

AUSTRALIAN WAR WIDOWS NSW LTD
Submission to Royal Commission into Defence and Veteran Suicide
October 2023

INTRODUCTION

1. This submission is the second written submission provided by Australian War Widows NSW Ltd ('AWWNSW') to the Royal Commission into Defence and Veteran Suicide ('Royal Commission'). The content of this submission builds from AWWNSW's first written submission in October 2021 and verbal evidence in December 2021.
2. AWWNSW is pleased to see the progress made by the Royal Commission over the last 2 years in highlighting the issues faced by Defence and Veterans' Families. When AWWNSW made its first submission, our central objective was to highlight the hard truths that are the experiences of Defence and Veterans' families. We wanted to ensure that these experiences were explored and that families were firmly placed on the Royal Commissions' agenda. It has been pleasing to see these issues picked up, investigated and explored over the last 2 years.
3. The evidence collected and shared by the Royal Commission regarding the experiences of Defence and Veteran Families has validated much of what is known, which up until now is largely anecdotal and therefore easily dismissed.
4. AWWNSW has heard how the Royal Commission has enabled families to finally feel heard by those with the ability and the will to make changes. Changes that will ensure families are adequately supported, meaningfully engaged and recognised. AWWNSW feels this too and thanks the Royal Commission for taking the time to explore these matters in depth and publicly.
5. The evidence the Royal Commission has collected and explored on the topic of Defence and Veterans families makes clear that life with a veteran can present unique experiences, opportunities and challenges that differ from the broader population. It has demonstrated the important role that Defence and Veteran families play and their importance in the system. Specifically, it has shown that the families of veterans are;
 - a) a critical protective factor against suicidality in veterans
 - b) they play a role in supporting serving members and veterans to live well, be in good health and reduce risks of suicide

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- c) impacted by the passing of a veteran by suicide but there is limited support available to them beyond financial compensation
 - d) not meaningfully engaged or supported through out a veteran's journey in defence and beyond
 - e) often supporting veterans and their mental illnesses alone with limited relief or respite
 - f) likely to have their own mental injuries to recover from
 - g) likely to suffer burnout
 - h) they are the emotional barometers for veterans, keeping track of their veterans' health and wellbeing and can act as quasi case/ social workers trying to connect their veteran to support and services; and
 - i) they are the first to notice a deterioration in a veteran's health and wellbeing.
6. Why then are families struggling to be adequately supported, meaningfully engaged and recognised? Evidence provided to the Commission by the Veteran Family Advocate Commissioner, Gwen Cherne points to a lack of political and bureaucratic will. Together with other evidence collected by the other driver is systemic underfunding. Instead, the bureaucracy and community are urged to find 'cost neutral' solutions rather than fund programs that reduce longer term costs.
7. In May 2023, the current Minister for Veterans Affairs said in a media release that "[Veterans] *having the support of their family is essential for ADF members to undertake their work in service of our nation, ... families are often on the front line when a veteran needs some extra support. **That is why the Albanese Government is committed to ensuring Defence and veteran families receive the services and supports they need and deserve.***" What was missing from this statement is so long as it doesn't cost any money.
8. The rhetoric is right but when it comes time to fill gaps in the system for families, and indeed for the health and well-being of veterans, the will to find and fight for the funding simply isn't there. That isn't good enough. Funding right now is channelled toward short term solutions at best. There is limited demonstrated strategic thinking or planning taking place that is beyond the 'squeakiest wheel'. Policy on the run such as this is not good policy and results in the support system we have today.

WHY OUR VETERANS AND THEIR FAMILIES DESERVE BETTER

9. During his Press Club address on 13 September 2023, Commissioner Kaldas rightly called out successive governments, the bureaucracy, and the media for their lack of attention and meaningful engagement with the issues facing veterans and their families. He urged Australia and her representatives to care about these matters, engage with them and report on them.

10. The truth is we have (in Australia) become so used to our way of life and sheltered from the horrors and dangers of the world that we don't even think about what the price of our everyday peace is. While that is a good thing and many an ADF member has reflected that shows they are doing their job properly, it does have an unintended consequence and that is a lack of awareness and engagement. Australia isn't just the safe, secure, and prosperous nation it is because of luck – it is because of what our ADF does every day to keep it that way and protect Australia's interests.

11. Australian Veterans are not only responsible for maintaining Australia's strategic interests, protecting Australian assets, her citizens, democracy, and culture but they are there to do what the Government of the day asks of them. They freely relinquish their rights and freedoms to serve Australia.

12. There is a cost to Australia's way of life, prosperity, welfare system, healthcare system and the opportunity available to every Australian. That cost is a financial and a human cost. That cost is borne by our veterans and their families – because without people willingly putting the uniform on and their families supporting them to do so, the freedoms and prosperity that most Australian's enjoy wouldn't be as readily accessible.

13. The Australian Government, together with the Department of Defence has set some very important strategic priorities to secure the peace and security Australia currently enjoys. One of the most important strategic priorities is a very large increase in the size of the Defence Force, a target which almost seeks to double the personnel who wear Australia's uniform. Critical to the achievement of that goal is the support and retention of the families of these veterans. Critical

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to supporting the growth in the size of the issues already in this veteran support system are the families of veterans.

