

Chapter 6

Discharge, transition to civilian life, and veteran homelessness

Introduction

6.1 This chapter considers the effectiveness of training, education, and transition support services provided to Australian Defence Force (ADF) members at discharge; the Memorandum of Understanding (MoU) between the ADF and Department of Veterans' Affairs (DVA) and the effective transfer of responsibility of care; and veterans experiencing homelessness due to mental ill-health and other issues related to their service.

Discharge

6.2 A number of submissions highlighted discharge as a critical time for ADF members, with poor transition experiences linked to poor reintegration and poor mental health outcomes.¹ Phoenix Australia noted that 'the process of transition is a critical point in the military/veteran lifecycle and one which, if not managed well, may be the beginning of a downward spiral'.²

6.3 Defence assured the committee that it provides comprehensive health support for ADF members at discharge, with all members undergoing a comprehensive Separation Health Examination prior to separation:

All ADF personnel undergo a comprehensive Separation Health Examination prior to separation which identifies all physical and mental health issues and ongoing treatment requirements, links them to civilian providers if applicable, completes paperwork for ComSuper (for medical discharges), assists with DVA compensation claim submissions and provides them with a medical summary and supporting documentation to take to their new civilian health care provider.³

6.4 Defence advised that the Separation Health Examination 'aligns closely with the DVA assessment to facilitate a smooth transition to the civilian health care sector for ADF personnel' as well as providing baseline health information for civilian health care providers.⁴ DVA advised the committee that the *Support for Wounded, Injured or*

1 For example: Veterans Care Association, *Submission 4*, p. 1; Mr Mark Keynes, *Submission 10*, pp 3–4; Mr Robert Shortridge, *Submission 16*, p. 4; Walking Wounded, *Submission 18*, p. 5; Returned and Services League of Australia, *Submission 19*, pp 6, 13, 16, 18, 23; Australian Psychological Society, *Submission 22*, pp 3–4, 12; Soldier On, *Submission 29*, p. 11; Phoenix Australia, *Submission 30*, pp 9–10; beyondblue, *Submission 41*, p. 5; Slater & Gordon Lawyers, *Submission 51*, p. 20; Young and Well Cooperative Research Centre, *Submission 62*, pp 1–2; Australian Peacekeeper and Peacemaker Veterans' Association, *Submission 78*, pp 3, 9–10.

2 Phoenix Australia, *Submission 30*, p. 10.

3 Department of Defence, *Submission 34*, p. 18.

4 Department of Defence, *Submission 34*, p. 18.

Ill Programme provides support for personnel from the point of injury through to ongoing support after military service. It is a joint Defence and DVA undertaking to provide coordinated, transparent, and seamless support to individuals during their service and after transition from the ADF by:

- enhancing support for personnel with complex or serious medical conditions who are transitioning to civilian life;
- improving information sharing between Defence and DVA relating to injury or illness;
- simplifying processes involved in applying for an acceptance of liability for compensation; and
- streamlining and simplifying compensation claims handling.⁵

Transition seminars and services

6.5 The Returned & Services League of Australia (RSL) highlighted the disparity between the intensity and length of training provided to members when joining the ADF compared to the training provided when they leave. The RSL noted that positive transition experiences are linked to mentors who can guide and sometimes 'forcefully encourage' veterans to actively engage in the transition process:

A number of veterans have spoken of the intensity and length of their initial training in Defence compared with the much reduced two-day transition seminar when leaving. Veterans report transition experiences ranging from positive and successful to poor. Successful transition appears to often be linked to a mentor or individual in Defence who is encouraging, helpful and at times forcefully encourages the veteran to actively engage in the process and complete the necessary tasks prior to discharge.⁶

6.6 The Australian Psychological Society also commented on the importance of providing adequate time and guidance to transitioning members, noting that the intensity and volume of the two-day transition seminars provided by Defence can be overwhelming and make it difficult for transitioning members to retain and understand the information they are being presented:

These transition seminars take place over two days and provide a variety of information such as job search strategies, personal wealth creation, financial planning, private health insurance etc. APS members report the volume and intensity of the information provided at these seminars is potentially overwhelming making it difficult for participants to retain and understand priorities. In addition these seminars do not currently include representatives from all aspects of the service system - for example, hospital based services are not invited to present. It is suggested these

5 Department of Veterans' Affairs, *Submission 35*, pp 29–30.

6 Returned & Services League of Australia, *Submission 19*, p. 6.

transition seminars could be improved by staging the information over a period of time with additional support such as guidance personnel.⁷

6.7 Defence informed the committee that the two-day Transition Seminar aims 'to ensure members and their families are well informed and encouraged to access educational, financial, rehabilitation, compensation and other government services to facilitate sound transition planning'. Joint Health Command have developed the LifeSMART presentation, given during the Transition Seminar, which aims 'to increase members' psychological resilience and develop awareness of better ways of coping with the challenges of transition to civilian life'.

6.8 Defence noted that members are 'required to finalise their arrangements well before their date of separation from the ADF' and that administrative management and support are provided by Regional ADF Transition Centres. Members can also access the ADF Transition Handbook, which provides transition information and support online. Furthermore, the Directorate of National Programs in the Defence Community Organisation provides services to 'ensure that ADF personnel and their families remain well informed, and are encouraged to access educational, financial, rehabilitation, compensation and other government services to facilitate sound transition planning'.⁸

6.9 DVA advised that the Veterans and Veterans Families Counselling Service (VVCS) Transition Program, 'Stepping Out', is available prior to separation and can be accessed up to twelve months after separation.⁹ Stepping Out is a two-day voluntary program offered to all transitioning ADF members and their partners and focuses on the 'transition process and what it means to go from military life to civilian life as an individual and as a family – in both practical and emotional terms'.¹⁰ DVA noted that it recently launched the High Res website and mobile application (replacing the Wellbeing Tool Box), which provides self-help tools and interactive learning resources for ADF members, veterans, and their families.¹¹

On Base Advisory Service

6.10 Defence advised that serving and discharging ADF members can seek advice and information about DVA support services and are encouraged to lodge compensation claims early at On Base Advisory Services (OBAS), which are available on over 44 Defence bases across Australia.¹² DVA told the committee that the OBAS officers are 'selected for their experience and understanding of DVA

7 Australian Psychological Society, *Submission 22*, p. 13.

8 Department of Defence, *Submission 34*, p. 18.

9 Department of Defence, *Submission 34*, p. 18.

10 Department of Veterans' Affairs, Veterans and Veterans Families Counselling Service, *Stepping Out (Transition Program)*, <http://www.vvcs.gov.au/Services/GroupPrograms/stepping-out.htm> accessed 18 February 2016.

