

Female Veterans'

POLICY FORUM

VIRTUAL ENGAGEMENT REPORT

29 JUNE 2021



Australian Government
Department of Veterans' Affairs

transforming
DVA

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Female Veterans Forum Virtual Engagement June 2021

Background & Overview

The Female Veterans and Veterans' Families Policy Forum (the Forum) leverages the lived experiences of female veterans and veterans' families to inform future policy and service delivery options. Established in 2016 the Forum has traditionally included a large scale, two day event held annually supplemented by smaller specific focus events. The Forum is a high-profile engagement attracting interest from the veteran community and from across DVA.

Membership of the Forum is renewed and refreshed annually. From 2016 to 2018 potential members were identified by the Department and were invited to the Forum. In 2019 expressions of interest were sought from the veteran community via posting on the Department's various Social Media platforms. Each EOI was considered to ensure the applicant could participate in the Forum's fast paced co-design style format, and also to ensure diverse representation. The 2019 Forum had approximately 80 participants representing a diverse and broad cross section of the veteran community.

The COVID-19 pandemic precluded the option of an in-person event in 2020. In its place several virtual engagements with female veterans and veterans' families were conducted. Membership of the Forum was again refreshed in 2020 to ensure that membership was confined to individuals who were not members of other Departmental consultative fora.

The 2021 in-person Forum was scheduled to be held on 28–29 June 2021 in Canberra, with 36 female veterans invited to participate. This in-person Forum was designed to focus on the female veteran cohort. On 25 June 2021, a national COVID-19 resurgence resulted in travel restrictions which prevented many attendees from travelling to participate. The June 2021 in-person Forum was postponed.

In place of the in-person Forum, a two hour Virtual Engagement took place. Of the 36 female veterans invited to the in-person Forum, 20 participated.

DVA Senior Executives who also participated in the Virtual Engagement included Secretary Liz Cosson AM CSC, Deputy Secretary Vicki Rundle PSM and the Deputy President of the Repatriation Commission Kate Pope PSM.

The Forum is delivered by DVA's Transform, Engage, Design (TED) Team.

Objectives

The Virtual Engagement objectives were to:

- Re-engage with Forum participants, including introducing new members of the Forum;
- To provide an update to the group on key developments at DVA;
- Explore topics of interest; and
- Discuss arrangements for the postponed in-person Forum.

Structure

The Virtual Engagement was delivered via the video-conferencing platform Microsoft Teams. Participants were asked to contribute directly in the video-conference or using the 'Chat' instant messaging function. The session also utilised the online instant polling platform Mentimeter to allow for quick and anonymous demographic data collection and open text responses.

Participants engaged in a range of activities and discussion topics. The Virtual Engagement was comprised of the following sections:

- Welcome and demographics;
- Secretary's Address;
- Q&A for the Secretary and other senior DVA representatives; and
- Wild Card Topics.

This Report

This report provides a high level summary of the feedback and ideas raised during the Virtual Engagement. Quotes included in the report have been de-identified and are verbatim.

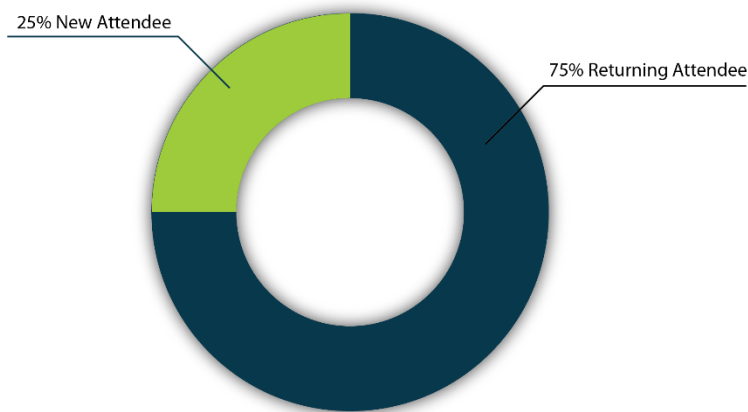


About Us Activity

Ensuring a diverse representation of Forum members is critical to the success of the Forum. During the Forum, participants used Mentimeter to provide demographic information. The results indicated that the engagement had attracted a diverse cross-section of female veterans.

