

Advocacy, Entitlements and Support (AES) Spot¹ Training ESO Practitioners

Introduction

Last time I wrote, I started the article by saying: *I am feeling a bit of a charlatan as I sit to write for this quarter's Wings AES Spot*. Ahem! That was twelve months ago. Those of you who have not succumbed to Alzheimer's may recall that I was taking a holiday. I did – for six months; but, I didn't expect my pen would run dry for 12 months as a result. So, mea culpa all round, and on with the task at hand.

Rationale

This quarter, I'd like to talk about the training program that prepares 'worthies' who want to support veterans, ex-service personnel and dependents, and the future of '*mates helping mates*'. The article is prompted by the review of veterans' advocacy currently underway by Brigadier Bill Rolfe, AO (Retd).

The initial findings of the review are soon to be considered within the Department of Veterans' Affairs (DVA), in consultation with the ESO (Ex-Service Organisation) Round Table (ESORT). By way of explanation, ESORT is chaired by the Secretary DVA, meets four times a year, and is attended by all the major ESOs.

The outcome of deliberations is going to be crucial for the way in which support is made available to the ex-service community for many years to come. A reasonable level of understanding of the background is therefore important to inform discussion by veterans, ex-service and serving personnel, and their dependents. I hope you'll stick with me through the 'drier' paragraphs below and forgive my passion if it becomes a little over the top.

What is TIP?

TIP, the Training and Information Program, is funded by DVA to train volunteers who want to become 'practitioners'. Practitioners who prepare VEA/SRCA/MRCA compensation claims and reviews for veterans, ex-ADF personnel or dependents including war/defence widow(er)s are called Pension Officers, and those who conduct appeals to the VRB and AAT are called Advocates. Those who link clients with welfare support services provided by Commonwealth, State and Local Government Departments and agencies and private sector organisations are called Welfare Officers.

TIP course are delivered by 'Presenters' - experienced practitioners from one of the three streams who have demonstrated interest in training volunteers and the ability to deliver courses. Many hold a Certificate IV in Training and Assessment at TAE40110 standard; however, this is not yet obligatory. (I expect certification to become mandatory in future and deliberations on the Rolfe Review can be expected to identify a transition period and process.) Almost all TIP presenters are still active practitioners within an ESO.

Volunteers who wish to undertake TIP courses can choose from one of three streams training: VEA/SRCA/MRCA compensation courses and the welfare course to name two, the third being the war/defence widow(er) course that combines parts of compensation and welfare.

There is, of course, no barrier to completing all three streams. Those who do, bring a very complete suite of knowledge and skill to supporting ESO members. However, it does take dedication and time to follow that path as the volume and complexity of the legislation and policy involved is substantial.

Most TIP courses are of two or three days' duration, and the volume of legislation and policy to be covered means the time passes quickly. For this reason, most streams conduct courses at two successive levels around 12 months apart. During the inter-course period, trainees are expected to receive on-the-job training (OJT) and mentoring within their parent ESO, tutored by an experienced practitioner. Unfortunately, not all ESOs comply. Hopefully, this failure will be remedied post-Rolfe Review.

If a trainee's ESO is not providing OJT and mentoring, he or she may have to locate an experienced practitioner in another ESO with whom cases can be discussed and queries resolved. TIP presenters routinely hand out their business card and invite contact at any time. In other words, presenters can provide the support for trainees that some ESOs are not.

At this point, it is probably worth my spending a few words on OJT and mentoring, and the rationale for their being so important. While TIP and ESOs have no accepted definitions, the ones I find useful follow:

- OJT is close 'hand-holding' by an experienced practitioner which takes the trainee through welfare/compensation procedures step-by-step, and is repeated until the tutor is satisfied the trainee is ready to proceed to the next course of TIP training or to mentoring during cases of similar complexity.
- Mentoring is a 'hands-free' process for trainees of known capabilities (through OJT), which involves preliminary discussion of a case, hands-free completion by the trainee with support available on request, followed on completion by review of the product, key issues and lessons learned.

There are two main reasons why OJT and mentoring are vital.

First, there is the obvious one: the volume and complexity of the legislation and policy the trainee has to work with. It is simply impossible to learn on a two or three day course the content and ramifications of the materials. Indeed, trying to memorise so much detail is probably beyond even those gifted with strongest photographic memory. We of more humble capacities should really be setting ourselves the objective of gaining a thorough familiarity with where to locate the information we need to tackle a case.

Second, there are the demands of the practitioner's role. Irrespective of which stream you may practice in, you apply what you understand. The more ably you can apply

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your understandings, the more competent you will be as a practitioner. Indeed, it is the ongoing unsatisfactory quality of too many claims, reviews and appeals submitted by practitioners that continues to spur reviews such as that being conducted by Brig. Rolfe. The presumption, of course, is that a high level of competence equates to high quality products. Experience seems to indicate the presumption is sound.

