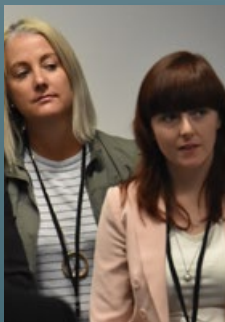


Female Veterans & Veterans' Families

POLICY FORUM

11-12 SEPTEMBER 2018



Australian Government
Department of Veterans' Affairs

transforming
DVA



Thank You

The Department of Veterans' Affairs would like to thank the participants of the 2018 Female Veterans & Veterans' Families Policy Forum for the perspectives, ideas and experiences they shared during the Forum, and their ongoing contribution to the ex-service community.

© Commonwealth of Australia 2018

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced by any process without prior written permission from the Commonwealth. Requests and inquiries concerning reproduction and rights should be addressed to the publications section, Department of Veterans' Affairs or emailed to publications@dva.gov.au.

Published by the Department of Veterans' Affairs, Canberra, 2018.

P07354

Front cover image: ADF_20171214ran8095516_18, Veterans & Veterans' Families Recall Workshop June 2018
Back cover Female Veterans & Veterans' Families Recall Workshop June 2018

CONTENTS

OBJECTIVES	3
STRUCTURE	4
THIS REPORT	4
MINISTER'S ADDRESS	6
OVERVIEW OF DVA & TRANSFORMATION	8
FORUM PARTICIPANTS	10
ENVIRONMENTAL SCAN	16
WHAT ARE SOME CHANGES IN THE VETERAN COMMUNITY?	16
WHAT'S WORKING WELL OR IS NEW?	17
WHAT ARE THE SKILLS & LIVED EXPERIENCE OF THIS GROUP?	18
WHAT'S THE UNMET NEED?	19
LEARNING ROOMS	20
RECENT DVA POLICY CHANGES	20
LEGISLATION	21
THE GRANTS PROCESS	21
OPEN ARMS (VCS)	21
MYSERVICE	22
VETERANS' ADVOCACY AND SUPPORT SERVICES SCOPING STUDY	22
INFLUENCING & INFORMING DVA PROJECTS	24
VETERAN PEER HEALTH EDUCATION	25
DVA WEBSITE	26
SUPPORT AVAILABLE TO VETERANS' PARTNERS AND FAMILIES	27
DVA TELEPHONY	28
POST-TRAUMATIC MENTAL HEALTH BOOKLETS	29
REHABILITATION APPLIANCES PROGRAM	30
CHALLENGES & DEVELOPING SOLUTIONS	32
CHALLENGE A:	34
CHALLENGE B:	36
CHALLENGE C:	38
CHALLENGE D:	40
PANEL REFLECTIONS	42
FORUM EVALUATION AND FUTURE FOCUS	44
MOVING FORWARD	46



The third meeting of the Female Veterans and Veterans' Families Policy Forum (the Forum) was convened on 11–12 September 2018 in Canberra, with 48 female veterans and veterans' families participating in the event.

The Forum was established by the Coalition Government to provide a platform for female veterans and veterans' families to raise issues relating to their unique needs and experiences with Government and the Department of Veterans' Affairs (DVA).

"I'm feeling very empowered that the 'good' is being listened to; that the 'bad' and the 'ugly' [are] being acknowledged and accepted and embraced." — Forum participant

Representatives from relevant DVA business areas attended various sessions of the Forum in an observer capacity. The feedback and ideas generated are being used to inform their projects and ongoing work.

The Forum was timed to coincide with the Honouring Women United by Defence Service events. Forum participants were invited to attend a Last Post Ceremony at the Australian War Memorial, and a commemorative dinner at the Realm Hotel.

OBJECTIVES

The objectives of the Forum were to:

- Strengthen networks across the female veterans and veterans' families communities
- Increase participants' knowledge and understanding of topics of interest
- Provide opportunities for participant input into current DVA projects and initiatives
- Generate ideas to address current challenges facing female veterans and veterans' families
- Increase DVA staff members' understanding of, and connection with, the veteran community.

STRUCTURE

The Forum was highly participant-driven and solution-focussed, with attendees engaging in a range of activities and discussion topics. The structure and topics were co-designed with Forum representatives. The Forum comprised of the following sections:

- Minister's Address & Overview of DVA and Transformation

- Forum Participants & Environmental Scan

- Learning Rooms

- Influencing & Informing DVA Projects

- Challenges & Developing Solutions

- Panel Reflections

- Forum Feedback & Moving Forward

THIS REPORT

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

Relevant DVA business areas have been provided with additional detail to inform current and proposed projects.



MINISTER'S ADDRESS

The Minister for Veterans' Affairs, the Hon Darren Chester MP

The Minister addressed the Forum, he:

- Congratulated all those involved in planning the Honouring Women United by Defence Service events, stating *"the way you brought together all the key groups in the one location, harnessed their passion, and commemorated and celebrated their service and sacrifice was very impressive. There was a sense of unity and purpose going forward."*
- Highlighted the importance of understanding the needs of the veteran community. *"You tell us how things affect you on the ground, this is so important."* The Minister also drew attention to the important role of the Forum in receiving this feedback first-hand.
- Acknowledged the need for transformation, stating *"It can't just be talk. It needs to be backed up on-the-ground by real action — genuine reform. I believe with the leadership we have and the input from you, we can make a difference."*
- Thanked the members for their participation in the Forum and for their service.





OVERVIEW OF DVA & TRANSFORMATION

Ms Liz Cosson AM CSC

DVA Secretary provided an overview of DVA's work and the progress being made to improve and modernise the Department, she:

- Highlighted the work underway to ensure that veterans and their families remain at the centre of DVA's business, including:
 - Streamlining the acceptance of claims for specified conditions
 - Digitising DVA processes and paperwork
 - Simplifying DVA's telephony.
- Emphasised the importance of engaging with the veteran community to transform DVA. *"The way we [transform DVA] is by engaging with veterans and their families to hear about how we need to change."*
- Described her top three priorities as:
 - Putting veterans and their families first by individualising DVA services
 - Better understanding the unique nature of military service
 - Remembering, reflecting and respecting the impact of military service.

"We're changing from focusing on illness to focusing on wellness. I want to be in a place where you don't need to prove how ill you are to get a assistance."

"We've been working with the ADF and with our medical practitioners, and based on evidence there are 40 conditions that go straight through. It's called 'decision ready processing', so you don't need to fill out all the paperwork. We're looking at other conditions that can be included in that."



Mr Mark Cormack — DVA Chief Operating Officer

The Chief Operating Officer addressed the Forum and highlighted:

- The importance of co-designing services with veterans and veterans' families.
- DVA's priority of ensuring access to services from all locations.
- The work underway to provide centralised support for those with complex needs and to simplify the lodgement of claims.
- The importance of DVA's staff culture, and ensuring that this puts the veteran and their family in the centre.

"This [forum] is a fantastic opportunity to learn more about what you experience every day."

Mr Craig Orme — DVA Deputy President DSC AM CSC

The Deputy President addressed the Forum and highlighted:

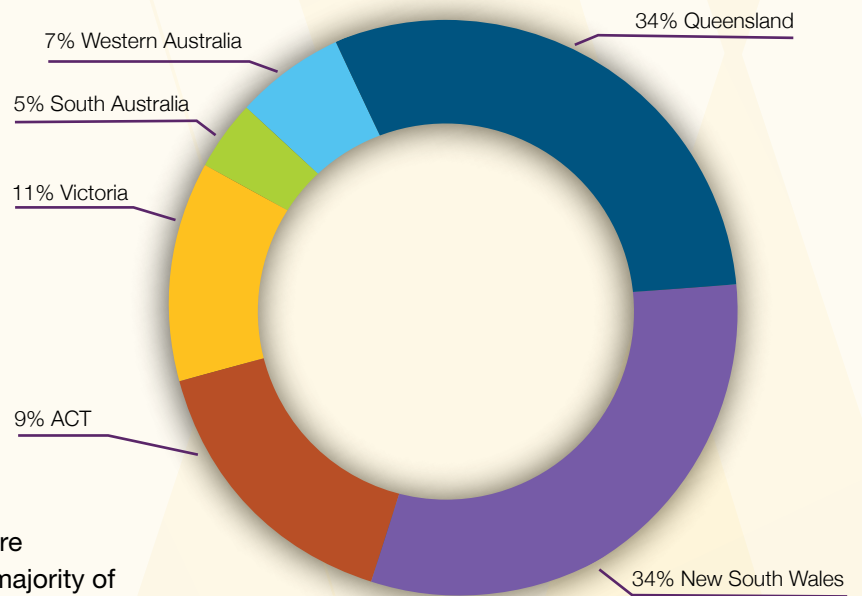
- The importance of measuring success from the veteran perspective.
- The different domains of wellbeing, and the importance of being physically safe, financially secure, healthy, and empowered.
- DVA's focus on tailored assistance, in *"stepping beyond traditional business to help you lead positive lives. It's not about saying that you're all supposed to be well, it's about us helping you to be well."*



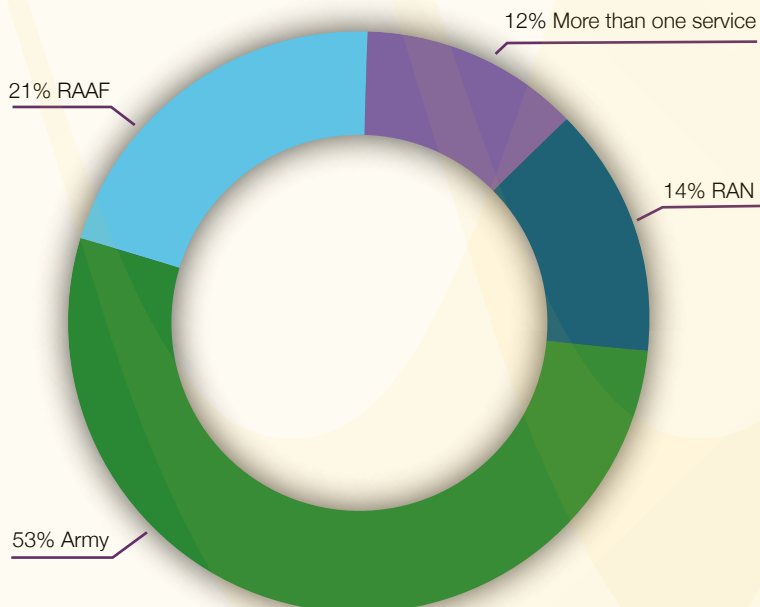
FORUM PARTICIPANTS

The Forum was attended by forty-eight female veterans and veterans' families. Fifty-two per cent of participants attended as female veterans and forty-eight per cent attended as veterans' families.

