



Soldier On

Building 1, 44
Bellenden Street,
Crace ACT 2911

The Hon Michael McCormack
Minister for Small Business

19 January 2016

Dear Minister,

On behalf of the contemporary veterans, service personnel and their families that Soldier On serves, I am pleased to present our 2017-2018 Federal Budget Submission for your consideration.

Australia's veterans, service personnel and their families are in crisis – as individuals struggle to transition from service activity, recover from injury and reintegrate into the civilian community.

In 2016, it is estimated that more than 70 veterans took their own lives and many others self-harmed, experienced family relationship breakdown, violence, alcohol and substance abuse, incarceration and/or homelessness. Critically, there is clear evidence that these life experiences significantly affect the long-term health and wellbeing of partners, children and extended family members.

An effective response to the current crisis requires the establishment of community based regional services, expansion of funded psychology services to meet the needs of families and virtual delivery and improved collaboration and coordination across the sector.

In our submission we are calling on the federal government to invest in:

- An expansion of On's services to 6 regional locations and in doing so positively impact at least 48,200 veterans
- Provide for funded psychological services to partners and children and those delivered through virtual infrastructure
- An independent peak advocacy body for the veterans' support services sector.

Please contact me if you have any questions about the business case or other elements of Soldier On's submission to the committee.

Yours Sincerely,

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**Soldier On Federal Budget
Submission 2017-2018**

Who we are

Mission

Soldier On prepares Australians who have been adversely impacted by serving the nation in a professional or volunteer capacity since 1990, for a successful future for themselves, their families and their community.

Vision

To have the best re-integrated generation of service personnel in Australia's history.

Purpose Statement

Soldier On serves those who have served. It is the gateway to a successful future for -service personnel and their families.

We know they are strong, courageous and capable and we empower them to see that in themselves as they transition to civilian life.

We encourage them not just to help themselves but to help others, delivering their own social value to Australian society.

Soldier On supports individuals and their families through social inclusion, sports recovery, education, training, mental health and placement services to give each veteran every chance to live as full a life as possible.

We leverage our extensive networks and partnerships to provide employment and volunteering opportunities.

We are a "can do" organisation that believes in action. We embrace our values of responsibility, professionalism and positive leadership understanding that these are the same values our contemporary veterans and families live by.

Values

- **Responsibility** to ourselves, each other and the community to do everything necessary to get the job done with full accountability and transparency.
- **Positive Leadership** that creates, collaborates and fosters a 'can do' attitude.
- **Professionalism** that has integrity, resilience and is respectful and discreet and draws on best practice evidence based theories and approaches.

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Executive Summary

As a nation, we are amid a crisis – largely hidden in the plains and mountains of regional, rural and remote Australia, our veterans, ex-service personnel and their families are fighting for their very lives. They lack basic support services that are inclusive, accessible and timely; they lack empathy and engagement from those who entrusted them with their safety and they lack the opportunity to play purposeful and valuable roles in the civilian community through employment.

Since 1990, 290,000 men and women have served Australia as members of the Australian Defence Forces, thousands of others have undertaken service on behalf of the nation as Commonwealth employees of the Australian Federal Police (AFP), Department of Immigration and Australian Border Force (ABF), Department of Foreign Affairs and Trade (DFAT), the Attorney General's Department and many other institutions.

Our modern veterans and service personnel have been involved in a range of operations and exercises since 1990, including:

- Wars in Afghanistan and Iraq
- Peacekeeping missions in East Timor, the Solomon Islands, Cambodia, Somalia, Rwanda and Bougainville
- Assisting the aftermath of natural disasters on home soil such as cyclones, floods and bushfires
- Conducting border protection, which is complicated, confronting and dangerous
- Providing humanitarian aid overseas after disasters such as the 2005 Boxing Day Tsunami and the Christchurch earthquake

Service impacts every member, veteran and their family, some more than others. We cannot let this impact have a detrimental effect on their lives or define them as individuals or as a group.

No man, woman or child who has served, or supported someone who has served, should be disadvantaged because of this service.

Australia is a geographically dispersed country – the land of wide-open spaces – however, support services for ADF members, veterans and others have typically been in capital cities. Yet many contemporary veterans are actively choosing to live away from capital cities preferring to base themselves and their families in regional, rural and remote towns and communities. This centralisation of services is leading to a Great Divide in the opportunities and outcomes between those located in urban centres and those in regional, rural and remote communities influencing not just veterans but also their partners and children.

To address these urgent needs Soldier On is calling on the government to:

- Invest in a rolling five-year funding agreement to expand Soldier On's services to regional and rural areas focussing on Far North Queensland, Albury / Wodonga (stretching to Wagga Wagga), South

and Central Tablelands of Queensland /Northern NSW, Central Coast and Inland NSW, Darwin and Northern Tasmania.

- Broaden the schedule of subsidised psychology services to include support for partners and children, services delivered virtually and increase the number of Medicare funded sessions
- Invest in the establishment of Peak Body for the veteran services sector to drive collaboration and coordination between organisations, improve levels of transparency and accountability and develop long term plans to invest funds donated by previous generations to support generations to come.

As the Aspen Foundation Report highlights, the likelihood of success for veterans and their families in the civilian community is predicted by how an individual managed the transition process¹.

In a funding pool of \$11.2 billion the DVA budget 2016-2017 was primarily focussed on meeting income support payments and compensation (\$6.4 million) and health services for veteran and their families (\$5.2 million). However, last year the government also chose to prioritise close to \$50 million to develop a business case for the transformation of the department's ICT infrastructure and fund urgent technical work to ensure critical compensation and rehabilitation processing systems remain operational whilst the Business Case is being developed. In addition, a further \$93.6 million was sequestered for commemorative activities.

The Defence portfolio budget is expected to reach \$32 billion in the current financial year and whilst some money to support transition has been allocated through the department and individual services as noted elsewhere, these programs (CTAS and Transition for Employment through Army) are demonstrably failing to meet their goals.

The investment Soldier On is calling for to expand its services will, when fully scaled up, impact more than 48,200 veterans not including their families or other service personnel and their families. This equates to (at its rawest level), an investment of \$124 per year, per veteran -enabling them to have access to locally based support services².

Through other portfolio departments such as Comcare, DFAT, ABF, AFP, Health and Attorney General's, various allocations have been made to fund staff health and wellbeing, mental health and suicide prevention programs and where appropriate rehabilitation activities.

Based on the incidence of suicide, self-harm, family relationship breakdown, domestic violence, alcohol and substance abuse and homelessness in the veteran and ex-service community, the current departmental and service institutions allocations are **not** meeting their needs.

¹ Aspen Foundation Report 2016

² This figure is only based on DVA veterans. It does not account for families (partners, children, parents, siblings) or broader service personnel and their children.

Honouring our commitment to those who serve

Sebastian Junger writes,

“we valorise our vets with words and posters and signs but we don’t give them what’s really important ... what really sets you apart as someone who is valuable to society – we don’t give them jobs. All the praise in the world doesn’t mean anything if you are not recognised by society as someone who can contribute valuable labor.”³”

Governments have a moral duty to properly support those who it entrusts to go to war, keep the peace and/or secure borders on behalf of the sovereign state. Citizens expect that their elected representatives will prioritise long-term support and assistance for our service members. The evidence is overwhelming – if veterans and service personnel have access to excellent transition and early intervention support programs, they and their families will have resilient, long-term outcomes that are positive. Sadly, the exact opposite is true for those who do not have the same access to and use of such programs.

Regional, rural and remote communities are widely understood to be some of most vulnerable population groups in Australia. With limited employment, education and training opportunities, financial stress, disadvantage and poverty compound geographic and social isolation.

Health, community and social service provision is uneven across regional and rural communities requiring individuals and families to travel (if possible) to urban centres for support and assistance. ICT infrastructure is slowly rolling out to communities, offering a connective mechanism, however many non-government organisations – including ex-service organisations-have not been setup for virtual service provision.

The veteran and ex-service personnel community within these regional, rural and remote communities are doubly isolated from a social and geographic perspective and due to the paucity of specific support services available to them – physically or virtually.

