements Culture:</td>
<td>Practitioner’s culture of entitlement raising members’ expectations unrealistically to detriment of rehabilitation.</td>
<td>Too many ESO Pension Officers appear to be focused on claims and compensation. TIP specifically teaches the practitioners not make any comment whatsoever on the likely outcome of a claim. The comment probably reflects the disinterest of many Practitioners in SRCA and MRCA. Capability Framework formal training courses and OJT-Mentoring to stress the importance of dealing with persons fairly and honestly, and include personal integrity as a competency criterion.</td>
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<tr>
<td>46</td>
<td>SRDP/TPI Imperative:</td>
<td>Practitioner’s focus on SRDP/TPI begs rest-of-life considerations.</td>
<td>The focus of too many Practitioners’ on compensation and claiming TPI probably reflects the broad disinterest in SRCA and MRCA across the current cohort. Capability Framework formal training courses and OJT-Mentoring to emphasise the central place of rehabilitation in veterans’ legislation and Government human services policy.</td>
</tr>
<tr>
<td>48</td>
<td>Rehabilitation:</td>
<td>Few practitioners advise about rehabilitation.</td>
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<td>41</td>
<td>Holism Needed:</td>
<td>Practitioner’s focus on compensation is counter-productive as rehabilitation and work help self-esteem.</td>
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<tr>
<td>39</td>
<td>Self-Help:</td>
<td>Many members want to help themselves but must know their entitlements.</td>
<td><em>Do-it-yourself</em> veterans must be encouraged - and must be provided the means - to <em>empower</em> themselves. The Capability Framework to include an online self-help course, supported by Facebook/Twitter pages and a telephone Helpline.</td>
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**Awareness of TIP.** The ramifications for TIP of the cohort’s unawareness of TIP’s purpose and functions follows:

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<td>49</td>
<td><strong>Marketing:</strong> too many younger veterans do not understand what TIP does, and what it is <strong>not</strong> responsible for.</td>
<td>From 2013 TIP began to place increased emphasis on the ‘I’ in TIP. ESOs’ weak communications practices largely thwarted the attempt. Connections with younger veterans’ groups and organisations have yet to receive concerted attention.</td>
<td>ATDP focus specifically on developing effective communications links with as many younger veterans groups and associations as possible, using all the means available but specifically exploiting social media.</td>
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<tr>
<td>55</td>
<td><strong>Younger Veterans’ Organisations:</strong> guidance required on what needs to be known.</td>
<td>TIP has identified and promulgated ‘core knowledge’ as a national consistency measure. This provides the foundations of need-to-know modules focused on younger veterans’.</td>
<td>The Capability Framework to include an online self-help course, supported by Facebook/Twitter pages and a telephone Helpline.</td>
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<tr>
<td>49</td>
<td><strong>Facebook Presence:</strong> TIP must use Facebook actively to disseminate information, course schedules, special events.</td>
<td>To date on TIP South Australia has a Facebook page, which is eye-catching and youthful.</td>
<td>ATDP to have a Facebook presence as an early awareness and marketing tool, with fresh and interesting posts on at least a weekly basis and preferably more frequently. This schedule will necessitate adequate resourcing and a network that enables all three levels of ATDP to post nationally.</td>
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<td>51</td>
<td><strong>Navy/Army/Air Force News:</strong> good-news stories needed to explain pension and welfare roles, training pathways and career paths, and positives for troop (eg. information, advice, and where help available).</td>
<td>Self-evident. Should be facilitated by the closer engagement of Defence and DVA, ESOs and TIP.</td>
<td>ATDP to propose regular articles to the publisher(s) of the three Services newspapers. All three levels of ATDP to have a responsibility to identify newsworthy content and to forward for publication.</td>
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**TIP Training.** The specific ramifications for TIP of the cohort’s training experiences and learning expectations follows:

