



Royal Commission Update - Hobart Day 42 - 3 August 2022

RSL References

- RSL Tasmania provided brilliant evidence on their Veterans Hub model, and demonstration of how ESO collaboration can work to provide service for veterans and their families

Commissioner Questions for RSL to address:

- Commissioner Douglas asked a question re. whether there have been negotiations for the RSL Art Union to be run by RSL Australia instead of RSL Queensland - RSL Tasmania said this is a question for RSL Queensland and RSL National
- Sub-Branched also have different funding models - some are able to fund themselves such as renting floor space, bowls or social clubs
 - There is one sub-Branch that has poker machines - separate from RSL Tasmania and cannot dictate - this sub-Branch provides a fulltime advocate from these funds
 - Poker machines is a difficult question - what is the downside for removing the pokies? Losing services?
- Commission Douglas asked re. the legal structure of the RSL overall
 - Veteran will join a sub-Branch - all sub-Branched are incorporated under the State Branch
 - State Branches are under the State Branches, with SB constitutions as by-laws of State Constitution
 - State Branches don't have authority under constitution to control how SBs raise their funds
 - RSL Australia consists of the President, and the 7 States and Territories i.e. RSL Tasmania has one vote on that board, as does RSL NSW etc.
- How do we move forward on ESO collaboration across the country?
 - Nationally, Mr Quinn would implement a Code of Conduct - there needs to be governance, transparency, and honesty
 - Some ESOs are self-serving
 - Potentially accreditation system to be considered an ESO
 - Must make collaboration mandatory
 - If providing services, delivery must come to veterans and their families

Negative

- Cannot just whack a rainbow on something, where there is more work to do
 - Examples include the Manly football jersey and the Remembrance Shrine
 - Statement made by RSL Victoria President in the media about being lit up only for service-

related issues - withdrawal is damaging - didn't see it not lit up for the death of Shinzo Abe or for the Queen's Jubilee

- Discussed threats made at the Shrine, and the bigotry displayed
- This is important for LGBTIQ+ members. This was about recognising the service of this community

DVA and ESO organisation

- Very few LGBTIQ+ people join ESOs
- ESOs haven't done any reaching out to show their support
- Pronounced homophobic history of RSL called out specifically - RSL Shrine of Remembrance turned away homosexual veterans in the 1980s
 - RSL came out in 2000 and said that LGBTIQ+ should not serve and this continued until 2005
- ESOs need to make it clear that LGTIQA+ people are welcome in the organisations

11:00am - 1:00pm - John Hardy, Chief Executive Officer, RSL Tasmania - Barry Quinn, State President, RSL Tasmania - Richard Hutchinson, Director of Strategic Development, RSL Tasmania - Peter Williams Secretary, Launceston RSL & Director, RSL Board for Northern Tasmania

Challenges faced by veterans in Tasmania

- Believe number of veterans in Tasmania is close to 20,000 - number of reasons veterans wouldn't respond to the census - some veterans may not be proud of their service
 - DVA clients in Tasmania is about 8872 estimated - 30-40% of total veterans
 - Veteran community in Tasmania likely to fluctuate
- Increasingly encountering homeless veterans, spread across demographics including females with children
- RSL Tasmania report re. needs of veterans - average age of response is 72, with respondents RSL members - Self-reporting on mental health issues - Also had UTAS study and Census data
 - One challenge is that Tasmania is remote - need to deliver local services, from local people to local veterans - concept of 'Hub and Spoke' and 'Veteran Hub'
 - Provision of services is difficult - limitations of acute mental health services in Tasmania - outpatient services are available through Open Arms etc., but are centred on Hobart and Launceston, but are some shortages and gaps in GPs being able to treat veterans, provide reports to DVA
 - Aware of cases where GPs would not treat veterans because of DVA paperwork
 - GP competency in treating veterans is not always there - not able to identify who or who is not a veteran in Australia - would be good if medical records were on MyHealth identifying someone as a veteran
 - Veterans require special treatment - need treating clinicians who are 'veteran capable' - this sort of training is not available to doctors widely, but there are programs out there, particularly for PTSD among veterans and first responders - if we can identify veteran-capable doctors, can funnel veterans that way
 - Not all doctors' reports are accepted by DVA for liability - compensation advocacy is needed to make sure GPs meet prognosis requirements of DVA
 - Data on suicidality in Tasmania - don't have it, needs to come from Government
 - Impact of COVID similar to leaving service - isolation, taken away from routine, purpose, groups
 - Need to pick veterans up as soon as they leave, and say 'Veteran Hub is hear'