Participants were drawn from around Australia, with the majority based in New South Wales and Queensland.



All three of the ADF services were represented at the Forum. The majority of the participants represent the Australian Army (Army).



Approximately one third of the participants had not attended the previous Forums.



Participants had the opportunity to write down something they were anticipating in the next 12 months.



ENVIRONMENTAL SCAN

At the beginning of the Forum, participants explored different aspects of the veteran community. Participants focussed on four questions:

What are some changes in the veteran community?

What's working well or is new?

What's the unmet need?

What are the skills, expertise, and lived experiences of this group?

The group highlighted the following key points for each of the four topics.

WHAT ARE SOME CHANGES IN THE VETERAN COMMUNITY?

- New services and improved access to DVA support. These include services such as the automatic receipt of a White Card on transition, MyService, and improved access to mental health treatment.
- The need for a predictive approach. Veterans and their families are often confused and overwhelmed by the DVA system, and a more predictive approach is needed.

Changes in the Veteran Community

Long No of ESO ↑

- List some of the most significant changes in the veteran community
- **NLHC - to all who served** ✓
changes from SRCA to DRCA
- **How they communicate** - more proactive in rehab
- **THERE ARE MORE ESO'S** - are they effective? accountable? qualified?
- **DSLQ** - DECISIONS/GATHERING INFO ETC.
- **WHITE CARD** ✓
- **MyService** - log in own claims ✓
- List some of the most significant changes in the veterans' families community
- **LEGACY: MED DISCHARGED ETC/CHILDREN ASSESSED** ✓
- **KOOKABURRA KIDS** - (NEEDS TO BE AUSTRALIA WIDE) ✓
- **DCO/TRANSITIONS** - FAMILIES + TRANSITIONING (1 DAY) ✓
- **HONOURING WOMEN UNITED BY SERVICE SERVICE/ACKNOWLEDGEMENTS/ BY THE LEFT** ✓

Commercialisation of Veteran Issues

- **ACKNOWLEDGEMENT OF MENTAL HEALTH SERVICES** ✓
AVAILABLE + PROVIDERS - BUT ACCEPTANCE + STIGMA STILL EXISTS
- **PIFF CONDUCTED ANNUALLY** ✓

Employment/Transition Health & Wellbeing Veterans Centres Network Research & Reform

- What are some of the consequences of these changes?
- **VETERAN PERCEPTIONS (MFC/MINDSET/ETC) PRESUMPTIONS** ✓
- **DEPT MORE PREDICTIVE ON OUTCOMES ETC.** ✓
- **ABSORB CHANGES/TIMING/COMMUNICATE**
- **IMPLEMENTATION**
- **fraud, ? insurance, ? training** - cause further harm, ethical. Politics over care.
- **accessibility, broader clientele/choice to access a service, autonomy to be part of solution, big little - different pros + cons**
- **poorly lodged claims** - due to lack of knowledge not seeking assistance with claim if they are unsure of the legislation
- **Continuity & consistency - ALL**
- **HEALING / EMPOWERMENT / REDUCTION OF SOCIAL ISOLATION**
- **IMPROVED FUNDING**

WHAT'S WORKING WELL OR IS NEW?

- DVA's transformation program. DVA is engaged, and the ongoing process of transformation to better serve veterans and their families is gaining traction, with goals being solidified into real outcomes.
- The Female Veterans and Veterans' Families Policy Forum. The Forum itself is an indicator of successful collaboration and is generating reform.

What is working well or is new?

What are some of the things that are currently working well in the veteran and veterans' families communities?

1. MY SERVICE ✓
2. WVNA ✓
3. VVCS
4. Interim DVA Payments
5. Programs Trek or other other activities programs by ESOs being assessed for evidence of working (what is this?)
6. professional access to medical treatment
7. DVA coordinators - personal individual coordinator
8. DVA ✓
9. Since War 18 PI assess by normal treating GP
10. ↑ Productivity
11. Communities of Practice working well.

How did these come about?

1. DVA CENTRIC PROGRAMME/INITIATIVE/FEEDBACK FM VETERANS/ESO*
2. SOCIAL MEDIA/CONFERENCE/GOVERNANCE
3. VISITATIVES
4. Veterans/families wanting to know plans being applied for action ✓

What difference do they make?

1. ACCESS TO MEDICAL TREATMENT
2. SOCIAL CONNECTIONS NO GOVERNANCE BOUNDARIES
3. ACCEPTANCE
4. Financial Security
5. mental wellbeing
6. seek innovative treatment whilst waiting for claim.
7. ADF FAMILY HEALTH CARD ✓
8. DEFENCE HEALTH INSURANCE
9. LIFE INSURANCE

What's working well or is new?
 TRANSFORMATION
 VETERANS CENTRIC REFORM
 FVFF
 COLLABORATION

Are there new services or programs that are making a difference?

Some creativity in rehabilitation opportunities - looking at what benefits the veteran rather than trying to fit them in a prescribed box.

1. MY SERVICE / WHITE CARD? / GP REFER SNC ASSESSMENT / VER CENTRIC TRANS FOR FEMALE VER FORUM / SOLDIERS IN RESIDENCE
2. wounded Heroes
3. Computers for veterans.
4. Kookaburra kids
5. COP - for those up with it so far

How and why are they making a difference?

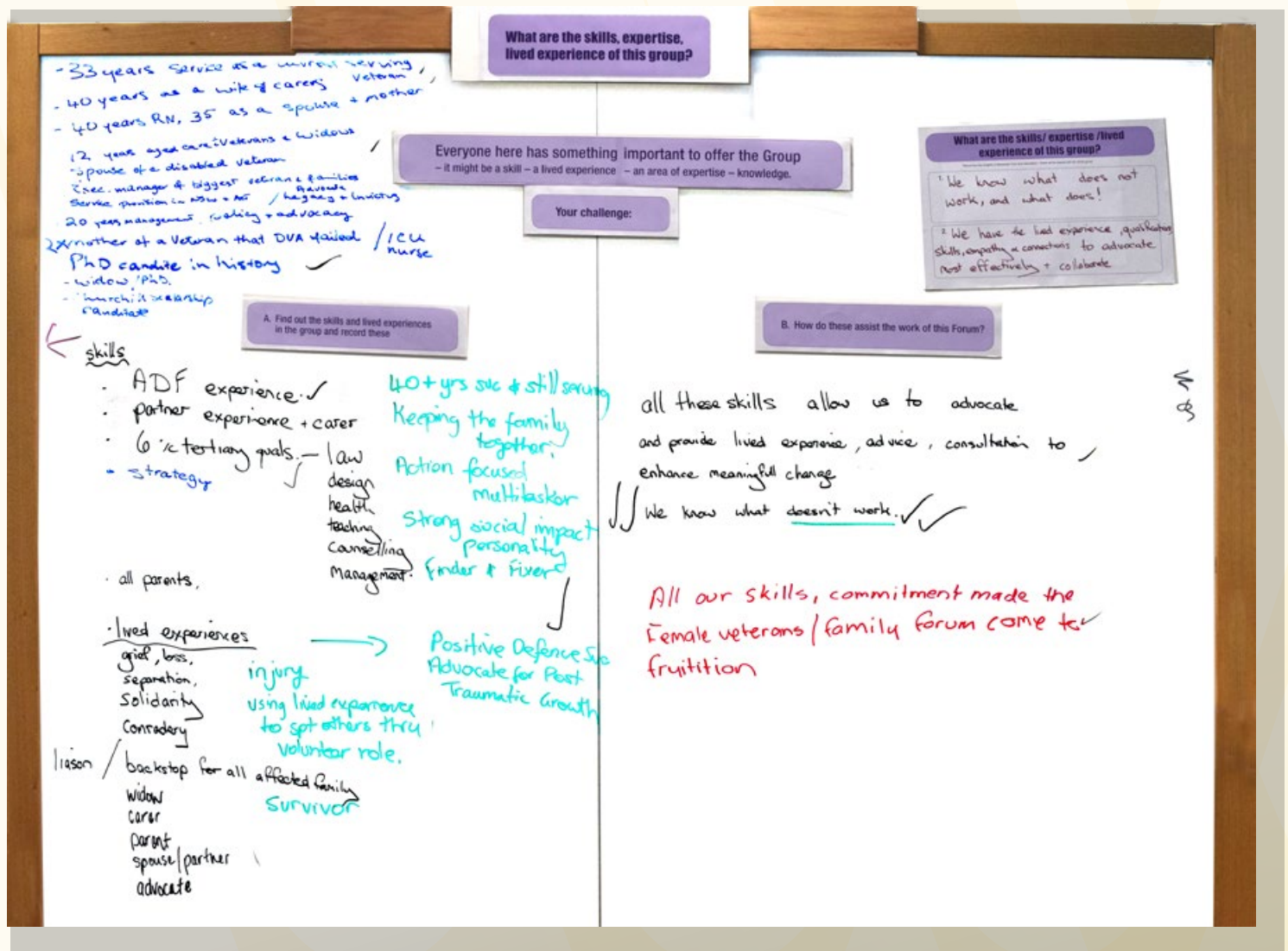
Opportunities to choose to share stories, experiences + sit with each other.

