

PRODUCTIVITY COMMISSION

INQUIRY INTO COMPENSATION AND REHABILITATION FOR VETERANS



RETURNED & SERVICES
LEAGUE OF AUSTRALIA
QUEENSLAND BRANCH

SUBMISSION BY RSL QUEENSLAND



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Introduction

RSL (Queensland Branch) appreciates the opportunity to contribute to the Inquiry being conducted by the Productivity Commission into Compensation and Rehabilitation for Veterans. The RSL Queensland submission has used the questions posed in the Issues Paper as a guide to its responses.

1. What should the priority objectives for veterans' support be? Why? What principles should underpin the legislation and administration of the system?

The priority objectives have been clearly outlined in the Productivity Commission Issues Paper, section (4) below;

- *appropriately, adequately and fairly compensate those who have suffered incapacity that could be related to their service — both financially and by the provision of high-quality medical and hospital care*
- *suitably rehabilitate those who have served, and support them to re-establish themselves into civilian life at the conclusion of their service*
- *promote health and encourage veterans to take responsibility for self-help measures*
- *adequately provide for the care of dependants where death has resulted from service*
- *provide incentives to encourage veterans to engage in paid employment*
- *achieve timeliness, consistency and equity in claims assessment and decision making*
- *deliver on past commitments made to veterans (Clarke, Riding and Rosalky 2003; Toose 1975).*

IN SUMMARY – RSL Queensland supports these objectives, most importantly those objectives that promote rehabilitation, employment, health and self-responsibility for achieving outcomes. Fair compensation and support which acknowledges the level of incapacity, or provides care for dependants, is an essential aspect of this process.

2. Is the current system upholding these priority objectives? Where are the key deficiencies in the system?

The current veteran-centric reforms are working towards achieving these priorities, but it is failing in many aspects. It must be noted that the majority of existing Department of Veterans Affairs (DVA) clients are covered under the *Veterans Entitlements Act 1986 (VEA)* (some also have entitlements under other Acts). Over many years the VEA system evolved into one which focussed on payment of



compensation, income support, for those who were not financially independent, and the provision of treatment via contracts with providers.

Immediately post-World War 2 (WW2), under the *Repatriation Act* 1920, there was a much greater focus on assisting WW2 veterans back into meaningful work. However, with WW2 veterans moving on with their lives, this approach was gradually diluted. Following the introduction of the VEA in 1986, the compensation focus was complete and any interest in rehabilitation was essentially lost.

Combined with this, medical treatment was provided under various arrangements, including the very successful Card system, where DVA had no direct responsibility, nor visibility of outcomes, so an understanding of the underlying health needs and effectiveness of treatment programs for our veterans became increasingly less clear. As Vietnam Veterans began to age, any vestige of a wellness model had disappeared. The Vietnam Veterans Rehabilitation Scheme (now Veterans Vocational Rehabilitation Scheme) was a voluntary scheme introduced in a situation which was clearly too little too late and its effectiveness was, and remains, minimal. This means that there is conflict in the current mix regarding DVA intent. We have a VEA which is clearly compensation-focussed and DRCA and MRCA which have the legislative capacity to deliver very effective rehabilitation and wellness services. The majority of existing WW2 and Vietnam Veterans have descendants who are aware only of the workings of the VEA and hence the change to a new paradigm is difficult and hampered by misunderstandings.

The Training and Information Program (TIP) officially commenced in 1994 and was a solution designed for a point in time. TIP served those needs well when it was introduced. Volunteers from Ex-Service Organisations (ESOs) willingly gave up their time to support the huge number of WW2 veterans who had reached, or were reaching, the retirement age. These veterans needed support and guidance with the compensation process and DVA did not have the reach or the resources to address that need. When compared to the existing complexities of the three applicable legislations that now must be considered, the system was simple. The aim was to achieve the highest pension level possible for aging veterans.

With the transfer of the military responsibility for the *Safety Rehabilitation and Compensation Act (SRCA) (MCRS)* to DVA in 1999, followed by the introduction of *Military Rehabilitation and Compensation Act 2004 (MRCA)* in 2004, the effectiveness of the TIP process came into question and it was replaced in 2016 by the Advocates Training and Development Program (ATDP). The program has its issues, but the underlying concept of having a competency-based training program is to be commended. However, this program is still predominantly following the TIP training modules and is focussed on Compensation and Welfare. There is very little clear direction or training for potential advocates regarding the importance of rehabilitation and having veterans seeking to achieve a high level of wellness.

DVA's conversation around advocates still focusses on the lodging of compensation claims and little effort is expended to ensure ESOs are fully aware of the availability and effectiveness of DVA rehabilitation programs. It is noted that DVA's available information on its rehabilitation services is certainly improving, however RSL Queensland has noted ongoing lack of knowledge amongst transitioning or transitioned members of the rehabilitation services available and is of the view that



much more could be done by DVA to ensure the information is clearly available to contemporary veterans.

RSL Queensland notes the excellent initiative to provide all transitioning members with a White Card to cover the treatment of mental health conditions. It is suggested that the brochure 'Get your Life Back on Track', or a similar brochure, could be issued with the card, along with other helpful information about DVA services. This information needs to be shared with all stakeholders, with a particular emphasis on ESOs and treating medical practitioners.

RSL Queensland stresses that adequate and fair compensation for service-related injury, disease or death is essential. However, until DVA, Defence and all participating ESOs, advocates, reporting medical practitioners and lawyers can jointly and clearly articulate that maximum wellness is the desired outcome, it is likely that progress towards a paradigm shift will be extremely slow.

IN SUMMARY – the key deficiency in DVA's current approach is the lack of clear messaging regarding the importance of wellness. This message needs to resonate across all stakeholders. RSL Queensland requests that further emphasis be placed on promoting a wellness message to all stakeholders and ensuring that DVA-supported training (ATDP) promotes this message. Success for an advocate (or solicitor) in the vast majority of 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. Having effective and well-trained DVA Rehabilitation Co-ordinators and Rehabilitation Providers who deliver a consistently high level of service is also a key to success.

3. Is the current system upholding these priority objectives? Where are the key deficiencies in the system?

As noted in the response to Question 2, much has been done to improve veteran access to priority objectives. DVA is making progress in developing improved client access and programs; however more needs to be done to promote understanding of these objectives and ensure there is 'buy-in' by all stakeholders.

4. What should the system of veterans' support seek to achieve in the longer term? What factors should be considered when examining what is in the best interest of veterans?

The factors that should be considered are:

- How DVA will respond to a probable decline in the number of veterans and their dependants.

The charts provided in the Productivity Commission Issues Paper (page 5) indicates that DVA has approximately 100,000 clients who are 80 years of age or over. The clear message is that DVA



will be confronted with the significant challenges of servicing a younger cohort, as well as reshaping and resizing to acknowledge a probable decline in overall client numbers.

RSL Queensland is firmly of the view that DVA should continue as a Department which caters exclusively for the needs of our veterans and their dependants. The existence of DVA is firmly entrenched in the Australian psyche and despite some media attention, the overall level of satisfaction with the work that DVA does is high. RSL Queensland believes that any move to challenge the existence of DVA would substantially reduce the corporate knowledge of veteran and veteran family issues, leading to significantly sub-optimal outcomes.

In an ever-changing environment, the Australian Government needs to maintain a responsive, well-developed system for management and administration of Veterans Affairs, which can be quickly adapted as circumstances change. Any technology systems and procedural developments should keep simplicity and adaption firmly in focus. The VEA adequately coped with the processing of high numbers of claims when it was required (noting the reliance on advocates at times of high intake). Presently, neither DRCA or MRCA are well placed to deal with a rapid increase in client numbers, if this were ever required.

- DVA should actively look for other business which is relevant to the provision of support for veterans.

Consideration should be given to DVA administering The Australian Defence Force Superannuation Scheme (ADF Super) established 1 July 2016. The Military Superannuation systems which are managed by ComSuper have drawn significant criticism in relation to ComSuper's lack of responsiveness to veterans' issues and clear lack of cultural understanding of ADF service with regard to administration of payments akin to insurance that are managed by ComSuper.

- The changing demographic of the veterans currently working through the DVA system.

Older veterans and their dependants (WW2, Korea and Vietnam) are very aware of, and comfortable with the VEA process and the benefits that flow from that legislation, as evidenced by Client Satisfaction surveys conducted by DVA. With the current focus on younger veterans, it is important to remember that our WW2, Korean and Vietnam Veterans are entering a very challenging period in their lives. Our aging veterans must not feel abandoned because of the public focus on meeting the requirements of contemporary veterans. Quality care for the aged should continue to be excellent. DVA needs to note this but also more clearly articulate that changes need to be affected to ensure our younger veterans and their dependants receive support in a manner that enables transition to a prolonged, productive and healthy civilian life.

