

Female Veterans & Veterans' Families

POLICY FORUM

14–15 & 20–21 JUNE 2023



Australian Government
Department of Veterans' Affairs

WELCOME!

THIS IS NOT ABOUT
CONSENSUS
IT IS ABOUT

DON'T TAKE **NO** FOR
AN ANSWER!

We are ONLY
ALLOWED to
TELL YOU ABOUT

VOICING

OUR

DIVERSE

OPINIONS

RETURNING
MEDALS

YOUTH
MENTAL
HEALTH

Be **KIND**
to YOURSELVES
& EACH OTHER

OUR
SUCCESSSES

BUT WE LISTEN!

WE ARE ALL ON A
SIMILAR PATH

I'M TRYING to
WALK IN YOUR
SHOES
SO I CAN

UNDERSTAND
YOUR
EXPERIENCE

CONTINUITY
of
CARE

SUPPORT
DURING
TRANSITION
OR LOSS

GOLD
CARD

HELP WITH
NAVIGATING
FORWARD

HAPPY PLACES



BALLINA
BEACHES



IN THE
ART
STUDIO



GENUINE
RECOGNITION

FAMILY BASED
Trauma TRAINING

FINDING
YOUR

TRIBE

HELP for CHILDREN

PRE & POST TRANSITION

INVISIBLE
UNDERVALUED &
a Lack of QUALITY



PAINTED
WITH A
TAINTED
BRUSH



NO MORE
SURVEYS
THAT GO
NOWHERE!



GET PROACTIVE!

HELP
PEOPLE



UPSTREAM RATHER THAN
FISHING THEM
OUT LATER



Graphic Recording of the opening sessions captured at the Veterans' Families Policy Forum (21 June 2023).

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EXECUTIVE SUMMARY

The Female Veterans & Veterans' Families Policy Forum was established in 2016 to provide a platform for female veterans and female veteran family members to raise issues directly with the Australian Government and the Department of Veterans' Affairs (DVA), and to create new channels of communication between DVA and the veteran community. The Forum is one way the Government and DVA are listening to female veterans and veterans' families, and using their feedback to co-design future policy and program options.



Graphic Recording of the opening sessions captured at the Female Veterans' Policy Forum (14 June 2023).

Aspects of the Forum change every year, including the topics, structure, objectives and participants. For 2023, the Forum was split into two Fora; the Female Veterans' Policy Forum and the Veterans' Families Policy Forum. This approach aimed to capture more in-depth perspectives, by giving more time to explore the unique experiences of these two distinct community cohorts.

The Forum is a high-profile event, garnering considerable interest across the veteran community and within DVA. In 2023, 48 community members participated. Careful selection of participants helps to ensure the Forum remains representative of the diverse Australian veteran community and includes participants who can contribute in a fast-paced and solutions-focused collaborative design environment.

In addition to Forum participants, senior leaders from DVA and the Australian Defence Force (ADF) attend these Fora to hear first-hand from female veterans and veterans' families. In 2023, this included the Hon. Matt Keogh MP, Minister for Veterans' Affairs and Defence Personnel, DVA Secretary Alison Frame, and a representative from the ADF Joint Transition Authority.

Key topics explored in 2023 included housing and homelessness, veterans' entitlements legislative reform, family and domestic violence, protective factors against female veteran suicide, the Defence and Veteran Family Strategy, and female veteran physical and mental health needs. These Fora generated a broad range of suggestions including:

- Individual support to establish a sense of purpose after service.
- Social and professional networks, including mentors, are a key transition support.
- Self-determination through female specific supports, delivered by females.
- Increased choice of health providers can better suit individual needs and help address the experience of female specific concerns being dismissed.
- Education from ADF enlistment onwards focused on identifying and reporting family and domestic violence, and Defence and veteran specific risk factors.
- A nationally consistent and funded approach to family and domestic violence prevention, which acknowledges the diversity of these experiences.
- Greater recognition of families through provision of a family PMKeys-type number.
- A clear, concise, consistent and layered 'single source of truth' in preparing the community for potential legislative changes.
- Veterans and families can have similar challenges as the broader community when experiencing housing insecurity and homelessness, but can also experience complex additional barriers to seeking help, and could be best assisted with early education and support pre-transition.

Further details on the discussions and suggestions generated through this activity are included in the body of this report.

DVA has consistently received very positive feedback on the Forum, and would like to thank the 2023 participant group for the time, energy and passion they brought to this important event.

INTRODUCTION

In 2023 Female Veterans & Veterans' Families Policy Forum was convened over two separate events; the Female Veterans' Policy Forum (14–15 June 2023) and the Veterans' Families Policy Forum (20–21 June 2023). These Fora saw 48 community members join the Department of Veterans' Affairs (DVA) in Canberra (27 female veterans and 21 female veteran family members) to explore their unique perspectives on some of the key issues facing these communities and DVA.

The Forum leverages the lived experiences of female veterans of the Australian Defence Force (ADF), and family members of veterans, to inform future DVA policy and service delivery options. The Forum provides a platform for the voices of these communities to be heard, and a space for meaningful networks to be fostered.

Representatives of DVA policy, program and service delivery areas, as well as representatives from the Department of Defence, attended Forum sessions to hear from female veterans and veterans' family members first-hand. The feedback and ideas generated at the Forum are being used to inform new DVA projects and ongoing work.

OBJECTIVES

The objectives of the Forum across both events in 2023 were to:

- Renew the group and foster an engaged network of female veterans and veterans' families;
- Leverage the group's knowledge and lived experience to:
 - Contribute to the pathway for Veterans' Entitlement Legislative Reform;
 - Shape thinking on areas of policy consideration now and in the future, including veteran and family housing insecurity and homelessness, female veteran specific health needs and health system interactions, family and domestic violence, and protective factors against female veteran suicide; and
 - Inform the improvement of specific initiatives including the joint *Veteran Mental Health and Wellbeing Strategy* and the *Defence and Veteran Family Strategy*.
- Support a shared understanding of the veteran and veteran family support landscape through DVA and participant-led sessions.

THIS REPORT

This report provides a high-level summary of the feedback and ideas raised at these Fora. Quotes included in the report have been de-identified and are verbatim. Quotes have been captured through both video-recording and note-taking.

Relevant DVA business areas have been provided with the full suite of data collected at these Fora to inform current and proposed projects.

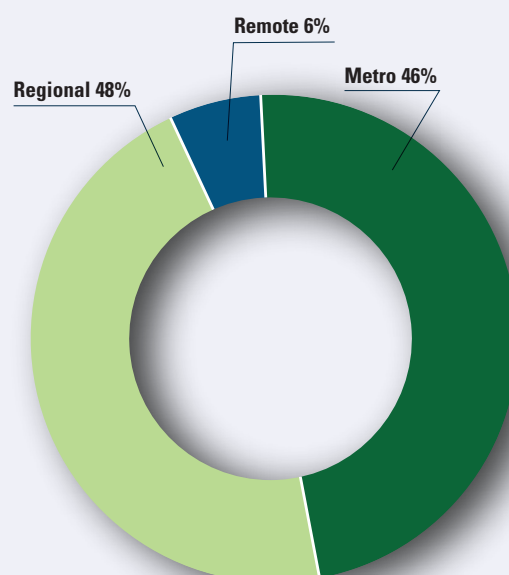
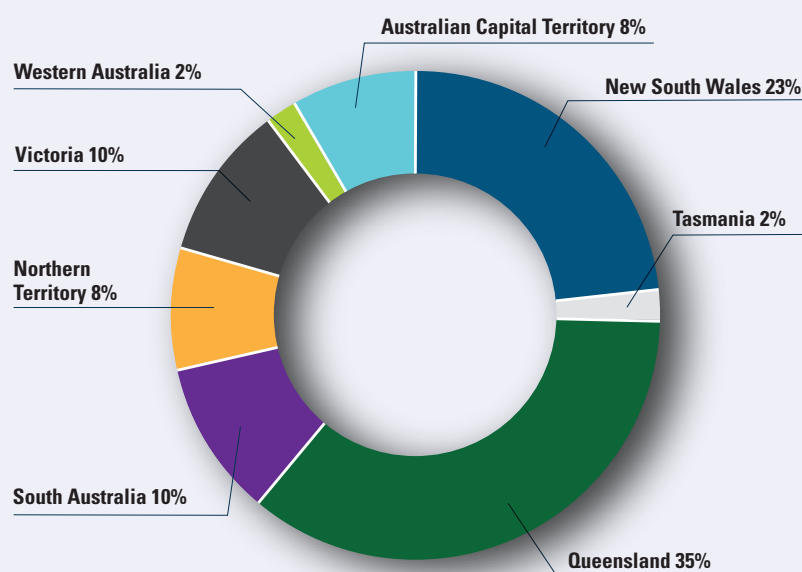
Where content presented in this report is a direct quote from a Forum participant, this will be indicated by the use of quotation marks (" ") and italics, and has been de-identified, with the exception of the Community Initiatives Presentations. Other output presented herein should be considered a summary of ideas and discussions which occurred at these events.



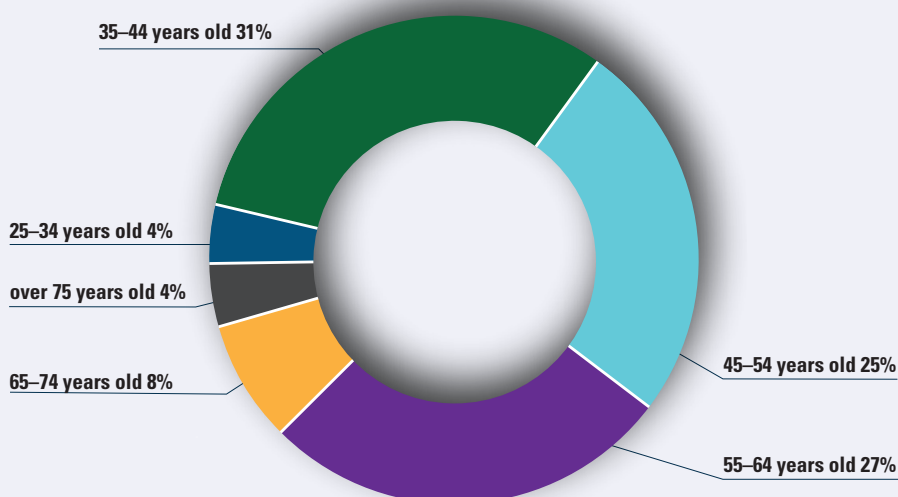
ABOUT THE PARTICIPANTS

In 2023, 48 female veterans and female veteran family members attend the Forum overall. These women had a diverse range of lived experiences, with one major thing in common; an understanding of how Defence service can affect veterans and veterans' families.

Participants were drawn from across Australia, with representatives from every state and territory. Most prominent representation was from Queensland (35%) and New South Wales (23%). Participants were predominantly from metropolitan or regional areas, with a small cohort of participants attending from remote areas.



