



Royal Commission Melbourne Hearing Block - 28 August 2023 [Day 1]

RSL References

Positive:

RSL advocate helped Kate-Frances Duffy find accommodation – struggled to find accommodation due to lack of connections in civilian life.

RSL advocates helped with claims, and DVA paperwork – I found them very beneficial.

RSLs (and other ESOs) have advocates and a direct line to DVA – assisting people to satisfy DVA requirements – does Army have one?

Negative:

Audits are required of ESOs, small and large, to see what they're doing with taxpayer money.

- ESOs seem to have a conflict of interest with government decisions and agendas.
- I was not welcome at an AGM - a president rubbished me, and said I only want a RC because of the guilt I have with my son.
- "AGM should be restricted to Members unless invited by the State Executive. The ridiculous text she kept sending were unhelpful and quite inflammatory."
- An ESO has an app that only two people are using. These expert opinions are not what one would expect from an expert.
- ESOs need to be audited.

ESOs in General:

- Government, Politicians, ESOs are not doing their best to reach zero-veteran suicide.
- There seems to be uneducated people making ESORT decisions, big and small ESOs alike.

General Summary: Lived experiences provided by Ms. Finney highlighted the need for reform and the difficulties in dealing with DVA. Concerns were also raised by Ms. Finney and the other members of Panel 1 about the inconsistency with the continuity of care post-transition and the consequences faced by former Members. Acknowledgment was made by ADF that the current system may be convoluted and additional resourcing is required to ensure transitioning members are holistically supported throughout their journey.

Timeline:

9:30am – Acknowledgement to Country and opening.

10:00am – Short adjournment

10:15am – Adjournment concluded

10:24am – Ms. Finney Affirmed

10:25am – Evidence provided by Ms. Finney

11:55am – Break requested by Counsel

12:07pm – Adjournment concluded

12:07pm – Evidence continued by Ms. Finney

12:50pm – Lunch Adjournment

1:45pm – Witnesses affirmed

3:30pm – Short Adjournment

5:46pm – Concluded until 29 August, 10:00am

Counsel Assisting Opening Address:

Madeleine Bridgett:

Witness List:

Witnesses	Witness	Description
10:00am-12:15pm	Julie-Ann Finney CONTENT WARNING: Evidence may refer to suicide, suicide behaviours, drug and alcohol use and infant death.	Lived Experience
12:15pm-1:15pm	Lunch Adjournment	
1:15pm-2:45pm	Life in Transition (Panel 1) A panel of recently transitioned members and one member currently undergoing transition. Some of the panel will give evidence under pseudonyms. CONTENT WARNING: Evidence may refer to material that may be distressing for some viewers, including evidence about processes and supports	Lived Experience Witnesses
2:45pm-3:00pm	Short Adjournment	

CONTENT WARNING

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3:00pm-4:30pm	<p><i>Life in Transition (Panel 2)</i></p> <p>Commander Gary Wight AM RAN Officer in Charge Personnel Support Unit ACT, Navy</p> <p>Major Tony Venables Operations Officer Transfer and Transition Detachments, Army</p> <p>Squadron Leader Carmel Pako Officer in Charge Member Support Coordination Unit, Air Force</p> <p>Linda Bone Assistant Director of Transition Operations, Joint Transition Authority</p>	Commonwealth Witnesses
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Julie-Ann Finney 10:15am-12:50pm

Type	Body/Comments
Verbal Evidence	<p>[Opening Statement]</p> <p>"From the moment that I realised Veterans needed a Royal Commission – I never doubted that I had to be here. Major changes are required for veterans – there is not much time, do put a submission in. The Commissioners cannot recommend on what they do not know.</p> <p>I want to thank everybody for their support. Four years has been full of incredible support. From the first journalist who put me in print in Adelaide, to the Young Journalist of the Year, A Current Affair, the Local Member who issued a Condolence Motion in Parliament.</p> <p>If any statements are made today, it is recognizing systemic abuse and ongoing issues – and not criticising those who have served. Defence members should be proud of themselves.</p> <p>I want to pay respect to those today who have been calling for a Royal Commission into Suicide. He had an article in a newspaper and his name is Phil Thompson. This was written in 1983, and Phil passed away from suicide in 1986.</p> <p>Phil, your death was not in vain.</p>
Verbal Evidence	<p>A Naval Member said to us [The Finney's] that <i>"you are not his family – we are now his family"</i>.</p> <p>The Officer insisted that they were now his family.</p>
Verbal Evidence	<p>My grandson, one day, just died – it was a big break – my grief was overwhelming. I didn't notice anybody else's grief around me. The way that Defence, including my son, and daughter-in-law, both serving, went straight back to work.</p> <p>Defence was not happy with me being around because I grieved, I cried. Defence does not acknowledge grief. Grief is overcome through working. His mates cared, but as a workplace, nobody cared.</p>
Verbal Evidence	<p>David said "nobody thinks anything, nobody cares about anything, my son died."</p> <p>"I broke down at work Mum, I was called a 'soft cock' and told 'to get on with it.'</p>
Verbal Evidence	<p>The tick-n-flick box by Navy didn't account for the issues David faced. He was a high achiever, and however he was discharged, whatever Navy did, they convinced him that he was not good enough. They convinced him – he tried to fight. I did not realise the extent of it.</p> <p>By the time he was discharged, we assumed that there wasn't a fight to be had.</p>
Verbal Evidence	<p>I fully and wholeheartedly believed that Navy was going to look after David. David was not cared for. David was, at that stage, fighting to stay in Navy. He did not want to be discharged. He was so proud of his career.</p> <p>Navy said they "would care, they would have his back" but the Institution was <i>never his family</i>. The Navy – not his mates – failed him. They needed to care for him in his hard times.</p> <p>Defence "destroys and discards."</p>
Verbal Evidence	<p>We spend \$11.5B on Defence and Veterans – clearly, not the right things. Defence says most people come out okay, but we aren't here to talk about them today. We are here to talk about those people who do not come out okay.</p>
Verbal Evidence	<p>Defence needs to help them and not discard them once they have completed the required work.</p>
Verbal Evidence	<p>I did not realise how disgustingly, how awfully, Defence treats their members post-discharge. Members are treated less than machinery that has broken down because they're protected and cared for in hangars. Members are not.</p>
Paragraph [68] of Ms. Finney's statement	<p>David was incredibly unwell – he did not put his uniform on – they made him put his uniform on, and made him walk the gang-plank. He was sobbing, and charged him to send him back to hospital. He was charged for low-level alcohol use. He said:</p> <p>"Mum, I know now that I am not good enough for Navy now."</p>

