



RSL AUSTRALIA

ROYAL COMMISSION INTO DEFENCE AND VETERAN SUICIDE

INTERIM SUBMISSION
BY
Returned & Services League Australia
June 2022

FOREWORD

RSL Australia welcomes the ongoing Royal Commission into Defence and Veteran Suicide and is continuing to provide the Inquiry with our full commitment and support. RSL Australia has seen wide-ranging interest, consideration, reflection, and personal input by our members, and unanimous support from the leadership of our State and Territory Branches. There is a clear desire for unified change.

The first four public Hearing Blocks of the Royal Commission have been completed, with the Commissioners pursuing broad and comprehensive lines of inquiry. RSL Australia notes that the Commission has explored the systemic issues, risks, and opportunities to better support our nation's military and their families, past and present. Many of these issues have concentrated on younger or contemporary veteran and their families, particularly in relation to a veteran's transition from the ADF.

In drafting this Interim Submission, RSL Australia also focussed on these matters and initiatives the RSL has taken or is supporting to address them. Having noted the priority afforded to these matters, RSL Australia notes that the older cohorts and their families must also be considered.

The significance of lived experience testimony to the conduct of the Royal Commission cannot be overestimated. It is a solemn reminder of the real-world impact of mental health and suicide on Defence members, veterans and their families, and the importance of the Royal Commission achieving its aims of reducing or eliminating Defence member and veterans' lives lost to suicide.

Chair of the Royal Commission, Commissioner Nick Kaldas, has announced that the Commonwealth Attorney General approved an extra 12 months for the Royal Commission to present its Final Report. It is now due on 17 June 2024, while the Interim Report is due on 11 August 2022. The Interim Report will focus on urgent issues that can be addressed immediately. Further urgent recommendations may be made before the publication of the Final Report.

The RSL Submission builds on the evidence examined in Public Hearings by the Royal Commission and its Stakeholder Reference Group thus far and seeks to inform the recommendations of the Interim Report. It contains both recommendations that could be implemented immediately, and others with a view to the long-term. It is not designed as a comprehensive overview of all the issues facing Defence members, veterans, and their families.

For more than a hundred years, RSL Australia has provided a support network, services and an organisation of camaraderie and recognition for current and ex-serving members. Australia's veteran profile is changing, and the services, support and approach offered by the RSL also need to evolve to meet those changing needs.

Some of the key current initiatives being pursued by the RSL include implementing the RSL Australia Mental Health Initiative in partnership with Open Arms, developing a Catalogue of Services application, which will help connect Veterans and their families with local services and helping to expand the nationwide network of Veterans Wellbeing Centres.

The RSL acknowledges it must continue to listen and seek insights from veterans, Defence personnel, and their families to better understand their needs, and the role RSL can play in supporting them.

The RSL is committed to working with government, the ESO sector and veterans to coordinate the response needed to minimise risk of suicide and maximise the wellbeing of Australia's Defence member and veteran community.

Greg Melick

National President

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List of Recommendations

Legislative reform

1. Implement Recommendation 19.1 of the Productivity Commission report, allowing for two schemes for veteran support
2. Amend DRCA to ensure that appeals for claims made under the DRCA can be heard at the Veterans Review Board (VRB)
3. Allow Veterans and advocates to lodge applications for appeals to the VRB directly
4. Implement Recommendation 14.10 of the Productivity Commission report, aligning payments for funeral expenses between the VEA and MRCA
5. Investigate opportunities to harmonise and streamline processes between the MRCA and DRCA, including in the use of Statements of Principles, the use of the Guide to the Assessment of Rates of Veterans' Pensions, and Incapacity Benefits
6. Implement Recommendation 8.4 of the Productivity Commission report, adopting the reasonable hypothesis standard of proof for all initial liability claims
7. Extend Non-Liability Health Care (NLHC) entitlements to all Reservists on completion of enlistment

Funding models for ESOs and systemic ESO arrangements

8. The Federal Government should provide guaranteed and sustainable needs-based funding to ex-service organisations
9. Create a legislative administrative instrument to establish a national framework for the accreditation, cooperation, and resourcing of ESOs
10. Provide additional support to ESOs to facilitate community connection for veterans in transition