The last 100 years has provided a significant body of evidence of the importance of reintegration programs in assisting veterans and their families to build successful futures. Unfortunately, much has been of what **not** to do. It is incumbent on our current generation of political, civilian and military leaders to learn from these lessons and adjust the policy and program settings to ensure access to services and create an environment where individuals, families, communities and the Australian economy can effectively capitalise on the capability and capacity our veterans offer the civilian economy.

³ Junger, pg 100

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The crisis confronting the government is systemic and philosophical in nature although profoundly practical in application. As both the arbiter of eligibility and the payment gateway for income support and other payments, government agencies lack the necessary trust, credibility and independence to be viewed by veterans, ex-service personnel and their families as a preferred provider of support services. Service provision appropriate to address the needs of veterans and their families must come from within and by the community.

Like the role agencies play in managing the network of outsourced medical services provided by GPs, specialists and others, government has a vital role in ensuring the transparency, accountability, quality and accessibility of these funded community based services through monitored regulatory frameworks.

Soldier On was established to:

- support individuals and their families through rehabilitation, recovery and reintegration to build successful futures
- strengthen community awareness of and engagement with the work of our contemporary service and ex-service personnel
- focus government, corporate and community policy, programs, services and activities on facilitating recovery, reintegration and the effective use of the capabilities, skills and expertise of our ex-service personnel.

Soldier On currently has offices in Sydney, Melbourne, Canberra, Qld, Perth, Adelaide and minimal outreach services in Albury / Wodonga and stretching up and down the NSW South, North and Central coast.

As Soldier On enters its fifth year of operation it is time for these capital city offices to act as hubs that support a growing network of regional and rural services – either face to face (through small offices and /or outreach services such as fly in and out service provision) or virtually through expanded ICT infrastructure.

The capacity of the organisation will also be significantly enhanced through its partnership approach with Beyondblue. Through this collaborative approach, Soldier On and Beyondblue will be able to extend the level and reach of services to ensure all service personnel (current and ex) and their families have access to support wherever and whenever they need it.

Ultimately, by supporting Soldier On the Federal Government will:

- Reduce the cost of DVA and other Commonwealth Agency services and payments through early intervention with individuals and families still in-service and as they transition to civilian life to achieve long-term positive outcomes
- Reach an increased range of vulnerable veterans and ex-service personnel through a National Reintegration Network of Reintegration and Recovery Centres across urban, regional and rural Australia
- Facilitate the on-going gathering and sharing of knowledge on veteran and service personnel mental health, employment and integration, between government and non-government service providers, to improve the effectiveness of the services provided.

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- Build a tribe across current and ex-serving ADF, AFP, DFAT, Border Force and other service personnel to deepen community awareness of and engagement with the nature and extent of their service, capacity and capability.

The first steps

Soldier On calls on the government to make a five-year progressively scaling investment to expand the organisation's presence in six regional locations. A continuous quality improvement framework ensuring real time agility in revising or refocussing services to meet the needs of the community will underpin this phased approach.

Over the course of three years, we propose to open in following locations (based on needs identified by the Aspen Foundation Report and DVA statistics):

- Far North Queensland
- South and Central Queensland into Northern NSW
- Albury / Wodonga (stretching into Wagga Wagga)
- Central Coast and Inland NSW
- Darwin
- Northern Tasmania

The schedule of openings driven by community need, access to premises, availability of staff and funding.

Hubs and spokes

The service delivery model proposed by Soldier On will ensure veterans; service and ex-service personnel and their families can access a mix of psychological, transition and social connectedness services and programs in their local area.

Using the existing Soldier On offices in capital cities as hubs, this expanded network will provide the spokes through the organisation and its partners can connect to service personnel and their families. Over time it is expected that the bulk of Soldier On support services will be delivered through the 'spokes' of Soldier On's service delivery network (physically and virtually) as opposed to through the centralised hubs in capital cities.

In connecting with Soldier On in their community, clients and participants will be better placed to access Soldier On (and other allied) services located in urban centres either through virtual infrastructure or face to face with supported accommodation options.

Expanding the footprint of Soldier On's services will also provide much needed local and virtual infrastructure that other allied and niche services may leverage, including acting as an entry point for government agencies to engage and consult with clients and their families.

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Through these centres and/or virtual infrastructure, Soldier On will help service personnel and their families identify the employment pathways that want to pursue, facilitate the next steps for pursuing employment opportunities and provide ongoing access to Soldier On's clinical psychology, counselling and social connectedness services. This will result in a range of benefits including:

- Reaching a wide range of vulnerable veterans through the expanded Soldier On service footprint
- Provide tailored support services that meet participants' individual circumstances and needs
- Early engagement (3-6 months prior to separation) to assist participants throughout the transition process
- Build a national community of veterans, service and ex-service personnel and their families that is inclusive and supportive
- Provide access to an extensive range of rehabilitation, welfare and advocacy services that are not available internally through a sophisticated referral system
- Gather data on the mental health issues experienced by veterans, service and ex-service personnel and their families and the barriers to employment. This will inform our research and be used to improve our understanding of the issues faced by participants and their families and contribute to increased understanding of the economic cost of issues experienced by service personnel and their families.
- Assess the expanded footprint against a set of metrics to inform the next phase of expansion leading to a comprehensive and inclusive national network of Reintegration and Recovery Centres around and across Australia.

Critically, this initial investment and expansion of Soldier On's service delivery footprint will result in a significant number of veterans, service and ex-service personnel and their families being able to effectively transition and adjust to civilian life.

The costs of doing nothing are substantial. To do nothing will mean that the government is choosing to ignore the desperate need of isolated veterans, service and ex-service personnel and their families. Such inaction carries the risk of continuing high rates of veteran, service and ex-service personnel self-harm and suicide, family breakdown, homelessness, financial hardship and substance abuse. Doing nothing results in a greater ongoing burden on DVA services and the Commonwealth, State and Territory health and community services budgets.

The investment required

The estimated investment required to support extending Soldier On's service delivery footprint across six locations is \$6 million. This indicative rough order of costs has been developed based on:

- **CAPEX Funding:** The expansion will incur low capital expenditure and overheads because of leveraging off existing agreements with external agencies for lease agreements (CSIRO, Southern Cross and Health District Facilities).

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- **OPEX Funding:** The expansion will incur high operating expenses, as the basis for all service delivery will be internally provided by Soldier On full time equivalent employees. The establishment and inclusion of new ICT infrastructure and innovative software programs to enable effective communications, operations and where appropriate service provision will contribute to these costs.
- **Research, Development and Continuous Quality Improvement:** Some funds will be allocated to support detailed research into the effect of transition and the impact of best practices holistic programs. In addition, these funds will underpin continuous quality improvement and assist in the planning and development of the next phase of the Soldier On's service delivery.

Regional and Rural Service Centre (supporting outreach, face to face and virtual services)

**Indicative Costs per Centre (per annum) that are scalable and replicable.*

Item	Cost	Remarks
Psychologist	\$105,000 p. a	One psychologist full-time
Veteran & Family Support Officer	\$85,000 p. a	One staff full-time
Corporate Support Officer	\$60,000 p. a	One full time
Vehicle	\$20,000 per vehicle	Purchase
Vehicle running costs	\$20,000 per vehicle p. a	Servicing/fuel/insurance etc.
Activities	\$100,000 p. a	Includes participant activities that may require travel
Community Engagement	\$50,000 p. a.	Consultation, stakeholder and community engagement (including allied service providers) and communications
Centre Building *	\$60,000 p.a	Lease costs
Professional Development	\$20,000 p. a	
ICT Infrastructure Setup	\$20,000 p. a	Computers, cabling. Peripherals, Wi-Fi dish
ICT Maintenance	\$20,000 p. a	Landline, mobile, Office365, data, printing
Office Expenses	\$2,500 p. a	

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Governance – Finance and Audit	\$20,000 p. a	Financial administration, reporting and audit costs, insurances and registrations
Governance - Corporate	\$50,000 p. a	Executive oversight and management of staff
Research and Development	\$150,000 p. a	
TOTAL	\$782,000	

Financial Risks

- There is some uncertainty around costs as the nature, range and demand for services across the four locations cannot be accurately measured. However, the purpose of this initial expansion is to test and confirm specific requirements, identify best practice and value for money solutions before rolling out the larger scale expansion across Australia.
- CAPEX costs currently rely heavily on ‘goodwill’ of other not-for-profit agencies providing rental space at either no or low cost. As the organisation grows and expands the service offering, it is anticipated that CAPEX funding will increase to accommodate more facilities and service locations across Australia

Scalability

- Typically, a centre would require access to two psychologists, two Veteran and Family Support Officers and 1-2 Corporate Support Officers working a mix of full and part-time hours, depending on location and diversity of service provision required. Geography will also influence the number of vehicles required (i.e. if service provision focuses on outreach), the complexity of ICT infrastructure and maintenance and cost of activities.