CONTENT WARNING

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Verbal Evidence	David had a gold card – but he struggled to find a psychiatrist – the one he found was an eight-hour round-trip away. He struggled to find help, consistent help, and was forever telling his story to everybody. I believed he was being looked after because of the way he spoke about Defence.
Verbal Evidence	I was following a story about a veteran who had gone missing, and he was found on Australia Day. All I wondered was how their mother would cope. How would she get through this? I could never imagine that I would be in her shoes.
Verbal Evidence	Somebody is absolutely accountable – I am broken. My mother is ninety, she lost a grandson. My daughter lost her brother. I am lucky enough to truly know that I am blessed. I thought they would always have each other. They don't. This isn't the case. Families say they will never get over it – this is not defeatist – there isn't closure; there isn't getting over it; it isn't something that will ever go away.
Verbal Evidence	"Defence may not do this to my son and get away with it."
Verbal Evidence	There was no help – nothing – to help us – Navy was not there. But Navy has never met a mother like me. I will not stop. This is not okay, I have nowhere to go. I do not know what to do. I will not go away. I saw that veteran suicide was a 'thing.' I found out and I discovered that Mum's, Dad's, families were drowning in it.
Verbal Evidence	I met Senator Lambie who was sympathetic as a Mother, but as a politician, who's a veteran, wanted this Royal Commission. I wanted a meeting with the then-Veterans Affairs Minister, who said we needed a Royal Commission and wanted to 'get it going.' Going through with politicians was, in the form of government, was disgusting. The former Treasurer, politicians started fighting against a Royal Commission. They were working to find a way to not establish one. They said: <ol style="list-style-type: none"> 1. We spend \$11.5B on veterans 2. Most come out okay 3. [I cannot recall the third line]
Verbal Evidence	The former Treasurer had meetings with people who did not want a Royal Commission. The meeting focussed on stopping the Royal Commission. They were being gaslit. I called these people, and they wanted recommendations, but the Treasurer called me, wanting numbers, wanting me to retract things from the media. I did not disclose who gave me this information, and did not tell the Treasurer who was involved. The Treasurer hung up on me, I said "my son's name is David, and thank you for your condolences." He was awful.
Verbal Evidence	I was offered a 'Mother's Medal' by one of the Defence Ministers. I was requested to provide emails of Mother's who lost their children. We are strong women, mothers, and would not be bought by trinkets.
Verbal Evidence	Listening to evidence at this Royal Commission, I have listened to the same voices over and over again. The same people who will re-write strategies that will be supposedly up and running in 2025. Defence should cancel all medical discharges, put people on convalescence, with doctors of their choice. Defence breaks them, Defence should keep them, Defence should care for them. Doctors need to be the best doctors that can be found. Defence needs to help in 48 hours. A white and gold card should mean a doctor should be sought, of their choice, and know that Defence and DVA will be paying for that treatment. We know Defence can move a whole lot of people, a whole lot of things, in 48 hours. I speak to so many people that have gone through things that are absolutely horrific. We need to use this time to cut the backlog. Defence does not have the right to medically discharge our children until they can be seen in a timely and necessary manner, by services that help them. Defence, stop trying to make mental health strategies – you don't have a psychiatrist on staff – turn the nexus around. Get rid of your lawyers, legislation needs to be written by those with lived experiences, and professionals in their field. I have been to a major ESO AGMs to see how they're helping veterans.
Verbal Evidence	Talking about the accident in Queensland, Defence said "we will find out mates."
Verbal Evidence	The Attorney-General and Chief of Defence, seem to be discussing why charges are not being dropped.
Verbal Evidence	Defence should not, and cannot have our children, until things are fixed. I think that anybody who recruits that should anything ever happen to them. We do not have the sovereignty to look after our people because of what Defence and the US has done.
Verbal Evidence	DVA paid \$8M to consult for veteran-centric reform; \$74M to enact it; we need to change the legislation, With the Commissioners' interim recommendations, the estimated \$1B is just wasted. If we just listened to people – not me – but heard me, and let me bring the experts together, you could have a health and wellbeing strategy up and running in four months. We need to stop outsourcing to consultants.