IN SUMMARY – DVA should continue to note the marked change in veteran demographics to occur over the next ten years, which will drive a dynamic change in the nature of veterans' needs. DVA must ensure their technology systems, processes and procedures are constructed so that they are flexible enough to



meet those changes. DVA should look for future business opportunities to enhance its ongoing viability, including through assuming responsibility for managing the various military superannuation schemes, or at minimum those components of the schemes akin to insurance. Any changes brought about through the Veteran Centric reform must be flexible and responsive enough to meet the unknown challenges of the future. Both DVA and ESOs need to look to maximising awareness of positive client outcomes. At present, most of the positive publicity relates only to major commemorative days and opening memorials.

5. How have veterans' needs and preferences changed over time? How can the system better cater for the changing veteran population and the changing needs of veterans?

Contemporary veterans enlisted in the ADF as a career choice. In the main, their life plans and aspirations revolve around their planned careers. This differs from many veterans who served in both WW2 and Vietnam, who may not have had any long-term goals for an ADF career. The majority of contemporary veterans who currently leave the military do so voluntarily. They may not seek assistance from DVA, or even be aware that assistance is available to them. Any difficulties they experience when transitioning to civilian life are often not visible to either DVA or Defence. DVA and Defence are both making significant efforts to ensure all veterans are aware of their potential entitlements; however, it is not apparent that this effort is translating to more informed ADF personnel. It is essential that both DVA and Defence foster and work with an effective advocacy service.

The messaging of Defence and DVA regarding ESO Advocacy services is confused and transitioning veterans subsequently have limited awareness of the services that ESOs may provide. In circumstances where veterans who have transitioned have lost many of their Defence contacts before they realise they need assistance, there must be a process in place where veterans who do need assistance can confidently access it through community services such as ESOs. Clearly there is also an obligation on ESOs to professionalise their services and enhance their accessibility to younger veterans. Improved methods of advertising services need to be considered.

RSL Queensland commissioned an extensive research project to understand who the Defence Family in Queensland are, and what key needs and challenges they face. Titled **The Defence Family Research Project**, the research was undertaken between August 2017 and April 2018 by Colmar Brunton, Australia's largest independently owned market research agency. The research included interviews, focus groups and surveys, incorporating current and former serving members of the ADF, their spouses and carers, and the general public, and key industry and government stakeholders.

The results provide an insight into the Defence Family which can potentially provide future guidance to the strategic direction to be taken by Government, DVA, RSL Queensland and the ex-service community more broadly. An overview of the findings is at Appendix A. These insights may be helpful to the Productivity Commission. RSL Queensland is willing to share the primary data of this research with the Productivity Commission if requested.



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 and they still need the expert assistance of a person in whom they have confidence. Despite the advances in technology, navigating the legislation remains complex and there are many pitfalls for the unwary. It appears that both the Canadian and American veterans' systems embrace the assistance of advocates, but DVA is sending mixed messages in relation to its support of advocacy.

There remains an important place in the DVA system for well-trained advocates. DVA does not have the existing resources to be able to provide assistance and guidance to all transitioning and/or transitioned members, and it is very unclear as to whether veterans would regard advocacy provided by DVA as being suitably independent and impartial. There is a very clear ongoing need for pension and welfare assistance, and not only for elderly veterans. It is anticipated that the inquiry into the DVA advocacy processes will inform the way forward more clearly.

The fact that DVA is to be made aware of all transitioning veterans is a positive move. It is to be hoped that their progress into civilian life can be enabled if they experience difficulties. RSL Queensland is aware of instances where veterans transition voluntarily to avoid the drawn out medical transition process, or because of a noteworthy sense of dignity, pride and self-worth. These veterans are often the ones who require assistance once their transition is complete and they have lost access to some of the support which comes with a medical transition. They have also not gone through the medical downgrading process where they are assisted through their DVA claim process via ADRFP (ADF) or OBAS (DVA). Their military superannuation entitlements may not have been explored. There is a need for leaders in the ADF to be well trained in both DVA and Military Superannuation entitlements and the claiming processes so they are in a position to provide good advice to members.

The needs of those veterans who transition on medical grounds is being thoroughly reviewed and will be addressed in separate inquiries; however there appear to be many systemic problems involving both Defence and DVA which hamper maximum success. This will be dealt with later in this paper.

The expectations around Government support across all aspects of society has grown with time. Veterans who transition due to invalidity have heightened awareness of the support they should receive because of the nature of their service and because there is a single government department which has the function of attending to their needs. In keeping with the times, they also have a heightened expectation regarding the timeliness of DVA responses.

These veterans could be better assisted if they were provided a better understanding of the DVA claims processes and how their needs can best be met. The importance of support into meaningful employment or other long-term activities cannot be overstated. DVA needs to better articulate this with all stakeholders. Medical practitioners have a very important role to play in this process and need to be effectively informed regarding the fundamental shift away from a solely compensation-focussed process.



IN SUMMARY (1) – Both DVA and Defence should clearly and publicly support ESO advocates. The ESO community has suffered in the last decade for a variety of reasons, but it is time for a fresh start and every effort should be made to equip advocates to do an excellent job. Well trained and motivated advocates are extremely cost effective for government. The onus is also clearly on ESOs to improve their image and collective work needs to be done in this regard. Whilst there is much to be said for on-line claiming systems, there are also many benefits in having well-trained advocates to guide claimants through the process.

IN SUMMARY (2) – DVA should clearly and consistently inform the expectations of younger veterans and promote a wellness model with clear messaging delivered to all stakeholders regarding DVA's changing focus.

6. What are the key characteristics of military service that mean veterans need different services or ways of accessing services to those available to the general population? How should these characteristics be recognised in the system of veterans' support?

RSL Queensland commissioned an extensive research project to understand who the Defence Family in Queensland are, and what key needs and challenges they face. Titled **The Defence Family Research Project**, the research was undertaken between August 2017 and April 2018 by Colmar Brunton, Australia's largest independently owned market research agency. The research included interviews, focus groups and surveys, incorporating current and former serving members of the ADF, their spouses and carers, and the general public, and key industry and government stakeholders.

The results provide an insight into the Defence Family which can potentially provide future guidance to the strategic direction to be taken by Government, DVA, RSL Queensland and the ex-service community more broadly. An overview of the findings is at Appendix A. These insights may be helpful to the Productivity Commission. RSL Queensland is willing to share the primary data of this research with the Productivity Commission if requested.

Both the nature and culture of military service is significantly different to most civilian work places. On leaving the military, many veterans find the transition extremely difficult. Both Defence and DVA should note that the transition process needs to include support and assistance as well as simple direction. Trained ESO advocates are also well placed to provide that support.

The current veteran-centric reform process and the various inquiries will work toward identifying the current needs. Ways of delivering services should include both excellent client interaction and utilisation of technology-enabled solutions. DVA has failed in recent years to keep pace with technology, both in its direct interaction with clients and its case management systems. RSL Queensland notes that the Government has provided significant funding for technology and RSL Queensland urges DVA to continue to improve and expand its services.

Of particular note is the apparent inability to provide meaningful statistics regarding the provision of rehabilitation services. If DVA is unable to track the services, it is equally unable to identify improvements in the process. This should be remedied as a priority. It is also of concern that DVA is unable to provide specific data in relation to the advocacy activity of various ESOs. In an environment where the current advocacy model is being reviewed, the fact that advocacy activity cannot be segmented and tracked is a major failing and should be rectified.

IN SUMMARY – DVA must respond proactively to the findings of the various inquiries into its services. Technology must be leveraged to deliver modern service options and to be able to track and report on the services being provided across the entire range of offerings. Reporting on rehabilitation activity and outcomes is particularly important in an environment where rehabilitation in its various forms should be a priority.

7. What is the rationale for providing different levels of compensation to veterans to that offered for other occupations, including people in other high-risk occupations such as emergency services workers? Are there implications for better policy design?

The following were included in the findings of the Review of Military Compensation Arrangements whose report was released on 18 March 2011.

“Chapter 4 Unique nature of Military Service

14. The committee confirms the unique nature of military service and the requirement for a military specific compensation scheme that recognises that military service is different from civilian employment. The Committee concluded that compensation arrangements separate from the civilian compensation arrangements should be continued.

15. Military compensation arrangements exist within the broader context of civilian occupational health and safety laws and systems, including workers’ compensation legislation.

*While the MRCA needs to always have regard to the special features of military service, at the same time, the Act should be informed by community standards. **The committee recommends that the MRCC should review Australian workers’ and international military compensation arrangements at least every five years to ensure that the MRCA remains contemporary.**¹*

RSL Queensland supports these findings but notes that it is now over seven years since the report was released. In keeping with the findings, RSL Queensland recommends that a review of compensation arrangements be conducted to ensure DVA benefits are maintaining their currency against community and international standards.

