Chapter 6
Transition issues

Introduction

6.1 The period of transition to civilian life was identified as a critical time for the provision of support to veterans. Key issues related to this topic will be discussed in this chapter. The 2017-18 Budget estimated there were 59,194 permanent ADF personnel.[1] Of these serving members approximately, 5,500 discharge and return to civilian life each year. While most of these members are transitioning voluntarily, some are separating for medical reasons (900-1,000 each year) or are recruits who do not complete initial training (around 600-700 each year). Others separate for a range of other reasons which can include redundancy, reaching compulsory age retirement, for disciplinary reasons and administratively.[2]

Transition

6.2 In 2009, a review by Professor Dunt into ADF mental health and support through transition recommended that 'the ADF and DVA should have joint responsibility for a comprehensive transition service that works closely with the ADF Transition Centres and extends to at least 12 months post-discharge'. This recommendation was accepted by the Australian Government. It noted that 'Defence and DVA are working collaboratively to deliver a seamless transition service that ensures all reasonable assistance and support is available and utilised by members and their families preparing to transition to civilian life'.[3]

6.3 In June 2016, Defence and DVA reviewed and renewed the Memorandum of Understanding (MOU), first signed in 2013, which defines the respective roles of the two departments in the provision of care and support at all stages of an ADF member's career. Under the MOU:

- Defence has the lead in caring for, and supporting, permanent members and members on [continuous full time (CTF)] service as well as members of the Reserve Forces where they are injured or fall ill as a result of rendering Defence service;
- Defence is responsible for assisting members to transition from permanent or CFT service;
- DVA has the lead in caring for, and supporting, widows/widowers and dependants and wounded, injured or ill former serving members;
- DVA is responsible for providing compensation and other support to eligible current and former members; and

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1 Defence, *Portfolio Budget Statements 2017-18*, p. 26.

2 Government response to the NMHC report, p. 31.

3 Government response to the mental health care in the ADF and transition to discharge review, p. 14.

- DVA is responsible for ensuring current and former members, and where relevant their families, are kept informed of the support and services available from DVA and the processes by which such support and services may be accessed.[4]

6.4 As part of its responsibilities, Defence outlined the 'comprehensive transition support service for all separating ADF members and their families'. Defence offers the ADF Transition Program which is intended to operate 'through a continuity of care framework to ensure members and their families can transition from military to civilian life in a professional, dignified and supportive manner'.[5] It outlined:

> Staff at ADF Transition Centres undertake one-on-one interviews with all members separating from the ADF…During these interviews members and their families are provided with practical information on the transition process; administrative requirements; referrals to other government support agencies and service providers on matters such as access to educational, financial, rehabilitation, compensation and other government services; and support for training and civilian employment. All separating members must attend an ADF Transition Centre to finalise their administrative requirements and to be provided with transition information, prior to their date of separation.[6]

6.5 Defence highlighted the importance of ADF Transition Seminars in providing a wide range of information and advice to departing members:

> ADF Transition Centres conduct 23 ADF Transition Seminars each year. These seminars are held nationally throughout the year to inform members and their families of a range of Defence, government and other support organisation resources and information they can access to successfully plan for their transition to civilian life. ADF members and their families regardless of their length of service are encouraged to attend a seminar every few years to improve their knowledge, awareness and training for future separation.
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> The Joint Health Command's LifeSMART presentation which aims to increase members' individual psychological resilience and develop awareness of better ways of coping with the challenges of transition to civilian life is included as part of the ADF Transition Seminar. The seminar also contains a specialised briefing to medically separating members from the [CSC], and presentations by DVA's [VVCS] on the Stepping Out Program and other support services available, DVA on a range of support available, the range and nature of ex-Service organisation support available, financial guidance and advice and guidance on activities to undertake to commence a new career.[7]

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4 Memorandum of Understanding between the Department of Defence and the Department of Veterans' Affairs for the Cooperative Delivery of Care and Support, 30 June 2016.

5 *Submission 124*, p. 13.

6 *Submission 124*, p. 14.

7 *Submission 124*, p. 14.

6.6 Defence indicated that it was reforming its ADF Transition Support Service.

> The Transition Support Service reform will see the Transition Officers move to a model of coaching and mentoring with a focus on developing an individual post separation plan (particularly around employment). This new model is aimed at all ADF members who are transitioning and will be implemented nationally by August 2017. Transition Officers will be able to discuss with the transitioning member their family needs in order to assist the transition to be more holistically smooth, as well as focussing on the member's overall wellbeing.
>
> This new model will also see the Transition Officers contacting each member one month after separation to check on the success of the post separation plan and whether any new issues have arisen.[8]

6.7 Defence also noted that there was assistance available through the Career Transition Assistance Scheme which 'provides eligible members with assistance that will facilitate their transition to civilian employment'.[9]

Key recent reforms

6.8 A supplementary submission from Defence and DVA highlighted their awareness of transition as a critical issue. Defence and DVA indicated that the recent efforts were partly based on a shift in perspective:

> Transition from a Defence perspective is largely a process by which people leave the ADF with support to assist their future lives. From a DVA perspective it is often the point at which responsibility starts for care and support of those who need it.
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> A more holistic view would see transition in terms of outcomes for the veteran, rather than successful completion of the transition process. We would increasingly target our efforts towards those most in need based on criteria such as continuity of healthcare, finding employment and social connectedness. Those criteria, while valid for all, are more critical for a smaller percentage of members, including those whose transition is significantly complicated by health considerations, including mental health difficulties and those who separate involuntarily. Also, successful transition should be considered to include success for the former member's family in the areas of spouse employment, children's education, housing and financial security.[10]

6.9 The first recommendation of the NMHC report was that the Minister should 'should further examine how ADF and DVA can best develop a unified system that breaks down the siloed approach experienced by current and former serving members and their families'. It stated:

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8 Government response to NMHC report, p. 38.

9 *Submission 124*, p. 14.

10 *Submission 156*, Supplementary submission, p. 1.

> The goal should be to deliver instead a service offering that meets the needs of individuals in a seamless and person-centred way. Included in the work of this expert panel should be models for commissioning health services across ADF and DVA so that continuity of care for individuals moving from ADF to DVA funded services is maximised; agreeing a process that provides for automatic notification to DVA when a current ADF member suffers a work-related injury (to remove any later requirement to substantiate a work-related injury claim); and implementing processes that ensure contact is made periodically with former members of the ADF and their families to inform them of relevant services and other related information. Any administrative and/or legislative barriers to a unified service offering should be addressed as a priority.[11]

6.10 The Government response to the NMHC report stated that 'Defence and DVA are currently working closely together on a number of initiatives to create continuity and seamless transition where possible'. In particular, it noted that a cross-agency Transition Taskforce (comprised of DVA, Defence and Commonwealth Superannuation Corporation representatives) was reviewing the transition process with the aim of a significant reform that meets the needs of transitioning members and families.[12]

6.11 The Transition Taskforce was intended to 'identify barriers to effective transition and suggests actions to address those barriers'. The Government response noted:

> A variety of activities are being undertaken including workshops and interviews with current and former serving ADF members, and representatives of other organisations external to government that provide services or support during transition. The Transition Taskforce is also being informed by the work of AIHW and their analysis of suicide among the serving and ex-serving ADF personnel, which provides a strong evidence base from which we can target our efforts to those most at risk.[13]

6.12 Defence also indicated that the Discharge (Separation) with Documentation policy was being implemented through 'mandating Individual Transition Plans and Separation Checklists for all separating members'. This was intended to ensure members transitioning had all needed documentation to commence their civilian lives.[14]

6.13 DVA stated that a key enabler of its Veteran Centric Reform program was an Early Engagement Model. Under this initiative, Defence will provide DVA with basic details, including contact information, for all new members of the ADF from 1 January 2016:

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11 NMHC report, p. 52.