Claims processing reform

11. DVA staff be required to apply beneficial legislation beneficially and consistently
12. DVA amend its rules to allow a psychologist's report to be accepted by way of diagnosis for complex matters
13. DVA should Develop Tiger Teams to identify 'decision ready claims'
14. The Concierge approach suggested by McKinsey & Co. should be facilitated by ESOs
15. The Veterans Review Board be encouraged to apply beneficial legislation beneficially and consistently
16. Where a veteran has appointed an advocate, then all communications must be directed via the advocate
17. Where an organisation is nominated as the authorised third party, that authorisation covers the advocates employed by the organisation who act as the organisation's agent
18. DVA should accept a third-party authorisation in place until it expires or is revoked by the veteran
19. DVA amend its telephone communications to implement an improved verification process
20. The new Government extend the Provisional Access to Medical Treatment (PAMT) program indefinitely

Advocates, advocacy and the ATDP

21. DVA funds advocates' training and service provision
22. The governance and policy direction of veteran advocacy be chiefly determined by the peak ESO/VSOs that deliver advocacy services, particularly in the training,

accreditation/currency and recruiting/retention of advocates - Consideration could also be given to accrediting ESOs at the service level.

23. DVA should ensure the standard of service provided by advocates, potentially using data
24. DVA should commit to improving communications between DVA, ATDP, ESOs and advocates
25. DVA should facilitate ESO collaboration on advocacy to ensure needs-based service provision
26. DVA must consider improvements to the ATDP system

Service Navigation and Referral support

27. The Federal Government continues to expand the national network of Veterans Wellbeing Centres
28. DVA and Defence encourage all high-value ESOs to engage with the Catalogue of Services, and provide funding to support the sustainability of the application
29. DVA and Defence provide funding and support to expand the 1300 MILVET and Veterans Central model to all States and Territories

Reform of DVA Consultation

30. DVA release the results of its review into the National Consultative Framework
31. DVA implement Recommendations 11.4 and 12.7 of the Productivity Commission Report, including the creation of a Ministerial Advisory Council

The Royal Commission, mental health, and suicide prevention

1. The RSL endorses the holistic wellbeing approach outlined by the Australian Institute of Health and Wellbeing and being taken by its State Branches. In the same vein, the RSL understands the multifaceted nature of suicidality. Therefore, the RSL is dedicated to a lifetime wellbeing approach for its members, veterans, and their families.
2. As part of its commitment to engaging with the Royal Commission into Defence and Veteran Suicide, and improving the mental health of veterans and their families, the RSL will continue to:
 - Work closely with the Royal Commission into Defence and Veteran Suicide and be a strong voice to Government to ensure its recommendations are delivered
 - Ensure veterans and their families are fully aware of the services provided by DVA, and other services available to them
 - Support all organisations that support/facilitate social connection for veterans and their families
 - Facilitate the connection to peers and new community connections that are so important to mental health, especially during the transition phase¹ - this is the 'mateship and camaraderie' element that forms the core of what the RSL does in communities across the country
3. Current RSL programs to address the issues discussed during the Royal Commission, either directly or indirectly, include:

Veterans Wellbeing Centres

- The RSL is delivering and coordinating the majority of these centres around the country, focusing on health and wellbeing and being a safe and welcoming place for veterans and their families. They connect veterans and their families to a range of services that include support for transition, employment, health, and social connection.
- There are 6 existing centres, but the RSL is ready and has plans to support the expansion into additional communities nationwide.

RSL Australia Mental Health Awareness Program

- RSL Australia has introduced a nationwide awareness program to help veterans and their families understand mental health issues and risks, in conjunction with Open Arms

Catalogue of Services:

- The RSL, in partnership with veteran-owned and run social enterprise, Servulink will be leading other ESOs to provide service navigation at the app level through its Catalogue of Services
- This will function as a national Digital Services Catalogue, providing veterans and their families with easily accessible, geolocated information about what services and support are available, where and when they seek them
- This aligns with Recommendation 8.4 of the *Preliminary Interim Report* of Dr Bernadette Boss, Interim National Commissioner for Defence and Veteran Suicide Prevention

¹ Department of Veterans' Affairs, *Transition Taskforce" Improving the Transition Experience*, 2018, pg. 7

RSL Australia Veteran Employment Program:

- RSL Australia has launched the RSL Australia national employment program for Veterans across Australia who are seeking employment
- The program provides the opportunity to enhance an individual's resume, educates on techniques to improve competitiveness in the job market and provides skills for further employment.

RSL Australia 'Active' Sport and Recreational Program

- RSL Australia has launched a nation-wide sport and recreational program - RSL Australia Active
- This program aims to provide a coordinated range of sports and recreational activities of interest to Veterans to support the Veteran community post-separation.