¹ Review of Military Compensation Arrangements



Issues which need to be considered when reviewing the unique nature of military service should include:

- Military Personnel are subject to military law (civilians are not).
- Military Personnel can be ordered into life-threatening and dangerous situations without right of refusal (civilians do not have these requirements).
- A volunteer in military service surrenders his basic rights under Article 3 of the 1948 Declaration of Human Rights adopted by the U.N General Assembly in that year.
- Military Personnel must obey a legal direction (order) given by a superior rank or face threat of punishment of removal of freedoms, prison, confinement or worse. Civilians can refuse and have other legal options.
- Military Personnel are sometimes required to work in conditions outside Workplace, Health and Safety conditions (War time) or remote locations.
- Regular uplift of families to intrastate, interstate and overseas postings causing in some circumstances separation, and significant disruption to spousal employment.
- Disruption to the education of children associated with the posting cycle, along with issues of social isolation.

IN SUMMARY – RSL Queensland strongly recommends that the unique nature of military service continue to be observed and a full review be conducted in accordance with the recommendation of the Review of Military Compensation Arrangements to ensure DVA levels of benefits have maintained their currency when compared to compensation levels for veterans' jurisdictions in other countries and other high-risk occupations within Australia.

8. Are differences in support and ways of accessing support based on different types of service (such as operational, peacetime and Reserve service) justified?

Historically, the VEA has applied different standards of proof when determining liability, according to whether the injury or disease occurred during Operational or Peacetime service. This was carried into the Statements of Principles which are also applied in MRCA determinations. MRCA also has differentials in the levels of permanent impairment compensation in accord with whether it is Operational or Peacetime service. The differences in levels of compensation were negotiated with the assistance of ESOs at the time of drafting MRCA legislation.

The differences were supported by the Review of Military Compensation Arrangements:

The principle of 'like compensation for like injury' is recognised in the development of all modern workers' compensation schemes. In addition, it can be argued that operational service is already financially recognised through the ADF deployment allowances. Conversely, the unique and high-risk nature of operational service compared to peacetime service can be seen to require a higher level of compensation. The Committee recommends that the existing permanent impairment



compensation differential for warlike and non-warlike service (or operational service) as opposed to peacetime service be maintained.

46. The current compensation differential is payable for low levels of impairment but not severe impairment or death, and the Committee examined whether this should be revised so that the differential also applies to severe impairment and death.²

IN SUMMARY - RSL Queensland is of the view that the current differential should remain but there should be no differential when assessing compensation for death and severe impairment.

9. What are the sources of complexity in the system of veterans' support? What are the reasons and consequences (costs) of this complexity? What changes could be made to make the system of veterans' support less complex and easier for veterans to navigate?

The complexities of the process have been concisely identified by the Government of South Australia, which was quoted by the Commission:

Claims for compensation relating to service in the ADF are assessed under one of a number of different Acts, depending on the time and/or the type of the service, with different liability tests applying. This legislative framework is cumbersome, complex, confusing and difficult to navigate for advocates, DVA staff and members of the serving and ex-serving community. In some circumstances a veteran may have a claim under more than one Act requiring the claimant (or their advocate) to make a number of applications to more than one compensatory scheme.

The three Acts, with different eligibility requirements, standards of proof and entitlement packages, pose enormous challenges to claimants, advocates and to DVA delegates. The offsetting or adjustment arrangements involving VEA, DRCA Permanent Impairment, MRCA, Permanent Impairment, Military Superannuation and Incapacity payments are also often extremely confusing for all involved, particularly for those veterans with mental health conditions.

Over many years DVA has attempted to improve the claim forms and the quality of the decision letters and reasons for decisions that are provided to claimants by the Delegates. It is the observation of RSL Queensland that very little actual progress has been made, and that one of the reasons for this is the underlying complexity of the Acts both individually and collectively.

The processes for managing claims which potentially fall under more than one Act remains confusing. There are multiple ways to access claim forms, each with their own character, and different approaches to dealing with multiple Acts. There are times when claimants are prevented from accessing the most

² Review of Military Compensation Arrangements



beneficial legislation for their circumstances because of arbitrary procedures and IT system rules that have been put in place.

DVA has failed to clearly articulate in their Factsheets, in their on-line information or to practising ESO advocates just what their approach is when dealing with multiple Act claims. On seeking copies of written policy in this regard, RSL Queensland has been informed by DVA delegates that instructions are mainly verbal. No doubt there would be written policy/procedural instructions in existence, and it would be beneficial if they were shared with ESO advocates to promote a better understanding.

Of particular concern is the fact that a veteran who has entitlement under both the VEA and MRCA may be significantly disadvantaged by the situation. For example, a claimant who is in receipt of 100% Disability Pension under the VEA may be excluded from consideration of Special Rate pension because he/she is unable to satisfy the 'alone' test when taking into account a condition that has been accepted as service-related under MRCA. From a MRCA perspective, the MRCA PI will be offset by the VEA Disability Pension. That claimant with all conditions accepted as due to service may be significantly worse off than a claimant with similar conditions and levels of impairment but having only one applicable Act. This is a serious anomaly which needs to be addressed. More detailed information on this can be provided, if required.

The approach in relation to providing decisions and reasons for decisions by DVA appears to be to provide as little information as possible under the guise of trying not to confuse the claimant. This is having the opposite effect and is causing concern to clients and to their advocates. File/reference numbers are provided in correspondence in a random fashion and in a liability decision, service information of the claimant may or may not be provided. Explanation of calculations is minimal, particularly for Permanent Impairment and Offsetting, and copies of medical and other evidence on which the decision maker relied are often not included. Many of the decisions made are unlikely to meet the basic requirements of decision-making in Administrative Law and examples of such decisions can be provided on request.

Copies of relevant calculations and medical reports can only be obtained through requests made under FOI provisions. A stressed and unsupported claimant may never know that the decision is one of questionable accuracy that should be appealed. This situation alone is an overwhelming argument to continue to support and train independent advocates, so they will be in a position to provide meaningful guidance and assistance in relation to appeal prospects and the process required.

It is also of concern that DVA has no process in place to inform ESOs of changes in policy and procedures which relate to claims processing. These changes are identified internally for DVA staff in Businesslines. In previous years these Businesslines (previously Statelines) were routinely issued to ESOs via the TIP representatives. This courtesy has ceased and ESOs are no longer kept informed of procedural changes which may have enormous significance when providing advice to a claimant. DVA has advised that the various forums can keep ESOs informed, but this simply does not happen and more so relies on ephemeral verbal communication rather than an enduring single source of truth through a digital portal.



IN SUMMARY – There are many aspects of processing and assessing compensation for a claimant with entitlements under more than one Act which need comprehensive root and branch review. DVA should adopt a clear Policy that the most beneficial approach will be taken in all cases where there are alternatives available due to coverage under two or even three Acts.

DVA needs to do considerably more work on their communication with claimants and with ESOs.

Of particular concern is the application of s24 of the VEA when a veteran has entitlement under both the VEA and MRCA.

10. Can you point to any features or examples in other workers' compensation arrangements and military compensation frameworks (in Australia or overseas), that may be relevant to improving the system of veterans' support?

RSL Queensland notes the recommendation of the Review into Military Compensation Arrangements which are copied below and urges that the Department of Veterans Affairs conduct a review with the intent of regaining its position as a world leader in the field of benefits for wounded, injured and ill veterans and their dependents.

Recommendations

The Committee recommends that:

4.1 the Military Rehabilitation and Compensation Commission (MRCC) should constantly monitor and review the Military Rehabilitation and Compensation Act 2004 (MRCA) to ensure it appropriately reflects and recognises the unique nature of military service;

4.2 the MRCC should periodically review developments in Australian workers' compensation jurisdictions and international military compensation arrangements at least every five years to ensure the financial benefits under the MRCA and associated policies and procedures remain contemporary; and

4.3 Department of Veterans' Affairs representation and participation on the Heads of Workers' Compensation Authorities continues.³

RSL Queensland also notes the American Veterans Affairs System in relation to Advocacy. A short description is copied below from their website (www.va.gov), with a number of points highlighted for emphasis:

Welcome to the online list of Directory of Veterans Service Organizations for 2017 (PDF). This is published as an informational service by the Office of the Secretary of Veterans Affairs.

³ Review into Military Compensation Arrangements



*Inclusion of an organization in the directory does not constitute approval or endorsement by VA or the United States Government of the organization or its activities. **Some VSOs are "chartered", which means they are federally chartered and/or recognized or approved by the VA Secretary for purposes of preparation, presentation, and prosecution of claims under laws administered by the Department of Veterans Affairs.** Inclusion of non-chartered organizations does not constitute or reflect VA recognition of said organization and its representatives for purposes of representation of VA claimants. Individuals seeking representation should only rely on information found in the Office of General Counsel (OGC) Search for Accredited Attorneys, Claims Agents, or Veterans Service Organizations (VSO) Representatives (<https://www.va.gov/ogc/apps/accreditation/index.asp>)*

It is of interest that United States VA also appears to have an issue with the proliferation of ESOs, however they address this problem by having a system of 'chartered ESOs' who are thence recognised or approved to represent veterans in the presentation and prosecution of claims. This is a different approach to that adopted by DVA Australia where individuals are accredited through the ATDP process. There are apparently privacy issues which prevent DVA (Australia) publishing the names of the accredited advocates. It is suggested that the features of the United States VA process should be explored further and problems relating to privacy and also communication with DVA should be considered with a view to an acceptable work-around.