12 Government response to NMHC report, p. 69.

13 Government response to NMHC report, pp 39-40.

14 *Submission 156*, Supplementary submission 1, p. 2.

> The information will allow DVA to establish a record for new personnel from the day they join the ADF, allowing DVA to provide information on services and support, and encourage early lodgement of claims for service related conditions.
>
> In addition, from 27 July 2016, Defence will also be able to provide DVA with details of all members separating from the ADF. Over time, this will mean that DVA will have most current and former members of the ADF recorded as clients. This is in contrast to the past when DVA only knew about current and former members when they made a claim (about 20% from recent conflicts) or, more recently, when Defence started passing transition information to DVA, in some cases allowing the member to opt out.[15]

6.14 The Government response to the NMHC noted that Defence will support the Early Engagement Model by notifying DVA at agreed events during a member's career including events such as enlistment, involvement in a serious incident, medical separation, or retirement. This information would allow DVA 'to expedite the claims process whenever a current or former member applies to DVA for assistance'.[16]

6.15 Mr Lewis, the Secretary of DVA, outlined DVA intentions to 'reshape their systems and processes to bring ADF members on as DVA clients, in some cases with a compensation payment in the event of permanent impairment, while they are still serving'. He noted that these were not matters that 'need to wait until someone leaves the ADF and is trying to enter the DVA system months or years later on'.[17]

6.16 Identification and tracking of veterans after transition is another area of recent reform. In 2013, the Joint Committee report on *Report into the Care of ADF Personnel Wounded and Injured on Operations* recommended that Defence and DVA 'expedite the development of a unique service/veteran health identification number'. This proposal was supported in principle in the Government response to the report. It stated:

> The departments of Defence and Veterans' Affairs recognise that the use of a common identification number has the potential to improve the transition of Australian Defence Force personnel by reducing complexity, aiding proof of identification processes, and expediting data exchange. The Department of Veterans' Affairs, in consultation with Defence, is undertaking a scoping exercise to identify possible solutions and to inform a cost/ benefit analysis.[18]

6.17 DVA noted that during the 2016 election 'the Government committed to require Commonwealth agencies to identify whether their clients are veterans and to

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15 *Submission 156*, p. 17.

16 Government response to NMHC report, p. 39.

17 *Committee Hansard*, 6 February 2017, p. 50.

18 Government response to the Joint Committee on Foreign Affairs, Defence and Trade, *Report into the Care of ADF Personnel Wounded and Injured on Operations*, December 2013, p. 6.

make that information available to ex-service and other organisations that provide support for homeless veterans'. It outlined:

> The Minister for Veterans' Affairs has written to relevant Commonwealth Ministers (Health, Aged Care and Sport; Social Services; Human Services; Small Business; Education and Training; and Employment) to nominate officers to work with the Department of Veterans' Affairs (DVA) on the feasibility of developing a standardised military service history indicator to use in Commonwealth agency data collections. This work will commence shortly.[19]

6.18 DVA added that the addition of a visual indicator on Medicare cards to indicate a 'veteran' would be considered as part of this process. However, it noted that '[t]he implementation of such an initiative would involve the Department of Health and the Department of Human Services as the policy and operational owners of Medicare, and the Department of Defence for the purpose of identifying current and former serving members in accordance with privacy considerations'.[20]

6.19 The NMHC report highlighted the need for a 'strategy for further data development and information priorities within the ADF/veterans context…to improve tracking and visibility of the need for, uptake and effectiveness of services for current and former serving ADF members and their families, as well as the experience and outcomes of these services'. It advised the Australian Government to consider 'a health data identifier for use in health data sets to identify when an individual is a current or former member of the ADF'.[21]

6.20 The Government response noted:

> The Commonwealth Veteran Indicator Interdepartmental Committee (IDC) has been established to identify what data is collected by Commonwealth agencies, what additional data could be collected, how the data can be used to inform veteran-related policy and program development more generally across government, and understand the constraints of introducing a veteran identifier in identified data collections.[22]

6.21 In relation to e-health records, the Government response noted that a self-identifying 'Veteran and Australian Defence Force Status' indicator has been available in the My Health Record system since 30 November 2014 should veterans choose to participate. It also indicated that the Department of Health would scope opportunities to include a self-identifying 'Veteran and ADF Status' indicator in the Primary Mental Health Care Minimum Data Set (PMHC MDS). The PMHC MDS is used to 'provide the basis for [Primary Health Networks] and the Department of Health to monitor and report on the quantity and quality of service delivery, and to inform future

19 DVA, response to questions on notice from hearing 6 February 2017.

20 DVA, response to questions on notice from hearing 6 February 2017.

21 NMHC report, p. 55.

22 Government response to NMHC report, p. 71.

improvements in the planning and funding of primary mental health care services funded by the Australian Government'.[23]

Issues raised

6.22 A range of transition issues were raised by veterans and others. These included:

- gaps in support in the transition process;
- continuity of care issues, including non-liability health care;
- supporting social connectedness;
- employment and rehabilitation issues; and
- family and community support.

6.23 The NMHC report highlighted a wide range of reasons that the experience of transition from the ADF could negatively impact veterans. These factors were also reflected in the submissions received by the inquiry. These included:

- the psychological transition for ADF members from being a 'warrior' to becoming a civilian;
- involuntary discharge (for medical reasons, for instance) can have adverse implications for the wellbeing of service members;
- skills and training acquired during service are not relevant or valued in the civilian workforce; and
- a loss of social connections with friends and colleagues still serving in the ADF can reinforce the sense of isolation and loss associated with transition.[24]

Gaps in support

6.24 Some veterans suggested that structural policies against 'double-dipping' Defence-funded and DVA-funded support could result in some veterans being left without support while their entitlements were processed. One veteran stated:

> When the last ADF pay slip is satisfied, veterans must rely upon the '28 day – 120 day' timeframe to process Needs Assessments, Permanent Impairment, Incapacity Payments and Other rehabilitation services. With mortgage/rent payments to be made, school excursions to be paid for, and medical bills from rejected DVA claims (because Dr 'X' stated "sore ankle" rather than "insert relevant SOP wording here ") it is little wonder that the financial pressures on transitioning members exacerbate the spiral of depression towards suicide. The inability to progressively transition cases of accepted liability is further evidence of this 'gap': Serving members are

23 Government response to NMHC report, p. 65.

24 NMHC report, pp 21-22.

> not entitled to medical treatment, rehabilitation or civilian incapacity payments.[25]

6.25 The RSL (Tasmania) submission referred to 'an ongoing perception within the ADF, particularly within the chain of command, that ComSuper and DVA will "pick things up" immediately upon a member's discharge'. It observed that, in reality, 'it can take many weeks or even months before income starts flowing from either source, leaving the member with no income for what can be an extended period if their discharge is not managed appropriately':[26]

> The delays involved in accessing entitlements due to the length of time involved in the claims process, which can be in excess of 12 months in some cases, contributes to the financial uncertainty and stress, and significantly detracts from the veteran's wellbeing and sense of self-worth. There have been several reports to advocates of veterans who, frustrated by their financial and health situation and by the delays and difficulties of the claims process, have expressed the feeling that their families "would be better off without them". This is extremely concerning, and demonstrates the significant impact that is being felt by veterans of the current state of the claims process. Many feel the process is complicated, confusing, unnecessarily bureaucratic, frustrating and uncaring. These feelings understandably feed the negative cycle of thoughts and feelings which are usually only resolved when a claim is finally determined favourably and money begins flowing again and their financial and support concerns are relieved.[27]

6.26 Mr Lee Withers described it as 'common practice' for the ADF to medically discharge people who had not had their DVA claims finalised. She noted that this could lead to 'newly discharged vulnerable members and their partners and children being forced into poverty, sometimes losing their house, car, the partner may have to give up work to care for the member therefore more loss of income, all the while dealing with the DVA/Comsuper red tape ring around'.[28]

6.27 The potential for these scenarios led many to recommend that veteran claims and entitlements should be resolved prior to discharge.[29] For example, Colonel Rob Manton (rtd) from Veterans SA commented:

> [E]very effort must be made to ensure that anyone and everyone transitioning from Defence at the completion of their service, regardless of their service history, should have their claims finalised by the Department of Veterans' Affairs prior to their discharge—that is, as far as possible, they remain an employee of the Department of Defence until the outcome of any of their claims is finalised. To speak plainly, they were broken while in the

25 Name withheld, *Submission 258*, p. 4.

26 *Submission 169*, p. 21.

