



## **Royal Commission Update - Canberra Day 30 - 12 April 2022**

### **RSL References**

#### Positive:

- 9:39am - RSL Queensland funded Gallipoli Medical Centre Research - multiple mentions
- 11:05 - RSL Queensland transitioned to revised approach where they do a general needs assessment looking at needs across domains at intake - usually identifying three or more needs on average - ongoing process
- 3:39pm - RSL National funded to provide employment program

#### Negative:

NA

### **General Summary**

- Discussion

### **9:30am - 11:30am - Dr Angela Maguire - Clinical Psychologist/Principal Research Fellow, Gallipoli Medical Research Foundation**

#### **Unique aspects of contemporary service**

- Disruption to family system functioning related to military service - can be resilience or dysfunction - employment experience of military personnel spills over into the family - impacts mostly in psychosocial areas
- Recommend additional care during crisis periods, measuring quality of life for Defence family members - need to be able to identify these peaks, to then be able to provide additional support
- Veterans are gatekeepers to information - may not share it with family - this includes medical history, service history and information about services

#### **Families with a Veteran project**

- Families with veterans with complex multi-agency needs - also examined the impact of service-related injury on family life - unresolved psychological trauma had great impact
- Perception that there are growing numbers of families with complex needs
- Concern that these families were vulnerable to fragmented systems of care - wanted to provide better service responses
- Burden of care may be an ongoing issue for the family - multiple roles as carer, advocate, case manager, partner, parent and then their own job

- Families can have impacts on quality of life, access to services, and in occupational and social aspects, longer-term demands of military career – positive aspects include values and belief (trust, teamwork, discipline), training-based opportunities, high levels of remuneration, priority access to health and social services, membership of Defence community
- Mainstream services not equipped to understand military service – military discharge and civilian integration were a particular time of concern
- Don't want to engender reliance on services – so can't overservice

### **Barriers and facilitators to access services**

- Service navigation – service providers felt that veteran families had high level of access to services, but made distinction about their ability to access services
- Health literacy can be a barrier to accessing services
- Navigating eligibility criteria across different agencies and organisation – families not always aware of changes in eligibility for services, and so they don't apply
- Awareness of available services not always strong among families
- Advocates help families to navigate the service, as they know the correct language to use when navigating – case coordination helps people to do this – i.e. 1300MILVET
- Flexibility of services is important – i.e. mix of telehealth and face-to-face
- Stoicism – enduring trauma or complex needs – concerns help-seeking will impact career prospects
- Better understanding of military culture and impact of Defence from agencies facilitates family seeking services and help
- Childcare provisions means that some families can't access services – poses barrier for younger families – risks poorer outcomes for family as a whole, including children
- Coordination of care can be significant

### **Unmet needs and gaps in service provision**

- Variability in contact – lacking consistency in contact with a service provider
- Varying eligibility among different agencies
- Repeatedly telling their story to each service provider or agency
- Even service providers can be frustrated about not being able to get integrated care for the family and veteran

### **Practical solutions for improving service delivery**

- To meet full needs of the family – a family-centred model of care – empowers individuals and families taking role in choosing what services they engage with
- Integrated and holistic care
- Better transition planning well in advance so there's continuity of care – need engagement with ESOs to provide health and social supports required – makes transition easier for families and veterans – facilitate the sharing of information across pathways
- Better readiness for employment environments – appropriate employment – maybe first responder roles, although these may include occupational exposure to trauma
- Social activities with a family-centred approach

### **Effective Integrated Model of Care**

- For families with complex needs – frontline service provision, case coordination, and peer support
- Recovery-oriented practice – creating a meaningful life, regardless of health status – emphasises self-determination and autonomy, responsibility and accountability – challenges dependency on services and language around Totally and Permanently Incapacitated (TPI) may need to shift – seeks to fight the 'right' amount of intervention