The case for supporting individuals and families to Soldier On

The scale, range and complexity of services required to support service personnel, including veterans separating from the ADF are relatively unknown⁴. In mid-2016, it was reported that 41 ADF members and veterans had taken their own lives through suicide.⁵ This equated to the same number of deaths of Australian personnel in the 13 years of war in Afghanistan. By the end of 2016, it is believed the figure was closer to 70. A recent study by AIHW found that between 2001 – 2014, 292 suicides had occurred by current and ex-serving ADF members⁶.

These issues begin when individuals are still in the services. Statistics reveal:

- 8% and 31% of veterans deployed to Iraq and Afghanistan meet the criteria for PTSD⁷
- 20% of current serving personnel have a mental health disorder, PTSD is most common⁸

That means after Afghanistan alone, as many as 5,000 men and women may be psychologically wounded.

This does not include thousands more deployed to East Timor, Sudan, Rwanda, Somalia, Iraq and many other locations since 1990. These figures also do not include family members and communities who feel the effects as well.

In 2015, approximately 5,500 people left the ADF of which close to 1000 were medical separation and 600 were involuntary separations⁹. This scale indicates that there is a significant need for a range of transition support services, especially for those who have been negatively impacted by their service and do not have the capacity to transition to civilian life independently.

Post-Traumatic Stress Disorder (PTSD)

Suicide by veterans and other current and ex-service personnel is often explained as the by-product of PTSD— a clinical diagnosis identified as a set of reactions that can develop in people who have been through a traumatic event, which threatened their life or safety, or that of others around them. This could be a car or other serious accident, physical or sexual assault, war or torture, or disasters such as bushfires or floods. Consequently, the person experiences feelings of intense fear, helplessness or horror.

The Centre for Post Traumatic Mental Health asserts that PTSD will affect between 5 to 12 percent of serving and ex-serving men and women in a year.¹⁰ The full extent of the issue becomes clearer through

⁴ Statistics for suicide by current or ex-serving members of AFP, ABF, DFAT and other Commonwealth Agencies are currently unknown

⁵ Herald Sun, "The War Within, Why are our returned soldiers killing themselves?" August 2016

⁶ AIHA Study 2016

⁷ Porter et al. 2013; Ralevski et al. 2014; Wangelin & Tuerk 2014

⁸ 2010 ADF Mental Health Prevalence and Wellbeing Study

⁹ Defence Community Organisation Transition Statistics 2015

¹⁰ Phoenix Australia, 2015

the research evidence demonstrating that PTSD tends to develop later in life, with an incubation period of between 10 to 15 years after the trauma is first experienced¹¹. This highlights the importance of strengthening family and social networks given the high probability that the full extent of the PTSD is likely to impact the individual when they are in situations separated from their original service organisation.

PTSD has, to some extent, become the norm and definition of psychological injury- in the context of veterans and currently serving men and women and is typically regarded by the community and institutions as a static injury.

However, the success of raising awareness of PTSD may also be detrimental to understanding and acknowledging the impact of other psychological injuries such as alienation and isolation, depression, stress and anxiety. Given the poor help seeking behaviours of men (those most typically affected) the either/or dichotomy that has been established i.e. either you have PTSD or you are ok may have inadvertently supported those choosing to ignore signs of emotional distress by tacitly agreeing that since they haven't experienced the necessary significant trauma to be diagnosed with PTSD they are ok and don't need help.

Equally, although there is greater community awareness of PTSD and psychological injury, there is still significant social stigma attached to the label – particularly within the defence community – with sufferers often having to choose between: fully embracing the diagnosis which may result in being discharged and becoming reliant on government income support; or completely rejecting the diagnosis to remain engaged with their unit, troop and mates.

Suicide

Although suicide affects all individuals regardless of gender, currently in Australia close to 80 per cent of all suicides are men and it is the cause of death with the highest gender disparity. Suicide ranks second to coronary heart disease in its contribution to potential years of life lost by Australian males¹². Possible reasons for the disparity include;

- Acquired capability
- Physical pain insensitivity
- Thwarted belongingness
- Perceived burdensomeness
- Greater tendency to not recognise or respond to own negative emotions or distress leading to more chronic and severe emotional response to adverse life events
- Failure to communicate feelings of despair or hopelessness and more likely to present a stoic attitude
- Fewer social connections
- Fail to seek help perceiving it to be a sign of weakness instead wanting to solve the problem on their own
- Lack of awareness about available support services.¹³

¹¹ Bright Future Trust, 2010

¹² Australian Institute of Health and Welfare, 2010

¹³ <https://www.psychology.org.au/inpsych/2012/august/beaton/>

The number of member and veteran suicides in 2016 alone indicated that a significant number of current serving members and veterans have been adversely affected by their service and are not receiving the level of care and ongoing support they require.

Many of these reasons directly align with the mindset formed through military service and are reinforced through the centrality of the military tribe. When this connection / community is lost, it can significantly amplify physical and/or psychological injury, stress, which may result in unemployment, relationship issues, violence, alcohol and drug use and addiction and homelessness.

Family and social connections

Family relationships are a common casualty of an individual's military service and/or the psychological wounds of one or more members of the family unit. As servicemen and women transition from the ADF and their known service organisational tribe, it is critical for them to reconnect with significant family and social networks to create a new (or reignite an existing) tribe that will provide the necessary support and care for them to recover from and/or adapt to psychological and / or physical injury. However, these networks are often not able to fully support the veteran, themselves or each other – resulting in poor intergenerational outcomes. Over the last twelve months many family members have spoken out about how ineffective they felt they have been in supporting their loved one. Citing lack of training and access to appropriate support services, many of these families highlighted feelings of overwhelm and loneliness¹⁴.

Research into the experience of Vietnam Veterans highlights how the family unit is affected by the veteran's service across a range of family functioning factors including violence, psychological distress, self-esteem and social climate within the family unit¹⁵. Compared to the general population, children of Vietnam Veterans are more likely to be diagnosed with or treated for depression (21 percent vs 14 percent), anxiety (22 percent vs 13 percent) or PTSD (4 percent vs 1 percent)¹⁶. The studies also revealed that children of Vietnam Veterans have a suicide rate three times higher than the national average¹⁷.

Empirical studies have also demonstrated that partners of veterans (and other service personnel) have a significantly higher risk of developing psychological problems because of living and caring for their partner than the general population. The extent of this caregiving distress significantly impedes the ability of the family to assist the veteran, which in turn hinders positive outcomes for veterans and their family unit.¹⁸

Recent research by Tsai has highlighted the continuation and worsening of this experience by contemporary veterans¹⁹. A growing body of formal and anecdotal evidence is revealing the prevalence of substance abuse and violent behaviour by veterans and ex-service personnel as they struggle to connect with and survive in the civilian world.

Both these issues are of significant concern in the general population with 1 in 4 Australian women experiencing domestic violence²⁰ and at least 2 in 4 children witnessing or experiencing family violence.

¹⁴ Lamperd, 2016

¹⁵ Evans et al 2003, Evans et al 2010,

¹⁶ Department of Veterans Affairs, 2014

¹⁷ Australian Institute of Health and Welfare, 1999

¹⁸ MacDonell et al, 2014

¹⁹ Tsai et al, 2015

²⁰ <http://www.domesticviolence.com.au/pages/domestic-violence-statistics.php>

The likelihood of violence occurring in the family home are markedly increased in regional, rural and remote Australia due to several factors including isolation, lack of confidentiality and safety in reporting and/or seeking assistance and lack of access to transport or income to facilitate escape²¹.