RSL Tasmania as Peak Body

- 49 sub-Branches, with 43 operating from buildings – State owns 6, 16 owned by sub-Branch, rest owned by community or government
 - Two closures of sub-Branches in the last few years
- Peak body has responsibility – not about being RSL or ESO – about the benefit of veterans
- Lobbies State Government – acts as collective voice with other ESOs in Tasmania
 - RSL Tasmania’s responsibility is to engage with State Government
 - Includes all ESOs in these efforts – ‘it is a combined voice’ for the good of veterans in Tasmania
 - Trust and engagement is getting better – RSL needs to lead by example, accept past mistakes, and move forward – open and transparent in lobbying efforts
 - One suicide at the Federal means State-level has to deal with ten or twenty people
 - Federal and State governments need to collaborate
- Engagement with Tasmanian ministries has been better in last four months – to be fair to State, we are coming from a new start – closing this gap
- RSL Tasmania’s Peak Body role – been made easier recently because RSL Queensland has provided funding and allowed us to fill the space
 - This is compressed by funding – RSL Tasmania’s budget is -\$125,000 a year, and this also applies to sub-Branches
 - Funding as a Peak Body is very small compared to other peak bodies in the country
 - RSL Queensland can fund operations through its Art Union – RSL Tasmania receives proceeds from this
 - Having a self-sustaining funding model is an issue facing RSL Tasmania – one they are working on – see this being addressed through ‘Veterans Hub’
 - Phase 1 for Veterans Hub is to deliver services immediately
 - Phase 2 is about creating an income stream for RSL Tasmania and having a centre to provide services
 - Sub-Branches also have different funding models – some are able to fund themselves such as renting floor space, bowls or social clubs
 - There is one sub-Branch that has poker machines – separate from RSL Tasmania and cannot dictate – this sub-Branch provides a fulltime advocate from these funds
 - Poker machines is a difficult question – what is the downside for removing the pokies? Losing services?
 - Current cost to RSL Tasmania is about \$150-170,000 per year
 - Hired someone whose primary role is to do grant applications, to be able to deliver services
 - Will help all ESOs with their grants
 - Got to find a better way than the grant system
- Bringing ESOs together is a challenge – as we gain trust, and realise we’re not just talking about RSL Tasmania – need to show by example
- Requires gaining the trust of other ESOs in the room – this will help gain veterans’ trust
- Need to accept RSL may not have acted properly in the past
- Only RSL that is a peak body
- Cohort of veterans engaging with RSL Tasmania – age is an issue for RSL’s and other ESOs – veterans retire to Tasmania
 - Historically, veterans don’t turn to ESOs until later in life
 - Engaging with other ESOs and veterans’ community to address this

- Engaging with younger veterans, and have vets engaging with RSL
- 45 and younger – about 7.5% in the last 12 months
 - Things like having a young board helps
- Current membership is 2961
- Need to work with younger veterans to understand their needs – often young veterans leave service and don't want to engage with ESOs
- Question needs to be asked about how we certify ESOs
 - Who provides services? What is a real ESO?
 - Accreditation can facilitate collaboration – specialist ESOs who deal in some areas better than others, need to have comprehensive, collaborative approach

Veterans Hubs

- Need to pick them up when they leave service – this is a massive gap – achieve this with 'help'
 - Will have information officers available to show how they can help when veterans leave – can provide in-person or virtual services through hubs – 'not RSL services', but services
 - Need information about who is leaving service so they can be engaged – not sure if this comes from the ADF – some privacy concerns
 - Need to couch this as 'veterans services' – not about RSL, not about membership – will provide services to any veteran – we care about averting risk of suicide and suicidality
 - Want to remove organisational label, and focus on service delivery – inclusive group of ESOs who want to help them with services
- Broken services into three categories – medical services, therapeutic interventions, lifestyle supports – see this as being a tiered-structure – if you can reach out as veterans hub with lifestyle support, which negates need for therapeutic interventions, negating the need for medical services – at the moment it is almost reversed
 - Helps to identify people who may be in need, earlier
 - More we can treat upstream, the cheaper treatment becomes
- 'Veterans Hub model' provides services through a case manager – acts as router to find the required services
 - Single individual has oversight to have responsibility for care of the person – builds relationship with that person – allows to provide support when it's required
 - Clients may come in for one service, but often need more after they come in – about providing end-to-end, holistic services – continuity of contact is the most important thing
 - Once in case management, they don't drop through the net – keeping the touch point is important
 - Information sharing between the ESOs in the hub – allows for collection of information about veteran and their family
- Inception of the Veteran Hub – UTAS report
 - RSL Tasmania was consulted on this report, including to sub-Branches
- Concept of hub and spoke model – two hubs in Launceston and Hobart – allows ESOs and advocates to work out of
 - Current Launceston hub has 12 advocates, Mates4Mates works there, teleconferencing
 - Support also provided to Burnie
 - Provided initial network – same emails, computer equipment, interconnected and providing Community of Practice network
- Previously sub-Branches were doing Phase 1 services independently – now we want to get everyone connected, have them connecting in with other services
 - Supported by committees, including RSL Tas's advocacy and wellbeing committee and

