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**1st Commando Regiment**  
**Special Operations Command**

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See distribution

**POST ACTIVITY REPORT**

**CHIEF OF ARMY WOUNDED INJURED AND ILL DIGGERS FORUM –  
CANBERRA, 17-19 OCT 16**

**References:**

- A. AHQ TASKORD 339-16 *Notification of CA WII Digger Forum 2016*
- B. DGPERS ADMIN INST 04-16 WII Digger Forum
- C. AHQ MINUTE *Establishing Dedicated Unit Welfare Officers*, dated 4 Jul 16
- D. AHQ MINUTE *CA Expectations Regarding Mental Health and Discipline*, dated 26 May 16

**Introduction**

1. Over the period 17-19 Oct 16 1 Cdo Coy personnel participated in the CAs WII Digger's Forum (WIIDF) held in Canberra IAW ref A & B. Support to WII personnel continues to be a priority for the CA. The WIIDF provides a platform enabling WII personnel and their families to engage with Army's senior leadership, relevant stakeholders and service providers.

2. As part of Army's commitment to WII, the CA has directed the establishment of dedicated Unit Welfare Officers (UWOs) across Army (ref C). This is a result of continued requests and demonstrated improvement of management and outcomes for WII members achieved within SOCOMD following the employment of dedicated UWOs in each unit. In reviewing the challenges of supporting WII members, CA also released his expectations regarding mental health and discipline of WII (ref D).

3. The 2016 WIIDF was focused on rehabilitation and return to work. Army is committed to improving support to its members, to learn from member's experiences and improve rehabilitation and retention in Army.

**Objectives**

4. The objectives for the 2016 WIIDF are:
  - a. to provide a forum for Army's senior leadership and other relevant service providers to listen and learn from the experiences of WII personnel and their families
  - b. to learn from the experiences of commanders, RSMs and rehabilitation staff in support WII members to return to work
  - c. to refine existing strategies and programs in support of WII personnel and their families

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- d. to ensure that WII personnel and their families are supported to independence through the programs available
- e. to promote and share best practice across Army

**Participants**

- 5. The following personnel participated in the 2016 WIIDF:

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**Sequence of events and format**

6. An initial briefing for facilitators was conducted on 17 Oct, which was followed by a welcome function on 17 Oct 16. Day one of the forum consisted of opening addresses by the CA, Defence Minister to the forum and then syndicate group discussions were facilitated for the remainder of the day. Day two commenced with syndicate group feedback briefings to the forum, followed by a guest speaker and closing address to the forum. SWIIP staff and forum facilitators then conducted a post activity report meeting.

- 7. The aims of the WII members and family syndicate discussions included:
  - a. experiences of rehabilitation, medical treatment and support during recovery
  - b. return to work programs and how members were employed
  - c. member in put into their return to work and rehabilitation

**Summary of syndicate discussion outcomes (Group Four - Syndicate Orange)**

8. **Session One: Personal Experiences.**

- a. **Medical management.** A general lack of capacity and resources to meet demand which presented or impacted the following:
  - (1) extended and delayed wait times to see an MO or allied health professional, which further delayed access to Specialists who typically have long wait times
  - (2) disruptions to continuity of care
  - (3) quality of care
  - (4) restrictions are too 'restrictive' and generic, typically further clarification is required by member and commanders
- b. **Unit management.** Staff appear to lack information and awareness of welfare, medical, return to work, rehabilitation processes and support options available.

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- c. **Other support.** DVA is a complex organisation, as are the processes for claims. There is a general lack of understanding and awareness of who does what, confusion regarding OBAS versus advocates. Issues were also raised regarding assessments which don't seem to consider non-work and other life impacts of injury (ie. family, personal) and there are at times contradictions and confusion caused when a member is medically discharged however DVA assessment determines there is no issue.

9. **Session Two: Employment Opportunities, Return to work and Empowerment.**

a. **Part 1 – Employment Opportunities and Return to Work**

- (1) Some organisations are better resourced and structured to manage WII with dedicated cells and staff with relevant expertise and skillsets ie. SRC, rehabilitations PLs (typically training organisations)
- (2) There is misinformation and/or misperceptions about SRCs, ADFRP, and UWB versus IWBs.
- (3) Return to work and rehabilitation needs to factor in alternative engagement options for members, in addition to the skill degradation that occurs, especially when personnel are injured as trainees.

b. **Part 2 – Empowerment**

- (1) Diagnosis and/or prognosis is key for members and the unit to move forward.
- (2) Information on rights, responsibilities and requirements enabled informed decisions by members and their chain-of-command.