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<tbody>
<tr>
<td>21</td>
<td><strong>Level of Education:</strong> most enter ADF with at least Year 12 and often university education.</td>
<td>Didactic classroom teaching is less likely to appeal to more highly educated personnel, especially as their education will have been far less focused on regurgitating fact and far more focused on reasoning.</td>
<td>ATDP’s transition from teaching to facilitating learning, and focus on continuous learning and self-monitored competency development backed up by regular systemic evaluation should find ready acceptance from younger veterans’ cohort.</td>
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<td>58</td>
<td><strong>Training Structure:</strong> existing TIP training structure broadly endorsed but <em>multiple intelligences approach</em> needed to respond to different needs of learners.</td>
<td>Didactic classroom teaching is mono-typical, leavened only by case studies.</td>
<td>ATDP to include as many different learning media as possible. CFMG to be directed and resourced to maximise innovative approaches to learning. Facilitators be mentored until proficient in identifying and catering for the variety of individual learning styles encountered during the formal training phase.</td>
</tr>
<tr>
<td>54</td>
<td><strong>Approach to Learning:</strong> presupposition that <em>knowing a little is enough</em> must be replaced by acceptance of continuous learning and professional development.</td>
<td>ESO’s failure to select trainee practitioners and provide OJT and mentoring, compounded by the limitations of TIP’s didactic classroom approach to voluminous and complex legislation and policy inevitably have led to the situation.</td>
<td>Continuous learning to be embedded in ATDP training pathway. CFMG to inculcate in trainee practitioners an ethos of professionalism as a training and development outcome.</td>
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<tr>
<td>58</td>
<td><strong>Dual Thrusts:</strong> practitioners understanding and mindset must be developed.</td>
<td>TIP has focused on core knowledge and has not included fostering attitudes and cultures that maximise the impact of <em>Mates helping Mates</em>.</td>
<td>CFMG to focus not only on content, but also to inculcate in trainee practitioners an ethos of professionalism as equally important training and development outcomes.</td>
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<tr>
<td>52</td>
<td><strong>Triage Course:</strong> a TIP course for triage-level support of claims is needed.</td>
<td>Such a course is currently unavailable.</td>
<td>CFMG to include development of a triage-level course that would be accessible through distance learning, and supported on-line by</td>
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<td>59</td>
<td><strong>Learning Modes:</strong> On-line and face-to-face classroom activities, mentoring and coaching, continuing professional development all appropriate with 50-50 on-line learning to face-to-face courses optimal.</td>
<td>TIP has reached an early stage in the roll-out of e-learning/on-line courses.</td>
<td>As its primary focus CFMG to develop courses, materials and resources to meet the learning demands of the future trainee-practitioners.</td>
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<tr>
<td>61</td>
<td><strong>Delivery Modes:</strong> must be flexible.</td>
<td>TIP is at an early stage in the adoption of more flexible delivery modes.</td>
<td>CFMG to be directed and resourced to maximise innovative approaches to learning. CFMG to include a robust leavening of younger veterans to work with course designers to ensure that what is produced has maximum appeal to their cohort.</td>
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<tr>
<td>61</td>
<td><strong>Virtual Classroom:</strong> web-content on demand, webinars, video and tele-conferencing, YouTube videos, video-on-demand (VOD) and Facebook responses to queries proposed.</td>
<td>While generally aware of these technologies and despite the innovations incorporated into the SRCA on-line course, TIP has not yet been resourced to explore their utility.</td>
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<td>60</td>
<td><strong>e-Learning:</strong> variable reception from good foundation, to not the medium of first choice, to model and modules must be revised.</td>
<td>Until the Younger Veterans Workshop, TIP has not been aware of the cohort’s attitudes to e-learning.</td>
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<td>60</td>
<td><strong>Pizzazz:</strong> on-line materials must stimulate interest and hold attention.</td>
<td>Self-evident.</td>
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<td>62</td>
<td><strong>Face-to-face Learning:</strong> most powerful if interactive</td>
<td>TIP use of exercises and case studies provides some interactive sessions; however, the lack of training in facilitation techniques has mitigated the potential of these sessions.</td>
<td>The transition to adult learning and facilitation of learning to be accompanied by training and mentoring of formal training phase Facilitators and ESO mentors in facilitation techniques.</td>
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<tr>
<td>62</td>
<td><strong>Classroom Benefits:</strong> more personal, questions answered immediately, people forced to socialize, best for experience-sharing, interaction, networking and auditing</td>
<td>Self-evident.</td>
<td>ATDP to include face-to-face sessions (in classroom and by electronic hook-up) that enable these benefits to be achieved.</td>
</tr>
<tr>
<td>59</td>
<td><strong>Range of Perspectives:</strong> DVA staff to be used more to bring a broader perspective</td>
<td>DVA staff engagement in TIP training courses varies from state-to-state, but is constrained by Budget-driven staff reductions.</td>
<td>ATDP to argue the need for adequate resourcing of the Programme.</td>
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<td></td>
<td><strong>ESO Mentoring</strong>: should include debriefing after every appointment supported by monthly local forums for all pension and welfare officers</td>
<td>Self-evident.</td>
<td>CFMG learning processes to include debriefing of trainee/junior practitioners by experienced ESO mentors. RABs and Communities of Practice to convene regularly to maximise the mutual exchange of lessons and experiences.</td>
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RECORD OF PROCEEDINGS

