



The Partners of Veterans Association of Australia Inc.

ARBN 105 524 972 ABN 95 105 524 972

Patron: Her Excellency Lady Cosgrove

Postal Address:
PO Box 3494
TUGGERAH NSW 2259

Website: www.pva.org.au

The Commissioners,
Veteran Compensation and Rehabilitation Inquiry,
Productivity Commission,
GPO Box 1428,
CANBERRA. ACT. 2604

20th June, 2018

Dear Sirs,

On behalf of the Partners of Veterans Association of Australia Inc. I submit the attached submission for your attention.

We have approached the following:

Recommendation 1. That the Veteran Education Scheme (VCES) more equitably reflect the Original Intent of the Soldier's Children Education Scheme in providing educational support for Veterans children fairly, and not to the detriment of the family financially

Recommendation 2. That comparable Home Care Services be available to Veterans and War Widows irrespective of which Act the Veteran or War Widow comes under.

Recommendation 3. That the contribution of the Partner/ Spouse and family be recognised with the issue of a Non-Liability Health Care Card, or similar as contained in our submission, for the treatment of recognised mental health and stress related disorders.

I thank you for the opportunity to present a submission to the Commission.

Yours sincerely,

Heather Evans.
National President.
Partners of Veterans Association Australia. Inc.

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Productivity Commission Investigation – DVA

I write as the President of the Partners of Veterans Association of Australia Inc. on behalf of the National Board and our members and also as a member of the Australian Defence Services Organisation. (ADSO) We thank you for the opportunity to offer our submission to the Commission.

Veteran Children Education Scheme. (VCES)

The Scheme was originally known as the Soldiers' Children Education Scheme (SCES). The purpose of the scheme was to provide support services and financial assistance to children of eligible veterans and members of the Forces to help them achieve their full educational or training potential and prepare them for suitable careers. SCES was replaced by **VCES in 1986** and was to provide an additional element of compensation to an eligible DVA client family/children; recognising the additional financial burden that a TPI/SRP client has with **"dependent children who are more vulnerable than the average"**.

From 1993 VCES became a compensatory scheme and the income test for students over 16 was abolished.

From January 1998 responsibility for all child related payments made by DVA was transferred to the new Commonwealth Services Delivery Agency Centrelink.

Prior to that VCES (dependent child add on) was paid to the Veteran with his other payments from DVA.

Correspondence dated 9th October 1997 from DVA stated:

"From 1 January 1998 instead of receiving child related payments under the Veteran Entitlements Act you will receive full Family Payment under the Social Security Act. This means that from 1 January 1998, responsibility for all child related payments made by Veterans Affairs to service pensioners and income support recipients will be transferred to Centrelink. After 1 January 1998 Centrelink will pay the full Family Payment to one member of a couple. This payment will include all the child related payments you currently receive from Veterans Affairs Plus the Family Payments currently received from Social Security."

In 1998/99 payments for dependent children of 16yrs was aligned with Youth Allowance paid by Centrelink. (Youth Allowance Bill 1998/1999).

In January 2012 Centrelink recognised that many children 16 to 19 remained dependent high school students and again changed so that the parent of 16 to 19 yr old dependent children in full time study continued to receive Family Tax Benefit for that child in the same way as when the child was 15.

As at 15th June 2018, there are **771** high school students that were 16 & over who receive fortnightly payments under this scheme. This covers all of Australia.

There are an additional unknown number of high school students in this age group who have opted for Centrelink's Family Tax benefits instead of DVA's education allowances. It is thought there are probably another 250-280 students who might return to the Scheme as tertiary students once they finish year 12 and the Family Tax Benefit cuts out.

Letter from DVA to parents in receipt of VCES in 2012 following Centrelink allowing parents of high school children to continue to receive FTB A below:

"Changes to Family Tax Benefit (FTB) arrangement and provides information about how these changes may affect families of students who receive an education allowance from the Department of Veterans' Affairs (DVA). In order to assist you in answering any inquiries from the ex-service community, the details of these changes follow:

What is a DVA education allowance?