11 Department of Veterans' Affairs, *Submission 35*, p. 29.

12 Department of Defence, *Submission 34*, p. 18.

entitlements and processes¹³ and that the uptake of the OBAS has steadily increased since its implementation in October 2011 (see table 5.1).¹⁴

Table 6.1 – National Uptake of On Base Advisory Services

	2012-13	2013-14	2014-15
Enquiries*	8,869	13,548	14,145
New Client to DVA**	2,777	4,162	4,781
Enquiries relating to medical discharge	1,134	2,145	2,349

*Enquiries relate to face to face interviews, email and phone contact and are a result of various factors including but not limited to multiple client visits, client's registering for qualifying service only, following up post-claim issues.

**A new client to DVA is an Australian Defence Force member who does not appear on any DVA system.

Department of Veterans' Affairs, answer to question on notice, 21 September 2015, (received 13 November 2015).

Rehabilitation, education and re-skilling

6.11 A number of submissions highlighted the importance of providing ADF members with adequate rehabilitation, education and re-skilling to ensure that recovery and reintegration into civilian life is successful.¹⁵ Soldier On stressed the importance of education and re-skilling for veterans' rehabilitation and positive mental health outcomes, noting that many ADF members have not engaged with employment in any sector other than the ADF:

Many of our serving and ex-serving men and women will have joined the services at a young age, and have not engaged with employment in any sector other than the ADF. Applications, skills requirements, and processes and procedures are all significantly different. For any veteran the transition is a challenge, but for those dealing with a mental health issue, it can be near impossible to tackle alone.

In tooling our ex-serving man and women for the civilian workforce, we will be able to give them a positive start in their life after service. Some veterans may not be able to work full time, but giving them the opportunity to study, to work part time, to keep their minds active and to contribute to

13 Department of Veterans' Affairs, *Submission 35*, p. 50.

14 Department of Veterans' Affairs, answer to question on notice, 21 September 2015, (received 13 November 2015).

15 For example: Veterans Care Association, *Submission 4*, p. 2; Returned and Services League of Australia, *Submission 19*, pp 18–19; Solider On, *Submission 29*, p. 11; Alliance of Defence Service Organisations, *Submission 40*, pp 10–11; Royal Australian Regiment Association, *Submission 46*, pp 8–9; Royal Australian Armoured Corps Corporation, *Submission 59*, pp 10–12; KCI Lawyers, *Submission 71*, p. 10; Australian Peacekeeper & Peacemaker Veterans' Association, *Submission 78*, pp 7–9.

their family and their community will only have positive outcomes for their rehabilitation.¹⁶

6.12 Soldier On also told the committee that there are inconsistencies and confusion regarding the rehabilitation, education, and re-skilling services that are available to veterans, recommending that a consistent transition process be made available to all when they leave the ADF:

It is recommended that a universal transition program is developed for all those departing from the ADF, so that at the very least these men and women have the capability to find meaningful work after their service.

For those with mental health issues, current offerings through DVA don't allow flexibility to change courses, or for up-skilling once a course has started. This means there is less chance of meaningful employment as a result of this study, and more chance of leaving a job and staying unemployed for a long period of time...there are also issues around awareness, with many veterans not understanding how much they can study, how long they can work, how much they can access in study support, and whether or not they are in any way eligible.

It is recommended that this process is simplified and made easier to understand. A simple document should also be developed to highlight who is eligible to study without affecting their entitlements, how long ex-serving men and women can work/volunteer each week without an impact on their entitlements, and who can access what level of study support in order to up-skill for the civilian workforce.¹⁷

6.13 KCI Lawyers advised the committee that DVA provides 'vertical rehabilitation' that disadvantages junior-ranked members by only allowing veterans to undertake rehabilitation based on the level of education, experience and employment they held prior to their injury or mental ill-health:

DVA will not provide rehabilitation to assist and retrain a member to a new level of education with the potential to obtain employment with tertiary or similar type education if they did not exhibit such a potential prior to their injury. Worse still is DVA terminating a Veteran's incapacity payments on the basis that if they undertake tertiary education' without permission' i.e. assessed by DVA and determined to be suitable and appropriate, then they must have a 'capacity to earn' by undertaking further education.

