



Female Veterans and Families Forum 2016

Canberra
5-6 December

A Note To The Reader

The inaugural Female Veterans and Families Forum (FVFF) was held in Canberra on the 5th and 6th of December 2016, and attended by female veterans and representatives from veteran and family groups. This Forum was established to provide a platform for female veterans and veteran family members to raise issues directly with the Government and the Department of Veterans' Affairs (DVA), and create new channels of communication between DVA and the veteran community.

The Forum gave participants the opportunity to discuss the unique experience of female veterans and the impact of service on them and their families. The Forum provided DVA with a deeper understanding of the experiences and challenges faced by female veterans and veteran families, and an opportunity to explore with participants how services could be improved to better support their needs.

DVA is using the insights and ideas shared by participants during the Forum to inform its transformation agenda and to develop options to significantly improve services to veterans and their families. New initiatives focused on making the transition from the Australian Defence Force to civilian life easier for veterans and their families, and simplifying access to services and support are already underway.

DVA is committed to continuing its work with female veterans and representatives from veteran and family groups through this Forum to explore new policy initiatives and identify potential new service arrangements to support veterans and their families. It is anticipated that the next Female Veterans and Families Forum will be convened in May 2017.

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Executive Summary

OVERVIEW & OBJECTIVES

On Monday 5th and Tuesday 6th of December 2016 the inaugural Female Veterans and Families Forum (FVFF) was held in Canberra. This report provides a high level summary of the discussion and outcomes achieved.

The Female Veterans and Families Forum (FVFF) was an opportunity for female veterans and representatives from veterans and family groups to discuss their experiences and share ideas to improve the services and support available. The forum was a government election commitment to provide a platform for female veterans and veteran families to raise issues directly to the Government and Department Of Veterans' Affairs (DVA).

The agreed objectives of the forum were to:

- **Share experiences** of female veterans and veteran families
- Identify **current and preferred** service delivery options
- **Generate ideas** to improve the experiences of female veterans and veteran families
- Consider the future arrangements for the **FVFF**

FORMAT

The workshop was conducted in an engaging and dynamic way to ensure that the diverse views of the group were explored.

The workshop was conducted in a focus group style with participants engaging in discussions and activities to explore their experiences and ideas. All activities were designed to engage participants with at least one of the workshop objectives.

Participants were given the opportunity to present outputs from the workshop discussions to DVA Senior Executives who are also veterans.

THIS REPORT

This report provides a snapshot of participants' experiences, needs and preferences. Quotes are verbatim.

Agenda

DAY ONE

- Introduction Activity
- Context:
 - Ms Liz Cosson AM CSC - Chief Operating Officer, DVA
 - Ms Kate Pope PSM, First Assistant Secretary, DVA
- Forum Outcomes
- Female Veterans, Veteran Families - separate groups
- Understanding the Experiences of Female Veterans / Veteran Families
- Developing Ideas and an Aspirational Future State
- Prioritising Ideas and Preparing for Report Back
- Re-form into One Group
- Report Back and Summary of Day One
- Networking Opportunity

DAY TWO

- Recap and Summary of Day One
- Minister's Address
 - The Hon Dan Tehan MP – Minister for Veterans' Affairs
- Discussion on Future State
- Working Topics for Female Veterans and Families Forum
- FVFF Ways of Working
- Summary and Wrap –up

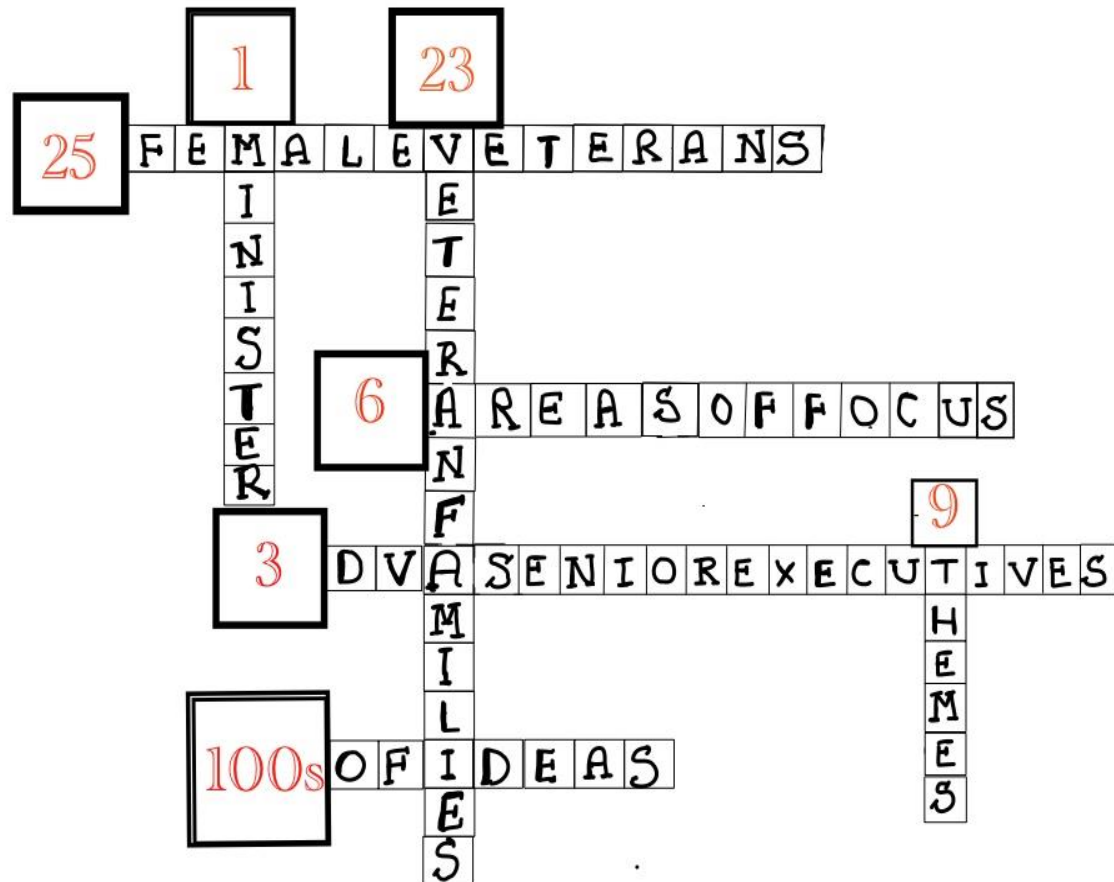


Key Findings

The following findings arose from both the female veterans and the families groups. DVA has committed to close consideration of these themes in the development of policy and service delivery options.

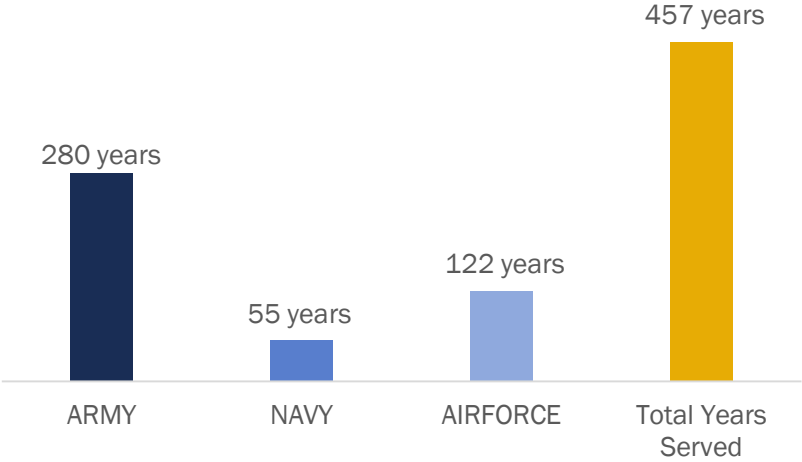
- ✓ The **current definition** of ‘veteran’ and ‘veteran family’ is limiting and **needs to be contemporised**
- ✓ Female veterans and families **share many common challenges** and issues.
- ✓ Participants perceive **that national pride** in, and recognition of, female veterans and veteran families is limited.
- ✓ **Veterans’ families serve along with the veteran.**
- ✓ **A seamless and integrated transition** from the ADF is fundamental for a positive future.
- ✗ Many female veterans and veteran families feel **isolated and alone**.
- ✗ **Navigating complex systems** and support services is difficult and challenging.
- ✗ Services available to female veterans and veteran families **are not readily visible** or easily accessible.
- ✗ **Current legislation, policy and DVA’s service delivery model** often does not meet the needs of female veterans and veteran families.

About the Participants



About the Participants

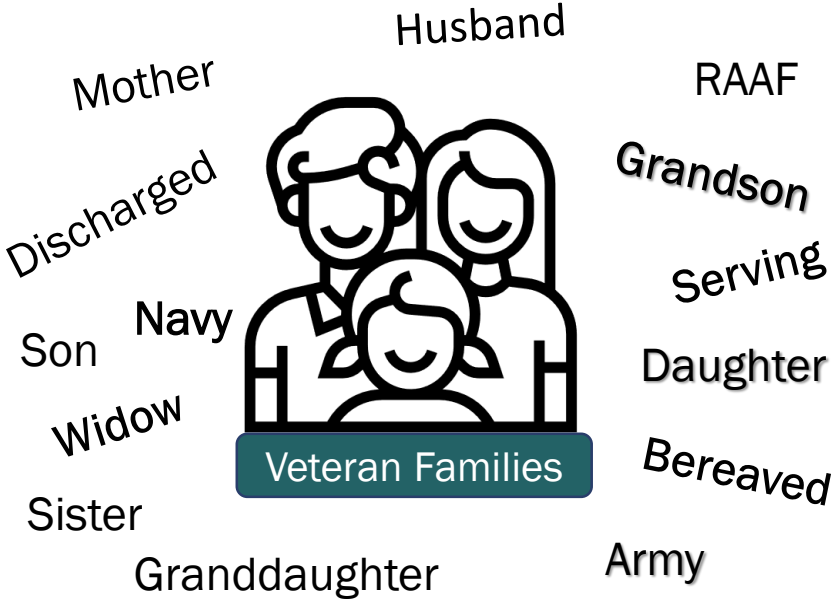
FEMALE VETERANS – YEARS SERVED



The community knows nothing or very little about the **needs and circumstances of veteran families**. I lived in Darwin which has the largest garrison in Australia, and even there people had little knowledge.