14. Data from successive defence census and family surveys show the main reason people choose to leave the ADF do so because of its impacts of that service on their families. As the Royal Commission has already found, families help veterans join, stay in, serve and when the time is right transition them back into civilian life. Families care for veterans if they become unwell due to their service and are the ones left behind and left out when a veteran passes away. Families in all their forms are the constant in a veteran's life, they are without doubt a protective factor and have positive impacts on transition and wellbeing outcomes for veterans.

15. However, in Australia, only a small segment of the veteran family community is supported or provided for within the veteran system. Even then, the support is limited and does not properly recognise the role they play, the burdens they bare and the impacts of the unique nature of military service has upon them. There is limited relief offered for veterans' families, yet the system and the institutions within the system continue to expect families to take on more and more when it comes to enabling ADF service and caring and supporting veterans following that service. They are expected to:

- a) be single parents
- b) move around the country
- c) have long distance relationships
- d) have and maintain a job
- e) not get sick
- f) meet the veterans' every need
- g) support veterans emotionally and sometimes financially; and
- h) manage the emotional and mental load of their families and the list goes on.

16. In a recently released three-part series on the ABC ("Australia After the War"), historians explain the long and ensuring impacts of war on the families of veterans and provide further validation of the evidence collected by the Royal Commission and the points made above. It also explains how the culture of expectation on the families of our veterans has arisen and is still present today.

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17. The recent impact of the decisions to make major moves of Army personnel north announced on 28 September 2023 is a good example of the expectations on families and the lack of consideration of the importance of these relationships to enable service. On 28th of September the Defence Minister and Deputy Prime Minister Richard Marles announced major shifts in the Army's strategic physical presence in Australia. The media release spoke about the reasons for the move but provided little detail about what it means for families. Journalists asked questions about the specifics about where they will live and if the infrastructure is there to support them. The answers provided by the Minister provided little comfort to families and spoke of the detail yet to be worked out. In addition to housing, medical services, childcare, and school availability; what jobs will the spouses be able to move to? Will the families be safe noting the crime statistics for this area? Are there enough community support services up there for veterans and families?
18. At the same time that this announcement was made there is no replacement for the Defence Family Advocate role, Defence Families Australia are in caretaker mode and are understaff and underfunded. This is yet another demonstration that impacts on families don't factor enough into planning, yet the expectations upon them increase.
19. The families of veterans see and experience the costs of maintaining Australia's peace, security, and way of life. It is human and economic. It grows from the moment an Australian completes one day's service – becoming a veteran and continues long after that service ends.
20. Simply saying there is 'no money' isn't a sufficient excuse anymore. Money can be found to fund almost anything government and its departments have the will to fund. Money can be found when Australians understand the impacts of service and the support needs of veterans and their families and when Australians learn about the poor condition of the system. It is time that money, political and policy will be found to ensure veterans and their families are supported.
21. AWWNSW maintains its original position from 2021, that the 'problem' of veteran suicide doesn't belong to one element of the system. It isn't just government's problem to solve. It is incumbent on the entire veteran system to unite itself, guided by the Royal Commission to understand the challenges, collaborate, and implement solutions together. There is a subtlety in the *esprit de*

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corps which extends beyond the uniformed member and continues post service, that is no one will walk alone or be left behind. We need to together live up to that intrinsic value.

ENSURING NO FAMILY MEMBER IS LEFT BEHIND

22. Heeding our own calls to action, our transformation began in 2021 and is gaining momentum. For a long while, AWWNSW together with much of the veteran system was idling through, content it was doing what it needed to support its demographic and that the model of support was right. We took our lead from government and the bureaucracy.
23. While we grew our focus beyond the traditional war widow as we continued our aspirational mission to improve the financial and social circumstances for widows, the truth is we were stuck in a mind set and approach to supporting families of veterans that was no longer serving the community in the best way. The approach to family support which had its foundations in the battlefield promise of World War One seemed all that was required. The model of waiting until a veteran passed away before we showed up and offered support be it economical, instrumental, informational, social, or emotional seemed to be working for those we were restricted to serving.
24. But of course, the need beyond those we were serving grew and continued to grow from 2001, with the nature of our defence force changing, the country going back to war multiple times and veterans surviving their service and injuries that in the early-mid 1900's they wouldn't have. With veterans living longer and more complex lives, the challenges related to caring for and supporting a veteran during, post and beyond their service were now very visible and knowing obligated us to action.
25. In the Australian veteran support system, families are not visible until there is crisis. The support is reactive and therefore often missed. Sadly, the system waits until families are in distress and start complaining before it offers anything. For AWWNSW, that isn't good enough. A family need not be in crisis and a veteran shouldn't have to pass away before their families are seen, heard, connected, and supported.
26. That is why we are transforming and providing a place of belonging, connection, and support to the families of Australian Veterans. We have developed the confidence to step out of the shadow

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to do what is right and what is needed. We are not content with the 100-year-old model of family support and service and will do all we can to build a new model that meets the needs of our resilient, stoic, and dedicated defence and veteran families who are along for the ride despite not being the ones who wear the uniform.

