Chapter summary

The Committee considered the management of advice and assistance services for
Australian Defence Force (ADF) members in the transition period from discharge from
the ADF to re-entering civilian life. In 2009–10, there were approximately 530 medical
discharges from the ADF and fewer than 4,000 discharges in total. Transition services
are recognised in legislation under the Military Rehabilitation and Compensation Act 2004
(MRCA). Under the current arrangements, the DVA Transition Management Service
(TMS) provides a voluntary service on referral from the ADF that supports members
facing medical discharge. Legislation recognises that the ADF has a duty of care before
discharge, and that post-discharge entitlements are governed by complex legislation
administered by the Department of Veterans’ Affairs (DVA) and other government agencies.

The Australian Defence Organisation (Defence) is developing a new model to support
injured or ill ADF members throughout their career, including transition, under the
Support for Wounded, Injured or Ill Project (SWIIP). The whole framework of transition
support services is being re-examined as part of the SWIIP, and Defence plan to take full
responsibility for transition management by 30 June 2011, depending on certain
conditions being met.

Some submissions to the Review were critical of the current transition management
services, citing a lack of coordination in management of the TMS among the agencies
involved. In particular, guidelines for the appointment of case managers, their role and
training are said to be unclear.

Recent reports and reviews on DVA and Defence operations have included specific
comments on transition management. Two reviews recommended a ‘one-stop shop’
approach for transition support services, while others recommended joint responsibility
between Defence and DVA. Defence and DVA continue to work collaboratively and aim
to provide a seamless transition for members. Current joint initiatives include streamlining
the separation health examination, continuing the DVA client liaison unit, referring clients
to DVA case coordinators, conducting studies as part of the Lifecycle initiatives,
continuing the Stepping Out program, and trialling a Keeping-In-Touch program. DVA
and Defence continue to work with other agencies through the Interdepartmental Working
Group to seek further opportunities to improve transition services.

To improve consistency and oversight of transition services under the tri-Service
management structure, the Committee recommends that responsibilities assigned to the
Service Chiefs (particularly as rehabilitation authorities and appointers of transition case
managers) be transferred to the Chief of the Defence Force.

Under the Military Rehabilitation and Compensation Act 2004 (MRCA), the Service
Chief is the rehabilitation authority for all full-time members, unless the member has been
identified as being ‘likely to be discharged from the ADF for medical reasons’, when the
Military Rehabilitation and Compensation Commission (MRCC) is the rehabilitation
authority. The timing of transfer of responsibility from Defence to the MRCC is currently
stringently defined by Defence and does not currently consider individual needs or
circumstances. The Committee recommends amendment of section 39 of the MRCA to
allow more flexibility in the timing of the appointment of the MRCC as the rehabilitation
authority, and of section 64 to allow earlier appointment of a transition advisory case
manager.

No provision is currently made under section 64 of the MRCA for part-time Reservists to
access transition advisory services. The Committee believes that this group has the right to
be offered these services, and recommends that section 64 be amended to include...
Introduction

7.1 Whereas former military compensation schemes have included a significant cohort of national servicemen and women, most members of the Australian Defence Force (ADF) covered under the Military Rehabilitation and Compensation Act 2004 (MRCA) are career servicemen and women. Members of the ADF transitioning from careers in the military to civilian life are often in need of information and advice to ensure they are able to meet the challenges involved. It is not as simple as changing an employer, as might apply in civilian life. Matters such as housing, relocation, medical cover, recognition of educational qualifications and retraining for civilian work must be faced. These challenges are exacerbated for members facing medical discharge, life with a disability, and changes in work capacity.
7.2 Annual separations or discharges from the ADF have varied from almost 6,000 in 2004–05 to 4,000 in 2009–10. Medical discharges have varied from more than 800 separations in 2004–05 to just over 530 in 2009–10; historically, they are around 13 per cent of all separations (520–840 per year).

7.3 The commencement of the MRCA marked the first time that transition services were recognised in legislation. Section 64 of the MRCA requires the Service Chief to appoint a case manager to assist a member identified as ‘likely to discharge for medical reasons’. This includes members being discharged due to non-compensable conditions.

7.4 Regional Transition Centres within the Australian Defence Organisation (Defence) assist separating ADF members with their information needs from all agencies; for example, the ADF Rehabilitation Program (ADFRP), Defence Community Organisation (DCO), the Department of Veterans’ Affairs (DVA), ComSuper and Centrelink. The centres then link members into these agencies as needed. They also advise and assist members and their families with ADF procedures necessary on discharge. DVA provides an optional transition advisory service for all medical discharges.

7.5 Some ex-service organisations (ESOs) have provided detailed submissions on transition issues for consideration by the Review. The Commonwealth Ombudsman and several external reviews have commented on transition matters, and some issues go back to the Review of the Military Compensation Scheme conducted in 1999 by Mr Noel Tanzer AC (the Tanzer Review).

