



**Joint Standing Committee on Foreign Affairs, Defence and Trade (JSCFADT)
Inquiry into transition from the Australian Defence Force (ADF)**

RSL NSW Submission

The Returned and Services League of Australia New South Wales Branch (RSL NSW) was formed in 1917 and currently has 32,260 members in 352 sub-Branches throughout New South Wales.

On 30 May 2018 the Joint Standing Committee on Foreign Affairs, Defence and Trade resolved to inquire into and report on Transition from the ADF. RSL NSW is grateful to the JSCFADT for the opportunity to contribute to the current national dialogue on the critical issue of transition of Defence personnel and their families. RSL NSW congratulates the JSCFADT for specifically questioning the role of ESOs in supporting transition of veterans.

RSL NSW recognises transition from the ADF sets the foundation for life as an ex-service woman or man. A poor transition can have a direct impact on health and wellbeing. Australian tax payers have invested significantly in each of our Defence personnel in terms of their training, experience, and leadership development. Thus, ensuring that investment is leveraged into the broader Australian society through a successful transition warrants a focused effort and the measurement of outcomes.

The Defence Sub-Committee JSCFADT Terms of Reference for this Inquiry address four matters, which this submission will address in the same sequence.

1. The barriers that prevent ESOs from effectively engaging with ADF members, the Department of Defence and Department of Veterans' Affairs to provide more effective support to ADF Personnel as they transition out of service

A key barrier preventing ESOs effectively engaging with Defence members and the above parties is the lack of a single point of contact for ESO service delivery. The absence of consistent standards, quality assurance or accreditation of ESO service providers has (amongst other factors) contributed to a highly fragmented ESO ecosystem that can be difficult for government to deal with, and daunting for individual veterans new to the sector.

Major ESO service providers should collaboratively explore means to incentivise DVA, Defence, and Defence members to engage with the ESO sector. Collectively, ESOs have tremendous resources in terms of assets, geographic coverage, and accrued goodwill, however, the sector's current structure

and attitudes inhibit the effective use of these assets. DVA has a National Consultation Framework (NCF) of forums for ESO consultation and knowledge sharing, but with no mandate or authority to make decisions or provide coordination of services. There is no DVA forum in the NCF for ESOs providing professional services.

To address this situation, **RSL NSW recommends the creation of a peak body of professional ESO service providers** as a joint venture of major ESOs. This peak body would be created as a separate legal entity, independent of DVA, following the model of the Australian Council for International Development (ACFID) in the international aid sector. It would be responsible for formally accrediting ESO service providers based on a thorough assessment of an ESO's record of meeting specified requirements and standards, including in service quality and consistency; competency and stability of claims advisors, advocates and support workers; fundraising; governance; financial reporting; and complaints handling. Accreditation would serve as a condition of DVA funding through the BEST grants programme, with the relationship between the peak body and DVA formalised under terms set out in a memorandum of understanding. This would create barriers to the entry of new ESOs, as well as the continued operation of small existing ones, however, this will contribute to defragmentation of the ESO sector which is in the best interests of veterans and veterans' families.

This proposal is outlined in significant detail in the RSL NSW submissions to the Productivity Commission's Inquiry into Veterans' Compensation and Rehabilitation, and DVA's Veterans' Advocacy and Support Services Scoping Study (available online at their respective websites).

2. The model of mental health care while in ADF service and through the transition period to the Department of Veterans' Affairs

Continuity of Care has been prescribed as the centre piece for best practice mental health care for veterans in a range of studies, reviews, and ministerial statements, for the past decade, including:

- the 2009 Dunt Review, and the Government Response to this review;
- the Fourth National Mental Health Plan Implementation Strategy 2009-2014:
 - "There needs to be better coordination between the range of service sectors providing treatment and care, to promote continuity and lessen the risk of dropping out of services at periods of transition"
 - "Governments and service providers work together to establish organizational arrangements that promote the most effective use of services, minimize duplication and streamline access.
 - "Improve communication and flow of information through the development of new systems and processes that promote continuity of care and the development of cooperative service models";
- ADF Mental Health Prevalence and Wellbeing Study 2010;
- ANAO Report: Administration of Mental Health Initiatives to Support Younger Veterans 2011; and

- ADF Mental Health and Wellbeing Strategy 2011:
 - “vision for a whole-of-government approach to mental health reform, as outlined in the Governments National Mental Health Policy of 2008 and Fourth Mental Health Plan 2009-2014”
 - “One significant partnership is with the Department of Veterans’ Affairs to ensure the wellbeing of ADF personnel as they return to civilian life”
 - “supporting effective transition and continuity of mental health and wellbeing for those personnel leaving the ADF”