“When I first found out about this forum, I felt optimistic. I thought ‘yeah, it’s time. I want to be involved”.

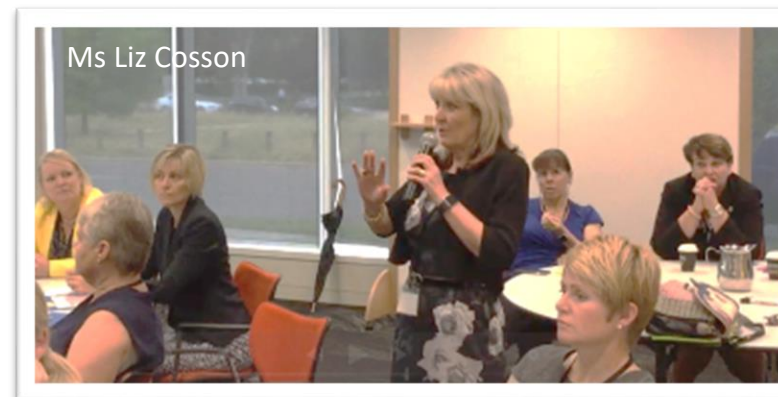
It happens to all female veterans. I’m forming up for ANZAC day and a woman says ‘for next time when you’re wearing somebody else’s medals, wear them on the correct side’... my dog came and heeled and he’s in his vest and little medal... and I said ‘Love, next time I am wearing someone else’s medals I will wear them on the correct side, but **these are my medals and by the way that’s my dog and he’s wearing his medals... on the correct side.**’



The Presentations

On day one of the FVFF, Ms Liz Cosson Chief Operating Officer DVA, and Ms Kate Pope First Assistant Secretary DVA addressed the Forum. Ms Cosson and Ms Pope also made closing comments on day two.

*"We know transition is a big issue. Of the 5,500 ADF members who discharge each year, 20% don't want to go. **DVA is working closely with Defence and Com Super** – how can we help people at transition to connect better? How can we help to ensure continuity of care?". – Chief Operating Officer, Liz Cosson*

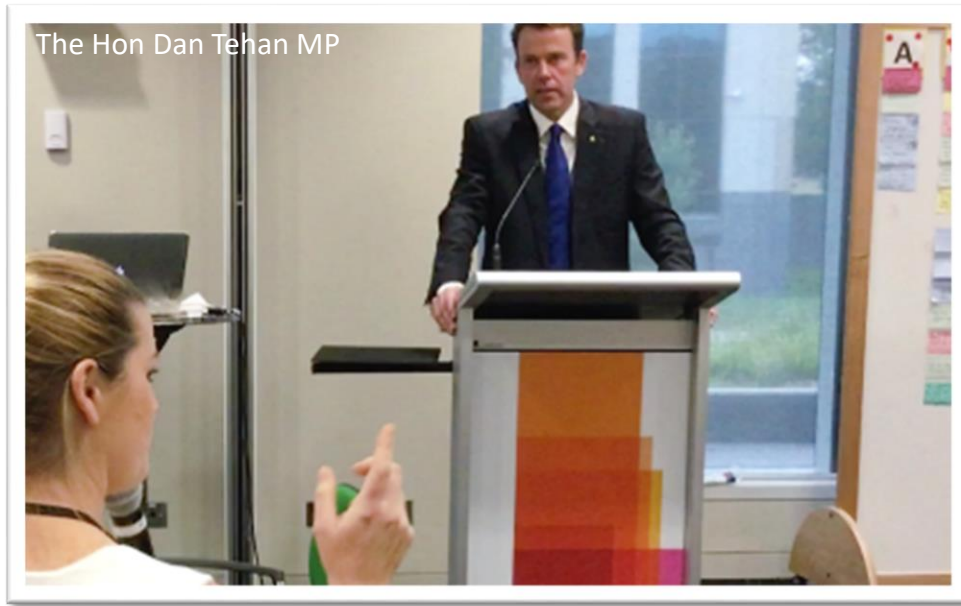


*"I assure you that your ideas won't fall on dry ground. We are **talking and listening to you, testing new ways of working and building our skills.** I am very excited about this. I consider it a great honour be involved". – Chief Operating Officer, Liz Cosson*

*"In shaping DVA's future, fixing our ICT may be the easier part. The real challenge is the cultural change we need to make and how we operate. **We are not currently always focussed on veterans and families enough. We need to get this right**". – First Assistant Secretary, Kate Pope*

*Thank you for your openness and the intelligent way you raised issues and your thoughtful preparation. I have been very impressed by **your courage to speak out** and say things that matter – it was very moving and meaningful to us and we are very grateful for what you've said. – First Assistant Secretary, Kate Pope*

The Presentations (cond.)

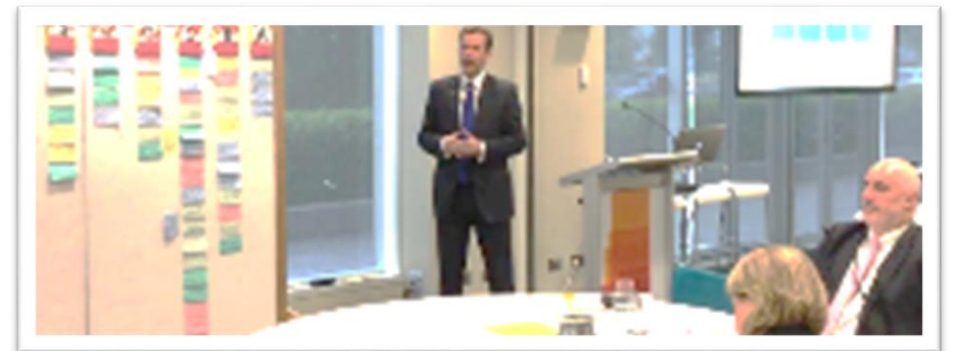


On day two, the Hon. Dan Tehan MP, Minister for Veterans' Affairs and Minister for Defence Personnel addressed the group and also answered questions. This slide includes a few quotes from each of the speakers.

*"I would like to say to all female veterans who have served that we need to do more to **recognise your service**. The fact that most of you have been asked to take off your medals or move them because people don't believe or respect your service is inexcusable... Everywhere I have travelled I have come across females serving who have proudly served, but the community needs to recognise this more. I will continue to emphasise as I go around Australia".* The Hon Dan Tehan

*"Can I also say that the message regarding families is one that I have received loud and clear today – because addressing individuals will never address what we need to fix, **we have to make sure that the family is incorporated**".* – The Hon Dan Tehan

*"Thank you for the time to be with us, it is **incredibly important**".* – The Hon Dan Tehan