7.6 All services provided by ADF to serving and discharging members are beyond the scope of this Review. However, the Review is required to examine the operation to date of the MRCA and recommend possible legislative and policy changes and improvements to service delivery. Aspects of Defence administration have inevitably come to the attention of the Committee, and, where necessary, these are included in this report for completeness. The Review is also required by the terms of reference to work in conjunction with the whole-of-government or Interdepartmental Working Group (IWG), which is focused on key areas of administrative and legislative policy and administrative processes as they affect discharging ADF members and their families.

Background

7.7 Impetus for improved cooperation between Defence and DVA in this area came from recommendation 18 of the Tanzer Review:

... a more integrated and holistic approach be taken to the management and administration of the military compensation scheme, superannuation disability, rehabilitation and resettlement with better co-ordination of the various components, possibly in a ‘one-stop shop’ approach.

7.8 The DVA Transition Management Service (TMS) commenced in late 2000 as an early initiative of the Defence and DVA Links Project, and a Service Level Agreement (SLA) was formalised in 2002. TMS is staffed by DVA officers and part funded by Defence. TMS officers assist and support ADF members facing medical discharge, whether or not the discharge is as a result of a compensable service injury or disease.

7.9 While far from the one-stop shop put forward by Tanzer, TMS and the transfer of the administration of the Safety, Rehabilitation and Compensation Act 1988 (SRCA) from Defence to DVA in late 1999 were significant steps towards improving
7.10 In August 2007, the ADF Integrated People Support Strategy (IPSS) was launched with the aim to improve the provision of ‘through service support’ from enlistment to post-separation from the ADF. Defence transition staff provide separating members with a DVA questionnaire and information on DVA services (including the Veterans and Veterans Families Counselling Service [VVCS] and the Stepping Out program). DVA, through its TMS and VVCS officers, responds to all requests for advice or assistance. Regular regional stakeholder forums are held to provide feedback into the program.

7.11 Defence completed an evaluation of the IPSS and advised that it has provided more comprehensive information on DVA support services to ADF members. This had resulted in increased lodgement of claims, at and before discharge. The IPSS has now been implemented in all 12 Defence regions in Australia.

7.12 Defence is now developing a new whole-of-life model to support injured or ill members throughout their ADF career, including transition. This model will be developed under the Support for Wounded, Injured or Ill Project (SWIIP). The project board and working group include DVA representatives. The current transition services provided by DVA are acknowledged by Defence as providing valuable support to ADF personnel. However, the whole framework of transition support services is being re-examined as part of the SWIIP and there is a target for new arrangements, with Defence taking full responsibility for transition, to be in place by 30 June 2011.

**Transition Management Service**

7.13 Table 7.1 shows that 5,156 members have used TMS in the past six years. All personnel nominated to DVA as likely to discharge are offered the service. That only 66–80 per cent completed Transition Action Plans is partially due to the fact that after the initial contact, some members return to ADF duty and others are discharged without taking up the offer of a documented plan. It is not possible from the available figures to establish how many of those who are medically discharged were offered a transition case manager or if a case manager was appointed. There is no formal record kept within Defence to identify those who qualify for the service and those who are allocated a transition adviser as required under the MRCA. Although it is a voluntary service, the Committee believes that in future the take-up rate should be recorded and monitored.

<table>
<thead>
<tr>
<th>Financial year</th>
<th>Personnel using TMS</th>
<th>Transition Action Plans completed</th>
<th>Per cent of plans completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004–05</td>
<td>972</td>
<td>715</td>
<td>74%</td>
</tr>
<tr>
<td>2005–06</td>
<td>980</td>
<td>650</td>
<td>66%</td>
</tr>
<tr>
<td>2006–07</td>
<td>816</td>
<td>652</td>
<td>80%</td>
</tr>
<tr>
<td>2007–08</td>
<td>951</td>
<td>581</td>
<td>61%</td>
</tr>
<tr>
<td>2008–09</td>
<td>864</td>
<td>670</td>
<td>78%</td>
</tr>
<tr>
<td>2009–10</td>
<td>573</td>
<td>433</td>
<td>76%</td>
</tr>
</tbody>
</table>

TMS = Transition Management Service
7.14 DVA advises that for the most recent period, 97 per cent of first contacts with members were within five days of contact from the unit. Furthermore, 94 per cent of plans were prepared at least 30 days before discharge.

**Interdepartmental Working Group**

7.15 The IWG was created as a result of the Australian Government’s commitment to examine ways of reducing the administrative burden on veterans and ex-service personnel who have to deal with multiple agencies. It is chaired by the DVA National Manager Defence Support Services and comprises representatives from Defence, ComSuper, Centrelink, Department of Human Services, Department of Education, Employment and Workplace Relations, Department of Families, Housing, Community Services and Indigenous Affairs, and the Australian Taxation Office. An Interdepartmental Committee (IDC) of agency heads reviews the work of the IWG, and the future priorities and directions, on a biannual basis.

