The Parliament of the Commonwealth of Australia

HOUSE OF REPRESENTATIVES STANDING COMMITTEE ON
COMMUNITY AFFAIRS

AFTER THE MARCH

STRENGTHENING SUPPORT FOR THE VETERANS

REPORT OF AN INQUIRY INTO
COUNSELLING AND ANCILLARY SERVICES
FOR
VIETNAM VETERANS

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Welcome Home March - Sydney, 3 October 1987
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TERMS OF REFERENCE FOR THE INQUIRY

The Committee is to inquire into and report to Parliament on:

i) the effectiveness of, and future requirement for, the counselling of Vietnam veterans, and

ii) the need for, and most appropriate form by which to provide ancillary services to supplement existing counselling services for Vietnam veterans.

RECOMMENDATIONS

1. (i) The Vietnam Veterans' Counselling Service should be set up as a statutory office within the Department of Veterans' Affairs and the enabling legislation should specify the roles of the Vietnam Veterans' Counselling Service, the National Advisory Committee and the Department; a requirement that the Office report annually to Parliament; and the duration of the Office; and

   (ii) specific provisions relating to the legal identity and confidentiality of the Vietnam Veterans' Counselling Service and the confidentiality of records should be included in the legislation giving statutory recognition to the Vietnam Veterans' Counselling Service. (Paragraph 3.21)

2. (i) The Vietnam Veterans' Counselling Service should liaise with the Royal Flying Doctor Service to develop a regular pattern of country visits to remote areas; and

   (ii) the Department of Veterans' Affairs should investigate the feasibility of purchasing or leasing an aircraft which could be made available to the Vietnam Veterans' Counselling Service for a scheduled program of country visits. (Paragraph 3.39)

3. (i) Funding should be provided to enable the establishment of a regional Vietnam Veterans' Counselling Service centre in Albury-Wodonga and the centre should place special emphasis on meeting the needs of veterans in surrounding areas; and

   (ii) the National Advisory Committee should examine the needs of regional areas throughout the country with the aim of determining whether there are any other regional centres that could support the establishment of a Vietnam Veterans' Counselling Service centre on a full or part-time basis. (Paragraph 3.48)

4. Appropriate funding arrangements should be developed to ensure that Directors of Counselling are able to reimburse volunteers for out-of-pocket expenses incurred when helping the Vietnam Veterans' Counselling Service perform its functions. (Paragraph 3.59)

5. The country outreach proposals developed by the National Advisory Committee should be implemented without further delay. (Paragraph 3.62)

6. Subject to a positive result in the New South Wales and Victorian pilot projects, toll free after hours telephone counselling services should be provided in each State. (Paragraph 3.67)

7. The Vietnam Veterans' Counselling Service should be continued for a further 10 to 15 years. (Paragraph 4.8)

8. Apart from normal audit requirements the Vietnam Veterans' Counselling Service should not be subject to any further reviews of its operations in the foreseeable future. (Paragraph 4.9)

9. The Government should either:

   i) develop a new unified funding program to disburse funds for both the establishment and recurrent costs of emergency accommodation centres, with a preference for purchase and ownership of residential accommodation; or
   ii) negotiate with its State and Territory partners in the Supported Accommodation Assistance Program to ensure that there is a consistent approach taken to the funding of recurrent costs for veterans' accommodation centres. (Paragraph 5.14)

10. The Government should give serious consideration to helping the Central Coast and Hunter Valley Sub-branch of the Vietnam Veterans' Association of Australia establish their proposed hostel within the terms of either of the funding arrangements recommended above. (Paragraph 5.20)

11. The National Advisory Committee should co-ordinate a survey of State and Territory housing authorities to find out whether they have any properties available that would be appropriate for use as emergency accommodation centres.(Paragraph 5.26)

12. The National Advisory Committee should investigate the possibility of providing emergency accommodation for veterans or their wives and children at designated motels and hotels (Paragraph 5.29)

13. The Government should act immediately to implement the two recommendations of the Veterans' Entitlement Act Monitoring Committee relating to claims and advocacy and to ensure that the Claims Advisory Service recommended by the Monitoring Committee operates with an outreach strategy incorporating regular visits to each Vietnam Veterans' Counselling Service centre. (Paragraph 5.47)

14. Ex-service organisations, the Government and the Vietnam Veterans' Counselling Service should encourage the wider development of employment programs such as 'Job Link' and the Government should also consider granting assistance to such programs. (Paragraph 5.58)

15. The Federal Government should give priority to the employment, wherever possible, of Vietnam veterans in appropriate Government Departments and instrumentalities, bearing in mind relevant employment practices and policies. (Paragraph 5.59)

16. An experienced research officer should be seconded to the National Office of the Vietnam Veterans' Counselling Service to identify the specific research needs in the field of chemical agents, and to assist the National Director in co-ordinating and conducting this research. (Paragraph 5.65)

17. The National Office of the Vietnam Veterans' Counselling Service should take a leading role in monitoring the emerging data on the effects of exposure to chemicals in Vietnam. (Paragraph 5.66)

18. (i) Vietnam Veterans' Counselling Service centres should carry the 'shopfront' name Vietnam Veterans' Centre while continuing to provide assistance to veterans of other conflicts and their families as required; and
(ii) the Department of Veterans' Affairs and ex-service organisations representing veterans of other conflicts should advise veterans of other conflicts that the services provided by the Vietnam Veterans' Counselling Service are available to them.
(Paragraph 6.8)

19. As well as developing a more comprehensive data base and more extensive research capacities, the Vietnam Veterans' Counselling Service should make the results of its statistical and other analyses available to other government and non-government organisations with a view to increasing knowledge and expertise particularly in the area of Post Traumatic Stress Disorder.
(Paragraph 6.14)

20. The National Advisory Committee should monitor the use made of the Vietnam Veterans' Counselling Service following the implementation of the outreach program with a view to advising to the Minister for Veterans' Affairs of the need for extra staff as they arise. (Paragraph 7.7)

21. A project officer position should be created at each Vietnam Veterans' Counselling Service centre to assist counsellors in their duties and help in the provision of ancillary services to the veteran community.
(Paragraph 7.16)

22. The position of project officer in the National Office should be filled on a full time basis and the part time resources presently devoted to this position should be restored to the staffing allocation of the Sydney Vietnam Veterans' Counselling Service centre.
(Paragraph 7.20)

23. An Administrative Services Officer should be appointed to the National Office to provide administrative, clerical and stenographic assistance to the Office. (Paragraph 7.22)

24. The base staffing level of the Vietnam Veterans' Counselling Service be should increased from 35.2 to 39 as proposed by the Departmental Review of Staffing and Activities of the Vietnam Veterans' Counselling Service. However, for the provision of a comprehensive service a staff complement of 60 is required. (Paragraph 7.29)

25. Consistent with requirements of equal opportunity employment, the National Director should consider the desirability of providing a mix of counsellors at each Vietnam Veterans' Counselling Service centre. (Paragraph 7.33)

26. A scholarship scheme for veterans wishing to attain formal qualifications in either psychology or social work should be developed. (Paragraph 7.38)

27. As far as possible, the additional resources proposed for the Vietnam Veterans' Counselling Service should be provided from existing staff allocations to the Department of Veterans' Affairs and other Government agencies. (Paragraph 7.42)

ABBREVIATIONS

BCOF	British Commonwealth Occupation Forces
DVA	Department of Veterans' Affairs
NAC	National Advisory Committee on the Vietnam Veterans' Counselling Service
RSL	Returned Services League of Australia
SAAP	Supported Accommodation Assistance Program
VEA	Veterans' Entitlements Act 1986
VVAA	Vietnam Veterans' Association of Australia
VVCS	Vietnam Veterans' Counselling Service

1. INTRODUCTION

Background to the Committee

1.1 On 24 September 1987, the House of Representatives established a comprehensive system of standing committees to oversee areas of government activity.

1.2 The Standing Committee on Community Affairs is one of these new committees.

1.3 The Committee has a wide area of responsibility, covering such matters as immigration, ethnic affairs, health, social security, veterans' affairs and services for aged people.

1.4 This Report is the first presented by the Committee and reflects the concern and interest of its members that proper recognition be given to the particular needs of the Australian Vietnam veteran community.

Background to the Inquiry

1.5 In October 1987, some 15 years after the withdrawal of Australian troops from Vietnam, the national 'Welcome Home' March was organised by Vietnam veterans.

1.6 It was a day on which the Australian community began to show signs of understanding the problems and difficulties experienced by Vietnam veterans both during their war service and on return from Vietnam.

1.7 The Committee believes it is important that the March is not seen as an end in itself, but rather as the beginning of a complex healing process between the Australian community and its Vietnam veteran population.

1.8 The Committee through this Report would like to contribute to that healing process.

1.9 On 11 December 1987, the Committee proposed to the Minister for Veterans' Affairs, the Hon. Ben Humphreys, MP, that it conduct an inquiry into counselling and ancillary services for Vietnam veterans. On 7 January 1988, the Minister agreed to the proposed Inquiry. The terms of reference for the Inquiry are set out at page (ix).

Conduct of the Inquiry

1.10 Advertisements were placed in major metropolitan newspapers on 6 and 7 February 1988, inviting interested individuals and organisations to make submissions to the Inquiry. In addition, ex-service organisations and other groups with a direct interest in the Inquiry were approached and invited to make submissions.

1.11 Although formal public hearings are a central part of a parliamentary committee inquiry, the Committee wished to minimise the formal aspects of the inquiry process by speaking directly to veterans and their families in an informal setting.

1.12 Accordingly, the Committee decided to travel widely to meet with veterans, their families and other interested persons for informal discussions. During the course of the Inquiry, the Committee visited all capital cities and a number of regional centres and held discussions with 300 veterans and their families (a list of the meetings held by the Committee is at Appendix 1).

1.13 These discussions provided a direct and valuable way of understanding the health, social and post-trauma problems experienced by many veterans. They also gave the Committee the opportunity to tap into a broad range of experience and expertise to help develop ways of improving the services currently available to veterans.

1.14 Indeed, many of the Committee's findings and assessments are based on views and information provided at these public meetings.

1.15 The Committee also had the opportunity to meet with counsellors and staff of the Vietnam Veterans' Counselling Service (VVCS). The Committee greatly appreciates the valuable assistance given by officers of the VVCS and the Department of Veterans' Affairs (DVA) throughout the Inquiry.

1.16 In total, the Committee received 120 written submissions and held six formal public hearings (a list of the witnesses who appeared at these hearings is at Appendix 2). The submissions authorised for publication and the transcripts of evidence given at the hearings are available from the House of Representatives and the National Library of Australia.