By the left

1. CONSOLIDATION OF HEALTH CARE
2. CONNECTING MORE EDUCATION + RESOURCES
3. wounded Heroes for example - no funding, personal donations (all hours)
4. Facilitating collaboration
5. Educating children at their level
6. MENTAL HEALTH + WELLNESS / PREVENTION / REDUCTION OF SOCIAL ISOLATION

WHAT ARE THE SKILLS & LIVED EXPERIENCE OF THIS GROUP?

- Lived experience and the knowledge of what is and isn't working in the veteran community.
- Wide ranging networks to collaborate with and advocate for the veteran community.



WHAT'S THE UNMET NEED?

- Recognition and acknowledgement of families. The families and carers of veterans need to be recognised and acknowledged by DVA.
- Women's health issues. Women's health issues that result from service need to be correctly diagnosed and recognised.
- Mental health treatment. Sufficient funding for, and treatment of, mental health conditions in hospitals and aftercare facilities.

Thinking about female veterans - what's the most significant 'unmet need'?

Womens Health Issues

Recognition of Service

Automatic acceptance + treatment

Lack of awareness of roles + effects on health

Multiple roles / balls in the air

- Factsheet from 17 forum around NOIS Criteria + DVA Criteria - not resourced as yet.

- GST on sanitary products - removed in last budget.

- statement of conditions should be Gender specific.

→ Great ideas coming thru BUT execution and the "resistance" is lacking.

(Financial crisis, Family crisis, people breaking)

as a consequence of service AND half baked care provision + compensations.

Specific mention of these issues refer to Nominus Catalogue

Family needs unmet ones can't be taken on by the state - we need to be able to take on more

Why are these significant?

Wife saving

- Preventing
- Suicide
- Family violence

Member is in community living a unique life within a community

If we are aware or know we can address and make space

Generational trauma.

vs

opportunity to care for those who must be protected, supported, sustained.

Thinking about veterans' families - what's the most significant 'unmet need'?

*** Recognition & Authority ***

✓ Identification of what is a family (especially parents)

Prevention - Communication

✓✓ Listen + Hearing the family when we tell you there is a problem with the Veteran

✓✓ Grief + Loss

OF loved ones - the aftercare

- no current form on DVA to act on a veterans needs

- means they can call on a veterans behalf

Health waiting list CARD FOR PARTNER OF

childcare support for non-military service

- Support for separated families

- mature spouses of veterans still needing support for assistance for whom is available

- no engagement for children (up to Age 18) see donetta

- Stigma of medical conditions of the veteran on the family

✓ **CRISIS - CASE MANAGEMENT**

Supporting the family who carry the load to exist, be healthy, be available

✓ for themselves / vet / kids (orphaned and/or having lived potentially traumatic + life changing experiences)

WONT SOMEBODY THINK OF THE CHILDREN!

✓✓ Consistent WCS

Counsellors - long term

RISK ASSESSMENTS

✓ Understand the impacts of Service on THE WHOLE FAMILY

✓ ARE PTSD HOSPITALS + WAITLISTS (win)

✓ IT system - lack of communication - VVCS, Psychiatrists, hospitals + DVA

and family

Someone to TAKE CARRIAGE OF RESPONSIBILITY

See and treat families or individuals in their own right

community education

4 family wellbeing



LEARNING ROOMS

Prior to the Forum, participants expressed an interest in learning about specific DVA topics. During the Forum they attended 'Learning Rooms' on the following topics:

Recent DVA policy changes

Legislation and the process for changing legislation

The DVA grants process

Veterans and Veterans' Families Counselling Service (VVCS) — now known as Open Arms MyService

Veterans' Advocacy and Support Services Scoping Study

The Learning Rooms were hosted by DVA subject matter experts.

A summary of each Learning Room, including participants' areas of interest, are included in the following pages.

RECENT DVA POLICY CHANGES

This Learning Room focussed on providing participants with information about recent changes to DVA policy and service delivery, including:

- The Family Support Package for Veterans and their Families
- The Veteran Payment
- Greater flexibility regarding partners' compensation payments
- Mental health treatment for ADF Reservists with eligible service
- Support for veterans through improved compensation arrangements.

Participants were particularly interested in the Family Support Package for Veterans and their Families, and mental health treatment for Reservists. When discussing the improved access to mental health treatment one participant stated *"that is magnificent. It's remarkable that you can get someone the help they need, when they need it. We need to do something about advertising — not enough people know."*

LEGISLATION

This Learning Room provided participants with an overview of how legislation is passed through the Houses of Parliament, as well as an understanding of DVA's 'beneficial' legislation. Participants were interested in the work underway to simplify DVA's legislation, and the different factors that will be considered as part of this work.

THE GRANTS PROCESS

The Learning Room focussed on the recent establishment of a Community Grants Hub — the new end-to-end grant administration portal for Australian Government departments, agencies and organisations. Participants also received information about specific DVA grants, including the:

- Veteran and Community Grants program
- Supporting Younger Veterans Grants
- Grants-in-Aid
- Building Excellence in Support and Training Grants
- Saluting Their Service — Community Commemorative Grants
- Saluting Their Service — Major Commemorative Grants.

Participants were interested in the different responsibilities of DVA compared to the Department of Social Services, the capped and non-capped nature of different grants, and the options for individuals (as opposed to organisations) to receive grants.

OPEN ARMS (VVCS)

The Learning Room provided participants with information on services available through Open Arms (VVCS), and the recent retreat weekend organised with the War Widows Guild. Participants were interested in after-hours support systems, and the services available in rural areas.

This Learning Room also focussed on the name change of VVCS to Open Arms, and the story and rationale behind this decision.

“A Vietnam veteran spoke about how they would wave in the helicopters to medivac injured men. Someone [would] move out of hiding, and raise their arms. Their ‘open arms’ would signal the helicopter. In doing so they make themselves vulnerable and had the courage to ask for help.”

MYSERVICE

MyService is DVA's new online claiming application for current and former serving ADF members and their families. In this Learning Room, a MyService representative presented a live demonstration of submitting a claim through MyService, and provided details about recent updates. Participants were particularly interested in the interactions Ex-Service Organisations (ESOs) and advocates are able to have with MyService and the back-end processes which take place after a claim has been submitted.

VETERANS' ADVOCACY AND SUPPORT SERVICES SCOPING STUDY

Participants in this Learning Room were provided with an overview of the Veterans' Advocacy and Support Services Scoping Study, which is considering an improved advocacy model for the veteran community. The Learning Room focussed on the consultation process that has occurred as part of the study, and the planned next steps. Participants were particularly interested in the availability of female advocates, and the need for national consistency.





INFLUENCING & INFORMING DVA PROJECTS

The Forum provided an opportunity for participants to influence and inform current DVA projects and initiatives, including:

Veteran Peer Health Education

The DVA Website

Support Available to Veterans' Partners and Families

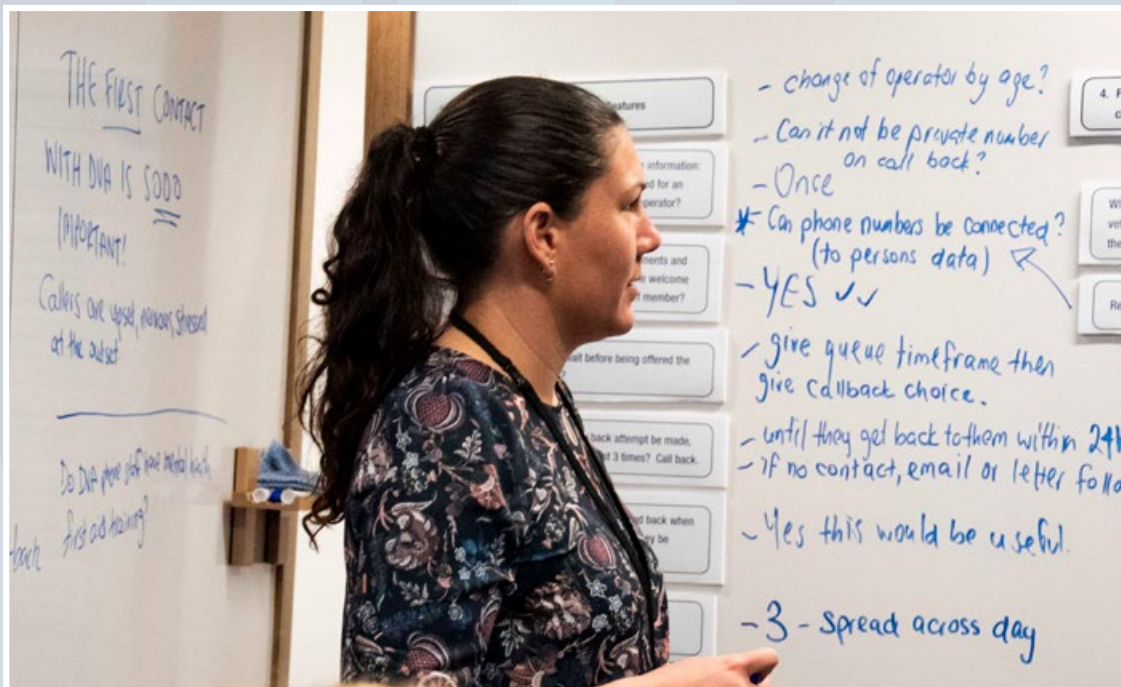
DVA Telephony

Post-traumatic Mental Health Booklets

The Rehabilitation Appliances Program

Participants worked in groups to provide feedback on these projects and initiatives. Participants generated feedback and suggestions and then reported key points back to the group.

The outputs from the group work are summarised over the following pages.



VETERAN PEER HEALTH EDUCATION

The group highlighted the following points about Veteran Peer Health Education:

- The importance of recognising the different impacts of service on women compared to men.

"Service affects us in a very different way than it affects men ... physically very different than men."

- A website modeled after the American Women's Health website, female specific health information and a personal profile would be beneficial.

Veteran Peer Health Education

What type of health advice would you like to receive?