7.16 Terms of reference were developed and agreed in March 2008. They were revised in 2010 by the IDC. The new terms of reference are to:

- identify where the administrative burden on transitioning and former ADF members and their families can be reduced when dealing with government agencies;
- consider and respond to issues raised by ESOs and Defence Families Australia (DFA) to identify areas of potential improvement in government administration associated with current and former ADF members; and
- provide contact points in agencies for resolution of specific issues or cases.

**Submissions**

7.17 One submission to the Review was critical of transition management as follows:

This legislation is significant and provides clear direction in regard to the treatment, rehabilitation and transition of service personnel to civilian life in any circumstance with or without illness. Yet it’s a pity that its introduction is only just starting to have an impact. Although the Act became effective on 1 July 04, there is still a distinct lack of knowledge and understanding about this aspect of the Act, its intent and the various programs associated with it.

The appointment of case managers for Transitional Management is a serious issue that needs to be addressed urgently. Sadly there have been a number of cases in recent times where case managers weren’t appointed. This had a detrimental effect on their last days in the Defence Force and their subsequent discharge left them confused and without a number of essential entitlements and benefits. Their administration and move into the civilian environment certainly wasn’t seamless as is promoted and to date there has been no follow-up on their circumstances.

Once again some ESO advocates/ pension officers have inadvertently assumed the role of a case manager and found their endeavours limited by a lack of knowledge, cooperation and authority.

The transitional management process requires an ‘urgent and independent review.’

7.18 Another submission claimed there is no firm linkage between medical, rehabilitation managers, rehabilitation coordinators, the service career management agencies, TMS and DVA, and that TMS failed to provide advocacy to manage

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1 Australian Special Air Service Association.
personnel to the point of acceptance of liability for handover to DVA. The submission also claimed there is reliance placed on ESO advocates to brief on entitlements and provide linkages between Defence and DVA.

7.19 The submission sought further explanation of section 64. It noted unclear guidelines including confusion of the term ‘case manager’, and the need for training of case managers and Defence transition staff in the Veterans’ Entitlements Act 1986 (VEA), the SRCA and military superannuation.

7.20 On the positive side, the same submission stated that site visits to Lavarack Barracks, Townsville, revealed a marked improvement of interoperability between Defence and DVA in terms of managing medical discharges from ADF in North Queensland. It supported the Australian Army initiative for Regional Casualty Assistance Support Officers (RCASO) discussed later in this chapter, and believed that some areas now covered by TMS could be easily covered and actioned by Defence discharge cell personnel.

7.21 The submission did express concern that TMS staff must be made aware that mentally ill ADF members are unable to fully comprehend complicated procedures and are not fit to sign acknowledgment forms until they have stabilised.

**Reviews in 2008 and 2009**

7.22 Several recent reports on DVA and Defence operations have included specific comments on transition management. The Australian Government has responded to all reviews. There are several initiatives and trials underway in efforts to attain a seamless transition of ADF members from defence service into civilian life. This review has not analysed current TMS operations in depth due to the extent of prior review activity. Key outcomes are summarised below, along with references to changes proposed or implemented. Over time, these changes, along with a service gap analysis under the SWIIP project, should address the concerns expressed in submissions to this Review.

**Reports on the Gregg case (July 2008)**

7.23 A DVA client, Mr Geoffrey Gregg, was a former signaller with service in Afghanistan, who committed suicide in 2006. Matters relating to the handling of his case by ADF and DVA were investigated by:

- Mr Geoff Earley AM (Inspector General, Australian Defence Force) — ADF matters;
- Mr Chris Doogan AM (former Registrar of the High Court) — examined DVA’s actions in Mr Gregg’s transition management from ADF, DVA’s handling of his compensation claims, and the actions of the Commissioner for Superannuation in administration of Mr Gregg’s claim for military superannuation benefits; and
- Mr Ron Macleod AM (former Deputy Commonwealth Ombudsman) — examined the whole-of-government approach to handling the Gregg case.
7.24 From these detailed investigations, several findings and recommendations relate to services provided at transition to discharge from ADF:

**One-Stop-Shop (Doogan)**

Recommendation (e)

Adopt a whole-of-government approach or, putting it another way, adopt a one-stop-shop approach such that the Department of Veterans’ Affairs acts as agent for both the Department of Defence (in terms of transition management for Defence Forces personnel who retire on medical grounds) and ComSuper (who pay military pensions).

In effect, the Department of Veterans’ Affairs would be subject to funding, direction and guidance by both the Department of Defence and ComSuper when undertaking functions on their behalf as their agents. Such an approach would concentrate expertise in one organisation relating to all compensation and pension entitlements for members of the Defence Forces who retire on illness/medical grounds. Apart from concentrating expertise in relation to claims which on many occasions are very complex, it would also relieve the burden on incapacitated veterans who find the compensation/pension maze almost impenetrable in some instances. Furthermore, it would facilitate a single set of medical reports thereby overcoming the criticized need to ‘tell your story over and over’ …

(Macleod)

Para 106. The departments of Defence and Veterans’ Affairs should consider outsourcing to DVA the primary responsibility for the provision of transition services to all military personnel proceeding towards separation from the ADF, not just those leaving on medical grounds. This would enable the creation of a Defence Transition service that would be genuinely comprehensive in the delivery of the ‘after service’ support required …

7.25 The Australian Government response, published on 30 July 2008, outlined certain action to address systemic problems with transition services. Recommendations to transfer responsibilities to a single agency were not taken up.