27 *Submission 169*, p. 30.

28 *Submission 22*, p. 3;

29 For example, Dr Nick Ford, *Committee Hansard*, 17 November 2016, p. 2.

> department. That department has a duty of care to ensure that they repair, or are well on the path to recovery, to the best standard possible.[30]

6.28 Similarly, the Northern Suburbs Veterans Support Centre urged that no member of the ADF be transitioned out 'until all claims for injuries have been dealt with and all avenues of appeals are exhausted'.[31] The Australian Suicide Prevention Foundation also pointed out that a 'prolonged transitional stage between active service and civilian life may assist with the alienation that many personnel will feel on leaving their colleagues'.[32]

6.29 Others considered there was still work to be done in ensuring veterans and their families have the right information and advice during the transition process. For example the Victorian Veterans Council Sector Study in 2015 provided by the Victorian Government highlighted commentary from ESOs and both older and younger veterans attending the consultations which 'contended that the current transition process is ineffective and leads to veterans who are not aware of what support is available to them and how to access it'. It made the point that if not appropriately transitioned, veterans are likely to experience difficulties from the beginning in becoming aware of and accessing services throughout the remainder of their lives.[33]

6.30 Similarly, Ms Julia Langrehr from RSL SA commented:

> ADF and veteran community are poor help seekers, and they may sit in these transition seminars feeling that they do not need any help and will be okay. Often there needs to be follow-up down the track, when people realise that they are having a few problems but do not necessarily remember what was told to them at that seminar…Ongoing support for families of veterans separating would help as well, particularly educating spouses and greater involvement in the transition so the spouses understand what support is available for their veteran and who to call.[34]

6.31 In the context of many service related physical and mental conditions which have a delayed onset, the fact that many veterans do not maintain a relationship with Defence and DVA after transition into civilian life was highlighted as a gap in support to veterans. Mr Robert Dick from the RSL told the committee:

> In a lot of cases we see veterans who have been out of the military for some years and they are handling their issues, whether it is PTSD, depression or anxiety, very well and sometimes can hide that from people when they are going through their transition. That may be significant for a few years and

30 *Committee Hansard*, 17 November 2016, p. 54.

31 *Submission 279*, p. 5.

32 *Submission 286*, p. 1.

33 *Victorian Veterans Sector Study Report 2015*, p. 32.

34 *Committee Hansard*, 17 November 2016, p. 47.

> then something in their life, a trauma or something, triggers that PTSD or anxiety and that is when it comes to the fore.[35]

6.32 Similarly, the joint submission from Dr Catriona Bruce and others highlighted estimates that only one in five former ADF members have client numbers with the DVA. It noted that the typical presentation of mental ill-health can be as much as 8-10 years, or longer, after discharge and that these 'lost veterans' are not provided with adequate entitlements or support and would therefore be at a higher risk of suicide. The joint submission proposed ADF-DVA transitioning staff have 'personal responsibility for every individual transitioning out of the ADF, regardless of circumstance, for a minimum follow-up period of 10 years'.[36]

6.33 In relation to this loss of connection with support, DVA highlighted the component of DVA's Coordinated Client Support program called the DVA Reconnects Project. This program aimed to reconnect with clients through proactive contact and the provision of a complex and multiple needs assessment.

> [T]he national DVA Reconnects Project seeks to contact those veterans aged 50 years and under who have rendered operational service in either the Iraq or Afghanistan theatres of operation, or who have one or more of the following accepted conditions:
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> - Post-traumatic stress disorder
> - Major depression/Dysthymic disorder
> - Substance abuse
> - Acquired and/or traumatic brain injury
>
> Completed over a series of phases, the DVA Reconnects project is producing positive results early with feedback received from clients resoundingly positive of their contact experience. In some instances, DVA Reconnects has facilitated the reconnection with clients who have not had contact with the Department for 6-8 years. This allows DVA to provide appropriate, up to date benefits and supports to these individuals.[37]

6.34 Mr Craig Orme from DVA provided more further detail on this program:

> As part of that program, we have identified a reconnect program, which has been very successful, where we go into specified cohorts of groups. Maybe they are people who have not been in contact with the department for five or 10 years. They are between 30 and 40, and they have served in Afghanistan or Iraq. We are reaching out to them to engage with them because we know they have been clients, and we are trying to reconnect with them and say: 'How are you travelling? Are there any issues?' Some

35 *Committee Hansard*, 6 February 2017, p. 4.

36 Dr Catriona Bruce and others, *Submission 171*, p. 3.

37 *Submission 156*, p. 15.

> have not been appreciative of that, but the vast majority have. In many cases we have reconnected and in some cases recommenced treatment.[38]

Continuity of care

6.35 The Government response to the NMHC report outlined that 'Defence has the responsibility to provide health care up to the date of transition':

> Post transition this responsibility shifts to civilian health care services and if relevant, health services paid for by DVA….In the six months prior to transition all ADF members attend a number of health examinations that aim to help the member to identify any potential current or future health care needs that can be communicated to civilian general practitioners to improve early interventions and assist continuity of care post transition. These examinations can help members being medically separated to provide the appropriate medical evidence to the CSC to assist to determine the member's level of capacity and corresponding benefits.[39]

6.36 It acknowledged that '[f]or ADF members who are seeking rehabilitation, compensation or health care through DVA at the time of transition there can be some complexity involved in obtaining medical evidence to support the claim'. To streamline this process Defence indicated that a complete copy of their health record can be provided to the transitioning member or the Defence / DVA Single Access Mechanism (SAM) 'act on behalf of the member and seek the required service or health records to support the claim'.[40]

6.37 The SAM was established in 2010 to provide a single point of access for the transfer of records and information between Defence and DVA in order to enable DVA to determine a member's compensation claims. Records and information requested by DVA can include: service and medical records, personnel records, career management information and incident and investigation reports. Defence noted improving the performance of the SAM to reduce the time to process claims had been a focus of DVA and Defence 'for some time'. Improvements have been limited by a range of Defence records, particularly health records, being paper based.[41]

6.38 Defence indicated it was 'with [DVA] to decrease the time taken to assess claims, including a major initiative to digitise ADF member health records and provide access to DVA access through the roll out of the Defence eHealth System. Defence stated this would 'reduce reliance on paper based records and reduce time in assessing claims'.[42]

The DVA client satisfaction survey indicated a majority of veterans who had transitioned in the last five years expected DVA to hold information about them

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38 *Committee Hansard*, 6 February 2017, p. 60.

39 Government response to NMHC report, p. 32.

40 Government response to NMHC report, pp 32-33.

41 *Submission 124*, p. 15.

