

Veteran Families

POLICY FORUM 2024

REPORT



Australian Government
Department of Veterans' Affairs



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The Department of Veterans’ Affairs would like to thank the participants of the 2024 Veteran 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 veteran families.



EXECUTIVE SUMMARY

The establishment of the Veteran Families Policy Forum in 2016, alongside the Women Veterans Policy Forum (then called the *Female Veterans & Veterans' Families Policy Forum*), marked a significant initiative to facilitate meaningful engagement between women veterans, veteran families and the Australian Government, including the Department of Veterans' Affairs (DVA). These forums serve as vital conduits for the voices of women veterans and veteran families, informing the co-creation of policies and programs that address their unique needs.

Each year, the Forum evolves to address emerging topics within the veteran community, changes its structure, and welcomes new participants. The 2024 Veteran Families Policy Forum (the Forum) notably extended participation to male veteran family members for the first time.

The Forum continues to be a prominent event, drawing significant attention from the veteran community and from within DVA. The 2024 Forum saw the participation of 25 community members, representing diverse demographics of the veteran families' population, and who were well positioned within the community to make valuable contributions within this dynamic, solution-orientated and collaborative setting.

The Forum agenda covered critical topics including the *Defence and Veteran Wellbeing Family Strategy*, mental health support offerings for families, caring for veterans and veteran families, and Veteran Support Officer services and families. These topics generated a broad range of suggestions including:

- Participants suggest that the *Defence and Veteran Wellbeing Family Strategy* should involve a wider community, including businesses and not-for-profits, and should facilitate direct government engagement with families.
- There is a need for more resources and support for veterans' families, as they play a crucial role in supporting veterans. The Strategy should be comprehensive, considering pre-service factors and transition into aged care.
- Ensure programs are research-led and evidence-based, with accountability for social impact.
- Revising the way families are included in the design of mental health support systems, moving from a veteran only model, to a more family-inclusive approach.
- Effective communication is crucial, ensuring that veteran families understand their entitlements, the supports available to them and how to access these services.
- Streamlining processes and reducing administrative burdens that come with dealing with the DVA and other government agencies is crucial.

DVA has received overwhelmingly positive feedback on the Forum. We extend our deepest gratitude to the 2024 participant group for their dedication and enthusiasm, which significantly contributed to the success of this event.

INTRODUCTION

The 2024 Veteran Families Policy Forum was convened on 12–13 March, in Brisbane. This engagement saw 25 veteran family members join the Department of Veterans' Affairs (DVA) to explore their unique perspectives on some of the key issues facing these communities and DVA.

The Forum leverages the lived experiences of family members of Australian Defence Force (ADF) personnel to shape future policy and service delivery options of DVA. It serves as a platform for the voices of this community to be acknowledged and provides a space for meaningful connections to be established. Representatives from DVA policy, program and service delivery business areas, along with officials from the Department of Defence, State Governments participated in Forum sessions to directly engage with veteran family members. The insights and suggestions gathered at the Forum are being utilised to guide the development of new DVA initiatives and to enhance existing projects.

OBJECTIVES

The objectives of the Forum in 2024 were to:

- Broaden participation include male family members, thereby integrating their unique perspectives and insights;
- Leverage the group's knowledge and lived experience to:
 - Improve and refine the *Defence and Veteran Wellbeing Family Strategy*;
 - Identify gaps and new ideas for mental health support offerings for families;
 - Understand the unique challenges involved in caring responsibilities within veteran families;
 - Inform the improvement of other specific initiatives including Veteran Support Officer services; and
- Develop a robust network of veteran family members.

THIS REPORT

This report provides a high-level overview of the feedback and ideas shared, including de-identified and verbatim quotes captured through both note-taking and video recording. Where specific community members provided presentations at the Forum about their work or their organisations, these quotes are identifiable within this report.

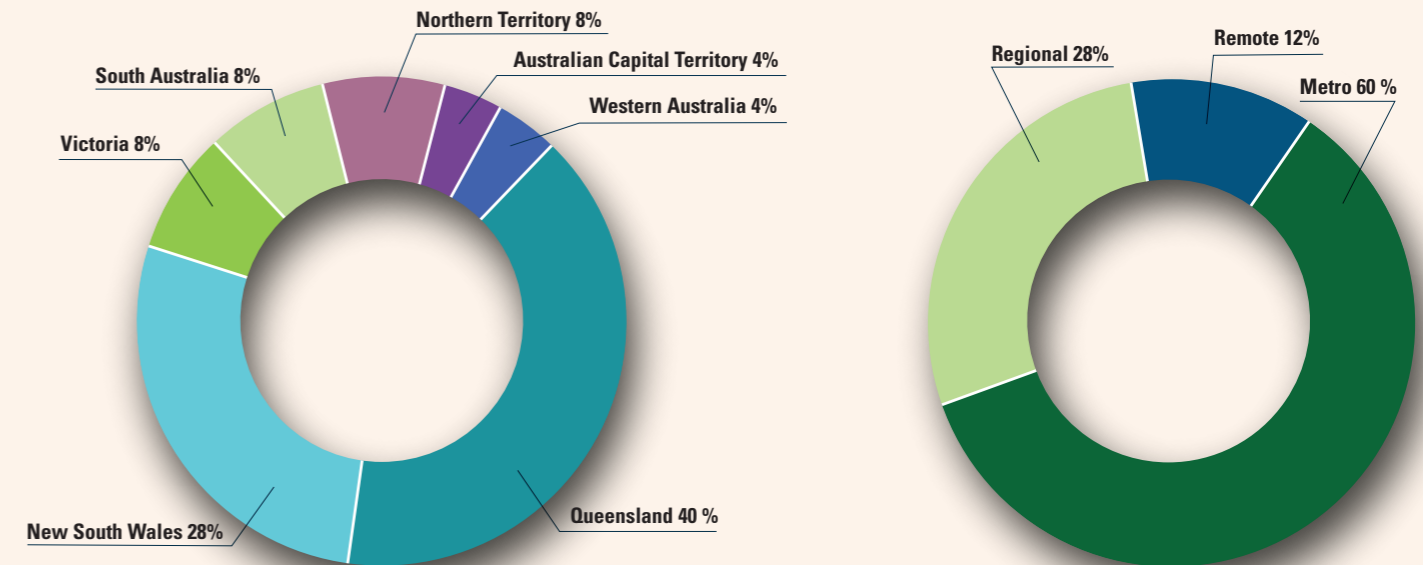
Direct quotes from Forum participants are denoted by the use of quotation marks (") and italics. The remaining content serves as a condensed representation of the diverse ideas and discussions that took place during the event.