- whole of life cycle - whole of body
- impacts of conditions (e.g. PTSD) during major women's health event (Post PTE major - pregnancy)
- impacts/risk/ managing advice (menopause) in relation to activities that are expected to be performed to service (PESR) - Home Chemical Fuels
- education LGBT - refer to ADF counsel
- impacts of medication on women's health. multi cultural approach.
- Fitness/Nutrition
- dedicated website eg women's health .va.gov (app friendly)
- magazine
- community nurse - rural health providers - education
- online women's wellness group - deliver through face to face online
- wellness retreat initial group tools (eg sleep) deliver setup by DA - then group runs inset eventually
- CAREERS NEW & OLD - resource/partner
- WOMEN'S HEALTH SERVICES
- FAMILY PLANNING
- MENOPAUSE CENTRE

State centres
Post women's health network

Does this health advice already exist? If not, what would be unique about this health advice that would make it relevant?

ADVICE NOTES - YES
BUT HAVE IT LINKED ALL THROUGH A DVA WEBSITE/APP SPECIFIC TO WOMEN.
MAGAZINE (like men's)

Would you use online advice? What would this look like?

YES

WOMEN'S SPECIFIC DVA WEBSITE/APP.

- SEARCH
- CHAT FUNCTION
- HEALTH PROFESSIONAL AUTOMATIC
- maybe magazine for everyone
- joint magazine - Health magazine
- major women health issues/challenges education
- in all men's health promotion strategies/services
- as magazine
- Visa versa

How should this be promoted?

ESU / VSU

AC - DVA Dpt / Defence

- eg in transition / resettlement / on posting packages
- Website, VA newsletter
- Military bases Med centres
- RSL's

How would you like to get health advice?

Email
Phone
ONLINE CHAT FUNCTION.

DVA WEBSITE

The group highlighted the following points about the DVA website:

- A website that acts as a one-stop shop for all relevant services and information would be beneficial. Links to a range of multi-disciplinary groups that provide services to veterans would facilitate quick access to support their families.

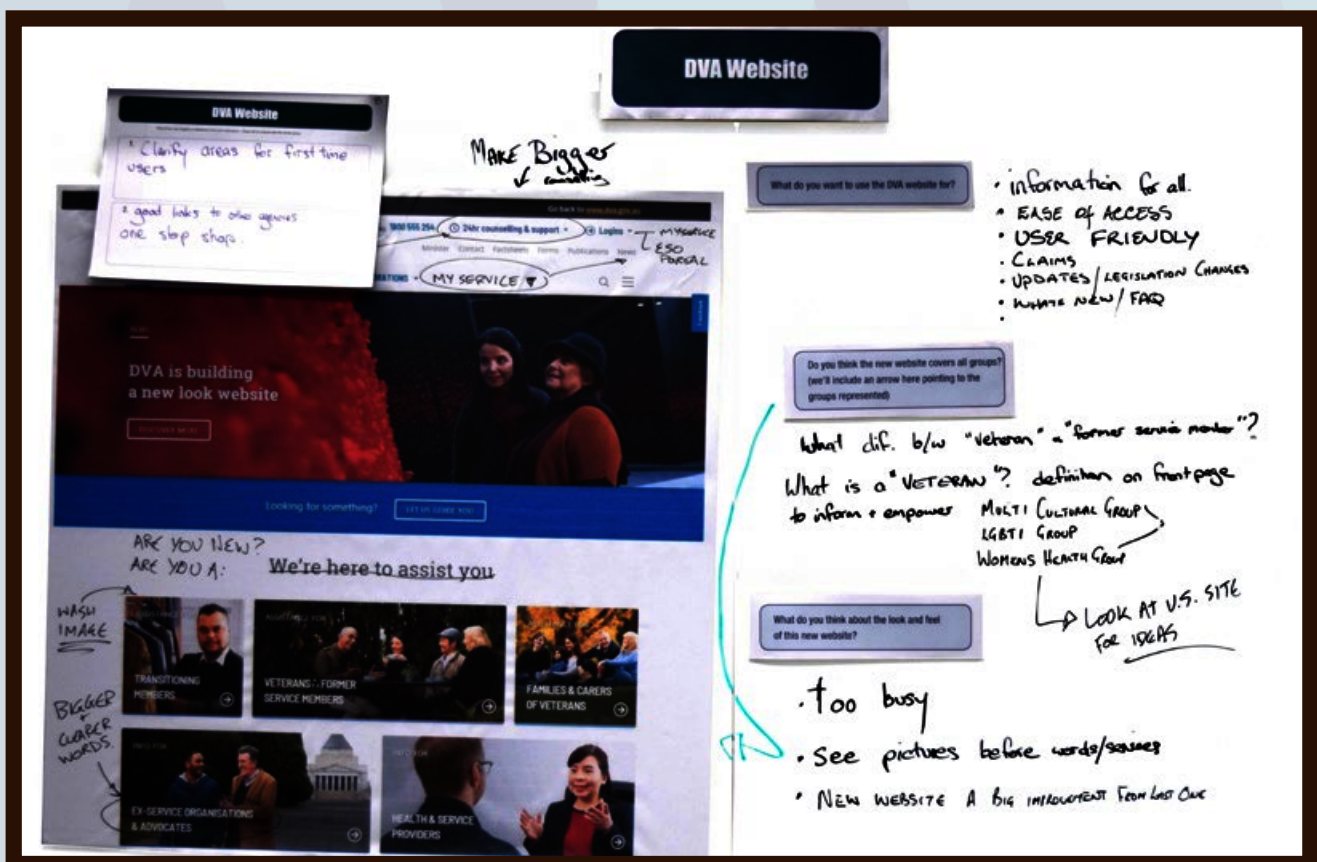
"We want the website to be a lot like dealing with a delegate ... that one-stop shop, [with] one point of contact."

- The website needs to be easy to use and understand, with the complexities done behind the scenes.

"Your IT people will be like the little rodents on wheels, working hard in the background. We don't want to see that, we just want something that's easy to the eye, and easy for people to understand."

- The personas section of the website is beneficial. This allows different people to more easily access the information they need.

"We really like these categories [personas] and the way the website looks. It's great to see how our feedback was included."



SUPPORT AVAILABLE TO VETERANS' PARTNERS AND FAMILIES

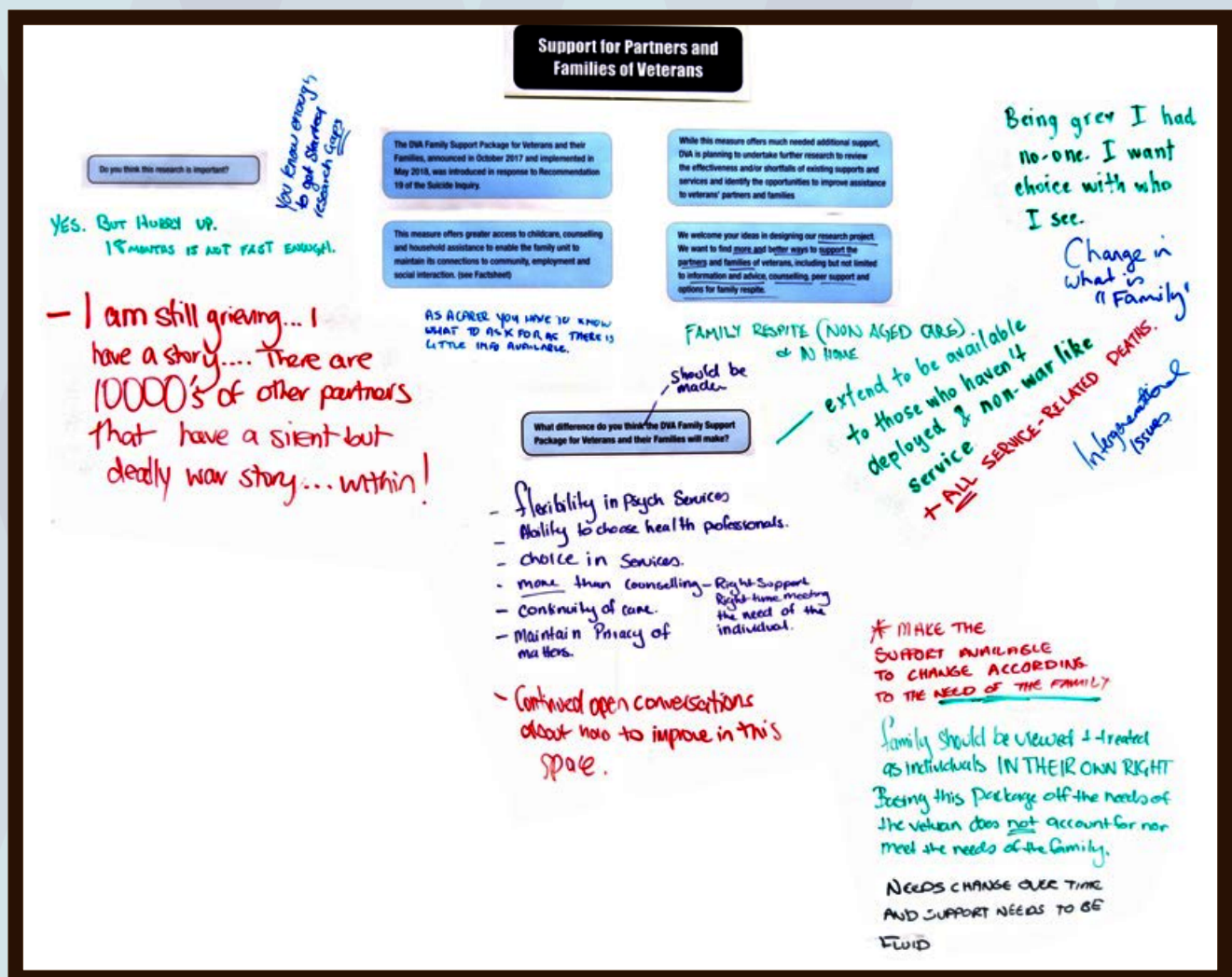
The group highlighted the following points about the support available for veterans' partners and families:

- The importance of recognising the unique circumstances of veterans' families. Flexible DVA policies and services that accommodate these circumstances would be beneficial.

"Family is different for everyone ... and each situation is different."

- Partners and veterans' families need to be recognised and empowered.