**Suicide Study (May 2009)**

7.26 As a consequence of the Gregg reviews and other events, Professor David Dunt was commissioned to undertake two reviews: (i) an Independent Study into Suicide in the Ex-Service Community (the ‘Suicide Study’) and (ii) a Review of Mental Health Care in the Australian Defence Force and Transition Through Discharge. The Suicide Study highlights the importance of transition and the unique nature of the issues facing members discharging earlier than they would have expected at time of enlistment (page 11):

**Transition from the ADF**

A seamless discharge is important for all ADF members, transitioning-out for medical reasons. A number of services whose responsibility is either with the ADF or DVA have now been established to support this. Services should start as soon as possible after first notification of intention to discharge and should continue for a period well beyond discharge. Joint responsibility of these services by ADF and DVA is highly desirable. It is important that these services provide information to members on the full range of services and benefits available to them so they can pursue ones most relevant to them. Members transitioning-out of the ADF with chronic mental health conditions have special needs beyond comprehensive provision of information. The Townsville Lifecycle Transition Mental Health and Family initiative adds value here but an additional case management dimension may be necessary.
It is important that members of the ADF who transition out for reasons for mental illness believe that their contribution to the ADF is fully acknowledged. Joining the ADF requires the new member to undertake a necessary major, somewhat forcible psychic reorientation. Failure then to succeed in the ADF for whatever reason sets in train a sequence of possible negative reactions — anger and resentment against the ADF, failure to find new employment, illness and invalidism. This may occur for a variety of reasons — health, aptitude, unsuitability, guilt, shame, bullying, post-deployment reinterpretation of the ADF experience. This is most undesirable in both personal and economic terms for the individual, ADF and community.

7.27 Professor Dunt’s recommendations relevant to transition are identical in both his studies (pages 16–17; pages 127–128, respectively):

Recommendation 5.1: The ADF and DVA should have joint responsibility for a comprehensive transition service that works closely with the ADF Transition Centres and extends to at least 12 months post-discharge. It should resolve the duplication in services now being offered by the IPSS and TMS. ADF should fund pre-discharge activities and DVA post-discharge activities within this joint responsibility.

Recommendation 5.2: The Lifecycle pilot adds value to existing programs (IPSS/TMS) in improving staff training and support. If successfully evaluated it should be rolled out nationally.

Recommendation 5.3: In principle families should have an involvement in Transition programs. This could be at the Transition Seminars involving the Stepping Out program that may need some redesign.

Recommendation 5.4: It is important that members leaving the ADF with mental health (or other problems) are fulsomely acknowledged for their contribution to the ADF, particularly so as their health had deteriorated while they were in the ADF. This could take the form of a letter of thanks from CDF or Passing out Parade.

Recommendation 5.5: A Keeping in Touch program post-discharge with responsibility jointly by the ADF and DVA extends this healing process. In doing so, it is likely to make an important contribution to the proactive management of any emerging mental health problems.

Current initiatives

7.28 In response to the Dunt studies, the Australian Government has committed to ‘adequately provide seamless transition from military to civilian life for individuals with mental health issues, to scope ways to remain in contact with transitioning members, and, ensure that all personnel are recognised for their service’. The Australian Government allocated $9.4 million to DVA and $83 million to Defence over four years for mental health and transition system improvements. Table 7.2 summarises some of the more important initiatives from the above reviews and earlier DVA and IWG projects. These initiatives should all contribute to improvements in the process for ADF members going through transition to discharge.

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5 Minister for Veterans’ Affairs, media release, 1 May 2009.
6 Minister Assisting the Minister for Defence, media release, 1 May 2009.
### Table 7.2 Current initiatives