The comprehensive data collected at the Forum has been shared with the relevant business areas within DVA to enrich ongoing and future projects. The insights presented in the report will play a pivotal role in informing strategic decision-making and enhancing the quality of DVA's initiatives.

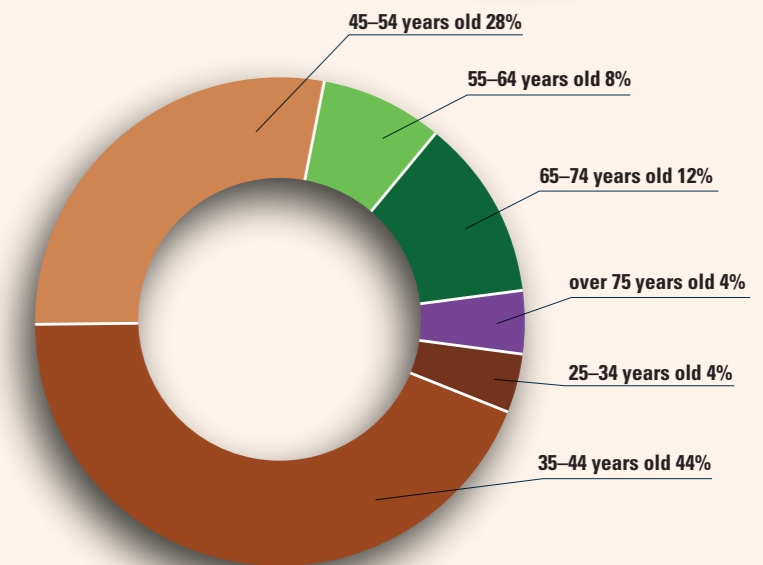
ABOUT THE PARTICIPANTS

In 2024, 25 family members of veterans attended the Forum. Participants were drawn a range of personal circumstances, united by a shared understanding of the impact of Defence service on veterans and their families.

Participants came from most states and territories across Australia, with Queensland and New South Wales being most prominently represented, at 40% and 28% respectively. The most significant portion of attendees came from metropolitan areas, however representation from regional and remote areas was present.



A primary objective of the Forum is to encompass a broad spectrum of viewpoints and experiences, and this was supported by including individuals of different age groups. Specifically, 44% of participants fell within the 35 and 44 age bracket, 28% were aged between 45 and 54, and 12% were 65 years or older.



STRUCTURE OF THE FORUM

The Forum's design encourages active involvement and a solution-focussed approach, where participants took part in various collaborative activities and discussions. The Forum consisted of presentations by DVA leadership, policy challenges and developing solutions, and participant-led content.



LEADERSHIP PRESENTATIONS

Opening Remarks

Ms Gwen Cherne

Veteran Family Advocate Commissioner

The Veteran Family Advocate Commissioner, Gwen Cherne, opened the Forum by extending a warm welcome to all participants.

Key messages delivered by the Veteran Family Advocate Commissioner included:

- The importance of connecting and understanding each other within the veteran family community.
- The Commissioner stressed that DVA staff are working hard to support veterans and their families.
- Acknowledgement of the unique experiences of veterans and their families, emphasising the need for better understanding to enhance the support system.
- Emphasis on keeping the conversation strategic and policy-focused.
- Secretary's Address

Ms Alison Frame

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

DVA's Secretary, Alison Frame, addressed the participants and shared her priorities and vision for the Department.

Key messages from Secretary Frame included:

- DVA is seeking to engage in continuous improvements, driven by feedback from groups like the Forum and we have been expanding our community engagement footprint.
- Work to respond to the recommendations of the Royal Commission into Defence and Veteran Suicide's Interim Report is underway, and preparations to respond to the Final Report are also being made. Our approach is not to wait, but to keep moving ahead on improvements for veterans and families where they might be needed more urgently.
- Addressing the claims backlog has been a top priority for DVA, and significant progress has been made to clear the "unassigned" queue. This followed on from a Royal Commission recommendation, which set a target and DVA met this target 6 weeks in advance. Nonetheless, some of the challenges of the backlog are now flowing through to other operational areas of DVA.
- The expansion of some automated processes to streamline tasks and free up DVA staff are being explored, which can re-direct resourcing to enhance overall experience for veterans and families.
- It's great to see some extensive and complex pieces of work are coming to fruition now, including the *Defence and Veteran Family Strategy* and the harmonisation and simplification of veterans' entitlements legislation.





Minister's Address

The Hon Matt Keogh MP

Minister for Veterans' Affairs and Defence Personnel

The Minister for Veterans' Affairs and Defence Personnel, the Hon. Matt Keogh MP, addressed the Forum and highlighted ongoing efforts to improve services for veterans, including addressing claims backlogs and legislative reforms.

Key messages from this address were:

- The backlog of unassigned claims is being addressed, with new claims now being assigned to a delegate within 14 days of submission. It is a tremendous achievement for the Department. We still have to work through the processing of claims, but it is a great step.
- It is important to provide holistic support to both veterans and their families, and recognise that families often play a crucial role in a veteran support system.
- An exposure draft of legislation has been released to simplify and harmonise entitlements for veterans and families. This was part of our commitment to implementing the first recommendation of the Interim Report of the Royal Commission into Defence and Veteran Suicide. This draft aims to create a single, ongoing scheme for veterans' benefits.
- As part of the consultation and feedback we received through the legislative reform program, the exposure draft also includes new enhancements to the *Military Rehabilitation and Compensation Act 2004* (MRCA).
- The Government supports the Royal Commission into Defence and Veteran Suicide, and has already been addressing many of the recommendations from the Interim Report, and awaits the final report in September 2024 to continue improving veteran services.





Defence and Veteran Family Wellbeing Strategy

"In order to start a locomotive train the most amount of energy required to start that train is the beginning. So I can see from your stories that we're currently in that phase where we're beginning to start the train, and hopefully once you're in full speed, this can then be a quick and easy process. We recognise the effort and the resources that are needed."

Participants were provided a copy of the Defence and Veteran Family Wellbeing Strategy upon arrival at the Forum for their consideration. A facilitated conversation engaged the Forum participants on their reflections, concerns and suggested improvements related to the Strategy.

These ideas and discussions were synthesised and presented to the Feedback Panel. Key themes identified for this topic are grouped below with supporting quotes.

The need to empower veteran families through self-agency

"We started with the Vision which is as follows, 'Defence and veteran families will thrive during and after their Defence service'. Changing 'will' to 'can', creates agency for the community."