"There needs to be a way for families to step forward ... and be identified and acknowledged, because [they] have their own challenges ... and circumstances."



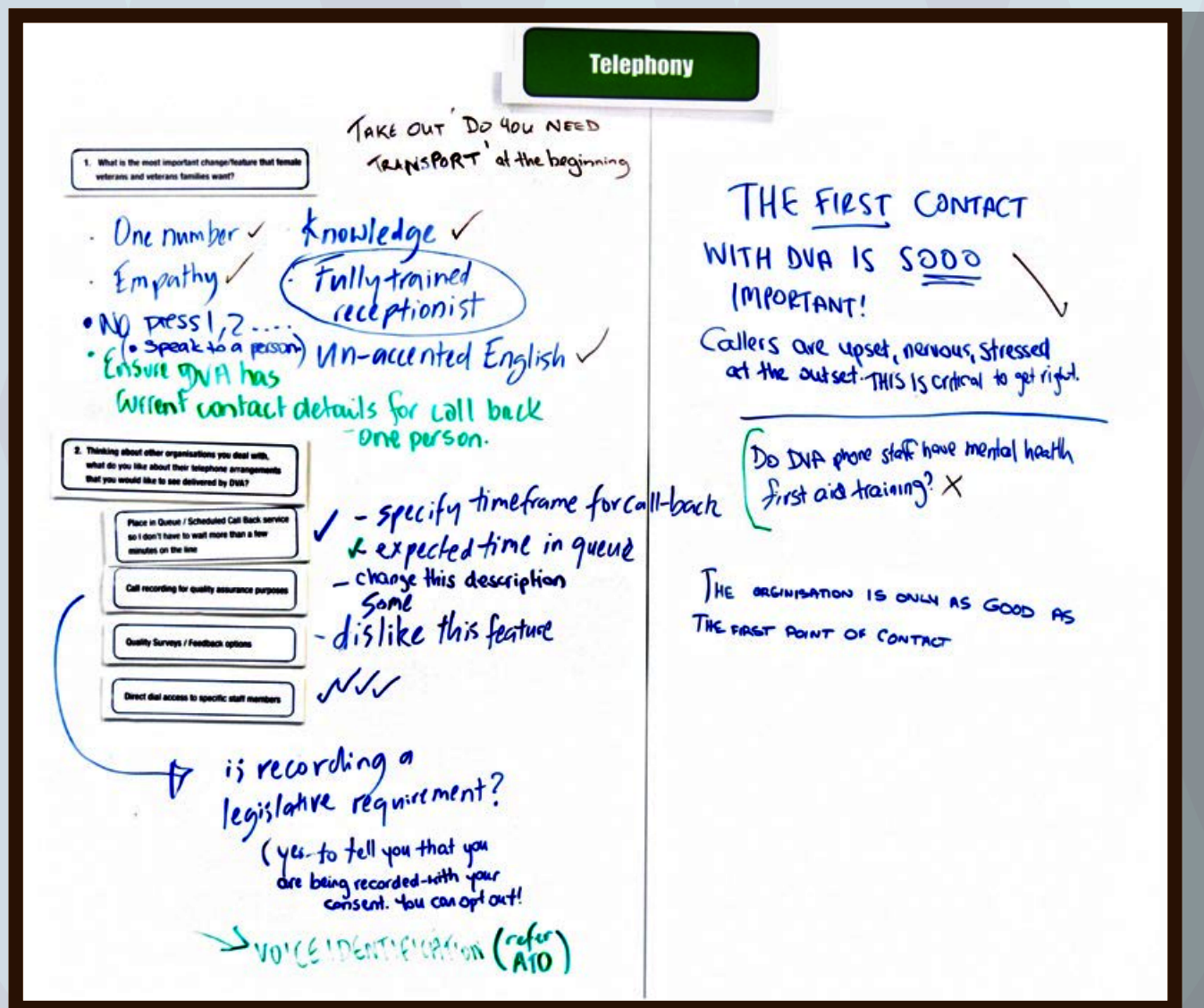
DVA TELEPHONY

The group highlighted the following points about DVA telephony:

- The telephone service needs to reflect the broad spectrum of people who use it, including those who will and won't be comfortable with automated messages.
- The importance of staff who are adequately trained and empathetic.

"The people that are calling DVA are going to be nervous, they may be angry, they may be stressed or upset. It's really important that the person that's on the other end of the phone ... is actually able to direct them and handle their matter empathetically."

- The importance of understanding the effect of military service and how aspects of the telephone service, for example being recorded, can affect these individuals.



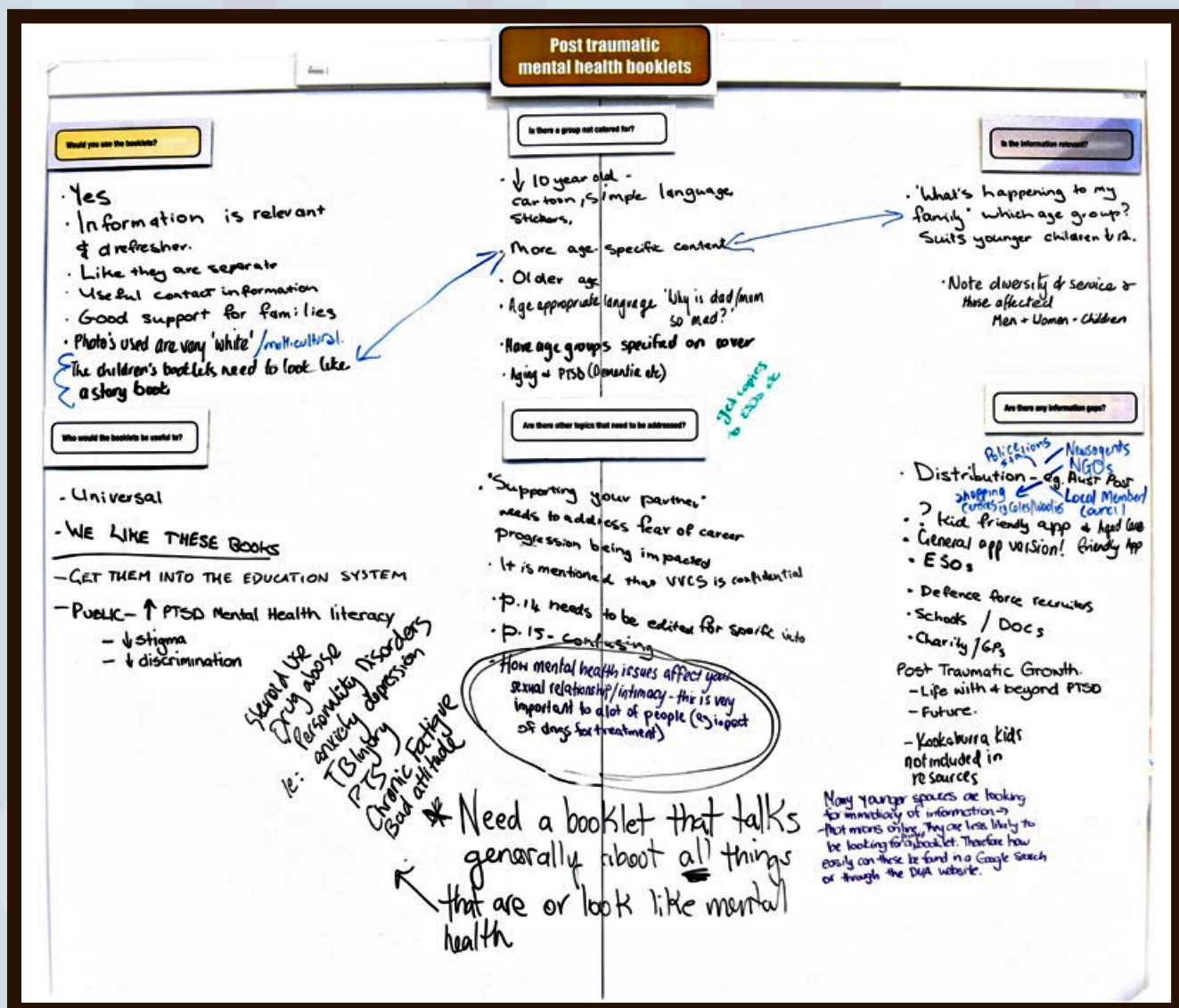
POST-TRAUMATIC MENTAL HEALTH BOOKLETS

The group highlighted the following points about the draft post-traumatic mental health booklets:

- The importance of the booklets being age appropriate, with information and activities that are suitable for the intended age group.
- The need for a booklet for younger children and also one for older veterans.
- Outlining the confidentiality aspects of the helplines included in the booklets would encourage members to reach out for help.

"They want to know that it's absolute confidentiality ... that it's not going to get back to their unit, or to someone else, that they've contacted help."

- The photos featured in the booklets should better reflect the diversity of the audience, including cultural diversity.
- The booklets should be widely distributed, as they provide useful and practical information for veterans and their families about post-traumatic mental health issues.