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Separation Health Examination</strong></td>
<td>SHE trial completed in Canberra and Wagga, July 2009. Evaluations from agencies is complete. A small working group is looking at ways to develop the concept in light of the agency comments. Will be considered by SWIIP and the IWG.</td>
</tr>
<tr>
<td><strong>DVA Client Liaison Unit (CLU)</strong></td>
<td>Established in DVA in July 2007.</td>
</tr>
<tr>
<td><strong>DVA Case Coordinators</strong></td>
<td>Case Coordinators commenced accepting client referrals on 11 January 2010. There are 14 coordinators who serve clients Australia-wide from Perth, Melbourne, Sydney and Brisbane.</td>
</tr>
<tr>
<td><strong>Lifecycle Initiatives</strong></td>
<td>Transition to Mental Health and Family Collaborative in Townsville; ACPMH working with a group of service providers to improve interagency coordination and practices, targets services for members (and their families) on medical discharge from Army and RAAF units in Townsville. Barriers to Rehabilitation — a two-year, two-phase study to identify any systemic barriers to rehabilitation and develop mechanisms for ongoing capture of relevant data to monitor outcomes.</td>
</tr>
<tr>
<td><strong>VVCS Stepping Out program</strong></td>
<td>ACPMH has evaluated the Stepping Out programs delivered in 2008. The evaluation indicated that the immediate impact, as well as the short-term effects, of the program are favourable. The program was generally viewed positively by participants and no re-design of the program was recommended.</td>
</tr>
<tr>
<td><strong>Keeping-In-Touch program</strong></td>
<td>DVA has been allocated $800,000 over 2009–10 and 2010–11 to trial the initiative. A joint ADF and DVA pilot program commenced in December 2010.</td>
</tr>
</tbody>
</table>

ACPMH = Australian Centre for Posttraumatic Mental Health; ADF = Australian Defence Force; CLU = Client Liaison Unit; IWG = Interdepartmental Working Group; MRCA = Military Rehabilitation and Compensation Act 2004; RAAF = Royal Australian Air Force; SHE = Separation Health Examination; SRCA = Safety, Rehabilitation and Compensation Act 1988; SWIIP = Support for Wounded, Injured or Ill Project; VEA = Veterans’ Entitlements Act 1986; VVCS = Veterans and Veterans Families Counselling Service.
Moves towards a seamless transition

7.29 The Tanzer and Doogan concept of a ‘one-stop-shop’ for all transition issues could meet many of the concerns expressed in the ESO submissions to the Review but the current intention, as expressed in the *Government response to the mental health care in the ADF and transition to discharge*, is for Defence and DVA to work collaboratively to deliver seamless transition services. This will be pursued further in the Defence SWIIP currently underway.

7.30 Defence and DVA are also working with other agencies through the IWG to seek further opportunities to improve transition services. This recognises that the ADF has the duty of care before discharge and that post-discharge the entitlements of former members are held under complex legislation administered by DVA and other Commonwealth agencies.

7.31 The Committee notes the initiatives of Defence and DVA in addressing the strategic objective to provide a seamless transition. These initiatives should continue to be implemented in a collaborative way across all agencies concerned.

Tri-service administration

7.32 Transition services within Defence were criticised at some public consultations. From the observations in submissions and previous reviews, the process is working better in some areas than others. Rehabilitation, a matter of critical importance to members being discharged on medical grounds, is coordinated by a tri-Service management structure. However, the MRCA appoints each Service Chief as the rehabilitation authority and the authority for appointment of transition advisory case managers. Greater consistency across the Services is more likely to be achieved if responsibility is assigned under the MRCA to the Chief of the Defence Force (CDF).

7.33 The Committee recommends that the responsibilities assigned in the MRCA to the Service Chiefs should be redesignated to the Chief of the Defence Force as a means of achieving greater consistency and oversight through tri-Service administration. In particular, this should cover section 39 as rehabilitation authority, section 64 to appoint a transition case manager, and section 279 for the transfer of arrangements for treatment of injuries and diseases from the ADF to the Military Rehabilitation and Compensation Commission (MRCC).

Timing of transfer from Defence to the Military Rehabilitation and Compensation Commission — rehabilitation and transition

7.34 Members undergoing discharge on medical grounds are likely to be part of the ADFRP. Under section 39 of MRCA, the Service Chief is the rehabilitation authority for all full-time members, unless the member has been identified as being ‘likely to be discharged from the Defence Force for medical reasons’. Once so identified, the MRCC is the rehabilitation authority. The terminology ‘likely to discharge’ is the same as used in section 64 for the appointment of a transition case manager, and in section 61, which requires the MRCC from that time to take all reasonable steps to assist the person to

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find a suitable civilian job. The timing of ‘likely to discharge’ is defined by ADF\(^8\) as when:

- a Medical Employment Classification Review Board (MECRB) determines that a member is to be terminated on medical grounds;
- all appeal avenues have been waived or exhausted; and
- the member’s discharge is to take effect within the next 120 days.

7.35 The stringent definition of ‘likely to discharge’ in such terms is not consistent with the need to consider individual needs. In some cases, the ADF may wish to retain a person but have the MRCC manage rehabilitation needs and progress towards civilian employment more than 120 days out from the expected date of discharge. Some individuals might benefit from advice on transition to civilian life before they go before an MECRB. The timing for the transfer of each individual would be better determined as part of the outcomes of case conferences.

7.36 Transfer of responsibility should not occur by default, as it does presently. Rather, there should be consideration of individual circumstances and agreement by the MRCC.

7.37 The relevant points to consider on the timing of transition advice and handover to the MRCC rehabilitation process are similar to those for the handover of responsibilities for treatment. These are in section 279 and allow the MRCC, after considering advice from the member’s Service Chief, to determine that it is more appropriate for it to provide treatment rather than continuing under the Defence regulations. This would seem to be a more flexible approach, which could also be applied for the timing of transfer of the rehabilitation authority and transition advice.