This is in contrast to former ADF Officers/Veterans who, having undertaken and achieved tertiary education are offered and provided with additional tertiary education which includes postgraduate degrees like MBAs and similar type education opportunities. That is, if they have shown a capacity to undertake tertiary education then they are eligible for

16 Solider On, *Submission 29*, p. 11.

17 Soldier On, *Submission 29*, p. 11.

additional tertiary education by DVA to be accepted as a rehabilitation program.¹⁸

6.14 This was also raised by the Australian Peacekeeper & Peacemaker Veterans' Association, commenting that this this contravenes the whole-person approach to rehabilitation and thwarts the objectives of psychosocial rehabilitation:

We are aware that the [Military Rehabilitation and Compensation Commission] is rejecting veterans' applications for vocational or tertiary education. Accepting that the evidence is anecdotal, two [Commission] Delegates are alleged to have said: You're a soldier and don't have the brains to go to university, and you don't need that TAFE course, there's no job available.¹⁹

6.15 DVA told the committee that rehabilitation programs are tailored to meet the individual needs of veterans after discharge, taking medical, vocational, psychosocial, and educational factors into account. Rehabilitation programs can include medical; dental; psychiatric; in-patient and out-patient care; physical exercise and physiotherapy; psychosocial training and counselling; aids and appliances; and modifications to workplaces, homes and cars. DVA advised that clients can be referred and assessed for rehabilitation once their liability claim has been accepted:

The process for receiving rehabilitation begins with the client submitting a liability claim to DVA. Once a claim is accepted, a needs assessment is conducted to determine what services are suitable and available to the client. Where appropriate, the client is referred for rehabilitation. Following referral, a DVA rehabilitation coordinator will organise a third-party rehabilitation provider to organise further assessment and preparation of a rehabilitation plan. Concurrent to the rehabilitation process, a client may also receive medical treatment and financial support such as incapacity payments and permanent impairment compensation.²⁰

6.16 DVA advised the committee that there has been an overall growth in rehabilitation activity in recent years (see table 5.2) and that the 2015-16 budget funded an enhancement of the Veterans' Vocational Rehabilitation Scheme, providing \$200,000 in 2015-16 and a total of \$700,000 over the forward estimates to improve the scheme's operation.²¹

18 KCI Lawyers, *Submission 71*, p. 10.

19 Australian Peacekeeper & Peacemaker Veterans' Association, *Submission 78*, p. 7.

20 Department of Veterans' Affairs, *Submission 35*, p. 32.

21 Department of Veterans' Affairs, *Submission 35*, pp 33–34.

Table 6.2–Rehabilitation activity by DVA (assessments completed)

	2009-10	2010-11	2011-12	2012-13	2013-14
<i>Safety, Rehabilitation and Compensation Act 1988</i>	944	988	1124	1113	830
<i>Military Rehabilitation and Compensation Act 2004</i>	475	557	765	1025	1132
Veterans' Vocational Rehabilitation Scheme	106	116	111	88	123
Total	1525	1661	2000	2226	2085

Department of Veterans' Affairs, *Submission 35*, p. 33.

6.17 DVA noted that it has also recently implemented a number of improvements to ensure continuity of care for ADF members and smooth transition from ADF rehabilitation services to DVA rehabilitation providers:

...changes have been made to the coordination and communication between DVA and the ADF Rehabilitation Programme to facilitate the transition of separating ADF members from this Programme to DVA's rehabilitation arrangements. ADF personnel already undertaking a rehabilitation plan with established goals in place are continued in the DVA environment, including, where possible, use of ADF rehabilitation providers to ensure an unbroken provider support environment for clients.²²

6.18 DVA advised the committee that it has recently 'completed a number of ongoing business improvement activities' to improve quality of support, provider knowledge, and coordination of its rehabilitation program. This includes a range of new communication materials and stakeholder education with staff, rehabilitation providers and clients including:

- publishing an online rehabilitation e-learning package for clients and providers;
- publishing rehabilitation success stories to promote rehabilitation pathways;
- developing a new provider newsletter;
- upgrading DVA's rehabilitation website;
- launching a new social media campaign;
- publishing a rehabilitation online brochure and information pack; and

22 Department of Veterans' Affairs, *Submission 35*, p. 35.

- developing an active liaison and communication program with key stakeholders including defence welfare groups and DVA's On Base Advisory service.²³

6.19 DVA informed the committee that the Veterans Employment Assistance Initiative was launched in September 2014. The initiative aims to 'help injured former ADF members reclaim independence, realise their skills and capabilities, and achieve their vocational rehabilitation goals post-service'. DVA advised that the initiative focuses on three key areas:

- enhanced vocational rehabilitation arrangements;
- employer engagement; and
- early engagement with clients through the ADF Rehabilitation Programme.

6.20 The first stage of the initiative was a six-month pilot conducted in South East Queensland from September 2014 to February 2015. The pilot aimed 'to monitor and evaluate the enhanced approach to vocational rehabilitation to ascertain the strengths of the approach and identify any improvements that could be made, DVA advised that, whilst the evaluation of the pilot is currently underway, initial indications are that it has been successful.²⁴

6.21 DVA also informed the committee of the MRCA Rehabilitation Long-Term Study project. It is a joint DVA and Defence project which will 'examine the effectiveness of rehabilitation arrangements under MRCA within both the ADF and DVA, over the long term'. DVA advised that the project is in its early planning stage and will 'provide Defence and DVA with a clear understanding of the effectiveness of current rehabilitation programmes and services and an improved understanding of the client group'.²⁵

Continuity of support and transfer of responsibility of care from ADF to DVA

6.22 A number of submissions criticised the transfer of responsibility of care from ADF to DVA.²⁶ Phoenix Australia acknowledged that is 'considerable collaboration' between the ADF and DVA for members who have been identified as physically or psychologically unwell in the period before discharge, but that 'many mental health problems may not be obvious while the person is still serving and may not become apparent until months or years after serving'. Phoenix Australia noted that these

23 Department of Veterans' Affairs, *Submission 35*, p. 34.

24 Department of Veterans' Affairs, *Submission 35*, p. 34.

25 Department of Veterans' Affairs, *Submission 35*, p. 35.

26 For example: Mr Robert Shortridge, *Submission 16*, p. 14; Returned & Services League of Australia, *Submission 19*, p. 16; Mr Robert Shearman, *Submission 21*, p. 3; Australian Psychological Society, *Submission 22*, p. 13; Soldier On, *Submission 29*, p. 11; Phoenix Australia, *Submission 30*, p. 10; Legacy Australia, *Submission 39*, p. 4; Royal Australian Regiment Association, *Submission 46*, p. 4; Slater & Gordon Lawyers, *Submission 51*, p. 18; KCI Lawyers, *Submission 71*, pp 8–9.