10. **Session Three. What can be improved?**

- a. **Training.** Knowledge of the welfare, injury management, medical and rehabilitation system and associated process through training and education. The education and awareness needs to target WII members (upon being injured), Command groups (leaders), and UWOs.
- b. **Communication.** Communication involving the chain-of-command needs improvement. Command engagement needs to increase with the WII member and the medical/rehabilitation stakeholders. To facilitate resources can be developed (such as a pamphlet on difference MECs – what does J40 mean? etc). And increased communication regarding the Wellbeing Portal.
- c. **Return to work.** Return to work options need to consider broader alternative options for employment of the WII member. Options and the return to work program needs to also consider minimising skill degradation (particularly trainees who are likely to return to training) and maintaining a connection with the unit as much as possible. For those members that are unable to return to their pre-injury role or job, reducing the barriers to trade or service transfer would improve retention of WII members within the ADF. Identified barriers included pay, ROSO/IMPS (particularly for Goal

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2s) and lack of recognition or mapping across attained rank or skills to a potential alternative career pathway.

11. **General Observations.** Facilitators identified an additional and ongoing theme relating to the stigma associated with being injured and medically downgraded, regardless of whether it was a physical or mental health condition. Responses and discussions revealed members still feel the need to hide injuries, have concerns regarding the career impact of raising injury concerns and feel isolated once they are injured or downgraded.

**Conclusion**

12. The key themes and issues raised above from the three sessions were consistently recounted not only with the other syndicate debrief points, but also what resulted from the Senior Leaders syndicate group consisting of senior leadership appointments, COs and RSMs.

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Nov 16

**Distribution** (Electronic only)

**External:**

SOHQ  
AHQ

(Attn DSOS, SOJ07 & SO to COMD SF)  
(Attn SWIIP)

**Internal:**

CO  
RSM  
RXO  
PSOs  
OCs/XOs/CSMs (All)



**AUSTRALIAN ARMY**  
Director General Personnel Army

**Minute**

DGPERS-A/OUT/2017/R27676170

CA

**POST ACTIVITY REPORT 2016 WOUNDED, INJURED AND ILL DIGGER FORUM**

**Introduction**

1. The Wounded Injured and Ill Digger Forum (WIIDF) is an annual activity which enables WII soldiers and their families to share their experiences during rehabilitation and recovery with Army's senior leadership, relevant stakeholders and service providers and to workshop improvements to the care, management and support to our WII. The theme of the 2016 WIIDF was rehabilitation and return to work.

**Forum objectives**

2. The Forum provided an environment for Army, Defence and other governmental stakeholders to learn about the experiences, positive and negative, of Army personnel and families who were going through (or had been through) rehabilitation. A select group of Army commanders, RSM and rehabilitation staff were also invited to attend the Forum to discuss their experiences and share both challenges and points of excellence.

3. The forum's objectives were to:

- a. provide a forum for Army's senior leadership and other service providers to listen and learn from the experience of WII personnel and their families
- b. learn from the experiences of commanders, RSM and rehabilitation staff in supporting WII members to return to work
- c. refine existing strategies and programs in support of WII personnel and their families
- d. to ensure that WII personnel and their families are supported to independence through the programs available
- e. to promote and share best practise across Army.

**Participants**

4. A call for nominations was released s47E(d) participants (and family/support member) across FORCOMD, SOCOMD and HQ 1 DIV. Nominations were sought for individuals s47E(d)

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## Media

8. A media release was prepared for Minister for Defence Materiel and Science, and released on 18 Oct 16. A copy of the media release is at annex B.

9. A military reporter and photographer attended the Forum. An article was published in Edition 1385 (3 Nov 16) of Army News. A copy is provided at annex B. External media coverage was not used due to sensitivities of the topics under discussion.

## Outcomes and recommendations

10. Three key areas of improvement were identified as a result of the syndicate group discussions on the first day and plenary feedback on the second day of the forum. These were:

- a. Continuity of care, covering both medical and unit domains
- b. Meaningful engagement and employment within units during rehabilitation
- c. The medical waiver system.

11. Four additional priorities of effort were also highlighted:

- a. Communication and education
- b. Governance and compliance
- c. Policy improvement
- d. Sharing and embedding excellence.

12. Throughout the Forum, CA intent of supporting wounded, injured and ill personnel to facilitate independence, not dependence was continually reinforced. The desire for greater availability of information and connectedness of programs provides evidence that individuals in attendance at the forum desired to better understand the processes they were part of and to be better able to lead their own recovery.