A fortnightly education allowance is paid by DVA under the Veterans' Children Education Scheme (VCES) and the Military Rehabilitation Compensation Act Education Training Scheme (MRCAETS) to the eligible children of veterans and other members of the Australian Defence Force (ADF), who have died or been severely injured as a result of war service or eligible service. Both schemes provide assistance to eligible children undertaking primary, secondary or tertiary study. Education allowances under the VCES and MCAETS are not means tested. However, the rate of education allowance varies according to individual circumstances, such as age, level of education, and living at or away from home.

What is Family Tax Benefit?

There are two parts to FTB which is paid by Centrelink. Family Tax Benefit Part A (FTB A) assists families with the cost of raising children and is subject to an income test. There is also an additional supplement that may be paid when a tax return is lodged. Family Tax Benefit Part B (FTB B) is for families with one main income, with an additional supplement that may be paid when a tax return is lodged. It is also subject to an income test.

What changes have been made to Family Tax Benefit?

On 1 January 2012, Centrelink increased the rate of FTB A for 16-19 year olds in full-time secondary study, from \$52.64 to \$214.06 per fortnight. The family may also be entitled to a FTB A supplement of up to \$726.35, depending on family income and circumstances. This supplement may be payable after the end of the financial year and once a tax return has

been lodged. Also available from Centrelink is the FTB B, which is targeted at single income and low second income earning families. This may be paid at up to \$97.58 per fortnight and the FTB B supplement of up to \$354.05 per family, per year. Again the supplement may be payable after the financial year, once a tax return has been lodged.

How do the changes to Family Tax Benefit affect DVA clients?

While the DVA education allowance increased to \$220.40, the annual supplement means the Centrelink payment may be more. As a result of the increase to FTB A rates, 16-17 year olds currently receiving an education allowance from DVA and living at home may be better off financially by applying for FTB from Centrelink, when the supplement is taken into consideration.”

Why is it that an oversight and or ignorance by DVA at the time that Centrelink made changes to payments to parents of School children 16yrs and over, which meant that parents of school children in the general community continue to receive Family Tax Benefit, has not yet been rectified for Veterans children whose parents receive VCES?

Why is it that the Parent of a 15yr old child receiving VCES receives approximately \$56.00 per fortnight less when that child turns 16? What is the rationale for this and more importantly, how does reducing the amount to Veteran Parents at a time when it is actually more expensive to educate a child, indicate support to Veterans?

Payments to Parents for dependent high school children over 15yrs from Centrelink are not taxable.

A number of years ago many children did finish their schooling at 15 and went on to employment. This is no longer the case as most employers currently require prospective employees to have attained their Higher School Certificate as a minimum. By their actions DVA have shown a complete disregard for the Veteran Parents.

VCES Payment for 16yr old dependent school children is taxable to the child who usually does not even receive the payment. This is absolutely disgraceful and totally goes against the Original Intent of VCES which was meant to be an “over the general community payment” in recognition of the fact that veterans children are an at risk group, due solely to the service of their disable veteran parent.

Where is the “over the general community” VCES payment for school children 16 yrs and over?

Veteran Parents children have every right to expect that the Original Intent should retain its integrity for dependant children in order to give their children the best education possible.

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EMERGING ISSUES OF HOME CARE SERVICES

DVA provides a variety of in-home and community support programmes focused on assisting the Veteran and War Widow to continue to live independently and to manage their day to day life. Services offered under Veterans Home Care (VHC, Factsheet HCS01) for those in receipt of a Gold or White card is low level care and includes:

Domestic Assistance,

Personal Care,

Social Assistance,

Safety-related Home and Garden Maintenance

and Respite.

Household Services (Factsheet MRC42) is only available for those under the Safety, Rehabilitation and Compensation (Defence Related Claims) Act 1988 (DRCA) and the Military Rehabilitation and Compensation Act 2004 (MCRA) who have accepted medical conditions that prevent them managing household tasks.

DVA states that the focus of their VHC service is to keep the Veterans' home safe and to minimise hazards which may result in injury.

In comparison Household Services are provided to minimise the impact of injury, disease and illness in the ability to manage and maintain your household. This may include cooking, cleaning, laundry, ironing, shopping, lawn mowing, and gardening while other like services may be provided on request.