Introduction
1. This record has been prepared from the notes taken by the NSW-ACT TCG Members who observed the small group sessions. The proceedings yielded a wealth of qualitative data, which we have analysed and developed into conclusions and recommendations for action in the covering report.

2. What follows is raw. We have been made only minor word changes to create a narrative. To the best of our ability, respondents’ intent, feeling and emphases remain. This record is therefore a summary of the key (viz., most often recorded or most relevant) issues participants raised during small group sessions.

Preparatory Processes
3. TIP NSW-ACT’s invitation process started with a search of social media. We identified sites on Facebook, the Web and by following links on email traffic. Thirty six organisations were identified, of which we ‘cold called’ all but seven (identified too late to be invited). Twenty three responded. The appearance of the invitation on two other Facebook sites that we had not identified provided evidence of the self-organising nature of social media and its users.

4. We had been advised by several respondents that, ideally, invitations should be released around six to eight weeks before the day, with progressive roll-out of further information. Following dispatch of the initial round of invitations we released a week and a half apart a series of three papers that progressively informed invitees about the format of the day. We also invited and received feedback from invitees about the framework of questions, which we used to refine the framework.

5. In each preparatory document we emphasised that we had no preconceptions and that the ‘day was yours (the participants)’. We also stressed this approach during the training session for the eight Small-Group Session Facilitators (each a TIP Learning-Facilitator). Our objective was to support participants as they worked their way through the framework and to let them explore issues as they arose. We regarded it as crucial that we allowed misunderstandings to be surfaced. Facilitators were briefed not to interject if participants aired views that were at variance with established TIP or DVA objectives, processes or policies.

Participation
In all, by the end of June, 44 invitees had either committed to, or had indicated their interest in attending. Of those, 33 participated on the day. Twenty six were participants from twenty (20) traditional or recently-formed ESOs. They were joined by four serving Army and two RAAF personnel, three spouses of contemporary veterans, and one non-affiliated veteran.
One person who could not attend and one who had to leave early submitted detailed written responses. One participant also posted on Facebook. Five apologies were received in the 24 hours before and on day, and five other invitees did to attend.

The Deputy Commissioner NSW-ACT, Ms. Jennifer Collins, opened and closed the Workshop, which was also attended by the DVA Director Grants, TIP and Bursaries, Ms. Danielle Cunningham, and the TIP National Welfare Coordinator, Mr. Peter Graham. Seventeen NSW-ACT TCG Members or TIP Facilitators observed the proceedings and recorded the key issues raised by participants (Observers).

Program

The Workshop program:

c. started with a thirty minute plenary to cover administrative details and to set the scene;

d. broke up into eight small groups for two sessions each of around 1 hour 45 minutes duration to address the framework of questions at paras 9 and 10; and

e. concluded with a one hour plenary during which small groups reported their key findings and the Deputy Commission and TIP NSW-ACT Chair responded to a number of DVA and TIP-specific questions from the floor.
Small Group Session No 1. The purpose of this pre-lunch session was to facilitate our understanding of the influences shaping younger veterans’ approach to life. The framework of indicative questions follows:

a. How would you describe your social environment?
   i. your age group’s interests, motivations, interactions with each other, caring for each other, and how you keep in touch?
   ii. what balance between social media and face-to-face contact best helps a mate who is ‘not travelling well’?

b. How would you describe your Service environment?
   i. rank-driven, orders given and action demanded, close control from above, duty driven, working as a well-oiled machine? OR
   ii. shared objectives, delegated authority and responsibility, respected subject matter experts, reliance on others doing their job?