Legislative reform and DVA policy

Veterans' legislation regime

4. While the ideal operational model would be one Act covering all veterans, the structure, and features of the *Veterans Entitlement Act 1986* (VEA) are such that it would be difficult to incorporate many of the VEA entitlements into an Act structured along the lines of the *Military Rehabilitation and Compensation Act 2004* (MRCA), without serious impact on existing VEA benefits, such as those surrounding service pensions.
5. The RSL supports Recommendation 19.1 of the Productivity Commission's *A Better Way to Support Veterans* (2019) report regarding the amalgamation/ harmonisation of the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA) and MRCA, while grandfathering the provisions of the VEA.

Minor legislative amendments

6. There are several minor amendments to veterans' entitlements legislation that could have immediate benefits for the mental health of veterans and their families. The first of these is to ensure that appeals for claims made under the DRCA can be heard at the Veterans Review Board (VRB). Currently, there are no appeal rights to the Veterans Review Board (VRB) for claims made under the DRCA, meaning that any appeal under the DRCA must go straight to the Administrative Affairs Tribunal (AAT).
7. With a small amendment to the DRCA, appeals for claims under the DRCA could align with those appeal rights under VEA and MRCA. This streamlines and simplifies the appeals system, with the VRB being able to make determinations under all three Acts, while also providing veterans access to the less adversarial, less stressful VRB process. This aligns with Recommendation 10.2 of the Productivity Commission Report.
8. Veterans should be allowed to lodge applications for appeals to the VRB directly. Currently, appeals to the VRB made under both the VEA and MRCA must first be lodged with DVA. Once an application is received, pursuant to section 137 of the VEA, DVA commences compiling relevant documents, referred to as the 'section 137 report'.
9. The legislation allows 6 weeks for DVA to prepare this material. There may also be a further 4 weeks after the report has been prepared before it is forwarded to the VRB for commencement of VRB review. On average, the VRB have reported they are receiving section 137 reports from DVA more than ten weeks after an application for VRB review has been lodged, which is outside the legislated allowable timeline.
10. There is potential for the application process to be streamlined and become more visible through the suggested legislative reform. The ability of an applicant to lodge an application directly with the VRB would mean the VRB would become aware of the intent to appeal and hence be able to manage administrative tasks such as registering and acknowledging as well as handling claimant queries and follow up with DVA. It would mean that a veteran's application for VRB review would be visible to them immediately, rather than the current 10-week period that the VRB is required to wait.
11. In addition, this potential streamlining reform could enable resources within DVA to focus

on high quality and timely S137 report preparation, rather than the administrative tasks associated with accepting and acknowledging applications for VRB review. At the present time this administrative task is effectively done twice: once by DVA and then again by the VRB once the documents are forwarded. The ability of a veteran to lodge an application for VRB review *directly* with the VRB would remove this unnecessary duplication.

12. Additionally, aligning payments for funeral expenses between the VEA and MRCA should be considered. Currently, the maximum funeral benefit allowable under the VEA is \$2000, while under the MRCA it is \$12,603.88. This disparity between veterans of the two schemes makes little sense and places a greater financial and mental burden on older war widows. Aligning funeral benefits reflects Recommendation 14.10 of the Productivity Report.

Harmonisation and streamlining of processes

13. Some of the similarities between the MRCA and DRCA present opportunities for harmonisation between the two, as outlined at recommendation 13.1 of the Productivity Commission Report. These include:
 - The use of Statements of Principles (SoPs) for both Acts:
 - They should operate and be applied in a prima facie manner and not be used as a hard barrier to preclude a veteran from obtaining compensation for service injuries
 - If a veteran's condition satisfies the SoP factors, then DVA should be satisfied that liability has been met
 - However, a failure to meet the prescriptive standards of the SoPs should not mean that the veteran is denied compensation, if they can present alternative evidence that the condition should be considered as service related
 - Using the Guide to the Assessment of Rates of Veterans' Pensions ([GARP](#)) for both Acts, rather than the Assessment of the Degree of Permanent Impairment for DRCA
 - Ensuring Incapacity Benefits for both MRCA and DRCA are the same

Common Standards of Proof

14. Currently DVA operates under two differing standards of proof for denying liability:
 - The balance of probabilities for peacetime injuries and conditions
 - The reasonable hypothesis standard for war-like and non-warlike service
15. Lump sum compensation payable under the latter standard is higher. This serves to create an inequitable position where a veteran injured while undergoing pre-deployment training will receive less compensation than if the same injury was suffered on deployment.
16. The reasonable hypothesis standard should be adopted for all initial liability claims to ensure that all veterans receive fair and equitable compensation for service injuries. This is in line with Recommendation 8.4 from the Productivity Commission report.

