ADVOCACY, ENTITLEMENTS AND SUPPORT (AES) SPOT[1]

Introduction

In my Autumn 2015 article I wrote about training ESO practitioners – the volunteers who provide support with claims, welfare and advocacy. I mentioned the work being done by Brigadier Bill Rolfe, AO (Retd) and consideration of his Review of Advocacy Services by the ESO Round Table (ESORT). Much has happened in the intervening months and I'd like to bring you all up to speed on the future of ESO advocacy services, before turning to some other significant issues.

ENSURING ESO PRACTITIONER COMPETENCY

The Advocacy Training and Development Program (ATDP) is what has emerged from the Rolfe Review. In this context, 'advocacy' is used generically to include both 'claims' (previously termed 'compensation') and 'wellbeing' (previously termed 'welfare'). The advent of ATDP has two major consequences. It reinforces a fundamental change already underway within DVA: its transition from legislation-specific to client-related services and support. And, by it, ESOs have committed to playing a full role in the development of their practitioners' competency.

But, we're getting ahead of ourselves. So, let's go back to the beginning. As a result of the Rolfe Review, DVA invited ESO and TIP Representatives to participate in a working party process over the months March to August this year. The product of their work was the ATDP Blueprint.

The Blueprint was considered by the Minister for Veterans Affairs in September and became mandated Government policy. You can access a copy via the DVA website www.dva.gov.au - once on the homepage, open the <Consultations and grants> hyperlink, then <Reviews> in the drop-down window. Links to the Blueprint in MS Word and PDF are below the topmost paragraph.

For those who do not need wish to read the Blueprint, I'll quickly outline its key elements. They are structural, operational and functional. Each is linked intimately with the other. My apologies if what follows is less than riveting!

The major change arising through the ATDP structure is the creation of joint ESO-DVA-Defence-TIP bodies at the national and regional levels and (with Defence absent) at local levels. For the first time there will be a strategic body that governs practitioner training, development and competency. The Strategic Governance Board (SGB) was appointed by the Minister at the time he mandated the Blueprint and comprises four representatives of the Ex-Service community plus a senior Public Service Officer from DVA and Defence. (As pointed out below, two additional members will join in 2016.) The Board had its inaugural meeting on 15 October. The SGB will provide:

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[1] This article was prepared by R.N. (Dick) Kelloway, National VP AES, Member of the Strategic Governance Board, and practicing Advocate for RAAFA, APPVA and Veterans Centre Mid North Coast.

- Strategic direction and governance of the ATDP;
- Transition guidance to a systems-based program and implementation monitoring;
- Communications, engagement, culture change and quality assurance.

An early SGB task was to invite Expressions of Interest (EOI) for membership of the next level of the ATDP structure – the Capability Framework Management Group (CFMG). The EOI invitation closed on 18 November and, following a selection process conducted by the Board, those selected will be advised in December and will meet early in 2016. The CFMG will be the ATDP's "engine room". Its Chair and Training Manager will be members of the SGB (and the Chair of the SGB will sit on the CFMG). The key CFMG tasks include development and implementation of:

- national requirements, roles, responsibilities, development levels, professional development/improvement and competency/certification pathways for practitioners;
- transition strategy to the capability framework; and
- adult-learning principles, nationally-consistent learning tools, on-the-job training and mentoring, formal (distance-learning and classroom) training, train-the-trainer training, and assessment frameworks for trainers, practitioners, and course content.

For the last twenty or so years, the only formal interaction between ESOs and TIP has been at the State level. The Training Consultative Group (TCG) in each State was intended to be the way in which ESOs advised TIP of their training needs and contributed to the design of courses that met those needs. With the advent of national consistency in 2008, rather than courses being designed to meet State needs, TIP developed its courses so that the same core knowledge was offered in every State. As you will imagine, the transition was less than smooth, and the National Chair of TIP did a terrific job in changing TIP's culture from State fiefdoms into a coherent national entity.