Major Findings

1.17 The Committee commenced this Inquiry acknowledging that the Australian community has a special obligation to care for and to help veterans and their families.

1.18 While the majority of Vietnam veterans have made a successful transition from active service in Vietnam to a rewarding post-service life, for some the transition was not easy and there are still many experiencing health, social or other problems.

1.19 This was reflected in the establishment of the Vietnam Veterans' Counselling Service. This service has developed particular expertise with veterans and their families. Operating under the constraints of limited staffing and financial resources it has provided a successful and highly valued counselling service.

1.20 Perhaps more significantly, the VVCS has established itself as one of the few government organisations, perhaps the only one, that Vietnam veterans trust. For this reason, it is jealously guarded.

1.21 The Committee believes that the VVCS should not only continue as a central element in meeting the needs of veterans and their families, but should be given greater freedom and additional resources to meet present and future needs.

1.22 It is worth stressing that the Committee is aware of past reviews of the VVCS and does not see the present Inquiry as questioning the legitimacy of the Service. This has already been demonstrated.

1.23 The service provided by the VVCS is complemented by a number of initiatives taken by individual veterans or representative groups who have set up informal volunteer support networks and developed programs to satisfy particular needs. The success of programs such as the 'Angus House' accommodation centre in Brisbane, and the 'Job Link' employment agency in Perth show that such programs satisfy a definite need in the veteran community. They also demonstrate the determination and willingness of veterans to help themselves.

1.24 The Committee applauds these initiatives and urges the Government to take further steps to assist their wider development.

Report Structure

1.25 The Report looks at various ways of improving counselling services, examines the future need for counselling, discusses the need for various types of ancillary services and recommends a number of changes to existing services.

1.26 The Report also considers some general staffing issues and presents a model for the future role and needs of the VVCS.

1.27 It should be noted that because of the extensive use of informal public meetings during this Inquiry, some assessments of present problems and suggestions for future directions are not based on formal evidence but are derived from summaries of issues made by the Secretariat during these meetings. These summaries have been included as exhibits to the Inquiry.

2. EXISTING COUNSELLING SERVICES AND THEIR EFFECTIVENESS

The Need for Counselling Services

2.1 The Committee accepts that Vietnam veterans and their families have faced particular difficulties arising from the special nature of the Vietnam War and the social circumstances surrounding it and acknowledges that there were elements of the Vietnam conflict which made it different from others.

2.2 Vietnam became a highly publicised media event that was played out nightly on television news and received extensive reports in newspapers and magazines available to soldiers in Vietnam.

2.3 In part, this served to polarise attitudes which were then conveyed to service personnel in Vietnam.

2.4 Submissions to the Inquiry and discussions with veterans and their families have enabled the Committee to draw together key elements which have affected our Vietnam veterans deeply and personally. These are summarised below:

- the bitter and angry debate concerning Australia's participation in the War, and the use of conscription by ballot;
- the hostility and lack of understanding many veterans encountered on return from Vietnam;
- the haste and method by which veterans were demobilised (most veterans returned from active service as individuals or as part of a small group often landing back home within 48 hours of being airlifted from a combat zone);
- the stark contrast of prior perception about Vietnam and the reality of the involvement including much greater exposure to stress and danger than had been perceived generally;
- the difficulties many veterans experienced in claiming and receiving compensation for their war caused disabilities; and
- the increasing concern about the health effects of exposure to herbicides, pesticides and other chemical agents that were used in Vietnam (a concern which persists today and is addressed later in the Report).

2.5 Many veterans returned to Australia to find themselves in a divided community unable or unwilling to provide adequate emotional or physical support.

2.6 Institutions which would have been expected to help veterans readjust to life after Vietnam, for example the Returned Services League and the Repatriation system, seemed to provide for an older generation and did not appreciate the needs of younger veterans.[1]

2.7 Many veterans felt that their needs were being ignored or forgotten and that their contribution to the nation was neither recognised nor valued.

2.8 These complex circumstances produced in many veterans feelings of alienation, rejection, suspicion and hostility.

2.9 As a consequence, many veterans required, and still need professional assistance in coping with these feelings.

2.10 Counselling is an effective form of help that veterans have sought. In the words of one veteran:

> ... counselling has been important in helping me regain good mental health ...[it] has enabled me to gain new life skills such as handling anger, family relationship skills, communication and many more.[2]

The Number of Veterans in Need

2.11 There is little conclusive information about the number of veterans in the community who may need the help that counselling can provide.

2.12 Records kept by the Vietnam Veterans' Counselling Service show that 5122 clients have contacted the service in the last six years. This figure represents a little over 10% of the total Vietnam veteran population.[3]

2.13 During meetings around Australia, the Committee found widespread agreement that for every veteran or family member who is using the service there is at least one other who is unaware or still uncertain about the VVCS.

2.14 The Committee believes it can conservatively estimate that only half the number of veterans and families in need are currently being assisted. This is supported in submissions to the Inquiry[4] and does not account for the additional traumas of families of veterans. Several references were also made to the counselling needs of former wives of veterans. The counselling service is increasingly becoming involved in family counselling in recognition of these facts.

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[1] Submission from the National Advisory Committee (NAC) on the VVCS, Volume 1 of Submissions, p137.
[2] Confidential submission from a veteran.
[3] NAC, Op Cit, p141.
[4] Submission from the Department of Veterans' Affairs (DVA), Volume 1 of Submissions, p72.

2.15 While these figures can only be estimates, they represent a significant number of people in need.

Existing Counselling Services

2.16 Like others in the community seeking help through counselling, Vietnam veterans are able to use the services provided by Federal, State and Local government agencies, community service organisations and private medical practitioners.

2.17 In addition, Vietnam veterans have access to a number of more specialised service providers.

2.18 For example, veterans who were not discharged on return from Vietnam and who are still in the armed services, have at their disposal the resources of the Defence Force Health Services.

2.19 Eligible veterans are also entitled to health services, including psychiatric services, through the Repatriation General Hospitals and associated institutions.

2.20 The most specific service available is the Vietnam Veterans' Counselling Service, which operates under the auspices of the Department of Veterans' Affairs.

The Effectiveness of Existing Non-specialist Services

2.21 During the course of the Inquiry, many veterans told the Committee of unsatisfactory experiences in seeking help from non-specialist service providers. Veterans believe that counsellors without an understanding of the Vietnam War and the social circumstances surrounding it, are unable to treat effectively the problems experienced by Vietnam veterans.

2.22 The Royal Australian and New Zealand College of Psychiatrists have lent support to this argument by stating in their submission that:

> ... post-traumatic stress disorder [a complaint prevalent among Vietnam veterans] has until recently not been well understood. This has often led to under diagnosis and unsatisfactory treatment.[5]

2.23 This statement was confirmed by one medical practitioner who privately expressed concern to the Committee about the ability of non-specialists to offer adequate and appropriate treatment to their veteran patients.

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[5] Submission from the Royal Australian and New Zealand College of Psychiatrists, Volume 1 of Submissions, p249.

The Effectiveness of Defence Force Services

2.24 A submission to the Inquiry from the Hon. R.J. Kelly, MP, the Minister for Defence Science and Personnel, stated that:

> The Australian Defence Force health system and community service organisations have had adequate resources to deal with the psychological and social problems of members post Vietnam, no matter what the problem cause.[6]

2.25 Further, the Minister noted that:

> Only a small number of serving members have presented to Service agencies with such problems as Post Traumatic Stress Disorder ...[7]

2.26 The Committee acknowledges that the low incidence of service personnel seeking help from the Defence Force health system for Vietnam related health and social problem is due, at least in part, to:

> Continued employment in the Australian Defence Force ... [which] provides an understanding and sympathetic supportive environment for veterans to readjust into normal Service and community life.[8]

2.27 The Committee has been told by serving veterans that they are often reluctant to admit health or social problems to Defence Force agencies for fear of compromising their career or promotion prospects.

2.28 It seems reasonable to the Committee that factors such as these would significantly limit the number of veterans seeking help from the available Defence Force agencies.

The Effectiveness of Repatriation Services

> I sought help from the local Repatriation hospital where I was given a handful of tablets and forgotten about - I found myself leaving feeling worse than when I got there.[9]

2.29 The Committee has been confronted with a serious problem in this area. Whether it is based on perception or fact a number of Vietnam veterans have expressed a lack of confidence in the Department of Veterans' Affairs and the ability of the Repatriation system to provide effective and appropriate services.

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[6] Submission from the Minister for Defence Science and Personnel, Volume 2 of Submissions, p273.
[7] Ibid, p272.
[8] Ibid.
[9] *Confidential submission from a veteran.*

2.30 In public meetings with veterans and their families the Repatriation Hospitals have been criticised for:

- relying excessively on drug therapy in their treatment programs; and
- not considering seriously the potential clinical advantages of psychotherapy or counselling as suitable forms of treatment.

2.31 While the Committee has not attempted to determine the veracity of these criticisms, it is of concern that many veterans believe that the clinical effectiveness of counselling as a treatment method is held in low regard by staff and practitioners within the Repatriation Hospital system.

2.32 The Committee accepts the evidence of professionals in the field that it is desirable, and even necessary, to be able to provide a balanced treatment program involving counselling and, where necessary, drug therapy. In the words of the Royal College of Psychiatrists:

> Whilst psychotherapy and counselling are important aspects of the treatment of post traumatic syndromes, in a significant percentage of cases, medication plays an equally important role.[10]

2.33 The Committee has, however, received a number of testimonies from individual veterans which have common elements which are outlined below.

2.34 Each veteran had been attending a Repatriation Hospital for some time and the sole form of treatment prescribed had been a continuing course of drugs. Although the drugs produced short term benefits by controlling or averting emotional crises, the veterans claimed that the treatment did not produce any overall improvement in their condition.

2.35 The turning point for each veteran came through contact with the VVCS. The treatment received at the VVCS involved either psychotherapy or informal counselling. All of the veterans found the results positive. They now feel that they are coping with problems which have persisted since Vietnam and as importantly, the veterans are either no longer dependent, or have at least reduced their dependency, on drugs.

2.36 It is understandable that such experiences have given rise to a perception within the Vietnam veteran community that Repatriation Hospitals are in many cases unable to provide either appropriate or effective treatment for Vietnam veterans in need. Veterans either no longer present at the Hospitals for treatment, or believe that they have little hope of being 'cured' which in itself reduces the likelihood of the treatment program being successful.

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[10] College of Psychiatrists, Op Cit, p253.

2.37 Whether these experiences are real or simply perceptions they have produced an attitude which is of great concern among people who feel they have been disregarded and disadvantaged for a long time.

2.38 The Committee has concluded that these experiences and perceptions have contributed to a reduction in the effectiveness of the Repatriation Hospital system in treating the health and social well being of Vietnam veterans.