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Evidence Tendered:

Type	Body/Comments
Newspaper	The Age: 06 January 1983 – “Viet veterans urge suicide panel” (Canberra) [Redacted for publication]
Medication	Medication was presented on the bench in front of Ms. Finney highlighting the amount of prescription medication that David was on. “These were the packets that I found in David’s belongings.” “These are prescription medications that aren’t Panadol. So many medications and I now understand why my son was a zombie. They were prescribed for David and I now know what they are.” These boxes are the only medical records I have.
Advertisement	Royal Australian Navy advertisement [Redacted for publication]
Photograph of David Finney	David Finney photographed in RAN Uniform with medals.
Document redacted – Private statement	<i>“I have served 27 years within the ADF, with 20 of those years within SASR. I recently medically discharged from Defence on 20 June 2023 (eight weeks to the day) with depression and PTSD. As of right now, I have not received any support financially from DVA and have only been living on my \$2,400 per fortnight Commonwealth super allowance. I am financially stressed and behind in rent and bill payments. I am struggling to gain rehabilitation through physiotherapy due to DVA still having me registered as full-time Defence (still eight weeks post-discharged).</i> <i>I have been met with downright neglect.”</i>
Document redacted – Private statement	<i>“I can only describe the shock of leaving the Air Force as like running into a wall at full pace. I went from an environment where I was well-respected and supported by a strong network of workplace relationships, to a civilian environment where my Defence experience was not well understood and meant very little.”</i>
Document Redacted – Submission Reference: ANON-Z1E7-Q9PD5	<i>I have concerns with how veterans are supported after transition. Mine has been surprisingly challenging and I can only assume that others have had similar experiences...</i>

Counsel: Ms. Madeleine Bridgett

Question	Comments
Can you recall how David grieved?	He cried in privately, grieved privately, I know that he drank a lot. He called shortly after about the death of my grandson to explain what happened on that day. His baby’s passing weighed greatly on David.
Did Navy know about the passing of David’s son? Did they know about the events when he was required to undergo medical training to provide CPR to infants?	Yes, some Navy members attended the funeral.
What was life like for David between 2009-2011?	Their relationship became tumultuous. I do not know what happened. Those kids, my daughter-in-law and son, needed help. Serious help. It wasn’t there, their families weren’t in the same place, and they were deployed. She [David’s wife] was on maternity leave until the day her son died. They coped by ‘just going on.’
Did David have any hospital admissions?	The second child was possibly one. I went to Sydney and stayed with his wife and the child. Their relationship was irretrievably breaking down. Although he was having trouble dealing with everything, he used the excuse that working gave himself time to think. He didn’t speak about his son – he needed time away to reflect upon the marriage.
Was David dealing with confronting and difficult situations with Navy?	I have forgotten dates. David however, was working with refugees.