These Fora aimed to capture diverse perspectives and experiences by including participants from a range of ages. As shown here, 52% of participants were aged between 45 and 64, 35% were 44 years or below, and 12% were 65 years or over.



STRUCTURE OF THE FORUM

The Forum is designed to be highly participative and solutions focused, with participants engaging in a range of collaborative activities and discussion topics. For 2023, some topics were discussed at both events, while for other activities female veterans and veterans' families worked on topics specifically presented to each group. Broadly, however, both 2023 Fora were comprised of the following types of activities:

1. Presentations by DVA Leadership;
2. Policy Challenges and Developing Solutions; and
3. Participant-Led Content.

PRESENTATIONS BY DVA LEADERSHIP

A key element of the Forum is the opportunity for participants to hear from, and raise questions with, senior people in the DVA and veterans' landscape. For 2023, the Minister for Veterans' Affairs, the Hon Matt Keogh MP, and the DVA Secretary, Ms Alison Frame, formally addressed both events.

MINISTER'S ADDRESS

The Hon Matt Keogh MP

Minister for Veterans' Affairs and Defence Personnel

Minister Keogh took the opportunity to attend both Fora and engaged with the participants in informal conversations, as well as providing formal addresses. For the Female Veterans' Policy Forum, Minister Keogh attended the Female Veterans Networking Dinner on the evening of 14 June, while for the Veterans' Families Policy Forum, Minister Keogh formally opened Day Two.

Key messages from Minister Keogh included:

- The Government is taking action on the recommendations from the Royal Commission into Defence and Veteran Suicide Interim Report;
- Harmonisation of legislation is a significant priority to improve the whole veteran support system;
- DVA is working with Defence on key Strategies to improve linkages between the two organisations;
- Working through the claims backlog remains a major focus with positive progress being made.



Graphic Recording of the Minister's Address captured at the Veterans' Families Policy Forum (21 June 2023)

SECRETARY'S ADDRESS

Ms Alison Frame

**Secretary, Department of Veterans' Affairs
President, Repatriation Commission**

The Secretary of DVA, Alison Frame, addressed the participants at both Fora, sharing her background, priorities and candid reflections on her first six months as Secretary.

Key messages from Secretary Frame across both events included:

- Drawing on her experiences across State and Federal governments to enhance policy and service delivery in DVA.
- The Department is very focused on improving stakeholder engagement with the veteran community.
- Legislation is currently before the Senate to invest \$30 million directly to housing, from which the veteran community will benefit.
- Additional resources to address the backlog of claims are starting to have an impact on wait-times.
- DVA is working with the General Practitioner sector to improve medical access for veterans.



Graphic Recording of the Secretary's Address captured at the Female Veterans' Policy Forum (15 June 2023).

**ALISON
FRAME**

WE'VE GOT THE
RIGHT GROUP of PEOPLE
GIVING US ADVICE
SECRETARY DVA
PRESIDENT REPATRIATION COMMISSION

FAMILIES NEED to
FEEL HEARD

PROJECT
CONFIDENCE

BE
PRACTICAL

HOUSING IS
**ABSOLUTELY
ESSENTIAL**
TO SET PEOPLE UP
FOR **SUCCESS**

IN ORDER TO
MAKE a DIFFERENCE

R.S.L.s HAVE a LOT of LAND
IT IS AN
OPPORTUNITY
FOR HOUSING

SPACES • FUNDING • NIFIC
LONG & SHORT TERM AFFORDABLE HOUSING

\$30 MILLION
FOR HOUSING

MORE **CLAIM
SUPPORT OFFICERS**

to INCREASE PRODUCTIVITY
FOR **CLAIMS DELEGATES**

A FOCUS ON
**IMPROVING
STAKEHOLDER
ENGAGEMENT**

a **BETTER
UNDERSTANDING
of the PROCESS**

IS THE **DHA**
the BEST WAY to
APPROACH THIS?

DRAWING
on the
**LIVED
EXPERIENCE**

REVIEW
THE
**RULES
& INTEGRITY
INVOLVED**

INVESTING in MAKING DVA
an **ATTRACTIVE JOB OPPORTUNITY**
for **VETERANS & VETERAN FAMILIES**

WHEN ONE STATE TRIES SOMETHING NEW
THERE IS **PRESSURE** on OTHER
STATES to FOLLOW

WE ARE ASKING
LESS of DOCTORS
SO THEY DON'T SEE
DVA PATIENTS
as "DIFFICULT"

Graphic Recording of the Secretary's Address captured at the Veterans' Families Policy Forum (21 June 2023).

POLICY CHALLENGES AND DEVELOPING SOLUTIONS

Central to the purpose of these Fora is the opportunity for community members to work collaboratively with each other, and with DVA, to explore policy areas of significance and develop community-driven solutions. This work is prioritised by DVA in acknowledgement that those with lived experiences of Defence, veteran and veteran family life are the experts in these experiences and can provide insights no one else can.

At each of the 2023 Fora, participants were asked to explore four key topics with current significance for DVA and the community.

Female Veterans' Policy Forum Topics:

1. Protective Factors against Female Veteran Suicide;
2. Female Veteran Specific Health Needs and Health System Interactions;
3. Housing Insecurity and Homelessness in the Female Veteran Community; and
4. Veterans' Entitlements Legislative Reform.

Veterans' Families Policy Forum Topics:

1. Family and Domestic Violence;
2. The *Defence and Veteran Family Strategy*;
3. Housing Insecurity and Homelessness in the Veteran Families Community; and
4. Veterans' Entitlements Legislative Reform.

Throughout the two days of each Fora, participants worked on these topics with support from DVA facilitators and senior leaders. Each Fora culminated in a Feedback Panel, where participants reported their key ideas on these topics to senior DVA and Defence leaders.

The following section of this report presents the prominent feedback generated through this process of collaborative design, including key themes, supporting quotes, and relevant content presented to the Feedback Panel.



PROTECTIVE FACTORS AGAINST FEMALE VETERAN SUICIDE



Graphic Recording of the captured at the Female Veterans' Policy Forum (14 June 2023).

Participants at the Female Veterans' Policy Forum were asked to discuss a range of issues surrounding female veteran suicide and the protective factors which can shield female veterans from suicidality. Discussions focused on what protective factors are prominent for this community, what currently exists and works well, and what else could be done.

Summarising their ideas and discussions to report to the Forum Feedback Panel of senior leaders, female veteran participants focused on three key protective factors:

1. A sense of purpose;
2. Supportive and collaborative networks; and
3. Self-determination.

"We've got three factors that we feel are most important. The first one we want to talk about is a sense of purpose, otherwise known as a reason for getting out of bed in the morning. We need to make sure that people have that sense of purpose before they're going to be able to engage with any of the other useful things that can be able to help them get their lives back on track."

"A sense of purpose isn't necessarily employment. It might be. That might be the reason that somebody wants to get out of bed in the morning. But for people who aren't able to work or people who aren't able to work in a place that really brings them that sense of purpose, working with them individually is going to be the way to best find out what is a sense of purpose for them."

"One of the ways that we thought that might be able to work within the current system is utilising the Rehab Consultants. This is a skill that they will be able to take on and something that they would be able to achieve, working individually, because what's my sense of purpose isn't necessarily going to be yours or yours. Working with somebody who's got that time and those repeat appointments with people to really work with them, to figure out what their sense of purpose is and how they're going to be able to best meet that."



"We need to form supportive, collaborative networks. So that works through connections before transition, having transition seminars that have got some female-specific issues and then having a follow-up from transition. So at 12 months or two years, Transitions could contact people who have left and just touch base and see how they go in individual portfolios."

"Having the connection into a social network, having your family support, having various avenues to approach different community organisations. One size doesn't fit all and these organisations need to listen, not tell us what we need, and then we need to look at things like, how we have those financial and housing stability issues to enable people to have that social connectiveness and then you form into your social networks."

"These are the foundations that we need to build and make successful, and we do that through supporting each other as female veterans and also through the support that we gain from agencies such as DVA. So having that supportive network allows us to be the person we can be and the fact that there's a very broad spectrum between illness and wellness and not everybody can fit in that scale. It's a sliding scale and we need to adapt it for everyone and build those networks."



"We need to come up with self-determination, having a sense of purpose and having the support around you assists greatly in that self-determination, because we're all quite inherently aware that the only person that can provide us happiness is ourselves. Whilst it's not our fault whatever happened to us or what's happening, or if we've left the service, it is our responsibility to now move forward ourselves, but we need these support networks in place first. Once we've got that, self-determination becomes a lot easier, it's a lot easier to walk that journey with people supporting you around you."

Female veterans specific programs that we have come up with are initiatives such as:

- *A mental health facility program specific for female veterans, for example, I would have liked to have done a [female-specific] PTSD in-house program at one of the hospitals. Out of the 12 positions, the other 11 were filled by males and it was not a space that I felt comfortable in. And I also had nowhere to put my children at the time. So those sort of things would benefit female veterans once they've got their support networks around.*
- *A female veteran retreat was spoken about and female veteran mentors. Mentors nationally, in different states, people that they can go to. It would be amazing if those people were female veterans that have been through their journey and are now out there supporting the new female veterans coming in. We find it extremely successful running wellness retreats where the practitioner is actually 'of lived experience'.*
- *Research into the specific health needs of female veterans, networking events nationally and female focussed transition activities are all female veteran specific programs that we'd love to see."*



FEMALE VETERAN SPECIFIC HEALTH NEEDS AND HEALTH SYSTEM INTERACTIONS

Female Veterans' Policy Forum participants were asked to consider and discuss their reflections and concerns around female veteran physical and mental health. These discussions covered the myths and assumptions which might be held in the community, what works well, challenges accessing services, and which areas need research.

WHEN EXPLORING PHYSICAL HEALTH NEEDS, KEY MESSAGES INCLUDED:

Assumption that women don't undertake similar military duties to men

"Assumption that female veterans can't have PTSD because it's unlikely that they have been shot at or in combat."

"One of the major issues is muscular and skeletal issues, and that is due probably to a lot of the efforts that they have to undertake to actually do their job and lift stuff and wear heavy uniform, wear heavy jackets."