Substance abuse has been recognised by Defence and the three services as a significant issue with DVA noting that these cause the greatest harm to veterans²² impacting their physical, psychological and emotional health and wellbeing, family and social relationships and ability to maintain employment, housing and financial security. The Rural Health Alliance an Australian Institute of Health and Welfare have repeatedly identified that the incidence of risky and harmful misuse of alcohol and other substances is markedly higher for men living in regional, rural and remote Australia²³. Taken together the combination of these two cultures and approaches to risky and harmful drinking and substance abuse doubles the risk factors for veterans, ex-service personnel and their families.

The absence of local support services appropriate to their needs as individuals and family units has the impact of condemning veterans and their families living in regional, rural and remote Australia to a cycle of abuse, violence and alienation that is likely to stretch across generations.

Soldier On works extensively with families, partners and spouses with over 60% of psychology sessions focussed on issues and challenges that are influencing these relationships. Our social connectedness activities create social bonds and strengthen family relationships through family weekends, spousal retreats, children's programs and other family activities. These shared experiences break down isolation and alienation allowing individuals to draw strength from others and share help seeking strategies and tactics. By providing services to all members of the family unit, we are proving we have learnt the lessons from Vietnam and will not accept suicide rates three times higher than the general population for children of veterans.

The other component to creating a strong civilian foundation for individuals and their families is the development of community connections, which, over time, foster friendship, access to services and activities and promote a sense of connection, belonging and resilience. Our community based support services leverage other local community services organisations to access resources, leverage existing programs or connect like-minded groups of individuals.

Currently none of these services are funded or supported by any government assistance.

Alienation from society – Homelessness and Incarceration

Increasingly the consequence of family breakdown, family violence, unemployment, substance abuse and /or financial stress is homelessness and or incarceration, with an estimated 3000 veterans sleeping rough every night of the year. Currently it is unknown how many veterans and other ex-service personnel are currently in the prison system.

²¹ <https://aifs.gov.au/cfca/publications/domestic-and-family-violence-regional-rural-and-remote-communities>

²² <http://at-ease.dva.gov.au/professionals/assess-and-treat/substance-use/>

²³ <http://ruralhealth.org.au/sites/default/files/publications/nrha-factsheet-alcohol.pdf>

Recently a meeting of Commonwealth and State and Territory Ministers for Veterans Affairs highlighted the impact of homelessness and incarceration of veterans commissioning national research studies and agreeing to share information on current statistics and programs occurring at the state and territory. Whilst welcome, it is expected that these research projects will take at least twelve months before reporting back to the group²⁴ - time which too many of our veterans and ex-service personnel do not have.

Why is this happening?

The support that is available to veterans is not reaching those who need it. Although the Department of Defence, DVA and other Commonwealth Agencies such as ComCare provide services to assist individuals recover, rehabilitate and reintegrate, many individuals do not immediately realise that they need help, are unwilling to seek assistance or are unaware of the support services that are available. These individuals and families fall through the cracks of the existing support system, contributing to the rates of unemployment, family breakdown, self-harm and suicide.

The range of support services, benefits and payments available from DVA and other organisations are complicated, inefficient and often duplicate effort. There is no single, unified access point bridging together these support services in a way that allows vulnerable individuals and their families to quickly and easily access the assistance they require.

Families are precluded from accessing existing services. For most families transitioning from the ADF or any other Commonwealth service institution poses significant challenges as they adjust to civilian life including re-locating, buying a house, and forming a new routine. Families also require assistance to support their loved one as they find work and seek help for any underlying physical or mental health conditions.

Critically mental health issues are often triggered or exacerbated by the stress and pressure of separating from the ADF and other service institution, finding employment, and establishing themselves and their families in the community.

The process of transition, currently, does not support individuals to move on from their service career to the next stage of their lives.

Defence offers employment transition support in the form of the Career Transition Assistance Scheme (CTAS). However, the scheme is limited in scope and the most vulnerable people separating from the ADF are often not able to access the support, as they do not have a clear understanding of their goals after they leave the ADF. Access to these services also ends once members have been separated from the ADF for twelve months. Thus, many vulnerable members are separating from the ADF without the support they need to effectively transition to civilian life.

Army has been conducting a pilot of their Transition for Employment program since October 2015, of which Soldier On is a service provider, however this pilot has been paused since May 2016 due to lack of human resources to administer the program. This program was focussed solely on employment services and assistance into work, through early engagement and support for those medically separating from Army, and eventually all three services. Of the 42 participants offered the program, over 50% either did not engage or withdrew for various reasons.

²⁴ http://minister.dva.gov.au/media_releases/2016/nov/va108.htm

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Through our four-year history of working closely with veterans, ex-service personnel and their families, we have noticed the change in participants when they can embrace purpose, leadership responsibility and the opportunity to help others. Our Service Ambassadors have all experienced injuries because of their service which they now draw on to share their stories and insights with the community and corporate and government groups – creating ‘shared public meaning’²⁵. This experience is not limited to our Service Ambassadors, we regularly hear from our participants that their involvement with our employment programs, sports recovery activities, volunteering initiatives and social inclusion activities has helped them connect to themselves, their families, their communities and civilian life.

“I’d like to thank you for all the help you provided over the last few months of my discharge from the navy. I felt like I was in a place of uncertainty with no light at the end of the tunnel, but with your help and support, I persevered and came through on top. I have started a new role as a Simulation Technician at Cubic Defence Australia, and it was your resume version that scored me the interview. Your help and support far exceeded any other service provided by the military, and for that, I am blessed that I had your support.”

“Once again, thanks for everything, I couldn’t have gone through this process without your help. Oh, and if there is anything I could do to support soldier on, please let me know.”

Through the process of transition, individuals need to be able to identify new goals, opportunities, possibilities and challenges and then chart a course to achieve their aims. Australia, like the USA, is a modern economy that judges the worth of an individual by the economic value he or she contributes to the society – through paid employment, volunteer work or artistic or sporting endeavours. It is imperative that the transition process identifies how best to ensure the individual can maximise their capabilities to continue to contribute to society.

The American journalist and PTSD researcher Sebastian Junger wrote:

“Lifelong disability payments for a disorder like PTSD, which is both treatable and usually not chronic, risks turning veterans into a victim class that is entirely dependent on the government for their livelihood (which) in human terms, veterans can’t (afford this). The one-way veterans are never allowed to see themselves during deployment is as victims, because the passivity of victimhood can get them killed. It’s yelled, beaten and drilled out of them long before they get close to the battlefield ... veterans need to feel they are just as necessary and productive back in society as they were on the battlefield.”²⁶

Every veteran and ex-service member regardless of their injury has something to offer the community – military and civilian – provided they are perceived as strong and whole individuals rather than broken warriors. How an individual transitions from service predicts the likelihood of success the individual and their family will experience and the extent to which they will find meaning and purpose in civilian life.

²⁵ “The collection of common concepts, symbols, historical interpretations, frames, and practices that can reasonably be considered apprehensible to any ordinarily competent member of the polity because the ideas circulate regularly and in public” Deva Woodly, *The Politics of Common Sense: How Social Movements Use Public Discourse to Change Politics and Win Acceptance*.

²⁶ Ibid

HELPING OUR WOUNDED WARRIORS

Who are our veterans and ex-service personnel?

Australian service personnel have identities that align to a greater purpose than themselves. Their values and standards demand excellence, integrity, commitment and a professional resilience to be able to handle any situation. These identities are fostered through training and reinforced through the dominant discourse and culture of the ADF and other service institutions such as the AFP, DFAT and ABF.

These service members stretch beyond themselves, drawing on the shared commitment and purpose of the tribe to achieve extraordinary outcomes.²⁷ They are attracted to and recruited because of their:

- willingness to serve their country and fellow citizens,
- commitment to domestic security and global peace
- desire to be part of an endeavour bigger than themselves.

A loss of purpose is typically felt by service members when they transition from their service role into civilian life, particularly when this is the result of a medical discharge. The purpose that guided how they interacted with the world disappears and it is no longer something they can affect. Their self-esteem, confidence, resilience and capability becomes tenuous for no other reason than the guiding purpose that coalesced skill, expertise, confidence and identity is no longer present in their lives.

Delivering programs, services and activities that support veterans to develop a new sense of identity and a renewed purpose is fundamental to addressing the needs of veterans and ex-service personnel and their families.