The issue around DVA communication with ESOs who provide recognised, quality advocacy services would be simplified significantly if there was a process which identified 'chartered' ESOs, which may, for example, be required to be ISO 9001 certified organisations as a means of confirming the quality of their systems to meet customer and regulatory requirements. These 'chartered' ESOs could be routinely advised of changes in Policy or procedures relating to claims processing or welfare issues.

As stated in the Review and supported by RSL Queensland:

4.17 In practical terms, this means the MRCA's financial benefits and its associated policies and processes need to always have regard to the special circumstances and features of military service. This may extend to taking account of Australia's strategic circumstances and the nature of the conflicts in which the ADF is required to participate.

4.18 At the same time, it is necessary to maintain awareness of community standards by monitoring and considering the implications of developments in relevant legislation, such as the SRCA and state and territory workers' compensation schemes.

IN SUMMARY – RSL Queensland urges a review of existing entitlement to enable Australia to regain its position as a world leader Veterans Affairs. We also recommend significant improvement in the methods of communicating with those ESOs which are identified as providing quality services.



11. Is it possible to consolidate the entitlements into one Act? If so, how would it be done? What transitional arrangements would be required? How might these be managed?

The possibility of reducing the number of Acts was considered when the MRCA was drafted and later in the Review into Military Compensation Arrangements:

140. The Committee examined the possibility of reducing legislative complexity by ceasing future claims under the SRCA and treating them as claims under the MRCA. While the Committee's discussion focused on the movement of SRCA claims to be treated as MRCA claims, the Committee noted similar considerations might also be made for VEA claims in the future.

Transitioning future SRCA claims to the MRCA would reduce complexity, confusion among stakeholders and some administration. Exact benefits under the MRCA and SRCA depend on individual circumstances; however, most would receive a higher benefit under the MRCA. ----

142. Therefore, the Committee recommends that the current transition approach be maintained and that no action be taken to cease future claims under the SRCA by treating them as claims under the MRCA. 4

At the time of drafting the MRCA, the possibility of reducing the number of legislations was considered at length. ESOs had representatives on the committees which considered the various options. The provisions of the VEA, most particularly the Above General Rate Pensions, were regarded as untouchable and the possibility of grandfathering existing entitlements and moving future claims across to MRCA was rejected. Similarly, and as identified in the quote above, it was decided that future SRCA claims could not be effectively transitioned to MRCA.

An issue worthy of consideration if a three-Act approach is maintained is whether the DRCA could adopt legislation and processes whereby it relies on the Statements of Principles (SoPs) for determining liability and the GARP M (rather than the Permanent Impairment Guide) for assessing levels of impairment, modified where necessary to achieve a 'better off overall' approach. Under the existing system where both the VEA and MRCA rely on these instruments (SoPs and GARP) and DRCA doesn't, the decision outcomes can be quite different, and very difficult for any veteran to understand. For a veteran who has dual eligibility under two Acts (for example, VEA and DRCA), it is anomalous that a single condition can be claimed under both Acts in relation to the same accident and accepted under one but rejected under the other.

It is suggested that consideration should be given to grandfathering existing DRCA decisions and adopting a new process. Streamline Conditions that are accorded 'straight-through' processing in VEA

⁴ The Review into Military Compensation Arrangements



and MRCA could also be incorporated into DRCA to improve consistency and timeliness. Consideration should also be given to adopting a DRCA appeal process similar to that for VEA and MRCA.

IN SUMMARY – While the short-term complexity associated with the consolidation into a single Act is noted, there are significant long-term benefits to the one Act approach associated with reduced administration costs by DVA and ease of understanding by the veteran community that the Acts are designed to support. In drafting the legislation, a ‘better off overall’ test should be utilised when trading entitlements from one Act to another.

12. Are there approaches, other than grandfathering entitlements, that can preserve outcomes for veterans receiving benefits or who may lodge a claim in the future?

Further to our response to Question 11, if the three Acts used similar determination and assessing methodology, it would significantly reduce the complexity for all stakeholders. Technology and claiming procedures could be simplified and a single assessment process for impairment would reduce the confusion for claimants and also the complexity of offsetting.

The fact that advocates offer support and assistance to claimants has been referred to in this paper. RSL Queensland notes again that DVA does not appear to have a clear appreciation of the work that is being done by advocates, most particularly in assisting claimants through the very complex claim and appeal process. RSL Queensland is separately expanding on this point in the Review of Advocacy being conducted by DVA.

DVA is taking significant steps to improve its processes and the time taken to process claims; however, the key focus is on liability processes and very little effort appears to be made to ensure claimants are fully aware of how a positive liability decision translates into the provision of benefits (Permanent Impairment, Incapacity and Rehabilitation). It is understood that there have been some recent attempts by DVA to consolidate these processes, but this has not been communicated to ESOs, so advocates are unable to support DVA or to explain to clients who are going through the claims process. Similarly, there have been changes to the Needs Assessment process, but this has also not been communicated to ESOs.

A significant percentage of claims are lodged with the assistance of ESOs. Accurate figures regarding the level of advocate assistance are difficult to obtain and this is an issue of concern. **The Defence Families Research Project** identified the need for assistance with DVA claims as one of the higher priorities of veterans (refer to Appendix A).

The level of knowledge and attitude of DVA delegates is highly variable. It is the experience of RSL Queensland advocates that the majority of delegates are competent and willing to assist claimants and advocates where required. More recently there appears to have been significant staff turnover and subsequently the level of expertise of a significant minority of delegates now appears questionable. This leads to poor quality decisions and, at times, an adversarial approach to any questioning. This has led to



criticism by the veteran community that DVA is adversarial and difficult to deal with. Ongoing training for delegates in relation to their knowledge and attitude is essential.

IN SUMMARY – RSL Queensland requests that the option of amending DRCA, as outlined, be considered. DVA should also note the very vital role that advocates have in this process and ensure ESOs are promptly informed of changes.

13. How could the administration of the claims and appeals process be improved to deliver more effective and timely services to veterans in the future?

Appendix 2 to this paper refers to this item in more detail. Nationally and consistently adopting a timely engagement rehabilitation process for medically discharging veterans would remove many of the issues that emerge as a veteran works their way through a complex process. By top-end loading the process the communication difficulties between VAN and the Claims processing areas would be minimised.

14. Are there diverging areas of the claims and appeals process under the different Acts that could be harmonised?

A differing approach to Permanent Impairment would improve the harmonisation of the application of the Acts (refer to response to Question 11).

15. Are there aspects of the claims and appeals process that result in inequitable outcomes for veterans, such as limitations on legal representation?

The issue of solicitors being able to appear before the VRB is regularly raised. It is noted that the VRB has gone to considerable lengths to make its structure and processes less adversarial to ensure that veterans without representation can feel assured that they have had a fair hearing, however further focus in this area is encouraged.

There are instances when appellants and even advising advocates could benefit from having legal clarification of some issues. It is suggested that DVA could make some legal practitioners who are well versed in veterans' law available to appellants – if not to fully represent appellants, then certainly to provide legal advice regarding certain complex aspects. Some advocates have noted that having lawyers involved in VRB hearings may reduce the utility of those hearings and they may become indistinguishable from the AAT process. The observation by some advocates is that over time the VRB would lose its non-adversarial approach and the ability to gather and consider evidence in a supportive environment would be lost. Cases being prosecuted by solicitors often take longer. It would be a useful exercise for the Commission to interrogate AAT outcomes to determine whether the success rates for



veterans represented by lawyers are markedly higher than for those simply represented by Level 4 advocates.

IN SUMMARY – RSL Queensland remains open minded as to the optimal approach, however that outcome must not increase the complexity, timeliness and cost of VRB processes for veterans. We are particularly concerned to ensure that legal costs would not minimise benefits flowing to the veterans and are concerned to ensure that a fee for service model did not divert a ‘wellness outcomes’ focus. RSL Queensland supports the view that it would be beneficial for claimants to have access to legal advice when complex legal issues are identified either at the primary or VRB level.

16. Will the Veteran Centric Reform program address the problems with the administration of the veterans’ support system?

The Veteran Centric Reform program should be applauded for the many initiatives it is undertaking, however it clearly will not address all issues associated with the administration of the veterans’ support system.

Much has been said and written about the complexity of the system and about the mental fragility of many veterans and their dependants who are seeking DVA support. DVA appears to be working towards an approach that issues will be resolved because veterans can lodge a claim on-line. In the experience of this organisation, this is simply not case. Unless this Inquiry can identify an alternative approach, there will still be three complex Acts to navigate and there will still be veterans who feel ill-equipped to deal with bureaucracy and work their way through an extremely complex claims process.