42 *Submission 124*, p. 4.

including their health information, information about injuries and service history.[43] In this context, some suggested there should be automatic transfer of responsibility from ADF to DVA for all veterans, including the transfer of complete ADF medical records.[44]

6.39 The NMHC report noted that transition from the ADF often means relocation and this can impact continuity of care of those discharging for medical reasons.[45] The challenges of continuity of healthcare to veterans transitioning to civilian life were highlighted by DVA to the committee. In particular, while Defence has Garrison Health Services on their bases in a defined number of places across the country, veterans live throughout Australia.[46]

6.40 The 2016 ANAO report into the MRCA found that 'Defence and [DVA] cannot yet demonstrate through comprehensive and reliable performance information whether the support provided is effective and efficient in assisting transition to civilian life or which services provide the best results for injured and ill ADF personnel discharged for medical reasons'.[47] In response to the ANAO report findings and recommendations, DVA indicated that it will 'work jointly with Defence to improve the effectiveness and efficiency of transition services for separating members of the [ADF]'.[48]

6.41 However, continuity of care for veterans was identified as an area where improvements could be achieved. For example, Phoenix Australia recommended reducing the 'fragmentation between the ADF and DVA service systems and enhance continuity of care':

> There is a lack of continuity in clinical care – members often have to terminate with one mental health provider and commence with another at the point .of discharge. This not only disrupts treatment but, more importantly, creates a high risk of the person falling through the cracks and out of the care system. It is important to develop strategies to develop and maintain clinical continuity.
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> We recommend DVA and Defence develop one integrated service system, or if this is not possible, at least extend the period that Defence health services are available post-discharge from 1 to 2 years.[49]

6.42 A joint submission from Dr Catriona Bruce and others recommended:

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43 DVA, *2016 Client Satisfaction Survey*, May 2017, p. 19.

44 *Submission 171*, p. 3.

45 NMHC report, pp 21-22.

46 Ms Campion, DVA, *Committee Hansard*, 6 February 2017, p. 59.

47 ANAO, *Administration of Rehabilitation Services under the Military Rehabilitation and Compensation Act 2004*, May 2016, p. 10.

48 DVA, *Annual report 2015-16*, p. 30.

49 *Submission 177*, p. 4.

> Provide interim full-cover health insurance and income support measures, effective immediately from ADF discharge until the DVA has completed the decision making process, to ensure that all transitioning medically-discharged veterans, or those awaiting DVA assessment outcomes, are not disadvantaged during this period. If the DVA administrative process is efficient and timely, the burden of cost for these transitional payments will not be onerous. This funding should be in the form of income support payment and must cover all medical care in line with the gold card benefits, to enable veterans to treat injury and prevent further physical and mental health deterioration during this indeterminate time.[50]

6.43 The RSL also questioned whether the award of monetary compensation was the best outcome for veterans rather than 'something else…such as comprehensive lifetime health care (i.e. the issue of a gold card). It commented:

> A focus on rehabilitation rather than compensation also raises the expectation that individuals may, or should, be fully rehabilitated and integrated within civilian life and employment within a reasonable period. This opens the possibility to the issue of 'time-limited gold cards'. Under such an approach, it might be feasible for individuals transitioning out of the ADF to be issued a, say, ten-year gold card in the understanding that any outstanding health conditions could be treated and remedied over that period. Compensation and pensions would only be available for conditions that have no prospect of remediation, either at the time of transitioning out of the ADF, or at the expiry of the gold card.[51]

Further extending non-liability health care and automatic entitlements

6.44 There was almost universal praise from stakeholders regarding the extension of non-liability health care for all mental health conditions. One submitter recommended that all 'departing members of the ADF be issued a Non Liability Health Card for Mental Health prior to discharge'.[52] A number of submitters and witnesses supported increased automatic healthcare entitlements on discharge. For example, Dr Jonathan Lane proposed that non-liability health care be extended to all service veterans, for all health conditions:

> This may have an initial higher cost, but as seen with the limited access to specific mental health conditions now, it would improve access to treatment, and therefore reduce the overall level of treatment required, as well as the duration of that treatment. This should reduce the administrative cost and workflow burden to DVA in terms of the liability determinations which are the majority of the basis for complaints, as well as the ongoing administrative and treatment costs by ensuring that veterans get adequate and early treatment for problems.[53]

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50 *Submission 171*, p. 2.

51 *Submission 216*, p. 12.

52 Name withheld, *Submission 222*, p.

53 Dr Jonathan Lane, *Submission 78*, p. 4.

6.45 Mr Max Ball urged the committee to consider proposals to 'that all veterans who have given operational service be issued, at the time of their retirement or discharge, with a DVA Gold card for treatment only of all future conditions, and that a member of the ADF, without operational service be issued with a Gold Card for the continued treatment of illnesses or injuries for which they have been treated during their service in the ADF'.[54]

6.46 Professor Philip Morris considered that '[g]iving all ex-ADF personnel a Gold Card treatment entitlement equivalent' facilitate post-discharge support and allow more detailed monitoring of health status and service usage.[55]

6.47 Mr Arthur Ventham believed that 'the Non-Liability Health Care (NLHC) range of health conditions should be expanded to include all those conditions that are included in the list of "Top 20 accepted conditions"'. He considered this would 'go a long way' to alleviating the stress associated with the DVA claim process. Further, he recommended granting an automatic Gold Card for every veteran with operational service or who is medically discharged from the military should be investigated:

> The real cost of the scheme is between $3000 and $4000 per veteran per year...Costs do not consider the savings which would occur because of veterans' early access to ongoing medical treatment, the ability of veterans to stay in the workforce because of this early access and the reduced legal costs to the DVA.[56]

Social connectedness

6.48 When ADF members transition they go from a regulated and highly structured culture with many colleagues to a civilian life which may be very different. Ensuring that veterans continued to be socially connected as often perceived as vital to their well-being. For example, Dr Jonathan Lane noted that 'the process of discharge and separation from Defence means that people lose these social connections (and therefore support) simply because they have left Defence'.[57] He commented:

> A key part of the diagnostic criteria for depression, for example, is social withdrawal and social isolation. A key part of the diagnostic criteria for PTSD is social withdrawal and social isolation. When people withdraw socially and isolate themselves, it exacerbates the depression and it exacerbates the physical problems and their mental problems...One way of changing that is by having more support for the veterans organisations and the veterans groups and looking at treatment methods that are outside the mainstream providers of treatment such as the psychiatrists or psychologists.[58]

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54 *Submission 323*, p. 3.

55 *Submission 384*, p. 4.

56 *Submission 295*, p. 12.

57 Dr Jonathan Lane, *Submission 78*, p. 5.

58 *Committee Hansard*, 17 November 2016, p. 20.

6.49 Dr Lane observed that groups like 'Groups like Mates4Mates and Soldier On have demonstrated their capacity for increasing social connection, providing access to alternative forms of therapy, social and functional support'. He recommended that these ESOs 'should be funded to develop and implement simple, low level, generalised mental health programs conducted by people similar to themselves (i.e. peers,) which should improve social connection, emotional regulation, communication, and resilience, and hence improve general functioning'.[59]

6.50 Similarly, Soldier On reported it had 'heard from many participants that the greatest stress they experience in their military career is the process of transition':

> In the ADF, members are constantly surrounded by like-minded individuals, rules and systems they understand and a purpose greater than themselves. When they transition from the ADF to the civilian life, they often lose their friends, their job and their understanding of how life operates. Their sense of identity, tribal connection and purpose disappears in that one moment. This can easily lead to alienation and isolation from family and civilian society which can predispose the veteran to more acutely experience trauma than if surrounded by strong social networks.[60]

6.51 The important role that ESOs can play in promoting social connectedness and providing peer support for veterans was frequently highlighted. The NMHC considered a 'greater role for peer workers and ESOs to support transition would be desirable'.[61] The William Kibby VC Veterans' Shed also emphasised the potential of small volunteer ESOs to undertaken flexible rehabilitation and social support activities for veterans:[62]

6.52 Phoenix Australia also proposed a more assertive outreach role by ADF units and ESOs to improve 'ongoing formal and informal surveillance of health status and facilitation of connectedness' for veterans. It stated:

> For many members…their closest association is with their unit. We recommend funding an increased role for the member's unit in maintaining contact after discharge. This may take the form of stronger 'alumni' networks, as well as continuing initiatives such as Operation Life and KYMS (Keep Your Mates Safe) during the period of adjustment to civilian life…
>
> There is also the potential for the ex-service organisations to play an important role in informal monitoring and outreach to veterans across the community, and in facilitating connectedness for veterans at risk of social alienation and suicidality.[63]

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59 *Submission 78*, p. 7.