Another cultural change process will begin as the ATDP is rolled out. For the next twelve to eighteen months State-level ESO-TIP interaction between will continue largely as before; however, the Blueprint envisages the amalgamation of this structural level into three Regional Administrative Bodies (RAB). To some extent this will mirror structural changes within DVA. (As VEA workload decreases and the MRCA caseload increases, amongst other changes, State Deputy Commissioners have been appointed as Senior Officers Responsible for an element of the MRCA claims consideration process.) Within their region, the RABs will:

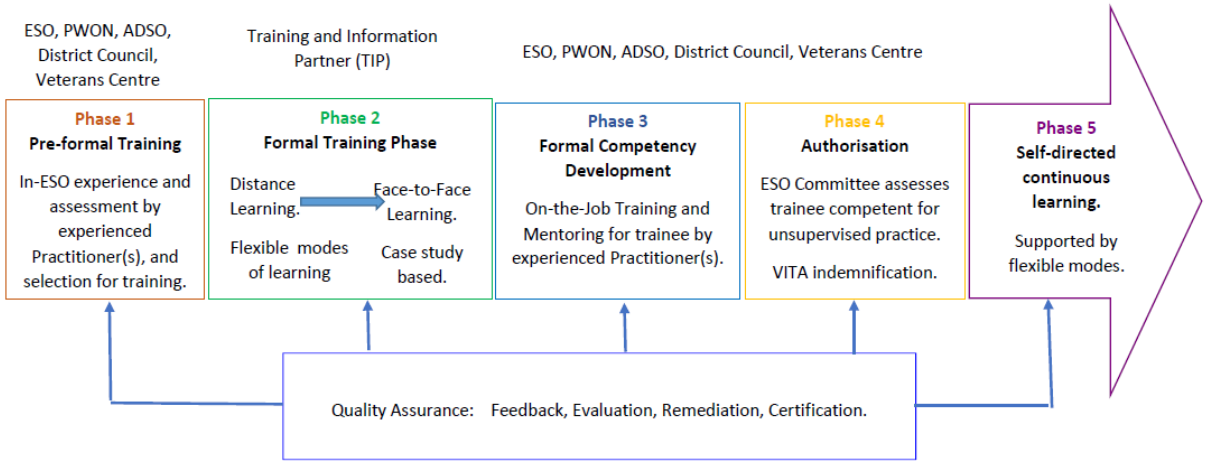
- advise the CFMG on regional and local requirements; and
- identify areas of high demand for training and service delivery, provide trainers, venues etc., and optimise services and support.

The final major structural change will occur at the "local" level with the development of Communities of Practice (CoP). The rationale for CoPs has a number of elements. From one perspective it is an extension of the Veterans Centre concept that was developed in Victoria and is in the process of being picked up in the other States. From another, it is a formalisation of the Pension and Welfare Officer Networks (PWON) that have been created with DVA support in some regions around the country. From another practical viewpoint, very few ESOs have the capacity to provide on-the-job training and mentoring for trainee-practitioners. Pooling resources will facilitate those processes. And finally, the creation of CoPs will be the engine for enhancing practitioners' competency. The RABs

will be responsible for developing and sustaining communities of practice within their region.

A handy way of understanding the operational change involved in ATDP is to think of TIP becoming its formal training core, with mandated ESO activities preceding and following formal training. ESOs will be responsible for selecting those they nominate for formal training and will be responsible for developing their trainee-practitioners' competency until the trainee can be authorised to practice and be indemnified under VITA. (If that is gobbledygook, can I invite you to re-read my article in the Autumn 2015 Wings.)

Needless-to-say, the SGB has much more thinking yet to do before it can give coherent instructions to the CFMG for detailed preparation of the training and development materials. I envisage a five-phase training and development pathway that fits the scheme outlined in the Rolfe Review and is developed further in the Blueprint. I have 'chanced my arm' below at a broad conceptual model of what the scheme might look like. The model also identifies the broad activities that might occur in each phase.