Small Group Session No 2. This session convened after lunch. Its purpose was to facilitate our understanding of the specific approach and issues that TIP’s learning programs must reflect/include so that our offerings attract and interest younger veterans and their spouses. The premise was that this may encourage learning more about welfare, compensation and rehabilitation and therefore be better able to help mates who were not travelling well. The framework of indicative questions follows:

a. What do you hear about DVA rehabilitation and compensation programs, and ESOs’ welfare and pension support?

b. If you had the choice, would you prefer to lodge an application yourself on-line, or get the support of a mate who understands the process, or go to a compensation lawyer? Why?

c. With your current understandings, how do you go about helping a mate if they’re not travelling well?

d. How would you help your mates if you knew more about community-based services, rehabilitation and compensation?

g. How would you prefer to go about learning more if you had a choice - would you prefer on-line or classroom learning or something else?

h. If you had the knowledge, how would you help your mates access community-based services, rehabilitation and compensation?

PROCESS ISSUES

Scene Setting

The context for the day was introduced at the start of the first plenary session:

Around 100 years ago, returned servicemen from WWII, realising that many of their mates and their mates’ families were in a bad way, formed Legacy and the RSL to help out. The tradition of ‘mates helping mates’ has been reinvigorated with each subsequent conflict. Your presence here today shows
how strong the tradition remains to this day. TIP’s objective is to understand what we can do to help you help your mates better.

Observations on Small Group Sessions

From the Observers’ records of proceedings and the written responses, the framework worked reasonably well, although discussions during the second small group session elicited far richer data than the pre-lunch session.

Broadly, during Session 1, small groups tended to identify quickly and with a high level of uniformity - but did not discuss in depth - the nature of their social expectations and ways of interacting. The session showed, however, that we had not worded well the second question about participants’ Service environment. We had hoped that the question would elicit responses on the implications for TIP training of the contemporary ADF ‘experience’.

Underlying this question was our understanding that the contemporary ADF is far less command-and-control drive and less hierarchical/rank-based. We hoped to elicit confirmation or otherwise of these understandings. Our analysis was that, if correct, younger veterans’ service experiences would predispose them to:

a. be more questioning and less inclined than older generations to accept a DVA decision or advice from a practitioner, have high expectations of other’s performance, and be more questioning; and

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Before the Workshop we understood that, where personnel have been trained as a “subject-matter-expert” his/her expertise is recognised and responded to irrespective of rank relativities. We also understood that, on operations, the ADF is highly networked and personnel are delegated very high levels of local decision-making autonomy. We were also hoping for confirmation (or otherwise) that these operational characteristics were replicated in Australian-based service.
b. not accept didactic teaching, be more analytical, deal well with ambiguity and to respond well to self-directed modes of learning – viz, they would expect TIP to have adopted adult-learning principles.

As it turned out, groups tended to move quickly through the second question and to focus pre-lunch on the first question in Small Group Session 2. We see the responses as very significant to the Veterans Advocacy Training Review and, in the context of the DVA-Defence MOU, the Departments' burgeoning working relationship.

Collation of Data

This record of proceedings collates small groups’ responses under the following headings:

a. Younger Veterans’ Community.
b. Younger Veterans’ Caring for Younger Veterans.
c. In-Service Issues.
d. Transition.
e. Ex-Service Organisations.
f. Claims and Appeals.
g. Compensation and Rehabilitation.
h. Awareness Considerations.
i. Learning Preferences.

KEY ISSUES

Younger Veterans’ Community

Participants described their social environment as one in which members and their families have a need to stay connected. One of the greatest factors contributing to people losing their way or feeling alone is being disconnected from the ADF community, which understands and doesn’t judge. The best way of contacting mates varies from person-to-person. Some keep in touch using the various communication methods available, either through ad hoc contact or organised get-togethers such as camping or a meeting. Some said they prefer coffee groups and dinner every 3-4 months, which are normally promoted on Facebook. Their preference is for activities involving the whole family. On the other hand, younger veterans do not like Clubs with their booze and pokies environment.