Reservists and Non-Liability Health Care

17. Non-Liability Health Care (NLHC) entitlement should be extended so that all Reservists, on completion of the enlistment process, are entitled to receive treatment for any mental health conditions from which they are suffering. This effectively extends the existing entitlements and removes the current requirement for veterans to have at least one day of continuous full-time service (CFTS) to qualify for NLHC.
18. A Reservist may claim compensation for service-related injury or illness as soon as he/she signs up regardless of what else he may or may not have done. It is a contradiction that a part-time Reservist may claim compensation and associated benefits but is not entitled to the demonstrated benefits of prompt and seamless access to mental health care. Not having been designated as having full-time service (or being involved in the services identified in legislative instruments) should not bar a reservist from receiving mental health care through DVA.
19. Apart from the conditions of their service, there can be additional pressures on Reservists who give up their family and social time to serve. They have issues sometimes with non-supportive employers or at least their direct report managers. They normally must maintain their fitness in their own time, unpaid. Army reservists must meet the six components of the AIRN and have an option to sign a statement to say they are available to be deployed each year.
20. The 2020-2021 DVA Annual report records 103,100 living Reservists as of 30 June 2021 who have neither continuous full-time service nor qualifying service. That is, this initiative if accepted, could benefit potentially 103,100 people who have serviced with the ADF².
21. The RSL is working with the Defence Reserves Association and the Defence Force Welfare Association to achieve reform on this issue.

Suggested recommendations

1. Implement Recommendation 19.1 of the Productivity Commission report, allowing for two schemes for veteran support
2. Amend DRCA to ensure that appeals for claims made under the DRCA can be heard at the Veterans Review Board (VRB)
3. Allow Veterans and advocates to lodge applications for appeals to the VRB directly
4. Implement Recommendation 14.10 of the Productivity Commission report, aligning payments for funeral expenses between the VEA and MRCA
5. Investigate opportunities to harmonise and streamline processes between the MRCA and DRCA, including in the use of Statements of Principles, the use of the Guide to the Assessment of Rates of Veterans' Pensions, and Incapacity Benefits
6. Implement Recommendation 8.4 of the Productivity Commission report, adopting the reasonable hypothesis standard of proof for all initial liability claims
7. Extend Non-Liability Health Care (NLHC) entitlements to all Reservists on completion of enlistment

² DVA Annual Report 2020-21 Appendix A Table A2

Funding models for ESOs and systemic ESO arrangements

ESOs as charities, not Government service providers

22. Many of the services that will be discussed in this paper or examined so far through the Royal Commission process should not necessarily be being offered by charities like ESOs. Gaps in the Government's provision of services mean that ESOs have stepped in. There must be realistic expectations about what ESOs, including the RSL, can realistically do under the current model.

Long-term, sustainable, needs-based funding

23. The current funding arrangements for ESOs rely on government grants, programs, and public fund-raising efforts. This model, although suitable in the past, carries with it systemic weaknesses and issues in sustaining the sector.
24. The Federal Government should provide guaranteed and sustainable needs-based funding to ex-service organisations (ESOs). This would allow ESOs to operate with a view to longer-term, research-based, and innovative projects and programs that address deep-rooted issues and risk factors for suicidality, while promoting lifetime wellbeing for veterans and their families. This funding should be tied to service provision.
25. To facilitate the reporting requirements of such funding, consideration should be given to improving the technological capability and support provided to ESOs at the grassroots level.

ESO framework and accreditation

26. DVA needs to provide the appropriate legislative and systemic framework to allow the ESO community to flourish. A legislative administrative instrument to create a national framework for the accreditation, cooperation, and resourcing of ESOs should be considered as part of any legislative or policy change.
27. A model that could be considered is a self-administration model used in other community or not-for-profit organisations, where services are offered in close coordination with the related governing body within government. Whatever model is chosen, it must be clear that the veteran is at the centre.

Community integration and transition

28. There needs to be appropriate community support for veterans as they leave service. Transition is one of the tension points in the journey of suicidality for veterans. Community integration is a key area of operation for ESOs, and particularly for the RSL.
29. There is no Government body that can help a veteran and their family integrate into the community the same way the RSL can. This provides a point of difference between ESOs and what Government and Defence can provide. Providing additional support for ESOs to be present during transition should be considered.

Considerations for changing funding models

30. Some issues that must be explored when considering changing funding models include:

- What are the core service delivery points required of ESOs nationwide?
- What does the accreditation model look like for ESOs? Is this something that is accredited through Government, or perhaps through a Peak Body?
- What is the ESOs' ability to scale delivery and ensure rigour and quality control if more funding is provided?
- Why are ESOs better positioned to understand and address these needs with funding (recruitment/capacity availability/challenges government faces could be a starting point)?