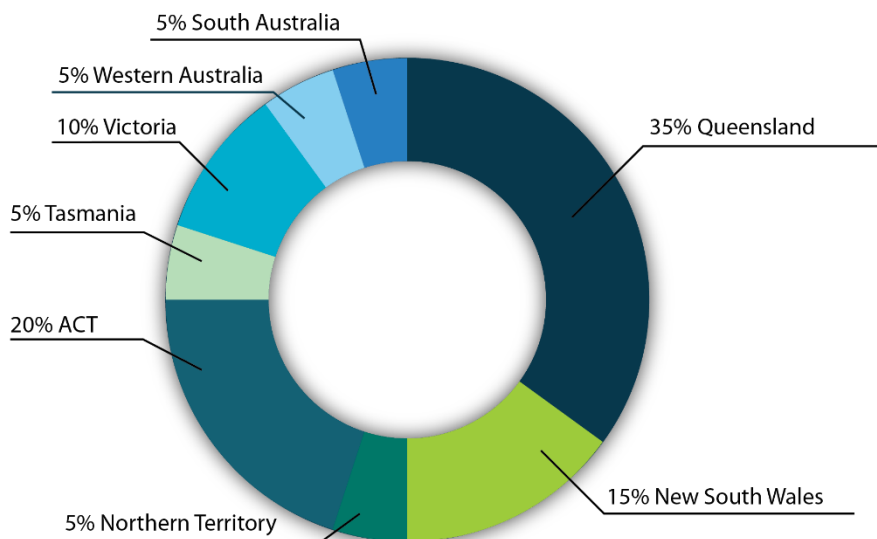
Are you a new or returning attendee?

Of the 20 participants, 25% had not attended a previous Forum engagement.



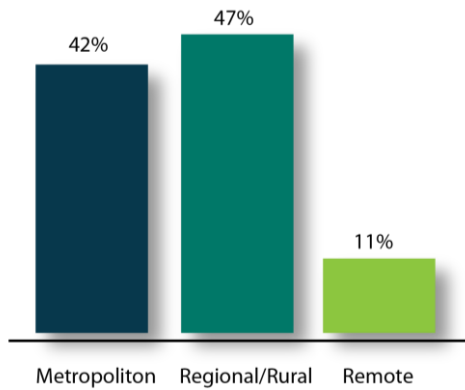
Which State or Territory are you from?

80% of the participants came from four states – Queensland, Australian Capital Territory, New South Wales and Victoria. The remainder came from Western Australia, the Northern Territory, South Australia and Tasmania.



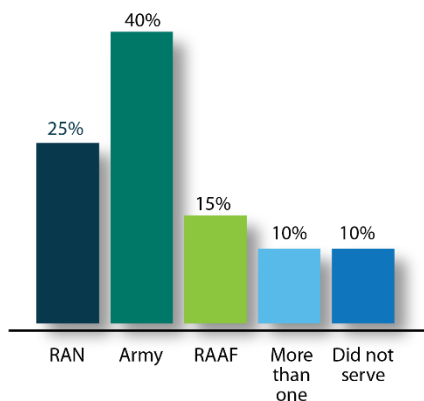
Do you live in a metropolitan, a regional/rural or a remote area?

The greatest number of participants lived in rural/regional areas (47%), while 42% lived in a metropolitan area and 11% lived in remote areas.



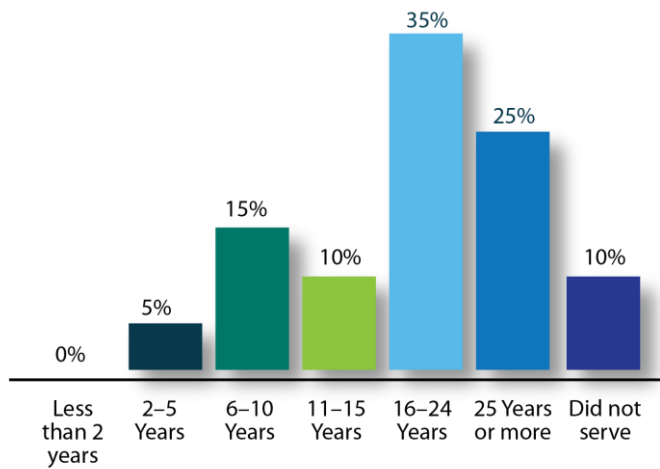
Which arm of the Australian Defence Force (ADF) did you serve?