The younger veterans’ community is most definitely motivated to help their mates in whatever way needed – for example, by advocacy or by supporting the trained-dogs program. Typically, younger veterans text before they talk. First interactions are by social media, sms or phone, which they describe as triage, crisis care and information sharing. Face-to-face contact follows, which participants said is paramount in supporting mates - it could be the difference
between life and death. A typical sequence is: form a social (eg, coffee) group, transition it into a network, start to help mates, then strengthen group cohesion and trust with social activities.

Although the balance between social media and face-to-face contact is probably about 50-50, the predominant view was that a friendly face and a person right in front of you are irreplaceable. They also noted that social media can be ‘intrusive’ - if allowed to. Participants told of mates all over the place making themselves available to visit to someone who has been identified as needing or has called out for help. One story was told of a fellow living in Malaysia who flew at a moment’s notice to Thailand to help a mate in need.

Participants described their community as being more highly educated than veterans from the previous generations. Typically, they enter the ADF with at least Year 12 education and often with university qualifications. They identified homelessness, alcoholism and suicide as their community’s greatest concerns. The plight of homeless veterans is dire. If a veteran is arrested for vagrancy, he/she can’t be granted bail as they do not have an address. Suicide is the inevitable result of a total loss of self-esteem.

Younger Veterans Caring for Younger Veterans

Younger veterans are too busy trying to get work and feed a family to become practitioners or TIP presenters. They are drained after a day’s work and don’t want to volunteer. To expect them to do so is not realistic. The best source of recruits those leaving the services and heading into retirement. Though older, they are still savvy.

Participants identified three levels and timing of care: initial contact providing first aid/crisis support, then the golden hour with a higher-trained person, and finally ongoing care from the long list of professionals available. The people
providing first-contact support must be trained to help the member articulate what he/she wants and needs. Triage-level training was proposed.

They must also be educated in the needs of those with mental health issues. *Taking it slow, avoiding pressure, backing off when appropriate, walking with ‘the wounded’ and identifying when the time is right to help* are all critical skills.

Specific concern was expressed about the plight of young widows especially their need for mental health support where their spouse had suicided. Groups noted that widow’s needs varied greatly depending on their age and the age of their children.

**In-Service Considerations**

The need to learn about DVA services while still serving was discussed and a variety of views were aired. Some small groups said there is a drastic lack of DVA information for the serving member. Others said that information is available on DVA and ESO support, but members either *don’t take it on board* or *chose not to access it*. Still others said *they were given information when they didn’t need it and then didn’t know where to find it when it was required*. Most said the amount and diversity of information is confusing.

Some participants were critical of the ADF’s approach to the younger veterans’ health and well-being. They cited deficiencies in senior and unit commanders’ understanding of subordinate’s physical and mental needs, their lack of knowledge of where to refer subordinates for assistance, and failures to address subordinates’ needs. As an example, personnel have a six-week waiting period for a GP medical appointment and 6-8 weeks for a dental appointment now that these services have been outsourced.

They said they would like compensation, rehabilitation and welfare to be included in the ADF’s mandatory training schedule, and recommended that awareness of DVA, ESOs and other support services start in recruit training. One small group noted that a half-day training during recruit training had been suggested but had not been taken up by Defence.

Participants also recommended that the ADF recognise TIP training and have TIP-qualified members as an extra-regimental appointment or as part of the personnel support branch system or APACs. They said that Jedhi is linked to DVA but were not sure if all documents are sent to DVA. Their preferred position was that members become a DVA client at the start of their service, and that when he/she is injured or falls ill, Defence should immediately notify DVA. They recognised that the Service Chiefs would have to sign up for these changes.

**Transition**

Participants identified the ‘culture shock’ members experience on transition as being profound. *Having been institutionalised they don’t know how to help themselves.* Some claimed that, compounding this problem:
a. during discharge no-one asks *do you understand this information/are you going OK with everything*, and there is no follow-up after discharge;

b. the information exchange from DoD to DVA on medical discharge is inadequate; for example, *although discharged for a specific medical condition the member has to prove to DVA that he/she has the condition even though Defence has accepted it as the cause for discharge*;

c. young veterans *have to repeat their story too many times* – Defence, DVA, numerous medical professionals, pension officers, welfare officers – *it never ends*; and

c. they were told on transition to *do your rehabilitation program* and *just get better*, no employment was offered (their job for 12 months was to go to the physiotherapist once per week).

