



**Australian Government**

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**Department of Veterans' Affairs**

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**Department of Defence**

# **ADF Service Women Steering Committee**

## **Defence and DVA Response to Steering Committee Report**

**April 2014**

# **THE SUPPORT CONTINUUM**

## **Prevention**

### **Recommendation 1**

Defence and the Department of Veterans' Affairs (DVA) consider a common access portal for information about services available for all current and former serving members.

#### **Defence and DVA Response - Supported**

The concept of a common access portal is one of a number of initiatives being explored under the joint Defence/DVA Support for Wounded, Injured or Ill Programme (SWIIP). The concept is being progressed with implementation dependent on the development, approval and resourcing of the associated business case.

## **Health Care and Recovery**

### **Recommendation 2**

Defence consider broader dissemination of information about women's health and coping strategies.

#### **Defence Response - Supported**

Defence will review its dissemination strategies in relation to information about women's health and coping strategies.

### **Recommendation 3**

DVA review and refresh its internet page on women's health, with greater acknowledgement of the role and contribution of female serving members.

#### **DVA Response - Supported**

DVA will review its website in relation to women's health issues.

### **Recommendation 4**

That the impacts of service in the ADF on fertility be considered as a topic for focused research through Defence and/or DVA research programmes.

#### **Defence and DVA Response - Supported**

Research is already being conducted regarding the impacts of deployment on women. DVA is currently undertaking a focused research study on the needs of women (serving and former serving) in the study, *Mothers in the Middle East Area of Operation (MEAO): The health impacts of material deployment to an area of operation*. This research is investigating the effects of deployment to the MEAO on

the health and psychosocial wellbeing of service women with dependent children. In addition, two current projects concerning gender differences in mental health and its treatment are currently being conducted by the Australian Centre for Posttraumatic Mental Health (ACPMH). Further research activities will be prioritised by both departments under their joint research agenda.

### **Recommendation 5**

Defence and DVA review the trigger points for referral/entry into their respective rehabilitation programmes with a view to increasing female participation rates.

#### **Defence and DVA Response – Not Supported**

While Defence and DVA notes this recommendation, analysis by Defence does not reveal an under representation of female participation rates in rehabilitation programmes. A longitudinal rehabilitation study, due to commence in 2014, will also contribute to the identification of the trigger points for entry into rehabilitation programmes.

### **Recommendation 6**

A gender lens should be applied to all Defence and DVA information products.

#### **Defence and DVA Response - Supported**

Both departments will consider gender issues in the development or redevelopment of information products.

## **Liability Determination**

### **Recommendation 7**

DVA, through its Commissions, make a request to the RMA to investigate whether SoPs can be determined for female sexual dysfunction.

#### **Defence and DVA Response - Not Supported**

The Commissions historically have not made formal requests to the Repatriation Medical Authority to conduct investigations. Information is periodically given to the RMA about the numbers and types of non-SOP claims. As part of that information sharing, conditions that might be suitable to have a SOP determined are identified (based on operational need).

Female sexual dysfunction is a term that covers a group of disorders, with differing aetiologies, and a single SOP would therefore not be appropriate nor practical. SOPs could be determined for one or more of the disorders that make up the group. Present claim numbers don't indicate an operational need for such SOPs. Any claims for such conditions can be managed on a case-by-case basis as non-Statement of Principle conditions.

### **Recommendation 8**

That DVA consider arrangements to enable female clients to speak with female DVA staff members, when requested.

#### **DVA Response – Noted**

As the Committee noted in their report, some business areas in DVA already have the flexibility in staffing arrangements to accommodate female clients to speak with female DVA staff members (and male clients to speak with male DVA staff members) when requested. This recommendation will also be considered in the update of DVA's Client Service Strategy and the wider Service Delivery Reforms during 2014.

### **Recommendation 9**

That DVA encourages ESOs to recruit female advocates.

#### **DVA Response – Supported**

The veterans advocacy training review aims to develop an advocacy training system that provides high quality, accredited training to meet the needs of advocates, veterans and DVA. The training aims to include consideration of issues for trainers and trainees, such as the needs of contemporary veterans, female veterans and indigenous veterans.

### **Recommendation 10**

That DVA consider directly requesting female veteran nominations from ESOs to be part of the National Consultative Framework.

#### **DVA Response - Supported**

DVA will communicate with Ex Service Organisations the need to encourage female participation in the consultative forums.

## **Member Support**

### **Recommendation 11**

Diversity publications to be made more accessible for all ADF members.

#### **Defence Response - Supported**

During May to August 2013 Defence established the Centre of Diversity Expertise (CODE), which builds on previous capability supporting diversity and inclusion. The CODE produces a regular newsletter with diversity information, regular diversity dialogues and has updated the intranet site. As part of the Diversity and Inclusion Strategy, endorsed by the Gender Equality and Diversity Council on 1 July 2013, Defence is developing best practice corporate materials and steering the services and Defence groups to best practices and products across the organisation.

### **Recommendation 12**

Defence and DVA consider integrating information from DCO and VVCS to identify 'hotspots' enabling more targeted prevention initiatives.