Being dismissed for 'female problems'

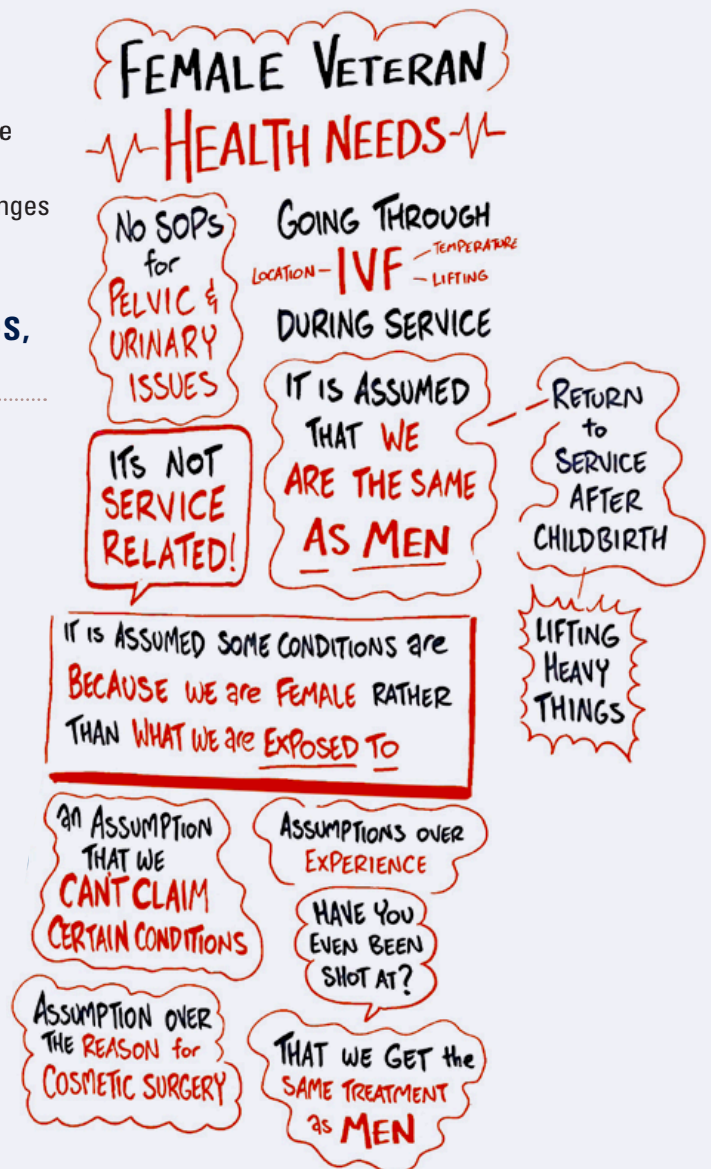
"Very few SOPs for prolapses, UTIs, so the assumption from DVA is that we don't have them, or that if we do, they're from childbirth and therefore not linked to service."

"Assumption that IVF treatments are not service-related. However, the need for IVF might be linked to service."

"There is an assumption that females go through standard life events that happen for females. But there aren't SOPs that are service-related that affect female health – effects of radiation, medications, etc. The assumption is that it's just a normal women's issue rather than considering how that could have been impacted by military life."

Female-specific health concerns

"One of the major issues is influences on their reproductive system. And there's been a lot of discussion about pelvic floors in the last couple of days and all of the issues that are associated with weakness of the muscles in the pelvic floor and the parts of the body that are contained. We also have problems with reproductive health and we have problems with breast, uterine and ovarian cancers, pregnancies and miscarriages."



Graphic Recording of the captured at the Female Veterans' Policy Forum (15 June 2023).

"The other one that really was raised here... was that sterility is an issue and gaining assistance with IVF is an issue. And we don't know what the role, and the work, and the toxic chemicals, and those sort of things that is part of ADF service, perhaps influences sterility."

Assumption that veterans are male

"Assumption that we should be just the same as the guys, with the same health concerns."

"Don't know if body armour or medicine is affecting women because it was tailored for men."

No flexibility/Lack of choice

"Assumption is that any Doctor will be covered to do cosmetic surgery. But in my case because my choice of reconstructive surgeon wasn't covered because the cost was high and I'm not permitted to pay the difference. Assumption is that if you choose your own specialist DVA will pay for it, but that's not necessarily the case. So I paid it all myself so I could use a specialist I trusted."

"Physical access to medical care particularly in rural areas, if you aren't able to access a doctor or specialist, then you try to get all the way 'somewhere'. If you're a female veteran and you're elderly or injured, and have to arrange transport, and wait, and wait at hospital to be bought back again."

Trust with health providers

"The selection of the medical officers that are being offered, especially for women or women's issues needs to be reviewed."

"The other aspect is female nurse practitioners. They're out there and they certainly can give advice on sexual health. We are talking again about informed clinicians, people who know what we've done and what we've been through and how we've worked."

Remuneration for specialists

"Some of the providers who are willing to take what DVA will pay are the ones that are on their way out and don't care."

"Doctors will, in this case, just say they won't or can't operate on what they are getting paid."

Being forced to return to work too early post-childbirth

"Assumption is that what males must be able to do with their bodies, females must also be able to do, e.g. lifting things after child bearing, impact on pelvic floor."

"Only having one month to do the fitness test after maternity leave – assumption is that you can 'snap' back into pre-pregnancy physique."

Research

"How can we resolve some of these issues? One of the issues we came up with was what sort of research could we do? One of those is the effects on female reproductive systems of the chemicals, medication and radiation that affects that is part of their job."

"And then if we get some good research, making sure that it's disseminated throughout the whole population of ADF people, but also GPs and doctors."

WHEN DISCUSSING MENTAL HEALTH NEEDS OF FEMALE VETERANS, PARTICIPANTS SYNTHESISED THEIR IDEAS INTO THE FOLLOWING CATEGORIES:

What are the mental health conditions?

- Post-natal depression
- Insomnia
- Body dysmorphia
- Depression
- Anxiety
- Eating disorders
- Post-natal female sexual dysfunction

What research is needed?

- Veteran specific research
- Female specific mental health research
- Effects of veteran mental health on veterans' families

What are the challenges?

- Availability of services in rural locations
- Difficulties/issues finding medical support that aligns with DVA's Medical-Legal report
- Lack of education on what mental health looks like and how to seek treatment
- Not being believed or validated

What works well?

- DVA White Card
- Practitioners trained in female trauma
- Non-Liability Health Care
- Clinicians who understand and listen

Some of these issues were captured in the presentation to the Feedback Panel, which is represented with quotes below:

"Currently, the mental health conditions that we're facing, we've got the common ones, I use the term common very loosely, but we face the same things, the depression, the anxiety, the PTSD that everyone suffers. It's not gender specific, but things like post-natal depression, female sexual dysfunction and premenstrual dysphoric disorder, they are female-specific, and unfortunately, there's not a lot of research out there for how they are going to affect us long term."

"Which comes back to what research is needed? How is that going to affect us? But also how does the PTSD affect us significantly or even comparatively differently to our male counterparts? Can we do some research on that?"

"How are the mental health conditions affecting our relationships? Whether you're in a veteran and veteran relationship, or a veteran and civilian relationship, and the intergenerational trauma on our children, whether you currently have children or whether children are in your future."

"So the challenges that we are currently facing, I believe, sadly, every single woman in this room has faced dismissal and the disbelief that our experiences are invalid, which is absolutely disgusting and it shouldn't be the case. So that is a challenge that every single one of us has faced before today."

"Another challenge that I believe we're all facing, whether we're in a regional area or a city area, is the lack of mental health practitioners at the moment. It's currently quite hard to get an appointment with a mental health practitioner, and even if you can get one, the wait times to get those appointments, appointments are being cancelled, and I'm sure that's come out as well with the Royal Commission into Defence and Veteran Suicide."

"On a positive note, what is working well? Non-Liability Health Care. I'm sure every single person in this room can agree to that, but also compassionate clinicians. I think quite a few of us have found clinicians that have just accepted us for who we are, have taken that compassion and taken that empathy and have taken that extra time with us to listen to us, to accept us and have made that journey a lot easier for us. And that makes that mental health journey a lot easier."

"I've picked one out and that would be the ability for GPs to diagnose mental health conditions instead of relying on psychiatrists or other mental health clinicians. The ability to do this would take the burden of psychiatrists which would reduce costs. But also, given the lack of timing and appointments available with mental health and psychiatrists at the moment, it would take a lot of stress away from the veteran. So by leaving it to the GP, where we can get timely appointments, that would take a lot of stress away."



FAMILY AND DOMESTIC VIOLENCE



Participants at the Veterans' Families Policy Forum were divided into small Working Groups to discuss issues around family and domestic violence for veterans' families. This activity was in the context of the Australian Government's Domestic, Family and Sexual Violence Commissioner in discussion to establish a Taskforce in the Defence and veteran space.

Questions which guided this activity covered considerations including stakeholder mapping, current initiatives, top priorities, and communications.

These ideas and discussions were synthesised and presented to the Feedback Panel, and are represented in the quotes below:

"When you think of DV[domestic violence], think of an iceberg; you can see 10%, 90% of it is hidden. If I ask, can you identify who has or is experiencing DV at the moment in this room, would you be able to tell?"

"One in four in the general population are living with or have experienced DV. However, when you think of the uniqueness of military families, do you think that number will go up or will go down? One in three will actually experience or are living with domestic violence at the moment."

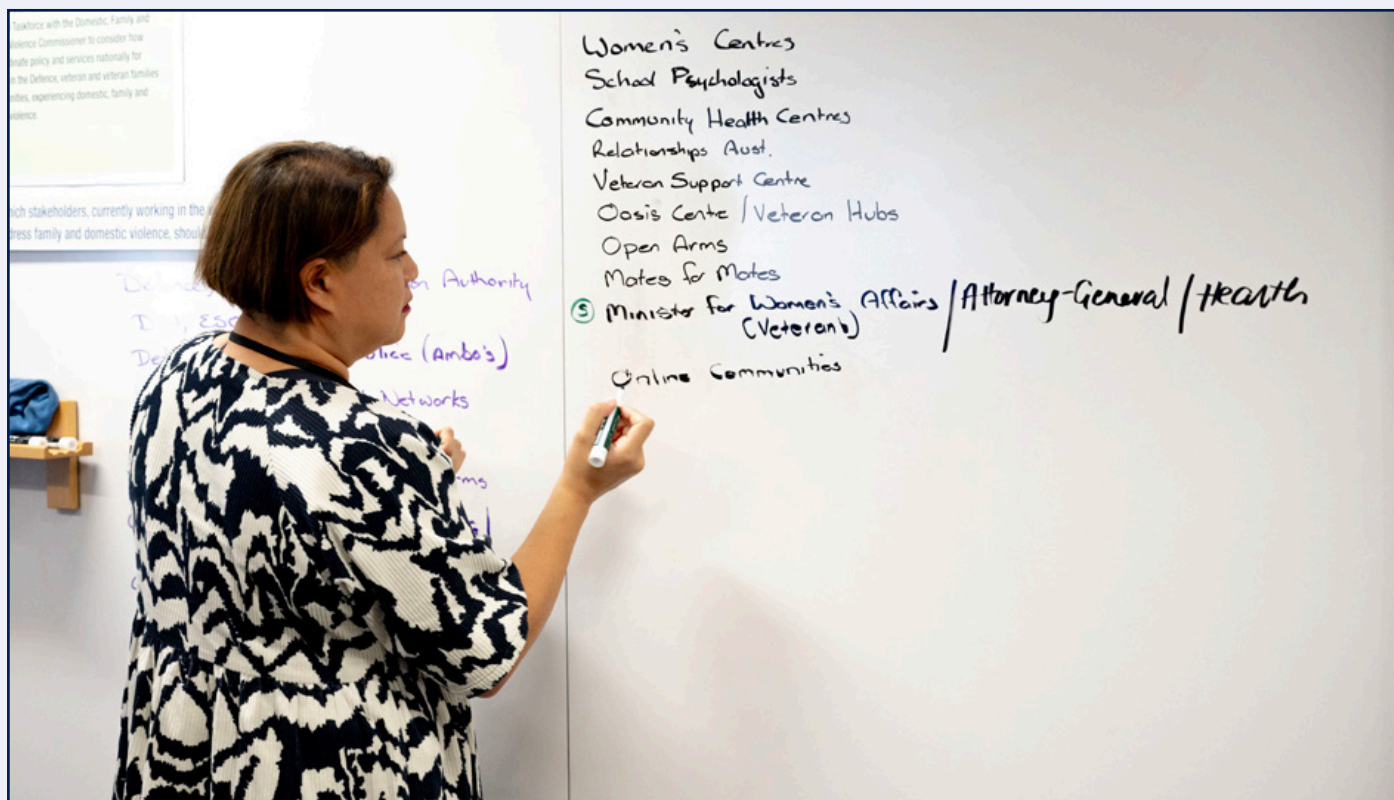
Graphic Recording captured at the Veterans' Families Policy Forum (20 June 2023).