veterans may 'fall through the gap' suffering a steady deterioration in mental health and functioning to the point of substantial disability before they eventually seek help.²⁷

Memorandum of Understanding

6.23 In February 2013, Defence and DVA signed the *Memorandum of Understanding for the Cooperative Delivery of Care and Support to Eligible Persons* (MoU).²⁸ The MoU is intended to 'ensure that eligible wounded, injured or ill ADF members, and their families, are supported and cared for during and after their service'.²⁹ Other principles of the MoU include ensuring that:

- the framework of care and support, spanning both Defence and DVA is enduring;
- Defence and DVA provide other support and Services as may be agreed from time to time and as set out in the MoU;
- the funding arrangements that support the rehabilitation of members are defined and understood;
- communication with wounded, injured, or ill ADF members, and supporting agencies, will reflect the joint responsibilities of Defence and DVA;
- governance arrangements will facilitate collaborative policy and program development and allow for engagement on emerging issues affecting both Defence and DVA; and
- Defence and DVA's respective, and joint, responsibilities for the support of wounded, injured, or ill current and former members are measured and reported.³⁰

6.24 The RSL criticised the MoU, describing it as 'a very prosaic attempt to outline how two Federal Government Departments should attempt to co-exist when both are hamstrung by a third organisation, the Department of Finance'. The RSL emphasised that the MoU 'needs more rigour in relation to transition; it needs a better system of ensuring that the individual is not discharged from the ADF prior to their entitlements being satisfied'.³¹ In addition, the RSL asserted that:

- the operating principles, as written, are not being adhered to;

27 Phoenix Australia, *Submission 30*, p. 10.

28 It should be noted that in November 2013 the *Memorandum of Understanding* was updated to remove reference to veterans.

29 Department of Defence and Department of Veterans' Affairs, *Memorandum of Understanding for the Cooperative Delivery of Care and Support to Eligible Persons*, p. 8.

30 Department of Defence and Department of Veterans' Affairs, *Memorandum of Understanding: Cooperative Delivery of Care and Support to Eligible Persons*, version 1.1, November 2013, pp 8–10.

31 Returned & Services League of Australia, *Submission 19*, p. 16.

- too many people are being discharged from the ADF on medical grounds before DVA has determined their claim;
- the effectiveness of the support continuing using agreed metrics and feedback from current and former ADF members is not being conducted and/or published;
- co-operation 'in real terms' between Defence and the ex-service community 'has been limited in the extreme';
- the schedules outlining the provision of services are inaccessible; and
- communication management between Defence and DVA 'remains cosmetic' for those stakeholders not in either Defence or DVA.³²

6.25 Defence assured the committee that 'Defence and DVA maintain a strong, coordinated and effective relationship' under the MoU. Defence noted that the MoU provides for oversight of the normal interaction of the two departments as well as facilitating the development of joint initiatives. Defence noted that each department is aware of, and can contribute to, key initiatives that are being progressed independently by each department.³³ DVA informed the committee that the MoU has 'been effective in ensuring that both Departments consider and respond to issues impacting upon the care and support of current and former ADF members'.³⁴

Gaps in support

6.26 The Australian Psychological Society reported that it 'can often take from six weeks to six months for some veterans to access income from their superannuation or pension', noting that 'this creates clear barriers for veterans in obtaining accommodation, other important capital expenditure decisions and creates barriers for essential functions like daily living'.³⁵ The RSL advised the committee that this can be especially detrimental for veterans who are not medically discharged, but find themselves unable to work due to mental or other illness:

Financial difficulty can be even more pronounced for veterans who are not medically discharged, but subsequently find themselves unable to work due to mental or other illnesses. Delays in claims processing may drag on for six months or longer. It can for example, take the DVA many months just to ascertain that a veteran served in the ADF, let alone process their injuries. During this time the veteran will receive no income, and may not be able to access medical services.³⁶

6.27 The committee received evidence from Miss Alanna Power and her partner, Mr Ryan Geddes (a veteran combat engineer who served in Afghanistan and who

32 Returned & Services League of Australia, *Submission 19*, p. 16.

33 Department of Defence, *Submission 34*, p. 16.

34 Department of Veterans' Affairs, *Submission 34*, pp 22–23.

35 Australian Psychological Society, *Submission 22*, p. 13.

36 Returned & Services League of Australia, *Submission 19*, p. 14.

struggles with PTSD anxiety and depression as a result of his service) regarding the hardships of transition and the lack of support available. Miss Powers and Mr Geddes described it as a slow and difficult process which placed significant personal, financial, and emotional strain on their family:

...when he was finally diagnosed with PTSD, anxiety, depression...That was when he first contacted DVA. That was when he started going through that claims process of, you know, are they going to accept liability, are they not? Obviously he could not work. He had medical certificates saying that he was not fit for employment in any capacity. But still, we did not get any financial support whatsoever. Once DVA did finally admit liability, which was nine months later, they turned around and said, 'We'll pay him minimum wage', which really is not much, 'until we know if ComSuper is going to recognise his claim and pay out on that.'