7.38 The Committee recommends that section 39 of the MRCA should be amended to allow the appointment of the MRCC as the rehabilitation authority on recommendation of the CDF.

7.39 The Committee also recommends that section 64 should similarly be amended, to allow earlier appointment of a transition advisory case manager.

Rehabilitation authority and transition management for part-time Reservists

7.40 The Committee notes that no provision is made for transition advisory services for part-time Reservists in MRCA section 64. The main objective of transition management is to resettle former ADF members, including Reservists on continuous full-time service, into civilian life. Part-time Reservists are already in that situation to the extent that most already hold down a civilian job and are already responsible for their own superannuation, medical and housing needs. However, there have been circumstances noted by the Committee where part-time Reservists have been vulnerable during a medical discharge process, because they have not been in a secure civilian situation before their injury.

7.41 The Committee believes that part-time Reservists who are being discharged due to a medical condition should have the right to be offered transition advisory services. The take-up rate for this voluntary service should not be as high as for full-time members, but it would prove useful for more vulnerable members. The Committee was

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\(^8\) Defence Instruction (General) PERS 16–22: Australian Defence Force rehabilitation program.
informed of cases where an injury on part-time service had a significant impact on family life and civilian employment. The part-time Reservist often has little to do with their unit following their injury. The tri-Service administration is well equipped to take on the responsibility for these cases.

7.42 Under section 39(3), the MRCC is the rehabilitation authority for everyone covered by the MRCA other than full-time continuing ADF members. The Committee believes that the ADF, as the responsible employer, has a duty of care and should be the rehabilitation authority for part-time Reservists, at least while the member intends to remain in ADF.

7.43 An advantage in identifying the ADF as the rehabilitation authority is that it can provide rehabilitation assessment and programs (under the Defence Act 1903) in advance of acceptance of MRCA liability, thus aiding early intervention.

7.44 There are some Reservists whose ADF service provides a very small part of their family income and they may be better served through rehabilitation oriented to civilian employment at an early stage. The timing of transfer of responsibility between the ADF and the MRCC should therefore be flexible.

7.45 The Committee recommends that section 39 of the MRCA should be amended to designate the CDF as rehabilitation authority for serving part-time Reservists.

7.46 The Committee also recommends that section 64 of the MRCA should be amended to include part-time Reservists in the required group to be offered a transition advisory case manager.

Advice and assistance to clients

7.47 ESO representatives provide pension officer and advocacy services with funding from the DVA Building Excellence in Support and Training (BEST) program. Volunteers or paid officers attend training sessions organised under the DVA Training and Information Program (TIP) in each state.

7.48 A separate review of DVA-funded ESO Advocacy and Welfare Services (TIP/BEST Review) has recently been completed and the Australian Government has accepted all 45 recommendations. This follows:

- a recommendation of the Doogan Review that ESO representatives and advocates who assist veterans should be paid, better trained, and accredited. This recommendation was aimed at overcoming what Doogan recognised as the variable levels of knowledge, skill and competence on the part of volunteer advocates and ESO representatives who assist veterans; and
- a recommendation of the Dunt Review that ESOs move towards a two-tier system for the delivery of ESO advocacy and support services. Professor Dunt suggested the first tier would largely comprise volunteers undertaking straightforward cases and the second tier would be a new group of paid advocates with Technical and Further Education (TAFE) accreditation.

7.49 A recurring theme from the MRCA Review’s consultation at ADF bases was criticism by ADF officers of the performance of some ESO pension officers and advocates in providing MRCA advice. There was said to be an emphasis by some ESO officers on claiming benefits with little regard to the potential gains from rehabilitation programs.
7.50 A key issues paper produced by the independent TIP/BEST Review team and made available on the DVA website for stakeholder comments by 30 September 2010. The comments on the paper have been considered and incorporated, along with the views of the Review team and the Department into the final BEST/TIP Review Report. The TIP/BEST Review acknowledges the requirement for a competency based training framework in which assessment and certification of trainees is merit based. The Committee also recommends that additional expert advice be sought to determine the level of certification/accreditation. With regard to the two-tiered approach recommended by Professor Dunt, the Committee believes that rather than the paid/unpaid status of the practitioner being the determinant for the allocation of complex/non-complex work, the level of training and expertise should be the key criterion for allocating pensions, advocacy or welfare work. However, the Committee acknowledges that as the volunteer workforce declines, more paid practitioners will be required to take on the complex work.

7.51 One further option to address the concerns of ADF officers is to ensure that any ESO pension officers and advocates who have ADF base access come from a panel of officers with MRCA training and experience and a demonstrated knowledge of the rehabilitation process. The same restriction could apply to any list kept for referrals off-base. Indemnity issues would need further consideration.

7.52 The Committee recommends that ESO officers who will have access to ADF members should have a demonstrated understanding of the MRCA and rehabilitation programs.