The Australian Army had the highest representation with 40% of participants having served in the Army, while 25% had served in the Royal Australian Navy, 15% had served in the Royal Australian Air Force, and 10% in had served in 'more than one' arm of the ADF. The remaining 10% who recorded an 'I didn't serve' response represent some of the DVA Executives who were participating in the activity. This is also seen in the following two questions.



"I was in the artillery corp. In 1984 they stopped women being in the artillery corp. It was a shame to set women back 30 years but I went on to spend over 25 years in the RAN. I retired in 2019 and since then have tried to give back to those in the community."

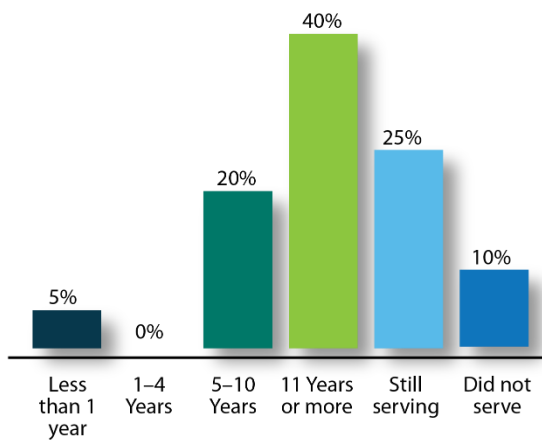
How long did you serve or have you served?



A majority of participants (60%) had served in the ADF for 16 years or longer, with the remaining veteran participants having served between 2 and 15 years in the ADF.

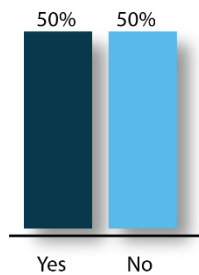
How long since you transitioned from the ADF?

Some of the group had transitioned from ADF service very recently, however the majority (60%) had transitioned more than five years ago. A quarter of the group were still serving in the ADF (either in a fulltime or Reservist capacity).



Do you represent an Ex-Service Organisation (ESO)?

There was a 50-50 split between those who represented an ESO and those that didn't.



Secretary's Address

Liz Cosson AM CSC

After the participant demographics section, the Secretary addressed the participants. The Secretary:

- Thanked the participants, saying *"Thank you for your patience and tolerance with the changing Forum arrangements. Even though we weren't able to meet in person, we still wanted to catch up with you all."*
- Placed an emphasis on wellbeing by saying *"One area we have focused on in the last 12 months is the veteran community and also staff wellbeing. I have heard from veterans that services improve if staff wellbeing is good."*
- Outlined the importance of transition. *"We have been working closely with Defence to put in a great deal of effort to support ADF transition. We want to make it as seamless as possible and we collaboratively work with the JTA [Joint Transition Authority]."*
- Addressed the success of Veteran Centric Reform (VCR), saying *"The claims backlog is one of my key priorities. Claims have grown. It is now easier to submit a claim because of our outreach initiatives. We have seen MRCA and DRCA doubling over the last few years. We can attribute this to the success of VCR, with more veterans aware of the support available from DVA, and our implementation of an easier claiming process."*

The Secretary then provided an overview of the work currently underway including VCR, mental health supports and suicide prevention. Key points included:

