

**Notes from the Defence Links Forum,  
8 June 2006  
Canberra.**

**Background.**

1. The Forum for Defence Links was attended by the following ESO:
  - a. APPVA (P. Copeland Nat Pres);
  - b. VVFA (M. Wheat QLD Pres);
  - c. VVFA (NSW);
  - d. VVAA (Ron Coxon Nat Pres);
  - e. RSL (left after 1 hr due to death in family);
  - f. AVADSC (RADM Ian Crawford);
  - g. Steve Hunter (Vic TIP); and
  - h. John Printz (Vic TIP).
  
2. The forum was also attended by the three services of the ADF, Mr Steve Grzeskowiak on behalf of HDPE (MAJGEN Evans); Defence Links Project staff, TMS Staff, and Defence Transitions Staff. (Forum paper attached).
  
3. The forum was established after a study into the Report of the Key Findings from Focus Groups (Oct-Nov 2005), of 52 research participants who were involved with the Transition Management Service (TMS). The study found a number of key areas that required attention. The 2005 Satisfaction Survey sampled clients Aged 45 Years and Younger. (Attached).

**Aim.**

4. The aim of the Forum was to discuss the DVA processes that support the transition of ADF members from military to civilian life. The ESOs present will assist the forum by providing feedback to the joint Defence/DVA task force setup to examine the current limitations or impediments for ADF members transitioning to civilian life.

**Key Points of the Working Group.**

5. The working group highlighted a number of key points, with associated discussion. These were the following:
  - a. Information – Awareness of entitlements; passage of skills in the ADF; passage/distribution of information; timeliness of response from DVA.
  
  - b. Fitness for deployment – Don't advise (going to external doctors for treatment); have to leave early (on advice of medical discharge).

- c. Process – Flexibility; completion of claims before discharge.
- d. Emphasis of Rehabilitation – not looking down the TPI path, but to encourage the veteran to return to work.
- e. Self-esteem. Taking note of the deterioration of self-esteem upon being advised of medical discharge, and maintaining self-esteem for the process of transition.
- f. Recognition of Skills – looking at retention of these skills within the ADF, skilling members for work outside of the ADF.
- g. Openness – the idea of full disclosure of both DVA and ADF as to what the intentions are for the individual, along with advising of the progress of the transitional process.
- h. Reserve Service – having the ADF retain military skill and knowledge base by transferring the individual from the Permanent or Regular Defence Force to the Reserve Force, in order to retain capability and to enhance the support of ADF war-fighting ability on operations. This may be through Project, Administration, Training & Development and Logistical support to the ADF.
- i. Other points highlighted were:
  - (1) Structure of the organisation;
  - (2) TMS (how it all fits together);
  - (3) Focus on “Med Disch”<sup>1</sup>; and
  - (4) Family (DCO/VVCS) – a strong emphasis on involving the families of the member at the very beginning of the Discharge process upon receipt upon the Notice of Intent to Discharge (NOI).

### **Feedback from the Study and ESO.**

- 6. The ESO also had the opportunity to comment on the outcomes of the study and noted the following:
  - a. Early and ongoing awareness of entitlements;
  - b. Training of Advocates – awareness of total system;
  - c. Consultation at early stage;
  - d. Education of members on imperative re-training, re-skilling;
  - e. Drop “Vietnam” in VVCS;<sup>2</sup>

---

<sup>1</sup> The APPVA strongly insisted that this be also available to those members of the ADF discharging for Elected, Administration and Compulsory Retirement Discharges.

<sup>2</sup> This was highlighted by the APPVA that we need to move on and begin to accommodate the Younger Veteran community.

- f. Involvement of ESO – that ESOs are referred by the ADF and DVA in order to assist the ADF member in the primary, review and appeal stages of their claims under the various Entitlement Acts;
- g. Include awareness of Veteran Entitlements through NCO Training.<sup>3</sup>
- h. More Defence involvement. This is through case management with staged/phased segments of information.
- i. Better record keeping. This is not only for veterans documenting their injuries/illness or wounds, but to also ensure that treatment is also document on service medical records.
- j. Perception of “Duty of Care.” This is where the ADF feels that the member should be providing all medical information to the ADF, in order to provide that duty of care to the member for rehabilitation purposes. In addition the duty of care also refers to ensuring that the ADF and DVA have these processes in place prior to the member discharging, in order to prevent ongoing problems post-discharge.
- k. Seamless transfer of processing management. This is to provide the transitional period in a relatively simple and obstructive free manner, in order to reduce the additional pressures placed on the member.
- l. Parallel processing. In that DVA and ADF processes are concurrent.
- m. Denial by member. The member actually believing that he or she is OK and they don’t need transitional assistance. Denial is also reflective of perhaps mental disorders.
- n. Readiness for Discharge. It was originally mooted in the forum that an ADF member should be graded as “Fit for Discharge”. This meaning that the member has had the adequate rehabilitation, full use of the Career Transition Assistance Scheme (CTAS), has all compensation entitlements completed, has had adequate time to resettle his/her family in the choice of location for discharge and has been referred to local medical practitioners for on-going care.
- o. Traumatic experience. It was noted that discharge is a traumatic experience and that the member may also develop depression as a result of their untimely exit from the ADF. This experience should be monitored by ADF psychological and VVCS services, in order to provide early intervention strategies.
- p. Mental conditions as a part of Rehabilitation. Similar to the above, along with appropriate rehabilitative treatment prior to discharge.

---

<sup>3</sup> It should be noted that the APPVA also prefers to see this training included in officer training.

q. Confidence and recognition. The member should be treated with respect. Staff administering any process of the discharge procedure to display a high degree of empathy toward the member. This is envisaged to provide a degree of confidence to the member, rather than promoting pressure. Recognition to be in the form of the service certificate being presented at discharge, workplace qualifications certificates provided, outstanding medals/badges etc awarded – prior to discharge, so that the member is given a degree of self-esteem from his/her service.

### **Action Themes.**

7. Given the discussions and feedback, Action Themes or planning has been provided for the Defence Links task force to develop an improved system. These Action Themes are the following:

- a. Improving Information to the member. Passage; Quality; availability and when.
- b. “Fit for Discharge” – ensuring that all processes have been completed prior to the member been discharged.
- c. Partnerships – balanced points and joint structure;
- d. Communications – “Unfreezing” and to a practical level;
- e. Borders/Parameters/TMS;
- f. Consistency of application – best practice;
- g. Employment – Education; Skills & Training; ability to transfer skills; up-skilling;
- h. Emotional superannuation;
- i. Vocational Training;
- j. Retention – Post Discharge;
- k. Recognition (certificates of qualifications etc).

### **Conclusion.**

8. Given the results from the “Pathways to Care” study and the recent TMS study, there are inherent features that have been highlighted by current and former ADF members. These areas have been identified as requiring improvement strategies, in order to provide a seamless transition into civilian life, with the accompanying mental wellness

for the individual. Reserve service is an area that the APPVA believes that these members will be able to remain effective to the ADF, despite an individual's medical conditions. The APPVA feels that the points raised are those that require rectification and we look forward to these improvements implemented across the ADF and DVA organisations.

**P.A. Copeland,**  
National President.