CURRENT MODEL OF VETERAN & FAMILY SUPPORT

27. The evidence before the Royal Commission has made clear that the current model isn't working. That the system which includes both government and non-government entities must be simplified as much as possible. It has shown why there must not be any more wrong doors for veterans and their families, that the responsibility of the health and wellbeing of a veteran and their family belongs to every actor within the system.

28. The current model of veteran and family support waits until something happens before it is activated. The response is not well coordinated, though well intentioned, and the onus for finding services and support is on the veteran and their family who are also trying to manage whatever has just happened.

29. An adequate response by the system relies on infrastructure such as communications, data and reporting that simply isn't present or effective. We have heard in evidence before the Royal Commission how communication and information flows are simply not present and when they are, they are limited. We have also heard this from the veteran families we speak to regularly. For example, families are not often included in information flows, consulted, or communicated with, in their own right. While a veteran is still serving, they are the gatekeeper of information that is targeted at veteran families – this culture carries forward when a veteran completes their service, though families have more flexibility in involving themselves in the processes.

30. The current model brings together two departments of state both with very different expertise, core functions and roles. They meet somewhere in the messy middle that is called transition where both organisations overlap creating confusion and anxiety for the veteran and family.

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31. The current model features multiple claims processes to access health care and compensation. Resulting in a continual sense of having to argue for entitlements. The system creates long queues and hasn't been updated following key policy decisions such as straight through claims processing, provisional access to medical treatment and non-liability health care. The efficiency of this claims model hasn't been adequately reviewed or assessed from a cost benefits perspective.
32. The current system has the effect of creating perceptions of mistrusting veterans and through its adversarial and dual nature, where veterans are always having to prove how and why conditions are service related. It has struggled to keep pace with changing needs, technology, and health conditions. It is paralysed by red tape, poor IT systems, outdated governance structures and a severe lack of innovation.
33. In terms of support and inclusion of families, supporting them in their role and recognising their service and contribution, the current model of support is limited. It is centred on financial support and counselling and again waits for something to go wrong before it offers help. To access significant support, families must wait for a veteran to pass or become significantly ill.
34. This model presumes that families are not in need of any other forms of support or help until they are in crisis. Even then the gaps are significant, there is a lack of coordination or integration with the community sector, state governments and other federal government services and supports leaving families vulnerable and isolated from peers.
35. The problems in the system are ubiquitous in the sense that all the above factors affect not only the entitlements available but the way in which it consults, engages, and collaborates. It is stuck in the past and is in urgent need of change.
36. The role of state governments and their connections with the federal government on matters relating to veterans and their families is unclear, and while some states and territories are seeking to do more and better to look after the veterans and their families in their communities, they are not well supported by the federal government with meetings occurring inconsistently and no real long term commitment or partnerships to deliver initiatives to benefit veterans and their families.

A FUTURE MODEL FOR VETERAN & FAMILY SUPPORT

37. While the above paragraphs tell the Royal Commission what it already knows, the summary provides a helpful context for this section of the submission and AWWNSW's views on what a future system of veteran and family support could look like.
38. A future system is a long-term endeavour and not one that will be able to be implemented quickly. However, the articulation of the vision for a future state is critical to be able to periodically assess progress, remain disciplined, reduce waste and ensure eventually the system is as effective as it could be.
39. In our view, a future model commences with letting the Department of Defence and the ADF do what they do best, what they were built to do – to raise, train, equip and maintain a Defence Force to protect Australia and her interests. It recognises that while duty of care is owed, and improvements can be made to the management and leading people capability, however it recognises that this isn't their core business. People are however the core business of another arm of Government charged with the lifetime care, support and wellbeing of current and former serving members and their families. This could be a reformed Veterans' Affairs Department. Such a department that is embedded within the larger Defence structure who has the community links, the external government links and is there to support and serve the people of the ADF and their families while they are serving and when that service ends.
40. While transition to civilian life is still a point at which there is intense service delivery and support, it is delivered by the people specialists. It is integrated and there are no gaps to fall through because members and their families have been connected and engaged by the 'people's department' from day one.
41. The 'people's department' focuses on all matter's health, wellbeing, rehabilitation, and repatriation. It supports the families of defence members and veterans in partnership with community organisations. It transitions people to civilian life and 'repatriates' them in a similar way. It is the sounding board for the ADF/Defence Department on retention and relocation policies, services, and initiatives. It is the lead in commemorative activities and community

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engagement. It feeds back information and advice on matters relating to health and wellbeing, commissioning research, and informing Defence innovation and technology development.