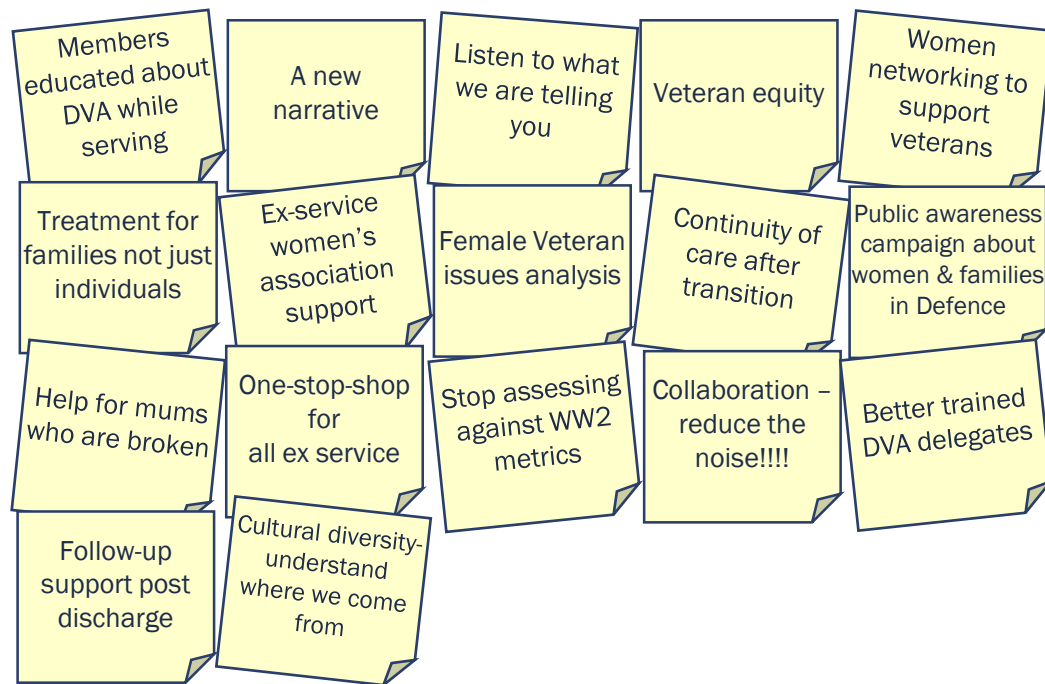


The Ideal Future State - Ideas

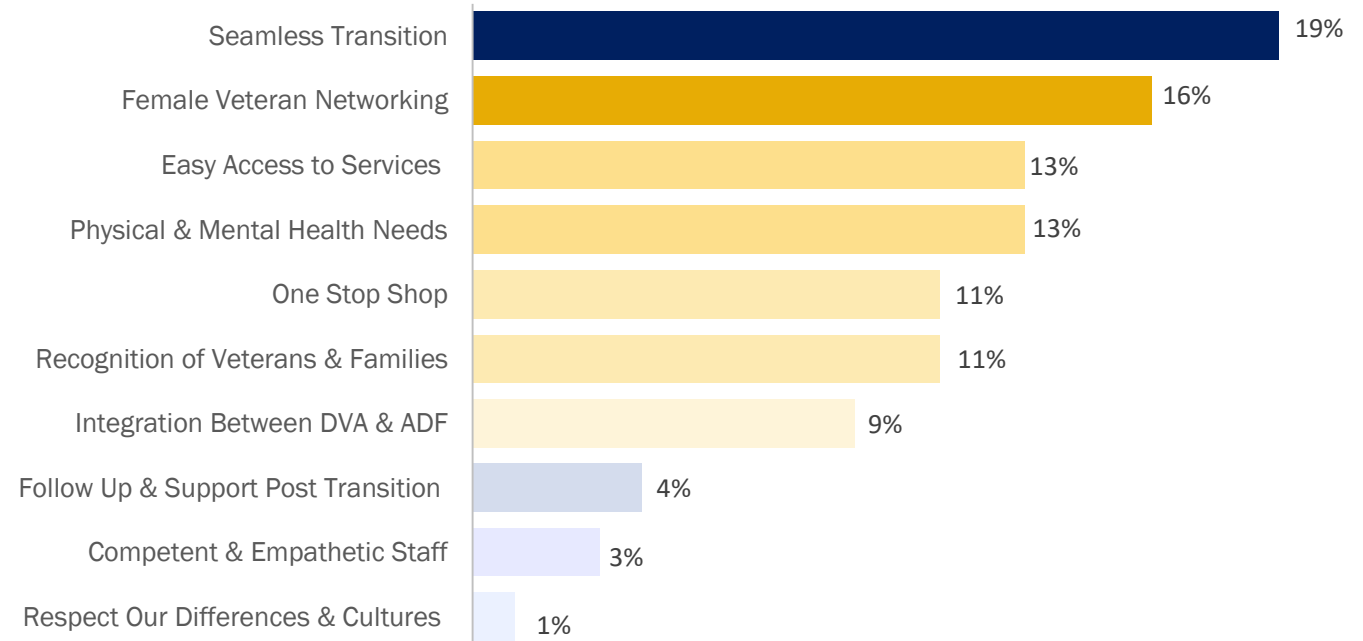


Future State – Female Veterans

Working in two groups i.e. female veterans and veteran families, the participants developed the attributes of the 'Ideal Future State for Veterans'. Individually they recorded their ideas onto post-it notes. They grouped the individual ideas into categories, developed headings for each category, and then ranked the idea categories in order of importance.

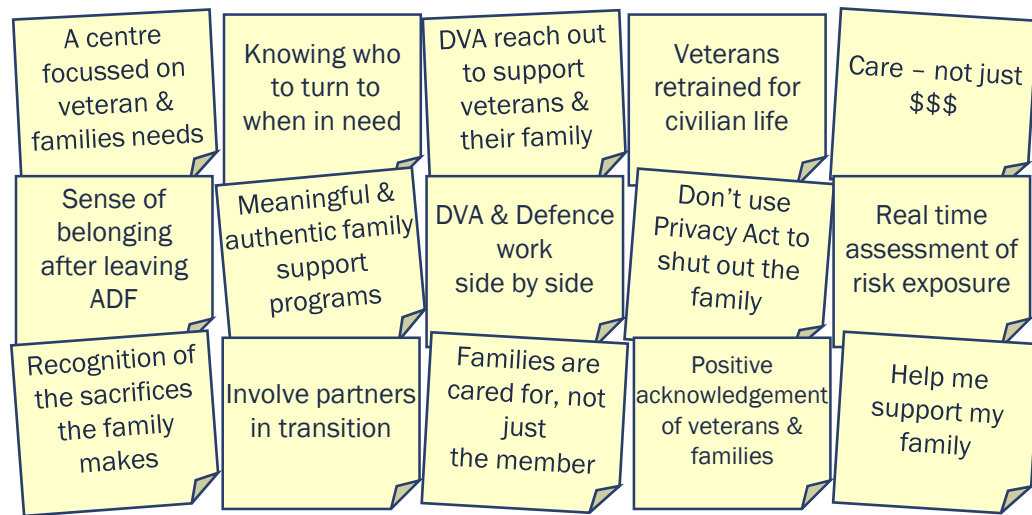


FEMALE VETERANS - IDEAS

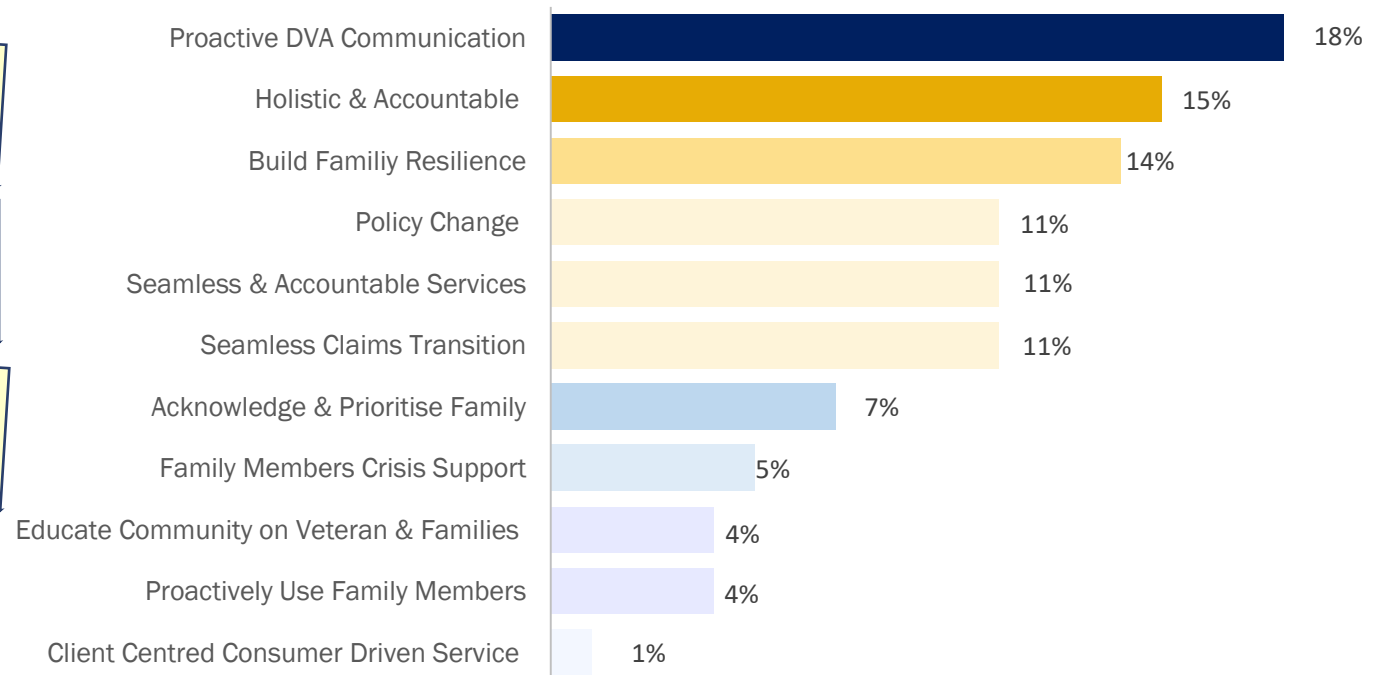


Future State – Veteran Families

Working in two groups i.e. female veterans and veteran families, the participants developed the attributes of the 'Ideal Future State for Veteran Families'. Individually they recorded their ideas onto post-it notes. They grouped the individual ideas into categories, developed headings for each category, and then ranked the idea categories in order of importance.



VETERAN FAMILIES - IDEAS



Forum – Future Focus

On Day Two, the group identified and agreed on six 'Areas of Focus', i.e. topics that they believed the Forum could influence and had the potential to improve the experience of female veterans and veteran families.

The group also identified topics they hadn't had the opportunity to discuss in detail, but that were topics they considered relevant and of importance.

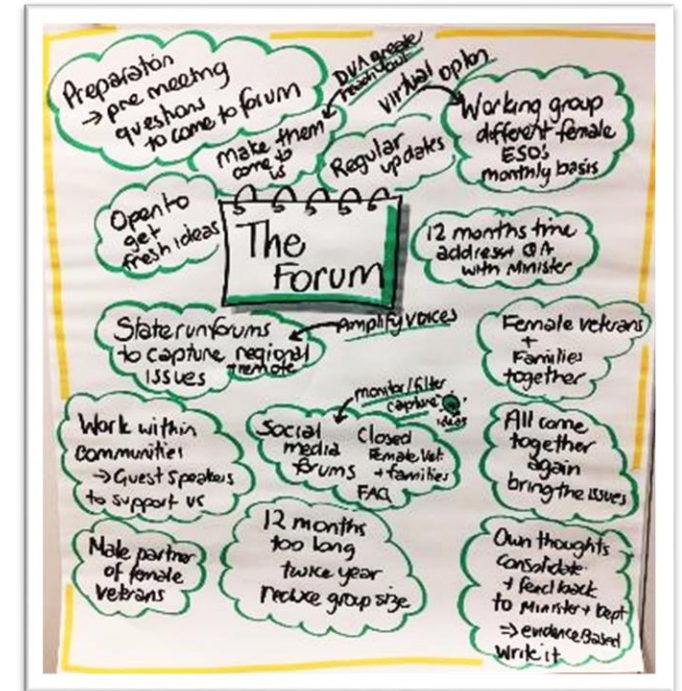
What Should We Turn Our Attention To?

- ✓ Homeless, vulnerable and disadvantaged women
- ✓ Measureable, people centric programs that support resilience and healing
- ✓ Children of veterans access appropriate assistance (e.g. when parent has PTSD)
- ✓ Analysis of female health conditions which are service related
- ✓ A 'whole of life' approach to service delivery for veterans and their families
- ✓ Identify new services needed, and what services currently exist

Topics We Need to Discuss:

- ✓ Suicide Awareness
- ✓ Access to Support
- ✓ Trust in DVA and Defence
- ✓ DVA to be more flexible and client- focused
- ✓ Rehabilitation
- ✓ Family and female networks
- ✓ Health issues – female specific
- ✓ Financial Support
- ✓ Information sharing

"I am one of the oldest veterans in the room and this is the first time that I know that women have been asked for our opinions – this is a giant leap!"



