



## VETERANS' ENTITLEMENTS, TREATMENT AND SUPPORT (SIMPLIFICATION AND HARMONISATION) BILL 2024 – SUBMISSION OF THE FAMILIES OF VETERANS GUILD

The Families of Veterans Guild (The Guild) previously the War Widows Guild of NSW, commends the Government's initiative to improve outcomes for veterans and their families through the Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Bill 2024 (the Bill). The Guild views the Bill as a positive first step. This Bill does not change the model of care offered to veteran families, it still uses the 100-year-old model which presumes families do not need help and support until a veteran passes away.

The increased demands on Australian veterans and their families together with the long shadow of subsequent conflicts as seen the needs of families grow. The model of waiting until crisis or a veteran passes away before supporting families isn't sufficient anymore. The truth is families need support much earlier, because veterans are now surviving their service and injuries that in the early- mid 1900's they wouldn't have. They are living longer and more complex lives. The challenges related to caring for and supporting a veteran during, post and beyond their service are now very visible.

While changing the model of care for families of veterans is a much larger and different body of work the foundations of this work could be laid in this Bill. Amendments to the Bill can improve conditions for the families of veterans, alleviate some of the burdens that service in the Australian Defence Force (ADF) places on them, and set the conditions for future work to bring families of veterans into the support system before a veteran passes away. Some ways to do this are outlined below.

### *Including veteran families*

The first thing that needs to be done is to include veteran families and to remove archaic language which perpetuates power dynamics and isn't consistent with contemporary standards. Language like 'wholly dependent partner', 'dependents' and 'attendants' no longer meets community expectations and devalues the role of veteran families. If the Bill were to include amendments to the *Military Rehabilitation and Compensation Act 2004* (MRCA) to replace this language with the words 'veteran families' or 'families of veterans' then the Act too would need to define them under s5 of the MRCA. To date, difficulties in defining veteran families has led to their lack of inclusion and engagement.

The Guild has used the Australian Bureau of Statistics definition of family. The Guild 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. The Guild encourages all other veteran organisations, including DVA and the Government to adopt a similar approach.

The failure to agree on a definition of family has for too long provided a barrier to their recognition and support. Not only would including a definition of family improve the language within s5 of the MRCA but it would also provide the means for policy to be developed and scoped. It would unite the various segments of the veteran family community and help them identify themselves as being part of a community of families. It would provide the means for their engagement, needs to be considered and where possible provided for. It would give them visibility within a system that currently doesn't see or hear them.



### ***Presuming liability for certain deaths in service***

The Guild welcomes the changes made to the test for liability coverage for the passing of a veteran relating to a medical event occurring while on duty. However, to further reduce inequity and ensure that the system better reflects the expectations of the Australian community, veterans and their families; the Guild would like to see these changes go further.

To include in Chapter 2 of the MRCA, deaths that occur on duty or while still serving, caused by diseases that have been treated while the person was a member of the ADF. This would further reduce systemic inequities. In this case for bereaved families whose loved ones have passed away while in the ADF, however, seemingly in the 'wrong' way for their families to be supported.

### ***Enhance support of the mental health needs of children***

Provision ought to be made for the meeting of the psychological needs of the children of war veterans and deceased veterans. Recognising that children of these veterans are at greater risk than their civilian counterparts of experiencing mental health challenges due to their parent's service, the nature of that service and the impacts of that service on the veteran and the household.

Access to counselling through Open Arms is insufficient to mitigate the impacts of adverse childhood experiences and meet what are often intense psychological needs. Children of war veterans and deceased veterans have very little choice in the environments they grow up. Evidence collected throughout the Royal Commission and the Vietnam Veterans Families Study indicates the psychological needs of these children and the link to war and defence service are high. Yet there is limited support provided to them.

The Guild would like to see the development and implementation of a model of care for the children of war veterans, like the model used to support the children of Vietnam veterans, but this model would focus on their mental health needs.

The foundations of this can be built into Chapter 5 of the MRCA by amending gold card provisions for children of deceased veterans removing age limits or adding a white card arrangement for these children to cover their mental health treatment for life.