The Effectiveness of the VVCS

2.39 The history of the VVCS has been documented well in submissions to the Inquiry and in the four major external reviews that have commented on the VVCS.[11] For this reason, the Committee does not intend to describe in detail the events surrounding the establishment and development of the Service.

2.40 A task more relevant to the Inquiry is to assess the performance effectiveness of the VVCS.

2.41 It can be very difficult to measure the performance of services such as the VVCS objectively and conclusively. However, factors such as client opinion, the findings of previous inquiries and the assessment of service providers give useful indicators of performance effectiveness.

2.42 *Client opinion of the VVCS is overwhelmingly supportive. It has* received almost total support and praise from those individuals and organisations who have sent submissions to the Inquiry. Furthermore, at all of the meetings the Committee has held there was widespread acknowledgement that the VVCS is able to help veterans and their families cope with their anxieties and concerns in a constructive way.

2.43 These comments are consistent with the results of the comprehensive client survey conducted by the Waterhouse Committee of Evaluation of the VVCS (1983-5). The survey found that clients were generally satisfied with the service provided, in particular:

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[11] Namely the reports of:

- the Senate Standing Committee on Science and the Environment Inquiry into Pesticides and the Health of Australian Vietnam Veterans (1982-3);
- the Waterhouse Committee of Evaluation on the VVCS (1983-5);
- the Royal Commission on the Use and Effects of Chemical Agents on Australian Personnel in Vietnam (1985); and
- the Hogg review of the findings of the Royal Commission (1987).

> Clients evaluated the VVCS in a highly positive manner: Counsellors were spoken of as kindly and professionally competent and negative comments were infrequent. The Centres were seen as helping, caring places, where there was relatively ready access to aid, where relief from problems was obtained in spite of the acknowledged difficulties in revealing closely kept feelings.[12]

2.44 The findings of the other external reviews of the VVCS are equally positive. They all found that the VVCS provides a useful and relevant service for Vietnam veterans and their families, and recommended that it be improved and expanded.

2.45 The Committee was also impressed by the performance measures that the National Advisory Committee on the VVCS has developed for assessing the effectiveness of the counselling done by the VVCS.

2.46 To quote from the National Advisory Committee's (NAC) submission:

> The NAC's assessment of the effectiveness of counselling ... is based [on] the following criteria:
>
> 1. accessibility of service to clients;
> 2. outreach activity;
> 3. counselling outcome;
> - feedback from Ex-service Organisations on their perception of VVCS;
> - endorsement by clients;
> - data routinely collected on casework;
> - independent observations/studies;
> - case histories;
> - objective outcome measures;
> 4. evidence which points to/concludes that counselling for Post Traumatic Stress Disorder(PTSD) is generally more effective than not to have such services, and
> 5. effects of special events on demand for counselling.[13]

2.47 The NAC, while acknowledging that there is a lack of unambiguous and objective data, argues that the VVCS provides an effective counselling service when measured against each of these criteria, except that it has conducted only limited outreach activities (see Chapter Three).

2.48 The Committee accepts that the VVCS provides significant assistance to veterans and their families for a wide range of social and psychological problems.

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[12] The Final Report of the Evaluation of the VVCS (the Waterhouse Committee), p81.
[13] NAC, Op Cit, p140.

2.49 The VVCS is proving itself to be more than just a safety net for the most distressed and disturbed veterans. It plays a very positive role in helping veterans cope with personal problems. It can help restore self esteem and encourage participation as productive members of a society towards which considerable hostility previously had been felt. To quote from one submission:

> I have been a fairly regular visitor to the VVCS over the past two years and in my opinion the current service is effective in that it provides counselling that has - in my experience - kept my family together, enabled me to keep working and helped me when suicide seemed a very real possibility.[14]

2.50 The Committee notes, however, that while most veterans commend the VVCS for its effectiveness, some express concern about the lack of independence of the VVCS from the Department.

2.51 Ex-service organisation have claimed that the independence of the VVCS is important for two reasons, in that it is a fundamental governing principle of the VVCS, and any reduction in the independence can create actual impediments to the efficiency of the VVCS. These views have been strongly supported by veterans at the public meetings held by the Committee.

The Importance of Independence and Confidentiality

2.52 As mentioned earlier, many veterans after returning from Vietnam developed feelings of hostility toward bureaucracies, and a mistrust of government services. If veterans were to use the Service, the VVCS had to be seen to be independent from traditional government service delivery organisations. For this reason, VVCS centres were not set up within the Department of Veterans' Affairs regional offices, but rather in separate shop front locations.

2.53 The confidentiality of VVCS client records is also of great concern to clients.

2.54 Many veterans perceive themselves to be adversaries of the Department over repatriation benefits. In these circumstances, it is vital that counsellors be able to assure veterans that the VVCS is completely independent and that any information given to a counsellor is strictly confidential and is not available to the DVA or any other person or authority.

2.55 While VVCS staff maintain strict confidentiality, the Vietnam Veterans' Association of Australia (VVAA) and NAC believe that the security of client records are compromised because of the complex responsibilities imposed by the organisational structure of the VVCS.

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[14] Confidential submission from a veteran.

The Organisational Structure

2.56 All staff of the VVCS are employed by the Department of Veterans' Affairs. The Service is headed by a National Director who reports, through the National Director of the Department's Health Program, to the Secretary of the Department.

2.57 In addition, the VVCS is monitored by the National Advisory Committee which reports directly to the Minister for Veterans' Affairs.

2.58 The NAC was appointed to guide and oversee the establishment of the VVCS, and to advise the Minister on:

- the delivery of effective and efficient counselling services to Vietnam veterans and their families, and
- the development of professional counselling programs to assist veterans and their dependents.[15]

2.59 Comments in the submissions from the DVA and the NAC[16] suggest that another reason for appointing the NAC was to confirm the distinct and separate identity of the VVCS.

2.60 According to the VVAA, the NAC was intended to be responsible for determining the broad policy for the VVCS; the Department was to be responsible for providing administrative support and the VVCS was to implement the policy and deliver the service.

2.61 The most controversial element in this three tiered organisational structure has proved to be the role of the Department of Veterans' Affairs.

2.62 It is not that the Department has overtly challenged the VVAA's analysis of its role. Indeed in its submission, the Department refers to 'the separate counselling service'.[17]

2.63 In the view of the VVAA, difficulties have arisen because the DVA has not honoured the spirit of statements about independence and operational separation, and accordingly these objectives are not being satisfied.

2.64 The VVAA argues that the Department has:

> ... acted in a number of ways which not only threaten this delicate relationship, [between each of elements of the organisational structure] but which... [indicate] a desire to bring the Service under its control and possibly even absorb it.[18]

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[15] NAC, Op Cit, p139.
[16] Ibid; DVA, Op Cit, p59.
[17] DVA, Op Cit, p59.
[18] VVAA, Op Cit, p43.

2.65 In particular, the VVAA believes that the Department has overstepped its role of merely supporting the VVCS with its corporate resources and has, by certain administrative actions and decisions, both restricted the operation of the VVCS and impeded the implementation of policy decisions taken by the NAC.

2.66 The principal example given is the control exerted by the Department over the staffing levels of the VVCS.

Staffing Levels

2.67 The question of staffing levels of the VVCS has been one of the issues raised most frequently with the Committee in submissions and at the public meetings.

2.68 It has been claimed that by limiting and reducing the number of staff available to the VVCS, the Department has prevented the VVCS from providing an efficient service and meeting all of its objectives.

2.69 This argument is supported by the findings of the 'Review of Staffing and Activities of the VVCS' - an internal review commissioned by the DVA itself in 1987.

2.70 The Departmental Review concluded that the minimum staffing level required for the VVCS to carry out its role and efficiently meet its current objectives is 41. Because of staffing restrictions imposed by the Department the VVCS had been operating with a staffing level of 35.2. The Review noted that:

> At this staffing level [ie.35.2] inefficiencies are ... introduced and the Service becomes unable to maintain all its activities and complete its objectives.[19]

2.71 The Review went on to say that since opening, the VVCS has concentrated its efforts on the provision of individual face to face counselling and with a staffing level of 35.2 it has been able to maintain a minimum level of service. It has not, however, been able to meet its objectives of providing crisis response, country outreach, and community development and support activities in a proper and efficient manner.

2.72 It seems clear to the Committee, on the basis of the evidence taken during the Inquiry, that these wider services are needed by the veteran community, and that the VVCS is not fulfilling its stated objectives if it is unable to meet the demand for an extended range of services at each VVCS centre.

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[19] Review of Staffing and Activities of the VVCS, August 1987, p32.

2.73 The Committee acknowledges that restrictions placed on the development of the VVCS by the DVA are consequent on Government imposed resource limits but believes that the VVCS must be given higher resource priority in the budget considerations of the DVA.

2.74 Some aspects of this staffing issue were addressed recently by the Government in its response to the findings of the Evatt Royal Commission on the Use and Effects of Chemical Agents on Australian Personnel in Vietnam.

2.75 The Royal Commission had expressed concern about counselling services for veterans in remote areas and in his statement on 19 May 1988, the Minister announced that funding for six additional staff would be provided to ensure a better service for country veterans and their families.

2.76 The programs being developed as a result of this announcement will be examined in more detail later in the Report. The Committee does want to stress, however, that the addition of six staff members does not in its mind, represent a 'bonus' increase in staff, which will enable the VVCS to perform new functions. Rather, the announcement brings the staffing up to a level where the VVCS can meet its existing obligations.

Independence - An Overview

2.77 The Committee concedes that the independence of the VVCS from the Department is an important issue with the veteran community and that it carries with it practical considerations quite apart from questions of public perception of the Service.

2.78 It encompasses strongly held views about separation from the normal repatriation process, about confidentiality of records, and about community acknowledgement of a particular need.

2.79 It also embraces the ability to implement policy, meet objectives and provide efficient and appropriate services.

2.80 For these reasons, the Committee accepts the proposition put forward by the VVAA that the VVCS can only provide an effective counselling service if its independence is guaranteed. The exact nature of this independence and a possible structural model of the VVCS are detailed in the next Chapter of the Report.

3. IMPROVEMENTS TO EFFICIENCY

Improvements to the Organisational Structure

3.1 It has been proposed that the VVCS be established as an independent statutory authority.

3.2 The advantages of statutory authority status are argued to be as follows:

i) it would make it clear to veterans and their families that the VVCS is a distinct and specialised service, legislatively separate from the Repatriation Commission and its system of medical treatment;

ii) it would give the Director of the VVCS greater control over budgetary and staffing levels rather than being subject to resource variations and constraints elsewhere in the Department, and

iii) it would make the VVCS more responsive to veterans' needs and improve the decision making and implementation process.