Our association believes both services are similar in that DVA's intention is to keep the Veteran, War Widow and other eligible recipients safe, households clean and well maintained if that person is unable to do it themselves. For the ageing Veteran and War Widow it is far more sensible for the client to stay in their own home for as long as possible in an environment that is familiar to them.

It is also our belief that there should be one service only by melding and widening the services currently available through VHC and Household Services.

To apply for VHC the veteran or War Widow calls a 1300 number and the assessment takes place over the phone; this occurs every 6 months.

At no stage does anyone actually see the residence to assess what may be required to keep hazards to a minimum either inside or outside, whereas with Household Services an Occupational Therapist (OC) inspects and assesses the needs of the veteran.

Why would this not be the case for the VHC as an OC would be better able to gauge the needs of the veteran/War Widow rather than an agency ringing twice yearly? In our view an OC inspecting the house once a year would seem a much better way of getting an accurate assessment of what is required.

Isolating services available to eligible recipients according to which Act they are under should not be the issue, services should be provided to the level of care and help needed to maintain the Veteran/War Widow safely and comfortably in their own home.

The cost associated with providing all necessary home and garden maintenance cannot be measured against Veterans/War Widows being placed in care if they are unable to perform these duties themselves.

Case Study: A 95 year old Veteran living alone has weeds and moss growing on the brick paving area of his home. This area can become wet and slippery, however the gardening service under VHC does not allow for them to be removed. Were the Veteran to slip and fall injuring himself the result could be:

The Veteran being sent to hospital. At his age the costs involved in hospitalisation, rehabilitation and the processes to return him to his home, if returning him to his home was a possibility, would far outweigh the costs involved in the maintenance of his garden. Not forgetting the damage to his wellbeing and his confidence in retaining his independence.

Case Study: A 75 year old War Widow living on her own is unable to maintain her garden over a lengthy period of time due to illness. While attempting to restore order to her garden she injures her back. The War Widow now requires surgery and a lengthy period of rehabilitation. Hospitalisation, surgery, rehabilitation, necessary appliances and services and the loss of her valued sense of independence all could have been avoided.

In conclusion, combining the two household plans currently available through DVA seems to us to be a sensible and cost saving exercise while meeting the needs of the Veterans, War Widows and eligible recipients who are living in their own homes and retaining their sense of wellbeing, their confidence and their independence.

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RECOGNITION OF PARTNERS, SPOUSES AND THE FAMILY.

It is the belief of this Association that successive Governments over decades have failed to appreciate and/or recognise the contribution made to the health and wellbeing of Australian Defence Force (ADF) members by their Partner/Spouse and family.

While acknowledging that the ADF member may experience significant mental and physical health issues related to his/her service, there is no similar acknowledgement of the very real impact this may have on the Partner. The often negative and major adverse impact of an ADF member's service on their family is a matter of irrefutable research evidence. This quantitative evidence gathered since 2001 has been brought to government many times but most recently in submissions to the Senate Committee Enquiry relating to veteran's suicide as well as a DVA Legislative Forum in November 2017. This further substantiates the unequivocal qualitative evidence and the harmful impact experienced by families

(Alessi, Ray, Ray, & Stewart, 2001; Arzi, Solomon, & Dekel, 2000; Kiecolt-Glaser, McGuire, Robles, & Glaser, 2002; G.V.MacDonell, Bhullar, & Thorsteinsson, 2016; G.V.MacDonell, Marsh, Hine, & Bhullar, 2010; G.V.MacDonell, Thorsteinsson, Bhullar, & Hine, 2014; Maloney, 1988; Outram, Hansen, MacDonell, Cockburn, & Adams, 2009; Riggs, Byrn, Weathers, & Litz, 1998; Zarrabi et al., 2008).

The partners of Australian combat veterans are at an increased risk of experiencing mental health problems, according to new research by the University of New England. Mental Health as we are all aware, affects lifestyle choices and physical illness.

Dr Gail MacDonell, Dr Navjot Bhullar and Associate Professor Einar Thorsteinsson from the School of Behavioural, Cognitive and Social Sciences, found that there was a link between the number of deployments and the depression, stress and anxiety in partners of certain military personnel.

"We examined depression, anxiety, and stress in the partners, based on the theory that multiple deployments tend to lead to higher rates and severity of Posttraumatic Stress Disorder (PTSD) and subsequently the higher the severity of PTSD in the Veteran the poorer the psychosocial functioning of the partner. We also found in this study that military lifestyle could itself produce negative outcomes for the partners," said Dr MacDonell.

