Don’t let the old soldiers just fade away

The objective of this note is to try to generate discussion on how ex-servicemen and women and their organizations can place a greater emphasis on welfare, particularly for aged veterans. It seems the level of ex-service community effectiveness in this area varies considerably from one place to another and needs to be reinvigorated.

Veterans in aged care facilities, those hospitalized, and those wanting to stay in the family home can easily lose contact with their mates and their representative organizations (ESOs). The recent closure of an aged care facility in Victoria revealed there were 17 veterans and war widows in residence and through the good work of ESOs in conjunction with the DVA, their issues are being resolved. I am not convinced this positive outcome is duplicated Australia wide. When veterans are placed in Residential Care they are administered jointly by DVA and the Department of Health and Ageing (DOHA). Evidence suggests that this placement can start a chain of disconnection with the veteran community. This disconnection must not result in a loss of the veteran’s entitlements. It is important that the veteran’s entitlements are honoured. Perhaps a system similar to that which coordinates hospital visits needs to be in place. Thereby the veteran would have optional access to ‘welfare’ visits from the ex-service community by way of designated hospital visitors.

Veterans and war widows who choose to stay in the family home can be particularly vulnerable to the devastating effects of social isolation, especially if they lose contact with friends and family. They need to be made aware of their entitlement to veterans’ home care and to use it. They need to be encouraged to welcome procedures like pharmaceutical reviews and assessments of the safety of their homes. There is very clear evidence that older veterans are seeing doctors less frequently than they should because of the lack of doctors able to undertake home visits.
I am also told, surprisingly, that in some areas there has been a reduction in ESO organized hospital visits. This is disappointing. We need a greater effort in the area of welfare. It is not hard for ESO sub-branches, members of any veterans’ group, or any list of volunteers to get their heads together and arrange home, aged care facility and hospital visits in their local area. Anybody who has a computer is well aware that many veterans have plenty of time on their hands and if they are willing and able, perhaps some of that time could be volunteered. Even a simple phone call can make a difference.

There is an important question that we need to address and it is, "how can ex-servicemen and their organisations work more constructively with health care providers whether they be doctors or residential care facilities etc in providing social and welfare support for older veterans and war widows". Bearing in mind 60% of our veterans and war widows are now over the age of 80 and 75% over the age of 70 with multiple health problems including visual, hearing and importantly major problems with mobility which means they have difficulty getting out of the home to shop, see their doctor or visit their friends. What we require are suggestions in relation to a range of matters that could be organised by ESOs that would support older veterans and war widows in hospital, in their home or in residential care.

Please let me know about any success stories from which we all can learn how to better deal with the problems facing aged care. I am interested in any ideas that may help to improve the present system.

Blue Ryan

TPI National President