Becoming part of the tribe and then leaving

To be able to render the kind of service required by our nation requires individuals to develop a certain mindset, package of skills and expertise and adoption of a cultural understanding of how to work as part of a greater whole. Recruits experience a process designed to build their resilience and toughness during initial training. Through this process, formal education and enforced shared social living, the recruit learns to trust fully in their unit. They learn the spoken and unspoken rules, the norms of behaviour and the strength of being able to fully rely on their mates to share physical training, learn new skills together and work as a coordinated team in highly stressful and dangerous situations. The unit becomes their family, friends and colleagues. These bonds strengthen and deepen as the unit experiences training, rotation, deployment and engagement— each member looking out for the other knowing that their individual safety is dependent upon the skill and commitment of every other member of the unit.

However, the recruit is never taught how to transition back into civilian life where modern life is alienating and isolating. Driven by consumerism, modern western culture focuses on and resources the strength of the individual. Our connections to one another are virtually managed through swipes and taps, communications condensed into 140 characters on twitter.

Recent research undertaken by Sebastian Junger exposed the trauma veterans (and others including Peace Corps workers) experience when they transition from the military tribe to a civilian society that is largely

²⁷ Pontefract, 2016, pg. 19-21

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disconnected, isolated and focussed on the individual. He goes so far as to argue, “the problem doesn’t seem to be trauma on the battlefield so much as re-entry into society.”²⁸

Soldier On has heard from many participants that the greatest stress they experience in their military career is the process of transition. In the ADF, members are constantly surrounded by like-minded individuals, rules and systems they understand and a purpose greater than themselves. When they transition from the ADF to the civilian life, they often lose their friends, their job and their understanding of how life operates. Their sense of identity, tribal connection and purpose disappears in that one moment.

This can easily lead to alienation and isolation from family and civilian society, which can predispose the veteran to more acutely experience trauma than if surrounded by strong social networks.

“In humans, lack of social support has been found to be twice as reliable at predicting PTSD as the severity of the trauma itself. In other words, you could say be mildly traumatised – on a par with say, an ordinary rear base deployment to Afghanistan – and experience long-term PTSD simply because of a lack of support back home.”²⁹

For organisations that typically recruit from the pool of transitioning ADF members such as the AFP, ABF, DFAT and other Commonwealth, State and Territory agencies involved in protection, security and policing this connection to tribe and experience may be both strengthening and destabilising. Consequently, it is critical that all agencies have appropriate frameworks, policies and cultures in place that support, strengthen and deepen individual resilience and expand the individual’s capacity to connect with communities outside of the immediate tribe.

²⁸ Junger, pg90

²⁹ Ibid, pg95

Soldiering On in Regional Australia

Current data (ESO Mapping Project, Aspen Foundation, 2016) highlighted “the transition phase ... (is) critical to the future health and wellbeing of veterans and their families³⁰” and evidenced anecdotal trends, that many younger veterans live in areas with minimal local veteran service as compared to the residential patterns of older veterans.

Critically the Aspen Report³¹ highlights, the overwhelming majority of organisations providing support services to veterans and ex-service personnel are not located where most younger veterans live.

Current data sourced from DVA and the Aspen Foundation ESO Report indicates concentrations of veterans in several areas. It is understood that DVA typically only has contact with approximately 20% of those no longer serving. Soldier On believes it is critical that a presence is created in these areas to ensure many younger veterans in regional areas do not miss out on access to the prevention and early intervention support services they may need in the future.

Currently the greatest groupings of veterans are:

- Brisbane (>16,000 DVA clients in area)
- Townsville (>6,500 DVA clients in area plus active military bases)
- Lismore (>3000 DVA clients in area)
- Coffs Harbour (>3000 DVA clients in area)
- Forster (>3000 DVA clients in area)
- Latrobe Valley (>3000 DVA clients in area, includes Gippsland and East Sale RAAF)
- Sunshine Coast (>3500 DVA clients in area)
- Toowoomba (>2000 DVA clients in area plus active military bases)
- Tamworth (>2200 DVA clients in area)
- Wagga Wagga (>2200 DVA clients in area) Defence Base also located here
- Bendigo (>2000 DVA clients in area)
- Darwin (>1000 DVA clients in area plus active military bases)
- Cairns (>1500 DVA clients in area plus active military bases)
- Orange (>1500 DVA clients in area)
- Albury/Wodonga (>1500 DVA clients in area plus active military bases)
- Launceston (>1500 DVA clients in area)

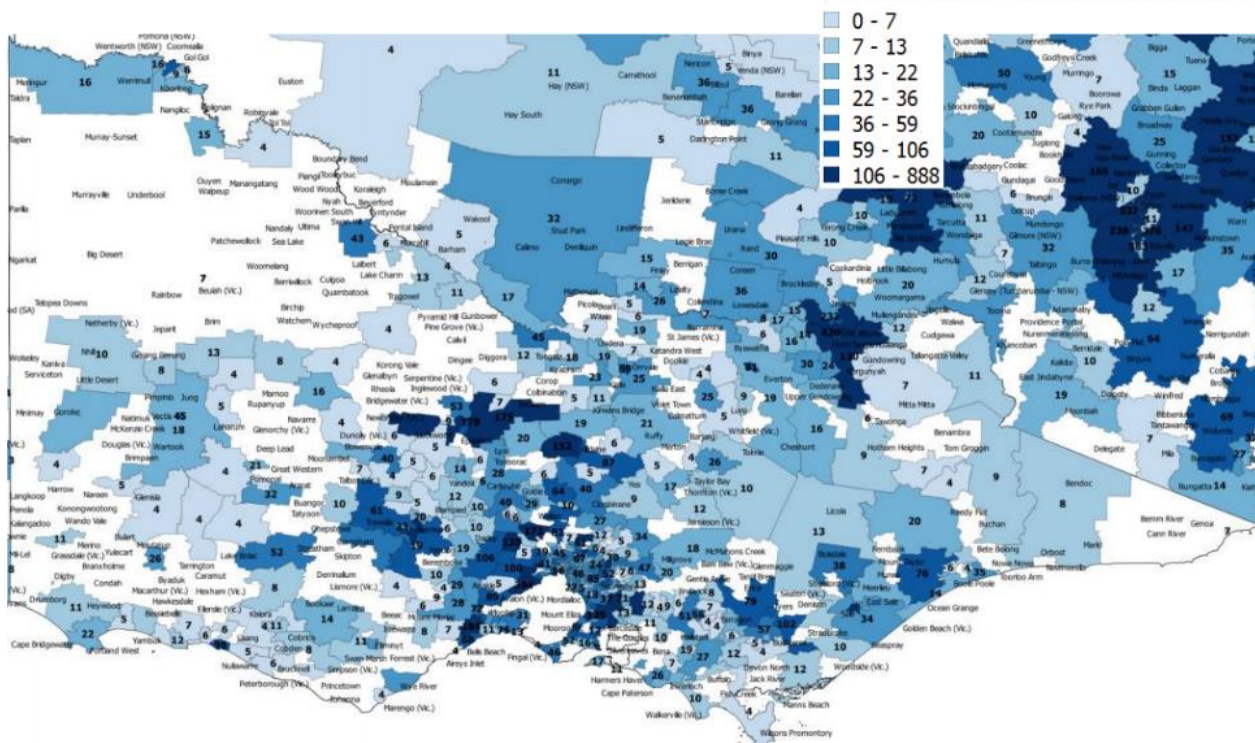
The maps below visually depict these groupings.