60 *Submission 175*, p. 4.

61 NMHC report, p. 53.

62 For example, Mr Barry Heffernan, *Committee Hansard*, 17 November 2016, pp 31-32.

63 *Submission 177*, pp 4-5.

6.53 One example of support for younger veterans was highlighted in the Government response to the NMHC report:

> The Supporting Younger Veterans (SYV) grants program supports the needs of younger veterans as they leave the ADF and integrate back into civilian life, with all the challenges that accompany that unique transition.
>
> The SYV grants program provides $4.25 million over five years to ESOs to encourage partnerships that will deliver innovative and sustainable services for younger veterans and build community capacity to meet the needs of younger veterans. These programs such as mentoring, team building or self-improvement activities, will contribute to the Government's strategies to support those veterans at a higher risk of suicide (18-29 year olds).[64]

6.54 The committee's 2016 report into mental health recommended that Defence 'work with ex-service organisations to develop a transition mentoring program, which [would] connect every veteran with a trained mentor from the ex-service community to assist and guide them through the transition process'. In its response the Australian Government noted that 'engaging with groups like ex-service organisations can be important during the transitioning process' but did not accept the recommendation.[65]

Employment and rehabilitation

6.55 The capacity of veterans to gain fulfilling employment following their service was seen as a critical factor in future success. AISRP noted that 'work provides social contact, goals, purpose, meaning, financial security, exposure, and positive interactions, all protective'.[66] However, Mates4Mates noted that for 'many ex-service members, one of the biggest challenges associated with the transition process is accessing, and adjusting to, the civilian workforce'. It stated:

> Navigating the civilian training, education or job search process can prove particularly overwhelming. Becoming familiar with civilian workplace practices can be even more challenging, particularly when the ADF 'rules' fail to apply in civilian workplaces – this can lead to immense confusion, frustration and agitation for the ex-service member and can significantly impede their ability to assimilate into a new work environment and exacerbate their feelings of isolation and disconnection.
>
> We know the research that points to employment being a restorative psychological process. Positive and meaningful employment experiences are linked to improved self-esteem, self-efficacy and high levels of personal empowerment – all of which have a positive effect on mental health and wellbeing. However, many veterans often report having negative civilian workplace experiences, particularly soon after discharge. For many, this can often be linked to not being provided with appropriate career coaching or mentoring support early on following their transition from the military.

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64 Government response to NMHC report, p. 41.

65 Government response to Senate Foreign Affairs, Defence and Trade Committee report, *Mental Health of Australian Defence Force Members and Veterans*, September 2016, p. 15.

66 *Submission 174*, p. 3.

> There is no substitute for what employment offers in the way of structure, support and meaning. But it needs to be the right job, based on the veteran's skills, experience and aspirations. In the same way that it's vital that clinicians who treat veterans understand the 'rules' veterans are used to living by or the 'lenses' through which they view the world, career transition providers working with veterans also need to have the very same contextual understanding in order to work successfully with veterans.[67]

6.56 Dr Andrew Khoo also noted that '[l]eaving a job frequently involves a loss of an individual sense of purpose/meaning, however for many exiting the military also involves a loss of identity, culture and honourable purpose'. He stated:

> My anecdotal feeling is that this particular risk factor contributes disproportionately in veteran suicidal behaviour. Results of a piece of research carried out at Toowong Private Hospital into military related suicide show that employment of any type is protective verses suicide and that unemployment or TPI/long term pension arrangements are predictive of suicidal behaviour.[68]

6.57 While veterans gain many transferable skills during their service, they also live within an institution which regulates their lives to a greater extent than a civilian employer. Consequently some advocates and their families considered veterans were sometimes deskilled in parts of civilian life. These included skills such as applying for employment, negotiating salaries and workplace conditions and interacting with public sector services. One veteran's wife commented:

> My husband did 23 years in the Australian Army. He left and didn't know how to write a resume. He didn't know he needed health insurance. He didn't know what a Medicare card was.[69]

6.58 Others highlighted barriers and misconceptions which may deter employers from hiring veterans. For example, Dr Nick Ford noted that '[e]mployers can fret about hiring someone with a treated psychiatric condition and worry about workers compensation issues and may be reluctant to hire'. He suggested '[e]mployment opportunities could be enhanced and this could be addressed by, for example, DVA underwriting compensation issues if they occur'.[70]

6.59 Mr Adam Usher highlighted some of the problems for veterans in finding employment when they have service-related injuries. He stated:

> One of the biggest issues facing veterans under the VEA is that you can be deemed unable to work because of service injuries, but DVA can find that you 'could' work more than 8 hours a week. You can end up in a state of limbo where you can't get workers comp insurance and are not allowed to work, but DVA says you 'could' do more than 8 hours, so no money piss

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67 *Submission 173*, p. 5.

68 *Submission 155*, p. 5.

69 Name withheld, *Submission 435*, p. 1.

70 *Committee Hansard*, 17 November 2016, p. 2.

> off. What do you do then? Serious question...I've been stuck here for 2 years...what do I do now? Gold card and $14K a year don't count for much. I'd much rather be working. I used to make $100K/year. So how exactly do I do that when I can't pass a pre employment medical and get insurance anymore due to service injuries.[71]

6.60 Dr Kerr from AISRP noted that in her clinical experience she had not found rehabilitation providers 'particularly effective' and that more could be done in relation to the arrangements for transfer to civilian employment. She noted that veterans were reporting to her that they felt they were 'not being given meaningful work'.[72] She stated:

> …I have known clients who want to go out and receive jobs, and there have been very significant places that have said, 'Yes, we will employ you,' but they cannot do it because they are tied to Defence. I do not understand why they cannot be doing work placement, paid work, and making that transition really smoothly.[73]

6.61 In May 2016, the Australian National Audit Office (ANAO) published the report of its audit of the administration of rehabilitation services by DVA and Defence under the MRCA. It noted that the MRCA was the most relevant rehabilitation and compensation legislation for current serving Australian Defence Force (ADF) members and cadets.

> In managing rehabilitation programs, neither Defence nor Veterans' Affairs reliably measure, monitor or report on outcomes. Civilian rehabilitation schemes, for example, use critical measures of performance; namely the timeliness of rehabilitation following injury or illness, and the durability of return to work outcomes. Accrued liabilities under the MRCA are significant and growing. Robust performance information has not been sufficiently developed or used by Defence and Veterans' Affairs to manage the MRCA scheme overall, from assessing the risks of injury and illness in Defence through to considering the impact of rehabilitation on the overall performance and financial sustainability of the scheme.
>
> The return to work rate, a third key indicator of the effectiveness of rehabilitation services, is significantly lower than the national benchmark—54 per cent for Veterans' Affairs and 55 per cent for the ADF, compared with the Australian average of 77 percent in 2013–14. The rate of medical separations from the ADF has increased from 12 to 19 per cent of people leaving the ADF between 2010 and 2015. There has been a significant decline in the rate of transition to civilian work for Veterans' Affairs rehabilitation clients from 66 per cent to 48 per cent over the same period.[74]

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71 *Submission 114*, p. 1.

72 *Committee Hansard*, 2 February 2017, p. 4.

73 *Committee Hansard*, 2 February 2017, p. 7.

74 ANAO, *Administration of Rehabilitation Services under the Military Rehabilitation and Compensation Act 2004*, May 2016, p. 10, pp 8-9.