- Collaboration between agencies, service-level agreements for interaction, information sharing, streamlining eligibility criteria, aligning needs assessment to support referrals within and across agencies, some data gathering
- Holistic understanding of health and wellbeing needs of families as they present, identifying emerging patterns to align services to dominant needs
- Need to co-design services with families and frontline service providers - utilise the lived experience
- Family-centred approach - engagement between services and agencies providing support, and families as a unit

### **Reducing suicide**

- Models should allow agencies to intervene during crisis, family may be in better position to engage, disclose etc.
- Provide support for case coordinators to then provide support to these families
- Better transition support, including needs assessment up to 18 months after transition for families
- NDIS model of tracking families could be appropriate after moving away from Service environment

### **ESOs**

- Breadth of services available - ESOs, Commonwealth, State and Territory - fragmented and difficult to navigate care

**11:45am - 1:45pm - AIRCDRE Kaarin Kooij CSC (Director General, Joint Transition Authority) - Angela Metscke (Acting Director, Defence Member and Family Services) - MAJGEN Wade Stothart DSC AM CSC (Head of People Capability, Australian Defence Force)**

### Transition:

- Voluntary, medical and involuntary/administrative transition - services include counselling, coaching, readiness for transition assessment (administrative, emotional, ability to seek help)
- Defence Members and Family Support (DFMS) and the Joint Transition Authority (JTA) deliver transition services as core business - each service also has an element that will assist with transition - Joint Health Command and DVA also have involvement, as does Commonwealth Superannuation Corporation (CSC)
- Ensuring an individual and their family get the correct transition support is the responsibility of the unit Chain of Command
- Piloting tool called the transition preparedness questionnaire - looking at expanding the trial nationally - gives coaches tool to advise individuals and Chain of Command of transition readiness

### DFMS

- Education throughout career through ADF Transition Seminars - also have comprehensive communications strategy for communicating with member and family throughout service - and there are also surveys
- Transition readiness assessment - not clinicians, assessed by coaches and Chain of Command, still may be 'tick and flick' elements of the process - could be better, could be deeper - examining how to do that
- For those who need more services than average, assessed at transition by Transition Coaches
- Provide seminars, counselling, coaching, planning and assessment services, job preparation workshops, career and employment programs, financial advice - external provider delivers job search workshops, sources transition seminars
- Transition seminars - compulsory - 12 months prior to transition date - can access a transition coach at any time in their career - but compulsory within 12 months prior to transition date
- Can a person be discharged if they're not ready? It is possible - continuity of care, quality of life, lifetime wellbeing are all considered
- Multiple training for those who have transitioned, but are struggling to find a job

## Transition Services

- Stakeholder forum to involve those around members to educate those looking at transitioning
- Transition officers being embedded in the three services
- ESO services are of interest – difficult for Defence to tap into those – helping members to help themselves
- Civilian recognition offered by the Australian Defence College to ensure qualifications are recognised in civilian world – supplementary training through transition training allocation
- Recognition of Prior Learning at the end of career is mapped to the most appropriate VET certificate, with a minimum provided

## Role of external providers for provision of transition services

- Advantage of external providers is their currency with best practice and an agility that Defence may not have internally, skillsets outside Defence – disadvantage may be that members prefer to deal with those in uniform
- Single national provider of outplacement services delivers consistent framework – transition seminar delivered in same frame as transition modules of coaching etc. – if a member relocates, information remains with the organisation, and they don't have to re-do previous work

## **Note - 45-minute interruption - will review transcript and update**

- Official alumni organisation for ADF? Not at ADF level – but there are unit association ESOs etc.
- Trying to rebuild trust in the transition system – will continue to work at this
- 15 Transition Centres, 70 individuals working as Transition Coaches
- No specific discussion of transition system during recruitment process – however they do get financial planning and education
- Connection between Transition Centres and Veterans Wellbeing Centres – no formal connection, but the links will grow – good chance to link ADF, JTA and ESOs
- Active Reserve is important part of transition strategy and Capability Maintenance strategy
- Want standard longer time period between notice of transition and transition date – believe they need at least 90 days for complex cases to connect to services etc. – status of a member's claim should also be considered when determining transition date
- During transition, the documentation a member may wish to transition is also discussed