"We looked at the definition of families, and we acknowledge that all families differ, and the definition does not fit all."

"I believe that there is an opportunity to re-excite my generation, the youth and hopefully repair some of the relationships."

Concerns and considerations of implementation and action DVA will commit to

"[We felt there was] a really important factor that was not clear in the document, which was when is the implementation? Given it's a Strategy for 2024–2029, we wanted to highlight that the Strategy, and any Action Plans, and timelines needed to include information about implementation and accountability."

"So as a [health care professional] I have patients that come to me in significant pain. Their ask is 'take away my pain'. And to do that, we regularly give medications. The first question that they'll ask us is 'What's the effect of this medication and how quickly will it take away my pain?' So that's what we identified in this document. If we're saying that we regularly do X, Y, Z for veterans and Defence personnel, how quickly will it take away their pain? When will the implementation of this Strategy actually occur?"

"There doesn't appear to be any reference in the document at all to VSOs. So we were wondering were VSOs involved in the writing of the Strategy and what's going to be the head role in implementing the Strategy as well?"

POLICY CHALLENGES & DEVELOPING SOLUTIONS

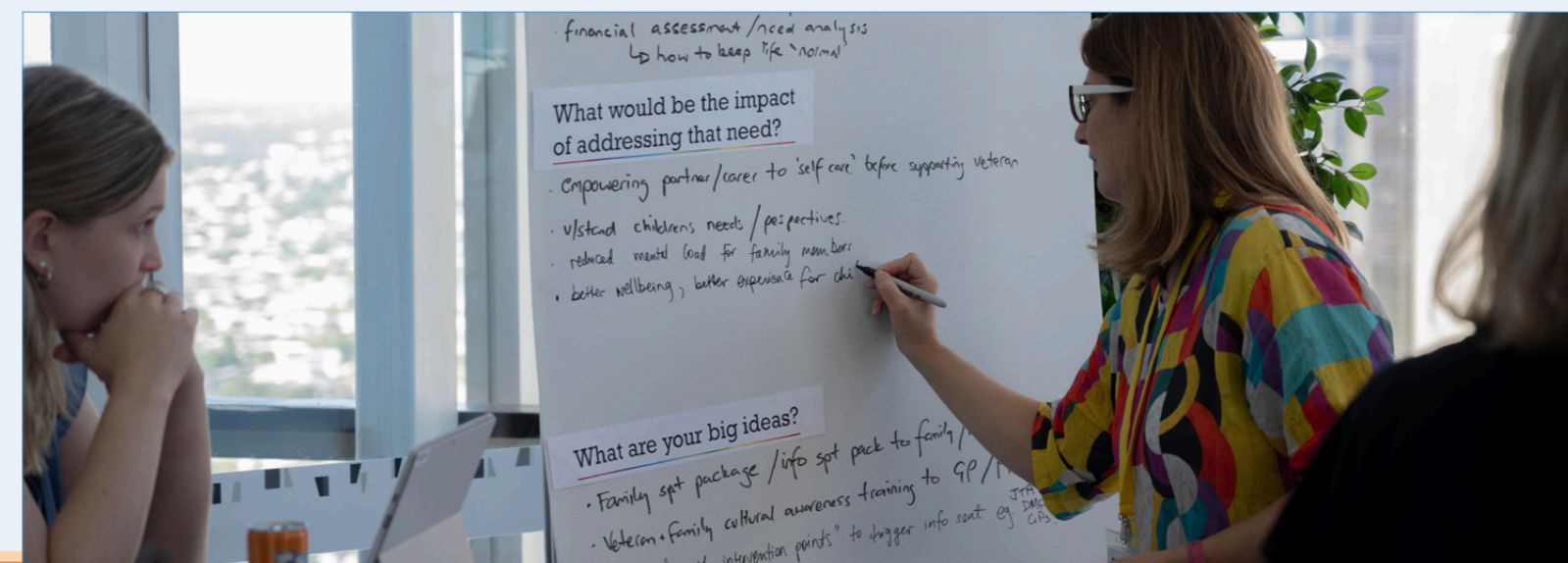
The Forum focused on developing solutions to contemporary policy challenges through collaboration with the community. The Forum leveraged the expertise of individuals with lived experiences in Defence, veteran and veteran family life to generate unique insights and potential solutions.

Participants engaged in discussions around four main topics identified as crucial for DVA and the veteran families community in 2024:

1. The *Defence and Veteran Wellbeing Family Strategy*,
2. Mental Health Support Offerings for Families, Young People, and Children;
3. Caring for Veterans and Veteran Families; and
4. Veteran Support Officer Services and Families.

Over the course of two-days, attendees explored these topics with guidance from DVA facilitators and senior leaders. The Forum concluded with a Feedback Panel Presentations session, which provided an opportunity for participants to share their key ideas and insights to senior officials from DVA and Defence.

The following section of this report presents the feedback generated through this process of collaborative design, including key themes and supporting quotes, focusing on the summary content showcased in the Feedback Panel Presentations.



Accessibility of the Strategy (both visually and linguistically)

“Our next point was the use of plain English. To remove a lot of the jargon, which is difficult to read, and for consistent and clear language across the document. There was some language that was in conflict.”

“If you’re giving this documents to real troops on the floor, your diggers, the people that are representing our country, and they can’t understand the technical jargon...It’s kind of like our medical system. If I tell the patient you’ve got this condition, and I explain in medical terms, and they don’t know if that means, we’re not going to resonate that patient. So similarly to this, if you’re telling a veteran this is what you’re entitled but doing it in these particular ways and they don’t understand, they’re going to be able to resonate with this.”

“The next point was to make it a live document. To experience a live document means that you keep current links that you can, click on to research and the Action Plan so people can see that in real time, so it’s an agile document.”

The need for improved sector-wide collaboration

“We feel that there are those silos and so there are other people doing great things when it comes to families and wellbeing. But are they all working together for the same common goal? I sometimes feel like working in isolation, and that was the question around where was the VSO in this? Was the VSO involved? There’s no reference to VSO at all in the document.”

“Going off my [health care] background. When someone enters the Emergency Department, I don’t care that the cleaner is the cleaner and the PCO is the PCO, the Doctor is the Doctor; we are one. We all operate as cogs in a watch, with the common goal of helping the patient. It doesn’t matter who you are, our common goal is to help this person in their dire set of needs. So is there a way that we can, like the VSO, incorporate everyone in that triage setting where a common goal is assist the patient, and let’s divert resources to assisting the people that are most in need.”



Mental Health Supports for Families, Young People and Children

Participants were asked to undertake a two-part activity to explore contemporary and emerging issues in the mental health landscape for veteran families.

