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VETERANS' ASSOCIATION
STATE EXECUTIVE**

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The Korean War – “The Forgotten War”*

1st March 2010

**Mr Dave Penson
National President APPVA**

**Subject: Summary of Emerging Issues Forum (EIF) in Canberra on Wednesday 24th
February 2010.**

President;

I, Allan Thomas attended the EIF as the APPVA representative in Canberra on the 24th
February 2010, just to surmise what was talked about during the duration of the forum:

- Epigenetics
- Artificial Limb/appliances and current policy on the provision of limbs
- Developments in Transition Arrangements
- Multiple Deployments
- Reservists' Transition
- Younger Veterans in Residential Care and Veterans at Risk
- Review of BEST Grants Program
- Report on ADF Participation on TIP Military Compensation Course Darwin 19-20
March 2009

“Looking After Our Own”

Proceedings of the Forum Meeting

Chair welcomed members of EIF to the inaugural meeting, he also outlined how the forum should operate, he also emphasised the need to be inclusive and to examine issues emerging for current and former members of the Forces and stressed that this would be the forum to examining individual cases. The chair also emphasised many issues are matters for the Department of Defence to deal with and increasingly DVA needs to have an early intervention with Defence to ensure seamless transition from military to civilian life.

The chair also expressed that Defence links area in DVA is a very important vehicle for ensuring that DVA's views are considered by the Department of Defence especially concerning Mental Health Issues. "*Defence need to be aware of DVA programs as well*".

The chair also reiterated that any issues arising from meetings that were relevant to another forum would be referred across. Members of the forum also acknowledged and agreed that it was not appropriate that all four forums should deal with the same issues.

The chair discussed the aim of the EIF, emphasising that members were not there to discuss individual cases but to focus on any emerging issues affecting younger veterans and their families, and assist in identifying priority issues that require consideration.

The chair also discussed the need to maintain confidentiality of matters discussed in meetings.

Epigenetics & Artificial limb/appliances and current policy on the provision of limbs

Epigenetics is the study of changes in gene activity that do not involve alterations to the genetic code but still get passed down to at least one successive generation. We discussed the "*clinical need*" for what type of prosthetics is needed for individuals, what we needed to look at was the definition of *clinical need* and which seem to be the provisions now. It was identified that we need to have one definition under all acts that being SRCA, VEA and MRCA and there was no amount on expenditure to date on prosthetics for amputees.

Developments in Transition Arrangements – DVA / Department of Defence

Talked about Transition Management Service (TMS) and how it was an early initiative of the Defence/ DVA Links Steering Committee, which involved the presence of DVA officers on various bases to provide assistance and support to serving members requiring access to DVA services with a particular focus on those members undergoing a medical discharge. It was also emphasised that the service commenced in late 2000 and has operated continuously since. Feedback on the services provided has generally been positive, particularly in relation to the full time permanent on base support at Enoggera (Brisbane) and Lavarack Barracks (Townsville).

We talked about Defence and how it has reformed its existing model of delivering both rehabilitation and transition support services to separating ADF members. The ADF believes that the ADF Rehabilitation Program is enmeshed with the Defence transition service and that the Defence is well positioned to deliver a comprehensive and integrated transition support service to the ADF.

As a result, DVA has received written advice from the Department of Defence (Defence) that will not require DVA to provide on base TMS services from 30 June 2010. A joint Defence/ DVA working group has been formed to consider potential new arrangements for delivery of DVA services to ADF members on base.

We also discussed Integrated People Support Strategy (IPSS), which was launched in August 2007, is a whole of government support service that offers a '*continuum of care*' for ADF members past and present and their families. We discussed how IPSS has been implemented in all 12 Defence Regions.

Defence evaluation of the strategy has determined that it has:

- Provided more comprehensive information on DVA support services to ADF members;
- Increased lodgement of claims at and prior to discharge; and
- Formalised the relationships between service providers and stakeholders.

An important component of the IPSS is Regional Stakeholders Forums, used to discuss progress of the program and address issues. These forums have improved relationships between agencies and enabled Ex-Service Organisations to have regular input and feedback into the program.

Multiple Deployments and Reservists' Transition

There were great concerns over current serving members deploying back overseas without having 12 months in country IAW CDF Directive and that these members might be suffering from mental fatigue but are volunteering because of the finances involved with overseas deployment. "*We as a forum were concerned that the 12 month in country was being overlooked*" by Defence personnel in high positions.

There are growing concerns of the amount of reservists transitioning out of deployments with injuries that were not being administered appropriately by their current Battle Group administration staff. As a consequence these current serving members in Reserve Depots have lost their jobs and have family concerns as well.

Younger Veterans in Residential Care and Veterans at Risk

Guest Speaker at Forum was **Mr Wayne Penniall** (National Manager – Community & Aged Care Policy)

Who gave us figures of Younger Veterans requiring residential care, he stated as at 30 September 2009 there were 26 veterans aged fewer than 60 in Commonwealth Funded residential aged care facilities throughout Australia, of whom 20 were aged between 56 and 60 years, and four are aged between 51 and 55 years. There were only two veterans aged less than 50 years recorded as residing in a residential aged care facility. A total of over 25,000 veterans were in residential care at the time. It was hard to believe that only 0.4 per cent of all veterans in residential aged care facilities are aged less than 65 years. This compares favourably with about 4 per cent of all residents in care being under the age of 65 years.

It was noted by Mr Penniall that more than half of these younger veterans are rated as High Care, demonstrating that they are very disabled and probably suited to some form of supported care. About half of the 25 younger veterans live in rural residential facilities which may be appropriate to their families' needs (i.e. close proximity to family/support network).