"Many people can't identify DV. They think mostly about emotional or physical abuse. DV is more than that. They can experience financial and sexual abuse, social, verbal, coercive, elder or child abuse. All of that can come under DV."

"What happens when families get posted every 2–3 years to these locations where we are supposed to pack up, move our children, move our homes, move our friendship circles and go to locations where we don't know anybody? So what happens to families that are in trauma that are experiencing DV and do not have things to access?"

"What could we do in this space to support Defence and veteran families."

- *Education through focussed training and specific to Defence and veteran risk factors.*
- *Reaching Defence members from day one of initial training so that as they move through the ranks, they have a deeper understanding of how to identify and report and provide the necessary support to not only the family, but to the Defence member.*
- *Engaging with community organisations to identify key stakeholders and community leaders who have an understanding of the available support services and are already in contact with those experiencing family domestic violence.*
- *Investing in a far reaching and consistent communications strategy.*
- *Bringing in community education about what family domestic violence might look like and especially within the Defence and veteran context.*
- *Increased funding for existing support such as Defence school mentors and local Defence community groups to ensure support is accessible and within their scope.*
- *And lastly, develop an integrated national program that is demand driven and funded to ensure consistency and that the one in three never slip through the cracks."*



FAMILY AND DOMESTIC VIOLENCE – TASKFORCE PRINCIPLES

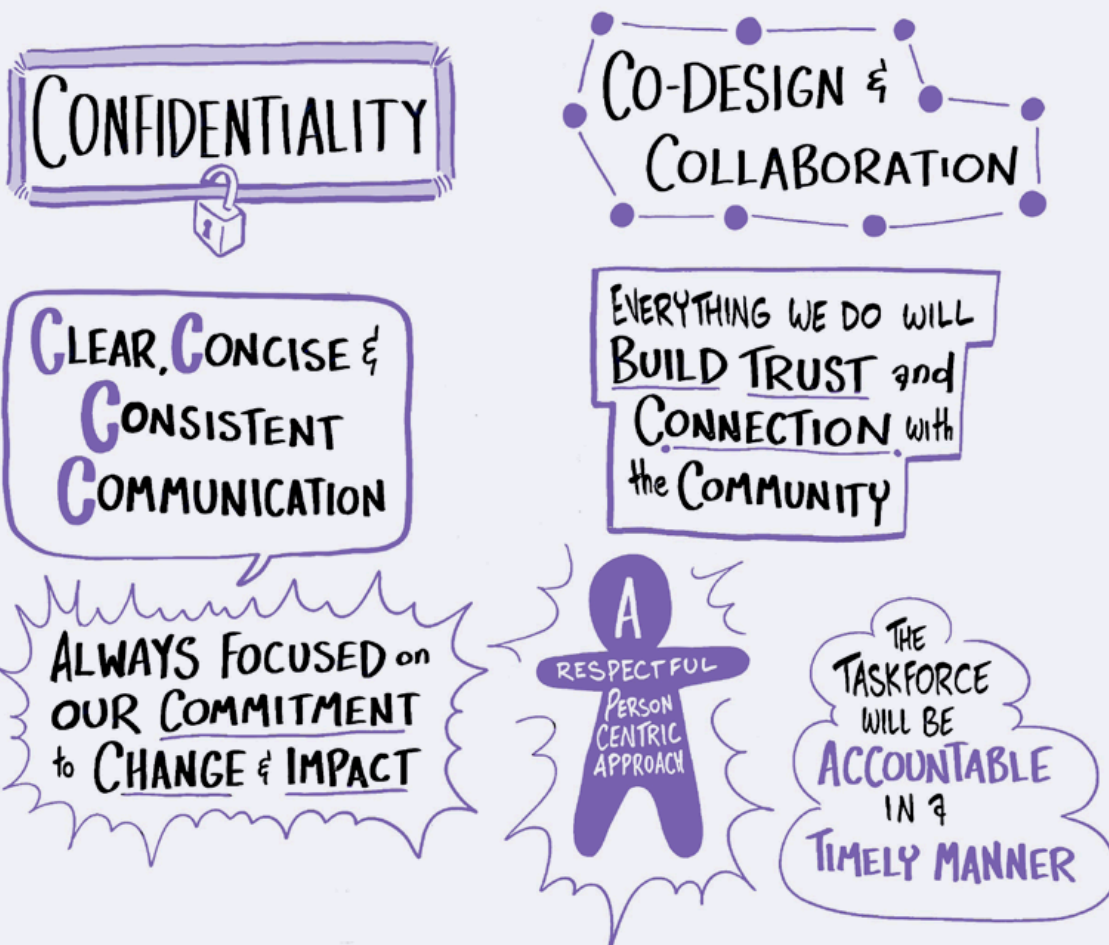
During this session, participants were also asked to consider what principles should guide the work of the potential Taskforce working on family and domestic violence in the Defence, veteran and veteran families' communities.

For the purposes of this activity, the following definition of principles was used:

"Principles are the fundamental rules or guidelines that serve as a foundation for reasoning and decision making about the longer-term direction for an enterprise".

Output from this discussion is represented in the graphic recording below:

TASK FORCE PRINCIPLES



Graphic Recording captured at the Veterans' Families Policy Forum (20 June 2023).

THE DEFENCE AND VETERAN FAMILY STRATEGY

Participants at the Veterans' Families Policy Forum worked to develop and prioritise actions for the *Defence and Veteran Family Strategy*. Participants considered nine themes, developed through prior consultations, and added action items under each. They were asked to prioritise which few actions across all the themes they considered the most significant to have explored.



EVERY STORY YOU GIVE
MOVES US FORWARD

Graphic Recording captured at the Veterans' Families Policy Forum (21 June 2023).

Suggested actions under each theme are represented in the table below and are shown in bold if they were prioritised by participants.

Please note: Action items have been transcribed verbatim from the hand-written inputs used in this activity.

Theme 1: Families want proactive communication directly with them
Include families in mental health plans and consult with them for veterans' ongoing treatments
Review written communication (direct and digital on all platforms)
Local information, grass roots
Multi-faceted (DVA, Defence community engagement officers, online chat groups)
Information that affects families/changes to these
Up to date information and forms to be used e.g. DVA med certificate
Consistent communication/decisions
Theme 2: Families want recognition and support as more than just an adjunct to a member or veteran
Recognise families that may have separated from the veteran e.g. relationship breakdown due to domestic violence or mental health
Priority for children of veterans in medical settings e.g. paediatricians
Implement a national Defence and Veterans Family Day to be celebrated during Volunteer Week
War Widows Day to be a national day
Defence and veteran children considered a priority in childcare
28 days to vacate a property is unrealistic
Program design for families and partners as they are a 'protective factor'
Theme 3: Families need to know what support is available, how various supports connect, and how they can access that support
Establish a state-based Veterans Commissioner to assist Veteran Family Advocate Commissioner
Transition coaches for families
Open Arms expand to include grandchildren of a veteran or serving ADF member
Clearer definition of an ESO and info about what they do and services provided
Review of services/support
Utilise existing Defence and veteran social enterprises to connect to supports
Support ESO services to be more cohesive and able to provide support needed
Review revoked overseas mental health support policy for veteran and families overseas

Theme 4: Families are frustrated when supports are isolated from each other

Leveraging technology (app development, AI tech)

GP training/legal training at university-level, so all on same page

Standard operating model that's a baseline 'level of service'

National working group for all of the supports – DVA, DMFS, Open Arms etc.
Talk and learn from each other

Review platforms and tools create by NGOs and ESOs

Theme 5: Families want a consistent understanding and application of policies and services to support them

Quality assurance and evaluation of all services (including public reporting)

Equality across States and Territories. Your geographic location shouldn't affect your support

Review requirements/control measures of dependant payments to ensure funds directly benefit dependants (e.g. education lump sum)

Interactive one page diagram on all services from DVA and Defence (easy to understand)

Simplified toolkit in easy to understand language

Theme 6: Families in transition from Defence need tailored support

Partner/family employment program (like other Five Eyes)

'Deployment' back into civilian world for veteran and family

Career advisor before discharge

Type of discharge matters

Provide easy access to all ADF families/members to transition seminars

Transfer unused funds from JTA to DVA at two years post-discharge

Empower not enable

DVA to be in place prior to discharge

Carer (as defined by receipt of carer allowance) also receive equivalent of private health care coverage

Theme 7: The impacts of service on partners and children need to be minimised

A separate PMKeys (or similar) numbers for families

More resources for veteran children

Employment options for partners, like in DVA

Veteran Families Health Card

Defence and Veteran Families Day

Childcare – Defence and veterans kids a priority | Reassess existing supports against what we know kids and partners need

Belonging e.g. Kookaburra Kids (expand programs)

ADF to re-evaluate when postings are required vs just how it's done to minimise family moving

Theme 8: Families are more than 'nuclear'

Clearly define that all family types (including former families e.g. ex-partners)

Don't sideline mothers (and parents) within the family circle

Identify who in the family need support, especially after family breakdown

Couples without children don't always identify as families — Education

Theme 9: Families want Defence and DVA to continue investing in understanding them

Review qualifying definition of 'dependant'

Invest in and procure from veteran community to build understanding

Continual community engagement and community-led solutions

Remove the term 'dependants'

Mirror research on 'veteran individual' to families e.g. career needs

Following this activity, participants presented their ideas to the Feedback Panel.

Key messages from this presentation are quoted below:

"I remember in my own journey with DVA after my husband passed away, I was like, 'okay, I'm going to put in my own claim', and I realised that I was still being looked at through his lens and through his service. Understanding that families have their own unique set of circumstances, that they are their own entity and need to be treated like that, is something that's really important... That's what we mean by taking off the veteran lens. It's not the only lens."