The study involved 360 female partners of Australian veterans from various conflicts including World War II, the Gulf War, Vietnam, East Timor, Afghanistan and Iraq.

"Separation, unpredictable duty hours, frequent relocations and single parenting are just a few stressors that face partners of veterans on a regular basis. Attempting to build a career while being a partner of a veteran is difficult, with some suggesting that existing gender inequality in the workplace gives partners a dual disadvantage."

Dr MacDonell says there is a growing interest in understanding the relationship between veterans' deployment stressors and exposure to combat and their partners' risk for mental health problems.

“Previous research suggests that the partners of combat veterans have a significantly higher risk of developing psychosocial problems as a result of living and caring for their ex-service partners, particularly those with PTSD.”

It also investigated the degree of psychological distress in partners of veterans serving in three different military services; those who have left the military, current serving Special Air Services Regiment (SASR), and currently serving military who are partners of non-SASR veterans.

The partners of Australian combat veterans reported significantly greater symptoms of depression, anxiety and stress than the comparative Australian population norms.

“For some non-SASR partners they can be relocated every two to three years from one side of Australia to another and have to form new relationships and support systems after each move. Constant relocation combined with multiple deployments may lead to higher levels of stress.

“Lessons and protective factors can be learnt from groups within the current military as to what may assist partners/primary carers and families to maintain a better level of psychosocial health.”

Logic would tell us that to have better outcomes for Military personnel would be very much dependent upon having their support system (mainly intimate other and parents) who have a healthy well-being, psychologically and physically.

Previous research has shown that the longer the partner is caring for a veteran the more exhausted the partner becomes (G. V. MacDonell et al., 2010). This has grave implications for years to come, given the health budget in the future.

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In the case of the Vietnam Veteran for example, many were untreated and their mental health unrecognised for decades. The influence on the family and in particular the partner, who not only had the mental health issues of her Veteran to cope with and to try to understand, but later the realisation that children of Vietnam Veterans were suiciding at a rate three times higher than the non-veteran community. Such difficulties cannot and should not be minimised when looking at the mental health of the partner.

The results of the Vietnam Health Study give one cause for the increased incidence of suicide in the children of Veterans as “their Father’s Post Traumatic Stress Disorder.” Would it therefore not be acceptable to consider that the Partner, while struggling to deal with the mental health issues of her Partner and potentially her children, would be under pressure and in very real danger of suffering mental health and stress issues of her own.

While the Partners of current ADF members have access to much more information and more opportunities and programs to assist the family to cope with the results of their Partners service, the Partner will still have to face whatever the ADF member endures in terms of upheaval to family life, mental anxiety, and the sacrifice of so many aspects of a normal lifestyle. PTSD is treatable, not curable, and the learned behaviour and methods of coping with the condition, including over indulgence in alcohol/prescribed medications and

working extreme hours requires the family to adjust their understanding of what they would have considered a normal way of life.

While there is emerging evidence, little is acknowledged statistically regarding the Partner; and in the case of Partner suicides nothing at all. Figures from the Veterans and Veterans Family Counselling Service (VVCS) show that of a total number of clients for the 2016-2017 period, (15,132) 3,544 of this number were partners while eligible sons and daughters receiving services were 2,644.

Our association feels that the Government has the opportunity to assist partners to stay healthy in their endeavours to keep the Veteran out of care and healthy and in their own home This can be achieved by one of the following:

1. Attach the partner, as well as information that they may also be the Veterans Carer to any disability card issued to the Veteran by DVA for his accepted disabilities, be that a Gold or White card;
2. Give the partner their own coloured card with the same information as above which covers them for stress related illnesses;
3. Include the partner on the card when the Veteran is issued a Non-Liability Health Card for Mental Health Conditions.
4. Issue the partner their own Non-Liability Health Card for stress related health issues.

The receipt of any of the above options would allow treatment of the Partner to be assessed more readily, would be on a par with the treatment accorded the ADF member and would be seen as a validation and recognition of the contribution by the Partner to the wellbeing and support of the ADF member or Veteran.