We were told by ComSuper it would take six weeks to sort of look at all his medical documents and all of that and make a decision...So it was supposed to take six weeks to get the medical documents. It took nearly five months. When that finally happened, DVA have said, 'Yes, we will pay you the correct rate', which only gives 100 per cent of your wage for 52 weeks, and then after that, with medical documentation, it drops down to 75 per cent. So you have that side of dealing with DVA, which is, I guess, your incapacity payments, they are called, which is like your wage, and the other side of dealing with DVA is also your payout, your compensation. For us, that was probably the hardest part. It is a lot of paperwork to submit. They lose a lot of paperwork. They do not help you in any way. You always have to reach out to them to find out what is happening with your claim, which I think is a bit unfair. You cannot expect someone who is mentally ill to be following up with DVA on a weekly basis to make sure that someone is doing their job properly.³⁷

6.28 The Chief of the Defence Force (CDF), Air Chief Marshal Mark Binskin AC, assured the committee that there are a number of programs in place to address gaps so that 'there is no chasm that sits between the two organisations'. However the CDF noted that, despite this, and despite encouragement from Defence to contact DVA during transition, members who do not have an identified medical condition often do not realise that they need assistance until after they have already left Defence, resulting in the potential for a gap between Defence and DVA support:

In transitioning someone out, the minute they start to transition we have the transition centres on the bases to be able to help them. As you know, it is the paperwork myriad to step through. There are programs there to help them transition. As we start to transition them out, very early on we make sure they are put into contact with DVA. As I said earlier, 33 per cent do not want that. We need to work around why that is the case.

If someone has of recognised medical issue—a physical or mental issue—as they transition, that transition occurs across to DVA. That is handed to DVA. Where we find issues arise is: for people do not have a declared

37 Miss Alanna Powers, *Committee Hansard*, 31 August 2015, p. 67.

medical condition, their transition out is the point that they realise, 'Oh, now I don't have that whole structure around me—that support network that I needed.' Issues start to come to the fore. Then they need to go into the DVA process after having come out of Defence. What we are trying to do up-front with as many people as we can is to get them to understand that, if they think they have an issue, we need to address it before they come out of Defence. Then we can hand them to DVA. There are a number of programs in place to improve that so that there is no chasm that sits between the two organisations.³⁸

6.29 Mr Shane Carmody, Chief Operating Officer of DVA, told the committee that DVA is working with Defence to engage ADF members during transition and process their claims as quickly as possible to ensure a smooth and effective transition:

We are also very focused on transition. Clearly, we work very closely with Defence in trying to identify members and to ensure that members transition as effectively as they can. Continuity of care, particularly for those under treatment, is really important to us. As the CDF, there are people who leave, administratively or for other reasons, who do not make contact with us and need to make contact with us later. That is something that we are working very hard on to see whether we can reduce the number of people who opt out from contact with us when they leave, and to find if any mechanism we can to continue to engage with them to see whether we can meet their needs. It would be good if we could get their claims processed as quickly as we can and try to ensure that their transition is smooth. That is not always the case. But we are working very, very closely together on the Support for Wounded, Injured and Ill Program and various other programs to try to make the transition effective.³⁹

Veteran homelessness

6.30 The committee received a number of submissions regarding veteran homelessness.⁴⁰ Phoenix Australia advised the committee that 'veterans with PTSD and other mental health problems will be at greater risk of becoming homeless.'⁴¹

38 Air Chief Marshal Mark Binskin AC, Chief of the Defence Force, Department of Defence, *Committee Hansard*, 21 September 2015, pp 17–18.

39 Mr Shane Carmody, Chief Operating Officer, Department of Veterans' Affairs, *Committee Hansard*, 21 September 2015, p. 18.

40 For example: Mr Douglas Steley, *Submission 6*, p. 6; Mr Robert Shortridge, *Submission 16*, pp 4–5; Walking Wounded, *Submission 18*, pp 4–5; Returned and Services League of Australia, *Submission 19*, pp 11, 14–15, 25–41; Australian Psychological Society, *Submission 22*, pp 10–12; Dr Kieran Tranter, *Submission 27*, pp 30–40; Soldier On, *Submission 29*, pp 8–9; Phoenix Australia, *Submission 30*, p. 9; Alliance of Defence Service Organisations, *Submission 40*, pp 2, 4–5; Name withheld, *Submission 43*, p. 2; Royal Australian Regiment Association, *Submission 46*, p. 2; Slater & Gordon, *Submission 51*, pp 13–15; Royal Australian Armoured Corps Corporation, *Submission 59*, p. 4–6; Young and Well Cooperative Research Centre, *Submission 62*, pp 7–8; Dr Kevin Kraushaar, *Submission 64*, p. 12; Name withheld, *Submission 70*, pp 5–6; KCI Lawyers, *Submission 71*, p. 6; Mr Phil Hay, *Submission 72*, pp 1–9; Name withheld, *Submission 79*, pp 1–5.

41 Phoenix Australia, *Submission 30*, p. 9.

DVA noted that homelessness is very difficult to quantify and that it is working with the Australian Institute of Health and Welfare regarding improving data collection and working with Homelessness Australia to identify homeless veterans:

...we are trying to do to get a better handle on the numbers, we have got a couple of things in train. One is that we are working with the Australian Institute of Health and Welfare to refine the questions that are in the housing and homelessness data collection that is run periodically so that we get a better definition of what a veteran is and a better understanding from that collection about the number of veterans who are accessing specialist homelessness services.

We also have started to work with Homelessness Australia to see whether we can get information out to homelessness organisations about the services that DVA offers and get them to identify veterans who are accessing their services and refer them to us. But also they periodically do what they call a rough sleepers census, and we are looking at whether we can link in with them when they do those censuses to see whether we can identify veterans.⁴²

6.31 DVA advised the committee that 'the current estimate of homeless veterans is likely to be in the order of 200-300 Australia-wide'.⁴³ This number was disputed by the RSL, which criticised DVA, noting that 'already this year the DVA has cut its own estimates of at least 3,000 homeless veterans in 2009, to 300 in 2015'.⁴⁴ Mr Carmody explained that the difference in numbers was related to differences in definition of both veteran and homelessness:

There is a definitional issue: it is a question of risk of homelessness versus rooflessness—if I can put it that way—people who do not have anywhere to stay. Our difficulty with the figure that was in the survey of 2009 was that it was extremely broad, including people at risk of homelessness, people who were couchsurfing and quite a range of reasons. We ran our demographic against that number and came up with a smaller figure.⁴⁵

6.32 DVA also advised the committee that the provision of housing 'is not within our portfolio responsibility'.⁴⁶ DVA noted that, when it receives a report of a homeless veteran, it can provide the following assistance:

- referral to local homelessness agencies to assist with an immediate accommodation solution;

42 Ms Sue Campion, First Assistant Secretary, Health and Community Services Division, Department of Veterans' Affairs, *Committee Hansard*, 21 September 2015, p. 22.

