INTRODUCTION

The NSW-ACT Training and Information Consultative Group is increasing its training focus on, and the visibility of welfare. A workshop for TIP Welfare Presenters is being held 5-6 December to resolve some of the issues arising. This “think piece” seeks to stimulate thought about the future and its implications for TIP welfare training.

ENVIRONMENTAL SCAN

Some of the changes in the environment within which TIP welfare activities will possibly operate are identified first.

Client Base

Essentially, the client base comprises two groupings of need – one, aging ex-service members and their families; and two, “contemporary veterans”, younger ex-ADF personnel and their families.

Vietnam-Era and Prior Cohort

Compensation. As it ages, demand for compensation under the VEA by the veteran and ex-ADT community from Vietnam and earlier conflicts is declining. Personnel from this era are now 65 years of age or over and (with one exception\(^1\)) are no longer eligible to submit a claim for TPI. Irrespective of their age, however, ex-ADF personnel with at least three years continuous full time peacetime service between 7 December 1972 and 6 April 1994, or operational service up to and including 6 April 1994, can submit at any time:

- a claim under the VEA for a Disability Pension (DP), or

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\(^1\) See DVA Factsheet DP29, page 2 for the provision for veterans aged over-65.
• an application for increase in DP, or

• a claim or application for increase to Extreme Disablement Adjustment (EDA).

Welfare. As the last of the WWII and Korea, Malaya, Konfrontasi, Ubon and early Vietnam-era veterans, ex-ADF personnel and their families’ age, a rapid increase in demand for welfare services is occurring. Concurrently, the community-wide “Aging in Place” policy, is causing a fundamental change in the nature of “welfare” support. Increasingly, advice is being replaced by connecting clients to “community support” and “aged care” services. As the current cohort of younger veterans follows their predecessors into advanced old age, an high level of demand for these services is expected for the long-term.

Contemporary Cohort

Rehabilitation and Compensation. As VEA compensation claims reduce, a significant increase in MRCA claims is starting to occur. As title of MRCA suggests, the focus of the Act is, first and foremost, rehabilitation. Compensation is, effectively, a “safety net” when rehabilitation is either not effective, or not possible. The significance of this change is only now starting to be realised by “traditional” ESOs. It is, however, not the legislation that impinges on “welfare” services provided by TIP-trained practitioners, but far more the attitudes of the population within this cohort. Some relevant considerations follow.

Affiliations. The evidence is that “contemporary” veterans and ex-servicemen and women are not joining “traditional” ESOs. Instead, young ex-service personnel from the three Services maintain strong affiliations with their unit-based organisations. ESOs must meet this challenge if they are to remain viable, and their practitioners are to be sought out for support. In the latter respect, there is already some suggestion that younger veterans are reluctant to seek “old” practitioners’ support.

Trained Practitioners. The disinterest of “contemporary veterans” and younger ex-service personnel in training as welfare or pension officers or advocates exacerbates the problem. The situation is understandable. It replicates previous generations. Making a new career in the civilian workforce and raising a family are all-consuming priorities. For most, helping others may become an interest, and feasible, only as retirement is approached.

In-Service TIP Training. In some States, younger serving ADF personnel are being TIP-trained to facilitate their responsibilities as unit Casualty Assist personnel. This is, potentially, a powerful initiative. Even though active service personnel may not practice, they are an embedded source of information that can be communicated by face-to-face contact and social media links. In future, when the pressures of a civilian

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2 To minimise complexity, SRCA is not included in this think piece even though it is a valid rehabilitation and compensation option for many in each cohort, and is one that has significant implications for the training of welfare practitioners.
career and a family have passed, they may hopefully be predisposed to an active role supporting others.

Challenges confronting “Welfare” Service Provision

Let us now turn to the changing nature of “welfare” services.

The term “welfare officer” has typically been used to describe non-TIP-trained ESO members who visit veterans or widows, typically in aged care facilities or hospital, to provide companionship. As they were in residential care, their medical and para-medical support, personal care and meals were provided in-house. Under the “Aging in Place policy”, however, these services are being provided in the community by government and private care agencies, and increasingly by families and neighbours.

As implementation of Government’s Aging-in-Place policy matures, the number of aging veterans and families remaining in their own homes is increasing. Demand for “welfare” officers’ support is following. Simultaneously, the complexity of support options is also increasing. No longer are welfare officers (untrained) companionship providers. Now they are the veteran community’s source of advice and the person responsible for arranging access to “community support” or “aged care” services. The knowledge and networking needed by “Welfare” Officers has therefore changed fundamentally. Already-heavy demands on their temporal and emotional capital is compounded.