REHABILITATION APPLIANCES PROGRAM

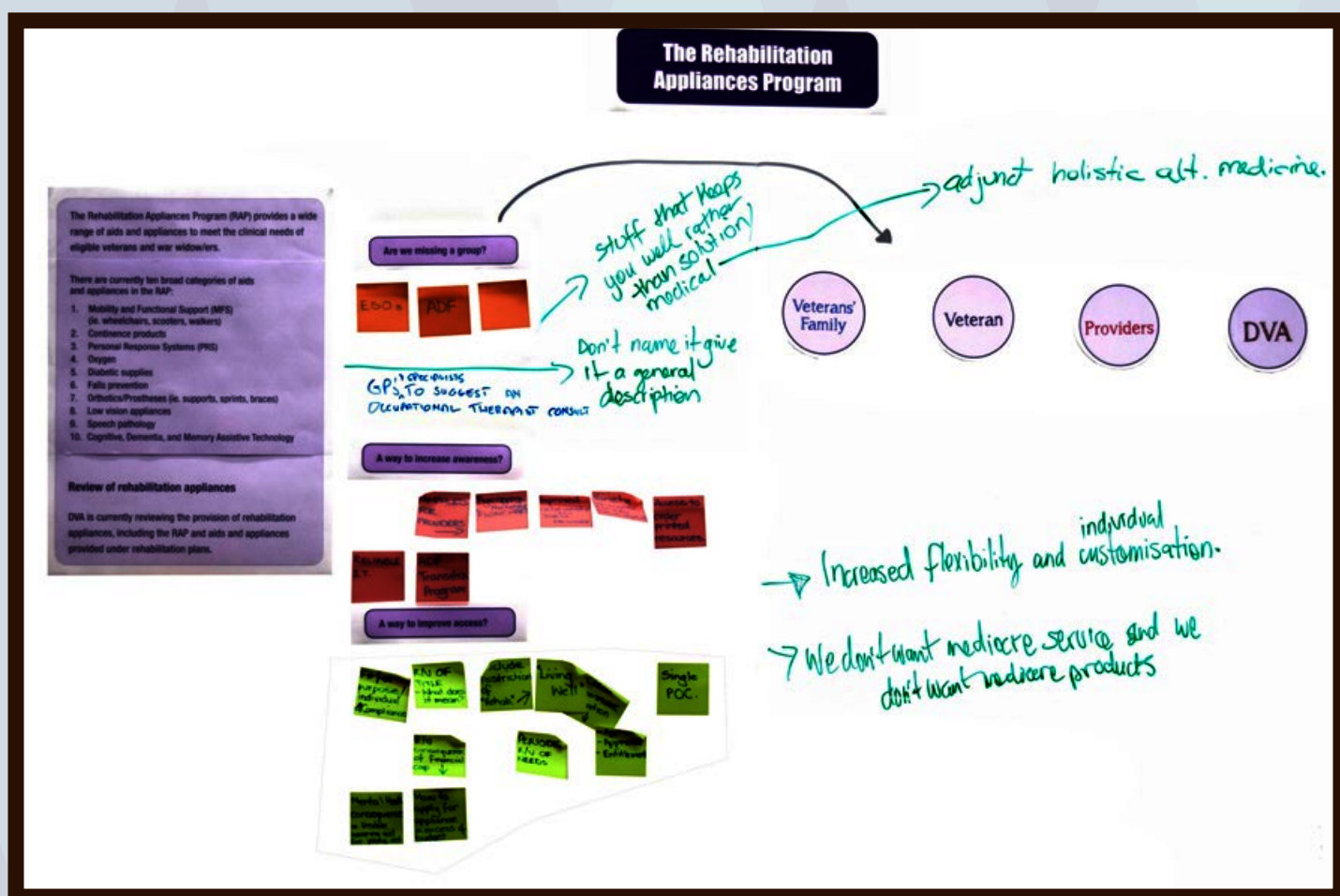
The group highlighted the following points about the Rehabilitation Appliances Program:

- The need to improve relationships between DVA and service providers with the view of ensuring providers have all the relevant information.

“What we would like is DVA to take ownership of that ... empower [service providers], give them all the information that they need ... to better support the service provider to get a good outcome for the veteran.”

- The need for aids and appliances to be fit for purpose, and fit for the individual.

"Something that is fit for a 60 year old gentleman is not going to be fit for a 25 year old [woman]."







CHALLENGES & DEVELOPING SOLUTIONS

The Forum provided an opportunity for participants to develop potential solutions to significant issues impacting their community. The following challenge topics were co-designed with Forum representatives in advance of the Forum. The challenges included:

- A. How could we better assist those living and/or working with people affected by: post-traumatic stress disorder (PTSD), other mental health conditions and/or traumatic brain injury (TBI)?
- B. How could we better respond to female veterans' health issues?
- C. How could we address domestic violence in the serving and ex-serving communities?
- D. How could we improve access to appropriate and effective rehabilitation to maximise wellbeing?

Participants worked in syndicate groups to design a policy, service, product, payment or information campaign to address their challenge. They were invited to consider whether there were opportunities for DVA to connect with services or organisations that already existed in the community. Each group created a 'billboard' to document the key components of their ideas, which they then presented to a panel of senior DVA and Defence representatives.

Topic overviews and a summary of each group's presentation to the panel, including a photo of each billboard, are included in the following pages.



CHALLENGE A:

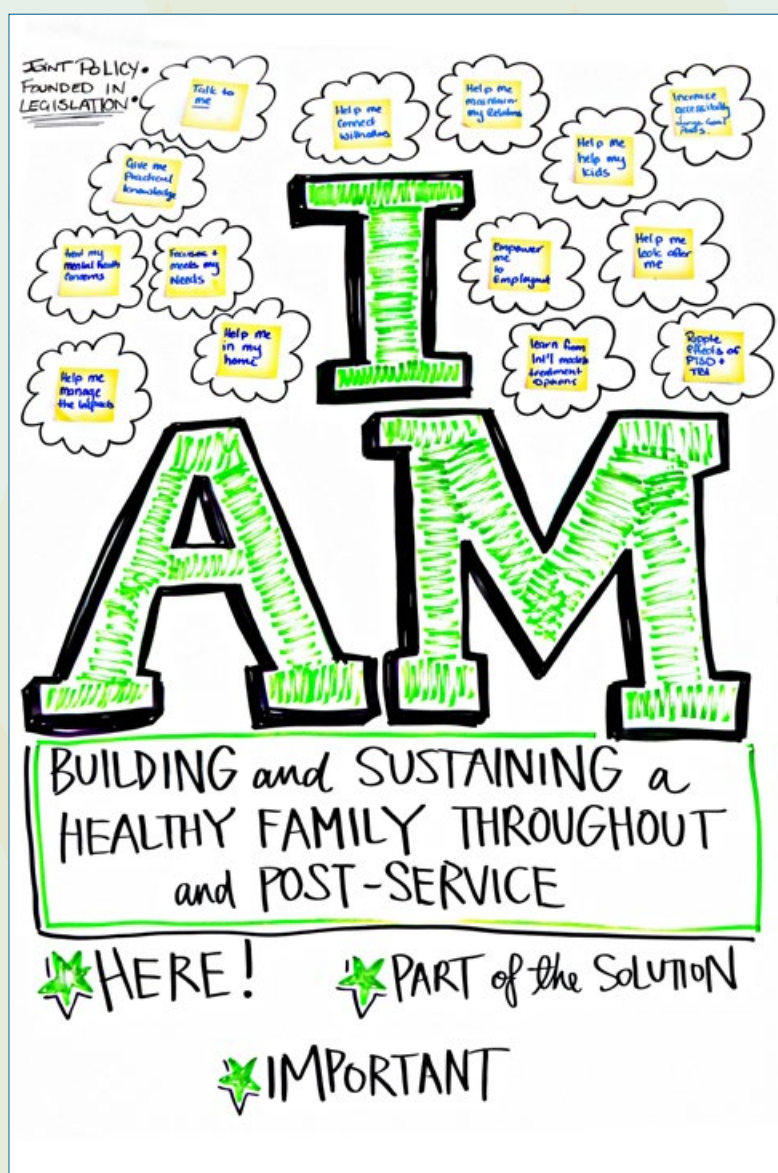
HOW COULD WE BETTER ASSIST THOSE LIVING AND/OR WORKING WITH PEOPLE AFFECTED BY: PTSD, OTHER MENTAL HEALTH CONDITIONS AND/OR TBI?

TOPIC OVERVIEW

The impacts of military service on the mental health of veterans are well recognised. DVA currently provides a wide range of psychological and rehabilitation support to veterans to manage these impacts. The impacts on those living or working with people affected by PTSD, other mental health conditions and/or TBI are less well recognised by the Australian community.

There is a “growing body of research and policy evidence suggesting that veterans can be challenged by transition from the Australian Defence Force (ADF) into civilian life, with a consequential direct negative impact on the wellbeing of family members.”¹

While mental health issues in the workplace are gaining more attention, consequential impacts of this on those working with veterans affected by mental health and TBI issues are less well known.



SUMMARY OF PRESENTATION BY GROUP A

Context

To help the panel understand the challenge, Group A provided some examples of the lived experience of Forum participants.

“I live everyday with the knowledge that my son will most likely never live alone and unsupported. He has attempted suicide five times. As a couple in our late 50s, we had never imagined the role that we would have to play in raising our two year old granddaughter.”

“Help our family more — the kids need more support, because my health symptoms create anxiety and stress to them which has flow-on effects to their schooling, their friends and their sport — absolutely everything. They never asked for it — but they have to live with my horrors too.”

“Please help me — help me understand the impacts of brain injury and live with that every day. Traumatic brain injury isn’t a mental health condition.”

Ideas and Solutions

- The group highlighted the importance of recognising the impact that PTSD, mental health and TBI can have on veterans’ families. In order to maximise the outcomes achieved, families need to be supported.

“We think the biggest impact in this space is the recognition that I [the family member] am here, I am important, and I am part of the solution — but only when I am ok, when I’m looked after, when I’m heard and when I’m considered.”

- The group recommended a shared policy across DVA and Defence which focuses on building and sustaining healthy families throughout service and beyond. This policy should focus on assisting families to manage the impact of mental health conditions and TBI by providing:
 - Help and support at home
 - Support for family relationships and links to the community
 - Treatment and counselling for family members
 - Assistance with childcare and other supports for children
 - Practical knowledge and assistance, as opposed to information.

“Give me practical knowledge ... there’s a difference between information and knowledge. There’s a whole lot of information out there, but not a whole lot of knowledge.”