I should add a note here that complaints about welfare practice seldom reach DVA because the legislation welfare officers apply is administered by other departments. This in no way suggests that welfare is less important or of less value to the ex-service community. The exact opposite is the case. We pension officers and advocates tend to have a few months' engagement with a claimant or appellant and not see them again. But, welfare officers are generally with those 'for life' who they help. Indeed, welfare support covers a client-base that extends from pre-natal to post-mortem. Now that surely defines dedication!

How does TIP Train?

Until quite recently, TIP training was conducted face-to-face and presenters' style tended to be the traditional classroom instruction we of the Vietnam-era and before have been exposed to most of our lives. Great for kids! Perhaps? Inappropriate for adults! Boring as bat-poo! Glazed eyes, little absorbed and less that optimum outcomes! Fortunately, IT has come to the rescue, and TIP now has on-line courses at two-levels of training for MRCA and Welfare, and single-level courses for SRCA and GARP. OK, I hear you saying: What is GARP? Wait. I'll explain, but I will have to digress.

After VEA and MRCA, GARP is the most important legislative instrument available. It is used by Repatriation and Military Compensation Commission Delegates respectively to translate medical reports on, and the lifestyle consequences of a claimant's conditions into a numerical score that determines the level of compensation. Needless-to-say, a pension officer or advocate who understands GARP is very likely to be more competent than another who doesn't. Posting of a GARP course on-line was therefore a TIP priority, and presenters require completion of the course before experienced pension officers attend the training course to become advocates to the VRB (Veterans' Review Board).

But back to how TIP trains. With the advent of courses on-line, trainees can now open the course when it suits them, where they are and take as much time as they need to cover the materials. The courses are completed module by module. At the end of each module is a revision session. These take the form of multiple choice questions. The embedded logic requires that all revision questions be answered correctly before you are allowed to progress to the next module. TIP has a presenter available on-line to respond to any queries or difficulties you might encounter.

Trainees' ability to learn on-line is opening a fundamental change in what happens on face-to-face courses. Rather than they being the place in which the legislation and policy is taught, face-to-face courses are becoming the place in which understanding is applied. So, progressively, case studies are replacing teaching. Over the two or three days of each face-to-face course, trainees will analyse a number of increasingly complex case studies. These will focus on

consolidating understanding and developing skill in applying understandings to prepare a claim or refer a client to a welfare service provider.

The Rolfe Review recommends TIP adopt 'adult-learning principles'. Through the changes that are underway, TIP already has this recommendation in hand. Trainees should shortly start returning to their parent ESO after TIP training with a reasonable modicum of skill.

What about ESOs?

I've already mentioned that too many ESOs are falling down on their responsibility to provide OJT and mentoring. This, is without doubt, as much a cause of poor quality claims as is the old-style didactic teaching process long-used by TIP. The upshot of this combination of errors is that clients who might have had an entitlement to rehabilitation and/or compensation have missed out.

Unless, every practitioner is as skilled as reasonably possible, is committed to doing the very best for every client he/she represents, and is totally professional in the way he/she goes about practice, it is the client who is disadvantaged. If ever a transgression were unconscionable, this has to be it!

As you'll be aware, the tradition of 'mates helping mates' emerged spontaneously from WWI battlefield experiences, and was heightened by returned service personnel's circumstances back in the Australian community. It is therefore a tradition that is approaching its centenary. Against this background, for a practitioner to do anything other than his/her very best for a 'mate' is indictable. The souls of those who served must be damning those practitioners who fail to do so!

Regrettably, too many weakly effective practitioners, too often supported by their ESO, find it too easy to hide their inadequacies behind a shield of blame. *DVA is at fault! DVA's out to frustrate every claim and appeal!* (You'll get the picture. The language used is inevitably far more profane.) Every such allegation should be met with scepticism. Your immediate response should be: *Let's have a look at the claim form, or appeal, or referral to a welfare agency.* RAAFA would be delighted to deposit a dollar into the kitty for every occasion that the fault lay with the practitioner, not the Delegate.

To tie a bow around the prevalence of such allegations, I am reminded of the DVA Senior Legal Officer's comment at the start of a course he convened. Talking to a group of practitioners he said: *Our task, jointly, is to ensure that every eligible service person receives their full entitlements. Not one bit more. But, not one bit less.*

On perhaps two occasions in around a hundred appeals or claims, I have felt that, while I did my best as a practitioner, I was not met better than halfway by the Delegate. This was not only disappointing but seems contrary to the case law. More than once I have seen in a judgement: *As the intent of the Act is to be beneficial, the veteran should be given the benefit of the doubt.*

Next time you hear a practitioner or ESO executive bad-mouthing a Delegate's decision, press the point. *Where does the fault really lie?* As long as it is easier to blame DVA, ineffective practitioners will be letting down their mates – and getting away with it!