*"We want to get to the place where **no families feel isolated**, there is real support for families, everything is welcome and feedback is not just positive but negative too. **We want to see community recognition, value, and acknowledgement of the unique role being fulfilled by military families.** We want **respect for service** – it has an impact".*

The Themes

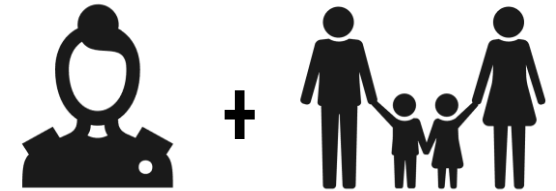
Arising from the discussion and activities, nine themes emerged. These themes were evident for both female veterans and veteran families. This section of the reports highlights a sample of participants' quotes that provide meaning to the themes.



Themes

1

The **current definition** of ‘veteran’ and ‘veteran family’ is limiting and **needs to be contemporised**



*“Whether the member has served overseas or has not been fortunate enough to have, a **veteran is someone who has volunteered to serve their country**. This is often not thought of in the rest of country. **A veteran is an individual who has volunteered to serve**”.*

*“We need to give a **voice to the family, to younger partners and children**, particularly after discharge. We need to **look more closely at how we define families** - blended families, etc. There is a lot of scope for discussion”.*

*“Definition of veteran is usually warlike service. It should be broadened – it should be someone who has **volunteered to serve**”.*

*“We not only need to look at the definition of veteran, but the **definition of family too** – it is not black and white. **Families should include parents too**”*

*“Defence and DVA say they care about families but we feel they don’t. **Families need to be addressed in a modern way** – with mothers, sisters, carers, friends – **families are not just nuclear families**”.*

*“One group we have missed is the parents – **not all 18-24 year old veterans have a spouse and kids** – what about their parents? This group is often forgotten”.*

Themes

2

Female veterans and veteran families **share many common challenges** and issues.

*"As service women, we all think about family too - we have shared challenges and opportunities and we are very positive about our future thinking. We are focussed on how we can **make things better, to build a solid foundation, and to maintain a safe environment for ourselves and family**".*



"There are similarities between our two groups (families and female veterans). I sat with the veteran side yesterday and as a mother of six kids, husband serving, similarities hit me between the two groups - but there are also differences. I am now at a table with predominantly widows, including some who lost their loved one to suicide. As a veteran with PTSD, "there but for grace of God go I." This could be my daughter or mother"

*"What I really enjoyed was that even though we got together a group of women from different groups, **we are all united, we have similar experiences and narratives and we all appreciate and support and welcome each other into a collective community**".*

*"We are a people with similar characteristics – we need housing, our families need to feel valued and worthwhile. We are in a group sharing the same challenges. **The differences for us as veterans is that we have volunteered to do this job, but our families haven't necessarily made the same promise.** Nonetheless, our spouse and children have to come along for journey".*

"If we are not taking care of that side of the room, they will be over the other side of the room – mourning their loss".

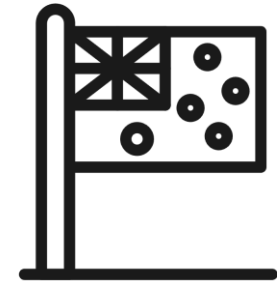
*"I thought it was refreshing to see consistency in issues raised and a genuine desire from DVA to change. Rather than having a focus on what is broken, **this forum has been a way for us to help the Department to change**".*

*"Our group had a lot of diversity but the fact that **we all served has united us**".*

Themes

3

Participants perceive that **national pride** in, and recognition of, female veterans and veteran families is limited.



*"I've come across jealousy from others toward Defence families. **The public just thinks our housing is free and we get free medical, more holidays, and so on.** It's not the case and there's **no awareness of the family's sacrifice**".*

*"It is remarkable the number of serving women who say they have encountered people who have said 'you are wearing medals on the wrong side of your uniform' or 'whose medals are you wearing'? **Educating the public is very important. While we have come a long way, these attitudes still devalue us as veterans**".*

*"The veteran community is still viewed as front line shooters. **There needs to be greater recognition from the public of the roles we perform** – this is what we are seeking".*

*"Aren't we aiming for an end state where a service member can walk down the street and not get spat on? **It's about the community being grateful and being thankful for our service.** What we want is respect – while people may not necessarily agree with someone else, they should at least respect what they did".*

*"As a female veteran, people assume we didn't have an active role in the ADF, like we made coffee or something. **We want national recognition and pride** for veterans and veteran families".*

Themes

4

Veteran families **serve along** with the veteran



*“As a family - **acknowledge me, support me, educate me, communicate with me and where necessary change policy/services to make that happen**”.*

*“I have had 16 years as military spouse and have seen a hell of a lot of resentment from families of ADF. The **military member gets looked after**, he/she has services at their finger-tips, he/she is housed and has an air-conditioned living room, but **the family is not looked after** in the same way. **It would be nice to see this changed, the family serves too**”.*

*“Defence families are different from the normal family unit. Major decisions have a **bigger and more direct impact on them**. Military service affects where the family lives, and the sorts of jobs they have are often different from civilian jobs. Inevitably **families are more connected to service employment and children are exposed to more**”.*

“It’s the family who’ll be the first to notice if things aren’t right – PTSD. They notice and face the consequences”.

*“There are positives about being a veteran family. I’ve had friends for 60 years that I met through Defence. I can connect with people after decades. There are heaps of negatives but **friendships, community, pride, security, travel, support, different experiences in different places, and resilience** – these are all positives”.*

*“When asked every two years whether I can go on a posting, it pisses families off. You are forced to put **service in-front of family**. It broke my relationship. This is a Defence issue that DVA wears”.*

Themes



5

A seamless and integrated transition from the ADF is fundamental for a positive future.

*Transition is a harsh process, it is sometimes voluntary, other times involuntary. For those facing involuntary discharge, they may not know what they are going to do. When serving, my family follows me around, works hard when I am deployed – my service impacts on them, it's not just about the veteran. **We want a streamlined transition process for families, particularly for families that become the primary carer due to service related injuries.***

*"Everyone will have to transition at some stage, either voluntarily or involuntary. It is a very stressful period. Many may not know what to do 'when they grown up', some will not have begun claims, many will not know what will happen to their family. **Anything we can do to streamline the process and make us feel more comfortable is really important.**"*

*ADF members have **exceptional experiences** and they add value to the wider society. **The better we transition these people, the better it will be for corporate knowledge for Defence and for later employers.***

*"When you join the ADF, you are also joining DVA – **there should be one entry into ADF, and one transitioning out.**"*

*"Not only the veteran but their family is transitioning. **Providing support for families is just as important as the veteran** as they are the ones often holding us up when we are grieving to leave the job we have loved for the last 30 years".*

*"The outstanding thing about the forum for me was that the **transition process needs to be more streamlined for veterans and their families** – that stood out the most".*

Themes

6 Many female veterans and veteran families feel **isolated and alone**.



*“The **connection you have with other families** differs depending on whether you forge the contacts yourself. This really depends on the individual”.*

*“Defence has done a full swing around. Now if you are serving, you are told not to associate yourself as Defence – this includes no mention on Facebook, no wearing your uniform in public, you can’t talk about your work in public... you can’t even hang your uniform on the washing line! This **secrecy limits the contact you can have with others**. As a family member, you have to make up something to explain why your husband is away all the time or you look silly (e.g.. “he’s a jackeroo”). Intelligence officers threaten that if you identify yourself with the unit on Facebook, etc. – they will reprimand you. You have to be secretive and that doesn’t build relationships”.*

*“Making connections are so important. So many women think they are the only ones. We want to **feel connected to network and community**, we want a feeling of belonging”.*

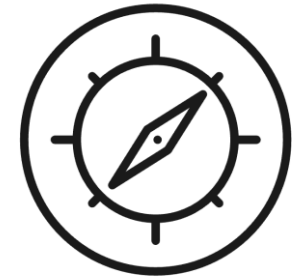
*“If you are serving and you don’t live on base – it **can be isolating** for the family, depending on the location”.*

*“Some people don’t want to **invest in friendships** with service families as they think we will be moving on”.*

*“The Privacy Act is a big issue – as a wife you can’t find out anything about your husband because of privacy. It is a real **barrier to communication**. Once again you’re alone”.*

Themes

7 Navigating complex systems and support services is difficult and challenging.



*"I don't have any control over my claim, I rely on an advocate. I would love to be given the option of whether I want to use an advocate or control my own destiny. **What we need is an easier claims process and easier to understand legislation.** Many of us have young children and we don't have time to spend reading complex legislation".*

*"Many families don't have the ability to access entitlements, they are disadvantaged due to their background or past experiences, they might be indigenous, from a low socio economic background, all kinds of things. In many cases, accessing veteran entitlements becomes too hard - what is required is too much on top of all of the other stuff they have to deal with. **These families need a clearer pathway – we need to focus on what this could look like**".*

*"We need to understand the legislation. As a veteran, I feel that I do not have any power in the claims process – **I have no confidence** and I have to rely totally on an advocate. If I didn't have to rely on the advocate I think I would feel better, **but now I need them as I am not empowered**".*

*"We want easy access to support services for veterans and families – at no stage have I heard other women say "me, me, me". Female veterans never seem to discuss their claims, nor complain about not getting enough payment or compo. Instead they say **"throw us services and support to get our families connected and on track because we want to make a positive contribution to society."***

Themes

- 8 Services available to female veterans and veteran families **are not readily visible** or easily accessible.