Firstly, participants engaged in an environmental mapping activity to capture the group’s collective knowledge on mental health services and supports for veteran families. This focused on four subtopics:

1. Stakeholders;
2. Services;
3. Challenges and Gaps; and
4. Communication.

Secondly, the Forum highlighted three emerging areas of importance for DVA and Open Arms concerning mental health supports:

1. Supporting families while a veteran is undergoing medical treatment;
2. Grief and loss support for children; and
3. Addressing diverse issues for diverse families.

The participant group had the option to create a fourth working group which they collectively agreed would be:

4. Issues of stigma around mental health and accessing support.

Forum participants worked to synthesise their discussions and ideas around mental health supports for families, young people and children into a presentation, which was provided to a panel of senior DVA and Defence leaders. Output of this presentation is found below and is presented in the four categories determined by those presenting on this topic:

- Risks;
- Opportunities;
- Challenges; and
- Solutions.

The Risks

“With the Royal Commission into Defence and Veteran Suicide, we have a time and opportunity that is time critical to deliver an outcome for our community; the veteran and the family.”

“We speak about ‘family’, but we actually design ‘veteran’. And we see that for MRCA and we see that in other areas. The challenge is from a Departmental perspective, how do you include families? Cause at the moment, it’s [ESOs] doing the families.”

“We are risking family violence and harm. At its core, we are risking the breakdown of the family unit because we know the veteran has poor help seeking behaviours, but we’re not equipping the partner to even have that discussion...We’re risking homelessness, incarceration, and also suicide. But not only suicide, it’s the ripple effect of suicide. So that’s what the risk is of doing nothing. Hopefully that’s a catalyst to say ‘we need change’.”

The Opportunities

"Collaboration. Cross-government collaboration. When we talk about mental health we're talking the States. So how does DVA work with States? How do States work with the community and how do we deliver collective impact?"

"Using the analogy of a triage and you've got a patient coming through the hospital, it's even beyond that. Who's now working with that mum and kids or dad and kids back home, to understand their story? That's what true collective impact is."

"Get preventative. How do we get upstream? This is the challenge to all of us. How do we get the psychoeducation to those who are the carers or the identified support people, which is inclusive of family but not exclusive. How do we get them the information they need to act and introduce the person in need of support into the health or social support systems?"

"Education is all part of it...It's education of the system. How do we get GPs empowered to make a diagnosis that could be complex PTSD by a veteran who presents saying 'I just can't get to sleep'. So how do we gain that data? How do we change government capture of data to help us inform the way that we will change?"

"Expanding knowledge of community of care, so that's interstate, international. Let's learn from others. There is so much work happening overseas. They are ahead of us in this game. Let's not start where they started. Let's start where they finished off and advance it and then exchange that information."

The Challenges

"Some of the challenges are, from the individual perspective, it's the stigma associated with seeking help. The shame, not only of the veteran themselves, but in the family, identifying my veteran parent has a PTSD issue. So how do we break that down?"

"As a carer for a veteran is I actually started seeing a psychologist myself, to help my wife who needed it more than I do, to get the stigma out of her mind to actually help get help as well."

"Competition. This siloed approach to complex social problems. There's the barriers we have to smash down."

The Solutions

"Let's tailor some psycho-education. These psycho-education courses exist today internationally. They exist today here. The job's not designing them. The job is now implementing them."

"Psycho-education has got to be tailored to parenting, to age-specific children. Not one package for anyone under 15 years of age. It's basically 2 to 3 year brackets because that's the evolution of the brain. What can they absorb? How do we take them on the journey of care."

"Research-led programs. Everything from here on in really should be research-led and then evidence-based. So if the government is giving the taxpayer money to deliver social impact, we [ESOs/grant recipients] should be held to account. We should be the ones reporting back to say if we've made a difference. And if we haven't, you cut it, but we understand the social impact."

"Some of our counterparts in the Five Eyes have really fantastic research on their veterans and the veteran space and are also expanding into emergency services. These are templates that can be adjusted and brought over here. But it doesn't mean that we shouldn't do our part in what we want to see being Australian-led, Australian-based, with research on our own veteran cohorts in the past, present and the future."

"One of the biggest things to talk about is also the early invention that we need to have with the family when a PTSD diagnosis is made. We could get in and offer parenting courses early, and educate the children to understand that their parents PTSD is not their fault."

"Get parenting courses in liaison with Defence around how we can actually offer these to soldiers and their partners. And if we can do that, then there's some clear direction [in that space]."



Caring for Veterans and Veterans Families

"This is actually a very close topic to my heart because majority of our [ESO] members are actually coming into this space as they navigate retirement and moving into the aged care sector. So 20 years ago when we started, DVA had more than 25% of aged care members. Now it's about 2.5% and it's changing day by day."

Participants were asked to undertake two activities during this session. Firstly, a hand-out was provided to participants providing a visual overview of the services available to veterans in relation to the care sector, highlighting DVA's role, as distinct from My Aged Care and the National Disability Insurance Agency (NDIA).

Participants were asked to answer three questions, which generated further discussion. These questions were:

1. Are there unique challenges of caring for a veteran of the ADF?
2. What are the unique things Care Sector Providers need to know about working with veteran families?
3. Based on your current understanding of what DVA does, what do carers need most from DVA?

Forum participants worked to synthesise their discussions and ideas around caring for veterans, veteran families and the care sector into a presentation, which was provided to a panel of senior DVA and Defence leaders. Key themes identified for this topic are grouped below with supporting quotes.

The challenges of resourcing constraints

"[Key challenges in this space include] The insufficiency of resources that are available at the moment, and the competition for these resources, makes us ask the question; When do we seek services? Who do we go to?"

"So we've come up with a two pronged approach. The first one that I'll talk about is from a providers feedback. And to no one's surprise, the first one is always about money. So financially, there are not enough dollars. DVA is not paying enough to actually be able to provide specialised care. Because the numbers have gone from 25% to 2.5%, and prices are going up."

Challenges navigating the care sector, including understanding what's available, from which organisations, and how to access the various service offerings

"The other thing as well is we are, I wouldn't say we're in competition, but there are a lot of administrative burdens with the Department of Health & Aged Care, and NDIS. There's a lot of red tape and doubling and tripling up of paperwork that needs to be addressed."

"Will you be doing a mapping of what already exists, like Carers Gateway have the most amazing veterans' carer program at the moment? With so many entitlements that are accessible, so will it be mapping what already exists?"