1. Literature Review on the psychological and vocational outcomes of delivering support services to the families of veterans at times of high family stress, Sept 2017, Flinders University; Professor Sharon Lawn, Dr Candice Oster & Dr Elaine Waddell

CHALLENGE B:

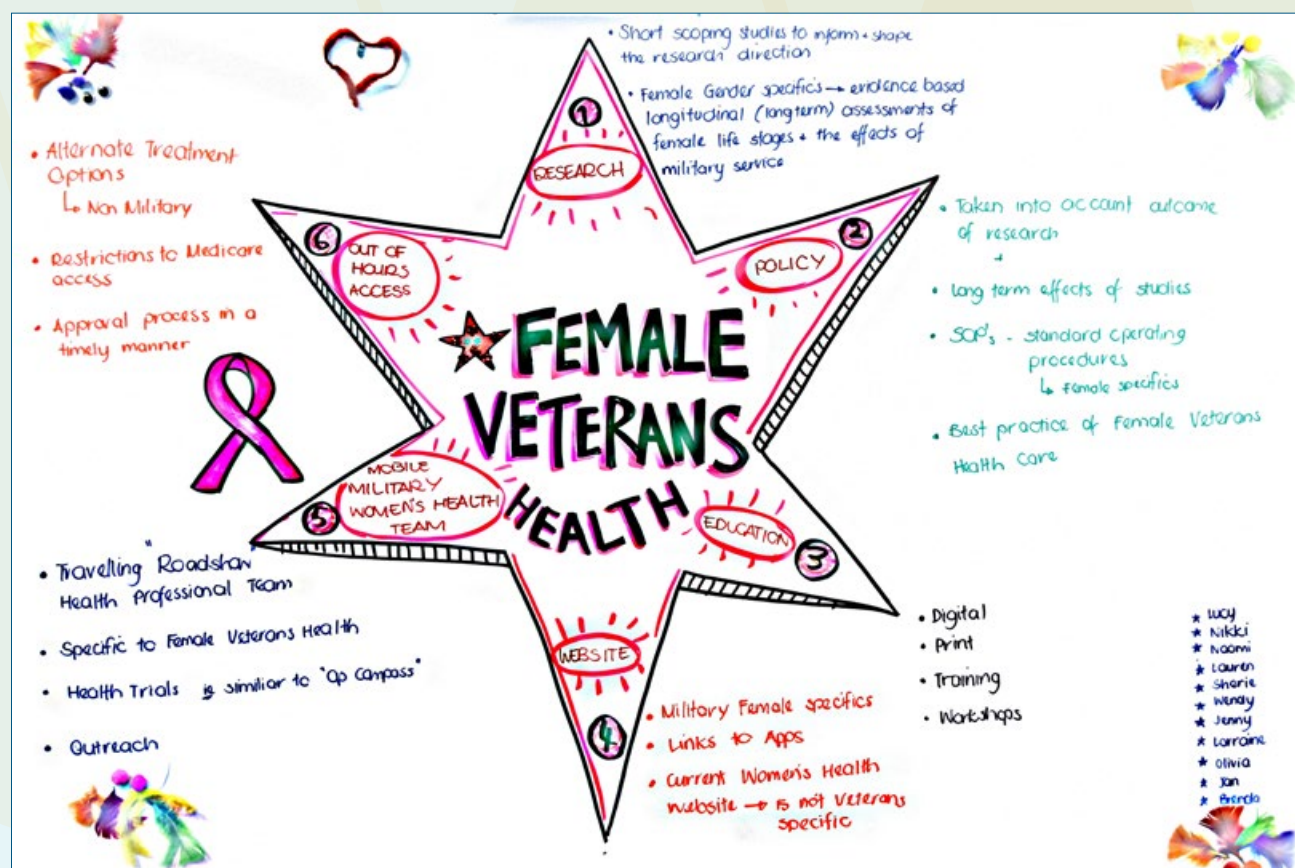
HOW COULD WE BETTER RESPOND TO FEMALE VETERANS' HEALTH ISSUES?

TOPIC OVERVIEW

While DVA provides a wide range of health services, past research suggests that female veterans experience barriers to accessing health services as some female veterans:

- Perceive DVA and Open Arms (VVCS), and their services, as being male focussed
- Feel that there is not suitable information about their gendered health needs
- Believe their health concerns will not be supported by DVA
- Feel their experiences are unique
- Are unsure of where to go for advice or support.²

Academics studying the health of female veterans observe that as the number of female ADF members increases, and these members enter into new job roles, "the health issues affecting service women and female veterans can also be expected to increase. Expanded roles for women bring new physical demands, such as those that come with wearing heavy body armour on active patrols, and potentially new mental health issues."³



SUMMARY OF PRESENTATION BY GROUP B

The group suggested solution focussed on six aspects: research, policy, education, website, mobile military women's health teams, and out of hours access. The group suggested that these aspects were interconnected, with some providing outputs to be considered in others.

Research

- Research into the female life stages and the effects of military service on women is needed. This research should be evidence based and longitudinal.
- Short scoping studies could be conducted to inform and shape the research direction.

Policy

- A female-specific policy based on best practice is needed.
- This policy would need to consider the outcomes of the research into women's health issues, and any secondary conditions that are related to military service.

Education

- Specific education on women's health issues is required.
- This education could include digital and print resources for women, as well as training and in-person workshops.

Website

- A new website that provides female and veteran specific information, in addition to the existing resources, would be beneficial. This concept was also explored during the Veteran Peer Health Education Project feedback.
- Links to other services would facilitate easy access to support.

Mobile Military Women's Health Team

- An outreach program that includes DVA, health professionals and ESO representatives would be beneficial.
- This roadshow could be modelled off the existing 'Operation Compass', which is a pilot currently providing support to former serving members and their families in Townsville.

Out of Hours Access

- Providing out of hours access support that is separate to the military system would be beneficial. This would be in addition to the support provided by Open Arms (VVCS) and Medicare.
- The group highlighted that this support needs to be accessible in a timely manner.

"We don't want to find out two months down the track that it's approved. We want to know that it's approved prior to obtaining the out of hours access."

2. The health and wellbeing of female Vietnam and contemporary veterans, Crompvoets 2012

3. Australia's servicewomen and female veterans: do we understand their health needs? Crompvoets & Neuhaus 2013

CHALLENGE C:

HOW COULD WE ADDRESS DOMESTIC VIOLENCE IN THE SERVING AND EX-SERVING COMMUNITIES?

TOPIC OVERVIEW

Domestic violence affects all demographics in Australia and negatively impacts the health and wellbeing of those who experience it. Domestic violence is the abuse of power by a partner, ex-partner or family member, and can take many forms; including social isolation, and emotional, physical, sexual, religious and financial abuse. It may be damaging psychologically, emotionally and physically for the abused person.

A recent study in the United States of America has found a higher prevalence of domestic violence within military couples than in the civilian community.⁴ Research indicates that domestic violence victims may find it difficult to leave such situations due to a lack of personal financial resources or a 'place to go'.⁵ Anecdotal feedback from partners of veterans indicates that community support can be difficult to access, and emergency accommodation is often scarce.

Further research has shown a link between domestic violence and PTSD among veterans.⁶ People who are experiencing domestic violence may fear that reporting the violence could have negative impacts on themselves, their partner or their family.

The image shows a page of handwritten notes on domestic violence, with a small printed note in the top right corner. The handwritten notes are organized into sections with headings and bullet points.

There is one continuum with trigger point for Potential Escalation
ie deployment, post deployment, injured/ill, transition, anniversaries, ANZAC Day

The narrative is different for Def. partners, they see that the effects of service contribute ∴ they tolerate, manage < STAY to protect the serving member from loss (career, income, life, respect) - whether current or ex.

ADF - has DUTY OF CARE
cultural shift - the answer is not Police-Defence response.
mandatory training that includes N.O.K.
ie first aid M. Health training
family advocacy
Empower Spouses +
"You have 28% to go when I take you off PM keys"
Research - include reason for separation □ Sep/relocation forms
DCO - Bond's trust / family support pt. equivalent.

DVA
Need something practicable.
Bond trust
Family Support Package
Crisis Housing
see whiteboard
Mandatory D.Viol training for first line and then all staff
Access to Legal Services

Handling what our first responders say the most often
is with respect to military. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 841. 842. 843. 844. 845. 846. 847. 848. 849. 850. 851. 852. 853. 854. 855. 856. 857. 858. 859. 860. 861. 862. 863. 864. 865. 866. 867. 868. 869. 870. 871. 872. 873. 874. 875. 876. 877. 878. 879. 880. 881. 882. 883. 884. 885. 886. 887. 888. 889. 890. 891. 892. 893. 894. 895. 896. 897. 898. 899. 900. 901. 902. 903. 904. 905. 906. 907. 908. 909. 910. 911. 912. 913. 914. 915. 916. 917. 918. 919. 920. 921. 922. 923. 924. 925. 926. 927. 928. 929. 930. 931. 932. 933. 934. 935. 936. 937. 938. 939. 940. 941. 942. 943. 944. 945. 946. 947. 948. 949. 950. 951. 952. 953. 954. 955. 956. 957. 958. 959. 960. 961. 962. 963. 964. 965. 966. 967. 968. 969. 970. 971. 972. 973. 974. 975. 976. 977. 978. 979. 980. 981. 982. 983. 984. 985. 986. 987. 988. 989. 990. 991. 992. 993. 994. 995. 996. 997. 998. 999. 1000.

SUMMARY OF PRESENTATION BY GROUP C

Context

Group C highlighted the following points about domestic violence in the serving and ex-serving community:

- Domestic violence can be triggered by military service or mental health impacts, and therefore is not purely a civilian matter.

“Veterans are sometimes domestic violence victims, not just perpetrators”, and may also require support.

- Military systems and processes can be used to manipulate veterans’ families.

Ideas and Solutions

The group highlighted the following ideas and solutions to address domestic violence in the serving and ex-serving communities:

- Secrecy, fear and lack of knowledge are significant obstacles to addressing domestic violence. Educating both veterans and their partners about domestic violence is important. The group suggested that inviting veterans’ families to the mandatory training already run through the ADF would be beneficial.

“You need to be going [to training] and doing it together, on a regular basis. That way both people are getting the information ... and they know that VVCS [Open Arms] support services and things like that [are there] to support them.”

- Providing preventative mental health training would assist members before they enter the civilian community.

“I believe that 90% of our problems could be solved by preventative mental health training while they are [still] in Defence ... If we look at it and shift it that way, we will get rid of a lot of things that come from sadness and brokenness. We can actually help them heal in a preventative way.”