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	[The remainder of this evidence was muted for reasons of privacy and confidentiality]. There was no humanity. No care for those who sought help.
Had David ever thought about suicide?	He did talk about suicide. He did think about it. He considered it. It was obvious that suicidal ideation was there.
Was David divorced?	Yes, in 2011. I started to spend time with my second grandchild. I went to Adelaide to see him and his child. All the grandchildren being together was nice.
How long did David spend in Navy?	About forty years – he would only leave for the AFP or Darwin Police. David also wanted to study astrophysics.
Did you see a shift in David’s personality?	He became empathetic. He also became dark, and had many confronting comments on social media. He changed and understood that ‘people were people’ and nearly, quite possibly, an over-connection to try to understand people. He became incredibly angry, and he described his ‘moral compass’ and began to understand ‘moral injury’ – Navy ‘knocked his moral compass.’
Did David overcome challenges in Navy during 2004, while shutting down an engine room that saved lives?	The person who was with him at the time, just recently contacted me, and written me a lovely letter, explaining that “David was undoubtedly the first person recognising that it was a fuel leak. It absolutely saved lives.” David expressed that he was concerned about being charged for not wearing the correct PPE. He also saved a person in Hawai’i and kept them stable until help arrived.
David was not well in 2016 – can you explain that?	David was dealing with medication dependencies, and I started to know around that time, when he was asking for help, he needed to see a doctor.
Navy took him from the ships, and put him on land, was he doing much at that time?	Although I don’t have a lot of information, we were talking, some papers kept by him showed that he wants to get better. He was optimistic about return to Navy. This part in David’s life was <i>soul-destroying</i> . The people he needed to see, for help, he couldn’t.
Can you describe the time around December 2016 where David attempted suicide?	Friends saw on social media that he had attempted suicide. Navy did not contact him at that time. There was a sheer panic that my child was not okay, and nobody was looking for him. I am not talking about his Defence Family – I am talking about Defence who was not there in any way, shape or form. I tried to call Defence to seek help. It was the second time I attempted to call Defence, and I went down to Keswick Barracks and was only offered a Chaplain. I dialled a 1800-number, which was an ESO and spoke to the person who answered the phone. I told them my name. I was told that this person was next to my son in Royal North Shore, who went and sat with my son. I was talking to this person and they were amazing. I still have no idea why I called this number.
Paragraphs [53] onwards demonstrate David’s mental health – can you elaborate?	David’s hospital records that I managed to get, showed that David had been trying to get help for eight weeks. Nobody would help and nobody would listen. David wanted support and he found support through that ESO person. Defence wanted to shift him to another person. The support person who potentially went for a coffee break, was then when David was removed to another location. He was then left with no support by Navy.
The first admission cited he was an inpatient for ‘high lethality.’	I found that recently. My head is not around that yet. I was not told nothing because <i>I am no-one</i> . I still feel it to this day. David had been divorced for ten years when he passed away. I was next-of-kin. DVA, Defence, treated my like I was no-one.
David put a claim in with DVA. What did you know about DVA?	I found the claim after his death. Three were accepted, two were rejected. Those that were rejected, were never rejected. I have to wear a lot of pain post-death because I am still finding things out. These two rejected claims broke him. I did not know about DVA – I still do not know a lot about DVA. DVA needed to contact somebody to make sure David could find the supports he needed.
The second admission and third admission in 2017, with the November 2017 admission, saw an attempt with prescribed medications?	I knew about the attempt but not the method.
David was discharged from Navy in July 2017.	He was discharged whilst he was dying in hospital, left in a hospital bed. Nobody was there to pick him up, nowhere to go, Defence did not see themselves as responsible – this is not human. Nobody should be left on a suicide attempt, in a hospital bed and absolutely walk away.

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Can you talk about David's trip overseas in 2018?	When he arrived home, we knew he was not okay. He said he was going to the doctor on a Thursday, it was Monday. It concerned me because that was the worst I had ever seen him.
David passed away on 1 February 2019, and that was shared through a Facebook post?	The police knocked on my doors in the early hours of the morning. The police called out – I prayed that they would arrest me, but I don't know what for. They're either there for a raid or to communicate some awful news. I knew it was David. Awful things went through my head, I didn't want to get this news. I didn't want to share with anybody. I phoned my daughter, she lives ten minutes away.
Can you describe the funeral arrangements?	I believed there would be funeral arrangements organised by RAN, or they would help. I requested an ensign. RAN said that "if you buy one, we'll fold it." RAN said that if we [The Finney's] wanted to bury him in RAN uniform, we would have to purchase it. I requested the Chaplain to call him 'David' and not as 'the body' and the Chaplain said "no, you need to get used to this." In the end, the RAN gave us a bugler, a Chaplain and the Australian flag.
Were there any issues with the details?	I bought the ensign, the flag was provided. But the date provided was the wrong date. The person responsible for that was devastated by their mistake. That was human error.
Did you receive a letter of Condolence from Navy?	There was no care – I requested a letter for me, his father and his child. RAN Family was referred to twice – there was no family – it is a perception.
Has a Coronial Inquest or investigation been launched into the death of your son?	No. I believe that David is not in the suicide figures. I called the police station this year to ask about David's death. We let the Goulburn Coroner's know, and they had no form or report. The death certificate states cause of death – but nothing else. In an official capacity, Defence has never contacted me, his mates have.
How has the lack of investigation or Inquest impacted your grief?	I don't think I've been through the grieving process – I'm in a process to find things out. I haven't visited the cemetery without the exception of the media. I will not go back without news for David.
Can you list the risk-factors you've identified as suicide and suicidality?	Being discarded. That's all it's seen as. Veterans and their loved ones are seen as being discarded. The job title 'people' is incorrect. We need Defence to have people with titles who have correct qualifications, and an understanding about the issues Defence face.
Do you have any specific recommendations?	Four level of issues: <ol style="list-style-type: none"> 1. Government 2. DVA 3. Defence 4. ESOs ESO's who are receiving money absolutely need to be audited. When I attended this AGM, there were a lot of entities, who were missing from the financial report. Repatria does not have blueprints for their hubs. Government: needs to stop listening to the old voices, they need to also listen to lived experiences.
Paragraphs [151]-[153], would you like to share what it has been like to lose a son – your son – to suicide?	I was a workaholic – I was incredibly blessed to have a boy and a girl – to be surrounded by grandchildren. I now have no job. I applied for a voluntary position with the Veterans Affairs Council with the SA Government, I know my resume was the best. I have been awarded SA Woman of the Year, Inspiration of the Year, Yellow Ribbon, ANZAC Ribbon Awards. The recruitment agency was happy with me but the government did not want an interview. The government is an old-boys' club. They did not like me because I am not a yes-person. My family is broken and I cannot fix it. I do not how to fix this.
Commissioners	
Commissioner Brown: "you talked about how David signed his discharge papers whilst in hospital, and the Navy personnel walked away. You described it as 'disgusting', can I clarify whether there were any arrangements made at that time?"	Nothing. He was officially homeless when he walked out from that hospital.
Commissioner Brown: "can you explain why I was nobody?"	I was nobody – I was not the beneficiary – so did not matter. I don't dispute that his child should have received his estate.
Commissioner Brown: "What would you like to see?"	Accountability – for something – acknowledgment for their service. They are discarded.