- Better supporting veterans by ensuring staff wellbeing during the pandemic. *"We have invested a lot of time and effort in our staff to make sure they are feeling connected so they can connect with veterans who need our support - even in the midst of the COVID-19 pandemic - this has been a unique challenge while working remotely."*
- Urged members of the veteran community to identify themselves as a veteran on the 2021 Census to assist DVA in outreach programs, and also noted some of the outreach activities during recent natural disasters. *"What we have done is identified who in our community who has been impacted by floods, bushfires and lockdowns via their postcodes and sent an SMS to those who may need our support. We still don't know all the veterans in our community."*
- Addressed the concerns about the large backlog of claims, by saying *"Claims backlog is one of my key priorities. We have added additional resources over the past few years but it hasn't kept up with the pace of growth. We also looked at prioritising our claims and initial liability. We can connect through NLHC [Non Liability Health Care]. We also implemented a Veteran Payment, so if you are waiting for a claim to be processed, there is support. We did receive additional funding in the last Budget and this will certainly make a difference."*

Providing participants with an outline of the 2021-2022 DVA Budget, the Secretary highlighted:

- The Government invests \$11.5 billion to support veterans and their families.
- Overall, we received \$775.60 million which will support 220,000 veterans and 100,000 dependants. *“We also received funding for the Family Support Package.”*
- \$55 million to continue Veteran Centric Reform. That’s 18 months of funding to us and Services Australia to make sure our systems are modern and easy for veterans to connect with us. *“The Australian National Audit Office released a report into the effectiveness of the program to see what we needed to fix and we will address those recommendations over the next 18 months.”*

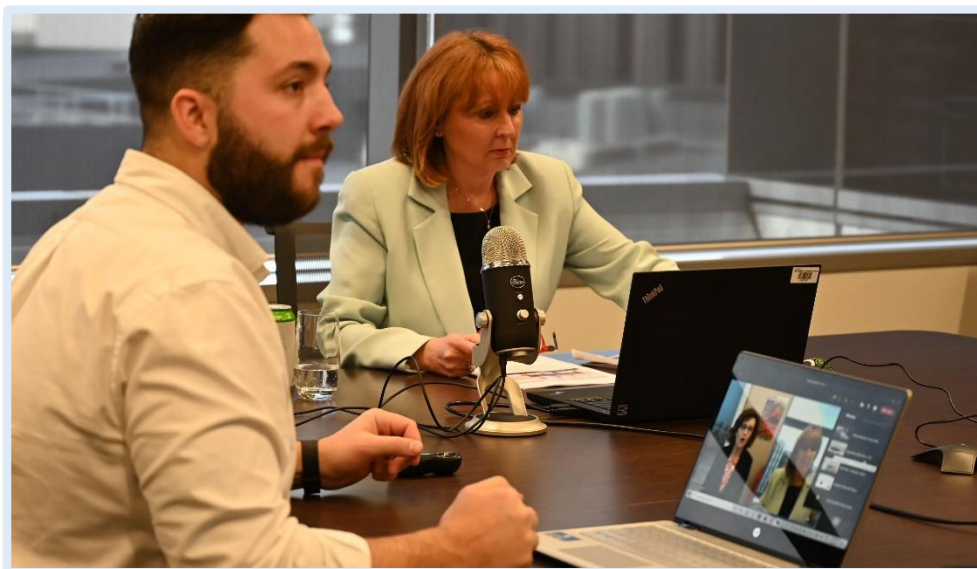
Providing an update of the Royal Commission into Defence and Veteran Suicide, the Secretary highlighted that DVA is not responsible for the Royal Commission and does not have influence over the Terms of Reference, the appointment of the Commissioners, or the operation or outcomes of the Royal Commission.

“While DVA had some involvement in helping consult the community around the draft themes which will inform the Terms of Reference for the Royal Commission, all of the feedback from these consultations went into the Attorney-General’s Department...They will develop the Letters Patent which is the next step in the establishment of the Royal Commission.”

The Secretary spoke to some of the themes which emerged in the consultations:

- DVA and the complexity of legislation;
- DVA organisational culture;
- Engagement with the veteran community;
- Institutional systems and our health system;
- Whole of life events, not just the experiences with DVA;
- ADF culture and stigma of reporting injury and illness;
- Criminal negligence;
- ADF operational tempo and rotations;
- Importance of understanding the unique nature of military service; and
- Health services.

“What is important is that we don’t stop our work as we support the important work of the Royal Commission. We will have Open Arms ready to serve the community.”