Readers who are familiar with practitioner's current levels of training, will know that there are four levels for claims officers and two for well-being officers. They will also know that there are indicative guidelines in place as to when practitioners should be undertaking refresher training to ensure that their knowledge is current.

Under ATDP, if you imagine that, after a period of Phase 5 activity, the practitioner who wishes to transition to the next level of competency returns to Phase 1, you'll be pretty close to the mark. Each level of competency will bring with it a deeper level of understanding of the knowledge base, increased analytical and interpretative skill, higher levels of competency, and more exacting certification standards.

By now, I imagine, your eyes have started to glaze and concentration on the written word has become a struggle. Its's fine to dwell on structures and arcane operational detail, but why the heck would we want to change a system that has (purportedly) served us well for over 20 years?

Well, the statistical data shows that the ratio of successful claims and appeals to the numbers lodged is not as good as it needs to be. The result is that members and their dependents who have an entitlement to rehabilitation and/or compensation are not accessing it. In this respect I remember well Ted Harrison (until recently the DVA Senior Legal Officer) introducing the Level 4 course. His words still resonate: *We are all here for the same reason. To ensure every person gets their full entitlement. Not one bit more. But, not one bit less*. This remains the Department's vision and culture.

I do not deny, however, that there are occasional shortfalls during claims assessment, and that the same claims assessors' names seem to come up on too many rejection letters. Be assured DVA is aware of its shortcomings and invites feedback. DVA set in place a training and certification process that all Delegates had to complete by 1 July this year, and has an internal performance monitoring system, overseen by the Director Appeals, Reviews and Reconsiderations, who monitors Delegates' performance. If you would like to offer helpful and un-emotive feedback, you have two choices: either jump on the DVA website and type <Feedback> into the <Search> box, or ring the Executive Officer to the Deputy Commissioner in your State.

So, on another tack: if you hear someone lambasting DVA for knocking back a claim, before advising the complainant to provide feedback to DVA, ask them about the quality of the claim, how long it is since their practitioner last attended TIP training, how well he/she has been mentored, and how his/her ESO went about authorising practice. My observation is that there are far too many practitioners who are a little too satisfied with their current level of knowledge and skill. This is where ATDP offers an opportunity for far better services and support. It will monitor performance and certify practitioners – those that provide services and support and train.

To put a bow around these thoughts, the ATDP has informally identified itself with the 1920's vision of mates helping mates and sees the rationale for the Programme as being: "*Mates helping Mates – Better*". I would be naïve if I imagined that improvement will be either rapid or absolute. Culture change is always problematic and time consuming. The transition from 'siloes' working (too often) antagonistically into an integrated system focused on the 'client' is a terrific challenge. But, as has been said often in recent times: *In challenge lies opportunity*. For the good of those who served, as well as those who supported, the Ex-Service Community must rise to the challenge. We must exploit this opportunity to its fullest.

SOME OTHER SIGNIFICANT ISSUES

RAAFA National Council has been deeply engaged in progressing a number of other issues of great significance to the Ex-Service Community. Let me outline some of the key ones without going into too much detail. My intention is to illustrate the nature of National Council's advocacy, with the objective of encouraging members to bring forward issues they would like canvassed to Government and Department. For the doubters: RAAFA's membership of the Alliance of Defence Service Organisations (ADSO) adds an extra arrow to its quiver.

SRDP Review

A recommendation of the 2011 *Review of Military Compensation Arrangements* (see: http://www.dva.gov.au/consultation-and-grants/reviews/review-military-compensation-arrangements), the Department throughout 2015 has engaged with an ESO Consultative Group (ESOCG) to review the Special Rate Disability Pension (SRDP – equivalent to the TPI under the VEA). Two issues the ESOCG was concerned about were education and volunteering as rehabilitation modalities. An extract of the ESOCG submission on these issues follows.