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<p>Commissioner Kaldas: “in your dealings with the Coroner’s Office, were you ever given the opportunity to request an Inquest, or where you offered a counsellor?”</p>	<p>No. Nothing.</p> <p>Commissioner Kaldas: “we are looking at solutions, we are looking at the issues you have raised. These issues are consistent – amongst the eleven hearings – consistent with everything you have raised.”</p>
<p>Greg Isolani (Counsel for Julie-Ann Finney)</p> <p>“very powerful and very informed. We appreciate your support in these difficult circumstances.</p> <p>With DVA, and politicians, and secretaries, can you explain the different with what you thought you would receive?”</p>	<p>I get the same gaslighting, spin response: “Hi, I’ve been meaning to contact you.” The Departmentalised responses and lack of communication cannot even give me the most basic responses about his service, what he went through and the way he was treated.</p> <p>There was a lack of support by government, defence and especially Navy.</p>
<p>Gerg Isolani (Counsel for Julie-Ann Finney)</p> <p>“there was no investigation into David’s circumstances, is it true that you would not know about the internal investigations that have occurred?</p> <p>With the agitation that you’ve engaged in, or a probability, that some investigation that you are unaware of.”</p>	<p>I truly believe nothing was ever done – they didn’t visit me – I visited them and fought hard for appointments with them [Ministers, Government, Secretaries.]</p>
<p>Greg Isolani:</p> <p>The Office for Solicitor Assisting indicated early on that, in writing, that in considering and conducting a limited number of hearings into some Defence and Veterans’ suicides. These “case studies” may include participation by next-of-kin with conditional access provided to documents.</p>	<p>Commission requested to compel, notice to produce, or the like, to recall witnesses. There is a real opportunity, to “make decisions for Defence to explain what has happened on their watch.</p> <p>Closing remarks.</p>

No questions by Commissioner Douglas KC.

Party	Verbal Evidence
Ms. Duffy	I struggled with the transition due to a lack of connections in the civilian world. These issues made accommodation, employment and general transition difficult. There is a tick-n-flick approach to get things done, but not ensure support is required.
	Many former Defence members with white or gold cards are not being seen by practitioners. One practitioner told me that they are sick of waiting to be paid by DVA and that is why I couldn’t be seen. I am still struggling to find appropriate care to manage my needs.
Mr. James Kerin	I joined the RAN and medically separated at the rank of Lieutenant and was due to physical and mental health concerns. I transitioned in April 2022. I was operating at a level I was proud of.
	Due to pressures at the Commander, I was discharged and told I was showing a lack of resilience. My sea posting was extended, and was able to secure a shore billet, and transferred to HMAS Cerberus. The environment was tense, the Captain Patrol Boat Group told me directly that I lacked resilience.
	I was diagnosed with Bipolar Disorder.
	Constructive criticism is had to support for members transitioning. There were problems with my pension, with a strong administrative burden which I struggled with. Especially with CommSuper and ATO who do not communicate with each other.
Mr. Stephen Hill	Once the tick-n-flick box is done, there is no support thereafter because support is reserved for serving, uniformed members.
	I had a ten month wait time to see a psychiatrist. The time to seek help only began the moment I was successfully discharged. Had I known that, I would’ve begun the process pre-transition to get on the wait list to minimise my wait time.
Mr. Stephen Hill	I am transitioning to civilian life now; to provide geographic stability for my family.
	I am fortunate to see a psychologist, however, only certain travel costs are being reimbursed because there are closer psychologists and psychiatrists, however, those who are closer do not have an availability to see me.

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Mr. Jonathan Morgan	I medically discharged from RAAF; four operational tours as part of my service. Four years ago I was diagnosed with Parkinsons and Major Depressive Disorder, and these issues, are not compatible with RAAF or Defence.
	My service was terminated and twelve months ago I transitioned to Civilian life. Through that process, I enjoyed the support of many people and was frustrated and troubled by others, and some administrative process.
	My experience was overall positive – I was satisfied I had served, but the only observation to offer is that the process is only completed to check a box.
	No, but I did see many people over the course of twelve-to-eighteen months to say ‘goodbye’, however, there is no official recognition of my service. I have received awards and commendations over the course of my service, and grateful for the opportunity to serve my country.
	I have been told that Certificate of Service may take some time.