ESO Peak Body

31. The RSL believes that this is not a key priority at this stage but is an issue that is worth addressing in future. There needs to be a clear definition of what a 'Peak Body' is to properly understand what it will look like, who it will cover, who will be involved, and what its role is.
32. If properly implemented, a potential 'Peak Body' for the ESO Veteran Community would help to tidy up the sector. This could ensure the most effective use of donated money for veterans and their families and mitigate the duplication of services among ESOs.

Suggested recommendations

8. The Federal Government should provide guaranteed and sustainable needs-based funding to ex-service organisations
9. Create a legislative administrative instrument to establish a national framework for the accreditation, cooperation, and resourcing of ESOs
10. Provide additional support to ESOs to facilitate community connection for veterans in transition

Claims processing reform

33. The RSL would like to acknowledge that many DVA staff work to ensure the best outcomes for veterans and their families, and work in less-than-ideal conditions in less-than-ideal systemic arrangements. The below recommendations are not targeted at DVA staff, but at the systems and processes that make their jobs more challenging.
34. The RSL recently engaged with DVA on the issue of practical and immediate changes that could be made to DVA's claims processing processes, in the form of a brief sent to Secretary DVA Liz Cosson. Issues with the process are well documented and have been outlined consistently during the public hearings of the Royal Commission. The 'Quick Fixes' solutions suggested by the RSL are outlined below:

Suggested recommendations

Claims Processing:

11. DVA staff be required to apply beneficial legislation beneficially and consistently:
 - While some, or even the majority of DVA staff pursue this, DVA Delegates should be directed to accept claims and their supporting documents on face value, rather than query them more than necessary to ensure probity of the claims process.
 - This would reflect the relatively low levels of fraudulent claims made to DVA³.
12. DVA amend its rules to allow a psychologist's report to be accepted by way of diagnosis for complex matters:
 - DVA insist on a report from a psychiatrist when assessing even basic mental health claims. Veterans can experience lengthy delays when seeking psychiatrist appointments. Many psychiatrists are also unwilling to complete DVA paperwork.
 - This policy is inconsistent with the approach taken by Australian courts, who routinely accept a mental health diagnosis by a clinical psychologist.
 - Where a veteran has a longstanding relationship with their GP, DVA should accept a GP diagnosis for common mental health conditions
13. DVA should Develop Tiger Teams to identify 'decision ready claims':

³ As DVA states in its recent Annual Report:

- In 2019-20, DVA received 319 allegations of fraud, a decrease from the previous year. As a result of fraud investigations finalised in 2019-20, 27 cases were referred to business areas for consideration of administrative response such as debt recovery, education or other compliance activities. In addition, \$623,020 in ineligible payments was identified as a direct result of investigation activities and referred to the relevant business areas for debt recovery.
- In comparison to the 142,222 eligible Veterans or dependants receiving income support, 319 allegations of fraud are insignificant. DVA recovering \$623,020 from fraud investigations in 2019-20 pales into insignificance relative to the \$6.5 billion DVA spent on compensation and support in the same year.
- Even assuming these figures are not completely accurate, it is indicative of the insignificant fraud in comparison to DVA's total expenditure. DVA also previously acknowledged in 2017 that fewer than 1.5% of claims are disingenuous.

- DVA already has a screening process in place that identifies at-risk claimants. This Screening Team could also look for 'decision ready' claims, such as 'straight through processing claims' and those supported by evidence.
 - The Tiger Team could promptly process these claims - reducing the number in the 'backlog'. This prompt processing would quickly become common knowledge within the ex-service community, encouraging early quality presentation of claims.
 - Another suggestion is that selected ESOs could be granted some form of 'fast track'-type status that puts their claims to the top of the/a list and enables direct liaison as much as is needed.
- 14.** The Concierge approach suggested by McKinsey & Co. should be facilitated by ESOs:
- Evidence by McKinsey & Co. suggested that DVA could screen incoming claims and identify at an early stage those that required further supporting evidence.
 - Instead of these being referred to an area within DVA, as suggested in evidence, these could be directed to ESOs (at least in the interim) to ensure the claim was properly supported and documented.

Appeals:

- 15.** The Veterans Review Board be encouraged to apply beneficial legislation beneficially and consistently:
- Encourage the Principal Member of the VRB to take a similar approach to the appeals process as is recommended for primary claims.
 - The RSL acknowledges the excellent support and cooperation of some members of the VRB, especially during the alternative dispute resolution stage. However, some members take an adversarial approach that can be challenging for advocates, veterans and their families.
 - The RSL acknowledges the VRB is a Statutory Authority and, as such, has powers and responsibilities to apply due process in an independent manner.

