Submission No 8

Inquiry into the Care of ADF Personnel Wounded and Injured on Operations

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Inquiry into the care of ADF Personnel Wounded and Injured on Operations

Dear Mr. Brown,

Thank you for the opportunity to submit to this inquiry.

Defence Families of Australia (DFA) believes that the care and management of ADF Personnel who are wounded or injured on operations must be dealt with in a manner designed to alleviate stress and prevent further harm. DFA considers that providing consideration to the support requirements of a member's next of kin in the treatment and subsequent planning for on-going health, welfare, and rehabilitation support arrangements is necessary in order to achieve this.

In the context of this inquiry, the following points have been raised to DFA as necessary areas for consideration in the care of ADF personnel wounded or injured on operations. This does not mean that all these points are not currently being addressed, but rather to serve as a reminder that all are necessary components of the process.

- The next of kin (NOK) needs to be kept informed and included throughout the repatriation and planning process. Whilst sensitivity to medical and operational concerns is understood, this should not exclude provision of information that will address and allay concerns of the NOK, which is necessary to reduce family stress that will then be incurred by a member who is recovering.

- If repatriation to home locality is not immediately possible, that the NOK be afforded the opportunity, and provisions made for them to visit the member in location, if it is their request and it is practical and safe to do so. It must be remembered that not all NOK live in the same locality as the serving member.

- In the event of a multiple casualty requiring more than one family being flown to an overseas location at the same time, one case worker or support officer per family is required. When the case worker or support officer is shared, the needs of the 'quieter family' may not be fully assessed, recognised or met.

- Providing phone or Skype contact for injured or wounded personnel to speak with family if their condition allows, so that they have opportunity to reassure, maintain connection and receive support and encouragement from their family.

- Routine follow-up with NOK during the member's convalescences is necessary following a wounding or injury. This may be as simple as a phone call. Whilst the family is informed of support services available at the time of the incident, their focus at this time is on the wellbeing of the member, and thus may not be in a position to acknowledge services available to themselves. The requirement for help may not be recognised until the family is in crisis, which can be averted or reduced by checking in earlier and providing visibility and support from initial stages. Suitable persons for this role beyond support services can include unit welfare officers, commanding officers, or personnel who are familiar with the member and their family.

- Ongoing care and rehabilitation should be conducted in a location that best suits the member and family. In the event that this is not possible, such as if the family is living in an area with unsuitable resources to the member's health requirements, clear travel and accommodation benefits are required for the NOK to allow them to be available to provide support to the member, for as long as the member requires this.

- When a member is sent home to their family to convalesce after a mental or physical injury, the family requires assessment, collaboration and inclusion in the care plan to ensure suitability of the environment and care giver. The family may not be equipped with appropriate training or resourcing to manage, or may not be in sound health themselves. Additional home and community support may be identified by the NOK that is not acknowledged by a member who wants discharge from hospital. DFA suggests assigning a case worker to the whole family not just to the serving member to oversee, so that a true picture of the serving member within the context of their personal and social environment, and how the member is 'coping' when not at work is available. Potential gaps in care can then be identified and additional supports can be provided as needed.

- Provision for members to obtain independent medical assessments from specialists of their own choosing made available.

- Educational resources geared towards families on mental health are required. A common concern from families is that mental illness or PTSD is not recognised in a timely manner, and they are not sure how to access help when problems arise at home.

- Advertising of services using a range of media more suited to the younger generation of ADF members and their families e.g. Facebook and other social media.

- It is also necessary for information about support services and follow-up contact providers to be mailed to the NOK when a member is being discharged from hospital. After hours support

contacts required. Phone messages for 1800 numbers to carry mobile or emergency contact numbers.

- Appropriateness/effectiveness of screening/debriefing of member on return from deployment is often questioned by families. Removal from the Operational unit and adjustment back into the family unit needs to be considered as part of the deployment. Suggest a post-deployment brief to occur for all members post 3 months from return to country to assess wellbeing, as mental wounds may not be apparent until the member is removed from the familiarity of their colleagues and working environment.
- A common complaint from Defence families is that there are too many departments and support services within Defence, DVA and external agencies. As a result, family members often lack awareness and clarity regarding support structures that are available to both themselves and the ADF member. There is scarce knowledge of self-help tools and resources, and a knowing of 'who does what'. One recognisable service centre is needed as the co-ordination point or shop front around Australia to incorporate Defence family health and social support services. These 'centres' need to have the ability to respond and direct enquiries to correct location, irrespective of the nature of the enquiry, and to co-ordinate resources and providers, inclusive of Ex-service Organisations and agencies.
- A single identification reference number for Defence personnel that is also used with DVA is needed. Suggestion has been raised to use the Defence members' pm-Keys number. This idea is supported by DFA as pm-Keys is a recognised number already known by serving members and their families, and reduces information needed to be retained for different agencies.
- Income assessments following wounding or injuries sustained during operations should be based on the members' own losses in earning capacity. The income of a spouse should not be included when assessing pensions.
- Identifying solutions to barriers associated with the Privacy Act is required to ensure on-going and continuity of care for ADF members and sharing of information between ADF and DVA, providers and locations.
- Greater public awareness of the unique needs of ADF members within the broader health system is required, to ensure that health carers know how to notify and manage ADF personnel that may be admitted or in their care.

I trust that this feedback will be useful to your inquiry and once again thank you for the opportunity to contribute.

Yours sincerely

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