*“In the US there is a therapy farm where the whole family attends – they have workshops for everyone, they **don’t separate the veteran**. VVCS have these but you can’t involve the kids – but what parents can both disappear and not invite the kids?”*

*“The services are out there but we don’t know where they are – there is no central depository, no one person to talk to, we are sent to different websites. **We just want to get better – please show us how to in an easy way**”.*

*“There is a **lack of knowledge** about what is currently available”.*

*“I am ex-Defence, I served for 31 years. I am also a Defence wife and widow. I should know a lot about DVA, but I don’t. **I only really found out about DVA when my husband died to suicide**. As an ex-serving member, you have a lot more knowledge, but we were never told much. I’ve got claims I never put in for. You don’t know where to start – you don’t know what other help might be out there”.*

*“There is a lot of rhetoric about Defence and DVA looking after families – but **no one is really taking responsibility**. Someone needs to take responsibility for the family unit. **We need services that are easier for families to access**”.*

Themes

- 9 Current legislation, policy and DVA's service delivery model often does not meet the needs of female veterans and veteran families.



*"In the legislation, the word 'dependant' is not satisfactory. **The partner may or may not be a dependant of a veteran.** It's all very old fashioned".*

"There is a real issue around claims being rejected and what happens after that. In many cases, claims are rejected on minor grounds that could be addressed. I want an undertaking by DVA to go back to the client where claims are rejected and work the claim through with them – after a claim is rejected, it shouldn't just end there".

*"My husband and I have multiple claims in and we **can't get any information** – they won't appoint a single point of contact and we can't get access to information because of different systems".*

*"The family needs to be able to contact DVA if they have genuine concerns or problems. At the moment, families have **nowhere to go**. For example, if a serving member is showing **some sign of mental health** and his wife reports this, it could have **real ramifications on his career, and on their relationship, income, etc.** This is a real disincentive".*

*"Some of us are medically discharged because of **culture and actions of people in the ADF** – we would not have been medically discharged otherwise. This costs a lot of money which could be going somewhere useful. It is a human and monetary waste and needs to be addressed. **There need to be changes to the whole system**".*

Experiences

On day one of the FVFF the participants separated into two groups i.e. female veterans and veteran families.

Each group worked on 5 topics and answered 5 questions for each topic.

After each group had worked on all five topics and answered each of the questions, they summarised their considerations into three points to share with the group.



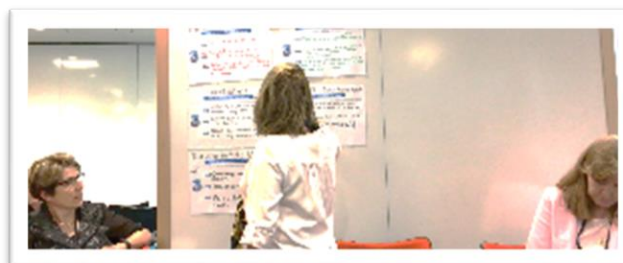
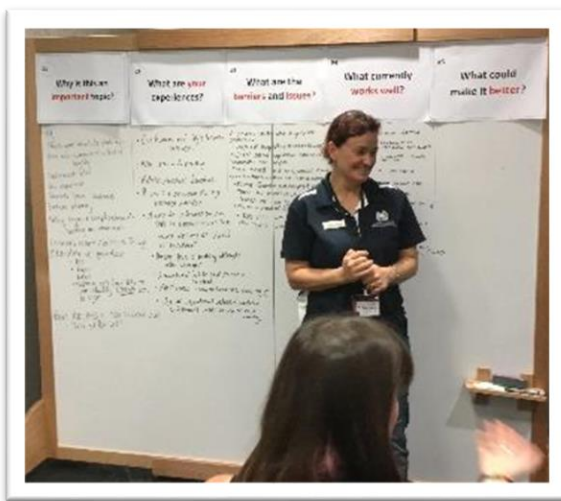
Exploration of Experiences

The Topics

1. Today's female veteran/veteran family
2. Access to support and services
3. DVA service delivery and policy
4. Transition from the ADF
5. Health and well being

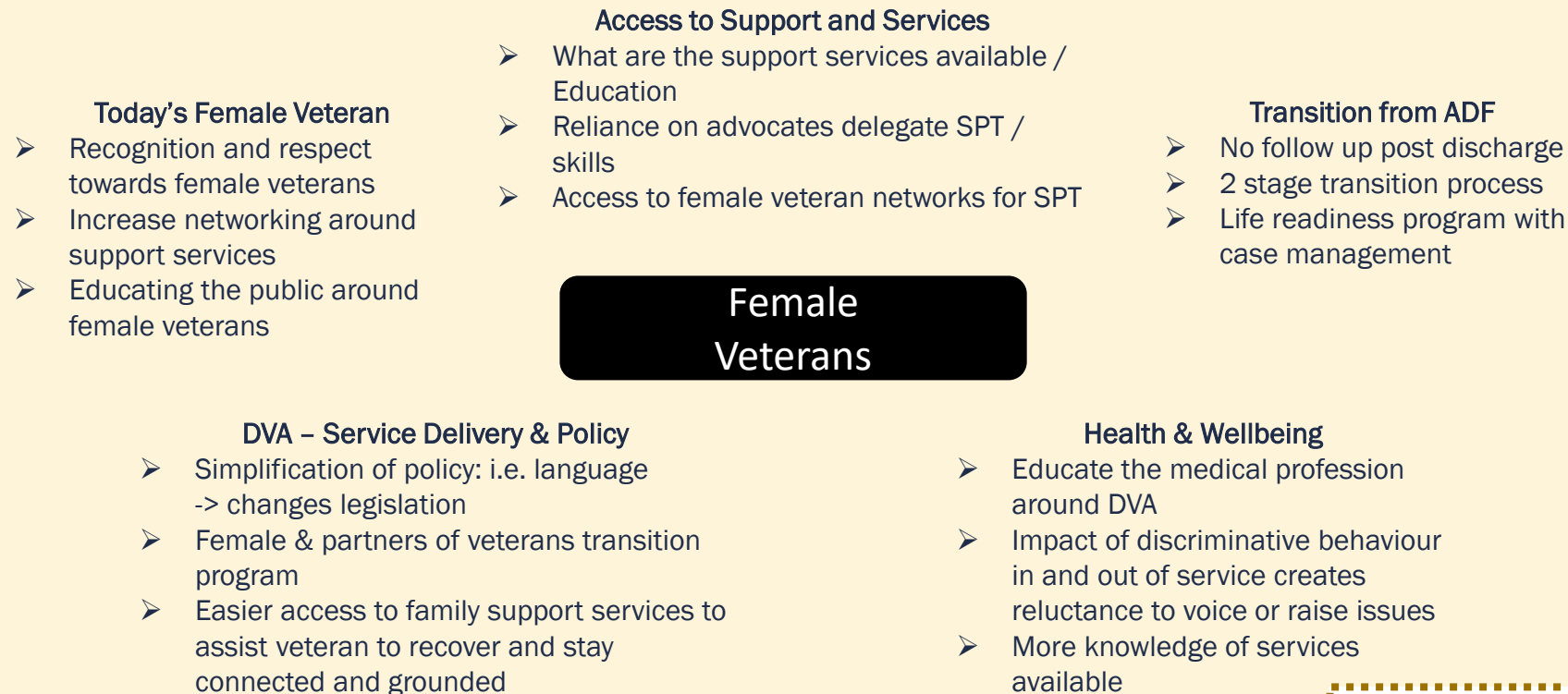
The Questions

- ? Is this/why is this an important topic
- ? What are your experiences
- ? What are the barriers and issues
- ? What currently works well
- ? What could make it better



Report Back on Experiences – Female Veterans

After working in separate groups, the female veterans and veteran families group re-formed. They reported back on three key points for each of the five topics. On the second day, the groups did a similar report back when the Minister for Veterans' Affairs, the Hon Dan Tehan MP, and the Secretary for DVA, Mr Simon Lewis PSM, were in attendance.



"The resounding theme from the forum is the need for a seamless transition key point – everything else on this board supports a seamless transition. In the unfortunate event of an ADF member finding out they will discharge in a month, they need to be prepared from the first moment".

Slides 28 to 32 of this report includes the detail female veteran groups developed for each of the five topics and questions.

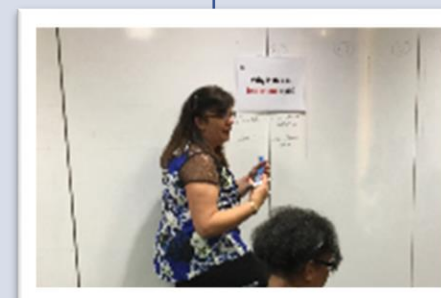
Detail of Experiences – Female Veterans

Female Veterans

Why is this an important topic?

Today's Female Veteran	Access to Support & Services	DVA Service Delivery & Policy	Transition From ADF	Health & Well-being
<ul style="list-style-type: none"> Need to raise awareness of the challenges facing today's female veterans: Raising a family Career progression A lack of support services focussed on female veterans Transition Stigma of not having deployed Stigma around abuse Definition of a veteran 	<ul style="list-style-type: none"> Deficit of services available – the number of services, access to these Veterans would like help to recover from injuries/illness Understanding of services available Understanding DVA while stills serving Remove the negative image of DVA – so we'll feel more confident about accessing assistance Simplify process for accessing services 	<ul style="list-style-type: none"> Affects your immediate state, both positively and negatively Need help – coming with a level of fragility First contact vital Positive experience Seamless from Defence Future planning Policy layers and complication therefore needing an advocate Immediate client status – triage Education of providers Doctors reports need to indicate if condition is service related Real rehabilitation and non-clinical care – 'let's get/be well' 	<ul style="list-style-type: none"> Sets people up for success or failure later Clarifies all entitlements Identifies issues not 'normally covered' Current lack of formalised process for all members Could provide an electronic link between Defence and DVA, especially for medical issues Recognises 'transition' as the final step in a service career 	<ul style="list-style-type: none"> Maintain a good healthy lifestyle Exercise – good mental health Food and nutrition Work-life balance Be kind to yourself first Access to health services More knowledge of services available The equivalent of Men's Health Peer Support for women

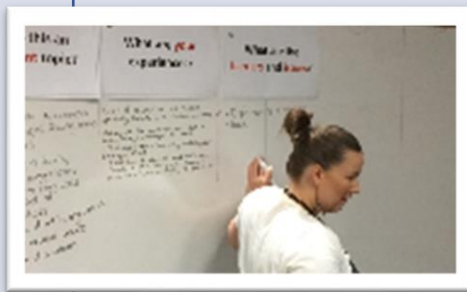
Slides 30 to 34 of this report includes the detail each female veterans group developed for each of the five topics and questions. This detail is shown in its original from i.e. as it was recorded by participants onto whiteboards.