3.3 The major disadvantage in making the VVCS a statutory authority is the cost of establishing the necessary internal management support systems. This would add considerably to resource overheads at a time when such expenditure is being reduced.

3.4 The Committee also notes that the Government has, in its 'Policy Guidelines for Commonwealth Authorities and Government Business Enterprises', indicated its general wish to avoid the creation of independent statutory authorities.[20]

3.5 The Committee notes, however, that while both the VVAA and the NAC support some form of statutory recognition for the VVCS, neither suggests that the VVCS should be established as an entirely independent statutory authority.

3.6 In their submissions they agree that the VVCS would be best served if it were given statutory recognition while continuing to receive the backup of the Department's corporate resources.

3.7 Two ways of achieving this have been suggested:

- establish the VVCS as a statutory office within the Department similar to the Office of Australian War Graves, or
- include provisions referring to the role and functions of both the VVCS and the NAC in the existing Veterans' Entitlements Act (VEA).

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[20] Policy Guidelines for Commonwealth Statutory Authorities and Government Business Enterprises, AGPS Canberra, 1987, p7.

3.8 The VVAA and the NAC make it clear in their submissions that they prefer the Office of War Graves model, while the Department, in acknowledging the existing arrangements to be unsatisfactory, considers the second approach to be suitable.[21]

3.9 The implementation of either approach would require the passage of enabling legislation.

3.10 The first would require an Act of Parliament to make the existing position of National Director of the VVCS a statutory office. The Act could also specify:

- a charter for the VVCS;
- a statement of the policy and planning role of the NAC;
- the role and responsibility of the DVA in providing administrative support;
- a clear line of responsibility and accountability for the National Director with statutory reporting requirements, and
- the expected life of the VVCS (see Chapter Four).

3.11 The second approach would require an amendment to the Veterans' Entitlements Act to incorporate definite references to the VVCS, the NAC and their charters.

3.12 On balance, the Committee supports the first approach.

3.13 This would not change the existing organisational structure, but would legislatively redefine the relationships between the VVCS, the NAC and the DVA and give veterans confidence that the VVCS is a truly independent service with the National Director having greater control over resource levels.

3.14 The Committee accepts that the creation of a statutory Office of Vietnam Veterans' Counselling may expose the VVCS to additional scrutiny but is confident that the VVCS can demonstrate that it is effective and efficient.

3.15 The Committee was pleased to note the evidence of the DVA, indicating that establishing the VVCS as a statutory office within the Department would not give rise to any additional administrative costs.[22]

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[21] VVAA, Op Cit, p49; NAC, Op Cit, p156; Supplementary Submission from DVA, Volume 2 of Submissions, p288.

[22] Transcript of evidence, p92.

Legal Identity and Confidentiality

3.16 It has been pointed out to the Committee that statutory recognition would also give rise to two additional benefits for the service.

3.17 The first is that the Service would be given a legal identity that it currently lacks. In a letter of 7 July 1988 to the Minister, the Chairman of the NAC, W.B. James, explained the difficulties the current arrangements cause:

> Because the VVCS is not referred to by name in the VEA, subpoenas for VVCS documents or staff testimony are rendered on and responded to by Counsel in the name of the Repatriation Commission. This compromises the assurance given to clients that information provided will not be disclosed to other persons or agencies including the Department of Veterans' Affairs. It is desirable for subpoenas to be rendered on the VVCS specifically, an amendment to the present legislation is therefore appropriate.[4]

3.18 The second is that a specific reference could be made in the enabling legislation about the confidential nature of the VVCS and the confidential status of VVCS client records.

3.19 As noted above, the issue of confidentiality is of great concern to veterans and while the Committee is convinced by arguments that the VVCS does provide a confidential service, it is primarily through the approach of its staff that it has gained and maintained this reputation.

3.20 Giving confidentiality a legislative basis would; first remove the threat to confidentiality identified in the NAC letter of 7 July 1988; second, give counsellors legal support for their professional decisions; and third, provide reassurance to veterans.

3.21 For these reasons the Committee recommends:

i) that the VVCS be set up as a statutory office within the Department of Veterans' Affairs and that the enabling legislation specify the roles of the Vietnam Veterans' Counselling Service, the National Advisory Committee and the Department; a requirement that the Office report annually to Parliament; and the duration of the Office; and

ii) that specific provisions relating to the legal identity and confidentiality of the VVCS and the confidentiality of records be included in the legislation giving statutory recognition to the VVCS.

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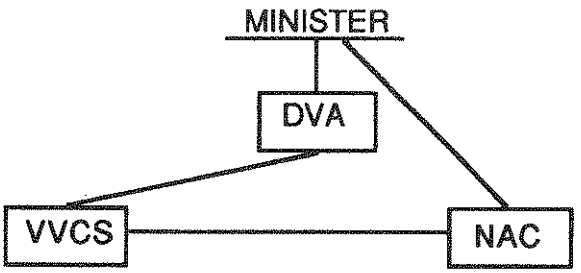
[4] Attachment to the Department's supplementary submission, Volume 2 of Submissions, p298.

3.22 A suggested model for the statutory office, showing links between the VVCS, the NAC and the DVA is set out below:



Existing Country Services and Country Outreach.

> ... country veterans and their families are very isolated and don't get adequate information or support - we need regular visits from counsellors so veterans can feel confident enough to respond to their help.[24]

3.23 It is clear that there is considerable dissatisfaction among country veterans and ex-service organisations about the level of counselling available to veterans in remote and sparsely populated areas.

3.24 When the VVCS was established in 1982, it was intended that face to face counselling would be provided to country veterans and their families by frequent and regular visits to rural areas by the counselling staff based at metropolitan VVCS centres.

3.25 It has become evident to the Committee that although each VVCS centre does conduct a limited program of country visits, progressive budgetary restrictions have limited the number, frequency and duration of visits that each centre can undertake.

3.26 Furthermore, as the NAC explains in its submission, this type of service is not without its problems. For example;

- the infrequency of visits raised false hopes in the veteran community
- inability to continue constructive ongoing therapy once particular problems had been identified;

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[24] Confidential submission from a veteran.

- high cost per client of providing professional services due to travelling time and expenditure, and
- counsellor absences from VVCS centres disrupting centre obligations to respond to walk in and phone in clients.[25]

3.27 The combination of these circumstances has caused dissatisfaction among clients, and frustration among counsellors.

3.28 In an attempt to improve country area services, the Minister agreed in August 1986 that the VVCS may refer clients to selected private practitioners in country areas where continuing counselling was required. The arrangement has been used by some VVCS centres, and according to the NAC it has:

> ... enabled a few veterans and their families to receive more regular sessions than they would otherwise have been able to have.[26]

3.29 In discussing the operation of this scheme, or its potential application in the many areas where it is not used, it became clear that it is not a solution to the problem of providing a service to country areas.

3.30 The Committee was told of a number of problems with the scheme. Initially, many veterans said that there would be little privacy or confidentiality if they had to visit a psychiatrist or counsellor in a small country town on a regular basis.

3.31 Further, because of the belief that only the VVCS is able to provide appropriate and effective help, it would be very difficult for veterans to become comfortable and establish a rapport with a non-VVCS counsellor.

3.32 Finally, VVCS counsellors told the Committee that a practical limitation on the wide application of the scheme is that there are very few psychiatrists or counsellors in country areas, and even fewer with the time available for additional clients.

3.33 The Committee accepts that these factors limit the effectiveness of the scheme and is aware of the need to expand and develop these services.

Travelling Time for Country Visits

3.34 As noted earlier, each VVCS centre conducts a program of country visits to nearby regional and remote areas. Despite logistic problems and the costly nature of these visits, it is clear to the Committee that they are highly valued and considered essential to the psychological well-being of many country veterans.

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[25] NAC, Op Cit, p198.
[26] Ibid, p152.

3.35 The operational difficulties associated with the country visits program largely centre on the amount of time involved and access to appropriate means of transportation.

3.36 On a country visit, a counsellor has to spend a considerable amount of time travelling to and from counselling destinations. This time is largely wasted. Travelling is usually done in a self-drive car which can be both tiring and stressful for the counsellor, and may affect the quality of service he or she is able to provide. Finally, any time a counsellor spends away from the VVCS centres also affects the ability of the centre to operate with a normal workload.

3.37 The Committee gave consideration to the use of light aircraft to improve travel efficiency.

3.38 While investigating the cost effectiveness of either purchasing or leasing a light aircraft for VVCS country visits, the Committee discovered that the Royal Flying Doctor Service is willing to fly counsellors from the VVCS free of charge to destinations within its area of operation.

3.39 Therefore the Committee recommends that:

- **i) the Vietnam Veterans' Counselling Service liaise with the Royal Flying Doctor Service to develop a regular pattern of country visits to remote areas; and**
- **ii) the Department of Veterans' Affairs investigate the feasibility of either purchasing or leasing an aircraft which could also be made available to the Vietnam Veterans' Counselling Service for a scheduled program of country visits.**

Regional Centres

3.40 There is also a case for the establishment of additional VVCS centres outside capital cities. This approach has been suggested at many meetings with veterans and their families.

3.41 There are at present two non-capital city VVCS centres, namely in Townsville and Launceston. On the available evidence it seems clear that they are highly successful and are reaching a client population whose needs would not be met otherwise.

3.42 The Committee believes that there are other regional areas that warrant a VVCS centre.

3.43 For example, the Murray Border Association of Vietnam Veterans highlighted the difficulties faced by veterans in country areas and illustrated the inadequate service the VVCS is able to provide to veterans and their families in the Murray River border area.

3.44 In particular, the submission made reference to the fact that:

> Personal contact in our area by the VVCS has been welcomed by the Association and also the veteran community. However, this contact does have its limitations. Since the establishment of the VVCS in Melbourne we have had only three visits from the counsellor designated to our area ... because of the irregular visits ... [the counsellor] was unable to provide on going service.[27]

3.45 The solution proposed by the Association was that VVCS centres be established in key regional areas, and that these centres take advantage of their non capital city locations by providing a service to as wide an area in the region as possible.

3.46 Vietnam veterans and their families in the Murray border area do not seem to have adequate access to the services of the VVCS and the number of veterans estimated by the Association to be living in this region would warrant the establishment of a separate VVCS centre. The Committee notes that there are a number of military establishments in the area and that this is likely to contribute to the number of veterans in the district.