Secretary's Q&A

Following the Secretary's address time was allocated to allow for a Q&A session with the Secretary, Deputy Secretary Vicki Rundle PSM and Deputy President of the Repatriation Commission Kate Pope PSM. Some of the questions raised and the answers provided in session are below.

Question: *"Great idea putting the veteran identifier in the Census... Will that have a gender specific option?"*

Answer: *"We will have de-identified demographic data about the people who respond to the Census that will give us information about those who identify as veterans - so we should learn about where veterans live, age range, and gender and so on."*

Participant comment: *"Some prefer not to identify as a veteran because of the label it now has and what has occurred in the past."*

Question: I'm concerned that when veterans are contacting DVA to find out when their claims might be processed, simply being told that this information is not available. It would be great if we could be told current processing timeframes, i.e. 6 months, 12 months, etc. The waiting is the hardest part of the process for many.

Answer: *"We have received an additional 447 public service positions to address the claims backlog and front-end services. We are looking at streamlining those veterans enlisted after 1 July 2004. For those who have been waiting over 12 months, we have enlisted staff to call those veterans to see how they are going and whether we should prioritise their claims. If a veteran wants to know the status of their claims, we encourage them to contact the Department. Deputy Secretary Vicki Rundle is also looking at developing a claims tracker in MyService."*

Answer: *"We have also just implemented an enhanced call function to support veterans with claims that are being processed - outbound calls to people to assist with helping them with the information required to support their claim, also linking people to PAMT, NLHC and interim Veteran Payment if required. We also link them to Open Arms if they wish. As part of the enhanced call function we are going to send SMS messages at three, six and nine months to check if any circumstances have changed, and if they have, the claim can be prioritised. These have been commenced recently and so you may not yet have seen the impact. The aim of course is to get the backlog down as well as providing these extra supports."*

Participant comment: *"I would think a realistic minimal timeframe would help veterans. Not looking for exact days or a date"*

Question: The importance of Advocates assisting in the lodgement of claims is under stress. Many existing Advocates will have to seriously consider their futures.

Answer: *"We have had a lot of challenges over the COVID period but we learned how to deliver training remotely over this period...I certainly believe ATDP is the way of the future. I would love to see advocates able to move into wellbeing rather than pension advocacy. But they can only do this when the DVA system is easier to deal with."*

Answer: *"We would like to develop online and tele options for (advocate) mentoring. We believe it is not necessary to go face-to-face for training. The opportunity to complete qualifications online would be terrific. It would mean you wouldn't have to train in-person locally or travel to train."*

Question: A participant raised concerns about financial and budget training during the transition process. The participant also cited that when she transitioned, she didn't know about DVA or how to submit a claim. The participant's second question raised concerns about the training Veteran Support Officers (VSOs) receive, citing that some of her clients were advised to "just submit a claim and let DVA sort it out".

Answer: *“Over the last few years we have been working with Defence on transition because people should be planning their transition way before they leave. No one should leave unless they know where they are going to go. We are working with the JTA to make sure they work with ADF members. We have ensured Veteran Support Officers (VSOs) have a presence on big bases. We would like to expand that further and see how we can work with the Joint Health Command. What we have been doing with Defence is making sure they have all their claims ready so they have certainty around what they are eligible for. We should focus on medical treatment. If you can’t work and it is service related, we should look at how to best support you as an individual.”*

Answer: *“We need to make sure we are educating people about what DVA will accept. We are doing a lot of work with our VSOs. They do receive quite a lot of training but always keen to see if we can improve.”*

Participant comment: *“In May this year we had a Victorian DVA ESO meeting and we worked out that there is a lack of VSOs in Victoria. Also there currently seems to be a large number of females leaving ADF to live in Victoria. There are currently only 22 VSOs across Australia.”*

Question: Even though we get told about all these services, if you live in the Cape and Torres Strait, there is nothing. Even in Cairns there is nothing.