"What I've experienced with families that I work with that do receive the support of in-home care, but they get someone new coming every week. They are supposed to be there for two hours, but the family spending 30 minutes explaining what needs to be done...So it's not just getting someone in, it's the continuity."

"There's language barriers, cultural barriers, and veterans and families need to take a proactive approach as well because we need to, educate ourselves and take ownership of finding out what's available."

Education is required for both individuals and community organisations

"So we're moving to the action plans, and a big one for us, of course, is educating of ESOs and ESOs that are in this sector, like War Widows and Partners of Veterans Association of Australia, that's a big one. If DVA, spend the time with us, we can educate our members and spread it out."

"Educating home care providers. We're getting feedback that, home care providers don't understand the veteran and what's needed, so there's need to be some work done there."

"We can do these things by a communication pathway from DVA that is clear, concise and proven. If we do that, the results will be us able to make a better-informed, realistic decision about our own care."

"I think helping us, educating us as some of the prominent ESOs to help DVA as well [would be important]. Articulate that to our community about what the difference is with the service [between previous DVA entitlements and new Aged Care entitlements]. Who do you call now, the fact that you're still going to be safe, would be good to work together on."

"Carers Gateway and all these other things that are mentioned, our women find it too hard to navigate. So we need a huge education here in what other areas we can access to complement what we're getting."



Veteran Support Officer Services and Families

Participants were asked to consider the four questions about how to better connect DVA's Veteran Support Officers (VSOs) with families during and after their family member has served in the ADF. Participants reflected individually, discussed in small groups, and then engaged in a facilitated discussion. The central questions, which addressed different aspects of how a family might best connect with VSO services, were:

1. Where do you think families should first find out about VSO services?
2. Where would it be convenient for you to meet with a VSO?
3. When would it be convenient for you to meet with a VSO?
4. What do you want to know from a VSO?

Forum participants worked to synthesise their discussions and ideas for connecting families with VSO services into a presentation, which was provided to a panel of senior DVA and Defence leaders. Key themes identified for this topic are grouped below with supporting quotes.

Families are the first responders to their veterans needs and therefore need to be included in supports and services

"The biggest thing we identified was that we need to get families involved. Often they are the ones that pick up the pieces, but they're left in the dark before that point. If they're introduced to some of the services and entitlements that they may be entitled to earlier, even if they just know about it beforehand, then they're able to utilise those services."

"All of us have relationships with a veteran. We know how quickly they can build up walls. How quickly they can say no to assistance. But like we said, it gets passed on to the family. Families be can partners. Family can be the parents because people divorce, separate, they might not have partners. We need to extend information and support to the greater family."

Information push about VSO services needs to be wide-spread and multi-channel

"[Right now] families can't access this information unless the member gives them permission. But we thought that if they were introduced to these kind of things at an enlistment ceremony when the members, a majority of them, will have family members there would help make sure their families know what they can access. It doesn't mean they have the access then, but then they know that there's something out there for them and they might push that member to get them that access."

"We also thought that it needs to be introduced throughout their career, not just at the end, at transition. Having it introduced early, even at enlistment, during their service and on base, throughout training and then through transition, and being sure to communicate clearly and in various places, libraries, on-base."

"Why would you use a VSO? And what's available to me? That's what people kept writing... So finding out more of that information [is important]."

VSO services need to be tailored for the unique needs of veteran families, including in diverse locations, through multiple channels, and at various times

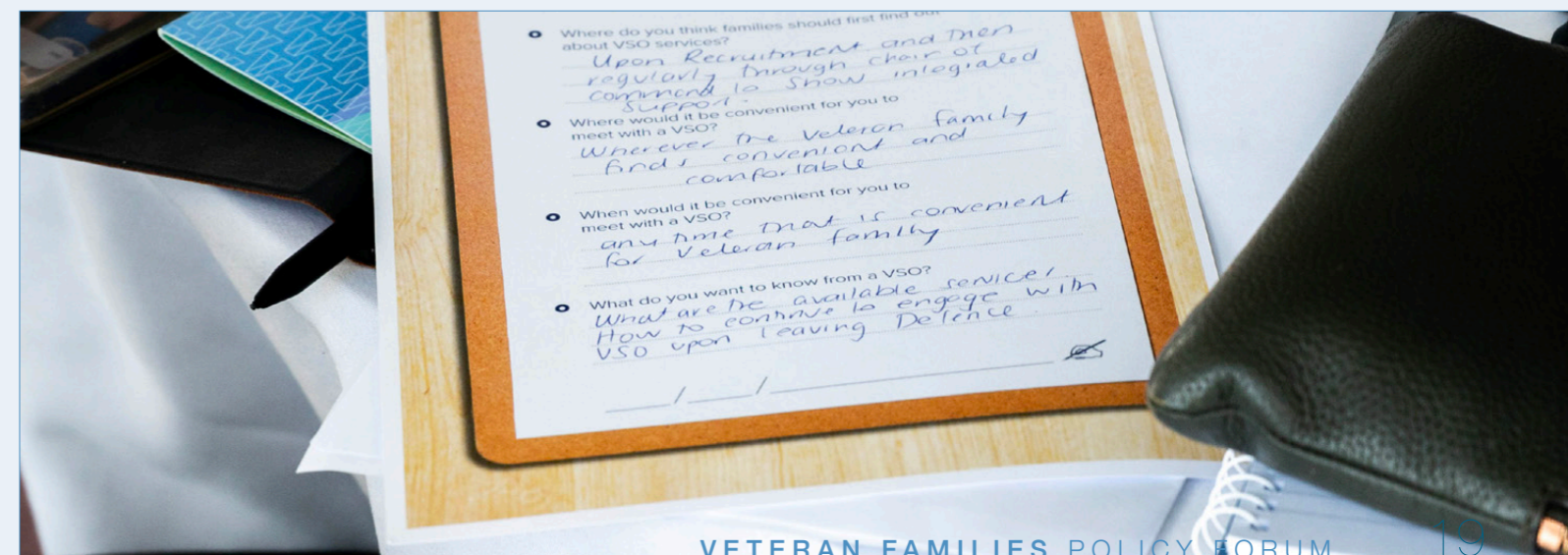
"We talked about that the VSOs can link to DFMS. DFMS runs a lot of family events...If VSOs are there to meet the veteran and the veteran family members at the same time the family members can know that the services exist because communication, communication, communication."

"VSOs cannot be a 9 to 5 job. They need to be available to the families when the families are available. We know with services when you get three wrong answers, you give up. If you can't get access to something because you don't want to take a day off to attend the 2 p.m. appointment, you're going to give up."