Questions by Counsel: Panel 1

Question	Party	Answer
Were there any benefits of the MECRB transition processes?	Ms. Duffy	I feel it was rushed – there was no care for those discharging or those who were recovering post-operation. I was upset, emotional. I gave up, and could not handle what was occurring in RAN, and wanted to start a new civilian life.
Did you receive a reference from Defence post-separation?	Mr. Morgan	No, I did not. - Mr. Hill: <i>‘that would be incredibly helpful for post-service employment and the opportunity to demonstrate the perseverance and skills members have learnt in Defence.’</i>
Did you receive anything on your departure?	Ms. Duffy	I received a farewell where my family was invited. I hadn’t put my uniform on during that period, for about four months, at that point. Something was given, however, I felt awkward. No references were given by Defence, and I am currently on the job hunt to find references. I cannot find the positions former supervisors were in, and haven’t had success finding employment since.
Do you know the role of the Joint Transition Authority?	Ms. Duffy	They don’t know what they do. By implication, I do not know what they do. As I had problems, Defence did not care – I was of no use to them. I was forgotten, I was institutionalised and could not be a true person and navigate the outside world. I would’ve loved to have more help with those navigational issues. Qualifications, transferring those into civilian terms – Defence has their own way and don’t transition into the civilian world, and have an amazing career in defence, but be nothing more than a checkout chick when you transfer. A couple weeks past separation, a job agency helped me find a position in the civilian world, when in my case, I was mourning ten years of my life that I had thoroughly enjoyed and was really struggling. Timing was off – lack of communication amongst all three departments. The bureaucracy is unpleasant. In defence, we are used to administrative work, however, the information wasn’t explained well enough.
	Mr. Hill	Certainty is what people are after, and what is needed. A coordinated approach is required across all bodies. There are many forms that need attention. For the individual, they need clarity and need to know how to best prepare themselves. A coordinating body would be beneficial.
	Mr. Morgan	I have a vague and limited understanding of these cells. I’ve since developed a better understanding through the access of their services .
	Mr. Kerin	We need support – an immense admin burden, and people are not at their best. People are not thinking clearly as they normally would. Things slip through the cracks and at the moment, due to my pension, I have a \$30,000 tax debt which I am struggling to navigate.

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Did you have a transition coach, a case coordinator, somebody to assist you in your transition?	Mr. Morgan	<p>I was appointed a transition coach, who met with me once. They were well-versed in the contents of their form, and knew what sort of answers were a good fit for each of those questions, however, had little understanding of my individual circumstance – Parkinsons Disease – “What’s that?”</p> <p>I didn’t expect them to be well-versed in any medical issue, however, it highlighted to me the lack of personal adjustment to the process they were trying to assist with.</p> <p>Having someone who knew the process would be greatly appreciated – especially those big-ticket items.</p>
What was the benefit of having a transition support officer? What was the transition coaching officer beneficial for? Did Support Officers aid with DVA?	Mr. Morgan	<p>They made sure things were done in a timely fashion, and that administrative matters were settled.</p> <p>The transition coaching officer was of very little benefit. They read a form out to me, but that was it. I do not recall the last time they contacted me.</p>
	Mr. Morgan	<p>Yes, they aided in contacting DVA to begin the process for claims. I was asked if I wanted to do it on my own, or Member Support Officer to assist. I accepted that help. They made some effort to contact the rehabilitation consultants or consultancy who would oversee my post-transition needs, and have them get information from my in-service rehabilitation consultant. It was largely ineffective, not because of the member, but the bureaucracy and administrative requirements – I saw three or four consultants from the same office.</p> <p>There needs to be interconnected approaches and responses to assist people with their transition.</p>
	Mr. Hill	<p>Things seem to be going well, everything should be finalised in mid-September. It is important to get the information that is needed to make this process smooth.</p>
	Mr. Kerin	<p>I had a transition coach whose main contribution was the tick-n-flick sheet, preparing for transition aiming to get pensions claimed, DVA paperwork lodged. The people were kind, but either understood or communicated the policies impacting me.</p> <p>A counsellor was assigned to me through OpenArms who was tremendously supportive. I was cold-called prior to my separation date and had a thorough understanding of the medical milestones I had to meet prior to transition.</p> <p>They [Support Officer] went above-and-beyond, calling specialists to see if an availability was open to see them. The Transition Coach was genuine in listening and caring, however, were not equipped to provide what I required.</p>
	Ms. Duffy	<p>The turnover rate is so high that you cannot develop a strong rapport with specialists. The forums and consultations often communicated how good life is post-transition, however, it isn’t like that at all.</p> <p>I had a rehabilitation consultant who was lovely. I told him my experiences with multiple consultants being changed, then it happened to him. My current one is being very helpful, but the forms and certain administrative tasks should have been communicated much more clearly.</p>
Do you remember developing a transition plan?	Mr. Hill	<p>Yes, the transition coach was well-versed in. At the time of that plan being formulated, much of the detail that would go into the plan was not known or inappropriate for that time.</p> <p>As I didn’t have a firm discharge date, a transition plan was made, filed, and the contents thereof and execution of it was largely left in my own hands.</p>
Do you remember conducting a Transition Preparedness Questionnaire?	Mr. Kerin	No, I’m not sure
	Mr. Hill	No, I can’t say I have
	Ms. Duffy	Not that I can recall – I can’t say that I did a Transition Plan. It was hard, because I did not know what I was going to do.
	Mr. Morgan	I’m unsure
Would any of you say that there was a loss of purpose?	Mr. Kerin	Incredible loss of purpose, yes.
	Mr. Morgan	Yes, I feel like I lost everything. My philosophical approach looks at perspective and opportunity. I didn’t necessarily need help finding a new purpose. I had to do something. I was cautioned about the potential lack of purpose and issues that discharge can cause in many people. I choose my own adventure now.