Answer: *“Access to health may be a theme for the Royal Commission’s consideration. This is also why the Census and understanding where our veterans are is important. We can help veterans with transport. Any veteran who can’t access a provider can get transport. I acknowledge there are still gaps in the system. That is a broader health system issue as well...The broader health system isn’t where it needs to be. To get these clinicians to these locations would benefit the whole community.”*

Participant comment: *“Non liability mental health care is fine but there are still very poor services available in rural areas.”*

Participant comment: *“We have no access to face to face mental health in our remote area due to the fees DVA will pay.”*

Answer: *“If a veteran cannot access a service in their locality and need to travel out of region to access it (e.g. from the outer regions to the city or vice versa), they may be eligible for transport assistance. We will get the Travel Guidelines and the TED team may be able to circulate to everyone after the meeting.” (See [Attachment B](#)).*

Participant comment: *“In the case of a veteran with suicide ideation and no capacity to admit to a local mental health unit, could there be access to urgent transport to a city based unit.”*

Question: *“In regards to mental health treatment in Western Australia, there is an extreme shortage with medical professionals and wait times many months. Is there a list of current practitioners Australia wide?”*

Answer: DVA can generate a report of all General Practitioners or other specialist providers that operate within a certain postcode, including up to a 50km radius around any given postcode. These reports can be generated upon a request by a client.

Wild Card Topics

Following the opportunity for the Q&A with the DVA Senior Executive, the participants were divided into three virtual 'break-out rooms' to discuss 'Wild Card Topics'. The 'Wild Card Topics' concept was planned for the in-person Forum, in which participants would collaboratively generate topics which they would like to present on to the Forum or raise for discussion with the larger group. Adapted for the Virtual Engagement, participants were asked to discuss which issues were most important to them, which will help inform focus areas for future Forum activities.

The key topics raised in the 'break-out rooms' were:

GROUP A

Female veteran suicide: This group asked if there were any gender specific data available on female veteran suicide and attempted suicide rates. The group raised the concern that suicide and attempts in the female veteran community are very likely underreported and suggested that there may be unique circumstances for female veterans during transition which could contribute to depression and suicide, especially in rural and remote areas. Co-morbid factors such as homelessness and living rough after service were also raised as focus areas.

GROUP B

Female veteran suicide: This group re-iterated the concern from the community voiced by Group A around female veteran suicide rates and the likelihood of underreporting. The group highlighted the greater proportion of females joining the ADF in comparison to previous eras. They posited that if Defence Force Recruiting have been looking to increase the ratio of females to males in the ADF in recent years, there may be a greater number of females being accepted who are either too young or not ready to join the ADF. The group suggested exploring recruitment and demographic data for female veterans with mental health and suicide risk factors.

GROUP C

Awareness of assistance available: This group highlighted the benefits of being aware of assistance available from DVA and other support services. They raised the concern that while many supports and services exist, and Forum members can find out about new initiatives at the Forum, this vital information is not always known in the community. Improved channels of communication and information pushed through to the community from DVA delegates was raised as an important factor for the female veteran community.



Community Initiatives

Participants were asked to use Mentimeter online polling to share something positive happening in their local communities for female veterans. Key themes in the below include increased collaboration within the Ex-Service Organisation community and an emphasis on the value of social and community activities. The participants' responses were:

- Veteran Retreats;
- Coffee catch ups through Mates4Mates in Darwin;
- I am developing a veterans hospital program and welfare training for advocates;
- The Perth ESO community works very well together to support the veterans. We connect quite a bit and we work with the services;
- Helping older women to get their White Cards they didn't know they were entitled to;
- Better visibility of DVA services available, therefore appears that more people are accessing them;
- Membership of our RSL Sub Branch is increasing and more young veterans are joining. It is becoming more relevant;
- Mid North Coastal Community of Practice Information Seminar in Hexham. 105 attended;
- Linking with other ESOs to provide more holistic responses. Important to ensure we are joining up in supporting veterans;
- We are seeing a lot more collaboration between the ESO's in the Sydney metro area;
- I'm on the Victorian Veterans Council and we are in the process of getting another Veterans Study going this year. The last one was in 2015;
- Other groups & organisations raising money for other non-ESO, not-for-profit veterans charities;
- ESOs are starting to work together;
- Coffee catch ups;
- More activity in the Toowoomba RSL Sub Branch;
- Identifying our veterans in the community over 5 million square kilometres;
- Information sharing;
- I am trying to get veterans to have free travel on public transport in SA;
- In Melbourne, a new Vivian Bullwinkle Centre has opened. It is shared by Legacy Victoria, RSL Victoria and Soldier On;
- Helping female and male veterans – OP Blankie making blankets, beanies, scarfs and mitts for veterans and current serving. We have a program that supports veterans for veterans within the district;
- Encouraging Doctors to undergo DVA literacy;
- Helped a 103 year old Women's Auxiliary Australian Air Force veteran to get her uniform for Anzac Day; and
- Investigating ways to increase community awareness/marketing/collaborating with other groups/GPs/nurses practices that could be provided.

