



# **Submission No 24**

## **Review of the Defence Annual Report 2010 - 2011**

**Organisation:** Department of Defence

**Senate Standing Committee on Foreign Affairs, Defence and Trade**

**QUESTIONS ON NOTICE - COMMITTEES**

**Parliamentary Committee**

**2010-11 Defence Annual Report Hearing – 16 March 2012**

**Q9: Wounded ADF Personnel**

Senator Furner asked on 16 March 2012 (Proof Hansard page 22):

Provide statistics on the number of ADF personnel injured who are able to be retained in the service, for both injuries on operations and injuries on non-operational service for the past three financial years.

**Response:**

The following tables provide data sourced from the Australian Defence Force Rehabilitation Program (ADFRP) database. The data relates only to those Australian Defence Force (ADF) members who were referred to the ADFRP for an occupational rehabilitation assessment and whose case was closed during the past three financial years. It does not include all ADF personnel who were injured on service and retained in Service during this period.

**Financial Year 2008-09**

In financial year 2008-09, 2486 ADFRP cases were closed. Of these, 1650 cases were for members whose condition was identified by the member as service related. Of these cases, 1480 were retained in Service.

A breakdown of cases due to operational service is not available for this financial year.

<b>Outcome</b>	<b>Service Related</b>		<b>Total</b>
	<b>Yes</b>	<b>No</b>	
Retained in Service	1480	793	2273
Discharged from Service – medical discharge	129	34	163
Discharged from Service at own request	41	9	50
<b>Total</b>	1650	836	2486

### Financial Year 2009-10

In financial year 2009-10, 3959 ADFRP cases were closed. Of these closed cases, 2681 were for members who had identified their condition as service related. Of these cases, 2231 were retained in Service.

Of the 2681 cases that were identified as service related, 310 were reported as being due to operational service.

<b>Outcome</b>	<b>Service Related</b>		<b>Total</b>
	Yes	No	
Retained in Service	2231	1140	3371
Discharged from Service – medical discharge	384	110	494
Discharged from Service at own request	66	28	94
<b>Total</b>	<b>2681</b>	<b>1278</b>	<b>3959</b>

### Financial Year 2010-11

In financial year 2010-11, 4198 ADFRP cases were closed. Of these closed cases, 2872 were for members who had identified their condition as service related. Of these cases, 2397 were retained in Service.

Of the 2872 cases that were identified as service related, 335 were reported as being due to operational service.

<b>Outcome</b>	<b>Service Related</b>		<b>Total</b>
	Yes	No	
Retained in Service	2397	1186	3583
Discharged from Service – medical discharge	389	101	490
Discharged from Service at own request	86	39	125
<b>Total</b>	<b>2872</b>	<b>1326</b>	<b>4198</b>

## **Joint Committee on Foreign Affairs, Defence and Trade**

### **QUESTIONS ON NOTICE - COMMITTEES**

#### **Parliamentary Committee**

**2010-11 Defence Annual Report Hearing – 16 March 2012**

#### **Q14: Alcohol Management Strategy**

Senator Furner asked on 16 March 2012 (Proof Hansard page 35):

In respect of the alcohol management strategy, please summarise the information from each focus group that was conducted by the review on the issue.

#### **Response:**

Attachment 1 provides a summary of members' perceptions of the drinking behaviour within the ADF, including negative and positive outcomes. These perceptions have been based on a series of focus groups conducted across Australia and interviews with over 1000 ADF members.

## Perceptions of Drinking in the ADF

The overall perception held by senior ranks of the ADF was that drinking practices have changed over the last 15-20 years, as the organisational culture has shifted to a model of risk management. This was primarily perceived as inevitable, as civilian organisations have also shifted towards this model.

Senior command and senior Non Commissioned Officers (NCO) differed in their opinion of the outcome of this change. Senior command more often reported that the change has facilitated a more capable, accountable and responsive Service. Senior NCOs tended to believe that this was something of a loss of tradition impacting on bonding and morale.