What about the Future?

Three issues come into sharp focus as soon as the future is considered: the reducing number of practitioners as Vietnam-era practitioners retire, VET accreditation of TIP courses and certification of practitioners, and authorisation as a practitioner.

RAAFA's discussions with serving RAAF personnel at command level and on the hangar-floor or in the crew-room, and with recently-separated veterans, show, incontestably, that the 'tradition' is undiminished. It may be expressed differently, but it is a grave disservice to the contemporary cohort to judge difference as being indifference. The evidence is that contemporary veterans and their families are not joining RAAFA, RSL, DFWA or other 'traditional' ESOs. Many prefer loose confederations based on unit or military employment; however, some formal groups are emerging such as Soldier On and Mates4Mates.

From a traditionalist's perspective, this is seen to be 'splintering'. That it is occurring should neither surprise, nor dismay. Contemporary values are different, experiences in the networked battle-space are different, living off-base in the community is different, the high level of autonomy and individual responsibility in the modern Air Force is different, and information technology is omnipresent. These, and other factors will inevitably be eliciting a different outlook.

To encourage understanding by the Vietnam-era generation, some thoughts expressed by contemporary veterans follow:

- Our experiences are totally different to your service and combat exposures.
- We respect, but cannot relate to, you older veterans and ex-Service personnel.
- We've each having worn an ADF uniform, but that is the only potentially relevant commonality.
- We have no interest in the alcohol consumption and gambling habits of you earlier generations.
- We want family-orientated activities.
- Our spouses have a crucial role in our lives, and must be involved in pre-deployment training and decompression;
- Our spouses need a course to help them recognise our mental and other health symptoms and signs of disorders.
- We need traditional ESOs to find a way to make meaningful room for us.
- We recognise the therapeutic value of helping our mates who are not travelling well.

The challenge facing those of us who are practicing and training is, therefore, to engage the next generation of 'mates who want to help their mates'. To do so, it must clearly be on their terms, must respect their values, must understand their outlook, and must help them focus their motivations so that legislated support is part of their 'mix'. This should not be difficult. Their contemporary values, facilitated by information technology, have brought 'connectedness' and caring to a previously unimaginable and unattainable level.

Penultimately, there is the 'elephant in the room': accreditation and certification. Immediately this issue is raised in traditional ESOs and amongst the current crop of Vietnam-era

practitioners, DVA is blamed. The stoutness of the rejection is, by any measure, diametrically opposed to the tradition of 'mates helping mates' to the very best of the practitioner's ability. The notion of doing one's best for one's mates, suggests a never-ending striving to do the job better. Inherent is the essence of professionalism: a lifelong pursuit of improved performance by continuous learning and enhanced practice.

Even the most cursory perusal of the ongoing series of reviews of veterans' advocacy shows that DVA is crucially aware of the human factors engaged in volunteering. In none of the reviews is there any hint whatsoever of imposed solutions. The Rolfe Review is explicit: TIP courses and volunteers should move progressively towards VET-readiness over a transition period.

RAAFA's interviews with serving and recently-separated RAAF personnel shows consistently that they expect the practitioners who support them to be formally qualified and professional. This should not be news. Almost every in-service course they attend confers certification at an appropriate VET level. Understandably, certification is their expectation.

To be credible against this background, practitioners will need to come to the party. Again, even the most cursory attempt to understand VET certification will highlight RPL – recognition of prior learning. Although neither DVA nor TIP has yet appointed an RTO (Registered Training Organisation), accreditation of TIP training course and certification of practitioners and presenters cannot happen until an RTO is appointed. No hint of immediacy or imposition there! When RTO appointment happens, the types of ADF employment, the ADF qualifications gained, and the nature and quality of the claims submitted will be relevant to RPL awarded when a practitioner is certified. For presenters, added to these considerations will be the type of training conducted in the ADF, and the nature and quality of the instruction they have delivered for TIP should be considered by the RTO.

This brings me to authorisation. I am deeply concerned that many ESOs and practitioners are unaware of the potential risk they are placing themselves as a result of long-standing authorisation practices. Too many ESOs authorise their TIP-trained members as practitioners on completion of the TIP course. As emphasised above, the volume and complexity of the legislation renders adequate understanding an impossibility in two or three days. It takes careful tutoring by an experienced practitioner to develop a trainee's understanding and skill to the point where competency begins.

Not accidentally, at this point the trainee is ready for the next TIP course. It is at this point that TIP has the next course available. The next round of TIP training builds on the understandings and skills gained from the preceding course and OJT with an experienced practitioner. Once again, further OJT and a program of mentoring are required before the level of competency is acquired that will enable authorisation by the ESO as a practitioner. An ESO's authorisation is therefore a public declaration that the trainee has demonstrated the competency to do the best by members by way of claim, review, appeal or welfare support.