42. In such a system where the departments are connected in such a way, there is no need for an initial liability claims process. Health care continues to be provided but for a specific list of conditions which are highly unlikely to have been caused by service i.e., genetic conditions. Where such a condition exists, then a link to service must be proven. The statements of principles are therefore significantly reduced to a small number of conditions where service can play no factor in its development.
43. A model of compensation still exists for those with ongoing impairments due to their service, this is still a claims-based approach, but claimants are supported through social workers and case managers. There is also a higher weighting provided to the lifestyle impacts that currently exists and family impacts are also included in the assessment. This process and claims made in the impact assessments are randomly audited according to the level of anticipated fraud.
44. Those with a high level of permanent impairment receive ongoing services that assist in managing lifestyle implications such as domestic support, motor vehicle compensation, psychology, occupational therapy etc. Those with low to medium levels of impairment receive initial support services as mentioned above but this is reviewed at regular intervals.
45. Mental health support and services are provided to the veteran and their families on a graduated system of need which may involve co-payment where the need is lower, or the individual means are higher. Children of veterans who have passed away, have experienced multiple adverse childhood experiences related to their parent's service and of severely wounded/ injured veterans receive ongoing access to mental health care and treatment, including access to age-appropriate therapies such as play, drama and art therapies.
46. Death claims are automatically accepted when a veteran passes away unless a specific excluded condition noted above applies in the circumstances. Widow/ers support remains as is though service access (as noted in paragraphs 43-44) is extended and provided in the same manner as those with high levels of impairment. At any time, the widow/ers can reduce or withdraw from

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services and return to them when needed. Widow/ers are also supported through social work/ case management and are provided with assistance to access their entitlements.

47. There is an interface with the federal and state and territory governments, perhaps similar in concept to the United States 'cooperation office' between the Department of Defence and Veterans' Affairs. This office assists with the movement of ADF personnel and their families between states and territories. It assists with repatriation/ transition following service connecting the veteran and their family with state-based services, it has an ongoing interface with the community sector to enable the sector to engage with state & territory governments quickly and easily regarding accessing state-based entitlements such as concessions and other state-based services and supports. It produces reports and feedback loops for the federal government and community sector alike and provides the means to leverage the community sector to fill gaps and balance delivery in the short term when issues arise such as increasing demand for services and limited means to deliver.

48. State and territory governments work in partnership with the federal government to deliver clinical coordinated treatment and case management to veterans with complex health conditions. Built on the model at the National Centre for Veterans' Health Care, the states and territories may develop centres of excellences or clinics to fill gaps and support veterans and their families who are on waiting lists, providing access to short term treatment and care.

49. State and territory governments work in partnership with the federal government to deliver sustainable employment outcomes for veterans and their families. For families this involves the harmonisation/ mutual recognition of professional qualifications between states, it provides programs which enable partners to access public sector careers that can move with them around the country and beyond service. It provides access to education, internships, and employment placements for veterans on a graduated system based on their level of education when they leave the defence force, going well beyond the resume and job search skills.

50. From a community sector perspective, there is a peak body that is governed by subject matter experts and regulators including for example, the ACNC, ASIC, AICD, Governance Institute, Defence Portfolio, ATO, CSC, Medical Collages and Mental Health Leaders. The primary role of the body first and foremost is to certify veteran family support organisations. Providing assurance

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to the community and the veterans and their families that organisations that proposit to serve and support them meet a minimum set of requirements and has appropriate systems to deliver and govern what they do.

51. The peak body also plays an education, capacity building and advisory role, helping organisations in the sector lift standards and put systems, policies, and procedures in place. It provides reporting to government and the sector about the veteran and family population, it acts as a candidate for consultation and communication between all stakeholders and channels major funding opportunities for its members. It commissions research and codesign initiatives feeding information back to interested stakeholders to improve performance and outcomes for veterans and their families.

52. A future model/ system of support is a long-term goal and ought to be read as such. AWWNSW has also considered short and medium-term goals or recommendations for the support system which may provide some immediate relief and help to repair the damage that has already been created.

RECOMMENDATIONS FOR THE SHORT-MEDIUM TERM

53. To date, the Royal Commission has heard tragic stories of loss, of moral injury and lived experience of suicide. While recommendations need to be future focused, relief in the system is needed now while the future is built.

54. For AWWNSW, short-medium term recommendations for reform include the following with each area discussed in more detail below:

- a. recognise, engage and support families through:
 - i. ensuring they are covered by the veterans' legislative framework
 - ii. removing privacy barriers prohibiting effective communication and engagement
 - iii. establishing an engagement and advocacy framework for veterans' families
 - iv. ensuring mental health care needs are supported and provided for; and
 - v. providing funding lines for the development of family specific programming and wellbeing advocacy.

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- b. create suicide safe communities through:
 - i. increasing the suicide literacy of the whole support eco-system
 - ii. capture, report and review suicide related data to monitor the system
- c. ensure the recommendations of this Commission are implemented through:
 - i. the establishment of an ongoing implementation body
- d. ensure community sector has the capability and trust of government, veterans and families alike through:
 - i. the establishment of a peak body for the sector.
- e. formalise requirements for cooperation and coordination between State, Territory and Federal Governments on matters relating to veterans and their families through:
 - i. Establishing an agreement between governments on how they will work together to provide better outcomes and remove interstate and governmental friction for veterans and their families.