6.62 The ANAO audit found that:

> …the return to work rate is significantly lower than the national benchmark—54 per cent for DVA and 55 per cent for the ADF, compared with the Australian average of 77 per cent in 2013–14. There has also been a significant decline in the rate of transition to civilian work for Veterans' Affairs rehabilitation clients from 66 per cent to 48 per cent over the same period.[75]

6.63 Phoenix Australia considered there was 'still scope to place a higher expectation on all those involved in the transition period to ensure that some kind of occupational role is in place for all members following discharge'. It recommended 'an expanded focus on proactive vocational engagement in partnership with non-Defence organisations, ex-service organisations, and industry to offer direction, structure, and facilitate the engagement of discharging veterans with new vocational options'.[76]

6.64 Soldier On highlighted some of the issues with previous transition processes:

> The current transition program offered through Defence in the form of the Career Transition Assistance Scheme (CTAS), in its current state, is limited in scope. Levels of support are currently dependent on time in service, or how one leaves the ADF. Transition Seminars are not yet mandatory and run for just two days. Support through CTAS is financial in nature and the onus is on the serving member to find a service provider to assist them with identify potential pathways post transition. All of this happens within a relatively short period. Access to these services also ends once members have separated from the ADF, particularly for those who do not enter the DVA system. As a result, many vulnerable members are separately from the ADF without the support they need to effectively transition to civilian life.[77]

6.65 Col Rob Manton (rtd) from Veterans SA noted work that the South Australian Government was undertaking to develop a veterans' employment framework educating both transitioning personnel and potential employers. In the case of the case of the veteran this would include how to apply for positions, how to address selection criteria; and, in the case of employers, having a clear understanding of the value-add an ex-serving member can bring. He stated:

> [W]e must do whatever we can to ensure transitioning Defence personnel have the opportunity to meaningfully compete for employment in the civilian community. It may surprise many employers to know that not every service person suffers from post-traumatic stress or is unable to undertake meaningful employment because of their operational experience. Most can and are eager to get on with the next phase of their lives.[78]

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75 *Submission 160*, p. 37

76 *Submission 177*, p. 6.

77 *Submission 175*, pp 8-9.

78 *Committee Hansard*, 17 November 2016, p. 55.

6.66 Partners of Veterans Association of Australia (PVAA) suggested the media attention on former ADF members suffering with mental health could perversely inhibit 'the chances of transitioning members to gain employment'. It recommended a media campaign 'to advertise the skills gained by the men and women whilst a member of the ADF and how those skills would benefit companies employing them'.[79]

6.67 DVA commented that '[r]ehabilitation is a key benefit provided in addition to treatment and is specifically designed for each individual to aid recovery and maximise their quality of life'. Three types of rehabilitation support are available to DVA clients:

- medical management rehabilitation services;
- psychosocial rehabilitation services; and
- vocational rehabilitation services.[80]

6.68 DVA emphasised that the 'funding for rehabilitation benefits and services is uncapped and demand driven, and provided independent of, but complementary to, other DVA benefits and services'. Under the VEA rehabilitation is voluntary, however rehabilitation is a key feature of the MRCA and the SRCA. It stated:

> The MRCA and SRCA assume that rehabilitation can, over time, result in positive changes in quality of life for all eligible veterans, regardless of the severity of their current physical or mental health status. As veterans are often unable to continue in or return to pre-injury employment, DVA seeks to assist them to maximise their quality of life and when appropriate, explore other work options through participation in a rehabilitation program.
>
> DVA provides rehabilitation services via a mix of in-house and outsourced arrangements. DVA has staff who are rehabilitation service coordinators who approve funding and rehabilitation plans. Actual delivery of rehabilitation services are outsourced via Comcare approved rehabilitation providers who develop rehabilitation plans, liaise with clients and their families, engage services, and monitor progress. These providers also meet specific DVA requirements to work with veterans.[81]

6.69 Issues were identified when serving members transition from ADF rehabilitation program to DVA services. DVA noted that it was working 'cooperatively' with Defence to 'ensure the rehabilitation needs of serving members and veterans, including the transition out of Defence, are met as legislatively required'.[82]

6.70 Defence noted a number of initiatives in relation to employment including the improvements to the CTAS for more members to have 'a resume developed and to be

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79 *Submission 45*, p. 3.

80 *Submission 156*, pp 26-27.

81 *Submission 156*, p. 26.

82 *Submission 156*, p. 27.

coached in job search techniques, application writing and interview skills'. It also noted the 'Transition for Employment Program aims to prepare medically separating ADF members, while they are still serving, to be competitive in the civilian job market through a suite of preparatory services and ongoing support, commensurate with their recognised medical condition'.[83]

6.71 On 17 November 2016, the Prime Minister and the Minister for Veterans' Affairs announced a number of initiatives in relation to employment by veterans including the formation of an Industry Advisory Committee on Veterans' Employment to consider how to mentor ADF personnel and translate ADF skills for the private sector. Other aspects of the announcement included:

> Businesses will be encouraged to partner with a local Ex-Service Organisation, such as the RSL and Soldier On, to develop strategies for driving veterans' employment through an Ex-Service Organisation Industry Partnership Register.
>
> The Government will help our ADF personnel by improving the transition from the Defence force into their post-service careers. All personnel will have appropriate documentation, including health records, superannuation and training records, and participate in the formal transition process before separating from the ADF. All separating ADF personnel will also have access to employment coaching services to help them seek and obtain employment.
>
> The Australian Public Service Commission (APSC) will participate in the transition process and develop a toolkit for veterans seeking employment in the public service. The APSC will also improve information for veterans seeking employment in the public service and launch an online tool for aligning ADF rank to APS classification. The new APSJobs website will include specific information for veterans seeking employment in the APS when it launches in 2017.[84]

6.72 In addition, Budget 2017-18 provided of $2.7 million over four years to support the further implementation of the Prime Minister's Veterans' Employment Program.[85] Budget papers indicated that:

> Defence continues to work with [DVA], industry and ex-Service organisations to support ADF members through the transition process and to find a new career. Key priorities include the Australian Defence Force transition transformation program, comprising job search preparation, a

83 *Submission 124*, p. 16. See also Rear Admiral Wolski, *Committee Hansard*, 6 February 2017, p. 20.

84 The Hon Malcolm Turnbull MP, Prime Minister and the Hon Dan Tehan MP, Minister for Veterans' Affairs, 'Supporting Veteran Employment Opportunities', *Media release*, 17 November 2016.

85 DVA, 'Supporting veterans' employment opportunities', Budget 2017-18, p. 1.

> new transition coaching model, separation with documentation and enhanced post separation support.[86]

Family and carer support

6.73 DVA noted that at a recent Veterans' Families Forum '[a]ll participants…saw a need for planning for transition to start as early as possible in a member's career and to continue beyond separation from the ADF'. At the forum there was 'a consistent view that transition was a matter for the whole family, not just the member'.[87]

6.74 Rear Admiral Wolski, Head People Capability at Defence emphasised the role of the Defence Community Organisation (DCO) which offers a range of information, programs and services to assist Defence families:

> There are family support, community support mechanisms in place around Australia at the major bases, and there is the family helpline, which is available 24 hours a day to allow families to call in with any questions regarding how better to cope with military life.[88]

6.75 The DCO includes over 200 staff across Australia and includes social workers, military support officers, regional education liaison officers and family liaison officers.[89] He also outlined how families were included in the transition process:

> We recognise that the family is a part of the transition process, the family can also come along to their further transition seminars to hear all of the information that is being given to the ADF members in transition. That is basically helping to prepare the family strategies for being ready for being outside of the military and outside of all of those protective measures that we have put in place while the member is in uniform.
>
> There is a range of different points that are covered in our transition seminars, including things around medical advice—including getting Medicare, getting private health insurance—financial advice and all of those steps that assist the family and the member.[90]

6.76 Vice Admiral Griggs also noted that Defence Families of Australia was another organisation that is completely focused on military families and family support.[91] This is a government supported advocacy body with the goal to ensure quality of life for 'all Defence families by providing a recognised forum for their

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86 Defence, *Portfolio Budget Statement 2017-18*, p. 25.

87 *Submission 156*, Supplementary submission, p. 4.

88 *Committee Hansard*, 6 February 2017, p. 20.

89 Department of Defence, 'About DCO', available at http://www.defence.gov.au/DCO/About/Default.asp (accessed 19 July 2017).