Crucially, authorisation also has legal and financial consequences as it triggers indemnification insurance under VITA. I am not a lawyer, but I am a confirmed sceptic about insurers. Perhaps this an application of the 'precautionary

principle'? I believe the VITA insurer would reasonably expect that those it indemnifies will possess a standard of competency that contains its insurance risk within a commercially acceptable level. The ESO's authorisation of a member as a practitioner is therefore linked with the insurer's acceptance of a level of commercial risk.

If an aggrieved client lodges a claim for damages against the practitioner that provided support, the insurer will investigate how and why the claim arose. Understandably, the insurer will seek to assure itself that the practitioner was competent and acted in a way that was consistent with the level of risk it assumed when it extended indemnification. How the ESO assured itself that the practitioner was competent will, I presume, be a key component of the insurer's discovery process.

Given the volume and complexity of the legislation, the limitations inherent in TIP training, and many ESOs failure to provide OJT and mentoring, I hope you will realise that there is risk in ongoing practices. I am concerned that, were the insurer to discover that an ESO had authorised without providing OJT and mentoring and without assuring competence, it may decide that the practitioner and ESO have failed to comply with the terms of insurance. In this event, were the claimant to litigate and to be successful, and the court to award damages, the practitioner's and the ESO's assets would be at risk.

If the preceding analysis is valid, the risk inherent in long-standing practices argues cogently for change.

Conclusions

RAAFA's survival depends on the contemporary generation of RAAF, ex-RAAF personnel and their families being interested in membership. The clear strength of their concern about their mates, that their families be involved, that their spouses be trained to help them, that we understand the differences between the generations, and that we make room for them in our institutions combine to suggest a way forward. RAAFA has already started down this path, but real effort is now required. This will require contact, communication, and discussion to maximise its effectiveness.

An essential start is for serving personnel and their spouses to attend TIP training courses. The availability of on-line courses facilitates this. If you or your spouse would like to enrol in an on-line course, I invite you to email me at chair@tipnsw-act.org.au. Completion of an on-line course or a follow-on face-to-face course does not commit you practice.

RAAFA sees an immediate advantage in the understanding you will gain from the learning experience. Irrespective of whether you are still in the service or not, your understanding is an opportunity to correct the rumour and misinformation that prevails in crew-rooms, on the hangar floor and in casual discussions between families. Your input, if informed, may help a mate learn of his/her entitlements, who to contact for help, and how to start the process of securing rehabilitation and/or compensation.

I also note that a number of RAAF personnel have already undertaken TIP training in an official capacity. Commanders have realised the advantage in having serving personnel TIP trained. Where their duties are to provide in-service

counselling, administer personnel with conditions entailing eligibility for MRCA/SRCA/VEA support, or transition administration the need is almost a foregone conclusion. Discussions with senior serving personnel at a recent seminar reveal that contemporary ADF commanders accept as a responsibility of command preparing their personnel for post-service life.

May I close this article by encouraging all readers with even the most remote interest in helping their mates to contact me about TIP training.

Improving Primary Care Mental Health Treatment For Veterans

The Abbott Government is strengthening the support available to general practitioners to identify and treat Australia's veterans with mental health issues with the release on 11 December 2014 of a new online training program.

Minister for Veterans' Affairs, Senator the Hon. Michael Ronaldson, has launched a unique online training program for GPs that provides an overview of the mental health issues faced by veterans and will assist GPs in more effectively identifying issues early.

Called *Working with Veterans with Mental Health Problems*, the one hour accredited training module was developed for the Department of Veterans' Affairs (DVA) by the Australian Centre for Posttraumatic Mental Health (ACPMH) and the Royal Australian College of General Practitioners (RACGP) and is available to GPs through the RACGP *gplearning* website.

The new online training program seeks to provide GPs with a better understanding of mental health issues affecting veterans including their military experience and its impact on families, the special assessment and treatment considerations for veterans, and the services and resources currently available for veterans and their families.

Combined with the new Australian Defence Force (ADF) post-discharge GP health assessment, the Government is supporting GPs in identifying any early signs of mental and/or physical health problems among veterans. All former serving ADF personnel, including those who have served in the permanent or reserve forces, can access this once-off comprehensive health assessment from their GP, with a Medicare rebate available.

Further facilitating effective treatment of veterans is the addition of a veteran and ADF indicator on the Personally Controlled Electronic Health Record (PCEHR) to allow current and former ADF personnel to self-identify.

This will greatly assist health care practitioners to identify patients who may have entitlements to DVA or other Commonwealth funded health services.

RACGP President, Dr Frank R Jones said it is vital for GPs to possess a good understanding of military and veteran experiences to aid in building a positive relationship with a veteran that promotes optimal health outcomes.