Mr Penniall also spoke about two major initiatives which are having an impact on reducing the number of younger veterans entering residential aged care. The first is the Younger People with a Disability in Aged Care Program. This joint initiative, between Commonwealth, state and territory governments, commenced in July 2006. The purpose of the program is to reduce

the number of younger people, including veterans living in or at risk of entering residential aged care.

Mr Penniall also talked about the other agreement which is the new National Disability Agreement signed by all states and territories on 29 November 2008. A provision in the agreement ensures that veterans have access to specialist disability services where Department of Veterans' Affairs' services are not available.

Mr Penniall also talked about the homeless and stated in September 2008 the DVA commissioned consultants Thomson Goodall Associates of Melbourne to undertake research into veteran's homelessness. The consultant's draft final report has been received by the Department and has been considered by a project Steering Committee once finalised information will be filtered to National Forums & State Forums to pass onto respective ESOs.

The purpose of the study includes an investigation into the current incidence of '**veterans at risk**', specifically homeless veterans and veterans in insecure housing across Australia, and Strategies to address their needs.

Mr Penniall also stated that the Department is currently reviewing the report and the potential opportunities to better support homeless veterans, and those at risk, including ways of equipping mainstream homeless services to identify veterans, and respond to their needs.

Special needs Status of veterans requiring aged care

Special needs status is a technical term under the Aged Care act 1997 and applies to planning for Government funded aged care services. It is one of the criteria for determining if a provider is eligible for special consideration than applying for residential care approval under the Act.

Special needs status for the veteran community in aged care planning was introduced for the veteran's community in 2002. Aged care planning arrangements are implemented by the Department of Health and Ageing through Aged Care Planning and Advisory Committees in each state and territory. DVA has a representative on each of these committees. In addition, about half of these committees have a member who has special expertise in the aged care needs of the veteran community.

Special needs status does not give individual members of the veteran community any entitlement to priority access to aged care places, except where such places are designated specifically for members of the veteran community (although even in these circumstances, need is still the overriding issue). Entry to residential care is based on an assessment from an Aged Care Assessment Team (ACAT).

The benefits to the veteran community of special needs status are that the veteran community will have its needs identified in the planning process. This assists in ensuring that the veteran community's priority areas of need are catered to by aged care providers. In addition, aspects of service provision can be targeted or tailored specifically to the veteran community by aged care providers

New Community Aged Care entitlements for former POWs and Victoria Cross (VC) recipients

On and from 21 August 2009, DVA will pay the fees, including income tested fees, which former POWs and VC recipients are liable to pay for Community aged Care Packages (CACPs), Extended aged Care at Home (EACH) and Extended Aged Care at Home Dementia (EACHD) package.

DVA already pays the daily care fees and income tested fees for former POWs and VC recipients in Australian Government funded residential aged care. This new initiative is designed to extend these arrangements to CACPs, EACH and EACHD packages.

A former POW or VC recipient must be assessed as eligible for a CACP, EACH or EACHD package by an Aged Care Assessment Team (ACAT or ACAS in Victoria), and they or their families should inform their packaged care aged care provider about their status. The care provider will contact the Department to confirm that the veteran is a former POW or VC recipient. DVA will cover both the basic fee and the income tested fee. Providers will not charge former POWs or VC recipients. DVA can reimburse former POWs and VC recipients for CACP and EACH/EACHD fees which they have paid on or after 21 August 2009.

DVA estimates there are between 30 to 40 former POWs receiving these services.

Review of BEST Grants Program

Nothing further to report on BEST as per National Presidents previous report from APPVA AGM in Hobart 5th February 2010.

Report on ADF Participation on TIP Military Compensation Course Darwin 19-20 March 2009

There is a discussion paper which is yet to be released by LtCol M. Dennis MBE (Retd) who is the National TIP Chairman which outlines his visit to 1 BDE in Darwin and discussions on military personnel attending Military Compensation Course in Darwin in March 2009. It will give us a brief Introduction of attendees and types of things they covered on military compensation course; it will also cover his discussion with DVA prior to course being conducted at 1 BDE and issues that did arise by the senior level of attendees who expressed a desire for more information on more complex issues. LtCol M. Dennis also talks about the level of support to ADF personnel far greater than other DVA state offices, mainly due to the paucity of ESOs and trained Pension Officers in Darwin. One of the main concerns of LtCol Dennis, as an advocate, is the role of DVA Darwin in assisting in the initial paperwork of a claim and then as the role of an approving authority, he also states in his brief there may be some issues in the future where ADF members will claim that they were told certain information in this initial process which could lead to disputes or appeals.

I will attach the report of LtCol Dennis once it becomes available for ESOs to peruse and address issues that they feel are most important not only to the current serving members of the ADF but also those who have now discharged either at own request or medically.

This sums up my report from the latest EIF in Canberra which was held on Wednesday the 24th February 2010.

I expressed my concerns on having the Commissioner of the Repatriation Commission chair the forum as I felt that by him being appointed on the chair would only be enticing discussions away from the forum that needed to be dealt with accordingly especially Emerging Issues as we see it at present. I said by having an independent person on the chair

alot of the emerging issues could be directed towards the Commissioner of the Repatriation Commission directly without any bias from the chair. This was also felt by the RAR association representative LtCol Moose Dunlop.

If you have any further questions you would like to raise please feel free to contact me regarding the proceedings held at the EIF.

Yours Sincerely,

Allan Thomas **JP**
NSW President