- ESO Collaborative Group that engages with other ESOs in the State, which then provides one voice to government, meets every 3 months, for ESOs to put concerns forward and take them to government
 - Open to all ESOs in the State - ESOs choose to actively participate - around a dozen ESOs actively participating, with service providers also included
 - i.e. Salvation Army's dedicated Veteran Homeless Coordinator funded by RSL Queensland
 - Held three ESO Expos in locations around the State for all ESOs and service providers to discuss with veterans the services they can provide - 20 service providers and ESOs - during veterans' health week
- Collaboration with Dr Andrew Clarke - RSL Tasmania has collaborated with them - have in-principle agreement to support the transition centre in Burnie with equipment, with funding support from RSL Queensland
 - Need to make sure this expands - points of excellence develop, and then get delivered across the whole of the island
- Deliver services through a holistic-island approach - want to deliver services across the whole island - need State and Federal government to respond to this challenge - cannot be piecemeal
 - Co-location of services is critical to Phase 1, but this needs to then ripple out
- Purpose of a hub is to have multiple ESOs working from it, and then spokes go out into local areas to deliver services - helps to deliver services that each ESO is really good at
- Spoke aspect delivered to disparate veterans in Tasmania - overlay a spoke where there is a higher proportion of veterans, built in ten days, and operating out of or next to RSL sub-Branche's facilities or land - not building big buildings, they already exist
 - Where there are more remote veterans, the spoke will facilitate services being provided there
 - Spokes should overlap as much as possible
 - Spokes can move out of buildings, into the veteran's home if that's what is required
- Focus is also on families
 - When veteran is detached from family, puts trauma on trauma - try to have accommodation allowing veterans and their families to be housed
 - Spoke locations can also provide temporary housing
 - Treating the whole family, can also identify issues that need to be addressed in family members - bringing family into the fold can help the diagnosis and treatment of veterans
- Funding for Phase 1 - \$5 million has not be allocated yet - consultative process has been undertaken with DVA - closed application process
 - The consultative forums took place numerous times, with the last in March
 - Grant applications had to be in by April
 - Applications for grants was for the \$5 million - when successful, would have access to % to create a business case
 - \$5 million was for CAPEX to design a system that sustained the system
 - \$3.17 million expended on capital, with the balance expended on operational costs for the first three years
 - Operational costs will be expended on other ESOs that are needed to provide services, communal costs of case managers, training
 - Aim for this to be self-sustaining - use tourism in Tasmania as a funding stream - is still likely to be a shortfall
 - Might need to restructure RSL footprint to contribute to OPEX
- Cost for delivery of services by ESOs in 'Hub and Spoke' model - difficult to know this figure - based on \$461,000 p/y, but this has expanded with the greater number of veterans found in Tasmania - will

only cover the cost of some of the services, as a needs assessment will likely uncover more services required for veterans i.e. cost TBD

- It is value for money - costs \$180,000 p/y to imprison someone - if we keep two vets out, the costs are covered
- Not for profit activity becomes essential - need to work with partners to make money, whereas previously grants were the way forward
 - Want to encourage veteran tourism
 - Partnerships with other businesses
- Will put spokes model in first, and then support those with the Hubs
 - Tasmania Centre of Excellence - top floor where all ESOs work from together
 - Will be able to get the veterans into the building to provide services straight away, walking them through the one location
 - Will then have accommodation
 - Emergency accommodation
 - Treatments, including space for families
 - Can rent accommodation out when it's not being used
 - Partnered with Tas Health
 - Will then have health and gym facilities
 - On the ceiling there will be a restaurant, designed as a funding stream
 - Will have vehicles to get people
 - Tasmanian model - advantage is our size and reach - can have one voice around the island, and can feed back in - not sure if this is applicable on the mainland, it could be done, but would need to do the pilot first