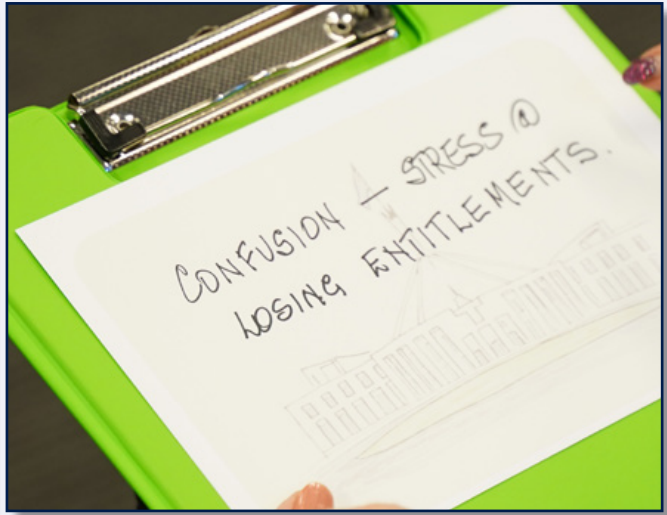
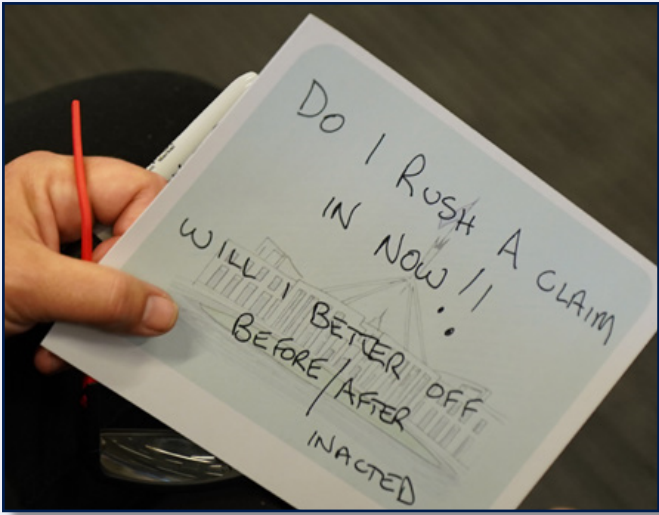
"Acknowledging us in legislation and understanding the complexities that we are often the first responders, and that we have our own traumas that are service-related, but aren't because we deployed."

“Our big message that we chose was ‘Investing in Families Saves Veterans’ Lives’. Looking at that first responder mentality, looking at the fact that investing in families creates positive ripple effects across society, and understanding that families are a protective feature for veterans and they will be better off, and then we will save money long-term, because at the end of the day, the dollar sign is what it all comes back to.”

“We have 23 actions that have floated to the top. But there are more as well underneath that. There are five that scored the most [prioritisation] ‘dots’. So they have floated right to the top:”

1. *Quality assurance and evaluation of all services, including reporting publicly, so that there are better outcomes on the ground and ultimately everybody is saving money because you’re not funding things that aren’t working.*
2. *A separate PMKeys or a similar number for families, so that families are recognised in their own right and not through the lens of the veteran.*
3. *More resources for veteran children, so that children have greater support, and that results in better mental health and happier families.*
4. *Establish a state-based Veterans’ Commissioner, a whole bunch of them actually, to assist the Veteran Family Advocate Commissioner, so that we can achieve change faster and amplify the good work.*
5. *A transition coach for families so that the whole family has an informed and meaningful transition.”*





6. VETERANS' ENTITLEMENTS LEGISLATIVE REFORM



At both the Female Veterans' Policy Forum and the Veterans' Families Policy Forum, participants engaged in discussions centering on veterans' entitlements legislative reform. These conversations focused on:

1. Communication channels;
2. The details the community requires; and
3. Community concerns around the legislative reform pathway.

Graphic Recording captured at the Veterans' Families Policy Forum (21 June 2023).

1. COMMUNICATION CHANNELS

When asked how legislative changes should best be communicated throughout the community to diverse audiences, the top five channels reported from each cohort were:

Female Veterans	Veterans' Families
Social media	Paid promotions (including Google ads, influencers, podcasts)
Public meetings through Ex-Service Organisations	Via Ex-Service Organisations
Mail	Defence networks
News media	Face-to-face consultations
DVA (on multiple platforms)	Social media

"Needs a comms package from DVA that is distributed widely. We can't have peoples' interpretations of what things mean that are spread throughout the community. It needs to be the accurate information."

"DVA should be running the roadshows, as RSL and other ESOs aren't hitting the target markets."

"Social media campaign for a minimum 2 years. People don't get a message until people have seen it 7–11 times."

"Veterans need to be made aware if they are affected before roll out date!"

"Not a lot of older recipients can travel to receive the information – for older veterans snail mail is best."

2. THE DETAILS THE COMMUNITY REQUIRES

When asked what level of detail for communications around legislation would be expected by the community, key commentary focused on the below issues for each cohort:

Female Veterans	Veterans' Families
How will this affect me?	Easy to understand language
As precise and simply explained as possible	Layered. Start simple then provide all detail
Comparative, detailed case studies	Key points and then the option to learn more
A summary and greater detail	Catchy headline with a phone number or a website
What does it mean for current VEA or DRCA recipients?	Minimum but link to more detail
Table with current vs proposed benefits in categories	A one liner – Followed by the detail underneath, through a link, or QR code
Hyperlinks to detailed information	Keep the message simple
Give basic overview in the communications, and provide links to those that want more detailed information. Tailor links for advocates/medical practitioners/veterans etc.	Relevant to the feedback already sought e.g. reference our recommendations
Provide greater detail on who may be detrimentally affected	Dispel immediate fears in plain and direct language

3. COMMUNITY CONCERNS AROUND THE LEGISLATIVE REFORM PATHWAY

Key concerns from both cohorts are show below.

Concerns for lost or reduced entitlements:

- Confusion and stress about losing entitlements.
- Will I receive a lesser entitlement under the new legislation?
- Is Government changing legislation to remove or revoke entitlements (and save money)?
- Am I going to lose what I already have? Scared I'm going to have to resubmit all my claims.
- Veteran's currently in receipt of tri-dual Act entitlements not understanding where they may be detrimentally affected.

What are the procedural changes?

- Do we need to reapply for claims currently submitted?
- How long will everything take?
- Is there a deadline or grace period during the changeover?
- How much more detail will be required? What are the hoops?
- Do I rush a claim in now? Will I be better off before/after enacted?

Concerns for the impact on specific groups:

- Veterans leave families, don't forget about families. They need support too.
- Veterans of different services not having their service recognised properly (i.e. Navy deployments vs Army deployments) in regard to "warlike" claims.
- Where do families fit in? Children? Still left out, still forgotten.
- So what now? Does it affect me? Who knows? Lack of support already in regional and remote areas.
- What is the education plan for GP's?



Following these discussions, participants presented their ideas to the Feedback Panel. Key messages from this presentation are quoted below.

Female Veterans' Policy Forum Presentation:

"The communications...given that the geography of Australia and how many DVA clients are around the whole country. So we've got those rural, we've got those remote locations, how are we going to deliver the new legislation reform out to those outlying areas? We've got major cities, we've got [ADF] Bases out there...Could we put it on the Base Services Network? Can we put it in the DVA paper that we get in the mail?"

"Clear communication. With the new legislation be basic, so that everyone can understand it... Put it into plain speak given the younger generation to the older generation, just to make it a bit easier to understand. And if you've got single veterans out there, they don't understand, they need to make it simple to see what the new changes are going to be."

"Getting the information correct and not having any interpretation that this could be wrong, or any rumours. Having it watertight and correct, so when it goes out to the veterans, they could all understand what the new legislation is going to be, and how it's going to affect them."

"Should you claim now? Is it like the claims are going to be effective on the 30th of June? But do we all put our claims in now or current serving members put our claims in now before the change happens or because it's taking two years for claims to get approved?"

"Do we have to pay back any money? Is this going to affect our current pensions and remuneration that we've been getting over the years, will we have to pay everything back with the new MRCA coming in? Or will it be the same as it previously is, and then anything with effect July 24 that will continue as a new legislation and it will keep rolling along?"

Veterans' Families Policy Forum Presentation

"Is my pension going to be affected? Am I going to lose my Gold Card? Am I going to have to be reassessed? The number one thing that the veteran community is going to be concerned with is the fear of change. They are going to think that this is going to be another option, another version of lip-service from the Government to the veteran community. For the community, it's personal. It's food on the table, it's a roof over their head. They're going to find this change challenging. They're going to find it triggering and they're going to find it emotional."

"DVA and the stakeholders will need to be prepared and they'll need to be patient. It's going to take 2 to 3 years of an unsettled and very confused veteran community before they realise that these changes are in their best interests."

"DVA and involved stakeholders really need to be concerned with taking a trauma-informed approach, a holistic approach, and convincing the community that they're not going to be negatively affected by these changes."

"When it comes to the marketing and the communications planning, the messages need to be clear. They need to be consistent and they need to be innovative. There are many examples out there in this day and age of rogue marketing and really well-thought-out campaigns that go outside the box."

"When it comes to utilising existing things that are already within the community to get your messaging out there, utilise the Family Hubs. You're building an amazing network that love having people in their spaces. They love giving info briefs, they love sharing their knowledge with the community so they can help you provide the clear, consistent messaging and be clear with who else can help them within the community when it comes to them needing more information and more support."

HOUSING INSECURITY AND HOMELESSNESS IN THE FEMALE VETERAN AND VETERAN FAMILIES COMMUNITIES

At both the Female Veterans' Policy Forum and the Veterans' Families Policy Forum, participants were asked to share their perspectives on housing insecurity and homelessness within their respective communities. To stimulate these discussions, participants rotated through six working groups where they addressed a range of questions regarding short-term housing supports, longer-term housing services, characteristics needed in housing services for these communities, and what other wrap-around services are needed to compliment housing services.

Key messages raised by the female veterans' cohort are summarised, with supporting quotes, below.

HOUSING INSECURITY TRIGGERS:

- Illness
- Housing market
- Type of discharge from Defence
- Cost of living (food, fuel, rent, interest rates)
- Family composition (single mum, children, animals)
- Domestic violence
- Mental health
- Substance abuse
- Relationship breakdown

"It can be at transition, but it can also be that you've been out for ages and things can happen. It could be illness. Suddenly you've lost your job because of your illness or you're being transitioned and you have to do that really quickly and you don't have time to get everything organised."

"The other thing is family composition. We all know in society that females are more likely to be the primary care provider for a child or also for a parent. If you have siblings, it's usually the eldest female that will be the one caring for that parent or a sibling. And animals with that."

"We know that poor mental health and poor physical health can be a factor in that and barriers to seeking help for housing can be due to a fear of rejection or a perceived and actual lack of services available. Specifically those services related to mental health and housing itself."