RSL Queensland can advise from our own Customer Relationship Management system, which appears more sophisticated than that operated by DVA, that DVA is directly referring increasing numbers of applicants to our advocates for assistance. On-line claiming does not reduce the complexities of the legislation, nor the requirements around the Statements of Principles. Lodging an on-line claim with an insurance company in relation to a motor vehicle accident can be simple, fast and effective. There is one incident, one set of rules, one desired outcome and an insurer who is motivated to minimise administrative costs. The simplicity of this process does not transfer across to DVA.

IN SUMMARY – The Veteran Centric Reform is making progress; however, veterans’ legislation will remain complex and veterans will increasingly require support unless there is a radical change to the Acts. Perversely, older veterans, who are sometimes less technologically literate, may be best enabled by on-line claiming as their claims most frequently are covered under a single Act, the VEA. Younger veterans, whilst generally highly digitally literate, are engulfed in the morass of three complex Acts.



17. Are advocates effective? How could their use be improved? Are there any lessons that can be drawn from advocates about how individualised support could be best provided to veterans?

Advocates who are well trained and competent are a very valuable and important aspect of the claims process. Some credibility has been lost because of the number of inadequately prepared advocates who were lodging claims and dealing with DVA. The inquiries into TIP identified these problems and ATDP, a competency-based program, was introduced as a result. Time will tell if it achieves the desired result but having this system in place is a significant step forward and it should be fully supported to give it the best chance of success. DVA should have more paid staff involved in ATDP to ensure it is equipped to deliver outcomes. The reliance on volunteers to administer and manage ATDP implementation reduces the ability of many of the highest performing advocates to deliver front-line advocacy to veterans.

DVA needs to openly support the advocacy process. In the earlier and more successful days of TIP, DVA proudly embraced the support that advocates provided to a system that was struggling to reach out to and connect with clients. From there we have moved to a situation where DVA's support of advocates who assist with claims is hesitant. DVA refers to the numbers of ESOs and the difficulties in maintaining communication with them. These concerns may be valid; however, it should not be impossible to rectify this situation.

DVA's current website does very little to promote the services of ESO advocates. The section titled Ex-Service Organisations makes no attempt to identify those organisations that do provide advocacy services as opposed to those that are focussed on social interaction. To address this issue, ATDP can advise on the organisations that have accredited, practising advocates and their site has a search function. Defence also has a site – Engage – which has a search function for advocates. Neither of these sites appear to be promoted on the DVA site. Hence information regarding advocates, for the 'ordinary' veteran who has no knowledge of the various inter-related sites, is hard to find. DVA, whose primary purpose is to support potential claimants, provides very little support in this regard.

DVA should be able to track and report on ESO advocacy activity from their own claims processing systems. A knowledge of the density of the veteran population in various areas and a knowledge of ESO advocate availability and activity would enable them to promote the recruitment and training of advocates in key areas. At present there is no strategic approach to recruiting advocates.

The advocacy process also allows for former members and those associated with the ADF to use their knowledge and experience to assist and support other veterans and their families. This has provided meaning to their own lives and the contribution they have made to their communities and the well-being of others is significant. There is concern that the numbers of former members who are available to carry out this role is reducing. That is correct, but both DVA and ESOs need to remain open to the probability that many of the younger veterans will move towards this once their own personal situations have settled. This issue will be dealt with in more detail in the DVA Inquiry into Advocacy.



ESOs with resources also need to move towards a model which involves paid advocates. This allows for advocates to gain high levels of expertise and be consistently available to provide their services. ESOs need to look towards delivering these services in more modern and innovative ways so that veterans in regional areas can get the benefit of expert assistance. RSL Queensland is actively working towards developing a team of 'virtual' advocates who will be able to support veterans via telephone and skype-for-business in areas where the existing advocacy services do not meet demand.

DVA should also consider the possibility of having a process in place to review the quality of the work being done by advocates. This could be done via a random selection of cases and could even be incorporated into DVAs existing Quality Assurance (QA) processes. This would enable DVA to provide ESOs with helpful feedback regarding their Advocates' work and enable training to be strategically delivered. A QA process could be used to inform DVA regarding the effectiveness of 'chartered' ESOs.

There is the perception that DVA undervalues the contribution made by ESO advocates. Subject to the findings of the review into advocacy, both DVA and the ESOs have much work ahead of them in this regard.

IN SUMMARY – The advocacy process utilised in the Australian Veteran's Affairs context is exceptional in that it is provided free of charge to veterans and dependants, and at little cost to DVA. It provides meaning to the lives of many in the veteran community who act as advocates, and an area of key focus for ESOs which themselves are a valuable social aspect of our community. A continued focus on quality, by DVA and the ESOs, is essential if the advocacy program is to successfully continue.

18. Have the Statements of Principles helped to create a more equitable, efficient and consistent system of support for veterans? Are there ways to improve their use?

There is no doubt that the Statements of Principle (SoPs) have helped to create a more equitable, efficient and consistent system. Prior to the introduction of the SoPs, a successful liability decision was achieved in a case-by-case, 'my medical specialist trumps your medical specialist' approach. The process was expensive, time consuming, inconsistent and highly litigious. Prior to 1994 DVA issues constituted the main body of work for the AAT. It was very beneficial for solicitors and certainly kept the AAT busy, however veterans were the losers. Matters that involved veterans who had Operational Service were covered by Legal Aid and the additional overall expense to the Government was significant.

The Repatriation Medical Authority (RMA), which has been responsible for developing the SoPs, has generally remained responsive to feedback and a review of the process found that it was a generous system. The Specialist Medical Review Council (SMRC) appeal process provides a review process when SoPs are disputed. There will always be cases which do not meet SoP criteria and concerns will legitimately be raised, however in most cases the system appears both fair and cost-effective system. The SoPs also lend themselves to an electronically aided decision-making process and this must be



considered as the veteran centric model progresses. As stated previously, it would be beneficial if SoPs could be incorporated into DRCA.

IN SUMMARY – RSL Queensland supports the ongoing use of SoPs and recommends that they be considered for incorporation into DRCA.

19. What is the rationale for having two different standards of proof for veterans with different types of service? Are there alternatives to recognise different groups of veterans? What would be the costs and benefits of moving to one standard of proof for all veterans (for example, would it make the claims process easier)?

The Repatriation Act followed by the VEA recognised the difference between Operational and Peacetime service in different ways (Availability of Service Pensions and the differing standards of proof when determining liability are two examples). The intent has been there for the duration of repatriation legislation that the additional risks and rigors of service in relation to operational service should be recognised. This was carried across into the MRA when it adopted the SoPs, enabled the payment of Service Pensions, and created a differential when calculating Permanent Impairment.

IN SUMMARY – RSL Queensland supports the existing differentials but is of the view that there should be no differential when assessing compensation for death and severe impairment.

20. Conversely, the unique and high-risk nature of operational service compared to peacetime service can be seen to require a higher level of compensation. The Committee recommends that the existing permanent impairment compensation differential for warlike and non-warlike service (or operational service) as opposed to peacetime service be maintained.

RSL Queensland supports the existing differentials but is of the view that there should be no differential when assessing compensation for death and severe impairment.

21. Do the governance arrangements for the veterans' support system encourage good decision making — from initial policy development to its administration and review? If not, what changes could be made?

RSL Queensland supports the current arrangement where DVA is responsible for the health and wellbeing of veterans once they have transitioned from the ADF.



Many of the governance arrangements within DVA are archaic and do not provide the most streamlined processes in a changing environment. The basic concept in times when only one Act was applicable was Client Contact/Compensation/Health/Income Support. With the introduction of two additional Acts the differentiation between operational areas has become quite clouded. As an example, the VAN offices were once widely spread across the country and provided a valuable service to all veterans who sought face-to-face assistance from DVA. The number of offices has reduced at the same time as DVA reduces focus on ESO-provided advocates, who can backfill in this capacity.

To maintain its viability, the VAN structure now includes On Base Advisory Service (OBAS) and Case Co-ordination. It is suggested that more consideration should be given to where those roles could more logically and effectively be placed. There is a disconnect between VAN and the processing areas and this is most evident when a veteran is identified for medical transition. We understand that VAN is provided the details of medical transitions, but they are not passed on to the processing areas. If they were, more progress could be made with the early commencement of DVA Rehabilitation.

As DVA client numbers of elderly veterans and dependants reduce, it appears reasonable to expect that the many sections within the Canberra office should consolidate and transfer headcount to the operational areas at a reducing cost. RSL Queensland suggests that a full review of the governance structure should be conducted with the intent that it should lead DVA into a different and more streamlined model as required by rapidly changing client demographics.

See Appendix 2 regarding governance suggestions for medical transitions.

22. Are incentives sufficiently aligned between agencies, or are there areas of conflict that could be better managed? If there are any incentive problems how can they be resolved?

There are misalignments between DVA, Defence and ComSuper which could be improved upon.

The passage of information between agencies is made difficult because of privacy issues and also differing IT systems.