3.47 These characteristics may also apply elsewhere.

3.48 Accordingly, the Committee recommends that:

i) funding be provided to enable the establishment of a regional Vietnam Veterans' Counselling Service centre in Albury-Wodonga and that the centre place special emphasis on meeting the needs of veterans in surrounding areas; and

ii) the National Advisory Committee examine the needs of regional areas throughout the country with the aim of determining whether there are any other regional centres that could support the establishment of a Vietnam Veterans' Counselling Service centre on a full or part-time basis.

Support Network of Local Volunteers

3.49 A proposal which has been strongly supported by both the VVAA and the RSL,[28] involves recruiting and training volunteers to form part of a support network in country areas.

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[27] Submission from the Murray Border Association of Vietnam Veterans, Volume 1 of Submissions, p128.

[28] VVAA, Op Cit,pp50-1; Submission from the Returned Services League of Australia, Volume 1 of Submissions, p211.

3.50 The volunteers, preferably veterans who are known and accepted in the local community, would be trained to act as outreach agents for the VVCS. Their presence in the community would be advertised, and they would be able to:

- identify veterans or families in need;
- provide basic welfare advice and assistance, and
- encourage veterans or their families to contact a counsellor from the VVCS.

3.51 The scheme could incorporate the use of selected practitioners, as described earlier.

3.52 The Committee is attracted to the idea of providing an outreach service by taking the VVCS to those who need it and identifying those in remote areas who would benefit from the VVCS if they were aware of its existence.

3.53 In its submission, the NAC estimates that at least 37% of all Vietnam veterans live in country areas. In addition:

> ... because of the propensity ... for troubled veterans to withdraw from stressful social contacts, it can be reasonably expected that this group of the veteran population would be more in need of counselling [than their city counterparts].[29]

3.54 The use of volunteers to facilitate this outreach service is a sensible and practical solution.

3.55 The Committee came across many veterans who are presently providing assistance to either the VVCS or other veterans on a voluntary basis. The Committee also met many who would be willing to help the VVCS implement a country outreach program.

3.56 While the Committee supports the use of volunteers in this capacity, there are two points which should be emphasised. The first relates to re-imbursement for expenses incurred by volunteers and the second concerns training and supervision.

3.57 Those volunteers who are presently assisting the VVCS and those who are likely to help implement the outreach program, include a number who are on low incomes. The Committee received evidence from the VVCS Directors of Counselling that:

> The out-of-pocket expenses they [ie. volunteers] incur in the course of this work are only partly reimbursed under present arrangements and some volunteers carry a significant financial burden, mainly in the form of travel expenses, as a result.[30]

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[29] NAC, Op Cit, p 199.
[30] Submission from the VVCS Directors of Counselling, Volume 2 of Submissions, p266.

3.58 The Committee agrees with the Directors that this arrangement is unsatisfactory, and further, could act as a disincentive for veterans to continue to provide voluntary assistance.

3.59 The Committee recommends that appropriate funding arrangements be developed to ensure that Directors of Counselling are able to reimburse volunteers for out-of-pocket expenses incurred when helping the Vietnam Veterans' Counselling Service perform its functions.

3.60 The second point to emphasise is the importance of providing adequate training and practical support to volunteers. The willingness of volunteers to offer to help establish the network and thus the success of the whole outreach program, depends to a large degree on the effectiveness of these elements of the program.

3.61 In his recent statement about the Evatt Royal Commission, the Minister announced that:

> ... the Government has decided to increase VVCS funding to ensure a better service for country veterans and their families ... The VVCS will be able to begin recruitment action designed to add six full time positions to its staff. The aim will be for the extra staff to organise networks in country areas, employing local personnel on a part-time basis and providing up to 1,000 hours of fee for service counselling.[31]

3.62 The Committee is encouraged by this statement and recommends that the country outreach proposals be implemented without further delay.

Improvements to After Hours Services

> Crises don't usually occur between 9am and 5pm on working days - more often they happen in the evenings or on weekends.[32]

3.63 One of the most frequent criticisms made to the Committee about the VVCS is the limited hours of operation of the centres. The NAC in their submission say that experience indicates that it is impractical to provide a 24 hour service at VVCS centres.[33]

3.64 The Committee accepts this assessment. However, when the need for after hours help does arise, it is important that sympathetic and understanding assistance is available immediately.

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[31] Statement by the Minister for Veterans' Affairs in response to the Evatt Royal Commission, p4.
[32] Confidential submission from a veteran.
[33] NAC, Op Cit, p152.

3.65 The Adelaide VVCS centre has established an after hours telephone counselling service. Veterans who telephone the VVCS centre after normal working hours are directed to a community crisis counselling agency, whose counsellors have been educated in the needs and concerns of veterans and their families. The counsellors are also able to arrange for a veteran volunteer to call the veteran in crisis and offer additional support. If, in the opinion of the counsellor, the crisis warrants intervention, a home visit can be arranged.

3.66 The Committee understands that this scheme is currently being modified for trial in New South Wales and Victoria. It is intended that separate networks will be established in each State, and that veterans in crisis will be able to call professional counsellors on a toll free telephone number. Like the Adelaide service, these counsellors will be able to call on a trained veteran volunteer to offer additional support. It may not, however, be possible to arrange suitable intervention in all cases.

3.67 The Committee commends these initiatives and recommends that subject to a positive result in the New South Wales and Victorian pilot projects, toll free after hours telephone counselling services be provided in each State.

4. FUTURE REQUIREMENT FOR COUNSELLING

Anticipated Need for Counselling

4.1 While it is difficult to predict the likely future demand for counselling services, the overwhelming assessment by all who have considered this question is that the demand will not diminish.

4.2 For example:

- the Waterhouse Committee recommended in 1985 that 'the VVCS continue as a separate specialised entity for the foreseeable future';[34]
- the Hogg review recommended in 1987 that 'the Government commits itself to maintaining extending and improving ... the [VVCS] for a period of five years at which time it will be subject to review',[35] and
- the DVA has suggested that 'the Service will be required for a further 10 to 15 years'.[36]

4.3 In addition, the NAC has made two extra points that indicate a continuing need for counselling:

> Based on present day life expectancy statistics Vietnam veterans will be part of the community for another 35-40 years, and will go through the normal life crisis milestones complicated by their war-related problems,[37] and

> For clients with problems arising from a PTSD condition it is known that difficulties can recur at any time during the sufferer's life span.[38]

4.4 The Committee accepts that there is likely to be a continuing demand from veterans and their families for counselling services.

4.5 This will be particularly evident as the VVCS develops its outreach activities and makes contact with veterans who have not received any help since returning from Vietnam.

4.6 An additional demand for counselling may also come from veterans now retiring after having completed their twenty years service period. It was suggested that for many veterans about to be discharged from the Defence Forces, the stresses of readjusting to civilian life may compound or reactivate any health and social problems present as a result of their Vietnam experience.

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[34] Waterhouse, Op Cit, p45.
[35] Hogg, R.D. An Assessment of the Evatt Royal Commission, October 1987, p52.
[36] DVA, Op Cit, pp72-3.
[37] NAC, Op Cit, p147
[38] Ibid.

4.7 While the VVCS will need to remain flexible and responsive to the needs of a changing and, over the years, ageing client group, the Committee agrees with the suggestion by the DVA that the VVCS will be needed for a further 10 to 15 years.

4.8 Accordingly the Committee recommends that the Vietnam Veterans' Counselling Service be continued for a further 10 to 15 years.

No Further Reviews

4.9 The Committee is aware of the disruption and anxiety caused to both staff and clients by the many reviews of the Vietnam Veterans' Counselling Service. With this in mind the Committee also recommends that apart from normal audit requirements, the Vietnam Veterans' Counselling Service not be subject to any further reviews of its operations in the foreseeable future.

5. ANCILLARY SERVICE REQUIREMENTS

Emergency Accommodation and Residential Care

> My husband has been staying at Angus House for three weeks now, not a very long time I admit, but my God, if you could see the change in him ... for the first time in many years I now see hope in his eyes.[39]

5.1 In 1986, a grant of $75 000 was provided to the VVAA under the DVA's Joint Ventures Scheme. This established a pilot emergency accommodation centre in Brisbane in order to test the need for and feasibility of such a project. The centre became known as Angus House.

5.2 Angus House is still in operation and has received widespread support from the veteran community. According to the NAC it has:

> ... successfully met veterans' needs in Queensland for temporary accommodation at times of domestic crisis and when counselling or medical treatment in Brisbane is required.[40]

5.3 The Committee visited Angus House during the Inquiry and discussed the operation of the centre with both veterans and counsellors. In the view of all concerned it is valuable as an emergency accommodation centre and as an adjunct to counselling treatment at the VVCS.

5.4 A further testimony to its success is that it is being used as a model by veterans in other States. The Committee understands that veterans' groups in New South Wales, Victoria, Western Australia and Tasmania have developed similar proposals.

5.5 The value of these projects has been acknowledged recently by the Government. The Minister, in his statement on the Evatt Royal Commission, announced that up to $400 000 will be made available to the ex-services community over the next two years to help establish emergency accommodation centres.

5.6 While the Committee is pleased that the Government has recognised the positive role such centres can play in housing and supporting veterans in need, it is not satisfied with the funding arrangements announced by the Minister.

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[39] Confidential submission from the wife of a veteran.
[40] NAC, Op Cit, p 200.

5.7 It is of concern to the Committee that the Government will be providing only establishment grants when it is clear that these projects will also face recurrent costs. The experience of Angus House is a useful example of the type of problems this approach can produce.

5.8 The money provided under the Joint Ventures Scheme was a once only payment and when that seeding grant was exhausted, the Angus House management committee went through many months of anxiety about the project's future before an alternative source of funding was obtained. Its recurrent costs are now largely met by a grant from the joint Commonwealth and State Supported Accommodation Assistance Program (SAAP).

5.9 Although in the long run Angus House has obtained funding for recurrent costs, it is not, in the Committee's opinion, either responsible policy administration or sound financial management to replicate these uncertainties when planning a project to establish additional accommodation centres.

5.10 It would seem especially unwise to rely on the SAAP to provide recurrent funding for additional centres, not because of any shortcoming in the program, but because of the way in which it operates.

5.11 SAAP is a program that draws together a diverse range of Federal and State initiatives to provide services for homeless people. Individual States and Territories have considerable discretion to determine their own regional priorities and to fund projects that meet those priorities.

5.12 It cannot, therefore, be guaranteed that each State and Territory administration would give the same priority to the continuation of these centres as the Federal Government gave to their establishment.

5.13 The Committee wishes to stress the importance of the provision of accommodation centres for veterans in need and therefore believes that the Government should be totally committed to the establishment and operation of these centres.