43 Department of Veterans' Affairs, *Submission 35*, p. 49.

44 Returned & Services League of Australia, *Submission 19*, p. 28.

45 Mr Shane Carmody, Chief Operating Officer, Department of Veterans' Affairs, *Committee Hansard*, 21 September 2015, p. 22.

46 Mr Shane Carmody, Chief Operating Officer, Department of Veterans' Affairs, *Committee Hansard*, 21 September 2015, p. 23.

- referral to the VVCS, which can offer support to connect with local ex-service organisations offering long term assistance;
- investigation by a senior DVA staff member to ensure that the veteran is receiving all benefits and entitlements to which they are entitled;
- referral to Centrelink to assess potential for benefits or for further support; and
- arranging for changes in income support payments if this would assist a client in need.⁴⁷

Homes for Heroes

6.33 The RSL told the committee that the Homes for Heroes Program, originally established by RSL Lifecare in March 2014, is a comprehensive rehabilitation service that is available to 'veterans of any conflict, ex-servicemen and women and the families of those cohorts; providing they are genuinely homeless'.⁴⁸ The RSL noted that the Homes for Heroes Program is only in its early stages and has only just begun to publicise the program. Nonetheless, it has housed over 71 veterans. Mr Geoff Evans, the Ambassador and Founder of Homes for Heroes, explained that homelessness is not limited to veterans living on the streets:

When we talk about homeless veterans, we are not talking about people who are living rough on the streets. Of the 71 veterans that we have housed, only a fraction of them had been living rough—perhaps half-a-dozen. I cannot remember the exact number. But many of them are living in cars, couch-surfing and things like that. So 'homeless' implies that they are without a home, not without a house. Our experience is that veterans will not access mainstream homelessness services, particularly when they are young, because in the main it is too much of an admission of how far they have fallen.⁴⁹

6.34 The committee spoke to a number of homeless veterans who were receiving assistance from Homes for Heroes. One submitter told the committee that Homes for Heroes saved their life:

Since being here, I hear the term sleeping rough to describe someone who is homeless. But that doesn't do it justice. You're not camping. I was in a very dark place. I had very little money, I'd ostracized myself from all my family and friends, I had no one to turn to. I'd hit rock bottom. I literally went bush and went through the worst period of my life. I hated everyone and I hated myself and I was just on my own having nightmarish conversations with myself. I was broke, any claim outcome was at least 3 more months away but it didn't matter. I wasn't going to make it.

Having just gone through the darkest, lowest point in my life I can't express the feeling I had having a shower and going to bed on that first night. So

47 Department of Veterans' Affairs, *Submission 35*, p. 51.

48 Returned & Services League of Australia, *Submission 19*, p. 27.

49 Mr Geoff Evans, Ambassador and Founder, Homes for Heroes, RSL Lifecare, *Committee Hansard*, 18 November 2015, p. 1.

aside from the fact that Homes for Heroes saved my life, I want to bring to the attention of the committee why the structure of this organization provides an excellent model for other similar organizations to facilitate the recovery of ex-servicemen and women suffering mental illness.⁵⁰

6.35 Mr Gray Norman, a former infantry soldier, told the committee that he was injured during service, which resulted in a 'permanently damaged degenerative spine with a lot of nerve damage'. Mr Norman told the committee that 'they wanted to medically discharge me while I was still in the battalion' but that he sought legal advice and was treated very poorly as a result. Mr Norman said that he left Defence and transitioned into work and was eventually granted a Gold Card but that by this stage he was already on the path to homelessness:

By that time, my marriage had disintegrated completely. I had to leave the married home because I was not going to put my wife and my daughter through the torment. I knew my injuries were getting worse, because by that time I was consumed by pain medication. I was taking a lot of OxyContin and Tramadol. I was a dribbling mess and I became an isolated alcoholic in a unit. At the time—this is going back 11 years ago—I would go along to DVA or sub-branch meetings. Most of the guys were 30 or 40 years my senior, and at the end they would have cucumber sandwiches with the crusts cut off. There was nothing for me; there was nothing for a person my age. As I said, it degenerated to where I just went to hospital and got pumped up with as much medication as I could, just to take the pain away. Family was a distant memory.

I went down the housing pathway. I couch-surfed for 2½ years because supposedly I was on the top of the list. I was quite excited when I was called in. But all they called me in for was to say, 'Your pension is now above the monetary threshold, so you're no longer on our books.' Being on the gold card, I can apply for housing assistance, but they take dollar for dollar, so there is no point in me actually asking for any assistance when it comes to housing. It came to the point that last year I went back into hospitals again, basically because I was homeless. I had nowhere to go, so I went to hospital for accommodation. I had long stopped taking pain medication for my injuries, but I never put the drink down and I was a dribbling alcoholic. Upon discharge I was living in the back of my car, at the back of a pub. I cannot recall exactly how I got to know about Homes for Heroes; I just know that there were a couple of phone calls made. I arrived there and within about three or four days I was sent to St John of God. I thought that was a chance to actually turn my life around, so I took that with both hands. Upon my return I started volunteering within the office and that is where I have been ever since.⁵¹

6.36 Homes for Heroes advised the committee that 'one hundred percent' of its residents suffer from mental illness and that 'substance abuse and addiction problems are prevalent, most are wounded or injured and most arrive with no possessions at

50 Name withheld, *Submission 79*, p. 3.

51 Mr Gary Norman, *Committee Hansard*, 18 November 2015, p. 14.

all'.⁵² Mr Evans told the committee that family breakdown is 'ubiquitous' and some homeless veterans are simply without an income while they wait for DVA to process their claims:

Family break down is ubiquitous. We take a lot of calls from wives and mothers who will have had a loved one go to war and come back a totally different person. They will say things like, 'I love them; I want them to stay here, but they become violent or abusive and they just cannot stay. Can you take them?' Those calls, in particular, are the most horrendous. The partners did not sign up to go to war, but nobody is supporting them. Even with the Department of Veterans' Affairs, remember, the client is the veteran—not the family member.