Collaboration among ESOs

- Importance of collaboration - selling the vision to get everyone on board, giving some ownership
 - Is working because everyone is at the table to help veterans and their families
 - It's not about one organisation, it's about delivering services for veterans and their families
- In Tasmania, many veterans are part of multiple ESOs - there are less prejudices than on the mainland - not sure if it could be replicated

Additional points

- Tasmania is lacking for veteran-specific support services and facilities
- When a veteran leaves service, it is the duty of governments to ensure the veteran can live a full and hearty life wherever they decide - everyone's duty to ensure this happens
 - RSL Tasmania and ESOs must ensure that veterans can thrive - must work together to make this happen - leave egos at the door
 - RSL Tasmania has been very brave in taking a step forward - this is not about RSL Tasmania, membership or ESOs - has to be about the benefit of veterans and their families - have to change to make this happen
- Collaborative approaches bring results in a cost-effective way - new ideas and change should be accepted, need to work together to create working model
- Need to be able to engage with veterans, organisations that do this engagement does not have barriers, baggage - to get this engagement need the 'what's in it for me' for veterans
 - Need real concessions to all veterans to encourage them to become engaged with the entity i.e. 'Veterans Hub' to get them in
 - 'Fresh entity' is important on the mainland - not an existing entity that people have barriers to

- Centralised control is important - work out what good looks like through a Centre of Excellence is important
- Need visibility to ensure veterans can be identified

Commissioner's questions

- Reach out can be done by text, other methods - once running, this initial contact isn't so arduous once the backlog is sorted
- Phase 1 - many of these services already exist - want to facilitate access to those services and offer those services through a single case manager - if we don't try different services for people, we will get the same results
 - Have developed software to allow this to happen, not in place yet
 - Don't want to duplicate services
 - Need to assess providers on veteran-capability
- May not be the same model across the country, but it needs to be the same principles
- Commissioner mentioned the importance of ESOs around the country working together
- Legal structure could be a company or a not-for-profit - other ESO membership would be by MOU - majority have been positive discussions so far
- Commission Douglas asked re. the legal structure of the RSL overall
 - Veteran will join a sub-Branch - all sub-Branches are incorporated under the State Branch
 - State Branches are under the State Branches, with SB constitutions as by-laws of State Constitution
 - State Branches don't have authority under constitution to control how SBs raise their funds
 - RSL Australia consists of the President, and the 7 States and Territories i.e. RSL Tasmania has one vote on that board, as does RSL NSW etc.
- Union Jack Club is similar to the model being looked at in Phase 2
- Question re. whether there has been negotiations for the RSL Art Union to be run by RSL Australia instead of RSL Queensland - RSL Tasmania said this is a question for RSL Queensland and RSL National
- UK health system knows that a veteran in the UK is a veteran - done automatically through record transfer - looking at connecting Medicare to Veterans Services
- How do we move forward on ESO collaboration across the country?
 - Nationally, Mr Quinn would implement a Code of Conduct - there needs to be governance, transparency, and honesty
 - Some ESOs are self-serving
 - Potentially accreditation system to be considered an ESO
 - Must make collaboration mandatory
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2:00pm - 4:00pm - Associate Professor Adam Bourne, Acting Director, Australian Research Centre in Sex, Health and Society, La Trobe University - Professor Noah Riseman School of Arts, Australian Catholic University - Joe Ball Chief Executive Officer, Switchboard Victoria - Anna Bernasochi Suicide Prevention Manager, Switchboard Victoria - LGBTIQA+

- Before WW2, no explicit policy on homosexuality in the forces - during WW2, homosexuality was treated medically, and would have to be discharged if they were confirmed as homosexual - often a blind eye was turned until 1970s, as long as it was discreet, and male
 - Women were always targeted, and if found in a same-sex relationship, were discharged
- In the 1970s, Service Police would investigate

- Ban on homosexual service members was stopped in 1992 – no action on homophobia
- In 2005, recognition for same-sex couples in Defence – becomes more inclusive
- Defence went quiet in 2017ish – transgender people not talked about in the policies
 - Formal policy in 2000, where a person was discharged when transitioning – transgender people allowed since 2010
- Inclusion after 2017 Equality in Marriage vote, Defence and public service had to go quiet – it is about politics and media coverage
 - This stigma is noticed by those in the LGBTIQ+ community
- Most people are assigned a sex at both – usually male or female, but also intersex – sexuality is different – gender is how people identify and think about themselves along a continuum
- Switchboard – helpline for LGBTIQ+ community – those suffering from mental health, needing support – also have referral services – also run national dedicated suicide prevention service
- Data often not collected on LGBTIQ+ people in reference to suicide
 - Sexuality and gender not included in the Census
 - Underrepresentation in health research
 - Is available in the ADF Census data
 - Permanent ADF 4% attracted to the same sex, both sexes 2% and 0.5% transgender
 - Similar statistics for Reserves