"We often talk about the importance of it being face-to-face. This is Australia. Face-to-face is not as easy. Cities are huge, rural areas and regional areas are far away. Zoom and Teams have been proven to be successful. Use them. It makes it more personal than just talking to someone on the phone. But who says talking on the phone is bad? It's better than nothing."

"We also identified that if there is in-person events, also make sure there's childcare available. If there are people trying to attend these in-person events and they've got their under school aged children attending, that could be a barrier for them actually attending."

"We talked about after-hours places of availability. Hubs are great, but they're not all built yet. Great, have them present at the Hubs, but also have them present other places."



PARTICIPANT-LED CONTENT

What's Changed in the Veteran Families Community?

– Environmental Scanning Activity

To explore the common themes concerning the community, participants engaged in an environmental scanning activity: *What's Changed in the Veteran Families Community?*

Participants were asked to identify and categorise changes in the veteran families community over the preceding 12 months into three groups:

1. Things that haven't changed (remaining static or where change is desired but not forthcoming);
2. Things in progress (ongoing developments or changes that are currently being implemented); and
3. Things that have changed (positive transformations or finalised developments).

The goal was to gather insights and understand common themes or concerns found in the veteran families community. An overview on the output of this activity is found on the following pages.



Things that have stayed the same

Funding and 'The System'

- Despite ongoing efforts, there are persistent challenges in the support and funding for veterans and their families, particularly in areas such as:
 - Needs-based funding services;
 - Health care access in rural areas; and
 - The availability of alternate support services.
- A bureaucratic approach to care.
- The system often operates in silos, leading to more discussion than action.
- Problems with claims processing.

Focus on Families

- Families of veterans continue to struggle, often taking on the role of caregivers and facing barriers to inclusion and support.
- The focus remains predominately of veterans, rather than families broadly.
- There is a lack of family-focused initiatives and insufficient direct engagement with families.
- Children's support services are notably lacking and there is limited investment in innovative solutions to address issues for children of veterans.
- Mental Health Services
 - Mental health support is still seen as being driven by Ex-Service Organisations (ESOs), rather than government, with access to care remaining difficult.
 - Mental health services for the families of veterans, especially after events like divorce, are in need of enhancement.
 - Waitlists for mental health practitioners are long, and families of current serving members struggle to progress through waitlists while being moved around Australia.
- Lack of culturally competency in the health sector.

Things in progress

DVA Specific Changes

- Ongoing efforts to streamline and simplify veterans' entitlements legislation.
- A *Defence and Veteran Family Wellbeing Strategy* is emerging with specific strategies being developed in some State/Territory jurisdictions.
- Progress to reduce the time taken to process claims and improve the availability of information on the DVA website.
- There are initiatives like DVA meet-ups to foster community and support among veterans and families.
- Royal Commission
- Emerging research and data from the Royal Commission are shaping views on mental health care for veterans.
- Recognition
- There is a movement towards greater recognition of the contributions and sacrifices of veteran families.
- Ex-Service Organisations
- Collaboration between ESOs and government is being emphasised to work for the good of the veteran community.
- There is a recognition of the need for trained advocates who are knowledgeable and can transition the leadership of these organisations to the next generation.
- Things that have changed

Awareness and Connection

- Increased recognition of the skills and strengths of Defence and veterans families in society.
- Increased dialogue and willingness to listen to the needs of veteran families.
- Expansion of the Veteran and Family Hubs network.

Departmental Improvements

- Faster decision making by DVA on claims.
- Development of DVA modules for rehabilitation consultants.
- Increased recognition of the value of lived experience in shaping policy and services.
- Identification of Defence and veteran children on school enrolment forms in South Australia.

Ex-Service Organisations

- ESOs are making efforts to include families, though communication remains an issue.
- Improved collaboration between ESOs and government departments.
- Education
- Recognition from the Veterans Children Education Scheme of the challenges faced by children with mental health issues.
- Expanded educational support at TAFE and other institutions for veteran families.



Community Initiatives Presentations

The Community Initiatives Presentations provided an opportunity for the veteran family member participants to present to DVA and their peers. These presentations explored what the presenter and/or their organisation is delivering to support the Defence, veteran and veteran family communities.

A summary of each presentation is presented below and on the following pages. This is shown in the form of verbatim quotes, however not all points raised in these presentations are reported for brevity.

Hannah Taino-Spick

Charles Darwin University

Northern Territory Veterans' Affairs Ministerial Advisory Council

"The aim is to better support Defence and families who are posted to the Northern Territory, noting we are in a really unique position in terms of having not just all three services, but we also have an international military presence through the US Marines in location. We want to entice and attract veterans and veteran families to transition in location...[and] to encourage and entice further Defence industry to invest in the Northern Territory."

"Since last year, the NT Government has implemented and launched a Veteran's Strategy...We want to be able to entice veterans and their families to actually to stay and transition and choose the Northern Territory as their home."

"The Advisory Council has been charged to enact a plan called Operation Thrive. The three areas of focus are 1) transition, education and employment, 2) health and wellbeing, and 3) respect and recognition."

"One of the things that really popped up throughout our discussions today was that cross-cultural competency, in terms of military knowledge and veteran knowledge for our healthcare providers. In collaboration with the NT Primary Health Network we co-delivered a GP veteran health workshop last year. That was something that was able to be delivered to the community so that we could upskill our GP workforce. It's one of the small tasks, but will hopefully make a difference to our veteran community."

"I welcome your collective wisdom and your experiences, not just through your own Advisory Councils, but through your own lived experience about how we also could continue to improve and keep agitating to get stuff done."

Claire Harris

Cowork Coplay 2024 Programs

"Cowork Coplay programs are a face-to-face program that I designed through lived experience, talking to lots of experts, partners and families to understand what their main challenges are...It addresses career challenges, connection challenges and childcare challenges."

"We currently have two programs running. Thanks to Veterans SA we have another program this year for Adelaide, aimed at the partners and spouses of current and former serving ADF members. We also have a program in Perth, funded as a pilot trial by the Navy as part of their 'Stay on Board—People First' campaign. It's an experience for the partners over 6 weeks...They come together one day a week. There is childcare available. They are in the room together. They are learning from each other. Sharing their experiences."

"They are accessing expert mentors that we bring in, career coaches, employment facilitators, and wellbeing experts that come in and run workshops. This model has been trialled five times...This model is proven, it's adaptable, and we're ready to scale."

"It's a hub-spoke model, so we promote the stuff that's already going on...We're featuring state government, DVA, Defence. We are providing flyers and making sure everybody can get up to speed...and we employ local Defence spouses or veteran spouses to actually run the program."