5.14 Accordingly the Committee recommends that either:

i) **the Government develop a new unified funding program to disburse funds for both the establishment and recurrent costs of emergency accommodation centres, with a preference for purchase and ownership of residential accommodation; or**

ii) **the Government negotiate with its State and Territory partners in the Supported Accommodation Assistance Program to ensure that there is a consistent approach taken to the funding of recurrent costs for veterans' accommodation centres.**

5.15 Both approaches have the advantage of making the funding process more certain and secure.

5.16 The Committee acknowledges that if the first approach is adopted, the Commonwealth may incur some additional costs that would otherwise be borne by its State and Territory partners. These costs are, however, unlikely to be high as the Commonwealth already provides almost two thirds of SAAP expenditure.[41]

5.17 The second approach requires the agreement of each partner in the SAAP, and may be more difficult to achieve. It is also more complex as it requires the applicant group to negotiate with two separate funding authorities.

5.18 Provided an agreement could be reached between the Commonwealth and the States about consistent assessment and funding procedures throughout Australia, the Committee would support this approach as an alternative, albeit less preferable, solution.

5.19 Angus House has become a model that many veterans are keen to emulate in their own regions. For example, the Central Coast and Hunter Valley Sub-branch of the VVAA has developed a proposal for a 40 unit hostel for veterans and their families on the New South Wales central coast.[42]

5.20 The Committee recommends that Government give serious consideration to helping the Central Coast and Hunter Valley Sub-branch of the Vietnam Veterans' Association of Australia establish their proposed hostel within the terms of either of the funding arrangements recommended above.

5.21 The relationship between the VVCS and accommodation centres will be important to the success of such centres. Staff at the Brisbane VVCS have played a vital role in ensuring the success of Angus House. They have provided support and encouragement and taken an active role in the administration of the centre through their participation on the Administrative Committee responsible for the management of the centre. Staff of the VVCS are also able to provide professional assistance to the caretaker/manager and foster an emotionally supportive environment for veterans at the centre.

5.22 The Committee believes that each of the VVCS centres should take an active role in co-ordinating the establishment and administration of emergency accommodation centres.

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[41] Homes Away from Home, the Report of the National Review of the Supported Accommodation Assistance Program, January 1988, p1.

[42] Submission from the Central Coast and Hunter Valley Sub-branch of the VVAA, Volume 1 of Submissions, pp242-5.

Accommodation Alternatives

5.23 The Committee is aware of the considerable amount of time and money that veterans themselves, particularly those involved in the Queensland Branch of the VVAA, have put into developing this concept.

5.24 It has been suggested to the Committee that other ex-service organisations, such as the Returned Services League, might follow the lead taken by the VVAA and divert some of their own resources to the purchase of properties for use as accommodation centres.

5.25 It has also been suggested to the Committee that the State and Territory housing authorities may have properties that would be suitable for use as accommodation centres and may be willing to provide these to local veteran groups at low cost.

5.26 The Committee feels that this option is worth exploring, and recommends that the National Advisory Committee co-ordinate a survey of State and Territory housing authorities to find out whether they have any properties available that would be appropriate for use as emergency accommodation centres.

5.27 The Committee appreciates that the establishment of emergency accommodation centres is a major undertaking. An alternative and relatively low cost approach to providing this type of accommodation for veterans would be for the VVCS Directors of Counselling to be given the discretion to arrange temporary accommodation for veterans in designated local motels and hotels.

5.28 This type of arrangement may also be a very useful and effective way of giving the wives and children of veterans some respite from the pressures and stresses during times of crisis.

5.29 The Committee recommends that the NAC investigate the possibility of providing emergency accommodation for veterans or their wives and children at designated motels and hotels.

The Repatriation System

5.30 Some submissions have argued that the most important ancillary service that can be provided to Vietnam veterans is fair and adequate compensation for their war related disabilities.

5.31 The Committee is greatly concerned about the apparent level of dissatisfaction within the Vietnam Veteran community about the operation of the Repatriation system.

5.32 During the course of the Inquiry, the Committee came across a widespread feeling that the system is becoming increasingly complex and unnecessarily adversarial. It seemed to be a common perception among Vietnam veterans that 'the system', tries to deny veterans their entitlements rather than ensuring that they receive adequate compensation.

5.33 In the Committee's opinion the Repatriation system should reflect the words of one veteran, who said during the Inquiry:

> Repatriation is a compensatory entitlement, not a welfare benefit.[43]

5.34 Although it is beyond the Committee's current terms of reference to question in detail the nature of the Repatriation system, the Committee is prompted by the depth of feeling within the veteran community to at least report these concerns and make the following suggestions.

Claims and Advocacy Assistance

5.35 For many veterans the complex and adversarial nature of the system is a significant barrier. If they are to overcome this barrier and receive fair and adequate compensation many veterans will need the assistance of those who are familiar with the system and understand its processes.

5.36 The VVCS Directors of Counselling explain this need in their submission:

> Many veterans lack the administrative sophistication to deal with the system. The emotional difficulties and memory and concentration problems of Vietnam veterans suffering service related Post Traumatic Stress Disorder are a particular liability in the claims process, and many valid claims fail or lapse when expert assistance is not provided. Availability of expert advocacy is extremely limited in some areas of Australia, and Vietnam veterans with serious service-related disabilities are disadvantaged as a consequence. Funding should be made available for appropriate advocacy services.[44]

5.37 The claims and advocacy services referred to by the Directors are most often provided by welfare officers from ex-service organisations, although in New South Wales the Legal Aid Office does provide some assistance to veterans. In some States assistance is also provided by volunteer advocates operating with the administrative support of VVCS centres.

5.38 During the course of the Inquiry, the Committee received evidence from both veterans and advocates arguing that there are currently far fewer advocates than are needed to meet the demand among veterans for their services.

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[43] Comment made by a veteran during a public meeting held by the Committee.
[44] VVCS Directors of Counselling, Op Cit, p266.

5.39 The Department recognises both the important role that can be played by community advocates and the inadequacy of current advocacy services. In their supplementary submission the Department said that:

> To help overcome backlogs of |advocacy| work, training has been provided to ex-service and community advocates, and client liaison officers have been provided in all Branch Offices.[45]

5.40 The Committee commends these initiatives.

5.41 The question of claims and advocacy services has recently been addressed by a Monitoring Committee appointed to review the first 12 months' operation of the Veterans' Entitlements Act 1986.

5.42 The two relevant recommendations of the Monitoring Committee are:

1) That the Minister consider granting assistance to ex-service organisations to extend advisory services available to veterans and widows on the making of claims and applications at the primary level, and
2) That the Department establish a Claims Advisory Service to advise and assist members of the ex-service community in the preparation and lodgement of claims and applications.[46]

5.43 The Committee agrees completely with the emphasis the Monitoring Committee places on the importance of improving the quality and success rate of claims and applications at the primary decision making level. If claims and applications are well prepared and accompanied by all available relevant evidence, there should be a higher quality of decision making, fewer appeals and thus less pressure on the already stretched advocacy services.

5.44 In addition to helping veterans prepare and lodge claims, the establishment of a Claims Advisory Service within the Department would help to break down many of the barriers that exist between the Vietnam veteran community and the Department. It would demonstrate to veterans a commitment to fair and adequate compensation for war related disabilities.

5.45 This process would be accelerated if, as suggested by the Monitoring Committee, the Advisory Service operated with an outreach strategy. An ideal component of this strategy would be a program of regular visits to each of the VVCS centres. By visiting VVCS centres the Advisory Service would be able to make contact with and assist many veterans who may not otherwise approach the Department for help.

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[45] DVA Supplementary Submission, Op Cit, p289.
[46] Report of the Veterans' Entitlement Act Monitoring Committee, AGPS, May 1988, p55 and p71.

5.46 To date the Government has only given tentative support to these recommendations of the Monitoring Committee.[47]

5.47 The Committee recommends that the Government act immediately to implement the two recommendations of the Monitoring Committee relating to claims and advocacy, and ensure that the Claims Advisory Service operates with an outreach strategy incorporating regular visits to each Vietnam Veterans' Counselling Service centre.

Employment Services

5.48 Throughout the Inquiry, the Committee heard many stories of discrimination against Vietnam veterans in the workforce and when seeking employment.

5.49 Counsellors at the VVCS have confirmed that they are confronted daily with evidence of the disadvantaged employment status of veterans.

5.50 In some cases it is claimed that veterans are unable to get and keep a job because of the perception by potential employers that all Vietnam veterans are unreliable and aggressive.

5.51 In other cases, however, counsellors admit that:

> ...even moderate levels of stress disorder may render a veteran virtually unemployable or unable to remain in stable employment for normal periods.[48]

5.52 In Perth, Vietnam veterans have developed an employment program that is designed to find jobs both for veterans whose job prospects are hindered by stigmatisation and for veterans who are disabled.

5.53 'Job Link', as the program is known, is staffed by volunteers and is located in the Perth VVCS centre. It operates by contacting employers of all types, such as small businessmen, State and local governments and community groups to suggest that a Vietnam veteran could fill their next vacancy. From the veterans' point of view Job Link is able to take away a lot of the stress associated with applying for a job and obtaining an interview.

5.54 The program has been highly successful. According to figures provided to the Committee, Job Link had placed 148 unemployed veterans in full or part-time work in its nine months of operation as at April 1988, which

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[47] Government Response to the Reports of the VEA Monitoring Committee, August 1988, p16 and p18.

[48] VVCS Directors of Counselling, Op Cit, pp266-7.

represents a saving of at least $680 000 in unemployment and disability pension payments. Currently a further 158 veterans are seeking work through the program.[49]

5.55 This is an impressive record.

5.56 In a meeting with Job Link volunteer workers they said that the program could be significantly improved if funds were made available to advertise the service more widely and if resources were provided to employ a full time co-ordinator.

5.57 Placing veterans in secure employment has many benefits. As well as giving a boost to the self-esteem of veterans, it also represents a considerable financial saving to the Government.

5.58 The Committee recommends that ex-service organisations, the Government and the Vietnam Veterans' Counselling Service encourage the wider development of employment programs such as 'Job Link' and that the Government also consider granting assistance to such programs.

5.59 The Committee also recommends that the Federal Government give priority to the employment, wherever possible, of Vietnam veterans in appropriate Government departments and instrumentalities, bearing in mind relevant employment practices and policies.

Health and Medical Research

5.60 Although there has been substantial research conducted into the problems of American Vietnam veterans, there have been few studies focusing specifically on Australian Vietnam veterans.

5.61 The NAC, the RSL and the VVCS Directors of Counselling all agree that there is a need to establish a pool of research data to assist in the development of counselling skills and treatment methods for Vietnam veterans and their families.

5.62 The Committee supports the need for research in this area and also supports the view expressed by the Waterhouse Committee that the VVCS is in an ideal position to participate and co-ordinate much of the research into the psychological and social problems of veterans.[50]

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[49] Ibid.
[50] Waterhouse, Op Cit, p48.