As mentioned in Question 4, it is suggested that consideration should be given to DVA (MRCC) managing military superannuation, if not holistically then certainly those aspects akin to insurance. This would enable seamless coordination of the many issues currently experienced by veterans in the conjunction of DVA benefits and military superannuation.

Issues with Defence arise at the time of transition; most particularly medical transition. These issues should be fully considered in the current inquiry into transition.

The most important issue for consideration is that DVA should have the opportunity to commence a vocational rehabilitation programme with the veteran as soon as they are identified for medical

transition. There is legislative authority to do this in s39 of MRCA, but the process does seem to encounter difficulties. If there was a clear recognition by Defence that DVA should take over the rehabilitation of a veteran once they are identified for medical transition, it would enable DVA to make early progress whilst the member is still securely in service, reducing the mental trauma that the Senate Inquiry into Veteran Suicide noted with regard to the medical separation process. The fact that Defence is involved in trials to provide employment to veterans post-transition is confusing and ineffective.

IN SUMMARY – Rehabilitation for medically transitioning veterans should be the responsibility of DVA from the time they are identified for medical separation.

23. Is the veterans' support system sufficiently transparent and accountable for both veterans and the community?

As mentioned in previous sections, the support system provided under DRCA/MRCA is not well understood by either the veterans or the community. As a general observation, the community is well versed in VEA processes and the benefits. The community is supportive of the assistance that is provided to veterans who come under that legislation. More needs to be done to promote the work being done to return younger veterans to meaningful and productive lives.

24. What role should ESOs play? Are there systemic areas for improvement in the ESO sector that would enhance veterans' wellbeing?

This has been dealt with in detail in previous sections.

IN SUMMARY –

- ESOs have a major role in the ongoing care and support of veterans and their families.
- ESOs need to ensure their knowledge and professionalism when delivering assistance to clients is beyond reproach. There is room for improvement here and it is important that DVA continues to assist with this (ATDP) and also via regular inclusion in discussions re benefits.
- Both DVA and Defence should publicly acknowledge their support of ESO services and ensure those services meet quality standards.
- DVA and Defence should provide information to veterans and their families about the support which ESOs provide.
- 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.
- The move towards having more full time paid advocates who have access to training and support through their ESOs should be encouraged and supported by DVA.



- ESOs should abide by and be held to a clear code of conduct when dealing with clients and with DVA staff.
- Both DVA and ESOs should support a partnership approach to their relationship. This could extend to a formal, agreed service arrangement.
- DVA should arrange forums where they are dealing directly with senior advocates who have demonstrated their activity and expertise in matters involving veterans' claims. The current forums where DVA interacts with a few national executives of various ESOs who may not have any advocacy knowledge is not working.
- There needs to be a flow of information from DVA directly to ESOs who have practising advocates. The current model is not working.
- ESOs should have access to legal advice to assist them with complex claims or appeals.
- Any proposal to have legal practitioners acting as advocates would be difficult to maintain. The Canadian model with legally trained advocates appears to only apply at the equivalent level of Australia's AAT. In Canada, the level of support for primary claims and welfare does not appear to be as well developed as the Australian system. To move away from the Australian model could be detrimental for clients. The Defence Force Family Research Project which was conducted by Colmar Brunton for RSL Queensland identifies that veterans still regard assistance with DVA claims as a core function of the ESOs.
- DVA should be able to track 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 ESOs to ensure veteran needs were being met with an acceptable quality of service.
- ESOs with similar service offerings should work together to ensure best use of resources.

25. What obligations should be placed on the ADF and individual unit commanders to prevent service-related injuries and record incidents and injuries when they occur? To what extent do cultural or other issues create a barrier within the ADF to injury prevention or record-keeping?

RSL Queensland is of the view that the ADF now takes fulsome steps to prevent service-related injuries, and that injury reporting and record keeping is generally now appropriate. Historically there were significant issues associated with reporting injuries, the impact of which is still being felt within the veteran community.



26. The ADF is not financially accountable for the cost of compensation or for the cost of treating service-related injuries and illnesses after a veteran leaves the ADF. Is this a barrier to the ADF having an adequate focus on preventing injury and illnesses and providing early intervention and rehabilitation support? If so, how might this be remedied?

The mission of the ADF is to defend Australia and its national interests. The unique nature of military service means that all personnel regardless of their category are exposed to risks greater than those within the general community. These risks may be exacerbated when an individual is deployed and mean that in some instances the health and safety practises normal for the greater Australian community must necessarily take a secondary importance to the conduct of the mission. As noted earlier in this document, the unique nature of military service is such that a service person may be required to place themselves in a situation with significant risk of injury or death.

In these instances, specific sections of the appropriate legislation will apply in addressing post-discharge compensation requirements.

While acknowledging the exigencies of service life, the ADF has a moral duty to minimise as far as is reasonably practicable the harm to service personnel. There are three key areas where the ADF may remedy the current approach. These are:

- (a) Addressing the lack of suitability of some personnel in some roles;
- (b) The provision DVA client number upon induction into the ADF and the automatic transfer of medical documents to DVA on discharge;
- (c) The recording of the appropriate Statements of Principles (SOPs) by qualified medical personnel in the service members medical documents upon diagnosis.

Suitability of personnel for roles

The ADF has made a concerted effort to reduce age discrimination, such that Australians can enlist in the ADF between three and six years away from the compulsory retiring age for a specific role.

Whilst elements of this approach are admirable, our observation is that it is leading to a greater injury rate amongst older enlistees. Whilst many older enlistees can conduct physical training to achieve the minimum standard to pass the various barrier tests for enlistment in the ADF, physiologically their bodies are not able to repair and respond to the intense and enduring physical training required to maintain appropriate standards within the ADF. Diminution of these training standards is not a solution even from a WHS perspective, as it leads to significantly greater risk of serious injury or fatality on operations.

The ADF should be required to undertake a meta-analysis of injury frequency rates by age of enlistee during their first three years of service, in order to understand whether a more nuanced mechanism of maximum enlistment ages would reduce the injury rate of personnel.



Issue of DVA client number on induction and automatic transfer of medical documents to DVA upon discharge

The introduction of a DVA client number to a recruit and transfer of all medical documents to the Department will assist with problems associated to transition and ensure that records management remains highly credible.

Many members may not make a claim for a decade after their military service. The challenges associated with making a claim and the reported time lags in assessing claims provide levels of anxiety for the applicant. In some instances, the delay is not attributed to the Department, but with the records section of the Service.

Recording of Statement of Principles by qualified medical personnel during service

In some instances, service-related injuries can be diagnosed immediately by medical practitioners.

Where this is the case, a medically qualified serviceperson with adequate training in the SOP's should be able to log the appropriate SOP with the DVA client number contemporaneously in the servicemembers' medical documents. This entry should be taken by any subsequent appellant tribunal as "best evidence". The effect of this will reduce the number of appealable claims by parties as well as reduce the number of instances where a secondary opinion is required. This regime would apply to certain injuries where diagnosis is made by the immediately treating medical practitioner.

27. Is the package of compensation received by veterans adequate, fair and efficient? If not, where are the key shortcomings, and how should these be addressed?

As mentioned previously, a review should be conducted to ensure that all benefits are maintaining their currency according to Australian and Overseas standards.

A key shortcoming is the variety of benefits available across the three Acts and the complexity of ensuring the most beneficial legislation is being applied. It is the view of RSL Queensland that the range of benefits is extensive and not necessarily well understood. The various allowances available under the VEA should be reviewed and rationalised using a 'better off overall' methodology. Consideration should be given to making lump sum payments available if requested by the veteran for allowances such as Decoration Allowance, Victoria Cross Allowance and Recreational Transport Allowance. Acknowledging the complexity of the range of benefits, it remains difficult for a veteran or his family to feel confident that they have accessed all of their entitlements. Additionally, it appears that current processing protocols when more than one Act is involved do not necessarily ensure the client is receiving the most beneficial package.

IN SUMMARY – A review of DVA benefits in relation to community and world standards be conducted.



28. Is access to compensation benefits fair and timely? In particular, are there challenges associated with the requirements in the MRCA and DRCA that impairments be permanent and stable to receive permanent impairment compensation? How could these provisions be improved?

There is no doubt that the 'permanent and stable' component of Permanent Impairment (PI) causes significant concern for some veterans. The form provided to doctors for completion when a veteran is applying for a PI payment needs to be reviewed. They are not provided appropriate options to enable them to indicate that a condition has stabilised. The option offered ('may improve with time') is quite deliberately misleading for assessment purposes. The Veterans Payment has gone towards addressing this problem; however this is a flawed process and it remains to be seen if it will continue. RSL Queensland put forward a proposal that we believe would improve the situation, but it has not been adopted by DVA.

A brief summary of the submission is that the level of impairment should be assessed at an early stage and a pension paid to reflect that level of impairment, which will ameliorate the significant cash-flow issue often faced by veterans whose medical condition is such that they cannot work. The veteran should be required to undertake reasonable medical treatment and be reviewed on a regular basis, where the impairment related pension may be modified. Once the condition had stabilised a lump sum payment could be made.