7.53 There are also submissions about the need for MRCA training of DVA, Defence and staff of the Veterans’ Review Board (see also Chapters 15–17). Accreditation regimes are being established for DVA staff and these could perhaps be adapted and extended more widely to Defence and ESO officers who come into contact with compensation claimants.

**Australian Army Regional Casualty Assistance Support Officers**

7.54 To support the role of the unit commanders in looking after members in transition, the Australian Army has established the RCASO concept. The RCASO is intended to be a certified military compensation claim representative providing guidance on workers’ compensation to specific Australian Regular Army and Army Reserve personnel, facilitating the early raising and submission of member claims under the MRCA.

7.55 DVA advises that it is prepared to offer training packages for use by all the Services, including Army, in relation to establishing this new function. DVA has advised Defence that it is not in a position to endorse or accredit Defence representatives. The Royal Australian Navy (RAN) and the Royal Australian Air Force (RAAF) believe that their case-management systems are similar to that of the Australian Army.

7.56 Given the complexity of the MRCA and the observations made on the need for further training, the Committee recommends that initiatives for training DVA staff be considered for extension to Defence transition and advisory officers (where it is not identified by the SWIIP), and to ESO pension officers and advocates.

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9 Defence Instruction (Army) 33–11: Army Casualty Administration and Support Framework.
Case managers

7.57 A submission to the Review asserts that soldiers who are under rehabilitation case management are confused by the myriad of personnel who are looking after them, and do not fully understand who does what.10

7.58 A member in the ADFRP faced with medical discharge may have a medical case manager, an ADF rehabilitation coordinator, and an external program case manager (termed an Approved Rehabilitation Provider by Comcare or MRCC). They would also be in contact with a resettlement officer and the staff at the Regional Defence Transition Centre. Members with special needs may have case officers from the DCO or the VVCS. Their unit commander may provide other support. The Committee appreciates that the addition of a TMS officer to guide and monitor may not always have been welcome or understood. The Australian Army is now adding the RCASO (see paragraph 7.55) to support the unit commander in their role with personnel in transition to medical discharge.

7.59 The roles are spelt out in various Defence documents. However, the Committee believes the roles need to be explained more clearly including on the Defence and DVA websites so that the terminology is better understood by discharging members and staff. The Committee notes that the SWIIP intends to clarify these existing arrangements.

7.60 Members with stress and other mental health issues who may be unable to cope with the transition need to be recognised promptly and provided with careful case management to guide them through the process. The appointment of more experienced DVA case coordinators support clients with complex needs, in response to the Dunt Review, is designed to meet these needs.

7.61 Planning for the new coordination roles to be undertaken by RCASOs and regional transition officers will need to take account of the criticisms by Australian Special Air Service Association (ASASA) and the Australian Peacekeeper and Peacemaker Veterans’ Association (APPVA) on the current transition process. It may be worthwhile to hold a case conference at the start of the process involving the client and all other stakeholders (the client and a support person, the rehabilitation coordinator, the rehabilitation service provider, treating practitioners). DVA advise that regular case conferencing is considered to be best practice in rehabilitation case management. This can provide opportunities to jointly review and discuss case details, to keep matters progressing, resolve issues of concern and seek clear agreement on what is to happen, when and who will be responsible for what actions.

7.62 The Committee considers that the member going through transition needs to have the role of each person who deals with them in a case manager or case coordinator role explained clearly.

Monitoring of transition service performance

7.63 The MRCA transition provisions highlight services to be made available to members being discharged on medical grounds in recognition of the unplanned and in many cases involuntary disconnection with their chosen career. Section 64 requires the Service Chief (recommended to be amended to the CDF) to appoint a transition case manager if a member has been identified as likely to be discharged from ADF for medical reasons. The role of the case manager is to ‘assist the person in the transition to

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10 Australian Peacekeeper and Peacemaker Veterans’ Association.
civlian life, including by advising about entitlements and services for which they may be eligible as a member or former member and about how to obtain access to such entitlements and services’.

7.64 One submission called for this part of the Act to be explained further. The submission outlined examples of members discharged hastily without consideration of compensation status. There is no evidence, however, that expanded legislation is necessary to achieve the objectives of Part 5 of the MRCA. There is already further information available through fact sheets and websites. The SIIP and improved training of DVA and Defence staff should also address these concerns.

7.65 As explained above, data are not available on the timing of the initial referral from the unit commander to the current TMS. There is anecdotal evidence that referrals are not always timely, as DVA officers report that in some cases referrals have occurred just one week before discharge. Data on the timing of referrals could be collected at the time of post-discharge satisfaction surveys completed by former members. Minimum time standards could be set for actions such as referral to a transition case manager after a medical officer has identified the likelihood of medical discharge, and the timing of completion of action plans.

7.66 SWIIP will develop a revised comprehensive transition advisory arrangements with agreed milestones, reporting mechanisms and a recommended model, with Defence to take responsibility for transition services by 30 June 2011.