³⁰ Aspen Report, 2016, pg 11

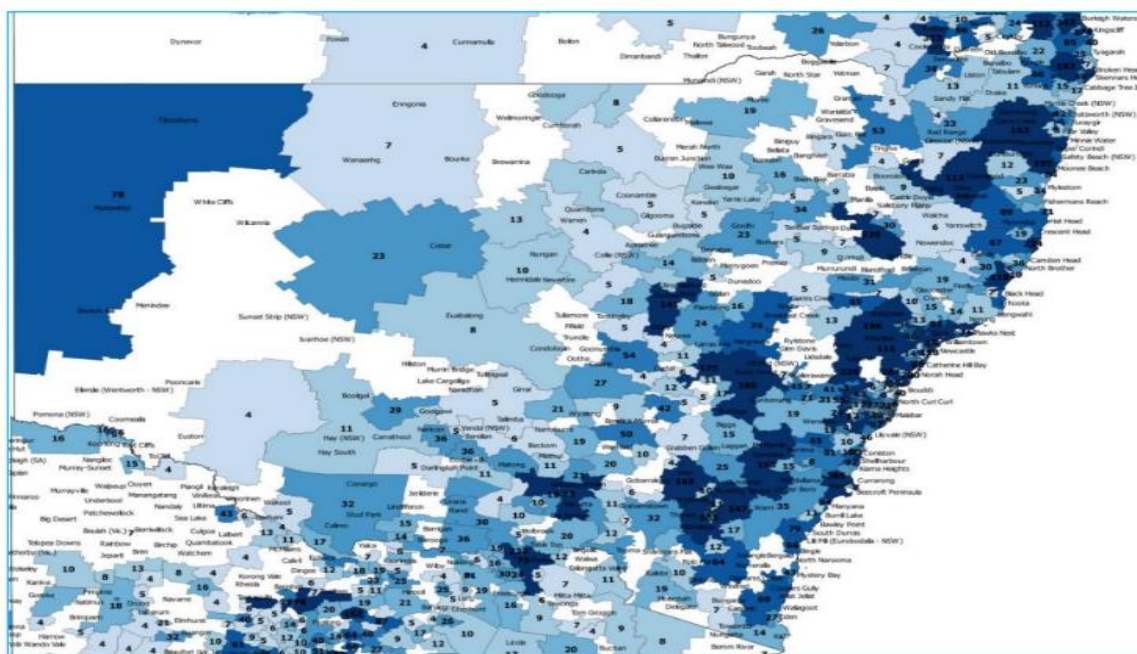
³¹Ibid

Concentration of ex-Defence members with full time service under 55 years of age:

U55 Mil Super ex-service personnel

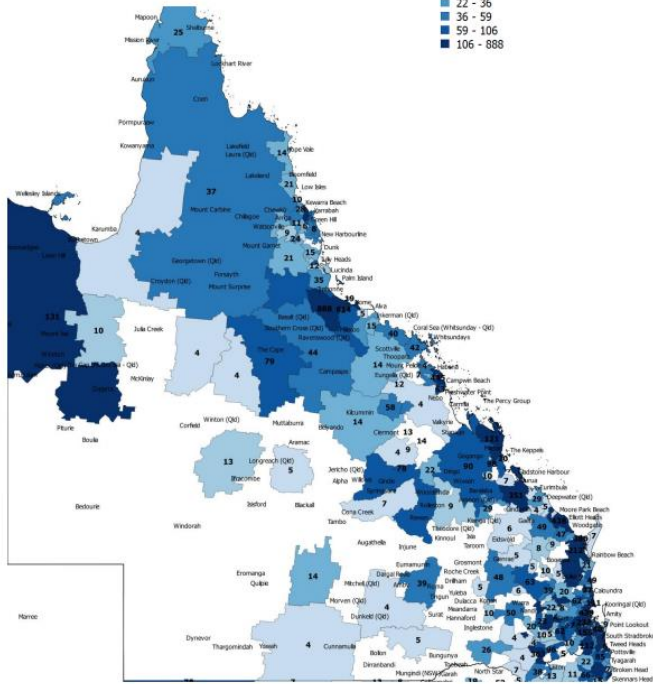
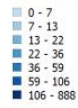


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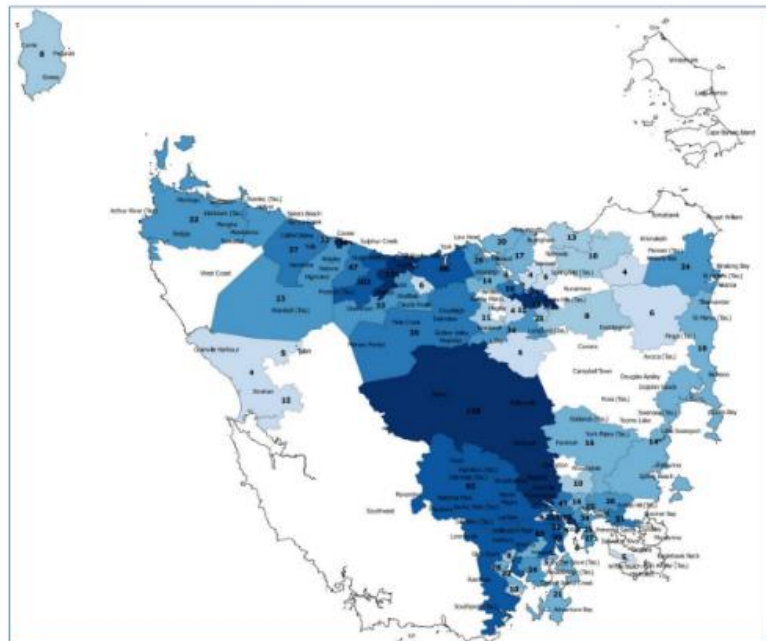
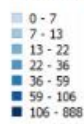


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U55 Mil Super ex-service personnel



U55 Mil Super ex-service personnel



HELPING OUR WOUNDED WARRI

The Solution

Collaborative partnerships – Government/ Non-Government and Corporate

Addressing the needs of service personnel requires a different way of thinking, a multifaceted and multidisciplinary approach and a commitment from all key stakeholders to collaborate.

Soldier On maintains that it is extremely important that veterans and other ex-service personnel receive the income support and compensation they are eligible for; however, this should not be at the expense of supporting the individual to find a new purpose for their life albeit it some form of paid or volunteer work, artistic endeavour or sports recovery focus.

Unfortunately, our current system tends to require people live in stasis, trapped in a diagnosis or identity that denies the individual's capacity to contribute, engage, inspire and motivate. Furthermore, the systems are convoluted, adversarial and can be deeply traumatising to individuals and their families. The maze of services, programs, entitlements and subsidies serves to confound and overwhelm individuals and their families leaving them feeling like they are confronting the night sky, as spouse told Soldier On, "[T]here are many bright shiny places to go, but out of the hundreds of options, where are we meant to go? What we need is a map, we don't need more stars."

The process of identifying and accessing income support needs to be accessible, efficient and simple allowing the individual and their family to manage finances and other household issues with confidence and certainty.

Soldier On strongly believes that DVA's most pressing priority must be the simplification and streamlining of regulatory frameworks and services underpinned by 21st century ICT infrastructure enabling individuals to access advice, information and services that are timely, efficient and correct. This priority is critical as no veteran, ex-service personnel or family member should be traumatised or re-traumatised through their dealings with government systems.

Good governance dictates that no one authority should hold all encompassing power, thus it is essential that there is some delineation between the assessment and approval of income support and other benefits and those service providers offering a range of support, education, training, career coaching and placement services and programs.

The case for community funded service provision

International experience shows that the recovery and transition of veterans is enhanced through community based service provision.

Dr Arieh Shalev, an Israeli PTSD researcher notes that:

“The closer the public is to the actual combat (and the individual’s experience), the better the war will be understood and the less difficulty soldiers will have when they come home.”³²

Creating this ‘shared public meaning’ of conflict provides a context for veterans to experience and share their losses and sacrifices that is understood by the community and it goes beyond commemoration services and marches. ‘Shared public meaning’ happens when the community is intimately engaged with and connected to veterans and ex-service personnel and their families.

As already identified, men typically have poor help seeking behaviours and often find it confronting to seek assistance particularly when it is related to emotional distress, anxiety, depression, relationship or personal identity issues. This is compounded when the ADF and / or primary government service delivery agency, DVA, are viewed as the cause of their issues and/or injuries. This dynamic echoes in the experiences of veterans from AFP, DFAT, ABF and other Commonwealth agencies. External agencies and charities, such as Soldier On and others, can engage with veterans and their families in a different capacity. Our independence from government is a strength. We can leverage a range of sports, recreational and social connectedness activities to engage with the veteran and their family, providing a soft entry into other vital support services such as psychology, education and training and employment and facilitating entry into critical community networks.

The effectiveness of community based service provision delivered through non-government organisations within a governance, policy and program framework developed and managed by government has been proven across multiple sectors and industries over the last twenty years. The aged care, disability, indigenous, mental health, social services, family violence and child protection, young offenders, preventive and primary health sectors all rely on community based services to ‘wrap around’ the client and appropriate family members to deliver support, foster resilience, promote health and wellbeing and improve long term outcomes.