As the “Welfare” Officer’s role has changed, the need for both generic and location-specific training has increased. The Training and Information Program (TIP), which is DVA-funded, provides such training in all states. Information relevant to each State is on the TIP website: www.tipaustralia.org.au by following the <Contact Us> link.

On another tack, WWII veterans are generally reluctant to seek support. They have grounded their lives on self-reliance and self-sufficiency, and typically remain reluctant to seek help now. On the other hand, the Vietnam and post-Vietnam era veteran community is very aware of the human consequences of war. Their attitude to Government support is therefore different. Media articles indicate that demands for support from veterans of more recent conflicts are even more trenchant.

In other words, while the number of veterans is reducing as aged veterans pass away, the likelihood that contemporary ex-service population will seek support is increasing markedly. Moderating increasing demand is the reluctance of the younger cohort to approach the “old” practitioners in traditional ESOs.

Compounding this situation is the increasing range and complexity of medical conditions arising from combat in the Vietnam and subsequent eras. Examples include the incidence of PTSD and traumatic brain injury (TBI), exposure to chemical and other toxic agents, and the consequences of multiple deployments including deployments to different conflicts. Added to these trends are the peacetime service consequences of, for example, exposure to diesel exhaust emissions and the F-111 Deseal-Reseal program; and, possibly, the consequences of exposure to aviation
turbine fuels. As these latter considerations are on an industry scale, the potential ramifications for in-community support services are huge.

**Accessing Information**

Contemporary veterans, ex-service personnel and their families use ICT and especially social media routinely. This has been recognised by Defence and DVA, each providing Twitter and Facebook access to information. Moreover, many unit associations have password-protected Twitter sites or links between Facebook “friends” through which members exchange information and extend support to those who are not faring well. Needless-to-say, these exchanges are opaque to institutional and “traditional” support providers.

**Defence and Veterans’ Affairs Programs**

The Departments of Defence and Veterans’ Affairs are putting in place a range of joint programs to support contemporary veterans, ex-service personnel and their families. These programs can, however, only go so far. Neither Department is funded nor staffed to provide the in-community pastoral care that TIP-trained practitioners have traditionally provided.

Deepened and widened cooperation and coordination between the Departments of Defence and Veterans’ Affairs can only be for the better. As mentioned above, however, departmental support for veterans, ex-ADF personnel and families can only go so far. A recent DVA discussion paper indicates that the need for long-term, community-level support by ESOs is accepted. How pastoral care is provided is the next step. Programs in which practitioners have a potential role include:

a. **Integrated People Support Strategy (IPSS).** Initiated in 2007, IPSS provides four phases of support:

   (i) Through-Service Support: to ensure ADF members are informed about and access physical and emotional wellness, injury remediation and impairment support services provided by Defence, and DVA programs that facilitate well-being and work-place performance;

   (ii) Separation Ready: to ensure that all reasonable support is provided to ADF members preparing for the transition to civilian life;

   (iii) Separation Reconciliation: to ensure all Defence-related matters are resolved before separation, with the member’s CO formally confirming satisfaction; and

   (iv) Separation Review: revisits Separation Ready and Separation Reconciliation 3-6 months after separation and offers follow-up support.
b. Transition Management Scheme (TMS). Also initiated in 2007, TMS recognises that a member undergoing medical discharge must interact effectively with other Government agencies such as DVA and ComSuper. Through TMS, Defence cooperates with these and other agencies to facilitate the member’s separation from the ADF.

c. On Base Advisory Service (OBAS). This service has placed 50 trained DVA officers on 35 military bases around Australia. OBAS officers advise on the services that DVA provides, but do not assist in the preparation of claims. Clients are referred to those ESOs that OBAS is aware provide welfare, pension or advocacy support. The frequency of access varies from one day per month to 5 days a week.

d. Support for Wounded, Injured or Ill Program (SWIIP). Initiated in 2011, SWIIP is a collaborative program between Defence and DVA. Its objective is to identify a member’s individual support needs as early as possible, facilitate contact with DVA, streamline rehabilitation and compensation processes, and jointly support the member’s transition to civilian life. If a member is killed, through SWIIP, Defence and DVA work as an integrated team to support the widow and orphans through the processes from notification onwards. Long-term pastoral care provided by an ESO is, however, not yet part of SWIIP.

e. Career Transition Assistance Scheme. A review of CTAS has been completed and the Defence Community Office is considering how to implement the recommendations. At July 2012, the evidence was that up to 50% of the ADF workforce will retire or resign over the next 5 to 7 years. Practitioners may have a role in supporting ADF personnel undergoing career transition assistance.