"As you transition, is there somebody who can give you a reference or rental history? Is that being addressed at the moment by Defence?"

"My biggest concern is the lack of financial planning. You're salary doesn't track with CPI, you can't have a second job, you can't work extra hours, and you end up putting less on the table, and if husbands making the money then that falls back on me."

"What happens for people waiting for DVA claims or don't have DVA claims because they choose not to? What if they don't want to associate with DVA?"

1555

HOMELESS VETERANS
ACCORDING to the 2021 CENSUS

FEMALE VETERANS WHO ARE
USING HOMELESSNESS SERVICES
IS INCREASING by **4.4%** A YEAR

WHERE IS THE INFORMATION ON
HOUSING OPTIONS and
ELIGIBILITY

HOW DID I
GET THROUGH
THAT?!

V-CENTRE

HOUSING SERVICES
for VETERANS &
FAMILIES

THOSE IN TRANSITION
EXPERIENCE SOME
HOUSING INSTABILITY

WE NEED to BE SMARTER IN
CONNECTING **EXISTING**
SERVICES

UNTIL THERE IS **MORE BUDGET**

HOUSING and HOMELESSNESS

WORKING WITH
VETERANS
TOOLKIT

A **VETERAN CENTRIC TOOLKIT**
for COMMUNITY HOUSING PROVIDERS

THERE are LOTS of FANTASTIC
SMALLER SCALE OPERATIONS

WHAT WE NEED are

WIDE OVERARCHING SOLUTIONS

**FEMALE
VETERANS
HAVE DIFFERENT
NEEDS**

LIFE CIRCUMSTANCES
CAN **CHANGE**

THE NEED for a
**NATIONAL
FRAMEWORK**

**LACK of
FINANCIAL
EDUCATION**

WHO TAKES
ON THIS
LOAD?

ACCESS to a
**SOCIAL
WORKER**

WE'RE NOT
SPECIAL
WE'RE JUST
DIFFERENT

COMPASSION and
EMPATHY in the
Room

WHERE DO YOU
draw the line?

WHAT IS
OUR UNIQUE
ISSUE?

and WHAT
IS an ISSUE
for EVERYONE?

LOTS of VARIABLES



**FAMILY
SIZE**



PETS

**SPECIAL
NEEDS**

THERE WAS a LOT of

OVER LAP

EGO & PRIDE
MAKING IT DIFFICULT
TO ASK FOR
HELP

EVERYONE
HAS SOMETHING to
CONTRIBUTE

RELEVANT DVA INITIATIVES

IMMEDIATE
FINANCIAL
SUPPORT

FULLY FUNDED
MENTAL HEALTH
CARE for LIFE

OPEN
ARMS

HEALTHCARE for
SERVICE-RELATED
CONDITIONS

BARRIERS TO SEEKING HELP:

- Limited life experiences and awareness prior to service (e.g. never having signed a lease, applied for Medicare etc.)
- Lack of financial literacy
- Lack of stable employment
- Lack of an ongoing income stream
- Domestic violence or coercive control
- Poor mental or physical health
- Fear of rejection
- Pride and perceived stigma of accessing support
- Not wanting to talk with anyone about the situation– ‘No one understands’
- Age – 65+ is not DVA but My Aged Care
- Seeking support is complex

“We’re all quite aware that a lot of us joined it quite young. I didn’t go to mum at 17 and say ‘Hey mum, sling us the Medicare Card would you?’ We didn’t know about that, ‘Medicare, what’s that?’ Let alone some financial advice or how to sign a lease.”

“Coercive control – It’s hard to prove.”

“DV might not be seen because there is no physical hitting.”

“One veteran who was female refused to call herself homeless. Need to understand there is no shame in asking for help.”

“Location. I don’t want to be situated around drugs, alcohol, and lack of essentials.”

“No service telling people where to go. No clear referral pathways.”

“[These experiences are] often mixed with feelings of embarrassment, shame and not being able to seek help.”

“Are you ready to go 200km for housing? This means some people will just live in their car rather than move.”



WHAT OTHER SERVICES SHOULD BE OFFERED?

- Make sure DVA cards can be used on all services
- One-stop-shop (veteran relevant and veteran accessible)
- Psychological support
- Affordable and comprehensive legal services
- Rental assistance
- Specifically trained Social Workers
- Childcare for female veterans when they need inpatient care
- GPs
- Schools
- Allied Health
- Special needs services
- Financial advice
- A clearly communicated pathway to access help for housing
- Rental reference from Defence Housing Australia

"Anonymity. If you're in domestic violence situation, last thing you need is for [the perpetrator] to know where you are."

"They need physical security and they need to not be isolated. We need to live in a location where you know you can lock the door and can lock the front gate and no one's going to end up coming into the house."

"Access to psychological services. We have services such as Open Arms, but I guess some people have made mention that they're after more services that are related specifically to female veterans and services where they're trauma informed rather than going to places and being asked to relive what's happened or not believed."

"Financial advice. They are in some of the transition seminars, but if you're doing it really quickly or you've been out for ten years, there wasn't any of that then. So that financial advice because you joined when you're 18, you've got no idea. So if you have that clear pathway, a one-stop-shop, all linked."

"Rental referrals from DHA as it can be difficult to go into a rental once you've discharged when there's no written history of your rental."

"Specifically-trained Social Workers...so they're actually female veteran aware, trauma-informed, so they're not actually re-traumatising people and causing issues."

"Other organisations that can be utilised, things like RSPCA and allowing you to keep your companion or assistance animal...that can really cause problems if you suddenly lose them."

"We also need to look at some of the schools, if DVA could go out to the schools and give them information package about some of the factors that are impacting veteran children, because then they'll actually having to make curricula."

Key messages raised by the veterans' families cohort are summarised, with supporting quotes, below.

THE CHALLENGES TO HOUSING SECURITY:

- No savings/deposit/bond
- Partners with children. If there is no data, often means no funding
- Lack of knowledge
- Partner long-term financial instability:
 - Stunted career progression
 - Impact on superannuation
 - Disruption to education
- Ego and pride
- Death of a member
- Spouse separation
- Partner incarceration
- Life events e.g. natural disasters
- Medical discharge
- Mental health
- Domestic violence
- Isolation
- Transition seminars lacking life admin training
- Defence Housing Australia policy – End of lease trigger (relationship breakdown)
- Pets and animals
- Communication between veteran and their family
- Specific jobs in specific locations (e.g. SAS in WA)

"Families with 20 or 30 years of service have impacted the spouse's ability to earn money. It isn't a crisis thing, it's long-term. How am I going to get back on my feet?"

"Ego and pride — We don't like asking for help, because we think we're are ten foot tall and bullet-proof. Unfortunately, we're not. They wait until the 11th hour to go 'Holy crap. We're in trouble'."

"Retraining money can only be accessed one-time...Which requires veterans to choose what profession they want to do quickly, and they cannot retrain if the chosen path does not work out."

"Some veterans want a total disconnection with Defence...but that can lead to disconnection to opportunities and help."

"[There is a] lack of education surrounding ADF entitlements such as DHOAS to help them secure housing."

"Organisational ego plays into this too. People and organisations are putting credit for doing a good job, ahead of actually doing a good job."

"Transition seminars don't train them on life skills."

"Choosing to live close to services is expensive, but rural is affordable but with no services."

"Loans don't recognise pensions ('pensions can be taken away'). Defence Bank are the only ones...Defence pension letters don't explain this pension is for life."

"Specific jobs in specific locations — will use the SAS [as an example]. They're all in WA. My family is along the east coast. So when my partner wants to discharge, do I want to hang out in WA? No. I want to come back to my support network, but that's a big move and I don't have anything in place to do that move."

"A veteran is told they're going to get posted, the veteran knows what's going on, but he or she's not telling their partner, So they're sitting at home going, 'What the?'. He thinks he's got it all under control, he probably doesn't."

"The partner's long term financial instability. We've got a stunted career progression because we're being posted every 2 to 3 years, disruption to our education, and the impact on our superannuation because we keep changing jobs and we're probably unemployed for significant periods of that posting cycle. Our super is nowhere near as good as the person that's serving."

FACTORS TO ADDRESS HOUSING NEEDS:

- Flexible housing options
- Childcare with special needs services
- Relocation support for medical services
- Rental guarantee by DVA
- Construction of housing supply with ability to house individual veterans or whole families
- Connections between community housing services, respite caring services, other NGOs
- Life admin support
- Medical support
- Financial support
- Education around entitlements earlier in their career – Setting themselves up before transition or health issues arise

"[We need to identify] intervention points that can help before you get to being homeless... check-in points."

"One of the things that would enable this to move through more smoothly is if veterans and veteran families were actually identified as a vulnerable cohort, because that doesn't exist in legislation."

"With long-term housing you need employment. One of the things you should be doing before you discharge from the military, you should be given money for certification...all certification should be paid for, and they should be able to get a civilian resume ready, which should be aligned with courses outside so they can come out with a strong CV."

"We struggle with this because there is a fine line between services that are needed and special treatment. Veterans don't want to feel they're getting special treatment."