Secretary's Closing Comments

At the end of the final activity, the Secretary closed the Virtual Engagement. Some of the Secretary's closing comments were:

"The conversations have been really rich and insightful. It is extremely important for us."

"It is important to be together and not against each other."

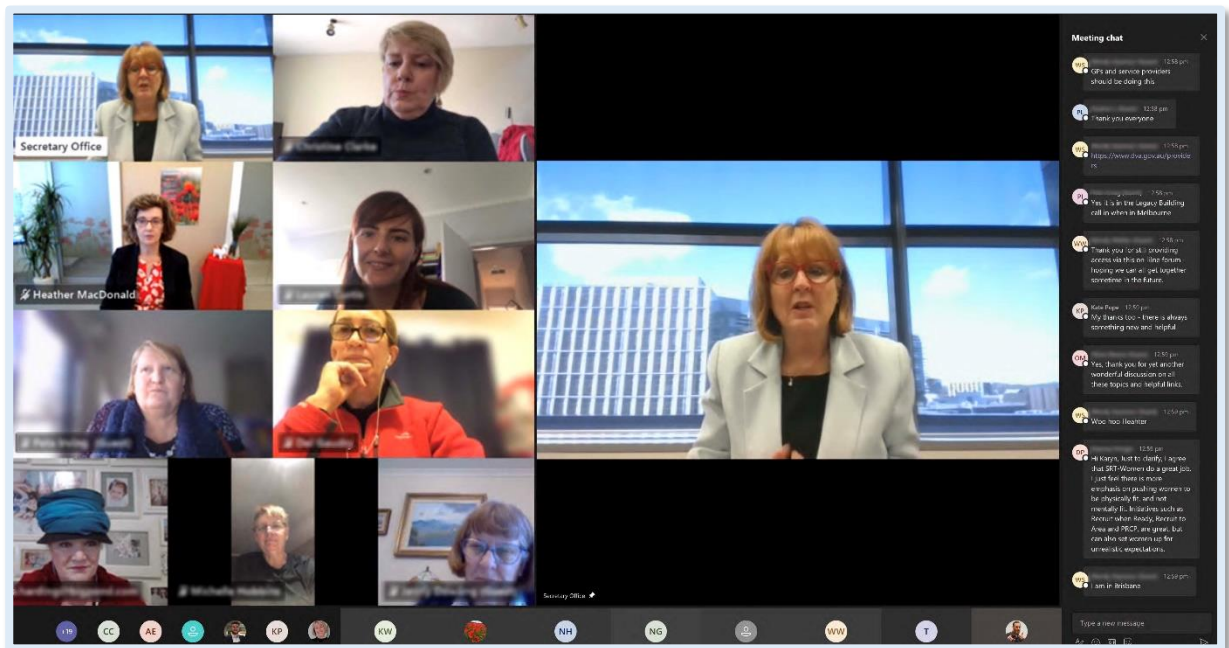
"We should take the issue of suicide prevention forward and not wait for the Royal Commission to finish."

"It is important to communicate what is available and how we can communicate this best. This needs to happen in service and also continue beyond service to educate those in the community on what they can access."

"Thank you for still providing access via this online forum - hoping we can all get together sometime in the future."

"Thank you for yet another wonderful discussion on all these topics and helpful links."