5.63 Although these research needs have been recognised for some time the VVCS has not, according to the NAC, had the resources available to develop a research program.[51]

5.64 *Substantial concern continues to exist in the Vietnam veteran community* about the effects of Agent Orange and other chemicals used in Vietnam. It is essential that information and research data about the effects of these chemicals continue to be collated as it comes to hand.

5.65 The Committee recommends that an experienced research officer be seconded to the National Office of the Vietnam Veterans' Counselling Service to identify the specific research needs in this field, and to assist the National Director in co-ordinating and conducting this research.

5.66 In addition the Committee recommends that the National Office of the Vietnam Veterans' Counselling Service take a leading role in monitoring the emerging data on the effects of exposure to chemicals in Vietnam.

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[51] NAC, Op Cit, p151.

6. OTHER SUGGESTED CHANGES

Veterans of Other Conflicts

6.1 In its submission, the RSL argues that the VVCS should be available to all veterans and their families, not just those with Vietnam experience.[52] This view was supported by the British Commonwealth Occupation Forces (BCOF) Association and a number of individual veterans.

6.2 Both the RSL and the BCOF Association acknowledge that the VVCS provides help to any veteran who seeks assistance. They argue however that non-Vietnam veterans are discouraged from seeking help by the name of the Service and by the standard question that is asked of all clients: 'Are you a Vietnam veteran?'.

6.3 The name Vietnam Veterans' Counselling Service is becoming established within the veteran community and the Service has built a reputation for providing understanding and professional assistance to all veterans in need. In the Committee's view any moves to remove the word Vietnam from the name of the Service may cause confusion within the veteran community and may jeopardise the reputation of the Service.

6.4 While understanding the sensitivity of these issues the Committee agrees with the NAC that there is still:

> ... a need for a special effort to outreach to Vietnam veterans as a special group.[53]

6.5 Other representations were made concerning a change of name to overcome any reluctance to approach the Service by veterans not wishing to be publicly identified as needing psychological help. Suggestions were made to delete the reference to counselling in the title and to reinforce other supports available such as general information about other veterans, social activities and discussion groups.

6.6 There seems to be general agreement that the name Vietnam Veterans' Centre would overcome the strong therapy orientation and would encourage more general family participation.

6.7 On a visit to Townsville, the Committee was impressed with a local initiative whereby the VVCS was identified externally by an awning which carried the words 'Vietnam Veterans'. This served to identify the Service in a low key and attractive way, as illustrated in the following photograph.

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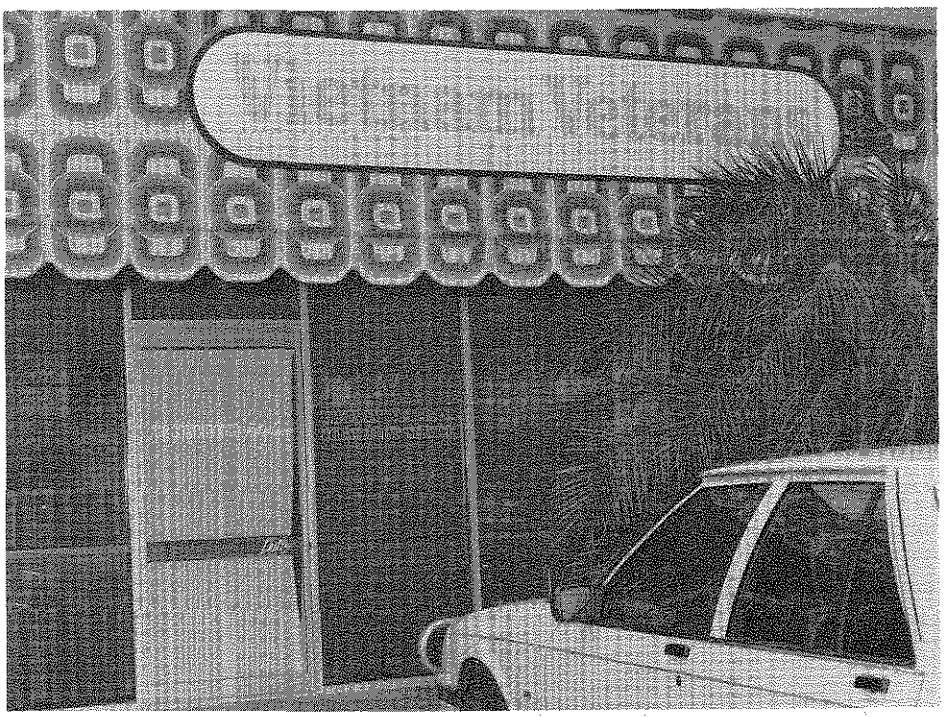
[52] RSL, Op Cit, pp214-5.
[53] NAC, Op Cit, p148.



6.8 For these reasons the Committee recommends that:

i) Vietnam Veterans' Counselling Service centres carry the 'shopfront' name Vietnam Veterans' Centre while continuing to provide assistance to veterans of other conflicts and their families as required; and

ii) the Department of Veterans' Affairs and ex-service organisations representing veterans of other conflicts advise veterans of other conflicts that the services provided by the Vietnam Veterans' Counselling Service are available to them.

Integration with Other Health Services

6.9 The Royal Australia and New Zealand College of Psychiatrists propose in their submission that the VVCS should not continue to develop as a separate entity but rather:

> ... should be incorporated into a broader organisational structure which includes mental health and welfare services that are currently developing expertise in ... [the area of managing post traumatic stress disorders].[54]

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[54] College of Psychiatrists, Op Cit, p255.

6.10 The principal reason advanced by the College for this approach is to ensure that there is a free flow of information and expertise between the VCCS and similar organisations in the community, (for example, groups established to help the victims of natural disasters, violent assault and motor vehicle accidents).

6.11 As noted above, it is important that the community continues to make a special effort to help Vietnam veterans and their families as a unique group. The Committee does not support the notion that the VVCS be incorporated formally with other service providers.

6.12 There is considerable merit in trying to ensure that the knowledge and expertise developed by the VVCS is shared amongst other groups dealing with people suffering the aftermath of traumatic stress.

6.13 The Committee is confident that the development by the VVCS of a comprehensive research program would ensure that this goal is met. It will also raise the profile of the VVCS within the professional community and encourage a greater exchange of information and experience between the Service and other medical, counselling, community service and welfare organisations.

6.14 It is recommended that through the development of a more comprehensive data base and more extensive research capacities, the VVCS make the results of statistical and other analyses available to other government and non-government organisations with a view to increasing knowledge and expertise particularly in the area of Post Traumatic Stress Disorders.

7. STAFFING RESOURCES FOR COUNSELLING

7.1 This Chapter reviews the resource implications of the recommendations made elsewhere in the Report and considers some general staffing issues.

Country Area Services - Outreach Network

7.2 As mentioned in Chapter Three, the Committee welcomes the Minister's recent announcement that six additional full time positions will be created to ensure a better service for veterans in country areas.

7.3 While the Committee considers that six additional staff will enable the initial country outreach networks proposed by the NAC to be established it is not convinced that once these networks are in place the counselling services will be able to cope with the extra demand that could be generated.

7.4 It is worth recalling the NAC's estimate that 37% of all Vietnam veterans live in country areas and that this group of veterans can be expected to be more in need of counselling than others.[55]

7.5 Even acknowledging that some of the demand for counselling generated in this group of veterans may be met by local counsellors on a fee for service basis, there is still potential for considerable demands to be placed on the existing resources of the VVCS.

7.6 The Committee accepts that it is difficult at this stage to estimate additional client numbers and notes that the Minister in his statement said that:

> ... to provide a basis for Government decisions on the level of assistance in future years, the use of VVCS services will be closely monitored.[56]

7.7 The Committee recommends that the National Advisory Committee monitor the use made of the Vietnam Veterans' Counselling Service following the implementation of the outreach program with a view to advising the Minister of the needs for extra staff as they arise.

Country Area Services - Regional VVCS Centres

7.8 In Chapter Three the Committee recommended that a regional VVCS centre be established in Albury-Wodonga and that centres also be established in any other areas where the NAC is able to demonstrate that there is sufficient need.

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[55] NAC, Op Cit, p199.
[56] Ministerial Statement, Op Cit, p4.

7.9 As outlined earlier, the Committee believes that the experience of the VVCS centre in Townsville shows that at least three staff members are needed to run a centre in a country region, comprising a Director of Counselling, a counsellor and a receptionist.

7.10 The establishment of additional VVCS centres would involve additional costs for the VVCS. As well as the cost of extra staff, resources would have to be made available to meet rent, travel and various office administration costs.

7.11 In its submission the Department notes that the total estimated cost of the VVCS for 1987/88 is $1.9 million and that excluding salaries, the total cost is approximately $795 000. Dividing this cost on a pro rata basis between the nine existing centres produces an estimated total cost per centre of $88 333.

7.12 In the view of the Committee the establishment of regional VVCS centres in areas that are presently not served, or are served inadequately, by metropolitan based centres can be accommodated by a small shift in priorities within the present Departmental budget.

Other Services

7.13 It was suggested that it may benefit the VVCS if each centre had a project officer to help counsellors with the administrative arrangements needed to organise group counselling sessions and to develop other counselling supports and initiatives, including data collection and research.

7.14 One counsellor said she had been unable to organise a necessary group counselling program. This was because she was so busy with other counselling work she could not contact people who may have been interested in the program to organise suitable meeting times. If a project officer had been available to help the counsellor with these administrative arrangements, the program may have gone ahead.

7.15 The Committee agrees that project officers could perform a valuable role in helping counsellors arrange counselling programs and other centre activities. Project officers could also take an active role in liaising with ex-service organisations and supporting the development of accommodation centres and employment agencies.

7.16 The Committee recommends that a project officer position be created at each Vietnam Veterans' Counselling Service centre to assist counsellors in their duties and help in the provision of ancillary services to the veteran community.

National Office Staff

7.17 The National Office of the VVCS currently operates with two full time staff, namely the National Director and an Executive Officer. These resources are supplemented on a part time basis by a counsellor from the VVCS centre in Sydney who acts as a project officer one day per week.

7.18 The present arrangement of staffing the project officer position with a counsellor from the Sydney VVCS centre is not satisfactory. The arrangement limits the commitment that the National Office is able to give to policy and project development while at the same time restricting the resources available to the Sydney VVCS.

7.19 The present and future need for a full time project officer is heightened by the need to co-ordinate and supervise the country outreach program and develop the other services recommended in this Report.