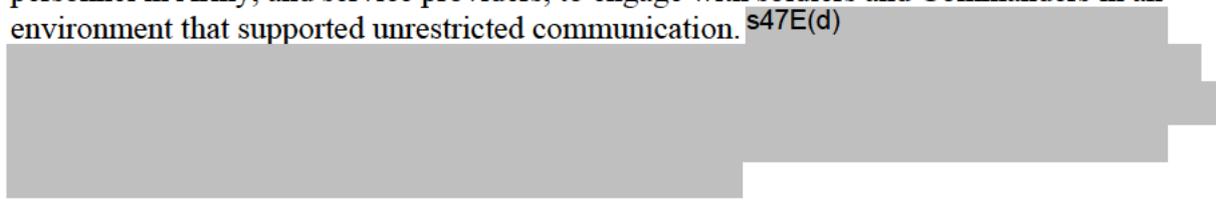
13. s47E(d)

The Directorate of Army Health will work with relevant stakeholders to take appropriate actions and tasking as a result of the recommendations in 2017.

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## Conclusion

34. The 2016 *Wounded, Injured and Ill Digger Forum* provided an opportunity for Army to lead discussion on the processes, management and care of WII members during rehabilitation and supporting them to return to work. The Forum construct allowed key personnel in Army, and service providers, to engage with soldiers and Commanders in an environment that supported unrestricted communication. s47E(d)



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DAH

Feb 2017

### Annexes:

- A. List of Invited Guests, Commanders, Facilitators and Participants
- B. Media Release and Army News article
- C. Outcomes and Recommendations
- D. WIIDF Closing Address PowerPoint
- E. Resource Usage Summary

**2016 CA WOUNDED, INJURED AND ILL DIGGER FORUM**

**Invited Guests, Commanders, Facilitators and Participants**

<b>VIP Guests</b>	
The Hon Dan Tehan MP	Minister for Defence Personnel
LTGEN Angus Campbell	Chief of Army
MAJGEN Gus Gilmore	Commander Forces Command
MAJGEN Jeff Sengelman	Special Operations Commander Australia
AVM Tracy Smart	Commander Joint Health Command
CDRE Paul Kinghorne	Defence SWIIP
CDRE Michele Miller	DG Navy People, Navy
CDRE Sarah Sharkey	DG Garrison Health Operations. JHC
BRIG Len Brennan	DG Army Health Services
BRIG Vance Kahn	Deputy Special Operations Commander
Monsignor Glynn Murphy	DG Chaplaincy - Army
BRIG Wade Stothart	DG Career Management - Army
BRIG Leigh Wilton	A/Deputy Chief of Army
s47E(d)	representing Commander 1 <sup>st</sup> Division
	Defence SWIIP
	A/DG Personnel - Army
	Director Army Health
	Defence SWIIP
	RSM - Army
	RSM Forces Command
	RSM SOCOMD
Ms Liz Cosson	Deputy Secretary/COO DVA
Mr Simon Lewis	Secretary DVA
s47E(d)	Assistant Secretary, Mental & Social Health, DVA
Mr David Morton	DG Mental Health, Psychology and Rehabilitation, JHC
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Mr Paul Way	DG Defence Community Organisation, DPG

## **Seventh annual wounded, injured and ill digger forum**

18 October 2016

Army's efforts to support wounded and ill soldiers return to work would provide valuable lessons for the Australian community, Minister for Defence Personnel Dan Tehan told a conference today.

The 2016 Chief of Army Wounded, Injured and Ill Digger Forum in Canberra today focused on rehabilitation and return to work with particular emphasis on improving support and services to empower individuals and their families to lead their own recovery journey.

Mr Tehan said the forum reinforced the Army's commitment to supporting its wounded, injured and ill soldiers.

"This event reflects Army's ongoing support to its members who have been wounded, injured or become ill during service, and its determination to retain members through strong rehabilitation and retention practices," he said.

"It is important that all levels of the army can come together and discuss how we can better support our wounded and ill personnel to help them recover and continue to make a contribution to the ADF.

"Activities such as the Wounded, Injured and Ill Digger Forum contribute to the ongoing development and refinement of Army's support for members and their families.

"The best practice developed by Army can help other organisations improve how they get their injured and sick people back to work."

The forum is part of the Army's Support to Wounded, Injured and Ill Program which was established in 2008 to meet the needs of personnel returning from operational deployments in East Timor, Iraq and Afghanistan.