IN SUMMARY – Consideration be given to DVA adopting a new approach to Permanent Impairment, where a fortnightly pension to be paid until the condition stabilises, at which stage the veteran is offered the option of a lump sum payment.

29. Is there scope to better align the compensation received under the VEA, MRCA and DRCA? In particular, could the provisions for permanent impairment compensation and incapacity payments in the MRCA and DRCA be made consistent?

Consideration should be given to legislation and legislative instruments that apply to the assessment of benefits for MRCA being carried across to DRCA. The concept put forward in relation to Permanent Impairment would align it with the VEA with the exception of the lump sum payment.

30. Are there complications caused by the interaction of compensation with military superannuation? How could these be addressed?

There are definite complications regarding the interaction between Military Superannuation, Defence and DVA. Refer to the response to Question 22.



31. What is the rationale for different levels of compensation to veterans with different types of service in the MRCA? Should these differences continue?

Refer to the responses to Questions 19 and 20.

32. For those veterans who receive compensation, are there adequate incentives to rehabilitate or return to work? Are there examples of other compensation schemes that provide support for injured workers and successfully create incentives to rehabilitate or return to work?

See Appendix 2.

There is no generic answer to this question, which rests on fundamental beliefs and approaches to life by individual veterans. As noted previously, if DVA had early access to medically transitioning servicepersons they could make considerable progress with vocational rehabilitation whilst the member was still securely employed within the ADF, increasing the likelihood of a medical transition with a wellness focus viewed as successful by the veteran.

It has been identified in various forums including the ANAO report and Senate Estimates that DVA needs to be able to track and report on rehabilitation activities and outcomes. There has been no clear progress on this despite the fact that DVA has been managing DRCA (formerly SRCA) rehabilitation for almost 20 years.

33. Employment that matches their skills and potential? Are transition and rehabilitation services meeting the needs of veterans and their families? Are veterans getting access to the services they need when they need them? What could be done to improve the timeliness of transition and rehabilitation services, and the coordination of services? What changes could be made to make it easier for ADF personnel to transition to civilian life and to find civilian?

Answers have been provided to previous questions on this topic.

IN SUMMARY – RSL Queensland is of the view that DVA could do a lot more in relation to effective transition and vocational rehabilitation.



34. Veterans who are medically discharged are generally in higher needs categories than people who access other rehabilitation and compensation schemes and have exhausted options for return to work in the ADF. How should this be reflected in the design of rehabilitation services for veterans?

Veterans who have exhausted their employment options in the ADF are not necessarily incapable of civilian employment. There is work being done at present to ensure veterans can be recognised for the very positive attributes they can bring to civilian employment. They should be more consistently assisted with this in DVA. At the present time, rehabilitation services being made available through DVA are inconsistent. If DVA had systems which were capable of tracking activities and outcomes by rehabilitation providers, this would become very apparent and they may then be able to work towards consistent and improved services.

IN SUMMARY – DVA has significant scope for improvement to deliver an effective and consistent model for vocational rehabilitation. A copy of the submission made to the ANAO on this topic is at Appendix 2.

35. How should the effectiveness of transition and rehabilitation services be measured? What evidence is currently available on the effectiveness of transition and rehabilitation services? How can the service system be improved?

There is an inquiry currently being conducted on transition. In addition, RSL Queensland is funding the Gallipoli Medical Research Foundation (GMRF) to carry out a substantial, empirically evidenced study into transition to determine fundamental differentials between those veterans who have transitioned effectively, and those who have not. It is hoped the inquiry and GMRF study will inform DVA on the way forward. Effectiveness should be measured by the number of veterans who have found meaningful employment, or are undergoing a medical management program which will assist them towards maximum functionality.

Failure should be measured by the number of veterans who are refused all options for rehabilitation leading solely to a compensation focused outcome.

36. In some countries, rehabilitation services are provided to the families of severely injured and deceased veterans. Is there a rationale for providing such services in Australia? If so, what evidence is there on the effectiveness of these services?

RSL Queensland has no particular awareness of the success of rehabilitation being provided for families in other countries.



37. Is health care for veterans, including through the gold and white cards, provided in an effective and efficient manner? Has the non-liability coverage of mental health through the white card been beneficial?

The Card system has been effective in ensuring veterans have access to treatment. Most veterans feel an enormous sense of security knowing that their health needs will be taken care of into old age. The issue to be raised is that the system does not provide good feedback in relation to the effectiveness of treatment programs that are being accessed through DVA Cards. As an example, a veteran may be seeing a psychiatrist for 10 or 20 years on a regular basis. There is no system to check on the type of treatment being provided, nor on its effectiveness. The treatment being provided may not be best practice and may not achieve any discernible improvement, but DVA has no process to identify and address this with the veteran to assist them in gaining more effective treatment.

The Non-Liability Health cover for mental health conditions for all veterans is an exceptional initiative. RSL Queensland notes that there is a lack of availability of mental health practitioners in some regional areas, and that an increasing number of veterans are reporting that psychiatrists, particularly in regional cities with less market competition, will no longer accept DVA clients as they can bill private clients at a higher rate.

38. Is there scope to simplify the range of benefits available, and how they are administered? Are all of the payments available necessary and beneficial? Are they achieving value for money outcomes?

As mentioned previously, some of the VEA Allowances should be offered to veterans as a lump sum if required. DVA should review the Defence Force Income Support Allowance (DFISA) system for Income Support payments. It is confusing and apparently difficult to administer. DVA should be solely responsible for these payments.

39. What are the benefits of having generally available income support payments also available to veterans through DVA? What are the costs?

RSL Queensland reviewed the DVA 2016-2017 Annual Report regarding the delivery of Income Support and Allowances. The Department of Human Services do not appear to have presented data in a similar format, so it is difficult to make a direct comparison regarding performance and cost. However, the importance of not requiring a veteran to deal with two separate Government Departments in order to obtain basic benefits should be foremost in the focus of those responsible for veterans' wellbeing.

DVA data from their Annual Report is below:



Program 1.1: Deliver income support and allowances

Income support provides a regular means-tested payment for eligible veterans and their dependants with limited means. While the veteran population is reducing in size, the activities undertaken within Program 1.1 are becoming more complex due to the increasing sophistication of clients' personal financial arrangements and circumstances, which are reviewed regularly. Refer to page 41 in this report for further information on this program.

No.	Performance criteria ¹	Target ¹	2015-16 Actual result	2016-17 Actual result	Achieved
1.1.1	Timeliness: Mean time to process new claims (days)	32	23	28	<input checked="" type="checkbox"/>
1.1.2	Timeliness: Mean time to process pensioner initiated reviews (days)	14	22	21	<input type="checkbox"/>
1.1.3	Price: Cost per income support clients	\$269	\$267	\$313	<input type="checkbox"/>
1.1.4	Quality: Critical error rate for income support processing	<5%	4.3%	2.9%	<input checked="" type="checkbox"/>
1.1.5	Measurement: The number of days within which 50% of cases will be processed (days)	Claims: 30	n/a ²	9	<input checked="" type="checkbox"/>
		PIRs: 10	n/a ²	7	<input checked="" type="checkbox"/>
1.1.6	Quality: Correctness rate ²	>95%	n/a ²	97.1%	<input checked="" type="checkbox"/>

PIRs = pensioner initiated reviews

¹ Source: DVA Portfolio Budget Statements 2016-17, page 34, DVA Corporate Plan 2016-2020, page 17.

² New measure for 2016-17. The new measures have been established to be more representative of the activity undertaken.



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Appendix 1

The Defence Family Research Project.



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THE DEFENCE FAMILY RESEARCH PROJECT

Key Findings Report

EXECUTIVE SUMMARY



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The Defence Family Research Project is the largest ever study of Queensland Defence personnel and their families. It addresses the significant knowledge gaps that exist in any literature. Over 3,000 members of the Defence Family (and over 6,000 Queensland residents) were surveyed in order to understand the Defence journey, and quantify key needs areas that will guide the development and delivery of essential services. Whilst the research was conducted with Queensland residents, the findings are applicable to the Defence Family nationwide.

Life in the Defence Family is not easy, and experiences had at this time can have a life-long impact. Service has a profound effect on both the member themselves and their immediate family. Quality of life in particular is diminished compared to the general population (rated 6.7 compared to 7.6 out of 10). To mitigate this impact, four key needs areas should be addressed:

- Employment – unemployment is high among those transitioning out (33% compared to 4% of general population) and 61% of spouses of current serving personnel are struggling to gain meaningful employment.
- Health – 63% have at least one medical or physical health condition and 42% have a mental health condition or need mental health support.
- Finances – 41% see finances as a key challenge in their life. Income drops significantly after transitioning out.
- Relationships – 18% are struggling with personal relationships and 34% of those with children say that they need family counselling.