Communications and record keeping:

- 16.** Where a veteran has appointed an advocate, then all communications must be directed via the advocate:
- DVA frequently contact veterans directly, bypassing their appointed advocates. This can cause confusion or distress to the veteran who has sought out an advocate because they do not wish to be contacted directly by DVA.
- 17.** Where an organisation is nominated as the authorised third party, that authorisation covers the advocates employed by the organisation who act as the organisation's agent:
- Many DVA staff have adopted a view that the organisational contact is the only person with whom they may discuss they veteran's case despite the organisation being the nominated third party.
 - This has resulted in DVA staff insisting that new third party authorisations are provided when a case is reallocated to another advocate.
- 18.** DVA should accept a third-party authorisation in place until it expires or is revoked by the veteran:
- DVA requires advocate third party authorisations to be uploaded for each claim, although the authorisation form allows a veteran to nominate an ESO/Advocate to represent them indefinitely or until revoked.

- 19.** DVA amend its telephone communications to implement an improved verification process:
 - DVA delegates generally call on private numbers and then request that advocates confirm their identity via answering a series of questions relating to the personal and private details of the veteran concerned, including their current address. This risks breaches of the Privacy Act.
- 20.** The new Government extend the Provisional Access to Medical Treatment (PAMT) program indefinitely:
 - The PAMT program provides access to medical treatment for 20 commonly claimed conditions under the Safety Rehabilitation and Compensation Act (Defence-Related Claims) Act 1988 (DRCA) and Military Rehabilitation and Compensation Act 2004 (MRCA) while veterans are waiting for their claims to be processed. This ensures that veterans have timely access to necessary treatment and are not disadvantaged while their claims are being processed.
 - PAMT reduces the financial impact some veterans encounter in seeking health treatment prior to the finalisation of their claim. This can be a barrier to accessing treatment, particularly for transitioning Australian Defence Force (ADF) members who have had their health care provided by Defence throughout their military careers.
 - The program is still being run on a trial basis. While the outgoing Federal Government committed to funding the program to 30 June 2024, it is unclear whether the newly elected Government plans to continue the program.

Advocacy, advocates and the ATDP

Current advocacy landscape and RSL advocacy activities

35. The RSL has been the mainstay of military advocacy in its various guises since inception and still acts as the umbrella organisation for approximately 80 per cent of all advocates. The RSL has around 90 per cent of the part time/full time employed advocate cohort. The RSL has an estimated more than 500 advocates and provides more than 400,000 hours of support each year.
36. The RSL is working towards a greater integration of volunteer advocates into the compensation network, providing greater administrative and IT support, while at the same time enhancing accountability, governance, and service standards.

Advocacy and Advocates

37. The DVA-commissioned *UNSW Baseline study of current and future availability of ex-service organisation advocacy services* report demonstrates the importance of advocates and ESOs in the DVA claims system. The report outlined that:
 - There is an ongoing need for advocacy services for veterans and their families, given the complexity of the legislation and claims process, and the diversity of needs in accessing advocacy services
 - The existing advocate workforce is currently just meeting demand; and
 - The workforce is expected to decline 30 per cent in the next five years.
38. DVA does not have the resources to aid and guide all transitioning and/or transitioned members, and it is unclear whether veterans would regard advocacy provided by DVA as being suitably independent and impartial. DVA has invested heavily in technology to enable claims to be lodged electronically. This is an excellent initiative, however DVA should remain conscious of the fact that many veterans have concerns about dealing with bureaucracy in any format, yet still need the expert assistance of a person in whom they have confidence.
39. DVA should acknowledge the importance of advocates within the system and should be responsible for funding them and their practice. This will help to guarantee the sustainability of the system moving forward, provide certainty to advocates, and ensure advocacy services meet quality standards. DVA and ESOs should support a partnership approach to this relationship, which could extend to a formal, agreed service arrangement.
40. To ensure service standards, DVA should consider tracking the number and type of claims lodged and the quality of those claims against individual advocates, and collectively within ESOs. This would allow them to work with individual advocates and ESOs to ensure veteran needs were being met with an acceptable quality of service. Data should include a clear picture of how many veterans are currently being provided advocacy support across the system - at both a primary and appeal level.
41. The governance and policy direction of veterans' advocacy should be chiefly determined by the peak ESO/VSO that deliver advocacy services, particularly in the training, accreditation/currency and recruiting/retention of advocates.

42. Other military veteran advocacy stakeholders would have appropriate representation in any restructured advocacy governance body regardless of whether some or all extant DVA administration support to the ATDP continues in its current form.