Detail of Experiences – Female Veterans

What are / were your experiences?

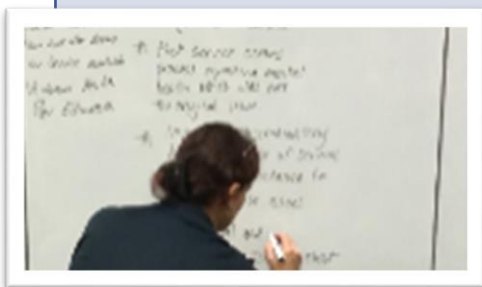
Today's Female Veteran	Access to Support & Services	DVA Service Delivery & Policy	Transition From ADF	Health & Well-being
<ul style="list-style-type: none"> ∅ Lack of recognition and respect specifically towards female veterans ∅ Okay with the word 'veterans' but it helps to understand the meaning of 'veterans' for today's society ∅ Tall poppy syndrome around 'how many medals?', 'where have you have served?' 'were you deployed?' ∅ Positive – need to be proud of what you've done ∅ Females be proud that you can manage a career and a family and everything else you do 	<ul style="list-style-type: none"> ∅ Lack of understanding around medical challenges facing female veterans ∅ Lack of post-natal support ∅ Lack of information ∅ Household services often denied because children are expected to do the household chores ∅ NDIS – DVA client can also access the National Disability Insurance Scheme but most don't know this 	<ul style="list-style-type: none"> ∅ Confusion regarding legislation and policies ∅ Not user-friendly ∅ Administrative burdens ∅ High stress and anxiety during discharge process ∅ Access to information on SOPs is counter-intuitive ∅ Service delivery of WVCS is excellent ∅ Happy DVA is making attempts to make changes ∅ Streamlined white card access is excellent ∅ Fast track for musculoskeletal conditions is essential ∅ Use of Department-referred medical professionals needs review or extra training 	<ul style="list-style-type: none"> ∅ Transition can feel like falling into a hole and being cut off ∅ Inadequate policy and procedure ∅ Totally unprepared for civilian employment/applications ∅ Culture shock – psychologically not ready ∅ Chasm between ADF and DVA in terms of communication and continuity of care ∅ No understanding of superannuation 	<ul style="list-style-type: none"> ∅ Health issues not identified at discharge that presented much later ∅ Injuries not recorded during service ∅ Dismissal of 'female' health issues both during and after service ∅ Post-service claims process impacting mental health which was not the original issue ∅ Impact of discriminatory behaviour in and out of service creates reluctance to voice or raise issues ∅ Financial and personal cost of dealing with health issues without support



Detail of Experiences – Female Veterans

What are the barriers and issues?

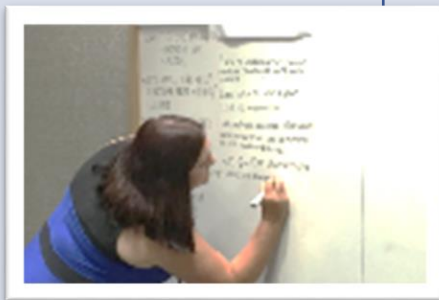
Today's Female Veteran	Access to Support & Services	DVA Service Delivery & Policy	Transition From ADF	Health & Well-being
<ul style="list-style-type: none"> ∅ Definition of a veteran ∅ Deficiency of advocacy network ∅ Lack of case management system in transition and post service ∅ Transition into employment including vocational assessments and job search training 	<ul style="list-style-type: none"> ∅ Most don't know services are available and where from ∅ OBAS is available – but not always helpful ∅ Stigma to seeking help while serving ∅ Non-liability health cover is under-utilised – should be expanded ∅ Regional and remote areas have difficulty accessing services ∅ Lack of awareness of available services ∅ GP training and specialists of DVA not knowing where to go – DVA service providers 	<ul style="list-style-type: none"> ∅ Lack of understanding at the coal face ∅ Lack of empathy towards clients ∅ Client centric approach instead of bureaucratic red tape ∅ We need military sexual trauma coordination within the veteran community ∅ More female advocates and welfare ∅ Time to process claims ∅ Most of the SOPs based around males instead of females ∅ No DVA offices in certain areas and many won't attend Centrelink 	<ul style="list-style-type: none"> ∅ Concern about financial capability – i.e. super, MSBS, DFRDB ∅ Medically discharging members without all DVA conditions accepted ∅ Inability to submit relevant forms until close to discharge date ∅ Failure to acknowledge/consider emotional impact of discharge (before/during/after) ∅ Concern about leaving without clear career options ∅ No follow up post discharge 	<ul style="list-style-type: none"> ∅ Access to doctors and specialists ∅ Knowledge about what is out there ∅ Willingness to ask ∅ Perception/stigma ∅ Women seen as 'weak' ∅ Mother's guilt ∅ Pressure from society – internal conflict ∅ Why only 'clinically proven'? ∅ Preventative and supportive health not allowed ∅ Lack of understanding ∅ Rehabilitation coordination ∅ Going from managed to self-managed



Detail of Experiences – Female Veterans

What currently works well?

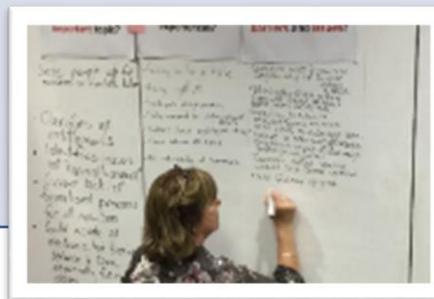
Today's Female Veterans	Access to Support & Services	DVA Service Delivery & Policy	Transition From ADF	Health & Well-being
<ul style="list-style-type: none"> Increased networking through social media Women get on with the job. Proven to be resilient in times of need – this is sometimes to our detriment Mentoring, support networks, education 	<ul style="list-style-type: none"> Having a good advocate can help negotiate support and services Female veteran networks work well to connect people to support services Social media platforms and internet are available 24/7 Disability employment services accessing via direct registration or Centrelink 	<ul style="list-style-type: none"> Letters about decisions are generally good Authority for prescription approval is efficient 'My Account' website good online access Home help a God-send Some delegates are well-trained Commemorative events Vet Affairs online and hard copy VVCS – Excellent, includes programs and family focus DVA general enquiries email works well Expansion of eligibility for Non-Liability Health Care and VVCS 	<ul style="list-style-type: none"> Linkages between DVA and Defence are getting better Transition officers work with client prior to discharge Transition is planned from Day 1 to discharge and beyond Link into other support services on the outside Assist with CV and resumes Links to the Veterans' Employment Program Clients need to do the transition course prior to discharge 	<ul style="list-style-type: none"> White card well recognised Gold card VVCS looks after families can self-refer good practitioners – happy to refer on Working with ex-service organisations Community acceptance – especially of 'hidden' injuries, e.g. mental health, PTSD



Detail of Experiences – Female Veterans

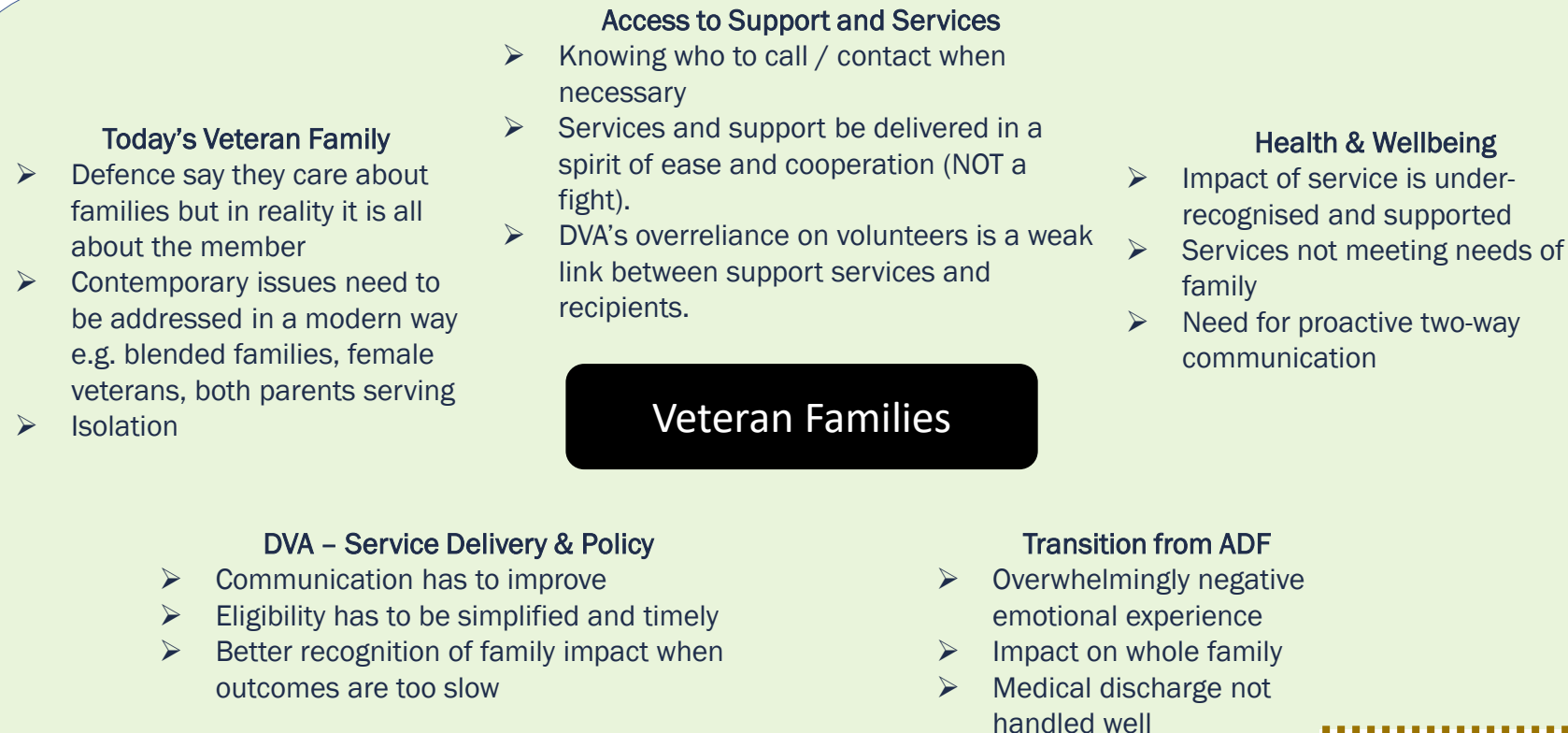
What would make it work better?