"A wonderful online event. Thank you to the TED Team, Secretary, and Heather for the experience. Stay safe and well everyone."



Attachment A – Links Provided During Session

ADF mental health support:

www.defence.gov.au/members-families/Transition/Health/mental-health.asp

ADF Transition Seminars:

www.defence.gov.au/members-families/Transition/YourTransition/seminars.asp

Advocacy Training and Development Program:

web.atdp.org.au/

Advocacy Training and Development Program contact information:

web.atdp.org.au/contact.php

Aged care services for the senior veteran community (factsheet):

[information-sheet-aged-care-services-for-the-senior-veteran-community_0.pdf](#) (myagedcare.gov.au)

DVA announcement of the Joint Transition Authority:

www.dva.gov.au/newsroom/latest-news-veterans/joint-transition-authority-established

DVA compensation claims:

www.dva.gov.au/financial-support/compensation-claims

DVA homeless support services:

www.dva.gov.au/financial-support/income-support/help-buy-property-or-find-accommodation/homelessness-support-0

DVA Incapacity Payments:

www.dva.gov.au/financial-support/income-support/support-when-you-cannot-work/how-we-calculate-incapacity-payments

DVA Income Support:

www.dva.gov.au/financial-support/income-support/support-when-you-cannot-work

DVA information for providers:

www.dva.gov.au/providers

DVA Provisional Access to Medical Treatment:

www.dva.gov.au/providers/provider-news/provisional-access-medical-treatment-trial-veterans

DVA Veteran Access Network COVID-19 restrictions:

www.dva.gov.au/newsroom/latest-news-veterans/services-dva-van-offices

DVA Veteran Access Network online and telephone support:

www.dva.gov.au/newsroom/latest-news-veterans/veteran-access-networks-van-online-and-telephone-support

DVA Veteran Support Officers (VSOs):

www.dva.gov.au/civilian-life/veteran-support-officers

Mission Australia homelessness and social housing:

www.missionaustralia.com.au/what-we-do/homelessness-social-housing

National suicide monitoring of serving and ex-serving Australian Defence Force personnel 2020 update (Australian Institute of Health and Welfare):

www.aihw.gov.au/getmedia/64a2cab8-19ff-49aa-9390-197a1ec0b81c/aihw-phe-277.pdf.aspx?inline=true

Open Arms:

www.openarms.gov.au/get-support

Open Arms suicide prevention:

www.openarms.gov.au/get-support/suicide-intervention

Open Arms crisis accommodation:

www.openarms.gov.au/get-support/crisis-accommodation

RSL LifeCare Homes for Heroes program:

rslifecare.org.au/veteran-services/homes-for-heroes/

Support for older veterans (Department of Health):

www.myagedcare.gov.au/support-veterans

Veteran Wellbeing Centres:

www.dva.gov.au/health-and-treatment/work-and-social-life-programs/work-and-social-support/wellbeing-centres

Attachment B – DVA Travel Guidelines

During the Virtual Engagement, participants enquired as to the availability of transport services to enable veterans to access health treatment. These enquiries were taken on notice with travel guidelines to be circulated after the session.

A summary of travelling to access health treatment can be found here:

[Travel for treatment | Department of Veterans' Affairs \(dva.gov.au\)](#)

This page covers:

- Travel for treatment during COVID-19 pandemic;
- Travelling for treatment under the VEA;
- Booked Car with Driver Scheme;
- NSW Country Taxi Voucher Scheme;
- Emergency and Non-Emergency Ambulance; and
- Travel for treatment under the MRCA and DRCA.

A summary of claiming travel expenses can be found here:

[Claim travel expenses under the RTS | Department of Veterans' Affairs \(dva.gov.au\)](#)

This page covers:

- Travel for treatment during COVID-19 pandemic;
- The repatriation transport scheme (RTS);
- Who we may reimburse;
- What we may reimburse;
- Travelling for treatment;
- Rates;
- If you travel with an attendant;
- Costs for your attendant while you are in hospital;
- Travel for treatment within Australia;
- Travel to Australia if you live overseas;
- How to apply; and
- Contact numbers.