90 *Committee Hansard*, 6 February 2017, p. 20.

91 *Committee Hansard*, 6 February 2017, p. 21.

views and by reporting, making recommendations and influencing policy that directly affects families'.[92]

6.77 This importance of support for the families during and after discharge was also expressed in submissions to the inquiry, which outlined a range of family support issues. For example, Soldier On noted that many military families felt that there was lack of training and access to appropriate services to assist them support veterans returning to civilian life.

> Current services available to veterans do not extend to their families. Transitioning from the ADF poses significant challenges for families as they adjust to civilian life which may include relocating, buying a house and forming a new routine. Families also require assistance to support veterans as they find work and seek help for any underlying physical or psychological injuries.[93]

6.78 In addition, Soldier On highlighted evidence concerning how the families of veterans could be affected. It noted:

> Research into the experience of Vietnam Veterans highlighted how the family unit was affected by the veteran's service. Compared to the general population, children of Vietnam Veterans are more likely to be diagnosed with or treated for depression (21 percent vs 14 per cent), anxiety (22 percent vs 13 percent) or PTSD (4 percent vs 1 percent). It was also identified that children of Vietnam Veterans have a suicide rate three times higher than the national average.
>
> Empirical studies have demonstrated that partners of combat veterans have a significantly higher risk of developing psychological problems as a result of living and caring for their veterans than the general population.[94]

6.79 The submissions from partners of veterans who, often at a young age, had taken on the responsibility of being part-time or full-time carers also illustrated the impacts on families after service. For example, Mrs Bonny Perry stated:

> I feel that one of the gaping holes in the system is lack of support for the family. We are given these broken people, people we barely recognise, and are not given any tools to help. We are the ones that have to support these wounded 24/7. With that, it means that, without the right tools the wheels are going to fall off.[95]

6.80 Similarly, Dr Nick Ford commented:

> Lack of sufficient transition support and relationship / family support means that families are not of equipped to deal with symptoms of PTS etc and the breakdown of these relationships for a fragile veteran can be catastrophic

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92 Defence Families of Australia, 'About', available at http://www.dfa.org.au/about (accessed 17 July 2017).

93 *Submission 175*, p. 9.

94 *Submission 175*, p. 6.

95 *Submission 193*, p. 1.

> and lead them to feeling and being alone with exacerbated feelings of pain and helplessness. Family involvement, early, is good psychiatric practice.[96]

6.81 Mates4mates emphasised the importance of providing family members with the education and tools to support veterans. It stated:

> There is a lot of useful information and material online from various agencies but providing opportunities for veteran's partners and family members to access accredited training such as Mental Health First Aid training and Applied Suicide Intervention Skills Training is important. Often family members can feel helpless and inadequate when faced with a loved one experiencing emotional or psychological pain. However, being provided with training in areas such as recognizing the signs of mental health problems or suicidal ideation and skills in how to respond in crisis situations can provide family members with increased confidence. This type of training could be funded through DVA but coordinated by ESO's who have the flexibility and capacity to provide the family members with additional wrap around support services.[97]

6.82 Professor Philip Morris stated:

> An important way of empowering ex-ADF personnel and their families to deal with mental illness and suicide risk is to provide them with training in mental health first aid. This will have the additional benefit of further de-stigmatising mental illness. At the point of discharge from the ADF the leaving member and his/her immediate adult family should be provided the 'Mental Health First Aid Course' suitably modified to take into account common conditions suffered by ex-ADF personnel as well as how to respond to potential and real suicide risk situations. In a similar way an occupational health intervention of mental health first aid training should be introduced for all individuals in leadership positions in the ADF.[98]

6.83 Several people with experience in working with veterans highlighted the tension between respecting the privacy of the veteran and assisting them through involving their family. For example, Mr Robert Dick from the RSL stated:

> As an ex-pensions and welfare officer, I have had situations where a veteran has come to me with an issue and I have taken that on board and helped him through the process. I have said, 'I'd like to be able to talk to your wife on certain issues, totally in confidence,' and he has said, 'Oh, no, she doesn't even know I'm here'.[99]

6.84 The PVAA also highlighted the need for respite assistance. It noted that '[w]hen life becomes too stressful on the family it is likely one of the partners will opt to move out'. The PVAA drew attention to a 'scarely used' VVCS Crisis Assistance Program which aims to provide short-term accommodation for up to five days to

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96 *Submission 44*, pp 1-2.

97 *Submission 173*, p. 4.

98 *Submission 384*, p. 4.

99 *Committee Hansard*, 6 February 2017, p. 6.

Vietnam veterans.[100] It proposed this service could be widened to cover respite for any other veteran and/or their partner and family.[101]

6.85 Carers NSW stated that carers, including carers of veterans, were 'often recognised for their role or included by health professionals'. It outlined Australian and international evidence which suggested that 'carer inclusive veteran support has positive outcomes for veterans and their carers, reducing rates of depression and anxiety among carers and increasing the sustainability of their caring role'.[102]

6.86 It noted that the carers of veterans have reported their desire for greater education about particular mental health conditions and improved communication with mental health professionals. Carers NSW recommended that 'the carers of veterans living with a mental health condition and at risk of suicide be provided with a range of tailored support types, delivered both individually, such as specialised counselling, and in group contexts, such as training sessions and opportunities to mix with other carers in similar situations'.[103]

6.87 The Australian Families of the Military Research Foundation identified a lack of child care as a barrier to accessing mental health and other services:

> [I]t is vital to encourage the partners of younger servicemen/women as well as the servicemen/women themselves to seek help at [VVCS] as soon as family dysfunction threatens. But for mums with young children, finding child care for the period of the recommended face-to-face counselling may be difficult…
>
> [T]he VVCS is prevented by the Repatriation Commission from arranging child care. It may not, for instance, bring in a casual child minder or nanny for a day or half a day. Even if face-to-face counselling is considered most clinically appropriate in a particular case, but lack of child care prohibits it, only the second best and possibly unsatisfactory option of telephone counselling will be offered. This is surely not good enough.[104]

6.88 The 2013 Joint Standing Committee on Foreign Affairs, Defence and Trade inquiry into the Care of ADF Personnel Wounded and Injured on Operations recommended that Defence and DVA undertake a study into psychological support of partners and families of Australian Defence Force (ADF) members and ex-ADF members.[105] This was supported in principle in the Government response.[106] A family

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100 Veterans and Veterans Families Counselling Service, 'Crisis Assistance Program', available from http://www.vvcs.gov.au/Services/crisis-assistance-program.htm (accessed 24 May 2017).

101 *Submission 45*, p. 3.

102 *Submission 280*, p. 1.

103 *Submission 280*, p. 3.

104 *Submission 164*, pp 4-5.

105 Joint Standing Committee on Foreign Affairs, Defence and Trade, Inquiry of the Defence sub-Committee, *Care of ADF Personnel Wounded and Injured on Operations*, June 2013, pp xx-xxi.

well-being study is a component of the Transition and Wellbeing Research Programme.

6.89 The NMHC report recommended:

> The ADF and DVA should rethink the strategy and range of initiatives to support families. A Family Engagement and Support Strategy should be co-designed with families, and focus on known stress points for families, including transition points. The strategy should also recognise and cater for the diversity of family structures in the ADF and in ex-serving communities.[107]

6.90 The Government response to the NMHC report agreed that more support was needed for the family of current and former ADF members. It acknowledged that families 'make a significant contribution to the health and wellbeing of ADF members throughout their careers, through the transition process and when they become civilians' and that the 'role of family can be particularly important in the treatment and recovery of ill or injured individuals throughout their lifetime'.[108] It stated:

> A number of initiatives are currently being implemented in support of families.
>
> Defence has a family engagement model currently under development that includes engagement with VVCS.
>
> As part of its election commitments, the Government has initiated the Female Veterans and Families Forum.
>
> Support has also been provided for services for children of veterans with mental health conditions through the Kookaburra Kids Foundation.[109]

6.91 The NMHC also supported greater inclusion of families by the ADF:

> The ADF should review its current approach to implementing family sensitive practices, and implement any necessary changes in policy, practice and training to ensure that services are truly inclusive and family sensitive, particularly in relation to engaging with families when there is a report or incident of self-harm or suicidal behaviour. Any approach that denies involvement of families on superficial privacy and/or security grounds should be vigorously challenged, with a robust process implemented to regularly assess the experience of families in being engaged and participating in health services.[110]

6.92 The Government response included:

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106 Government response to Joint Standing Committee on Foreign Affairs, Defence and Trade, *Care of ADF Personnel Wounded and Injured on Operations,* December 2013, p. 5.