Today's Female Veteran	Access to Support & Services	DVA Service Delivery & Policy	Transition From ADF	Health & Well-being
<ul style="list-style-type: none"> Ø Acknowledgement Ø Recognition Ø More interaction with ex-service veterans Ø More forums to interact as female veterans Ø Better child minding Ø More understanding the complexities of looking after family and working Ø Image – broadening the definition of family Ø Challenge the stereotypes i.e. female at home and the male is the bread winner Ø Education of services support 	<ul style="list-style-type: none"> Ø Coordinated approach to access services – Google, social media Ø Improved education to members based on their individual circumstances Ø Education to command on the resources available Ø Injury prevention techniques Ø Flexibility to cater for single parents during partner's absence Ø Support to families of reservists – from deployments/outreach services Ø One point of contact at DVA 	<ul style="list-style-type: none"> Ø Well-trained case managers and case management system Ø Electronic connection between Defence and DVA of service records to identify 'qualifying service' Ø More paid advocate positions nationally Ø More user-friendly DVA website Ø Better use of 'My Gov' to send update and FAQs on DVA changes Ø Less reliance on advocates 	<ul style="list-style-type: none"> Ø Exiting interviews during transition Ø During medical interviews, DVA representative to be made available Ø Taking own responsibility Ø Be accountable for their own exiting procedures Ø Prior planning Ø Seek appropriate services and/or providers – appropriate to own needs Ø Can be overwhelming for those who are unwell 	<ul style="list-style-type: none"> Ø Communicate with local services better Ø Communicate better around awareness Ø Educate the medical profession around DVA Ø Using clients' own doctors/specialists instead of sending to private medico/legal assessment firms Ø State-based portal for services for gold card holders Ø 'Hearspace' type services for children of veterans Ø All services under VVCS including psychiatrists Ø Link Hearspace and VVCS



Report Back on Experiences – Veteran Families

After working in separate groups, the female veterans and veteran families group re-formed. They reported back on three key points for each of the five topics. On the second day, the groups did a similar report back when the Minister for Veterans' Affairs, the Hon Dan Tehan MP, and the Secretary for DVA, Mr Simon Lewis PSM, were in attendance.



*“Help us help you – listen to our ideas. We as women, mothers, wives daughters are the fabric to keep family together – **if we as families were empowered to effectively support our veterans, we wouldn't see so many veterans falling apart.** We are mothers of veterans of the future – we need to make sure we can equip them as best we can”.*

Slides 34 to 38 of this report includes the detail veteran families groups developed for each of the five topics and questions.

Detail of Experiences – Veterans Families

Veterans Families

What would make it work better?

Today's Female Veteran	Access to Support & Services	DVA Service Delivery & Policy	Transition From ADF	Health & Well-being
<ul style="list-style-type: none"> Need to raise awareness of the challenges facing today's female veterans: Raising a family Career progression A lack of support services focussed on female veterans Transition Stigma of not having deployed Stigma around abuse Definition of a veteran 	<ul style="list-style-type: none"> Deficit of services available – the number of services, access to these Veterans would like help to recover from injuries/illness Understanding of services available Understanding DVA while stills serving Remove the negative image of DVA – so we'll feel more confident about accessing assistance Simplify process for accessing services 	<ul style="list-style-type: none"> Affects your immediate state, both positively and negatively Need help – coming with a level of fragility First contact vital Positive experience Seamless from Defence Future planning Policy layers and complication therefore needing an advocate Immediate client status – triage Education of providers Doctors reports need to indicate if condition is service related Real rehabilitation and non-clinical care – 'let's get/be well' 	<ul style="list-style-type: none"> Sets people up for success or failure later Clarifies all entitlements Identifies issues not 'normally covered' Current lack of formalised process for all members Could provide an electronic link between Defence and DVA, especially for medical issues Recognises 'transition' as the final step in a service career 	<ul style="list-style-type: none"> Maintain a good healthy lifestyle Exercise – good mental health Food and nutrition Work-life balance Be kind to yourself first Access to health services More knowledge of services available The equivalent of Men's Health Peer Support for women

Slides 35 to 39 of this report includes the detail veteran families groups developed for each of the five topics and questions. This detail is shown in its original from i.e. as it was recorded by participants onto whiteboards.



Detail of Experiences – Veterans Families

What are / were your experiences?

Today's Veteran Family	Access to Support & Services	DVA Service Delivery & Policy	Transition From ADF	Health & Well-being
<ul style="list-style-type: none"> ∅ Isolating – lonely ∅ Bad communication ∅ Lack of support ∅ Rely on your own family members ∅ During crisis no 'support' is given – the help comes after and by then it's too late ∅ Defence Community Organisations play a role 	<ul style="list-style-type: none"> ∅ Older veterans and families are not as computer literate, therefore find out by word of mouth ∅ For some veterans, to be in a room, using a computer is overwhelming but that's the only way you can access the help ∅ Information is confusing and difficult to figure out 	<ul style="list-style-type: none"> ∅ Difficult to navigate through policy i.e. it's disparate, sketchy, inconclusive, poorly managed and administered, patchy ∅ Change takes too long to be implemented ∅ Communication void ∅ Intentions are pure and good but implementation really fails ∅ DVA not visible to young serving members ∅ Positive experience accessing services – good personal phone contact 	<ul style="list-style-type: none"> ∅ If/when my husband transitions I am terrified about him getting a job he does not like ∅ Sense of dislocation from everything ∅ Loss ∅ Long and drawn out ∅ Anger ∅ Grief ∅ Diminished recognition ∅ Not knowing how to get help 	<ul style="list-style-type: none"> ∅ Physically worn out by service life ∅ Family unit exhaustion including children. Emotional, mental, family breakdown ∅ Suicide causes serious health issues for the entire family ∅ Stigma, fighting the system that is meant to be supporting us ∅ Secondary PTSD-vicarious trauma ∅ Domestic violence



Detail of Experiences – Veterans Families

What are the barriers and issues?

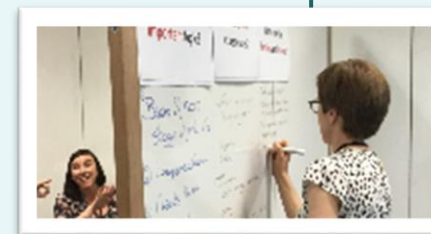
Today's Veteran Family	Access to Support & Services	DVA Service Delivery & Policy	Transition From ADF	Health & Well-being
<ul style="list-style-type: none"> ∅ Veterans not seeing their children due to their service related injuries (mental health) post relationship breakdown ∅ Blended families ∅ Comsuper issues ∅ Lack of understanding by civilians ∅ Both parents serving ∅ Women are veterans ∅ Both parents with mental health issues ∅ No respite care available ∅ Presumption that women will be the carers 	<ul style="list-style-type: none"> ∅ Financial/mental need to figure for everything – red tape ∅ Communicating what is available ∅ 'Status' i.e. girlfriend versus recognised spouse ∅ Lack of expert advice regarding services, entitlements (Army has but not the other services) ∅ The culture is one of 'harden up princess' ∅ Won't proactively seek out family needs ∅ More meaningful funding for ESOs (grass roots) – reliance on volunteers 	<ul style="list-style-type: none"> ∅ Too focussed on saying 'no' ∅ DVA focus is on veteran not the family, yet the family cares for the veteran ∅ Repeating processes to prove you still qualify – burden of proof ∅ Home care that's not going to improve with age but rather decrease 	<ul style="list-style-type: none"> ∅ ADF to DVA discharge process non-existent and/or inconsistent ∅ Consider family not relevant (i.e. spouse, children) who have been in ADF and are irrelevant on discharge 	<ul style="list-style-type: none"> ∅ Knowledge of what is available ∅ DVA to the member ∅ DVA power over the outcome ∅ Rural isolation impacts support ∅ DVA and others hide behind the Privacy Act – so they won't have to help. The impact of this on the family is significant ∅ Stigma attached to speaking up ∅ Limitations within the policy to deliver 'top cover'



Detail of Experiences – Veterans Families

What currently works well?

Today's Veteran Family	Access to Support & Services	DVA Service Delivery & Policy	Transition From ADF	Health & Well-being
<ul style="list-style-type: none"> ∅ DVA and Defence relationship has improved ∅ Extensive research is being undertaken ∅ Better understanding of the lessons of the past ∅ Moving from a reactive to a proactive approach to veterans ∅ DVA webpage needs to be promoted ∅ Communication on social media ∅ Involvement of ESOs and DVA's recognition of their involvement with veterans ∅ Advocacy Training and Development Program and upgrading of advocates' skills 	<ul style="list-style-type: none"> ∅ VVCS works well ∅ Generational (VVCS) ∅ Voluntary work of ESOs 	<ul style="list-style-type: none"> ∅ Widows/dependents of deceased members ∅ High profile cases ∅ Elderly generation ∅ This forum! ∅ If you were previously in the system (acknowledged injuries) ∅ Active service – war like service ∅ If you fall under one Act easier when you are covered by two or three Acts 	<ul style="list-style-type: none"> ∅ No experience with this – unable to comment 	<ul style="list-style-type: none"> ∅ Nothing ∅ Gold card – great for mature users ∅ Younger gold card users are breaking new ground to add to the current service profile, but it is happening slowly ∅ There is capacity for expansion ∅ Gold Card has good recognition and acceptance



Detail of Experiences – Veterans Families

What would make it better?