#### **Defence and DVA Response – Noted**

Defence and DVA work collaboratively at the national and local levels to support veteran families. The Veterans and Veterans' Families Counselling Service and the Defence Community Organisation will continue to work together to ensure effective and targeted delivery of services and mental health prevention initiatives. Of note is that client counselling information is held in strict confidence and is only shared with the explicit informed consent of the client.

### **Recommendation 13**

DVA investigate whether or not the On Base Advisory Service can report the gender breakdown of ADF members accessing the service.

#### **DVA Response – Supported**

DVA is investigating the viability of including a gender breakdown as part of its regular reporting.

### **Recommendation 14**

VVCS review its Crisis Assistance Programme to ensure it meets the needs of contemporary veterans and their families.

#### **DVA Response - Supported**

The Crisis Assistance Programme was established to provide assistance to Vietnam veterans who may be experiencing a family crisis. It may also be available to other veterans where there are compassionate circumstances. DVA / VVCS will be reviewing this programme in the context of the whole of Government homelessness agenda and the needs of both Vietnam and contemporary veterans.

### **Return to Work**

#### **Recommendation 15**

Consideration be given to the development of graduated and flexible post partum return to fitness programmes that are responsive to the circumstances of individual members.

#### **Defence Response – Supported**

Navy, Army and Air Force have, or will, review their policies regarding flexible post-partum return to fitness programmes.

### **Recommendation 16**

Consideration be given to increasing the awareness of PTIs of post partum health and fitness issues.

#### **Defence Response – Supported**

Navy, Army and Air Force have, or will, review their policies regarding awareness of physical training instructors of post partum health and fitness issues.

### **Recommendation 17**

Consideration be given to a point of contact being developed in the ADF to assist females meet their Defence-specific occupational requirements, particularly in the post natal period.

#### **Defence Response – Not Supported**

The view of the three services is that this is a command responsibility and managed within existing policy and processes.

## **Transition**

### **Recommendation 18**

Defence consider whether members whose separation from the ADF is related to a traumatic incident (for example, where a person has been a victim of sexual assault), should be automatically eligible for assistance through CTAS.

#### **Defence Response – Supported in Principle**

The Defence Community Organisation manages the Career Transition Assistance Programme and will examine this recommendation as part of the 2014/15 business plan and resource availability.

### **Recommendation 19**

Defence and DVA review information about services for Reservists, and how that information is provided, to ensure Reservists are fully aware of the services and supports available to them.

#### **Defence and DVA Response - Supported**

Work is already underway between Defence and DVA to improve services provided to Reservists and the communications approach to Reservists.

## **Post Transition Care and Support**

### **Recommendation 20**

DVA undertake an active campaign to make female veterans aware of DVA services.

### **DVA Response - Supported**

DVA currently provides information via a range of approaches. An important source of information is via the On Base Advisory Service staff. The introduction of OBAS in 2011 has helped improve awareness of, and access to, DVA services. Defence continues to encourage commanders to take advantage of the OBAS services by including them in induction and training programmes. Ex service organisations and the DVA website are also important sources of information for female veterans.

As a result of the Review of Military Compensation Arrangements, an education campaign aimed at current and former members of the ADF is expected to be undertaken in late 2014. One of the aims of the campaign is to raise awareness of services provided by DVA.

### **Recommendation 21**

The location of childcare options to be taken into consideration for the location of all future VAN/VVCS offices.

### **DVA Response - Supported**

DVA endeavours to provide a safe and secure environment within VVCS that is child friendly. VAN offices mostly host short visits that are unlikely to require child care. However, there are a number of other channels available to clients, who do not require face to face contact, to contact DVA. These include telephone, email and online services. For some people these are more convenient than face-to-face contact due to family caring responsibilities.

### **Recommendation 22**

DVA develop resources to assist veterans to develop their own support groups in their local area, with DVA to maintain details of groups available on its website.

### **DVA Response - Noted**

The DVA Social Health Strategy for the Veteran and Ex-service community, to be finalised in 2014, sets out objectives to support the social health needs of the ex-service community.

### **Recommendation 23**

VVCS review demographic data by location to identify areas of higher female veteran usage with a view to holding female-only veteran group programmes.

### **DVA Response - Supported**

VVCS already analyses data as a means to identifying opportunities to run cohort specific (eg female veterans) group treatment and mental health educational programmes. However, such cohorts generally do not have a critical mass in any given location to enable dedicated programmes. Individual counselling is always available to female veterans through VVCS.

## **Support Continuum Performance and Reporting**

### **Recommendation 24**

Defence Links Steering Committee (DLSC) investigate the possibility of Support Continuum performance reporting by gender (where relevant) to ensure Support Continuum processes are meeting the needs of the female cohort.

### **Defence and DVA Response – Supported**

Work is already underway in the Defence Links Steering Committee for the reporting on transition from the ADF by including a breakdown by gender. The reports indicate that gender analysis is consistent with the gender analysis in each of the ADF services. DVA and Defence will continue to review the value of refining the reports for any improvements to Continuum Support processes.