Recognise, Engage and Support Families of Veterans

55. Recognising families commences with the legislative framework governing veteran entitlements. In May 2023, AWWNSW made a submission on the new legislative framework proposed by the Government. This submission sets out AWWNSW's views on how families could be included and recognised in the revised veteran entitlement legislation. In summary, the submission asked government to consider the following key recommendations:

- a. ***recognise veteran families and their role in the new legislative framework, in the Act's preamble and second reading speeches*** – because meaningful support and engagement of veteran families commences with recognition. To date, difficulties in defining veteran families has led to their lack of inclusion and engagement. AWWNSW has used the Australian Bureau of Statistics definition of family. AWWNSW also includes a list of familial relationships which it considers part of the veteran family in its definition. These relationships include current and former spouses, biological and/or stepparents, siblings, children and grandparents. AWWNSW encourages all other veteran organisations, including DVA and Government to adopt a similar approach.

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- b. ***remove legislative barriers that cause inequity within the provision of entitlements that create a rigid system that reduces availability of services and support*** – providing for greater flexibility and a needs-based approach to the provision of entitlements. A needs-based approach to the delivery of entitlements, services and support ought to be included in the legislative framework. Again, this allows for appropriate flexibility when required and enhances responsiveness to change. A fundamental strategic problem for the Veteran and Defence Personnel portfolios has been an inability to predict and keep pace with the changing needs of veterans and their families. The system unfairly restricted by its governing framework. It is imperative that ways to introduce flexibility within the system in a responsible way be considered and a needs-based approach is one way. It is a way that puts veterans and their families at the centre of the system instead of the legislation being at the centre.
- c. ***Remove existing barriers to accessing appropriate mental health care and support*** – such as amending references to ‘counselling’ and replacing with mental health support to open up the types of support which would more meaningfully meet the needs of veteran families. Further we asked the government to ensure that children of veterans have access to mental health treatment by removing legislative barriers to that treatment and including a framework to provide a treatment card to these children.
- d. ***Removing or reducing the privacy barriers that prevent family engagement and limit proactive community support*** - privacy remains a significant barrier to family engagement, communication and service provision. The barrier is well known but limited work has been done to remove it or reduce its impact. Debates on family inclusion and engagement end with the barrier being identified and using the barrier to reason why veteran families cannot be included in the system. Privacy is an issue but not one that is insurmountable. In AWWNSW’s view privacy is used to reason why things cannot happen as opposed to looking at how to work within the limits it provides and find other ways to overcome it. The simplest way to overcome privacy is through consent. Interestingly, many of the veteran families AWWNSW talks to think that has already been provided. They are expecting to be contacted by Defence, DVA and the community sector. They are waiting for information, engagement and support and they are left wanting.

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e. Including veteran family engagement and a role for DVA in the provisions that govern Transition Support - a fundamental problem in the provision of transition support and services has been the lack of meaningful engagement of veterans' families in the process, resulting in poor communication and coordination of transition services and entitlements. Engaging families is more than just including them in information sessions and booklets. It is about understanding how the transition from the ADF will impact them and their veteran, the needs this period generates for the families and identifying avenues to address those. There is an unspoken expectation that ADF families will do what is required and that they too will fall in line with Defence's processes. The expectation exists yet families are not engaged or supported and are not meaningfully considered or included in processes and support services.

56. Engaging families is about ensuring that their voices are heard and that they are included and communicated with in their own right. In the short-term methods to facilitate this could be explored through the reestablishment of a Ministerial Advisory Council for Defence and Veteran Families. The current model of advice and engagement blends the voices of veterans with family-based organisations. With issues spanning both cohorts complex and multiple associations representing veterans, the voices of families are simply not being heard nor concentrated enough for any progress in this space to be made. As a result, the status quo continues, despite the evidence the Royal Commission has found of the need to ensure families are meaningfully engaged. Blending the voices of families with veterans simply doesn't work and there is a need to bring the Council for Defence and Veteran Families.

57. Engaging families also means having the ability to reach the masses of families, hearing what their needs are and developing policy solutions. During hearing block 11 in Melbourne, a suggestion was put to the Veteran Family Advocate Commissioner regarding the establishment of an advocacy service for families. AWWNSW supports this idea but thinks this needs to sit outside of Government to be effective and make change.

58. In the United States a similar approach is taken and is proving effective for military families. Led by Blue Star Families, the community-based approach to advocacy connects from the grass roots all the way to congress. It brings together military family-based organisations around priority areas and policy positions and approaches are formed together. Research is conducted and

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bought together with the voice of families to help Government understand the issues, the need and the response. Issues are then collectively advocated on and because they bring the evidence base with them, they are heard, and changes are made. While the organisations reflect that more is needed to be done, they do recognise that they have been able to make progress due to the collaborative approach to advocacy. What is remarkable is that in comparison to Australia, the organisations appear on the same page with the issues affecting veteran families.