The most frequently reported positive aspects of drinking, from all three Services included the role of drinking in socialising, networking, and unwinding from work responsibilities. This is often perceived as an integral part of ADF culture and tradition. This helps team cohesion, bonding, and morale- building. These perceptions are shared across ranks.

Senior NCOs used the term 'morale' to describe the personal aspects of alcohol consumption. A particularly concerning perception, noted again by the junior ranks was 'increased sex' and 'beer goggles'. Alternatively, Senior NCOs noted the traditional and cultural aspects such as 'mateship', 'tradition' and 'bonding' as a key perception associated with drinking.

There was relative consistency between the junior and senior ranks regarding the negative consequences or impacts associated with alcohol consumption. Terms such as 'poor decisions', 'poor judgement' 'violence' or 'fisticuffs' were frequently used by junior ranks to describe the negatives of alcohol consumption.

Interestingly, senior NCOs highlighted the use of alcohol as a 'symptom of other problems'. This potentially raises the importance of attention to co- morbidity rather than addressing alcohol-related problems in isolation. A number of workshops mentioned compromised mental health as a potential outcome of heavy drinking

The negative aspects of drinking reported were primarily concerned with short-term harms, such as post-drinking hangovers. Members were aware that these harms included not only physical and health issues, but could lead to adverse impacts on personal and work life. Personal issues included impact on personal relationships such as family, and embarrassment and shame related to behaviour while intoxicated.

In terms of the more junior members; officers, NCOs and Other Ranks emphasise the personal and professional consequences of alcohol- related behaviour. Junior members also note that drinking on a regular basis can be relatively expensive over time. Both these issues relate directly to being relatively new to the Service. Senior members report negative consequences related to professional image, productivity, and reputation.

Loss of reputation was often noted, as it is perceived as an ongoing and possibly long-term stigma. Professional censure includes being 'identified as risky' by supervisors and peers, disciplinary and/or administrative processes. There is also acknowledgement that poor behaviour in community settings can impact on the reputation of the ADF.

Additionally Junior NCOs indicated that the 'media approach was a problem' with reference to the Army's alcohol consumption. The perceived practice of binge drinking among younger members was almost wholly associated with 'Gen Y', that is, bingeing is a 'normal' almost acceptable practice among people aged 18-24 in the Army and in civilian life.

A fundamental aspect of drinking frequently noted by participants is the issue of 'accountability', particularly in reference to resultant anti-social or irresponsible behaviours. Accountability of actions, on both an individual and managerial level was discussed, though frequently command saw junior ranks as needing to be accountable for their actions and troops saw command as needing to be more accountable to support the troops in better managing their recreational drinking.

Additionally, drink driving was noted by both junior and senior ranks as a negative associated with alcohol consumption.

**Joint Standing Committee on Foreign Affairs, Defence and Trade**

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**Parliamentary Committee**

**2010-11 Defence Annual Report Hearing – 16 March 2012**

**Q18: Night Vision Goggles**

Dr Jensen asked on 16 March 2012 (Proof Hansard page 42):

When we were in Afghanistan and also when we were at Holsworthy it was reported to us that there was concern about the night vision goggles that the Special Forces in particular were equipped with. They were concerned that they were somewhat behind current state-of-the-art technology. Has anything been done to remedy this?

**Response:**

Australian-based Special Operations Command forces, including Domestic Counter Terrorism elements, are not issued the same generation night fighting equipment that has been provided to forces in Afghanistan. The Night Fighting Goggles issued to forces in Afghanistan significantly reduce “blooming” and flaring when exposed to bright light sources and provide increased resolution and depth perception while reducing size and weight.

Noting the continual improvements in technology of this type, a proposal is being prepared for consideration by the Defence leadership that seeks to refresh the Special Operations’ night fighting capability. This will ensure Special Operations forces are provided with the most suitable equipment.-