The above provides strong grounds for the JSCFADT to **consider recommending a Joint Defence-DVA comprehensive health contract to ensure health practitioners engaged by Defence are continued to be engaged by DVA to achieve continuity of care** as veterans transition out of Defence. When treatment is interrupted for physical conditions it can be problematic. When treatment is interrupted for mental health conditions it can be disastrous. Steps taken to ensure continuity of care for veterans during discharge and transition will contribute to significantly better outcomes for veterans and their families in general, particularly those who are vulnerable or at-risk.

In its terms of reference, the Committee advises it may consider “The optimal structure and range of services that could be provided by a national network of clinics for ADF members and Veterans were a different approach adopted”. To the extent that this would represent a return to the former system of repatriation hospitals, or the current US system of Department of Veterans Affairs medical centres and clinics, **RSL NSW recommends against this proposal**. The creation of a system of veteran-specific hospitals would represent a return to a highly bureaucratic duplication of work. It would further ignore the fact that, while veterans have worked in uniquely physically and mentally traumatic environments, and therefore experience specific symptoms, neither physical nor mental trauma is exclusive to veterans, and their treatment should not be isolated.

3. The efficacy of whole of government support to facilitate the effective transition to employment in civilian life of men and women who have served in the ADF

RSL NSW acknowledges the significant work to produce the *Improving the Transition Experience* report produced by the Transition Taskforce, co-chaired by DVA and Defence and made up of current and former members of the Australian Defence Force as well as representatives from key areas within DVA, Defence and the Commonwealth Superannuation Corporation (CSC).¹ This work has led to enhanced and mandated transition processes and support. However, the weakness that remains is in assurances that the actions and timelines for those transition processes are achieved. **Government (or perhaps Parliament) should be able to hold Defence, DVA and CSC to account for the measurement and reporting of adherence to mandatory timelines and action requirements. The JSCFADT should note the US case, where transition actions and timelines have been mandated in legislation to ensure compliance with transition policy.**

¹ <https://www.dva.gov.au/consultation-and-grants/transition-taskforce>

4. Any related matters

Integration into a local community, within a broader Australian society, is a critical component of a successful transition, and is essential for an ADF member to become a contributing and valued member of Australian society. When a Defence family is posted to a new location, the Defence Community Organisation (DCO) recognises the importance of integration by providing community integration support for the family in their new town or suburb. Aside from the physical movement of house hold effects, this support consists mainly of a 'welcome pack' containing useful contact information for local services (schools, doctors, child care, sporting clubs, mechanics, hair dressers, play groups, community groups such as Rotary and Lions, Church communities, etc.) as well as a range of other useful local community information (such as a calendar of local events). DCO also offers a range of practical help, such as making direct introductions (particularly for schools). While this may seem a frivolous programme, it can make an immense and genuine difference in the lives of Defence families otherwise in upheaval due to the sudden loss of connections and support networks.

This programme is possible due to the relatively limited number of communities with a Defence presence, however, the freedom to move to any community worldwide upon discharge means DCO does not provide its service during transitions, when a veteran and their family are likely to be at their most vulnerable. **The gap left by the discontinuation of local community integration support during transition is well suited to be filled by the local ESO sector**, as it would be a non-clinical programme relying simply on local area knowledge/contacts as well as contact with the discharging ADF member. **Through its State Branches in each capital city, and respective sub-Branch networks across the country, RSL is the ESO best placed to deliver this programme.**

Establishing contact with a discharging ADF member would require a mechanism (with appropriate privacy protections) for Defence/DCO to alert the RSL when an ADF member discharges into a particular area. This may require an 'opt in' provision for the ADF member before the service is activated. The community integration support service provided at the local level by each RSL sub-Branch could be coordinated through a single point of contact for DCO at each RSL State Branch, with a support package based on that currently provided by DCO for new postings.

This type of support would promote the development of a positive relationship between the veteran and the local RSL sub-Branch. It is a type of support that respects a veteran's pride and independence and gives practical help to their family who have been uprooted one last time in support of the veterans. The programme will lay a foundation of trust to encourage the veteran to approach RSL early if additional assistance is needed in the future.

RSL NSW recommends the consideration of this proposal to fill the gap left by the discontinuing of local community integration support during transition.