Education as Rehabilitation

ESOCG Members noted that the Military Rehabilitation and Compensation Commission (MRCC) is rejecting veterans' applications for vocational or tertiary education. Accepting that the evidence is anecdotal, two Delegates are alleged to have said: '*You're a soldier and don't have the brains to go to university*', and '*You don't need that TAFE course, there's no job available*'. As the MRCA provisions include psychosocial and vocational rehabilitation, the ESOCG investigated whether MRCC policy supported the Delegates' decisions.

It found that the MRCC's MRCA Rehabilitation Policy 6.5 states specifically that: *psychosocial rehabilitation helps clients develop confidence to set goals, plan ahead and develop skills … reintroduce structure into their lives … develop new expectations … alleviate anxiety … build resilience* [and] *foster hope*. ESOCG Members could not agree more; however, achievement of these beneficial aims is offset by a significant limitation:

> *It is important to note that most psychosocial interventions would be considered to be of a short term nature or a one off activity. Some programs may however run for a number of weeks or months* (ESOCG emphasis).

The gap between the intended benefits of psychosocial rehabilitation and the preceding policy limit on its nature and scope was of great concern. Such policy is understandable only if based on budgetary assumptions. It is also inconsistent with other MRCC policy - No 9.7.1 providing wider scope for training and education:

> *Where clients are highly motivated to undertake vocational training, research indicates that they are more likely to make a successful return to work once they undertake their desired course of training … a course of vocational training is likely to empower rehabilitation clients and give them the confidence to pursue a new career ... Tertiary qualifications will provide … security of tenure within the labour market generally* (ESOCG emphasis).

As this policy suggests, vocational and psychosocial rehabilitation are synergistic. The potential psychosocial benefit of further education and training is, however, broken further by Policy No 9.7.3:

> *Funding for tertiary studies cannot be provided under a psychosocial rehabilitation plan … When a person's treating health professional recommends that they pursue tertiary studies, but states that they remain totally incapacitated for work, then the person will not receive any financial assistance towards their studies and will need to meet all of these costs themselves.*

Furthermore, this policy appears to contravene the MRCC's '*whole-person*' approach to rehabilitation and thwarts the objectives of psychosocial rehabilitation. The inconsistency is further reinforced in Rehabilitation Policy No 9.7.3, which states that:

> *The desire to undertake tertiary study does not necessarily indicate that a person who is SRDP eligible has the ability to undertake remunerative work. However, if the person has been assessed by a Rehabilitation Provider as having the ability to undertake tertiary studies, then this may be indicative of an ability to undertake remunerative work. The person's ability to undertake remunerative work of more than 10 hours per week should therefore be assessed as well, in order to confirm whether the person continues to be eligible for SRDP*.

The ESOCG therefore recommends that Rehabilitation policy be amended to ensure consistency with contemporary psychosocial rehabilitation research, the primacy of rehabilitation in public policy, the specific objectives of rehabilitation policy and the beneficial intent of the legislation. It believes the MRCC's rehabilitation policy should have two key objectives; namely, to:

- reward rehabilitative effort, and
- militate against inappropriate decision-making.

To achieve these objectives, MRCC policy should provide for reimbursement as tertiary or VET units, and eventually courses, are completed successfully.

Voluntary Work as Rehabilitation

The ESOCG was also concerned that the MRCC's policy on voluntary work impedes clients' recourse to an invaluable rehabilitation opportunity. The Younger Veterans Workshop convened by TIP NSW-ACT on 10 July 2015 (open: www.tip.org.au then <NSW & ACT> link, followed by the <Policy documents> link, scroll to the last document) underscored the crucial importance to them of '*mates helping mates*' and its contribution to rehabilitation by helping rebuild a sense of self-worth.