**2:45pm - 4:45pm - AIRCDRE Kaarin Kooij CSC (Director General, Joint Transition Authority) - Kate Pope PSM (Deputy President, Repatriation Commission, Dept. of Veterans' Affairs) - Leonie Nowland (Assistant Secretary, Client Coordination and Support Branch, Dept. of Veterans' Affairs) - Damian Hill (CEO, Commonwealth Superannuation Corporation)**

## DVA

- DVA interested in whole-of-life wellbeing approach
- Support transition from enlistment i.e. providing information about non-liability health care (NNHLC), Open Arms and DVA – then next steps information when notified of a member transitioning, including attendance at JTA seminars, Veterans Support Officers (VSOs) engage with members and the Chain of Command – all can be provided to family –
- Once initial liability is determined, case management then also to allow them to access all entitlements through DVA
- Veterans Payment – available only for mental health claims because they were recognised as a high-risk cohort – no income support for a physical injury, but there is a process for quicker processing where a person is more vulnerable
- No housing scheme for DVA – State responsibility – no scheme of underwriting rental bonds
- Employment services – DVA funds ESO including Soldier On and RSL National to provide employment programs – encourage State governments to have veteran employment programs – but don't match

veterans to available jobs

- Family support services during transition – is help available? – provide support to family unit, housing support facilitated through ESOs, State departments – refer to Open Arms – Wellbeing Support Program available during transition
- 40 Veterans Support Officers on 56 bases – provide on-base support – focus on transitioning members and if they need further help, will be referred for case management – practical support includes liaising with Chain of Command and access to records
- Also work through advocates and help them lodge claims through MyService
- No face-to-face contact following discharge, besides the Wellbeing Support Program
- Stepping Out Program, through Open Arms, two-day programs re. transition support for veterans and families
- How does DVA draw attention to the services ESOs provide – ESORT used as ESO community tool – advocates invited to JTA Stakeholder forums, held the day before the JTA transition seminar

### Transition

- No formal reason not to allow veterans income support payments when claiming for physical injury and unable to work
- Program for Medically Transitioning Members under 30 – funding from Federal Government – 500 clients – successful on short term intervention focusing on social determinants of health and support the veteran and their family
- Productivity Commission called for Transition Service Delivery to be incorporated into the JTA – some joint work to make this happen

### Commonwealth Superannuation Corporation

- Commonwealth Superannuation Corporation (CSC) is 5 regulated schemes, and two military-related schemes, and six exempt public sector schemes – 5 military schemes in total – minority of CSC clients are ADF
- Provide insurance, death and retirement benefits – ADF personnel
- How do they coordinate with DVA – part of the JTA group – but also appointed Defence and Veterans Liaison Officer – most notification to CSC from Defence members is done through Defence
- Medical discharge means CSC can find information from Defence to assist with claims and payouts etc.
- Offsetting occurs between DVA and CSC benefits
- CSC has streamlined medical requirements with Defence – asked for once, most info is usually available
- Work with CSC to improve processes – some technical difficulties in putting in place Productivity Commission recommendations

### ESOs

- Process for evaluating services provided by ESOs – provided through grants – mostly financial management requirements – may be some focus on is it good at outreach, advocacy etc. i.e. assessed through the grants process and the Grants Hub
- Programs encouraging ESOs to rationalised their activities – those efforts have struggled – most notable work done under Angus Houston and mapping the sector – that work done some time ago and wasn't particularly successful
- Organisations focused on particular cohorts or groups – some organisations are Federated, affiliations of a group of organisations together
- Administrative inefficiencies of having so many organisations – this is self-evident – Referenced Cornall scoping study
- ESORT selection process – the RSL, War Widows Guild, Legacy, VVA – the established and recognised ESOs – position for life
- Younger Veterans Forum focuses on contemporary veterans