7.67 The MRCC currently receives TMS performance data from DVA. If the current TMS runs its course as of 30 June 2011, the MRCC’s overview of transitional management could be lost at that point. An effective set of performance indicators should be developed and provided to the MRCC on a monthly basis from that time. These reports should include the timeliness of advice to the appointed transition case manager for the purposes of MRCA section 64. The statistics currently provided to the MRCC for the TMS, on the numbers of personnel using TMS, the numbers of transition action plans completed, and the timeliness of completion of the action plans should also continue.

7.68 The Committee recommends that the revised reporting arrangements for the TMS replacement scheme under SWIIP should provide for comprehensive monthly performance reports on transition services to the MRCC by Defence.

Information on the websites

7.69 One submission to the Review observed there is too much information and a plethora of Defence instructions involved with transition, but also noted that not all Defence instructions are made available to ESOs.

7.70 Improved access could be achieved by adding further links to the Defence Transition Support Services (TSS) website. Presently, there are two links only: to the Defence instruction about the Career Transition Assistance Scheme; and to the 2007 directive from the Chief of the Defence Force and Secretary Defence, which outlines objectives and goals and the responsibilities of the Service Chiefs, Deputy Secretary and Head Defence Personnel Capability on separation matters.

11 Australian Peacekeeper and Peacemaker Veterans’ Association.
12 Australian Special Air Service Association.
7.71 The *Transition Handbook* is updated regularly and the 2010 edition is available on the TSS website. This has links to the DVA and Military Super home pages. Feedback about the DVA website from consultations on ADF bases has not been complimentary. The DVA home page menus include references of little interest to today’s ADF members. Once DVA has completed the process of upgrading its website for current and former members, Defence should consider revising the direct links to the DVA website.

7.72 The Committee recommends there is scope for further refinement of the Defence and DVA websites and transition pages to better meet the needs of ADF members planning their transition to civilian life.

Conclusions

7.73 The MRCA was an important step forward in creating a legislative basis for the provision of services aimed at providing a seamless transition from the ADF to civilian life. Although it appears a new system for managing transition from the ADF will replace the current TMS from 1 July 2011, the Committee encourages the continued collaboration between Defence and DVA to ensure seamless transition from the ADF to civilian life.

7.74 The Committee believes that improvements can be made to the MRCA to provide for a more centralised responsibility within Defence for its responsibilities under the Act, and more flexibility in the timing of the transfer of responsibilities between Defence and the MRCC to suit unique circumstances of each discharging member. The Committee also observes that the current provisions may lead to the transition and rehabilitation needs of part-time Reservists to be overlooked.

7.75 The Committee recognises the particular interest a number of ESOs have taken in the management of transition from ADF and the criticisms directed at training, role clarity, and the dissemination of information relating to transition management, and believes these criticisms should be addressed, particularly through improvements to Defence and DVA websites.

Recommendations

The Committee recommends that:

7.1 the Australian Defence Force (Defence) and the Department of Veterans’ Affairs (DVA) continue the current initiatives addressing the strategic objective to provide a seamless transition;

7.2 the responsibilities assigned in the *Military Rehabilitation and Compensation Act 2004* (MRCA) to the Service Chiefs should be redesignated to the Chief of the Defence Force (CDF) as a means of achieving greater consistency and oversight through tri-Service administration;

7.3 section 39 of the MRCA should be amended to allow the appointment of the Military Rehabilitation and Compensation Commission (MRCC) as the rehabilitation authority on recommendation of the CDF, thus adopting the same discretion as applies under section 279 for the MRCC to take over responsibility for arrangements for treating diseases and injuries after considering advice from the Service Chief;

7.4 section 64 of the MRCA should similarly be amended, to allow earlier appointment of a transition advisory case manager;
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<tr>
<th>Section</th>
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<tr>
<td>7.5</td>
<td>Section 39 of the MRCA be amended to allocate to the CDF the responsibility as rehabilitation authority for serving part-time Reservists;</td>
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<td>7.6</td>
<td>Section 64 of the MRCA be amended to include part-time Reservists in the required group to be offered a transition advisory case manager;</td>
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<td>7.7</td>
<td>Ex-service organisation (ESO) pension officers who have access to Australian Defence Force (ADF) members should have a demonstrated understanding of the MRCA and transition and rehabilitation programs;</td>
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<td>7.8</td>
<td>DVA initiatives for MRCA training and accreditation of staff be considered for extension to Defence transition and advisory officers, and to ESO pension officers and advocates;</td>
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<td>7.9</td>
<td>The role of each person who deals with a member going through transition, such as a case manager or case coordinator, should be clearly explained to the member;</td>
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<td>7.10</td>
<td>In the event of any possible future changes to transition managements, comprehensive monthly performance reports on transition services to the MRCC by either DVA or Defence should be maintained; and</td>
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<td>7.11</td>
<td>The transition pages of the Defence and DVA websites be refined to better meet the needs of ADF members planning their transition to civilian life.</td>
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