CONTENT WARNING

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	Mr. Hill	I am transitioning to Reserves. I do not feel the same as other members, however I am trying to understand their perspective.
	Ms. Duffy	The Navy was my gravy, a great loss of purpose.

Commissioners		
Commissioner Brown: "separation has been said to be considered at the time of enlistment. Can you identify whether that is something that should be considered?"	Mr. Kerin: At my beginning, I don't think there was an appropriate thing to begin talking about. However, supervisors may have communicated the issues when going in, whilst also explaining the roles of DVA, CSC and other agencies throughout my career, I would've transitioned much better. Mr. Morgan: DVA was supposed to highlight their roles and responsibilities. However, the staff were ill-equipped to deal with the influx of claims that occurred after their introduction about what they do and who they are.	
Commissioner Brown: "Are families involved in the transition process? How could the transition process be improved?"	Mr Morgan: It depends on the individual's experience. Sometimes, families are involved however those who are estranged may not be involved. Mr. Hill: Transition needs to be streamlined so there's less double-handling. Money is overall going to be saved. It'll result in better direct outcomes. Streamlining these procedures would be enormously beneficial.	
Commissioner Douglas: "It is my understanding that if you are medically discharged, you cannot serve in the Reserves. I have been briefed that it should be an option, specifically as a role as an instructor. This person has considerable experience, do any of have comments on that?"	Ms. Duffy: If that was the case, I would go back in a heartbeat. The most information I gained, was by those who transitioned. I think the ADF in general would be shocked and surprised by how many people who would return to help in any way, shape or form. Mr. Kerin: In Navy, that could cause issues by those required to go to sea. Mr. Hill: Anybody leaving ADF would benefit from transitory support, and by joining Reserves, another avenue could also be the APS and streamlining the abilities for ex-service people to join the APS to both Defence, and to the individual. Having the ability to apply would be beneficial and may be able to have some ADF people transitioning that way even prior to the transition and provide surety and stability. Mr. Morgan: Other panel members have covered my thoughts.	
Commissioner Kaldas: The US government has 30% of their Federal APS equivalent made up by veterans. This is something we will be looking at closely.		

Questions by Counsel: Panel 2 (Peter Singleton)		
Question	Party	Answer
Could you describe where you fall in the hierarchy in the JTA?	Linda Bone	We deliver transition seminars, undertake planning and coaching forums. We have fourteen transition centres. We interact with those centres across the eastern seaboard, regionally and individual centres. RAAF and Navy often have complex issues, with regular contact and liaison with them to identify concerns with individual's transition processes.
	Squadron Leader Pako	We engage with several organisations daily. Our interaction with Army and Navy don't have a great deal of contact unless they are co-located and aim to have a consistent approach.
	Major Venables	With Army, eleven attachments, have a co-location with transition coaches. As Squadron Leader mentioned, we have regular contact with each other.

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	Commander Wight	With other services, if Navy members have joint responsibilities across other arms. We have a robust approach, and request guidance and support by PSU. Where PSU then has control, we do not have contact because it is no longer needed. We have daily contact with JTA and aim to enhance JTAs role. The advantage uniform members have is that we are dealing with our shipmates, and there is a genuine care about their transition.
Can you explain the support provided for members to deal with the multiple people? Has thought been given to providing one person to play both roles, to ensure that transitioning members are not overwhelmed with the amount of people who they must liaise with?	Ms. Bone	Members are overwhelmed by the amount of people they must see at point of transition. A model proposed will need to be flexible to meet members' needs.
	Squadron Leader Pako	I think current engagement is at an appropriate level. With the employment engagement agency, we can facilitate some of the complex situations that occur, my personal view, is that it must remain and see value in the one model. An individual approach is required to aid our members.
	Major Venables	If we could make it work by merging two positions to one person, then I would be happy for that to occur.
	Commander Wight	I would like to see a model that appropriately resources individuals across their journey to improve their transitory process. We want to decrease the administrative burdens on our members to decrease their stress. We want a human connection with them but lack of time and resources won't let us. Unfortunately, most of this work falls on the Members.
On present-policy. Is there any guarantee that a member cannot be discharged from the ADF where members do not have income, they are not discharged?	Squadron Leader Pako	We check with CSC and other agencies to attempt to ensure that there is security for members post-separation to attempt to allow that they do not struggle financially post-separation. Checks are done by multiple agencies. Where they do not have security, discharge date is moved. Navy and Army: same or similar structures.
Veterans have said that they cannot seek help especially under white and gold cards. Is there anybody who plays a role in attempting to secure these services?	All members	No, the doctor within the ADF attempts to help the member find a GP. Where a member does not have a GP in the civilian community, the ADF doctor will not sign off because it would breach the continuity of care that is required for safe and successful transition.
We have heard that DVA takes hundreds of days to process claims. Those hundreds of days is where the member is without income. Is this how discharge works?	Squadron Leader Pako	We want DVA to guarantee that one of those incapacity payments is likely to be accepted. There should be no member that is without income for that long. Eight weeks should be the time, and additional time delaying discharge may be required especially for vulnerable members.
Does ADF deliberately stop short of ensuring that Defence qualifications stop short of being recognised as a Cert-4 to minimise opportunities post-separation?	All members	No, there is no policy encouraging that. Squadron Leader: I've never heard of that suggestion Ms. Bone: I've never heard of that suggestion either.
Should Defence aim to improve the qualification translation between defence and civilian life?	Commander Wight	Yes, it should be introduced and additional funding provided to improve the transition. We are aiming to improve the translation between civilian and defence qualifications so civilian employers know what members are capable of.