- The importance of adequately training first line staff across DVA, Open Arms (VVCS) and the Defence Community Organisation (DCO) about domestic violence.

“Making sure that those people are trained to ask the right questions and help those people through.”

- The group suggested additional research to assess the extent of the issue. They proposed creating anonymous online forms as well as asking questions about domestic violence in the existing forms that are filled out when leaving ADF accommodation. These forms could include questions to indicate the presence of domestic violence, and whether mental health is considered a factor.
- The group identified the following services that could be provided, or expanded to include, domestic violence survivors:

- Family advocacy services
- Financial services
- Relocation assistance
- Crisis housing
- Support for children
- Legal services.

4. Taft, C.T., Creech, S.K., Gallagher, M.W., Macdonald, A., Murphy, C.M. & Monson, C.M. (2016). Strength at Home Couples program to prevent military partner violence: a randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 84(11), pp. 935-945.
5. Michael A. Anderson, Paulette Marie Gillig, Marilyn Staker, Kathy McCloskey, Kathleen Malloy, and Nancy Grimsby, "Why Doesn't She Just Leave?": A Descriptive Study of Victim Reported Impediments to Her Safety" *Journal Of Family Violence* 18, no. 3, 2003, 151-155.
6. Taft, C., Street, A., Marshall, A., Dowdall, D., and D. Riggs. Posttraumatic Stress Disorder, Anger, and Partner Abuse Among Vietnam Combat Veterans. *Journal of Family Psychology*, 2007. 21(2):270-7.

HOW COULD WE IMPROVE ACCESS TO APPROPRIATE AND EFFECTIVE REHABILITATION TO MAXIMISE WELLBEING?

Research suggests that “veterans returning from combat may face a multitude of challenges: debilitating physical and psychological conditions, a civil society that does not support and even actively criticises the war from which the soldiers have returned, or personal and family circumstances that changed while they were away. These and many other factors can create a situation in which veterans are unable to reintegrate into civilian life as they had planned and hoped.”⁷

Access to rehabilitation that maximises wellbeing presents a broad scope of challenges and solutions. These may change as the needs of the veteran population changes, and also with advancements in technology and treatments.



SUMMARY OF PRESENTATION BY GROUP D

Context

Group D highlighted the following points about rehabilitation:

- Veterans and former serving members are “not broken, because that’s permanent—we’re affected.”
- Rehabilitation starts when the individual enters the ADF, and continues throughout their lifetime.
- The circumstances, needs and support structures are different for every individual.
- Individuals are responsible for their own wellbeing, though some individuals are more capable of this than others.
- It is important to frame rehabilitation in terms of wellness as opposed to illness.

Ideas and Solutions

Group D highlighted the importance of empowering individuals and providing simple, consistent and quality rehabilitation services.

Empowering Individuals

- The need for additional ways to connect with veterans who are not accessing their rehabilitation entitlements. The group discussed different methods of achieving this, including incentives to identify yourself as a veteran.
- Empowering veterans and providing them with the skills to self-manage their health is important.

“It’s about empowering the individual, making them responsible for their own life choices.”

- Providing a coach. This coach was described as a ‘guardian angel’ to empower, and assist veterans and their families would be beneficial. It is important that this ‘angel’ is future-focussed and familiar with the services available.

“A guardian angel — somebody who coordinates, and assists, and walks with that person the entire way ... people who know how to connect all of these pieces together.”

Simple, consistent and quality rehabilitation services

- Simplifying access to rehabilitation services would improve accessibility for veterans who have complex individual circumstances.

“Even the most highly intelligent people [can] struggle ... [or be] overcome with emotion. [If] it’s complex ... they just can’t tackle it. It needs to be simple.”

- Providing a consistent contact point would provide familiarity and reduce the need to ‘retell the story’.
- Ensuring that the services provided through a third party (e.g. rehabilitation provider) are of a high quality and meet client expectations.

PANEL REFLECTIONS

AT THE CONCLUSION OF THE FORUM, THE PARTICIPANTS PRESENTED THEIR IDEAS TO SENIOR EXECUTIVE FROM DVA AND DEFENCE. THE EXECUTIVE REPRESENTATIVES INCLUDED:

Name	Organisation	Position
Liz Cosson AM CSC	DVA	Secretary
Brigadier Natasha Fox	Defence	Director General Workforce Planning
Mark Cormack	DVA	Chief Operating Officer
Craig Orme DSC AM CSC	DVA	Deputy President
Paul Way	Defence	Director General Defence Community Organisation
Mark Kelly AO DSC	DVA	Repatriation Commissioner
Mark Garrity	DVA	First Assistant Secretary Transformation and Performance Division (A/g)
Dr Stephanie Hodson CSC	DVA	Open Arms (VVCS) National Manager

Each panel member was invited to provide a comment at the conclusion of the presentations. Examples are provided below.

“Transformation is not a buzz word. It’s actually a process of designing all of the elements of our service offering for the future. We’ve got incredibly valuable design input from your perspective, without the assistance and editing of the department. And that’s what I take away.” — Mark Cormack

“The message you gave in your stories is ‘to keep it real’. If I could ask you to keep your stories going ... because that’s what keeps us spurred on, to take the action we need to take. That is our focus ... to make it where we can ‘thrive what we live through’, not ‘survive what we live through’.” — Brigadier Natasha Fox

“We give out information all the time, but I don’t necessarily think we give out practical knowledge, and I really heard the need for knowledge.” — Stephanie Hodson

CLOSE

Ms Liz Cosson, DVA Secretary, closed the 2018 Forum. She congratulated the participants on their presentations, and highlighted that their feedback and ideas included very relevant ideas and recommendations.

She thanked participants for their commitment to the veteran community, for their hard work and their contribution over the two days.

"I find each and everyone one of you inspirational. The courage you show in standing up and telling us your story, telling us about how you feel and being open and honest ... it's inspiring."

"You keep it real for me. I can sit in the Canberra office and think up wonderful ideas, but they mean absolutely nothing if it doesn't connect with you."



FORUM EVALUATION AND FUTURE FOCUS

PARTICIPANTS WERE PROVIDED AN OPPORTUNITY TO EVALUATE THE FORUM, SUGGEST FUTURE TOPICS AND IDEAS FOR HOW THE FORUM SHOULD OPERATE INTO THE FUTURE.

FORUM EVALUATION — OF THE RESPONDENTS:

93% INDICATED THE FORUM WAS A WORTHWHILE USE OF THEIR TIME

“The Forum itself has been a wonderfully healing experience for me ... there is something encouraging about being in an environment where my own lived experience is pretty much par for the course.”

“It gives me a great sense of purpose watching the changes and setting people straight by way of explanation.”

“I feel deeply privileged to have been a part of this change process ... it is so encouraging to now see family members being engaged by DVA in a collaborative way, and their ideas being included in the development of tailored solutions.”

30% INDICATED THEY HAD AN ‘EXCELLENT OPPORTUNITY’ TO CONTRIBUTE AND PARTICIPATE, WITH A FURTHER 40% INDICATED THEY HAD A ‘GOOD OPPORTUNITY’

“The entire Forum was inclusive and everyone was encouraged to participate.”

“Due to my own anxiety I did not participate as much as previously, but I still had [the] opportunity to be heard, and to hear so many others.”

50% INDICATED THE PACE WAS 'JUST RIGHT', WITH A FURTHER 50% INDICATING IT WAS 'TOO FAST'

"The pace of some of the activities was too fast for me as a first timer."

"Whilst the pace was fast, it enabled productivity at a greater level and prevented any one individual or group becoming too entrenched in any one issue."

67% RATED THE VENUE AND CATERING AS EXCELLENT, WITH A FURTHER 80% RATING THE ACCOMMODATION AS EXCELLENT

GENERAL COMMENTS

"I'm grateful that we're working with a department who looks at change and wants to do something with it positively — that wants to embrace [it] ... and consult and listen and value the opinions of [veterans] ... We're important and we're valued here."

"[The Forum is] not just an exchange of information [but considered] the relevance of this [information], and how it could inform policy and procedures."

"It was a couple of the best two days of my year thus far. I felt connected, I felt like I belonged. I felt inspired and grateful to DVA, Liz [Cosson], the Minister, and [the team] for taking the time to spend with us. Thank you."

"Great to meet staff, hear of their initiatives, and give some thought to their projects. I think it gave some members of the group the knowledge that not all bureaucrats are just pen pushers, and that they do care."

MOVING FORWARD

FUTURE TOPICS:

- Legislation changes around the three Acts
- Pilots currently occurring in DVA
- Defence Abuse Response Taskforce (DART) versus DVA claims processes
- The support other countries provide for veterans and their families
- Links between DVA and Defence
- Advocacy Training and Development Program (ATDP)
- The aged care system and home assistance available for veterans and their families
- Rural service availability, including the availability of advocates and Centrelink services
- Child care for the children of veterans, especially during visits to psychologists or psychiatrists
- DVA payments, and the implications with other government departments
- Recreational transport assistance for female veterans who are unable to drive due to their Defence caused disabilities
- The definition of 'family', and how this differs between the ADF, DVA, DCO, Open Arms (VVCS) and Centrelink
- Practical aspects of rehabilitation, including experiences with paid advocates, counselling, case managers, navigating the current system, and support for veterans' families
- Women and PTSD
- Positive and negative impacts of ADF service on relationships, and potential mitigations for the negative impacts
- Further explore female veterans' health and women's peer health education
- Family advocates
- Minority groups and Reservists.

OTHER SUGGESTIONS:

- Guest speakers from the civilian community regarding their service offerings
- Panel of DVA staff who could take questions on the work in progress
- Relaying information from other DVA forums to this Forum
- Inviting veteran children (over the age of 18) to speak about their thoughts and experiences
- Allowing every member to write a submission to what they would like raised
- Additional time spent on each topic
- More discussion in groups
- Reminders and parameters on respecting the other participants
- Continue to have DVA staff observing — "it was great to see the DVA staff and for them to be in the room with us. I hope this continues — two way collaboration."