"We're a social enterprise as well...There are people building a business from the ground up for good. It's an important aspect to the puzzle pieces for all of the organisations and people that are getting together to solve the problems that we have."

"Governments have a lot of levers. You can procure services. You can create level playing fields for grants and open-up your eligibility criteria for organisations of any shape or size or entity type to apply... Social enterprises are a way to increase innovation because we are agile and can get things done and try things out."



Brendan Cox

Legacy Brisbane—Collaborating to Care for Families

“Legacy are a volunteer based model of care. We call them Legatees. Our Legatees establish relationships with our families. They go into their living rooms, they don’t come to our office.”

“Family assist is an area that Legacy is ill prepared for. This is where the veteran has returned, suffering the impacts of their experiences. And therefore we say it’s not a veteran in trauma, it is a family in trauma.”

“In my first year as CEO we did a deep dive into family assist...at that stage we were not really collaborating with RSL, Mates4Mates, Open Arms and other great agencies that look after veterans, but together we could bring something that was far more powerful than these individual silos.”

“Why collaboration is important to Legacy Brisbane, is that when we got the ABS data of where veterans and their families are settling, we saw that 33% of veterans and their families reside in Queensland. So now I can present data as to why this is a State issue.”

“Through the Primary Health Networks, we can identify the issues that are presenting in local areas. Brisbane South and Brisbane North had the vast majority of veterans settling for Queensland. So therefore we’re putting a lot of pressure on the on the health system in those areas.”

“Through the support of DVA, we are building a new home within the Greenslopes [hospital] precinct. Why Greenslopes is really important, is that you not only have the Greenslopes Private Hospital which is a former Repatriation hospital, you’ve got the Keith Payne Mental Health Unit, a 31 bed facility which is full, and we also have Gallipoli Medical Research. So now we have a community of care that has a research capability, mental and physical health capability. But we bring in the social prescribing.”

“In the new Legacy House will be RSL, Mates4Mates and Open Arms. One door. It’s not even a ‘No wrong door’ policy, there is only one door to come through. They’re going to tell their story, and we will provide that wraparound care.”

“Most importantly, Keith Payne Mental Health Unit is almost always full, but no one is working with their families back home. We are only looking at the veteran. So with informed consent, we are now building a community where, with your authorisation, can we go home and speak to [your family]?”

“By establishing a social prescribing element and getting it inside the wire...we will have Unit Legatees; that is Defence Force personnel trained as a Legatee who understands our services, but they’re going to be part of the ADF welfare board system...That’s the model of care that we are developing out of Greenslopes. It will be scalable.”

Cath Allen

RSL LifeCare Veteran Services—Emotional Regulation Project

“What the project is focussed on is emotional regulation for veterans and their families. Not all of us grew up in a household that had really helpful and positive emotional regulation techniques...I hear people saying, ‘I’ve just got to get to my psychologist appointment. I’ve just got to get to my psychiatrist appointment’. So we wanted to look at how could we help people develop skills to self-manage, self-soothe, emotionally regulate, for them and their partners, who are the accidental carers.”

“We’re fortunate that we’ve partnered with ‘At One’, which is a business that does virtual reality headsets for emotional regulation... We’ve started rolling it out. We’ve had four sessions on what is emotional regulation? We’ve been doing some work on meditation, breath work, sound work. It’s really seeing people come together and going, ‘I would never have tried this and I’d like to give it a go’.”

“We’ve also partnered with Frontline Mental Health, which are running stress resilience functioning eight week courses. We’ve looked at the diversity of the needs of our community across New South Wales. So there’s online ability to connect into this project. We’ve got feedback from our veteran community that they wanted to attend the course online, and that was really important for us that we heard that. Not everyone wants to go into a group for emotional regulation.”

“If anyone is at one of our virtual wellbeing centres in New South Wales, please pop in and use one of these VR headsets. They are amazing. I put that headset on, and it’s so beautifully designed. I can choose a bush track, beach, or a snow field, and I’m immersed in that. You look up, down and around and it is just an amazing experience. So I’m really lucky that in our centres we’ve got a private room where people can go in, they can book and use it for 5 minutes or 10 minutes. It’s not about everyone learning to meditate for an hour. There’s different ways for us to learn how to emotionally regulate.”



Hayley Boswell
Defence Kidz

Miranda Van Hooff
Military and Emergency Services Health Australia (MESHA)

Veteran Family Support Initiatives in South Australia

"Veterans Advisory Council provides advice to the South Australian Government about matters concerning the veteran community...Recommendations that are currently under consideration include the Defence and Veterans Families Day and the Legal Services Commission Veteran Identifier; where people can be identified as a Defence or veteran family at the point of asking for legal aid and on GP and hospital admission forms."

"Veterans SA have some initiatives [such as] Career and Business Mentoring Program, Regional and Metropolitan Outreach Employer Network...and the Home Base website to assist and guide families posting to SA has been very successful too."

"[Defence Kidz] are currently advocating for Defence and Veterans Families day, school zoning to be removed for Defence families, and veteran children under five years old to be entitled to counselling at Open Arms. We are collaborating with Catherine House to identify veteran spouses who engage in their services, for women experiencing homelessness in South Australia."

"We have got a Legacy teddy bears picnic day coming up for Defence and veteran children as part of Youth Week...a graphic novel launch in May, supported by RSL Maroochydore, and a t-shirts launched today, leading up to Anzac Day for Defence and veteran children."

"MESHA is a not-for-profit organisation in SA that does research programs and training for military and emergency service personnel and their families. We use a co-design approach, which is informed by the service members, the organisations they serve, those who support them and also their family members. And that enables us to better understand the needs of the service members, the gaps in knowledge, and the way we can inform policy and procedure."

"The research that we've been doing, particularly in the family space, includes the role of the family in supporting the veteran or first responder. Everything we do includes both populations, as there is a lot of crossover between the two...This produced two guides; one was for family members on how to support their service member to access care, for mental health issues. And the other one was a guide for mental health professionals about how to engage families in accessing mental health care."

"A second study is experiences of parental PTSD for children aged 9 to 17 in military and first responder families. That included 17 in-depth interviews with parents, co-parents and the children themselves. It's one of the first studies that's ever interviewed the children...[Key findings included that] clinical assessment, particularly of children, needs to improve for secondary, vicarious and moral trauma types, and insecure attachment types related to parental PTSD need to be addressed in interventions."

"An ongoing study that we're doing over the next 12 to 18 months, is a development of a national framework for supporting bereaved families and co-workers after a service personnel passes away by suicide."