The diversity in experience, service design and delivery, and proximity to the individual of community based service providers leads to better outcomes, enhanced client choices and the provision of uniquely tailored high quality services. The current expectation that veterans’ transition and reintegration services be provided by DVA is unrealistic and has been proven ineffective.

Non-government organisations, like Soldier On need to be supported through government investment, to build the infrastructure necessary to deliver services in the communities where they are needed.

Soldier On works to establish long-term, comprehensive support for Australians who have been impacted by their service. Importantly our services are not limited solely to members, veterans and ex-service personnel but extend to partners and other family members (including children). This inclusivity strengthens the family unit and acknowledges the impact service has on the whole family.

³² Junger, pgs. 96-97

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To achieve this, Soldier On works with community groups, service providers, other not-for-profit organisations and government to link and refer service men and women with appropriate and effective support. Our staff work hand in hand with many pensions officers and advocates from the RSL, Veterans' Federation, other ex-service organisations and non-government organisations. For Soldier On, the emphasis is on not only providing services, but also facilitating strong links with other organisations to do the best for those who we assist without duplicating the offerings of others

Through our services individuals and families can access offerings include diplomas in areas such as IT, Business, Management and Workplace Health & Safety as well as internships, other training courses and CV assistance. We fund rehabilitative equipment and provide opportunities for individuals to find motivation to reach their rehabilitation goals through adventurous activities such as hikes and treks, adventure races and other outdoor activities. This is usually in the company of others also affected by their service.

HELPING OUR WOUNDED WARRIORS

Soldier On services

Working from strengths based perspective; Soldier On has grown out of the community of our contemporary veterans and their families. Agile and dedicated to action in the pursuit of service excellence, Soldier On has gradually stepped up its service offering from awareness raising, individual resilience building activities, evolving family programs to become the largest national provider of in-house support services for veterans, ex-service personnel and their families.

Our services model was developed as the result of dialogue and a philanthropist funded study tour of international centres that provide world best support to veterans and their families. We worked closely with veterans' organisations and/or Governments in the UK, US, Canada and Israel. These organisations and their facilities, models of care and methods link extremely well with Soldier On's purpose and mission and the needs of Australian veterans and ex-service personnel:

- Help for Heroes (UK) and their Tedworth House facility, inspired Soldier On's model for Reintegration and Recovery Centres. More information on Tedworth House can be found at <http://www.helpforheroes.org.uk/how-we-help/recovery-centres/tidworth-wiltshire/>
- United States Walter Reed Military Hospital complex has some of the world's best support for veterans and their families. The Traumatic Brain Injury (TBI) and PTSD facility, National Intrepid Centre of Excellence (NICoE), as well as Fisher House model, showed the importance of clinical support mixed with psychosocial and the need for onsite accommodation. More can be found on both these organisations at: <http://www.nicoe.capmed.mil/> and <https://www.fisherhouse.org/programs/houses/house-locations/Maryland-walter-reed-national-military-medical-center-at-bethesda-i-ii-iii-iv-v/>
- The Israeli 'Belt Halochem' (Fighter House) model shows the importance of community and programs based around the individual and their family. There are centres like those run by Help for Heroes but focus on ex-service members. More can be found at <https://beithalochem.ca/centre/beit-halochem-beer-sheva/>

By working with each of these countries and their programs, Soldier On acquired a considerable knowledge about and insights into programs and centres that are veteran and family oriented. The lessons from these centres have been directly integrated into our service delivery models, philosophy and program design with the result that our programs are global best practice.

Soldier On's Veteran and Family Support Program

Soldier On spent over 12 months researching international veteran support and employment programs, and investigating lessons learned, to create their world class Veteran and Family Support Program.

Our Veteran and Family Support Program focuses on three core areas: mental health support, employment support and social connectedness.

Soldier On works with Australian industry to educate them about the remarkable skillsets, training and experiences of our modern veterans, so industry can provide them with suitable and fitting job opportunities through Soldier On's Veteran and Family Support Program.

What makes this program different to other veteran support services in Australia is all our services are provided by our team of in-house Soldier On specialists. These services are delivered from our Reintegration and Recovery Centres around Australia, as well as online for our employment support services. We believe having one team of experts supporting veterans and their families through a range of issues benefits them in the following ways:

- Greater comfort, peace-of-mind and security when seeking support
- A greater holistic understanding of the issues a veteran and his/ her family are facing
- Greater success in the uptake of support services, as a veteran can access all the services from the one location and the one team/ organisation and can be linked in to other areas of support.

These services are open to all veterans who have served in the Defence Force since 1990, as well as their family members. Veteran and Family Support Officers will also work on short-term and long-term employment goals with veterans, recognising many will need to earn an income while they pursue a new career. As well as through our centres, these services are available via Skype and phone meetings.

Soldier On also provides support services to veterans and their families for the long-term. We acknowledge that the experiences our veterans have endured will stay with them for the rest of their life and, therefore, we will be here to provide them with support services at any stage of their life, if required.

During 2017, Soldier On aims to place 1000 veterans or their partners into jobs by leveraging our partnerships with Australian industry.

Soldier On is working with employers who have multiple locations across Australia and in the event of government investment in Soldier On our expanded capacity will support multiple employment opportunities across regional and rural Australia being created or made available.

Focus on strengthening psychological, mental and emotional health and wellbeing

Soldier On provides evidence-based psychology treatments to veterans who have been affected by their service, as well as their family members, including partners, children, parents and siblings.

Veterans do not have to have deployed to be eligible for this service and access to service extends to:

- Current members of the ADF, Police, Emergency Services and Commonwealth government agencies such as ABF and DFAT
- Individuals who are in the process of transitioning out of these services
- Veterans of the ADF
- Dependants and family members of the above
- Those individuals in the services who are referred through Comcare.

Soldier On's is recognised as a preferred provider of clinical psychology and counselling services by:

- Garrison Health
- DVA
- Medicare
- Comcare
- Medibank.

Our psychologists have specific knowledge, training and experience in working with people affected by trauma, including traumas not related to combat.

We can work with:

- Transition from military to civilian life
- Impact of deployment/separation/relocation and family integration
- Complex Trauma/PTSD and stress-related issues
- Mood disorders, such as depression
- Anxiety disorders
- Relationship and interpersonal difficulties
- Chronic pain and injury adjustment concerns

Soldier On psychologists are responsible for:

- Clinical assessment and treatment of individuals and couples
- Risk assessments and the management of such cases
- Consultation both within and outside of the organisation
- Training and supervision of Soldier On staff in relation to mental health matters
- Selection of individuals to participate in reintegration activities such as cycling, golf and surfing

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- The development and facilitation of group mental health programmes that can be offered to individuals, couples and families.

Our psychology services incur no out of pocket expenses to veterans and their family members and there are no limits on the number of sessions allowed. Where Soldier On is unable to claim funding for service

The work Soldier On undertakes is significantly different from the other main provider of psychological services, Veterans and Veterans Families Counselling Service (VVCS) as the following table illustrates.

How Soldier On differs from Veterans and Veterans Families Counselling Service

	VVCS	Soldier On
Eligibility	Very strict eligibility criteria. Restrictions on who can receive services. Restrictions or conditions apply to serving members who haven't deployed, family members of injured service-personnel, and NATO forces.	Broad and inclusive eligibility criteria for contemporary veterans and their families.
Referrals	Some groups of clients are required to have a referral to be eligible for services.	A referral is not required for clients to obtain counselling at Soldier On, to reduce help-seeking barriers.
Intake Process	Multi-step intake process including registering details, telephone-based interview and then allocation to counsellor. The client then sees their allocated clinician for three assessment sessions.	Intake is simplified to reduce barriers to help-seeking. Clients are not required to disclose their sensitive information on multiple occasions to multiple parties.
Clinicians	A mix of in-house and external contracted social workers or generalist psychologists. Clinicians do not necessarily have specialisms in veterans' mental health issues, or trauma.	All clinicians are psychologists, and all but one have post-graduate clinical qualifications. All of them have specialisms in veterans' mental health issues and / or complex trauma treatment.
Independence	VVCS is seen by many clients as being intimately connected with DVA. This connection undermines confidence in some veterans in seeking their services.	Soldier On counselling is independent of any government affiliations.
Limits to Sessions	VVCS approves sessions for clients in blocks of 6 to 8 sessions. There is a focus on brief intervention.	Soldier On does not limit access to psychological counselling for eligible clients, with a therapeutic requirement for ongoing care.
Holistic Framework	VVCS does not provide any other services which act as adjuncts to psychotherapy.	Soldier On psychologists routinely refer clients to other Soldier On activities and services to augment treatment outcomes (e.g. yoga, etc.).