107 NMHC report, p. 52.

108 Government response to NMHC report, p. 8.

109 Government response to NMHC report, p. 69.

110 NMHC report, p. 53.

> Defence will continue to develop its family sensitive approach. Defence, (through Joint Health Command and DCO) will implement a family engagement model in the treatment of ill and injured ADF members supported by improvement in family sensitive practice amongst Defence health providers. To ensure a family-inclusive approach, co-design will be a priority in the development of these new support programs and initiatives. Work is also being undertaken to improve the support programs available to families to increase awareness levels and to provide advice on how to access these programs.[111]

Conclusion

Transition issues

6.93 Appropriate transition support for veterans can be critical to success in life after service. The committee supports the NMHC recommendation that 'transition should enable 'all departing personnel to leave with dignity, hope and some certainty about their future, regardless of the circumstances of their discharge'.[112] In this context, the committee welcomes the significant reform work which Defence, DVA and CSC are undertaking to improve the transition process for veterans through the Transition Taskforce.

6.94 In the view of the committee, the Transition Taskforce is an appropriate avenue to address concerns regarding the experience of transition which were raised by submitters to the inquiry. Worrying gaps in support were identified in submissions for veterans after discharge. Some veterans highlighted significant barriers to finding employment which were service related. These included lack of recognition of skills and training gaining while in uniform and a reluctance of employers and their insurers to employ veterans with service related conditions.

Recommendation 14

6.95 The committee recommends that Transition Taskforce examine and address:

- **any gaps in medical services or income support for veterans in transition or immediately following transition;**
- **barriers to employment for veterans who are transitioning such as workers' insurance issues and civilian recognition of qualifications, skills and training; and**
- **disincentives for veterans to undertake work or study resulting from the legislative or policy frameworks of the Department of Veterans' Affairs.**

111 Government response to NMHC report, p. 69.

112 NMHC report, p. 53.

A two-track transition process

6.96 The period when ADF members transition to civilian life is even more important for the delivery of support and assistance to vulnerable veterans. As the research base grows in relation to the welfare of veterans (including risk of suicide), this research should be utilised to construct targeted support programs directed to the most 'at risk' groups as they transition from the ADF.

6.97 This two-track transition process is consistent with the Government response to the NMHC report which indicated that 'Defence will increasingly target its efforts towards those most in need based on criteria such as continuity of healthcare, finding employment and social connectedness'. The intensive transition support services delivered to these at risk groups should be responsive to what veterans have identified as important needs. For example, the 2016 DVA client satisfaction survey asked veterans who had transitioned from the Defence Force in the last 5 years whether they had trouble accessing or finding support or services to help them. 45 per cent indicated that the main services for which they had trouble accessing or finding support were:

- physical health;
- finance support;
- mental health; and
- employment.[113]

6.98 The committee continues to see merit in Defence working with ex-service organisations to develop a transition mentoring program. This recommendation from the committee's Mental Health of Australian Defence Force Members and Veterans report should be reconsidered in the context of promoting and maintaining social connectedness for ADF members who are transitioning.

Recommendation 15

6.99 The committee recommends that the Department of Veterans' Affairs develop a two-track transition program for serving members leaving the ADF. Those identified as being in 'at risk' groups or requiring additional assistance due to their circumstances should be able to access intensive transition services. These intensive transition services should include additional support:

- **claims case management;**
- **healthcare, mental health and wellbeing support;**
- **employment assistance programs;**
- **social connectedness programs; and**
- **health and wellbeing programs.**

113 DVA, *2016 Client Satisfaction Survey*, May 2017, p. 19.

Provision of DVA White Cards

6.100 The committee considers that, in the context of the expansion of the non-liability health care to all mental health conditions, every ADF members leaving service should be provided with a DVA White Card (which facilitates use of these services). While many veterans will never seek to use the non-liability health care services available to them, their DVA White Card will serve a purpose by highlighting a pathway to assistance for veterans. Service-related mental health conditions may not present for veterans until many years after their service has concluded. The DVA White Card will be a physical indicator of the availability of support for each discharged ADF member that they can carry with them into civilian life.

6.101 The committee anticipates that future reform will further extend non-liability health care to veterans and the DVA White Card will be the key way veterans can access these additional services. The provision of DVA White Cards to all veterans would also serve as a veteran identification card which can be linked to their identification numbers, service record and medical records. This can be platform to facilitate data collection and tracking of health services used by veterans. Any veterans who requests it should be able to access a DVA White Card to use as a veteran identification card and to access non-liability health care.

Recommendation 16

6.102 The committee recommends the Australian Government issue all ADF members transitioning into civilian life with a DVA White Card.

6.103 While the ADF offers some opportunities for serving members in the transition period to undertake short term outside employment and gain on-the-job experience, the committee considers there could be further flexibility for veterans in these arrangements. The committee considers that an important addition to the existing Career Transition Assistance Scheme would be support for a paid period of work experience with outside employers. This would allow both the employer and the veteran to see if the prospective job opportunity was a good fit.

Veteran employment

Recommendation 17

6.104 The committee recommends that the Career Transition Assistance Scheme include an option for veterans to undertake a period of work experience with an outside employer.

6.105 The valued skills and experience of ADF members mean they are often well suited to other public sector careers. Other nations actively support veterans, and particularly veterans with disabilities, through preferences in public sector employment. For example, in the United States, veterans make up a substantial portion of federal government employees. To compliment the efforts to increase veteran employment in the private sector, the committee considers there should be an examination of other specific mechanisms to increase the participation of veterans in public sector employment. The committee notes that the APSC will include specific information for veterans seeking employment in the APS and launch an online tool for aligning ADF ranks to APS classifications in 2017. A further APSC review should

focus on other active measures which could be undertaken to support veteran employment in the APS and the public sector more generally. This could include a formal preference for veterans where applicants are equally ranked.

Recommendation 18

6.106 The committee recommends that the Australian Public Service Commission conduct a review into mechanisms to further support veteran employment in the Australian Public Service and the public sector.

Support for partners

6.107 Significant support for the families of veterans exists through the services provided by the Defence Community Organisation and the VVCS. The committee welcomes the recognition of the importance of families of veterans expressed by Defence and DVA. A supportive and inclusive approach to the families of veterans in the transition process is vital to ensuring the long-term well-being of veterans.

6.108 However, a consistent theme from the evidence received was that there was a lack of support for the partners those veterans who have mental health conditions or have acquired severe disabilities arising from their service. The partners of veterans often act as the keystone of support for veterans, some as full-time or part-time carers. The situation of veterans often markedly declines when these relationships fail. In the view of the committee, this is a critical area for DVA to investigate and develop further measures of support.

Recommendation 19

6.109 The committee recommends that the Department of Veterans' Affairs review the support for partners of veterans to identify further avenues for assistance. This review should include services such as information and advice, counselling, peer support and options for family respite care to support partners of veterans.

6.110 The committee was also concerned to receive evidence regarding the challenges which may face veterans moving from DVA support into aged care. It was apparent that loss of access to services such as Veterans' Home Care and the Rehabilitation Appliances Program could have serious implications for elderly veterans transitioning to aged care. Although this was not a focus during the inquiry, the committee notes the importance of this issue given the large number of elderly veterans.