Others experience financial problems. We have had incidents where people have been discharged from Defence, medically, and the Department of Veterans' Affairs have only paid four weeks post discharge but it has taken many months to process their pension claims. So they end up, for a long period of time, without an income.⁵³

6.37 Mr Evans noted that many veterans who have been receiving in-patient mental health treatment, provided by DVA, are frequently discharged after treatment without a follow-up plan, 'discharged into the ether':

...one of the most common pathways into homelessness is when a veteran goes into a private clinic, under the Department of Veterans' Affairs—and some of these clinics can charge up to \$1,000 a day—when they discharge there is no follow-up plan. They go in acutely symptomatic and get a sustained period of treatment. They become well again whilst they are in that structured environment. Then they are discharged into the ether. It is only a matter of time when they completely fall over—again—and go back into hospital.

One of our residents, here, has been through that cycle 18 times—possibly 16, but I think it is 18 times that he has been in and out of clinics—for a four-week stay each time at the cost of around \$1,000 a day. The average number of admissions to private mental-health service providers is four times each. But when they are discharged there is no screening tool to ask them, 'Where are you going? What is the follow-up support you are going to get?' And it becomes a revolving door. That should be fairly easily fixed with the contracts that are provided by the Department of Veterans' Affairs, because DVA purchases these services from the health providers. The terms of the contract should stipulate that follow-up care needs to be provided, but they are currently not.⁵⁴

52 Returned & Services League of Australia, *Submission 19*, p. 27.

53 Mr Geoff Evans, Ambassador and Founder, Homes for Heroes, RSL Lifecare, *Committee Hansard*, 18 November 2015, p. 1.

54 Mr Geoff Evans, Ambassador and Founder, Homes for Heroes, RSL Lifecare, *Committee Hansard*, 18 November 2015, p. 2.

6.38 Mr Lee Sarich, a veteran at Homes for Heroes, told the committee of his experiences being discharged into homelessness:

As a result of the PTSD I ended up homeless. It was a very difficult time. I almost killed myself a year and a half ago. It is hard to briefly explain what that was like and how that ended. About 18 months ago I came across this program and started getting some PTSD treatment. Whilst getting treatment for PTSD I heard about the Homes are Heroes program. I was one of those guys that went into a hospital on the Gold Coast and as a veteran got treated anxiety and depression and then left the hospital homeless—it just seems a little bit absurd. Sometime later I came down to Sydney and went into the St John of God Hospital and got treated for PTSD. I would have left their homeless as well, and effectively did, other than at the time the informal kind of arrangement of the Homes for Heroes program. I moved out here just over 12 months ago. I have been here as a resident for 12 months. I have been undergoing treatment and rehabilitation for PTSD since I have been here.⁵⁵

6.39 Homes for Heroes asserted that there are 'two crucial and mutually reinforcing aspects' to ending homeless (1) the provision of safe, secure, and stable housing; and (2) ongoing case management.⁵⁶ Homes for Heroes takes the 'housing first' approach, which asserts that, for a person experiencing homelessness, the primary need is to obtain stable housing, and that other issues, such as mental ill-health and substance abuse and that may affect them can and should be addressed once housing has been obtained. Mr Evans explained that:

What we do is look at the individual and start wrapping the services they need around them—psychological support, social support, employment support or anything they need. The Department of Veterans' Affairs could do that if they allocated a proper caseworker to the individual and then assisted them once they were discharged. Ideally, the caseworker would know when they went into hospital and when they went out. They would follow their progress, and whatever support they needed the department would provide, along the same lines as what a social worker would do.⁵⁷

6.40 Mr Evans noted that whilst support services for veterans exist, 'by the time they become homeless they are too unwell to access them', explaining that veterans struggling with mental ill-health, or otherwise at risk of homelessness, need someone to coordinate and manage their care:

The support services that the veterans need exist, but by the time they become homeless they are too unwell to access them. They cannot ring a doctor and make an appointment and then get to the appointment and see them. If you are suffering from severe depression, you cannot even get out of bed. They just cannot tie it all together. They need someone to do that for

55 Mr Lee Sarich, *Committee Hansard*, 18 November 2015, p. 9.

56 Returned & Services League of Australia, *Submission 19*, p. 41.

57 Mr Geoff Evans, Ambassador and Founder, Homes for Heroes, RSL Lifecare, *Committee Hansard*, 18 November 2015, p. 4.

them until they are back on their feet—and then manage them along and, if they have a little slip along the way, be there for them to plug them into the appropriate services provided. It just does not happen. If you had someone there to provide that service and tie it all together, very few veterans would end up homeless, because the key to being homeless is poor mental health.⁵⁸

6.41 The RSL advised that 'it is forecast that RSL Lifecare will spend over \$2 million of its own funds over the next three years to provide accommodation, support and reintegration services to homeless veterans'. Mr Evans informed the committee that the estimated cost to house and provide psychosocial services to a veteran at Homes for Heroes is approximately \$20,000 per annum. Mr Evans acknowledged that the provision of housing is outside of DVA's portfolio responsibilities but asserted that 'what they should be providing is complex psychosocial care management' services similar to those provided by Homes for Heroes.⁵⁹

Committee view

6.42 Discharge is a critical time for ADF members, with the committee receiving considerable evidence that poor transition experiences are linked to poor reintegration, poor mental health outcomes, and, if left unchecked, can lead to homelessness and even suicide. The committee acknowledges the support provided during medical discharge and commends Defence and DVA for its *Support for Wounded, Injured or Ill Programme*, which provides support for personnel from the point of injury through to ongoing support after military service. The committee also commends Defence and DVA for its On Base Advisory Service and notes the steady increase in uptake.