Communications

43. Communications between DVA, the Advocacy Training and Development Program (ATDP) and advocates can be lacking. There are limited opportunities to provide policy input/improvements from the advocate community to DVA. Communications between DVA, the Registered Training Organisation and regional groupings of advocates are marginal and untimely. There needs to be a flow of information from DVA directly to ESOs who have practising advocates.

Advocates and wellbeing

44. A key deficiency in DVA's current approach is the lack of clear messaging regarding the importance of 'wellbeing'. Success for an advocate (or solicitor) in most cases should be seen as a fully functioning, employed veteran in a supportive family environment, rather than simply the recipient of a TPI/SRDP pension.
45. DVA's conversation around advocates still focusses on lodging compensation claims and little effort is made to ensure ESOs are fully aware of the availability and effectiveness of DVA rehabilitation programs. This message needs to resonate across all stakeholders. Further emphasis must be placed on promoting a 'wellbeing' message to all stakeholders and ensuring that DVA-supported training (ATDP) promotes this message.

ESO Collaboration

46. ESOs with similar service offerings should work together to ensure best use of resources. ESOs need to work collectively and ensure they have shared resources which meet demand. There should be a more strategic approach towards matching the density of veteran numbers in various locations with the number of trained, available advocates. DVA could help provide the networking opportunities and data to allow this collaboration to operate effectively.

ATDP

47. ATDP has many barriers to functioning effectively. These include the lack of oversight RSL State Branches have of ATDP enrolments by individual sub-Branches, the lack of transparency in ATDP governance arrangements following its takeover by DVA, and failure to provide enough 'mentor' status advocates prior to setting the system up, which created a backlog in the training system.

Suggested recommendations

- 21.** DVA funds advocates' training and service provision
- 22.** The governance and policy direction of veteran advocacy be chiefly determined by the peak ESO/VSO that deliver advocacy services, particularly in the training, accreditation/currency and recruiting/retention of advocates
- 23.** DVA should ensure the standard of service provided by advocates, potentially using data
- 24.** DVA should commit to improving communications between DVA, ATDP, ESOs and advocates
- 25.** DVA should facilitate ESO collaboration on advocacy to ensure needs-based service provision
- 26.** DVA must consider improvements to the ATDP system

Service Navigation and Referral support

48. Service navigation for veterans and their families has consistently been identified as a key issue during the Royal Commission. The RSL has taken a holistic approach to wellbeing and its link to service navigation. While not 'silver bullet' solutions, the RSL believes these veterans-focused programs can help provide clarity in the space. This is demonstrated by its programs and projects underway and in development, including:

1300MILVET and Veteran Wellbeing Centres:

49. The RSL is seeking to deal more comprehensively with veterans and their families through a 'connection and engagement' service model, the exemplar of which is RSL Victoria's 'Veterans' Central' model.
50. This includes providing 1300 MILVET - a central contact number for veterans to gain organisation 'de-identified' information, referrals, and support to navigate the range of Ex-Service and other organisations that offer help to veterans and their families. Essentially, this is a single telephone line that will utilise a case navigator and intake process to direct a veteran to any support they require. RSL Australia is in discussions to expand and resource the 1300MILVET service nationally, following its successful implementation and uptake in Victoria, under a program led by RSL Victoria.
51. To ensure it is also providing comprehensive connection and engagement assistance, the RSL also offers comprehensive face-to-face support through Veterans' Wellbeing Centres and referrals and wellbeing support through its sub-Branches. As the lead-organisation in the Nowra, Wodonga, and Perth VWCs, the RSL will support the expansion of its VWC model across the country.
52. The RSL's Veteran Wellbeing Centres (VWCs) across Australia act as a 'one-stop-shop' to address the needs of veterans and their families now, alleviating complex government processes and providing immediate access to the wellbeing and financial services required by this community. These VWCs required robust business cases to be selected as lead organisations and win grants, demonstrating alignment with DVA wellbeing principles but also addressing the unique needs of veterans and families in each location. The more locations that VWCs are available, the better access veterans and their families will have to services, support, referrals, and information.

The Catalogue of Services:

53. The RSL will be leading other ESOs to provide case navigation at the app level through its Catalogue of Services, a national Digital Services Catalogue, providing veterans and their families with easily accessible information. This will be done in collaboration with Servulink, an Australian veteran-owned Technology Provider.
54. The Catalogue of Services will integrate RSL sub-branches nationally, alongside hundreds of other high value Australian veteran-and-family supporting organisations, utilising Servulink's existing online platform. It will empower veterans and their families to discover, navigate and connect to the extensive network of available services and support available to them.