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VVCS clinicians must refer their clients to other service providers for any other assistance, beyond counselling.

Soldier On also facilitates a “warm referral” to external agencies as required.

These differences highlight the different approach Soldier On takes to life long, holistic care for the veteran and their family.

There is an urgent need in investment for an expansion of subsidised mental health services to meet the needs of individuals, families and those living in regional, rural and remote communities

Soldier On calls on the government to recognise the critical importance of supporting families as well as individuals by funding the following:

- Couples and relationship counselling through DVA, Medicare, Comcare, Garrison Health
- Access for current-serving members who have not been referred by Garrison Health, and who do not have a DVA White Care
- Expansion of Medicare Limit of 10 funded counselling / psychology sessions
- Expansion of the Services Schedule to allow claims for virtually delivered psychology services to regional, rural and remote locations

HELPING OUR WOUNDED WARRIORS

Focus on building strong connections

Social connected activities and programs have a range of purposes and benefits, from forming part of a veteran's mental health treatment to allowing veterans to connect with other veterans and families and build vital support networks.

Soldier On offers a range of social connected activities and programs to encourage veterans and their families to reconnect with themselves, their loved ones and the wider community. Wherever possible Soldier On works with community organisations such as Men's Sheds, local sporting, cultural and family associations and groups.

Examples include:

- Soldier On's Surf 'Therapy' Program
- Golf days
- Coffee catch-ups
- Art classes
- Creative writing classes
- Music classes
- Yoga classes
- Men's and women's weekend workshops
- Family days
- Sailing days
- Cycling programs
- Learn to play programs
- Volunteering programs and opportunities
- Assistance Dogs Program Developed in partnership with an accredited dog training provider and Soldier On psychologists, selected participants will train as dog handlers, training their own dog or one provided by the program to meet the Public Access test and become qualified Assistance Dogs. Assistance Dogs may help participants manage the effects of hyper-vigilance, anxiety and PTSD; assist in everyday tasks; and assist individuals to reconnect with family and friends and return to the workforce.

The Pledge – Soldier On calls on Australian Industry

Part of Soldier On's Veteran and Family Support Program involves organisations taking 'The Pledge', and committing to better understanding and recognising our veterans' skillsets and experiences, as well as creating job opportunities for them and their partners.

Soldier On collaborated with key organisations across a range of industries to develop the framework underpinning this veteran employment support program.

This pledge is the first of its kind in Australia and several organisations have already taken it, including:

- Northrop Grumman
- Fujitsu
- Raytheon
- BAE
- Medibank – Garrison Health Service
- KPMG
- Rheinmetall
- CSC
- Coleman Rail Pty Ltd
- Agri Veterans
- Proton Security
- Australian Golf Course Superintendent's Association
- The Evolution Group
- Caledonia Scaffolding
- Heartbeat Nursing Agency

With more than 20 other organisations committed to signing.

Through Soldier On's Veteran and Family Support program and the Pledge, we aim to create 1000 job opportunities for veterans, ex-service personnel and the families in 2017.

Driving collaboration within the sector

The Aspen Foundation Report highlighted the breadth and diverse nature of Veteran Support Services sector and the host other non-government agencies providing specialist services to veterans and their families. Currently it is estimated that there are 3,500 organisations providing some level of service to veterans and their families³³.

Recently Soldier On provided support to a veteran who was unable to find support in his local community of Ballarat. Contacted by a previous Minister for Veterans' Affairs, Senator Michael Ronaldson with request for support, we sought to wrap our services around the individual.

For a time, it seemed our support was helping the veteran, however three days before Christmas he took his life.

The deaths of service men and women in the line of duty are tragic however they are understood in the context of active duty. In August 2016, Peter Leahy, LT GEN (r'td), Former Chief of Army and Chairman of Soldier On noted that the deaths of service personnel and veterans at home are a "national disgrace"³⁴.

The fragmentation within the sector combined with growing concerns around governance, transparency and accountability of organisations will increasingly impede the capability and capacity of organisations to effectively collaborate and coordinate. With the result that our collective clients pay the price for sector dysfunction.

Soldier On is calling on the federal government to invest \$2 million over two to establish an independent national peak body for the veterans' support services sector. It is envisaged that this body would be a membership based organisation established as a company limited by guarantee under the Corporations Act.

Entrusted with the role of advocating, in all forums (including in how charities manage legacy funds and trusts established to support veterans and their families), for and on behalf veterans and their families, this organisation would drive consultation, collaboration and coordination across the sector and with government – federal, state and territory and local.

Soldier On believes that there is such an urgent need for this organisation.

Consequently, as an organisation, Soldier On is prepared to make its own investment by freeing up Soldier On CEO John Bale to spend a portion of his time leading the establishment phase of this organisation. In the spirit of collaboration, we would also seek the involvement of Simon Sauer AM from Mates4Mates in a

³³ Aspen Foundation Report, 2016

³⁴ Lamperd 2016

similar capacity. Neither individual nor organisation would seek or receive any financial support for this involvement.

The Investment

Over the course of two years, Soldier On estimates the following investment would result in the establishment of a National Peak Advocacy Body.

Item	Cost \$	Remarks
Registration and regulatory costs	\$200,000	Preparing constitution, membership structures, governance structures and processes, receiving ASIC, ACNC and ATO endorsements
Consultation with sector	\$500,000	Roundtable meetings, regional, rural and remote forums, seminars / conferences, preparation and release of Discussion Papers and like documents
Communications and engagement with sector	\$150,000	Including establishment of website with member portal
Premises	\$60,000	Lease of a small office space in Canberra
Governance costs	\$50,000	Support for travel and accommodation to and from Canberra for regular Board meetings (including strategy and operations forum
Staffing Establishment (post establishment of organisation)	\$500,000	Funding for CEO, Communications and Policy Staff Member/s, Membership Officer and Corporate Support for first year post establishment
ICT Set Up	\$18,000	Hardware, peripherals, software and systems
ICT Maintenance	\$10,000	
Corporate Administration	\$5,000	
Contingency	\$500,000	
Total	\$2,000,000	

Conclusion

No man, woman or child should be disadvantaged because of their, or a family member's service to the nation. However, the evidence is currently showing that service personnel and their families are experiencing poor long term and intergenerational outcomes across all aspects of their lives. It is clearer that the sooner service personnel and their family have access to community based support services; the more likely they are to succeed in the civilian community.

Government has a responsibility to ensure all service personnel and their families have access to local, best practice support services, however it is not appropriate for government agencies to be arbiter or eligibility, payment gateway and support service provider.

By investing in an expanding Soldier On's hub and spoke services model, government will have the opportunity to ensure that over the next five years in excess of 48,200 veterans and their families can access locally provided services as well as the broader group of service personnel from agencies such as ABF, AFP and DFAT.

In 2016 it is currently estimated up to 70 veterans took their own lives.

Funding Soldier On's expansion into regional Australia and expanding access to scheduled psychological services for families and virtual delivery is critical if we are to save lives in 2017.

However, Soldier On is but one organisation in a highly fragmented sector. It is time to establish an independent peak advocacy body for the sector to drive collaboration, coordination and collective approaches. The Australian community – service and civilian populations – expects the sector to be transparent, accountable and coordinated. We should be proactive in working together to find the best package of care and support for clients, rather than competing for funds and/or members. Soldier On is prepared to commit its own resources to support the establishment of such a body – however, government investment and support will be required to underpin wide-ranging consultation and exploration of current and emerging issues and trends.

Taken together the DVA and Defence budgets in 2016-2017 totalled more than \$44 billion. In this context, the scaling investment of a rolling five-year funding agreement of up to \$6 million per year to fund six regional centres is entirely appropriate. This represents at its most basic a maximum investment of \$124 in each veteran per year for lifelong access to appropriate support services – surely a reasonable price to save the life of a veteran or service member and avoid years of long-term pain and suffering for their families.

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