It is important that the impacts of war and defence service on children are mitigated as early as possible. In turn reducing larger costs and social burdens, as these children grow up without the skills they need to manage their own wellbeing.

### ***Veterans' legislation ought to be trauma informed and adaptable***

Within the MRCA, multiple provisions deal with providing services to veterans and their families, such as Household Services (s213-s220) and Family Support (s268A-268B), prescribe limits and service lists which result in limited flexibility to respond to new and emerging needs of veterans and their families.

Dealing first with prescribed limits, caps on funding available to deliver support services to veterans and their families ought not be placed in legislation but in policy. Placing the limits in



legislation mean that shifts in the economy reduce a veteran's capacity to access the (for example) in home help and support they require. Currently there is a prescribed cap within the MRCA for Household Services of \$330 (s213-s220). In the current economic environment this pool of funds results in less hours of service than in more favourable times. If the intent is to ensure equitable distribution, then a needs-based model is the more favourable alternative. If there are needs to place funding caps on service provision, doing so through policy instruments enables the Government and its departments to respond as circumstances change in a much more cost-effective manner than amending legislation.

The impacts of prescribing service lists within the family support section of the MRCA (s268A-268B) also need to be considered. While the legislation references that the prescription does not limit the services that could be provided, the reality is that in implementing the services it does limit what is available. In lieu of listing support available, an assessment of need undertaken by suitably qualified persons, including social workers, ought to be undertaken.

If the appetite for this change is limited, then amendments to the current list ought to be considered. Amending 'counselling' to mental health support opens the types of support which would more meaningfully meet the needs of veteran families. Provision for home and dwelling maintenance should also be included to ensure that veterans and their families are living in premises that are safe and they have access to maintenance support when needed to prevent crisis situations.<sup>1</sup>

### ***Acute Support Package (s268B)***

The intent of this package is "*The Defence, Veterans' and Families' Acute Support Package (Acute Support Package) provides short-term flexible support to eligible veterans and their families, to adjust to new and challenging life circumstances that may result in the family being at risk of experiencing crisis. New and challenging life circumstances can be more than an event, they can be about the impact an event, or a series of events has on a family's ability to function. The kinds of circumstances that may impact a family are unexpected and may impact each family member differently.*"

However, for families of veterans who are now deceased, their eligibility is very limited by the legislation. The Bill makes no changes to this section of the MRCA which prescribes that for families of deceased veterans, they are only eligible for support for 2 years after the veterans' death. Meaning, the package will support them (if they know about it), if they have a crisis during that 2-year period. These families remain particularly vulnerable well beyond 2 years and their lives continue to change. These limits mean that many widows of the Afghanistan and Iraq wars are not eligible for help, neither are many widows of veteran suicide whose time limit expired before they knew they were eligible.

If the policy intent is to "help families *being at risk of experiencing crisis. New and challenging life circumstances can be more than an event, they can be about the impact an event, or a series of events has on a family's ability to function. The kinds of circumstances that may impact a family are unexpected and may impact each family member differently*" then it needs to operate as such, and the time barrier needs to be removed.

---

<sup>1</sup> s268A-268B MRCA



### ***Including Families at the centre of policy & give them a voice***

The Guild supports the merging of the Commissions and note the provisions within the draft Bill that give effect to this initiative. However, the amendments to the Commissions could go further including the following amendments to Chapter 9 of the MRCA:

- a) Expanding the remit of the Commission to include veteran family needs and considerations.
- b) Including the capacity for the Commission to consider submissions from the veteran community sector and advocacy bodies regarding the operation of the MRCA, claims consideration and policy development.
- c) Enhance the transparency, accountability, and responsiveness of the Commission. The Commission operates with unclear external accountability and transparency. Many veterans and their families don't understand what it is, its role and its responsibility. Many veterans and their families confuse the Commission with DVA.
- d) Improve how the Commission operates. As mentioned above, the opportunity for the community sector to engage with the Commissions, to make submissions and co-develop policy is limited. The Commissions do not adequately communicate with the community sector resulting in missed entitlements. A good example of this was the passing of the *Military Rehabilitation and Compensation (Special Assistance) Instrument in February 2022*. In this instance, the community sector was not made aware of the introduction of this instrument nor were the families of veterans and neither were the frontline DVA staff. As a result, Gold Cards were removed from children, who under this instrument ought to have retained them. This caused, in one case, the disengagement from treatment for a child with a severe mental illness and an immeasurable amount of stress and pressure on the child's widowed mother. It took the Guild raising the case with DVA more than 12 months post the passing of this instrument for this critical error to be realised and corrected. The Guild understands that DVA has now developing a process to apply this instrument and it is reviewing cases where it may apply. This case however ought to never have occurred and highlights problems with the Commission's model.
- e) Ensure that veteran families too have a say in the recruitment of the Commissioner who will represent them. We note the differences in the way this position and the Repatriation Commissioner are appointed as noted in the Act. Just as veterans and veteran groups get a say with who represents them at the heart of the veteran system, so too should the families of veterans. This would give the position more efficacy within the population of veteran families and organisations that represent them.

### ***Why the families of veterans deserve to be supported in this system***

Families are impacted by the service and sacrifices of their loved ones. Families' lives are impacted by the unique nature of military service, and they too sacrifice freedoms and choices in service of Australia and her interests without signing the contract of service.



A 2018 study<sup>2</sup> (*Family Wellbeing Study*) found 16.8% of partners of veterans (partners) and 14% of parents of veterans (parents) were showing high or very high levels of psychological distress. 11% of partners and 12.9% of parents of former serving members also reported high levels of PTSD.

There were higher rates of suicidality among family members with a total of 13.4% of spouses 10.6% of parents and 18% of adult children having thought about taking their life in the previous year.

The family wellbeing study also pointed to the impacts of mental health adult children of both serving and former serving ADF members almost 29% of children displayed very high levels of psychological distress.

Additionally, the study found:

- 37% of families had experienced financial hardship.
- The partners of defence members face unique employment challenges with deployment or relocations disrupting their employment, with reducing hours or quitting employment being common. Approximately 60% felt that their employment and careers had been negatively impacted by their ADF members' military service.
- Families' relationships are impacted by ADF service, with recurring separations and reunions necessitating changing roles and responsibilities within the family, and frequent geographical moves disrupt schooling, employment and child and parental social relationships.
- Almost one in four adult children of current serving ADF members had experienced high psychological distress (24%) and 15% high PTSD in the four weeks prior to the survey, while about two in 10 reported some suicidality in the past 12 months (suicidal thoughts, plans or attempts)
- One in 10 spouses/partners reported drinking at problem levels in the past 12 months, around two in 10 had used illicit drugs in their life (lifetime use), but very few in the past 12 months (2%, recent use).
- Approximately 30% of the partners had gambled in the past 12 months, with 3% showing signs of problem gambling.

Further, research into the health and wellbeing of the families of Australian Vietnam War veterans indicates<sup>3</sup>:

- It can take decades for the effects of war service to manifest for veterans and their families.
- As many as 1 in 3 spouses of war veterans could be diagnosed with depression
- As many as 4 in 10 spouses may experience suicidal ideation
- The mental wellbeing of spouses of war veterans is likely to be poorer than the mental health of spouses whose veteran has no war-like service or who is not a veteran.

---

<sup>2</sup> Family Wellbeing Study (2019); <https://www.dva.gov.au/documents-and-publications/transition-and-wellbeing-research-programme-family-wellbeing-study-2019>

<sup>3</sup> Vietnam Veteran Families Study (2014); <https://www.dva.gov.au/documents-and-publications/vietnam-veterans-family-study>



- The presence of PTSD within a relationship will likely have negative consequences on the mental health outcomes of families.
- Children of veterans with PTSD and war service were likely to experience mental health challenges.

These findings apply to families of veterans who have been deployed to war. With more than 40,000 Australians deployed to the Middle East Area of operations over the 20 years to 2021- these findings are relevant to multiple generations of Australian families.

Research outline here tells us that some of the families of our veterans are not well and are suffering. We must support them and address their needs too and through this Bill we can start to build support pathways that do not currently exist.

The families of our veterans are impacted by military service in Australia, and it is our collective responsibility to support all of those who suffer for our freedoms.