59. AWWNSW thinks there is significant benefit in the US model discussed above. While seed funding may be required to commence such an initiative and government's financial contribution would be needed to support formal research, ultimately this initiative needs to sit outside of Government but have a strong relationship with government. This approach also guards against election cycles and bureaucracy changes to ensure issues are followed through. AWWNSW would be happy to lead such an initiative noting it was built on these very foundations.
60. Further, engagement with families isn't just limited to the veteran sector. Bereaved families must be better engaged and supported by the coronial systems in Australia. Through the Community Reference Group, AWWNSW is aware that in the UK, bereaved families of suicide are automatically classed as interested parties in the coronial process. This ought to be the case in Australia as well. However, if that were to occur it is imperative that family support programs offered through some coronial jurisdictions be adequately resourced so that they can provide services and support bereaved families through the process. Additionally, there ought to be additional provision provided to legal aid services to ensure that where there is complexity the families, as the interested parties, have access to legal representation to have their interests appropriately represented and protected.
61. Supporting families in the short – medium term is about ensuring they have access to age-appropriate mental health care/ support services. It is about ensuring that existing funding lines for the provision of case support and service navigation are expanded to include the costs of delivering such services and is about incentivising the development of programs that support families in their roles, meet them where they are and alleviate the burdens they carry daily.
62. First access to age-appropriate mental health care/ support services. Children of veterans and bereaved children are at greater risk than their civilian counterparts of experiencing mental

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health challenges due to their parents' service, the nature of that service and the impacts of that service on the veteran and the household. Their psychological and development needs must be considered and supported by the system. Currently access is provided through Open Arms, but this isn't sufficient to meet what are often intense psychological needs to mitigate the impacts of adverse childhood experiences.

63. While ultimately AWWNSW would like to see the development and implementation of a model of care for the children of veterans, like the model used to support the children of Vietnam Veterans, however this model would focus on their mental health needs. In the short term it would like to see an expansion of services provided/ funded by Open Arms to fill critical gaps such as those aged under 15 years.

64. Currently support available to families with children under 15 is family-based programming only. While better than nothing, the reality is that this programming is generic in nature and doesn't elevate the issue for the family. Existing supports fail to recognise the ways in which this unique context of defence service impacts on the whole family unit, increasing risk of adverse childhood experiences (ACEs) and eroding protective factors that would otherwise exist in a well-functioning family. Immediate relief and support can be provided through:

- a. Expanding Open Arms support/ funding to include child therapies such as – play/art/music/drama therapy for children ages 3-15 years. Research into such therapies show that they are an effective intervention for children that enables them to use the mediums that are most natural and familiar to them to communicate and engage with their feelings. This is especially important for children who have experienced adverse experiences such as grief and loss, domestic violence, divorce, attachment issues, bullying, autism spectrum disorders, ADHD, anxiety, and the impact of parental drug and alcohol use or mental health issues. Such therapies can also help to prevent the onset of health and well-being consequences associated with adverse childhood experiences, preventing individuals from exhibiting anti-social behaviour, criminal behaviour, and severe mental health issues in later life.
- b. Ensuring that Open Arms is appropriately funded to provide access to psychiatry and psychology services to and for veteran families of all ages and relationships where there is war service, bereavement, illness, or injury.

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- c. Expand Open Arms funding to support the development of programs, service and resources that target and alleviate care giver burnout.
65. The outcomes of such an approach seek to mitigate the impacts of war and defence service on the children of veterans as early as possible to reduce larger longer-term costs and social burdens through ensuring that these children grow up with the skills, they need to manage their own wellbeing and self-regulate.
66. Regarding funding lines for the provision of community-based advocacy, case management and service navigation services, this ought to be expanded to include the costs of delivering the service safely to the community, thereby incentivising its growth. The current funding line for such services includes the 'BEST Grant'. Under this grant the costs of delivering claims advocacy services can be claimed, i.e., the personnel costs (wages). However, the delivery of what is effective social services through the wellbeing stream are not claimable under the grant. The inequity creates a system where claims advocacy is the only type of advocacy which is valued. Social services, particularly those targeted at the veteran family are not incentivised despite the significant value they can provide through case management and service navigation. Both streams of community-based work must be treated and funded equally.
67. Turning to incentivising support for veterans' families. The Royal Commission has highlighted key support needs for veterans' families at all stages of their journey with a veteran and beyond. The list of potential services, programs and interventions is long but there currently exists no incentive for community organisations to explore this area with all existing funding tied to veteran based programs and limited to recognising veterans. There must be expansion of all funding streams to allow for the inclusion of family-based programs and services and recognition projects. Funding lines must include the offsetting of personnel costs so that not only can a program be robustly designed, tested, and delivered but so that it can be evaluated, and meaningful reporting can be provided back to the organisation and government alike. A specific funding stream for veteran family support ought to be established to spur the development of these programs, just as it has been for veteran employment for example. Priority areas for funding could include programs that provide:

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- a. Support for spouses of veterans
- b. Support for parents of veterans
- c. Relationship support
- d. Support for children of veterans
- e. Resilience support/ practice and development
- f. Grief and loss support

Suicide safe communities

68. Suicide safe communities are created when people are more than just mental health literate, they must also be aware of the signs that someone could be contemplating suicide, they must feel confident in asking the question and knowing how to handle the response. They must build understanding that mental illness may not always be present and that the more we talk about it the less confronting and difficult it is.