Recommendations to improve members’ transition included:

a. Unit administration personnel trained in advocacy so they can better advise people prior to end-of-service;

b. being interviewed by a VAN or OBAS officer and an ESO practitioner as part of the transition process;

c. extending transition seminars to two days with much greater emphasis given to explaining entitlements, financial management, preparing a CV, career planning;

d. greater attention to needs of and services available to females;

e. TIP must again participate in transition seminars;

f. a database or list of ESOs and other groups that help veterans;

g. a DVA information pack specific to transition; and

h. a general email to advise ESOs about transitioning members’ needs.

**Ex Service Organisations**

The group said they expected ESOs to provide people (practitioners) who can connect the member with the appropriate care organisation and then keep in contact like a case support officer. Practitioners must demonstrate a high level of professionalism. They must be highly regarded and their support must be credible.

If the practitioner is competent and approachable, young veterans will and can relate to them. Age difference is not, of itself, a deterrent. Indeed, despite a critical tone, having *wonder[ed] how life would be if the old vets were put on law degrees and not advocacy courses*, one said that: *If not for the old vets I would be dead. Thank god for them*. An almost universal comment was that accessing a good advocate was best done by word of mouth.

Praise was, however, by no means uniform. Participants were critical of the poor culture evidenced by some advocates. Many participants saw traditional ESOs as being populated by *old men who don’t care*. Many had, or told of
younger veterans who had, received insensitive or unsympathetic treatment. Mates seeking help had been told to *justify their situation* and asked *what they did for work*.

Some traditional ESOs are openly disinterested in helping younger veterans. Younger veterans told of *being turned away by ESOs* as they do not offer assistance with MRCA or multi-Act claims. Participants said that some ESO’s just *don’t (or won’t) get their role* in the tradition of ‘mates caring for mates’. Specifically, younger veterans do not want to have *to walk past the pokies and drinkers to the practitioners’ office*.

Suggested remedies included:

a. publication of a list of competent advocates;
b. improving access to the limited number of advocates by their use of the internet and social media;
c. practitioners allowing more time to get to know their client and involving the whole family in welfare, rehabilitation and compensation processes;
d. using social media to advertise the services ESOs provide and to circulate information and ideas;
e. practitioners being both welfare and compensation trained;
f. ESOs actively countering legal firms’ approaches to the younger veteran community to prevent:
   i. predation on compensation decisions, and
   ii. lump sums being recommended instead of pensions (which the veteran was not aware was an alternative);
g. better coordination and cooperation between ESOs;
h. removing egos from the equation; and
   i. remembering that *this is about mates helping mates*.

**Claims and Appeals**

Generally, younger veterans deal with DVA through an ESO practitioner. But, in most cases, practitioners fail to properly explain the process or the younger veterans are not able to fully participate in the procedures. This is to the detriment of their rehabilitation. They do not expect an advocate to do everything for them.
Compounding issues are younger veterans’ difficulty in identifying competent advocates and their lack of faith in DVA officers picking up errors. As a result, they may unintentionally disadvantage themselves. Use of the on-line claim form is seen to be suspect unless a pension officer assists preparation. In this respect, participants said that veterans want to talk to a veteran. Practitioner support in remote and rural areas like “NBN in the bush” - none existent

Many young veterans prefer to do things for themselves but may not know what their needs or entitlements are. Do-it-yourself veterans must be encouraged - and must be provided the means - to empower themselves. Participants commented that on-line materials help younger veterans work out which Act covers their situation. In this respect, TIP has a role in encouraging learning.

On the other hand, one participant observed that volunteer practitioners cannot be expected to be competent in all three Acts and their instruments, and therefore cannot advise a young veteran on which Act best meets his/her needs when all three apply. The need to interpret legislation and policy, and argue points of contention without formal legal training is a further problem. Whether the Acts are applied justly and in the spirit and intent of parliament is therefore questionable.