Transition seminars and services

6.43 However, the committee is concerned about the level of transition support and services offered to ADF members who are not medically discharged.

6.44 The committee notes the comments made by submitters regarding the intensity and length of training provided to members when they join the ADF compared to the training provided when they leave. The two-day transition seminars provided by Defence may be comprehensive; however, the committee is concerned by evidence that this process can be overwhelming and the information difficult to retain and understand. The committee does not believe that Defence has discharged its duty to guide and inform its members through the transition process after providing a two-day transition seminar.

6.45 The committee notes the evidence that positive transition experiences are linked to mentors who can guide and 'forcefully encourage' veterans to actively engage in the transition process. The committee believes that Defence should work

58 Mr Geoff Evans, Ambassador and Founder, Homes for Heroes, RSL Lifecare, *Committee Hansard*, 18 November 2015, p. 4.

59 Mr Geoff Evans, Ambassador and Founder, Homes for Heroes, RSL Lifecare, *Committee Hansard*, 18 November 2015, p. 4.

together with ex-service organisations to develop a transition mentoring program. The program would provide volunteers from within the ex-service community with baseline training regarding transition, services available to veterans, and common problems with reintegration. During the transition process, every veteran should be connected to a trained mentor to assist and guide them through the transition process as well as providing an ongoing point of contact for any questions or concerns they may have.

Recommendation 14

6.46 The committee recommends that the Department of Defence work with ex-service organisations to develop a transition mentoring program, which will connect every veteran with a trained mentor from the ex-service community to assist and guide them through the transition process.

Rehabilitation

6.47 It is essential that ADF members and veterans are provided adequate rehabilitation, education and re-skilling to ensure that recovery and reintegration into civilian life is successful. The committee acknowledges that rehabilitation programs are tailored to meet the individual needs of veterans after discharge, taking medical, vocational, psychosocial, and educational factors into account. However, the committee is concerned by evidence of inconsistencies and confusion regarding rehabilitation and evidence of policies that disadvantage junior-ranked members by only allowing veterans to undertake rehabilitation based on the level of education, experience and employment they held prior to their injury or mental ill-health. The committee believes that all ADF members should be given the opportunity to access rehabilitation, education and re-skilling to ensure that recovery and reintegration into civilian life is successful, regardless of rank.

Recommendation 15

6.48 The committee recommends that the Department of Veterans' Affairs review its rehabilitation assessment policy to ensure that junior-ranked members are not disadvantaged and all veterans are able to access rehabilitation, education, and re-skilling based on their individual needs and abilities and regardless of rank.

Continuity of support

6.49 The committee is concerned by evidence of gaps in support for veterans who are not medically discharged but find themselves unable to work due to mental or other illness. The committee notes Defence and DVA's assurances that there are a number of programs in place to address gaps so that 'there is no chasm that sits between the two organisations' and acknowledges the challenge of assisting veterans, who, despite encouragement from Defence to contact DVA during transition, may not need or realise that they need assistance until after they have already left Defence, resulting in the potential for a gap between Defence and DVA support. Nonetheless, the committee believes that more must be done to bridge these gaps and provide support and assistance to veterans whilst claims are being processed.

Veteran homelessness

6.50 The committee acknowledges that the provision of housing is not within DVA's portfolio responsibility; however, this does not discharge DVA of its obligation to support veterans and assist them to access one of the most basic human needs, stable housing. Furthermore, the committee recognises the challenges of accurately quantifying the number of veterans who are homeless; however, the committee is troubled by the narrow definition of homeless that DVA has recently employed, which may inadvertently downplay the seriousness of the issue. The introduction of a universal identification number and identification card for veterans should assist in the identification of veterans who are homeless. This would also assist homeless support services to identify veterans and connect them to DVA and other appropriate veteran support services.

6.51 The committee is very concerned by evidence that veterans who are receiving in-patient services for mental ill-health are being discharged into homelessness and often on more than one occasion. This is a significant dereliction of duty of care for both the mental healthcare provider and DVA, as the purchaser of the services. Veterans whose mental health has deteriorated to the point of receiving in-patient care should be identified by DVA as at risk of homelessness and be provided with ongoing psychosocial management. This should include the provision of an ongoing psychosocial case manager to actively manage a veteran's care program until their mental health and living situation is stable.

Recommendation 16

6.52 The committee recommends that the Department of Veterans' Affairs identify veterans who are receiving in-patient mental health care as at risk of homelessness and provide an ongoing psychosocial case manager to actively manage an 'at risk' veteran's care program until their mental health and living situation is stable.

6.53 The committee commends RSL Lifecare for its Homes for Heroes Program and the work of its founder, Mr Evans. Despite being in its early stages, the program's 'housing first approach' and focus on ongoing psychosocial support for veterans appears to be achieving excellent results at minimum cost. The committee agrees that the key elements for addressing veteran homelessness is the provision of safe, secure, and stable housing and the provision of ongoing case management.

Recommendation 17

6.54 The committee recommends that the Department of Veterans' Affairs work together with the Department of Human Services and RSL Lifecare to develop a program to address veteran homelessness based on the Homes for Heroes 'housing first approach' and focus on ongoing psychosocial support.

Senator Alex Gallacher
Chair

Senator Chris Back
Deputy Chair