69. The best way to create this reality is by mandating Safe Talk training for all people in the system providing services/ support to veterans and families. This training needs to be everywhere, fully funded, and linked to community sector funding/ accreditation. For public officials and ADF members it forms part of the mandatory training package and linked to pay increases. It ought to be completed at minimum biannually to keep the knowledge fresh.

70. AWWNSW also supports the Royal Commissions' views on ensuring that suicide data is reported, analysed and feedback to the actors within the system. This creates an effective monitoring process which not only can be used to determine the effectiveness of interventions but works to create suicide safe communities through increasing awareness of the factors at play and emerging systemic issues.

Implementation of Royal Commissions' findings and recommendations

71. The numbers of previous inquiries and recommendations made to reform the veteran system in Australia are staggering. It tells the story of wanting to know what to do better and how but not liking the answers. So much time and money are spent in supporting reviews, running reviews,

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collecting evidence and information, developing reports and responses to reports and then they sit. The energy dies down, the recommendations are reviewed and reported against, when necessary, but nothing is done to make the changes necessary because of either a lack of will or funds. Instead, what happens is that recommendations are fitted to current approaches / programs and they are marked as complete. Where this cannot be done, they are ignored.

72. This Royal Commission has seen thousands of veterans and families who have come forward and told their stories, they have shared their experiences publicly and privately – they must be respected this time. They are respected when commitment to change is demonstrated through the establishment of an ongoing review/ commission or implementation body and funding is injected into the sector. There must be follow through, we must rebuild trust and it starts with this.

73. The veteran and family community are being fatigued by the rhetoric and limited action. Not only does this mean that reform work must result in meaningful change, but that it solves the problems that have already been identified. Tinkering with the symptoms of the problem do not offer resolution. Without an ongoing implementation body/ review body for the sector there is a risk that reform work will not be considered strategically and therefore will have limited effect on the pressures within the entire veteran system. Mitigating this risk is fundamentally important. Reform works undertaken now cannot be politicised and must put the needs and interests of the veteran community first. The role for such a body extends beyond the recommendations of this Royal Commission. It ought to be there to guide the development of the future veteran support system and ensure government's long-term commitment to continuously evolving the system ensuring that veterans and their families are supported during and beyond their service.

Governing the Veteran Community Support Sector

74. AWWNSW supports the establishment of a peak body for the veteran and family community sector/ ex-service organisation sector. AWWNSW has been part of the design work for the body to date and thinks it is long overdue. Building of trust in this sector isn't just about trust in government, it is trust in each other and in the organisations that are there to support and represent our community. A trust deficit exists in the community sector because of several

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factors such as poor experiences, poor behaviours, a lack of transparency and unnecessary competition.

75. While it has taken some time, this has finally been recognised by the sector and it is starting to come together. It won't be easy, change in a well-established system isn't easy at the best of times, let alone one that is deeply personal to many of the community-based actors. It is however necessary and will bring this sector in line with the rest of the community sector.

76. In terms of the models being considered by the group, AWWNSW favours the Australian Council for International Development (ACFID) model for its simplicity and effectiveness. The UK's Cobseo model in comparison seems complicated and could be far too mature to lift and shift to an Australian context where a like model hasn't existed before. In comparison the ACFID model is one that can be tailored to the needs of the sector and can start small and grow with the sector, its maturity and acceptance of a new framework.

77. Regarding the role of such a body, AWWNSW considers the peak body in whatever form must do the following:

- a. Develop and implement governance standards and codes of conduct resulting in the certification of its members. The certification provided by this body could be leveraged by government when it comes to providing funding for larger scale programmes, initiatives and services again providing quality into the system and the level of assurance for the individuals seeking to access those services.
- b. Build capacity in the sector and within organisations particularly in the areas of strategy, funding and business planning through advisory services.
- c. Build reporting capabilities to report on and for the sector, particularly in terms on collective output and impact.
- d. Facilitate communications and consultation opportunities between government and the community support sector.
- e. Provide referrals and information to veterans and their families about those certified and registered. Importantly this would be an equitable referral mechanism based on the need of veterans and their families and not based on a political or an individual preference for one organisation over another.

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- f. Maintain a public catalogue of its members and their services - a listing that is publicly available so that government, business, veterans and their families have a place to go and a starting point into the veteran support system and community organisations
- g. Bring members together to form policy positions and advocate for the sector; and
- h. Keep the sector informed of changes in the regulatory environment and the impacts that these have on them.

78. Important factors for the success of the peak body include developing and maintain trust in the body, transparency with members, fairness in the decision making and inclusion of members of all sizes and the need for it to genuinely represent the sector, its members, and its views.