Having noted that Military Rehabilitation and Compensation Scheme Policy Instruction No. 4, dated 3 February 2009, reiterates MRCA's rehabilitation focus, the ESOCG was pleased the policy advises that:

- *voluntary work does not have the same pressure or stress inherent in paid employment and should not on its own connote a person's capacity to undertake paid work*; and
- *each case needs to be assessed on its individual circumstances and voluntary work can have significant medical/social rehabilitation advantages for claimants*.

Despite this favourable context, ESOCG was concerned by the focus on earning capacity in many of the following paragraphs in that Instruction. In this respect, Members found the tenor of a central paragraph most concerning - even though factual:

> *The receipt of salary or wages is not a prerequisite to determining an ability to earn in suitable employment. If the evidence indicates an ability to earn in suitable*

> *employment, it is not a requirement of the MRCA that payment [actually be received] for employment. On this basis, voluntary work rather than paid employment may be used during rehabilitation assessment [of] ability to earn, however,* [it] *does not in and of itself connote directly an ability to earn* (ESOCG emphasis).

The ESOCG believed the final sentence to be crucial. From one view, it is sound public administration. It requires that a Delegate weigh all the evidence as a whole through thorough investigation using sound medical opinion. From another, however, the policy provides too much latitude for interpretation, which has the potential to undermine the MRCA's beneficial intent.

The ESOCG recommended that MRCC policy be clarified. Given the critical nature of self-esteem in mental health rehabilitation and the importance of mates helping mates, rehabilitation policy must actively and unambiguously encourage voluntary work as part of the person's medical management.

Self-Harm Amongst Serving Personnel (Abstracted from an APPVA newsletter.)
There has been marked improvement in de-stigmatising Mental Illness within the ADF over the past three years in particular. Of course, pre-enlistment processing involves extensive psychological and medical screening. Hence, the ADF would have a more robustly mentally, medically and physically fit workforce than a civilian cohort. Given the command structure's recognition of the effects of multiple deployments and high intensity operations, ongoing maintenance programs focused on increased resilient would be expected. These include pre-deployment psychological briefings; Post-Operational Psychological Screening [POPS], Post-Operational De-compression, and the Returned-to-Australia Psychological Screening [RTAPS].

There is, never-the-less, statistical evidence of level of vulnerability of serving personnel to mental illness. The data show that, there were 7 incidents of self-harm in a 6 month period in 2008 compared with 58 in 2014. Another data set d suggests that the de-stigmatisation program still has some distance to go. The National Manager's Report to the last APPVA National Advisory Committee Meeting indicates that, of the 1044 ADF referrals to the Veterans and Veterans' Families Counselling Service (VVCS), 753 were self-referrals. These data suggest that a significant proportion of service personnel at risk of self-harm are still concerned that their career will be jeopardised if they report their illness to their commander.

Defence Honours and Awards Appeals Tribunal Inquiry into the Refusal to Issue Entitlements to, Withholding and Forfeiture of Defence Honours and Awards
On 21 September 2015, the Chair of the Defence Honours and Awards Appeal Tribunal forwarded the Report if this Inquiry to the Hon Darren Chester, MP, Parliamentary Secretary for Defence. The report can be accessed on: https://defence-honours-tribunal.gov.au/inquiries/completed-inquiries/inquiry-into-refused-withheld-and-forfeited-awards/

The Australian Defence Community – It's Time
Last, but not least, a PhD candidate who has been researching advocacy support of the Australian Defence Community into the 21st century has written a very interesting paper on the stance being taken by the RSL. Written by Kel Ryan, an RSL Life Member with

nearly 30 years membership, the paper focuses mainly on the RSL but addresses issues that have far wider moment for all traditional ESOs. Kel has very kindly offered to forward a copy to anyone who would like to read it. His email address is: kel.ryan45@gmail.com

Conclusions

As is becoming my traditional last word in each article, may I encourage all readers with an interest in helping their mates to contact me at: richard.kelloway@bigpond.com . We live in 'exciting times' and the wisdom and experience of retired RAAF personnel is much needed to support serving personnel and their families.