7.20 Accordingly, the Committee recommends that the position of project officer in the National Office be filled on a full time basis and that the part time resources presently devoted to this position be restored to the staffing allocation of the Sydney VVCS centre.

7.21 As noted in Chapter Five, the National Office has been unable to adequately develop a research program with its limited resources. For this purpose, the Committee has also recommended that an additional staff member be appointed to the National Office to help the National Director identify research needs and initiate a research program.

7.22 The appointment of project and research officers to the National Office staff and the appointment of project officers to each centre will create extra management and administrative responsibilities for the National Director. **The Committee therefore recommends that an Administrative Services Officer be appointed to the National Office to provide administrative, clerical and stenographic assistance to the Office.**

7.23 These extra staff positions would produce the following National Office profile:

National Director
Research Officer
Project Officer
Executive Officer
Administrative Services Officer.

Review of Staffing and Activities

7.24 According to the Review of Staffing and Activities of the VVCS:

> ...to provide the minimum level of direct counselling service and develop outreach and self help activities, a staffing of 41 is required.[57]

7.25 This figure included creation of:

> ... two positions of counsellor ... at the National Office outposted one to each of two centres for periods of 3-6 months to facilitate the development of volunteer training and country outreach programs.[58]

7.26 This limited country outreach proposal has been superseded by the Minister's announcement that six additional staff will be recruited for this purpose.

7.27 The minimum level of staffing in the opinion of the Review - apart from country outreach requirements - is therefore 39 (ie: 41 discounted by the 2 proposed outreach development counsellors)

7.28 As noted earlier, the VVCS has been operating with a staffing level of 35.2, resulting in inadequate provision of services.

7.29 The Committee supports the recommendation that the base staffing level of the VVCS be increased from 35.2 to 39 as proposed by the Review. However, for the provision of the comprehensive services referred to earlier in this Chapter, the Committee recommends that a staff complement of 60 is required, as detailed in the following table:

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[57] Review of Staffing, Op Cit, p26.
[58] Ibid, p32.

VVCS Staff Profile[59]

CENTRE	DIRECTORS OF COUNSELLING	COUNSELLORS	PROJECT OFFICERS	RECEPTIONISTS	TOTAL STAFF
Sydney	1	3	1	1	6
Melbourne	1	3	1	1	6
Brisbane	1	3	1	1	6
Townsville	1	1	1	1	4
Albury-Wodonga	1	1	1	1	4
Adelaide	1	2.5	1	1	5.5
Darwin	1	1	1	1	4
Perth	1	2	1	1	5
Hobart	1	1.5	1	1	4.5
Canberra	1	1	1	1	4
National Office					5
Country Outreach					6
TOTAL	10	19	10	10	60

Composition of Staff

7.30 A number of veterans raised the question of professionally qualified Vietnam veterans on the staff of the VVCS. Many veterans said that they prefer talking to a fellow veteran as they have had similar experiences. On the other hand, a number of veterans have said they have difficulty confiding in another veteran.

7.31 It was also noticeable that while some veterans preferred speaking to male counsellors others felt more comfortable with female counsellors. The importance of women counsellors was also stressed by the wives of veterans who in many cases encouraged their husbands to visit the VVCS after an initial rapport had been established on their behalf.

7.32 The type of counsellor preferred by veterans seems to be a matter of individual choice and it is desirable that the VVCS is able to offer clients the services of veteran, non-veteran, male or female counsellors.

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[59] This table is based on Table 5 on p27 of the Review of Staffing.

7.33 The Committee recommends that, consistent with requirements of equal opportunity employment, the National Director consider the desirability of providing a mix of counsellors at each VVCS centre.

Staff Recruitment

7.34 During discussions the Committee had with the Directors of Counselling comments were made about difficulties experienced when recruiting staff. It seems that there are limited numbers of appropriately qualified people who specifically wish to work in this field.

7.35 It has been proposed that study assistance for Vietnam veterans interested in attaining professional qualifications in either psychology or social work would lead to an increased pool of available counsellors or support workers.

7.36 During the Inquiry the Committee came across a number of veterans who are presently engaged in social work studies and others who have accumulated considerable informal counselling expertise through their voluntary work with ex-service organisations or the VVCS.

7.37 These veterans may, if a scholarship scheme were available, be interested in completing formal studies with the aim of giving the VVCS 12 or 18 months service on graduation, with the option of permanent employment if a position was available.

7.38 The Committee recommends that a scholarship scheme for veterans wishing to attain formal qualifications in either psychology or social work be developed.

7.39 The Committee is aware that the current economic environment requires policies of restraint in resource allocations.

7.40 The Committee is confident, however, that the modest staffing increases recommended in this Report can be met from existing Departmental and other Government resources.

7.41 In particular, the Committee believes that staff with qualifications and experience are available for non-counselling tasks such as research, project work, employment placement schemes (such as Job Link) and public contact duties.

7.42 With this in mind the Committee recommends that as far as possible, the additional resources proposed for the VVCS be provided from existing staff allocations to the Department of Veterans' Affairs and other Government agencies.

8. FUTURE GOALS AND DIRECTIONS

8.1 The Committee believes that Vietnam veterans and their families will have a continuing need for counselling and that the VVCS should continue to provide this counselling (see recommendations at paragraphs 4.8 and 4.9).

8.2 The Committee also believes that the VVCS should improve and expand its services to enable it to fulfil its existing charter. For example, it should improve its services to veterans and their families living in country areas by establishing an outreach network of volunteers; using the facilities of the Royal Flying Doctor Service to revitalise the country visits program; and establishing VVCS centres in those regional areas where sufficient need can be demonstrated (see recommendations at paragraphs 3.39, 3.48, 3.59 and 3.62).

8.3 The VVCS should also improve its ability to help veterans or families in crisis by implementing toll free telephone counselling services in each State and Territory (see recommendation at paragraph 3.67).

8.4 The Committee considers that, in addition to providing counselling services, the VVCS is ideally placed to involve itself in providing other services to Vietnam veterans and their families.

8.5 For example, each VVCS centre should take an active role in co-ordinating the establishment of emergency accommodation centres in their regions. Once established, the VVCS should also take an active role in the operation of the centres to ensure that they provide an emotionally supportive environment for veterans (see paragraphs 5.21 and 5.22 and recommendations at paragraphs 5.14, 5.20, 5.26 and 5.29).

8.6 In addition, the VVCS should encourage and support the development of initiatives like the Perth 'Job Link' agency (see recommendations at paragraphs 5.58 and 5.59).

8.7 It seems to the Committee that there are three prerequisites for the VVCS to effectively provide these counselling and other services:

- the VVCS must have an efficient administrative structure that will allow it to develop and implement initiatives, and to respond in an effective and timely way to veterans' needs;
- the VVCS must have sufficient staff and administrative resources with which to perform its functions, and
- veterans and their families must be aware of the existence of the VVCS and the services it offers.

8.8 In the opinion of the Committee, the most efficient administrative structure for the VVCS involves legislative recognition of the roles and functions of the VVCS and the NAC and the establishment of the VVCS as a statutory office within the Department of Veterans' Affairs (see recommendation at paragraph 3.21).

8.9 The implementation of the Committee's proposed staffing profile, which incorporates the six additional positions announced by the Minister; three staff for the recommended regional centre in Albury-Wodonga; one project officer for each VVCS centre; and three additional positions for the National Office will, in the opinion of the Committee, provide the VVCS with sufficient resources with which to perform its functions (see recommendations at paragraphs 3.62, 5.65, 7.16, 7.20, 7.22 and 7.29).

8.10 Finally, the VVCS should attempt to raise its profile within the veteran community and in appropriate professional circles. (see paragraph 6.14).

8.11 The Committee believes that the VVCS has provided a professional and effective counselling service.

8.12 The VVCS has, however, operated under the constraints of limited staffing and financial resources and has been unable to meet all of its objectives. With the additional resources recommended in this Report the VVCS will be able to provide a full range of services appropriate to the needs of Vietnam veterans.

Conclusion

8.13 In conclusion, the Committee would like to thank the many veterans and family members who made personal submissions and who attended informal meetings at various centres.

8.14 Many of the personal discussions were intense and distressing. However, they gave the Committee the opportunity to experience at first hand the depth of concern and feeling which exists.

8.15 Above all, the Committee acknowledges that the Vietnam veterans and their families are in need of support but primarily want to help themselves. The Committee believes that the adoption of its report will greatly assist this process and looks to the Government to respond positively.

NEIL O'KEEFE, MP
CHAIRMAN

20 October 1988

APPENDIX 1

INFORMAL DISCUSSIONS AND PUBLIC MEETINGS HELD BY THE COMMITTEE

Venue	Date	Participants
Canberra	24 Feb 1988	Representatives of the Repatriation Commission and the DVA
Adelaide	8 Apr 1988	VVCS counsellors, veterans and their families
Canberra	20 Apr 1988	VVCS Directors of Counselling
Albury	6 May 1988	Veterans and their families
Sydney	13 May 1988	VVCS counsellors, veterans and their families
Melbourne	31 May 1988	VVCS counsellors, veterans and their families
Hobart	10 Jun 1988	VVCS counsellors, veterans and their families
Perth	5 Jul 1988	VVCS counsellors, veterans and their families
Brisbane	25 Jul 1988	VVCS counsellors, veterans and their families
Townsville	26 Jul 1988	VVCS counsellors, veterans and their families
Canberra	2 Aug 1988	VVCS counsellors, veterans and their families
Darwin	5 Sep 1988	VVCS counsellors, veterans and their families

APPENDIX 2

LIST OF HEARINGS AND WITNESSES

Wednesday, 11 May 1988

Vietnam Veterans' Association of Australia	Mr T H McCombe
Returned Services League of Australia	Mr I J Gollings
National Advisory Committee on the Vietnam Veterans' Counselling Service	Major-General W B James Dr R T Anderson Mr I J Gollings Mr R P Marshall Mr T H McCombe Dr B I O'Toole
Department of Veterans' Affairs	Mr A G Kerr Mr N Trabinger Mr T Healey Mr R P Marshall

Thursday, 12 May 1988

Vietnam Veterans' Association of Australia, Central Coast and Hunter Valley Sub-Branch	Mr K Bott Mr A E Eaves Mr G G Reeds Mr R H Tickner
Family Therapy Institute of Australia	Mr R J Perry

Friday, 10 June 1988

Mr K G Gregson

Mr J L Young

Tuesday, 2 August 1988

Australian Defence Force	Brigadier G J Maynard
Royal Australian and New Zealand College of Psychiatrists	Dr A C McFarlane

Tuesday, 16 August 1988

Department of Veterans' Affairs	Mr N J Tanzer Mr A W Ashford Mr R P Marshall

Wednesday, 17 August 1988

Major-General A L Morrison