79. Additionally, this body must not duplicate the role of other regulators such as the ACNC. It must be independent of any existing veteran and family support organisation to bring integrity and build trust. The body must ensure that the voices and representation of veteran families-based organisations are included and that its classifications and communications include veterans' families. It is important that these organisations see what they do as part of the veteran sector as well.

80. Regarding funding, the body could be funded initially through government where there is free membership for all certified organisations as they equip themselves to meet the standards and then it becomes a subscription model like other professional associations. It would require some ongoing funding from government, and this is an important element because this demonstrates government's commitment to high quality veterans' services, but it ought not be its only source of funding.

Formalise requirements for cooperation and coordination between State, Territory and Federal Governments

81. As the Royal Commission is already aware, there is limited and ad hoc engagements between the Commonwealth, State and Territory Governments which causes confusion, uncertainty and adds to the friction in the system.

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82. Establishing an agreement between governments on how they will work together to provide better outcomes and remove interstate and governmental friction for veterans and their families is fundamental to improving communications and working toward a more integrated solution.

A WORD ON CULTURE

83. It would be remiss not to mention culture before concluding this submission. As the Royal Commission has already been able to show, the current system seems to demonstrate a lack of trust in veterans and their families. From unnecessary processes to poor behaviours within the chain of command, poor experiences with the IGADF, to the claims processing culture and the adversarial approach to claims advocacy and entitlement access.

84. What is difficult for those outside the system to understand is how and why this occurs. Firstly, to be recruited in the first place, a veteran must meet high physical and ethical standards. Throughout their service, they are trusted to do what they have been trained to do. They are trusted to exercise critical and life altering judgements, operate lethal weapons and multimillion-dollar technology. They are trusted with the lives of their colleagues and to execute the vision and mission of the Government of the day. But they are not trusted to tell the truth when they are injured or ill? They are not trusted when they call out poor behaviours and its impacts on them. It just doesn't make sense.

85. Mental illness and suicidality are a deeply personal and isolating experience. Quite often it causes a person to question how they are perceived, their value and their worth. Trust in the rhetoric, in the words of leaders, in the policies in everything they are told is fundamental. Trust takes years to build and a moment to break. We must rebuild trust in our system of veteran and family support by first demonstrating everything we say. We must respect what we ask of them and take a less risk adverse approach to determining claims and entitlements. We must take them seriously when they ask for help or report poor experiences or behaviours whether they wear a uniform or not. We must not shut families out because they raise issues or concerns, we must hear them and work with them.

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86. At the end of the day, without its people there is no ADF. Without the families of veterans, the problems in the system get worse. We ask a lot of veterans and their families. We expect a lot of them and when there is an issue to address, the preferred approach right now is one of reputation protection rather than listening, learning, and correcting.
87. While cultural change is difficult it isn't impossible, it can start small by remembering that the way people are treated in all environments matters, particularly environments of high stress. Simply remembering that the person in front of you is just like you in some way and deserves your respect can go a long way.
88. AWWNSW agrees with the views of the Royal Commission and would like to see more compassion in the current culture within the entire veteran support eco-system because at the end of the day no one in this system is an enemy, we are all just trying to help each other.

CONCLUDING REMARKS

89. AWWNSW is firmly of the view that looking after and supporting veterans' families and caregivers makes good policy sense for Government and its agencies. Veteran families are at the centre of the solution that the veteran system is looking for and are certainly not a by-line in the pursuit of inclusivity. AWWNSW therefore believes that the duty of care owed to veterans must also be extended to their families and caregivers. As Prime Minister Curtin noted in 1944 when visiting Australian soldiers during the war he stated:

"Our first task the day this struggle ends will be to do justice to the valour and devotion of you lads. This will not be a matter of politics. I feel able to give the pledge on behalf of any post-war Australian Government whatever its party, that our responsibilities to you and your dependants will not be forgotten." – John Curtin, 1944.

90. AWWNSW wants to ensure that families of veterans, regardless of the status of their veterans, have their needs heard, understood, and supported because never should they feel alone; never should they feel rejection; never should they feel they don't matter because their veteran isn't in need right now, their veteran isn't deceased, or their veteran has left them. AWWNSW's vision is for a world where no veteran family member is left behind or disadvantaged because of their

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loved ones' service. Just like the future model of the veteran system, this is our aspirational mission. At AWWNSW, we know firsthand that the journey to change is rocky, but it isn't impossible.

91. AWWNSW thanks the Royal Commission, its staff, legal counsel, and the Commissioners for having the courage to have the hard conversation, for doing the work, for saying what needs to be said and holding us all to account. This Royal Commission has forced a drive toward professionalism in this sector, it has started the momentum toward a once in a generational change in the veteran system, a change that was previously 'waited out' but this option no longer exists. We must all do better, we must all do more. Because that is how we hold up our end of the bargain for those who would put their lives on the line for us and for their families who sacrifice their freedoms, opportunities and relationships that make it all possible.

92. We look forward to continuing to work with the Commission, its implementation body, the Australian Government, and all in our community sector to improving experiences and outcomes for veterans and their families.

***Questions on this submission can be directed to Ms Renee Wilson, Chief Executive Officer,
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