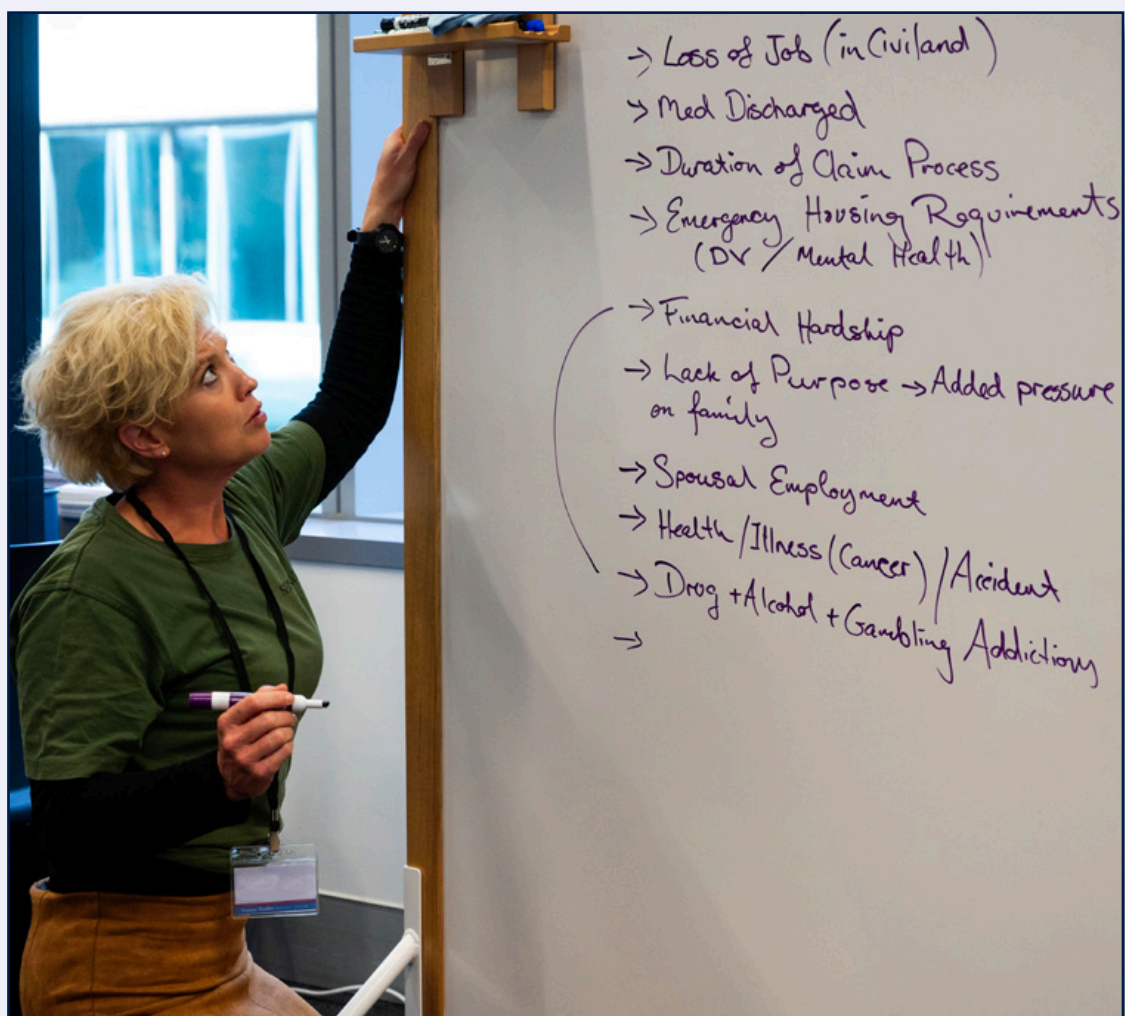
"We feel the transition seminars are lacking life admin training, so it's ok to teach people how to get a job or whatever. But you really need that little bit of a leg up with life experience. Again, if you only joined when you're young, a lot of people don't even know how to get Medicare Card."

"Having housing services to be able to provide that immediate call to say, 'I'm out of the house. Something's happened family-wise, one of these broken house issues'. You need to be able to call someone instantly to be able to say 'Help. Where do I go now? Where am I sleeping tonight?'"

"We want to also identify those key items that are needed for longer term housing and where those houses need to be, especially when it comes to childcare, especially with families with children with special needs. You can't just walk into any childcare centre and say 'Here, take my child'. You need specific services to be able to provide that special support."

"The recommendation that came forward yesterday was that DVA can actually provide that rental guarantee because when you move from Defence Housing Australia (DHA), it's a pretty regimented letter that you get. And if you're trying to apply for Rental Assistance (RA), that letter may not get you the RA that you need. But if DVA can provide that support, that documentation to say 'This person is of a good character and yes, we will back them up', to not only provide you with a character reference, but financially as well. So if things again go pear-shaped, that DVA would say 'We'll pay for this, we'll pay the rent if it's not able to come in and we'll chase that veteran to get that repatriation going forward'."

"We want to get also into relocation for medical support. And this isn't just for physical medical support. This is also for emotional and mental support. There are veterans out there who cannot live in a noisy area, so finding them a property that is near the airport is going to be detrimental to their health. It's helping them to identify where is a good place for them to settle down long-term so that they're not getting in there and going 'This isn't working for me' and then having to move, which then again affects their mental health."





PARTICIPANT-LED CONTENT

WHAT'S ON YOUR RADAR? – ENVIRONMENTAL SCANNING

To explore the common themes concerning these communities, participants at both Fora engaged in an environmental scanning activity: *What's on your Radar?*

Asked to highlight the current issues, concerns and pressures impacting the female veteran and veterans' families communities, the participants raised the following key topics.

Access to, and knowledge of, support services:

- "Lots are saying they are unwell and don't know where to get help."
- "Access to medical services."
- "Access to hospital stays for remote veterans and kids."
- "GP access, or lack thereof, for veterans."
- "Continuity of mental health services across the country."
- "Support that doesn't result in actual support ('looks good on paper')."

DVA claims:

- "Support while processing claims – Regular communication."
- "Long claim times with DVA."
- "DVA claims processing times and how to access help in the meantime."

Support for children of veterans:

- "Children's Gold Card."
- "Professional mental health support for veterans' kids in schools."
- "Youth mental health."
- "More information about support for kids before parent/s deployment,"
- "Intergenerational trauma research."

Support for partners of veterans and partners of current serving ADF personnel:

- "Acknowledgement of partners/carers (respite, trauma-based training for relationships)."
- "Partners' health – Covering costs of our healthcare and wellbeing."
- "Genuine recognition and understanding [of role of military families]."
- "Who is taking responsibility for family employment and wellbeing?"

Health concerns:

- "Women's health – lack of education, lack of knowledge, limited research."
- "Rural mental health support."
- "Encouraging wellness, not impairment."
- "Female veteran specific health needs."

Transition from the ADF:

- "More chain of command support for transitioning veterans."
- "Transition for partners and families."
- "Acknowledgement of service in transition, and community acceptance."
- "Early transition engagement."

Ex-Service Organisation issues:

- "Confusion on ESO supports."
- "ESOs not being transparent."
- "Accountability for financial services – What do they provide and to who?"

COMMUNITY INITIATIVES PRESENTATIONS

The Community Initiatives Presentations segment of the 2023 Fora provided opportunities for female veterans and veterans' family members to present to DVA and their peers. These presentations explored what the presenters and/or their organisations are delivering to support the Defence, veteran and/or veterans' families communities.

FEMALE VETERANS' PRESENTATIONS:

Dr Kerri-Ann Woodbury

Gallipoli Medical Research Foundation — Research into Veteran Transition

"[The Gallipoli Medical Research Foundation] have been commissioned by the Royal Commission and over the last 18 months we have delivered a pilot of a face-to-face transition program for people who are currently in service but leaving Defence."

"We're covering things like employment, housing...we've done years of research and this is what veterans who've already left have said they're being struggling with over the years."

"We are developing some video resources for Queensland Police and Queensland Ambulance for how to better engage with veterans in suicidal crisis."

"We're going to be doing a piece of research on ex-serving female veterans...their experiences of chronic pain. What are the gaps in service? What are the differences between people living in Brisbane and people living remotely and rurally so that we can identify those gaps?"

"I want the [research] to have an outcome that's actually useful and tangible and is going to make a difference in people's lives rather than it just get put in a journal."

Del Heuke

— Effects of Traumatic Brain Injury

"Researchers have linked TBI and post-concussion syndrome to depression and anxiety, some are postulating that those that have had traumatic brain injuries are susceptible to PTSD."

"So what happens next? We don't know. Like footballers who are taken off the field and rested, how does the ADF manage the likelihood that troops might be suffering potential brain damage from concussion of blast over waves?"

"For our team, it raises more questions for consideration. Would education of participants and encouragement to report symptoms assist in the documentation and the recognition of potential injury?"

"Could undiagnosed brain damage have a part to play in the complex issue of mental health within the ADF and maybe, just maybe uncover some reasons for the loss of life to suicide? Perhaps the big question now is will blast over waves be recognised as an occupational hazard and treated accordingly by the ADF and DVA?"

Kylie James**Veterans Retreat** — Veteran Homelessness

"I run Veterans Retreat, which is a farm stay charity based in Mother Mountain, which is 12 minutes from Gympie in south east Queensland. It is a 40 acre farm, I own it, I live there with my children, my partner and a number of veterans."

"Depending on their [veterans] physical and mental abilities, they might feed the chickens, collect the eggs, let the sheep out. What that does is it makes them come out of the bedroom. It makes them see the sunshine, go for a walk."

"Just recently we have begun equine therapy...I submitted a grant to the amazing organisation called DVA, who knocked me back for the same grant three years ago. However, this time I wrote it better and hopefully into our bank account next week will be a tidy little sum of dollars to run this program over the next 12 months."

"I have a number of civilian volunteers from the local area and a lot of the people that are drawn to these type of things also have their own mental health issues as well."

Dr Kerry Summerscales**General Practitioner** — Experience of servicing veterans and DVA interactions

"As someone who's a GP in a small town, Mackay, it didn't take long for the word to get round that I was A) a veteran, and B) that I understood DVA...90 to 95% now of my patients are veterans or their families."

"I did a GP education program for the GP's about veteran culture, health and also DVA literacy. Those who think that we don't have culture and think that we take it off once we take our uniform off proves that they don't understand that we that we have culture."

"Some things I would like to see is female specific SOPs."

"Most GP practices work at about 5% profit margin...that's why they're not taking it anymore [patients] because the 5% profit margin is getting in the way. Then the state governments have said let's do a little, payroll tax at 5% there goes your whole profit."

Marilyn Young**— Veterans Visitation Program**

"There should be a veteran's visitation program to address those veterans who were not being seen at all, who had been invisible, who had been in nursing homes, placed in nursing home care, or that were in residential care, or they were actually in like a retirement village and their partner might have died."

"Our goal is to find as many veterans as possible. We would love to say we'll find them all. It is impossible to find them all, we know that, but we want to do it, we really want to try. We come together and we work as a collective. We go to other community visitation program groups and we talk to those community groups."

"They're [veterans] lonely, they're alcohol dependent, they're drug dependent. We want to try to capture those people, so that we can help as many people as we possibly can and not discriminate against who we help."

"When we go out there and when we see them or invite them to over for lunch at the RSL, or we take them out to a coffee shop and we give them coffee and we give them a laugh and we take gifts, we take care packs. It really makes them feel like they've been noticed and that is gratifying."

Lorraine Hatton OAM**— Aboriginal and Torres Strait Islander Memorial**

"This memorial took us approximately nine years to raise. It started off from two very passionate men, Doctor Dale Kerwin and Uncle Rick Ross, and he was a Vietnam veteran who served at the battle of Long Tan... Unfortunately what's really sad about this memorial, Uncle Rick Ross died before it was actually unveiled in Anzac Square."

"We had Aboriginal symbology that represents air, land and sea for Army, Navy, Air Force. The circles, that's representing home, traditional home and home front at war, and then at the back on the right hand side, you'll see matching for Torres Strait Islanders."

"Initially we had a nurse on that from World War One and I said what we need to do to bring it into the future, because women do a lot more than be nurses, not to take anything away from the nurses but just to show how far we have come as female veterans."

"I just get really emotional talking about it. If you get a chance or an opportunity, make sure you go to Anzac Square in Brisbane and have a look... we also have the Indigenous memorial at the War Memorial. We have one in South Australia on Torrens Parade, we have one in Hyde Park in Sydney, but I'm really biased. I think ours is the best."

Maree Grindrod**— Recent Transition Experience**

"[Recently I had] my last day in full time Army in uniform, just over a year now. I'm still learning every single day is a new journey but it has been an interesting journey."