On another tack, participants expressed concern that some practitioners fail to view their client’s needs holistically. They commented that some practitioners tend to steer the client towards pre-determined outcomes rather than eliciting the client’s real needs. As a result, clients feel pressured into a compensation-only outcome; however, many clients may not want a compensation outcome as it inhibits their ability to work. This is counter-productive as work has a self-esteem benefit.

Some observed that younger veterans did not understand the difference between the role of Defence, which treats all injuries and diseases, and the role of DVA, which has to relate the same injury to service. They also said that, as medical services are now outsourced, they are disadvantaged as the civilian GPs do not understand DVA’s requirements and are selective about what medical documents they release. Some younger veterans also claimed Defence...
doesn’t comply with requests from ESO pension officers for members’ medical records.

The views expressed about DVA varied. Some were very positive, saying that DVA bend over backwards to assist. Others observed that the claims process is stressful and DVA is an easy target. Veterans need to understand that it is a ‘process’, but that once it is complete the service is great. All involved must therefore educate the veteran and his/her family so that stress is manageable.

Others were concerned that DVA does not understand military jargon or terms. It would be an advantage for DVA staff to learn some of the military terms and be made aware of the role of servicemen and women in their role as members of the defence force. Pension officers must therefore ensure that claims are described in a way that is understood by anybody handling that claim.

Finally, participants recognised that the younger veterans starting point - that treatment by the military for an injury or disease is sufficient to have it accepted by DVA - is of course incorrect. They noted that this should have been explained in detail by the pension officer at the time of lodgement of a claim. They suggested TIP training could emphasise the need for such advice. Perhaps impacting this is issue is the confusion young veterans are experiencing about the number of Acts and the differences in benefits between Acts.

Compensation and Rehabilitation Support

Some advocates are actively encouraging an ‘entitlements culture’ – get TPI and you’ll be set for life. But, said participants, what does a 23 year old do with the rest of his/her life when he/she has SRDP? They were also critical of another aspect of the entitlements culture: it is raising younger veterans’ expectations unrealistically to the detriment of their rehabilitation.
Rehabilitation is needed to help those who are in a “dark space” recover. They cannot help themselves until they have overcome depression; moreover, the claims-appeals process exacerbates their anxiety. The effect of the veteran’s situation on his/her family members is profound. The veteran, his/her family and close friends should all be engaged in welfare support. Parents should also be involved so they can provide informed support – especially where a veteran is living with their parents.

On the other hand, few practitioners provide advice about rehabilitation and, where advice is given, its scope is limited – such as, just getting the younger veteran back to work like a re-employment agency. Participants were also critical that rehabilitation is often limited to conventional treatment rather than enduring day-to-day programs that are about complete wellness. They also queried if TIP training could be a recognised part of rehabilitation. Helping others is therapeutic.

Awareness Considerations

Participants identified the failure of TIP to market its activities. They said that too many younger veterans do not understand what TIP does, and what it is not responsible for. For example, some believe that, as TIP is DVA-funded, it is merely a puppet. TIP was strongly advised to use a Facebook page actively to disseminate information about TIP, its course schedules, special events etc. Participants also noted that practitioners should have a Facebook presence as many younger veterans will search Facebook before going to an ESO.

Real concerns are, however, whether information on Facebook is correct and what can happen on Facebook after initial contact. One individual’s negative comments can be very harmful, creating a cascade of mutually reinforcing negative presuppositions, homogenising thinking. This reality reinforces the need for positive reporting.

Good news stories are needed in military newspapers or defence journals that explain the role of the pension and welfare officer, their training pathway and career paths, and the positive things they can do for the troops. Such articles should explain that TIP training can start before separation as can support for mates, with better knowledge. Such support will include information, advice on what is going on, and where help is available (including: How can I help?).

The need for a TIP course that provided triage-level welfare and claims support was identified. If made accessible through distance learning, a training stage would be available that allowed those younger veterans who would like to help, but who do not have the time to run the full race, to engage from an informed knowledge base.