Mental Health and suicidality among the LGBTIQ+ community

- Significantly higher levels of mental distress as compared to the general population (could be twice as high)
- Lifetime suicide attempt among the LGBTIQ+ is 30.3%, compared to 3.2% for the general population, with more than 70% experiencing suicidal ideation
- For younger people under 17, suicide attempts is 5x as common among LGBTIQ+ young people (1 in 4)
- Risk factors – biggest one is stigma or abuse based on sexual identity, abuse or acts violence included
 - Stigma and discrimination is being made to feel ashamed by comments and actions of those around them
 - Can stop people from accessing supports, affects development of identity and social connection
 - Poor mental health outcomes are about how the LGTIQA+ are treated
- For those in the ADF, risk factor of having to leave the ADF, with bullying and stigma closely following
- Difficult for LGBTIQ+ people to access the services they need – some services have a lack of understanding
- Risk factors for people of colour or ATSI communities at additional risk – sense of fatigue where part of their identity isn't affirmed or where they feel like they belong
- Most data from the ADF is from a European background
- Factors for good outcomes for mental health include connection to community, particularly other LGBTIQ+ people – feeling supported at the point of disclosure – visible displays of inclusion
 - Need connectedness for those in the community
 - Create support generating feelings of care
 - When narratives around gender diversity and sexuality are seen as sources of strength, this is protective – pride, inclusion, visibility, lived examples
- Role of workplace in improving outcomes – could celebrate important days in the calendar for the LGBTIQ+ community
 - Provide training across all workplace levels

- Call out unacceptable acts and take disciplinary action
- Need strategies and integration in strategic plans
- Need additional support at the point of coming out i.e. impact of dishonourable discharge at the point of disclosure for those in the ADF
- Defence deserves some credit - going in the right direction - i.e. Defence members allowed to walk in uniform in Mardi Gras - service chiefs have been really good at advocating for inclusion
- Cannot just whack a rainbow on something, where there is more work to do
 - Examples include the Manly football jersey and the Remembrance Shrine
 - Statement made by RSL Victoria President in the media about being lit up only for service-related issues - withdrawal is damaging - didn't see it not lit up for the death of Shinzo Abe or for the Queen's Jubilee
 - Discussed threats made at the Shrine, and the bigotry displayed
 - This is important for LGBTIQ+ members. This was about recognising the service of this community
 - Need to recognise barriers to understanding and for those who have genuine questions

Prevention of suicide among LGTIQA+ community in ADF

- Recommend an apology to LGBTIQ+ veterans and a place in the War Memorial - apologies can be powerful
- Include lived experience and diverse cultural groups - need co-design between LGBTIQ+ veterans, serving members and service providers, in collaboration with Defence
- Need safe and effective mental health supports at the points they are needed for LGBTIQ+ people
- Need to look at prevention
- Supports need to be visible
- Need to make clear that there are services available and encourage help-seeking
- Need aftercare and postvention support - important because
- Addressing systemic issues, including in service prevention and health care
- How do we have conversations around suicide in the community?
- Need data, research, and analysis
- Want to create a supportive framework
- Want frameworks focused on people who need the help the most - does not necessarily need to be targeted at one community, but does need to be acknowledged, and need to take account of cultural risk factors and potential strategies for a particular community
- Musn't forget partners, including those bereaved by partners, families, and children
- Defence must ask in discrimination is being experienced in the Defence force
- Changing cultures take time - need to think about how to leverage the ADF's strengths i.e. leveraging LGBTIQ+ networks and peer interventions - lived experience is incredibly important
- Need to be part of wider national strategy, not just in Defence

Veterans, DVA and ESOs

- Very few LGBTIQ+ people join ESOs
- ESOs haven't done any reaching out to show their support
- Pronounced homophobic history of RSL - RSL Shrine of Remembrance turned away in the 1980s
 - RSL came out in 2000 and said that LGBTIQ+ should not serve and
- ESOs need to make it clear that LGTIQA+ people are welcome in the organisations
- Make sure veterans' services are visible and inclusive about supporting LGBTIQ+ veterans to show they are welcome
- Should build literacy and capacity of LGBTIQ+ veterans in suicidality and suicide prevention

- Consider a redress scheme for LGBTQIA+ veterans - about healing, similar to the DART