Mental Health – An Emerging Issue

Mental health is a key emerging issue that must be of great concern for “welfare” service providers and for TIP welfare training. Practitioners who are in contact with veterans of all three services from the most recent conflicts report a high incidence of mental illnesses. Multiple deployments seem to exacerbate the incidence. Practitioners’ anecdotal reports are consistent with DVA reports of findings from the US Forces and US Department of Veterans Affairs (VA).

In August 2011, the Journal of the American Medical Association reported that up to 20% of Afghanistan and Iraq returnees has PTSD. In 2010, the US Army Times reported that the VA’s suicide prevention hotline is receiving 10,000 calls per month and 18 US Iraq and Afghanistan veterans commit suicide each day.

The ESO community has a shared, long-term duty of care to ensure that adequate treatment and compensation remain in place for veterans’ mental health support as budget priorities change and governments’ focus moves on in the years ahead. Welfare practitioners, being embedded in the veteran and ex-service community are at the vanguard. As such, they are both a crucial link between afflicted veterans and
their families and mental health service providers, and also a source of statistical data and authoritative anecdote.

**STRATEGIC DIRECTIONS**

Let us now turn to some of the key strategic implications for TIP training that emerge from the preceding environmental scan.

**a. Affiliations.** If ESOs are to establish effective contact with contemporary veterans and ex-ADF personnel, they must meet unit-based organisations more than halfway. To insist that they and their members must join a traditional ESO has been and remains self-defeating. Welfare practitioners have a role to play both into their ESO and within their client community to foster dialogue.

**b. TIP Training.** ESOs and TIP have a shared interest in encouraging:

(i) ex-ADF members to undertake TIP training so that community and aged-care services are provided whenever needed; and

(ii) serving ADF personnel to undertake TIP training to increase in-service awareness of rehabilitation and compensation and to kindle interest in post-separation support for others.

**c. TIP Engagement in Joint Defence-DVA Programs.** TIP has a clear interest in engaging with Defence and DVA in the joint programs they are implementing. Potential actions include:

(i) formally engaging practitioners early during the departments’ support of widows and orphans;

(ii) arranging for local welfare practitioners to participate in SWIIP, IPSS, TMS and CTAS activities on ADF establishments;

(iii) facilitating referrals by OBAS to local TIP-trained welfare practitioners for pastoral care during rehabilitation; and

(iv) encouraging Defence, DVA and VVCS to see TIP-trained practitioners as “natural” pastoral-care providers for rehabilitation or compensation recipients and their families.
d. **Awareness and Advocacy.** Although ESOs are represented on DVA forums and information on the issues arising should be disseminated widely, information flow about proceedings has never been good. As a facilitator of information flow, TIP has an interest in enhancing the flow of information from the following forums:

(i) **ESO Roundtable.** The focus of the ESO Roundtable is issues of strategic importance to the ex-service and defence communities. It is the main consultative body on the development of the VEA, SRCA and MRCA.

(ii) **National Mental Health Forum (NMHF).** The NMHF comprises ESOs, health providers, Defence and DVA. The forum advises national mental health programs, services and initiatives.

(iii) **Emerging Issues Forum (EIF).** The EIF identifies and prioritises emerging issues that affect, and considers how DVA can engage with, younger ADF members and their families.

(iv) **Operational Working Party (OWP).** The OWP focuses on DVA service delivery and recommends improvements in quality and accountability in service delivery. The National Training Manager attends the OWP.

**CONCLUSION**

The objective of this think piece is to prompt dialogue. The discussion suggests (at least) two considerations:

- The veteran and ex-service community environment in which “Welfare” Officers practice is changing fundamentally. As a result, the breadth and depth of the generic and location-specific knowledge and skills is increasing. Translating the environmental trends into core knowledge, and developing training packages is the action that this think piece is intended to stimulate.

- The term “Welfare” Officer is probably no longer relevant. A change in terminology appears necessary. The contemporary welfare practitioner links the veteran or his/her family to government and private, universal and local services. The resulting task is better described as support for the veteran community. The term Veterans’ Community Support Officer, or one that reflects the role more accurately, is suggested.

If you would like to comment on the ideas in this paper or to propose other ideas or additions, I encourage you to email me at: <chair@tipnsw-act.org.au>.

NSW-ACT Training Consultative Group