Participants criticised the focus of advertising on male veterans – and especially, older men. Advertising must target females and, especially, the need for more female pension and welfare officers. Participants asked: Where is a women’s peer health program?
Participants expressed concern about the presupposition that *knowing a little is enough*. The need for continuous information sharing and professional development must be accepted. This will require mentoring and on-the-job-training.

Younger veterans’ organisations need guidance on *what needs to be known*. There is a lack of information on the ‘traditional’ websites. Whereas DVA *tells younger veterans to look on the DVA website*, they usually try to gain advice from Facebook. Social media is also helpful in initiating information flow as it prompts mouth-to-mouth spreading, which is most effective.

The importance of social media was stressed. Its uses could include marketing of and communication by TIP, networking with and by ESOs, attracting trainee pension and welfare officers, connecting leaders and people at the grass roots and, especially, bringing attention to the ‘hidden cohort’ - young female veterans.

The need for an ‘app’ that listed ESOs, their location, and the practitioner support available was identified. And, groups recommended that TIP must make contact with serving members and train them.

**Learning Preferences**

While participants broadly endorsed the existing TIP training structure they proposed a *multiple intelligences approach* which reflected the different needs of learners. It is important that practitioners *understanding and mindset* are developed.

On-line and face-to-face classroom activities, mentoring and coaching, continuing professional development were validated as appropriate learning modes. Participants saw the optimal ratio of on-line learning to face-to-face courses to be about 50-50. DVA staff should be used more in training to get a *broader perspective*.

The views about e-learning varied. Some said it is a *good foundation* for learning. Others said strongly that it is *not their medium of first choice*. Yet others said that the current e-learning model and modules are *in desperate need of revision*. On-line materials must have *oomph* to stimulate interest and hold attention.
Delivery modes must be flexible, with the distance education processes used by TAFE and universities as possible models. Adoption of a virtual classroom was proposed, including web-content on demand, webinars, video and teleconferencing, YouTube videos, video-on-demand (VOD) and Facebook responses to queries.

Some participants were concerned that face-to-face training would not continue. They said that the classroom is important as it is more personal, questions can be answered immediately, it forces people to socialize, and it is necessary for experience sharing and facilitates interaction, networking and auditing. Face-to-face learning is most powerful if it is interactive.\(^2\)

Mentoring was said to be good and should include debriefing after every appointment. Once-a-month local forums for all pension and welfare officers were proposed.

On another tack, a participant commented that, if DVA really want to assist veterans to help veterans they would fund them to go to an independent training body such at a university to be trained in the relevant legislation and how to interpret law. Stipends or payments were said to give practitioners a reason to get involved and to accept professional development, help with case management, continued mentoring and coaching.

**CONCLUSIONS**

This report summarises Workshop participants’ key responses on each of the framework issues (para 9-10). To the maximum extent possible participants’ views - as recorded by Observers – are collated into a coherent narrative. We have endeavoured to reflect truly the sense and feeling of participants’ responses. At times the result is a starkly critical viewpoint.

Where participants’ perceptions are different to established legislative, policy or administrative practice we recorded them as faithfully as we could. In some cases responses differed in nuance only. In some other cases, quite significant misunderstandings were surfaced. These data are critical. They provide the framework with which to facilitate younger veterans’ better support of their mates.

We have allowed for follow-on workshops in our FY2015-16 budget. As with this Workshop, we did not presuppose interest in follow-on activities. We therefore asked participants for their thoughts. Our questions and their responses follow:

a. Would further workshops/seminars be helpful?
   i. Of course. This is about collegiate support and information sharing.

\(^2\) As an aside, face-to-face learning in the classroom was said to now be termed the *group learning environment*.
ii. Professional development.
iii. Depends on outcomes coming from individuals – are we moving forward or doing the same thing.

b. Where and how?
   i. Unlimited – use your imagination.
   ii. Easier to access training.
   iii. Use various modalities.

d. What should they cover?
   i. General awareness of legislation (tri-legislation is too much in too short of time).
   ii. How to access the next level of help.
   iii. Support them through the next level of help.
   iv. Continued welfare support and increased welfare training (invest more in this side of this).

Finally, we have circulated this report as a draft and invited corrections and additions so that it represents as truly as possible a consensus of participants’ views. Those comments received have now been included and this final report prepared.

Richard N. Kelloway, OBE, MID
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