"[MESHA] also have two other programs for family members and children. One's individual and family therapy; a trauma sensitive counselling service that uses various art mediums, to explore and express thoughts...This is available for service members and the entire family unit, including children."

"Our family post-traumatic growth program, which is in the pilot phase, is a seven week psychoeducation skills program for the child and the parent. The goals are to increase awareness in both the parent and children around psychoeducation, mental health issues, impacts of PTSD, how to communicate with your children, the emotional responses and behaviours that are shown in the parents as well as in the kids, and how to make meaning of those kinds of experiences."

Christie Javens
The Oasis Townsville

"We are the home base for the veteran community in Townsville. Our vision and mission is to provide a single, front door entry for veterans and their families. We consider anybody who has served one day of service, continues to serve, or has formerly served as a part of the veteran community, plus their families and whatever they identify as their families."

"Based upon our services, we go through the 'ten human needs'. Our planning coordination team will sit down with the veteran or their family member and go through and work out where they're looking for support, and then we'll link them into services."

"We have taken initiative on a few other things that we see need for within the community. On any given day you might see yoga, pipes and drums, we've just started up strings. We've got a retired group of gentleman that come in and just hammer away on the guitars."

"I take care of employment. My key goal is to get anybody who comes to me into meaningful engagement. It is not about getting them into a 9 to 5, Monday to Friday that pays the bills. It is very much about finding them either that next purpose in life, or working out a way to find that next purpose in life."

"We've got our lovely Dirty Boots Cafe that operates Monday to Friday. Which can give the community a soft entry into The Oasis, so you don't need to walk straight in for support."



Madonna Paul

Mentorship/Peer Support for Families Following a Death by Suicide

"My presentation today is concerning the need to increase support in the community for the families of veterans who have died by suicide. We need to do better."

"I was really lucky to be introduced to the Tragedy Assistance Program for Survivors (TAPS), an amazing organisation in America. It is all peer mentored...You go in there, you sit and train with lived experience people beside you. You can do grief counselling, you can do an array of training programs."

"The thing I found with the TAPS program, was when you get that news [about a loved one's death by suicide], you are sitting in there in a world of pain, and you don't know anyone else in the world who has done this. You don't know one person you can ask 'How did you get through? How did you walk again? How did you talk again?'"

"What we need is an independent team, that when we hear of a suicide in the veteran community, we arrange that team who is not working for DVA or Open Arms. They are an independent service that is there to support that family. They sit with that family as a lived experience person. So that person across the table from you, can look at you and say, 'wow, look where she is now, she survived it, I will survive it.'"

"If we can come together with all these brilliant minds and create this, we will have a form of a solution."



Kelly Willmott

Green Fox Studio— Employment for Incarcerated/Formerly Incarcerated Veterans

"My business partner and I have been providing graphic design, digital design, and animation training to incarcerated men, women and youth in Queensland, New South Wales and Victoria. We believe everybody is born with creativity, and we've proven this through our program by providing the highest quality design work to our clients, while also improving outcomes to some of society's most disadvantaged."

"In mid-2019, we opened our first not-for-profit training studio inside the garden shed of a men's high security prison in Brisbane...Our biggest challenge was 'How the hell are we going to get a creative agency to work with no internet access and a plethora of red tape to navigate through?'"

"The next step was to start teaching graphic design to around 30 men. We had 30 blank canvases and the power to change the lives of every single one of them. In those initial few weeks, we had already ignited a passion for design in our students, some who had never used a computer before. Some had professional careers, and what surprised me, a few veterans. One in particular didn't speak, kept to himself. When I found out he was a veteran, I shared with him that I too was part of the Defence family and had firsthand experience with PTSD due to my husband's service."

"Within two days, he was at my desk reaching out. What I then realised was how much more needs to be done for people who have served in the ADF and are now incarcerated. The psychological support services inside are not equipped to deal with the trauma that veterans have experienced...Walls come up and they can never really rehabilitate."

"The work produced by our team inside the prison also then caught the attention of the Australasian Reporting Awards. This success was not just about recognition, it was about empowerment. Our program had become a symbol of hope for participants seeking a second chance and we had already nearly trained 200 men in our first four years with a 4% re-offending rate."

"We have now have the privilege to work with incarcerated youth, training over 248 young people. Many high achieving students have expressed an interest in continuing to develop these skills upon release. This year, we'll be launching a program in community to provide a soft landing for them."

"Within the next few years, we expect Green Fox Studio to have a presence in every state and territory in Australia, providing creative training to vulnerable members of the community, those affected by homelessness, mental illness and other major setbacks in their lives. Through creativity, we can change people's lives."



Final Comments

As the 2024 Veteran Families Policy Forum drew to a close, attendees were invited to provide a final comment about the content covered, or an insight about their experience at the Forum.

The central themes generated from these insights included:

Community and Collaboration

"Communicate well, collaborate well, consult well = community well."

"Listening is the first step. Thank you. Together we can make a difference."

"Stronger together. Thank you for the great event and for giving space for everyone's voices to be heard."

"Thank you for giving us a platform to be heard and making meaningful change for our communities. Keep communicating – make sure it is clear, simple and easy to understand."

A Focus on Families

"We have a duty to our families to make DVA programs and supports the best they can be...Keep going! Keep going!"

"Family focus in practice."

"Thanks for caring about what we think/need!"

"Still too many different disconnected (and confusing) support resources for families."

Policy and Legislative Feedback

"Same, same but different (and inspired) and good job on the Legislation!"

"Minister needs to respond to the report of the Aged Care Taskforce, that he understand and reassures veterans and families that he commits to finding solutions to challenges."

"Thank you! Could we please do STOP-START-CONTINUE next year to dig into Services? Use the people in the group to decide priorities from draft policy material."

Inclusivity and Representation

"Great workshop. Would be great to see representation from older family members, LGBTQI, CALD (Culturally and Linguistically Diverse) and First Nations?"

"We need more recognition and celebration of Defence and veteran children. 'Defence and Veterans Families Day' would be great to help us empower our kids!"

Optimism and Looking Forward

"I remain optimistic for change."

"Humbled to be here. Would love to continue this incredible journey. Would love to remain involved along my Defence journey – the train has departed. Thank you for the invite!"

"Great, constructive Forum and fantastic venue."

"Thank you for the excellent logistical support and facilitating an inclusive and safe Forum."

"Great team. Positive experience and valuable information, networking very importing. Thank you Heather and Team."





Veteran Family Policy Forum participants, with Minister for Veterans' Affairs and Defence Personnel, the Hon. Matt Keogh MP, at the Veteran Families Policy Forum, in Brisbane (12 March 2024).



Supporting Veterans and their Families