55. Additionally, the Catalogue will enhance the performance of existing veteran and family supporters, including advocates, case workers and peer supporters nationally by enabling them to efficiently tailor and recommend the most appropriate support available to meet the unique needs of their clients. It will also enhance participating organisations' promotion, reach, connection, feedback, and demand-visibility across the entire Australian veteran community – optimising their future service provision.

Overall service navigation landscape

56. The local sub-Branch, the Catalogue of Services, 1300 MILVET phone service, and Veteran Wellbeing Centres are not separate items. They are elements of a model, in which the RSL engages directly with veterans and families to provide them with service navigation.
57. While the RSL is the lead organisation in providing these services, collaboration with other ESOs, service providers and government is necessary to ensure veterans and their families can access the right support for their needs. Putting veterans and their families first is the *most* important thing.

Suggested Recommendations

27. The Federal Government continues to expand the national network of Veterans Wellbeing Centres
28. DVA and Defence encourage all high-value ESOs to engage with the Catalogue of Services, and provide funding to support the sustainability of the application
29. DVA and Defence provide funding and support to expand the 1300 MILVET and Veterans Central model to all States and Territories

Reform of DVA consultation

Current landscape

58. DVA's current consultation with ESOs is ineffective at best, and a cynical exercise at worst – seen by many ESOs as a box-ticking exercise. One of the most prominent recent examples was the engagement conducted during the McKinsey & Co. review of DVA claims processing, where the ESO community was essentially forgotten or ignored, despite the wealth of knowledge of DVA claims processes held by their advocates.
59. DVA consultation cannot be limited to a short speaking slot during Ex-Service Organisations Round Table (ESORT), which functions as a public service announcement forum for DVA, rather than a consultative forum for proper discussion of issues and with accountability for action. Where ESOs are asked to make submissions, timeframes for response are short and do not allow sufficient time for research, consideration, and internal consultation.
60. State-based Deputy Commissioner's Forums (DC Forums) are ineffective, with no cut-through between DC Forums and ESORT, limited issues raised, and very few actions undertaken. For State-level ESOs that operate on a day-to-day basis independently of their national counterparts, this is their best avenue for raising issues to DVA. When it is ineffective, it is a wasted opportunity for both DVA and ESOs. This inefficacy is compounded by the fact there is little to no Officer-level to Officer-level communication between DVA and ESOs.

Previous reviews

61. DVA has previously conducted reviews of the National Consultative Framework and sent out a questionnaire for ESOs to complete. A working party established to review the structure of DVA consultation, but most of the representatives on the working party were also members of one or more of the various consultative forums. It would be unsurprising if they felt that the forums were working well.

Ministerial Advisory Council

62. To improve consultation between DVA and ESOs, the RSL endorses Recommendations 11.4 and 12.7 of the Productivity Commission Report, including the recommendation to create a Ministerial Advisory Council (MAC). The MAC would report to the Minister for Defence Personnel and Veterans, to provide advice on the lifetime wellbeing of veterans and the best-practice design, administration and stewardship of services provided to current and ex-serving members and their families. The Council would be responsible for holding DVA to account for action items.
63. In parallel, DVA would enhance the focus and scope of State and Territory-based Deputy Commissioner Forums to deal with and address Operational issues, with informed reporting and unresolved issues pushed up to MAC. These two forums would be supported by Officer-level to Officer-level communication between DVA and ESOs, which should allow many issues to be resolved before they get to the DC Forum or ESORT level.
64. DVA and members would propose topics for discussion in advance of the meeting – i.e. changes to ATDP, treatment of advocates, funding structures etc. – rather than wait for DVA

to talk at the meeting itself. This solution requires each party to take responsibility for the issues they raise and the action items they commit to owning. Where a member fails to fulfil its responsibilities, this will be reported through governance processes and publicly reported, threatening the ability of the member to maintain its seat on the Council.

Membership

65. The RSL suggests a 'Security Council' type membership for both the MAC and the DC Forums - i.e. there will be some permanent members (RSL, Legacy), while the other ESO/VSO members rotate on a bidding basis decided by a selection board. This will ensure that while the largest service providers among the ESO/VSO community are represented, new ideas and fresh perspectives are also included on a rotating basis.
66. In addition to ESO representation, the advisory council would consist of part-time members with diverse capabilities, including individuals with experience in military or veterans' affairs, health care, rehabilitation, aged care, social services, and other compensation schemes. This will ensure that the Council is skills-based, rather than a politics-heavy entity.

Suggested Recommendations

30. DVA release the results of its review into the National Consultative Framework
31. DVA implement Recommendations 11.4 and 12.7 of the Productivity Commission Report, including the creation of a Ministerial Advisory Council