"My body was not doing some things anymore, well look what I'm bloody doing, how am I treating it? Probably the worst thing, I would have to sit at what they called a welfare board with probably 12 to 15 men at a table and talk about why couldn't I do this anymore? Why can't I lift that? Why can't I do a BFA?"

"I'm now working as a Welfare Officer and it gives me a great joy every day to help people. That's what I'm all about is helping. I think that what we do, what we've done by serving is we have helped, we're helpers and I don't think that we realise at times how much we can do and what we are capable of and what we've done in the past."

Nicky Rothwell**Army Personnel Support Unit — Transition Support**

"APSU, we're looking at becoming an agency of JTA. We used to have Army headquarters and we're assisting people... We've now integrated an Joint Transition Authority, which covers Navy and RAAF and all the policies to get them all mixed up together."

"Our vulnerable guys, 300 out of the 800 are medical separations. With them we have to make sure their Permanent Impairment, their extra funding's come through, their ComSuper, their class A pension, housing, DHA."

"Helping members transition... 11 of these organisations are around the country. What they do is be the governance checkers and looking after the current serving members to put them on track and to make sure that they're transition ready."

"As part of the transition pathway out, there's a lot of support for them. With the DFTP planning, with the nine interviews and the health [checks] and everything to get sorted out in that space."



Graphic Recording of the captured at the Female Veterans' Policy Forum (14 June 2023).

VETERANS' FAMILIES PRESENTATIONS:

Claire Harris

— Cowork Coplay

"Cowork Coplay is an initiative where the key focus is a way to pursue career and community goals. It is a program specifically designed for individuals, partners of current serving and partners of veterans."

"It's about activating a space for people to come together. There's peer supports... They're connected with mentors. There's a real focus around community building and childcare as well, because that is a key element for people that have little kids."

"Some people who participated in the program applied for jobs while they were there said they wouldn't have had the time to do that otherwise... We had some people do uni study and achieved awesome results that they're really happy about. Improved mental health, feeling connected to resources and connection to other organisations. Also the children that were part of the childcare element had found they were more comfortable with other people."

"We asked them in the beginning, what would you like of the program? No one chose mental health, a mindset boost and yet at the end, 50% said that was the most valuable thing from the program. The other two are inspiration or advice."

Hannah Taino-Spick

Charles Darwin University — Military Mindset

"I'm doing my PhD on Defence veterans who go into higher education after discharging."

"I chose a career in the Australian Defence Force... Eight years later I was down the path of discharge beyond my control. I was unfit for service in the Air Force, unfit for any similar career... What else does that tell me? It was like I was unfit for life outside of service."

"So here today I present a theoretical framework that has been instrumental in understanding those perceived barriers to living life post-service. For me it has been helpful in moving on."

"We live, we represent, we perform, and we're even measured by some of these daily practices that we have come to know as a normalised parts of life. That includes our Anzac legacies, we're tethered to them. We are tethered to the way the military is organised and its cultures, and know how we are measured by them."

"So perhaps, thinking of what rules exist in my house but are actually from the military. Rituals and traditions both in uniform and outside of it, and how that plays and enacts into our lives on a daily basis."

"Knowing the military is actually extremely complex and our lives are extremely complex, it's lattice, it's entangled, and it's got the tentacles in us. It's caught up in the long planted threads which become rules and traditions from the past, the present and the future... It governs us through things like legislation in our current lives, in the present and our cultures and what we keep carrying through, and also our disciplinary practices."

Rebecca Rayner

Military Life — Support for Families

"I founded Military Life after I lived the first 10 years of Defence life feeling like I didn't belong, feeling isolated, unable to find my place and my people in the Defence community and wondering whether I was the only one who hadn't been given the 'spouse manual'."

"I wanted all Defence partners to feel part of the community. I wanted a community where Defence partners who work full time can connect in, where they can start off with online connection and progress to face-to-face connection...A community where the wellbeing of Defence partners is paramount and the stories and experiences and voices of all Defence partners are heard."

"While Military Life might have started off as a community and a podcast, it's evolved to be so much more. With the introduction of the Community Connector Program, which allows Defence partners to connect in with spouse peer support via monthly face-to-face connection events that are held on weekends so those who work can connect in."

"It's important that we listen and learn from the people who are living Defence life and that we innovate to support them. It's important to create community connection and a sense of belonging for contemporary Defence partners and families."

Tamara Turner

Axon Property Group — Veteran Housing

"We are a veteran employer and a veteran spouse employer."

"Something that's been really important to us, is making sure that veterans have a soft landing when they are getting out a Defence, being that understanding employer, making sure they've got time to go to medical appointments and things like that, especially when they are transitioning."

"The biggest thing that we've been able to do is create a real sense of community. Bringing together families and spouses, especially on those Facebook, and then we do regular meetups in each state and people just connecting from that."

"Our business is around the free education. We then make sure that we have a plan in place. So we do some training focusing on education and mindset, real time planning on research and briefings, and we implement risk management strategies before we need them and only working with the best partners and associates."

Christie Javens

— The Oasis Townsville

“Key features of the Oasis include the Dirty Boots Cafe, a meeting place for all of Townsville to come and connect over a coffee with profits helping to support the veteran community. A veteran’s and partner’s lounge, complete with an extensive library run by the inspirational Brothers and Books program and barbecue facilities.”

“The Oasis also offers a single front door for veterans and their families to access services to assist their integration into the civilian community, especially those transitioning now. The Oasis is playing a vital role in supporting and connecting veterans. Central to wellbeing navigation undertaken at the Oasis is the innovative Ten Human Needs framework.”

“It’s a true home base, a place to come and connect with friends and peers. It is a place to provide help and support and a place to be heard and understood. It is also a place to be inspired.”

“Another part of our services is our planning coordinators. They’ll go through the wellbeing wheel and work out where people are needing support. When I say people, I don’t just mean veterans, all of our services are for the entire veteran community.”

Kathy Moore

— Carer of a Veteran

“My presentation today also comes with the knowledge of knowing that PTSD is not the person refusing to let go of the past, but past refusing to let go of the person.”

“He is just one of many New South Wales veterans experiencing these same difficulties. In 2019, [my family member] had to make multiple visits to our local Service New South Wales centre. He was given conflicting information from the Service New South Wales staff.”

“In 2020, questions he was asked by the Service New South Wales staff included ‘What is a veteran?’ and ‘What is a Gold Card?’ and ‘You need to go to Centrelink’... Service New South Wales’ management advised more staff training was required regarding the veterans concessions.”

“In 2021, the DVA concession approval letter was not accepted... There was general confusion by the staff at the service centre about a veteran Gold Card, a Repatriation Health Card and the Veteran’s Affairs Pension Card. Service New South Wales management advised, again, more staff training was required regarding veteran concession cards.”

“His PTSD and anxieties were triggered in the noisy environment. There were multiple languages being spoken and his support dog was at home alone for 5 hours. It took another two days for him to fully recover mentally and physically from this ordeal.”

“I received a call from our local member’s office, who I’ve yet to meet. Advising that the system changes have been implemented from the 22nd of May 2023.”



Graphic Recording captured at the Veterans' Families Policy Forum (20 June 2023).

FINAL COMMENTS

To conclude the 2023 Female Veterans & Veterans' Families Policy Forum, the groups at both Fora were asked to write down a final comment, insight or reflection on their experiences over the preceding two days.

The central themes generated from these insights included:

A SHARED DESIRE FOR POSITIVE CHANGE FOR FEMALE VETERANS AND FAMILIES

"A lot's been done, but there's still a lot to do for women veterans and we have hope that all women veterans receive the support and benefits they need."

"Change is happening. Light at the end of a long tunnel is approaching in the distance. It's time!"

"Working together for positive change – making life better for women veterans."

"We are informing impactful change for our community."

"Change for the better is on the horizon."

"It is amazing to be part of a female veteran forum where there was safety and opportunity to share and collaborate to help improve the life and outcomes of female veterans."

THE IMPORTANCE OF HEARING COMMUNITY VOICES IN DECISION-MAKING

"Real issues getting real solutions through family engagement."

"We were all on the same page and wanted to be heard and we did that."

"There is so much power and wisdom in this group (and in families)... Change the paradigm [and] put them at the centre of decision-making."

"The power of female veteran sisterhood can create change."

"All voices need their time to be heard."

THE POWER OF CONNECTION AND COMMUNITY

"Acceptance. Networking. Future outcomes. Respect."

"Loved the interaction with sisters."

"Supportive sisterhood = Power."

"Renew. Re-energise. Revive."

FORUM EVALUATION

Participants had the opportunity to complete a Forum Evaluation Survey following their attendance, providing their feedback on their experiences attending these events to inform improvements for future engagement opportunities.

Of the evaluation respondents:

- 97% felt attending the Forum was 'very worthwhile', and 91% felt the topics discussed at the Forum were 'very relevant' to the community.
- 100% of respondents were also 'very' or 'somewhat satisfied' with:
 - Communication from DVA about the Forum;
 - Accommodation;
 - The Forum venue; and
 - The opportunities to network with other participants.
- 100% of evaluation respondents also reported feeling 'very satisfied' or 'somewhat satisfied' that they were respected, supported and given the opportunity to have their say in the Forum environment.
- Of evaluation respondents, 69% reported the pace of the Forum to be 'just right'. While this is an 8% improvement on the same evaluation question from 2022, more improvements can be made in this space. The remaining 31% of respondents felt the pace was 'somewhat too fast'.

"I have not been to many of these Forums, but this Forum was a huge improvement from last year where I felt there were other agendas, limited opportunity to have a voice and a feeling everything was rushed. The environment this year felt safer to contribute. The smaller size made engagement and connection easier. There was more opportunity to share views and work in a targeted way on women veteran issues with other women veterans."

"[I] think it was perfect."

"Just ensure that they continue."

"The number of participants in this Forum was just right, so hopefully future Forums will keep with a similar number, where individuals and their voices can be heard and seen and it is much easier to connect."

"Thank you for your on-going support, for continually engaging with us to assist in the future for all veterans and families to come up with our ideas, real & viable solutions for future generations to come."



Female Veterans' Policy Forum participants, with Minister for Veterans' Affairs and Defence Personnel, the Hon Matt Keogh MP, at the Female Veterans' Networking Dinner (14 June 2023).



Veterans' Families Policy Forum participants, with DVA Secretary Alison Frame, and Deputy Secretary Stuart Smith AO DSC, at the Veterans' Families Networking Dinner (20 June 2023).



The 2023 DVA Forum Delivery Team, following the Veterans' Families Policy Forum.



The Minister for Veterans' Affairs and Defence Personnel, the Hon Matt Keogh MP having a little fun with the Veterans' Families Policy Forum participants (21 June 2023).

The Department of Veterans' Affairs would like to thank the participants of the 2023 Female Veterans & Veterans' Families Policy Forum for the perspectives, ideas and experiences they shared during these events, their courage to do so, and their ongoing contributions to the Defence, veteran and veterans' families communities.



Supporting Veterans and their Families