Today's Veteran Family	Access to Support & Services	DVA Service Delivery & Policy	Transition From ADF	Health & Well-being
<ul style="list-style-type: none"> Ø Smoother transition from Defence to DVA or from DVA to non-eligibility for DVA services Ø Address issues on case-by-case issue – be aware of issues which may impinge on cut-offs Ø Contemporary issues need to be addressed in a modern way – crisis accommodation? Ø Acknowledging systemic issues in Defence and DVA and owning responsibility (e.g. operational induced domestic violence) Ø Re-integrate veterans and family – therapy, monitoring, culture shift Ø Recognition of secondary PTSD – children, spouses, parents 	<ul style="list-style-type: none"> Ø Better/improved communications from enlistment to post-discharge Ø Maintain VAN offices for rural communities Ø More funding for advocates to complete claims Ø Case manager involvement to continue (DCO) Ø Knowing who to call when necessary Ø Connectivity between departments Ø Continuation of support to children when member leaves the service 	<ul style="list-style-type: none"> Ø Holistic wellbeing (life-long) Ø More in-depth understanding of the legislation Ø Empowering individuals and communities, families Ø Extend 'Lighthouse' type initiative to other areas Ø More case managers for complex and multiple issues Ø Liaising and networking with other primary health care organisations Ø Simplify in layman's terms Ø Look at funding for programs currently running unfunded, e.g. Veteran Community Links 	<ul style="list-style-type: none"> Ø Better communications Ø Better resources at transition Ø 20 year pension plan Ø Tax implication Ø Real classification of medical as involuntary discharge Ø Family involvement Ø Common transition policy between government and the services and ESOs Ø Free university/TAFE training Ø Connected transition – government, non-government, services, family 	<ul style="list-style-type: none"> Ø Change to policy, e.g. Health card for family that they can get before the veteran dies Ø Health programs for the family of the veteran. A family member has to look after their diet and exercise just as much as the veteran! Ø Publish the health survey that was done on wives Ø Take information provided seriously Ø Adequately fund DCOs to provide proactive support



Next Steps & Forum Evaluation

At the conclusion of the Forum, participants agreed on some next steps to progress the forum's outcomes, made final comments and were invited to complete an evaluation form.



Wrap-Up

Next Steps

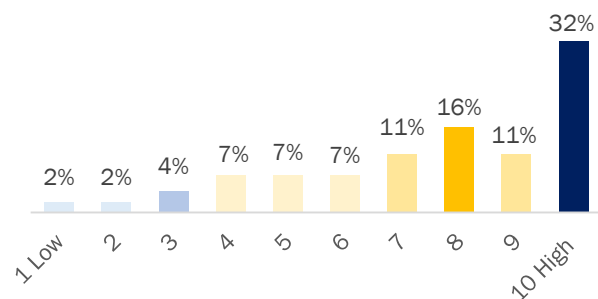
- ✓ Share the outcomes from the two days
- ✓ Report to be available in early 2017
- ✓ Explore options for on-line networking of this group
- ✓ Explore options for future of the FVFF, taking into account the options and preferences identified.
- ✓ DVA acknowledges the feedback provided and commits to referencing it
- ✓ 'Areas of Future Focus' will inform the future work of FVFF
- ✓ Broad dissemination of Forum outcomes
- ✓ Schedule next FVFF for mid 2017



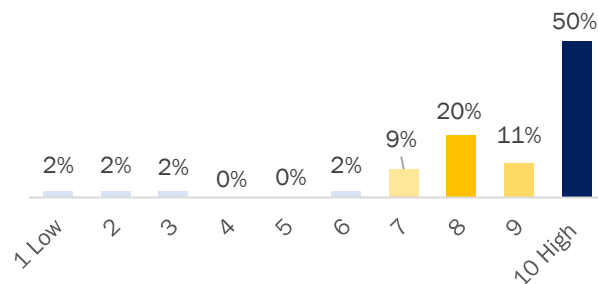
Wrap-Up

Evaluation of Forum

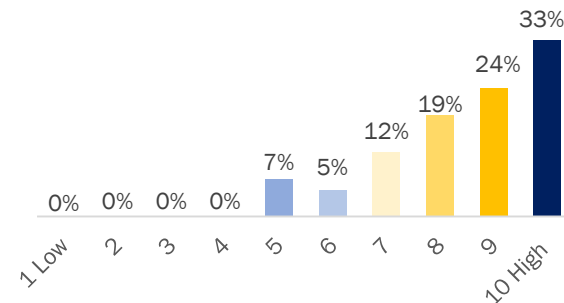
LEVEL OF COMFORT BEFORE FORUM STARTED



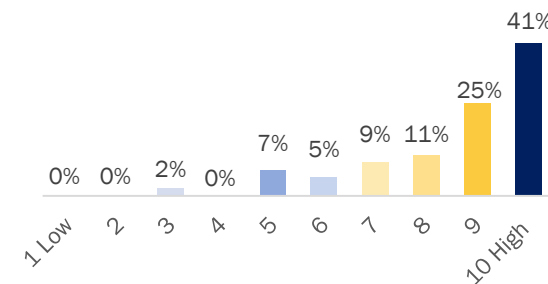
LEVEL OF COMFORT ONCE UNDERWAY



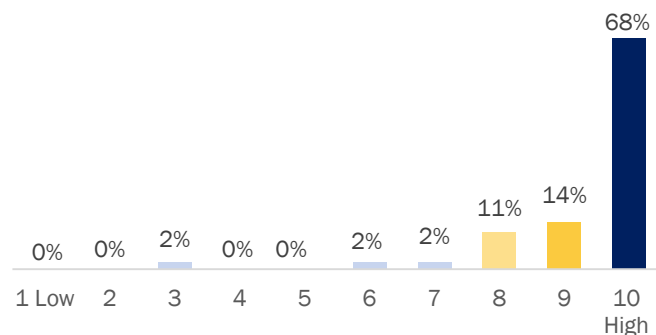
IMPORTANT ISSUES RAISED / DISCUSSED



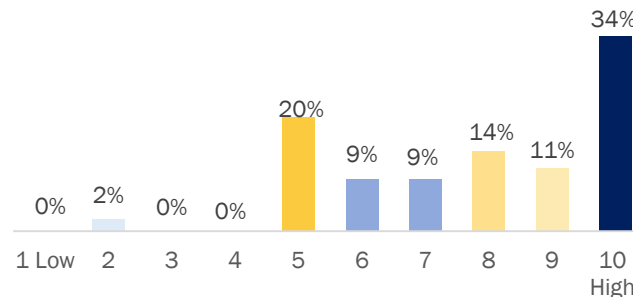
OPPORTUNITY TO PARTICIPATE



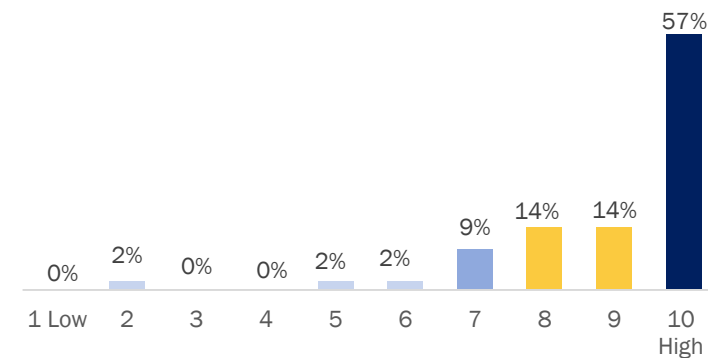
OPPORTUNITY TO NETWORK



CONFIDENCE IT WILL MAKE A DIFFERENCE



WORTHWHILE USE OF TIME



Wrap-Up

Evaluation Comments – a sample of comments from the evaluation forms are included here.

*“Great to have the opportunity to participate in **such a collaborative and respectful environment.**”*

*“**This discussion was a long time coming.** 50 years after the beginning of the Vietnam War we are NOT seeing DVA treat women well and appropriately.”*

*“The value of having so many women with so much **expertise, knowledge and experience** should be **harnessed into the development of a network.**”*

*“**Speakers were excellent,** clear and concise. Discussion groups were well structured and achieved positive outcomes, topics were interesting, current and **relevant to the objectives of the forum.**”*

*“Thank you for the last couple of days. It was **comforting to come together & realise you are not alone.**”*

*“**Results of this and improvements have to be pushed out so that veterans & public are informed.**”*

*“Workshop into its relevant groups (partner of vets vs female veterans) is significantly important. We need to continue this **so we can move forward to make a difference for those who have no voice or are suffering.**”*

*“**More grass root discussion about what is really going on, at the coal face.**”*

*“I felt that suicide was not really discussed I would really like to speak to someone as to how my husband slipped through the cracks and **how we can stop another suicide.**”*

*“Perhaps a bit rushed. **Want to see some comments and actions from DVA.**”*

*“I have enjoyed the forum, it has **highlighted the needs of not only the female veteran but also families of those female veterans.** Thank you so much for the opportunity to **participate in such a worthwhile and significant forum.**”*

*“Rhetoric around **making a difference.**”*

Thank you!



Thank you to all those who participated for
your contributions and your insights.

Engagement@dva.gov.au

We would like to thank the following people from the Noun Project for use of their creative commons:
Wolf Böse, David , Adrien Coquet, Flatart, Arena, auttapol, Kazim Abbas, Ravindra Kalkani & Eucalyp.

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