Verbal Evidence: Panel 2

Party	Evidence
Squadron Leader	I struggled with the transition due to a lack of connections in the civilian world. These issues made accommodation, employment and general transition difficult. There is a tick-n-flick approach to get things done, but not ensure support is required.
Major Venables	We have support for transitioning members, and they support them through that process. Warrant Officers also assist in transition between branches, or jobs and specialisations in their current branch.
Major Venables	Medical transitions are aligned across RAAF and Navy. Coordinators assist in the range of complex medical separations and we will assign member support coordinators to attempt to provide well-equipped clinical approach and advice to the discharging members.
Commander Wight	Complex situations that do not have that medical complexities, Divisional Officer will be deployed to the member, from when they joined the PSU. Outside the PSU, the Navy has the Divisional System which means that the RAN allows for consultation and planning to improve transition.
Ms. Bone	Resourcing – transition coaches may see three separate members a day, liaising with their Command, assisting with civilian transition, to apply for funding for education, employment or other services. Visits to an individual is based on the needs of individual members.

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	Defence has a single contact with a recruitment organization to provide job coaching for members and their families to develop plans around civilian goals. CVs are developed from recruitment companies, and contact is made within 48 hours to begin the process of transition.
Squadron Leader	We attempt to ensure that all people have financial security prior to separation. We do not want any of our members becoming homeless. Where they do not want services, we make sure they understand potential consequences and they sign to say that they understand.
Ms. Bone	A small coaching load is understood and undertaken to understand the service delivery and its nature. Coaches are at an ASP4/5 level, up to ES1 – undertaking many levels of training to understand consistent services delivery. When a coach begins, they receive 3-6 months of training, before they can coach on their own. Over the past 18 months, members are contacted, with plans undertaken, with midway check-ins for coaches to contact members to understand where they are. Action lists are developed for both coaches and members to understand their responsibilities for a smooth transition. We can provide help for up to 24 months. This includes medical, housing, employment and a few other issues too.
Squadron Leader Pako	The Transition Health Plan is to attempt to understand what services are required and where they can be found in the new area of location for the member. We will assist members where we can to lodge claims, and incapacity payments, however, we cannot influence DVA to invoke those payments.

Commissioners	
Commissioner Brown: “streamlining the processes, is clearly needed, as this is convoluted, complex process I have ever seen. The process is extraordinarily challenging. I knew that we were working towards a joint transition authority, but it seems like there’s only few pieces that connect. Would that be correct? Commissioner Brown: From a service member’s perspective, has the ADF actually asked what would work best for them? And then take action toward achieving that?	Commander: Correct Commander: We are directly working with our members, but there are strictly defined processes that we are working with, functions and administrative requirements, with minimal flex on that human level with individuals, aiming to guide them through that process. The processes are the processes that must still be completed.
Commissioner Brown: We’ve heard that ADF	Commander: I’ve given so much to Navy. I want people to get the humanity and empathy they deserve. They deserve that.
Commissioner Douglas: Universities have undertaken studies which highlight some of the issues that focus on poor outcomes and lack of purpose felt by members, are coaches app	Commander: We should be looking at an individual and their skillsets, then we need to make it work for them out in the civilian community. I want to highlight that individuals who are in that position may be holding off other members who are currently away from their families, but we need to see how we can support them in other areas of defence.
Commissioner Kaldas: How do you maintain continuity of care when there is a lack of practitioners willing to see veterans?	Commander: psychologist care, healthcare should not cease at separation. And, if it does, then a psychologist needs to be secured prior to separation to ensure their health is looked after.

Closing Comments by Commissioner Kaldas: Simply telling people that it’s okay, when it isn’t, is no longer acceptable. These problems need to be acknowledged as real.

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