Building on these specific needs, there are two groups that are more likely to have these issues: those transitioning out and families with children:

- Defence Members who are transitioning out are the most vulnerable. This is a time of radical change for both Defence members and their families. From employment to un(or under)employment, relocation, loss of purpose and friendships, dealing with medical discharge or conditions, submitting DVA claims and learning to live as a civilian again. In particular, quality of life drops during this time (to 5.7). This highlights the need for additional support during this critical phase and presents the greatest opportunity for organisations to have a positive impact.
- Defence families with children are coping with added pressures and need additional support. Family life in general is high pressure, juggling relationships, children and finances. This is exacerbated for Defence families because of periods of absence of one's partner, relocation, social isolation, financial pressure of a single income household and mental health challenges.

Currently, the Defence Family are suffering. However, this research is the first step toward creating a better future for our current and ex-serving personnel and their families. If connections are made with Defence members earlier in their journey, work can be done to mitigate risk factors and improve quality of life. With the knowledge gained from this research, efforts can be targeted and tailored to more effectively meet needs and work towards support that empowers.

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Research context

RSL Queensland commissioned an extensive research project to better understand the changing needs and challenges of the Defence Family in Queensland so they could better meet their needs in the future. The research was undertaken between August 2017 and April 2018, and included interviews, focus groups and survey participation, incorporating current and ex-serving ADF personnel, their spouses and carers, the general public, and key industry and government stakeholders.

The results will enable RSL Queensland to advocate effectively on behalf of the Defence Family and address the areas of greatest need for this community. RSL Queensland will also use the findings to shape its strategic direction.

The central question
guiding this research program...

How might we
continue to make
a positive
contribution to
the lives of those
in the Defence
Family?

4 key program objectives

Who are the Defence Family?

- This includes demographic and behavioural profiling characteristics and quantifying our audiences within the Defence Family.

What are the needs of the Defence Family?

- This includes physiological and psychological, and what is the scale and nature (mass or niche) of these needs?

What are our options?

- What is the current and the potential future role/s of RSL Queensland for the Defence Family?
- What perceptions exist, and what is their current engagement with RSL Queensland?

What is our role?

- How might we add to, support, enhance or promote others offering support services to the Defence Family?
- What stakeholder considerations should be factored in?

RESEARCH APPROACH



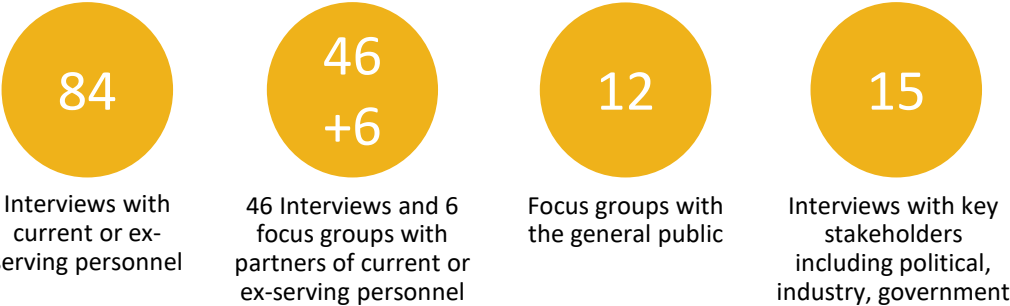
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Stage 1: Knowledge Audit

Interviews with internal stakeholders and comprehensive literature review.

Stage 2: Qualitative

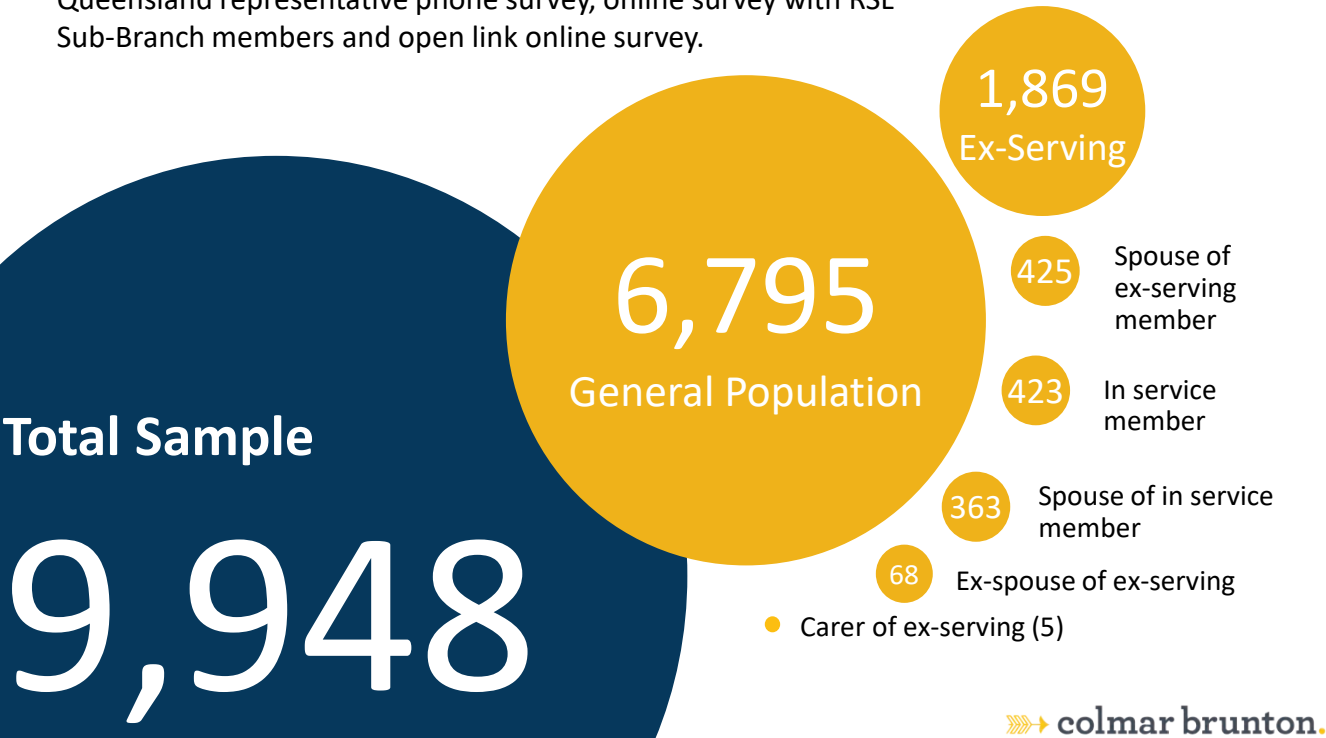
Program of qualitative interviews and focus groups with current and ex-serving personnel, their families, general public, and internal, industry and government stakeholders.



Total
Sample
289

Stage 3: Quantitative

Queensland representative phone survey, online survey with RSL Sub-Branch members and open link online survey.





Our research found four distinct stages of the Defence journey. While each individual is different and complex, there are some key consistencies outlined below. Each stage is explored further on the following pages.

THE JOURNEY	Transition In	In service
	From application to the first 12 months of service.	Currently serving.
STAGE DETAILS	<ul style="list-style-type: none">• Generally those transitioning in are young, under 25. This may be their first job.• Still young, many do not have family responsibilities (children) yet.• They turn up to the initial training with high expectations. Many find training emotionally and physically challenging, and some don't make it through.• The Defence workplace is unlike any other, and new recruits need to adjust quickly to the routines.• Often posted away from family for the first time, they form strong bonds with their unit.	<ul style="list-style-type: none">• Once adjusted to Defence life, members grow in confidence and skill and progress up the ranks over their time serving.• They have many new and difficult experiences such as deployments, training and postings which can put a great strain on both the members' mental health and personal/family relationships, through absence, injury or specific experiences (e.g. combat).• However, for the most part, serving members enjoy their important role and look forward to spending their career in Defence.
FEELINGS AND EMOTIONS	<ul style="list-style-type: none">• Fitting in/adjustment• Out of their depth• Culture shock <p>Critical points:</p> <ul style="list-style-type: none">• Failure to adjust• Injury	<ul style="list-style-type: none">• In control, invincible• Stability• Success <p>Critical points:</p> <ul style="list-style-type: none">• Family responsibility and pressure• Injury and mental illness
NEEDS	<ul style="list-style-type: none">• Information about life in Defence• Support during adjustment period• Realistic expectations• Awareness of support services available• Support for injury and associated DVA claims	<ul style="list-style-type: none">• Family support during deployments• Emotional support for children• Support for injury and associated DVA claims• Mental health support• Financial planning and advice• Spouse employment

DEFENCE JOURNEY



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THE JOURNEY	Transition Out	Ex-serving
	From discharge decision to 2 years post-service.	From 2 years post-service onwards.
STAGE DETAILS	<ul style="list-style-type: none">The transition out stage is by far the most challenging. It is a time of great upheaval and change, through which they experience the loss of a job, a career, a purpose, an ability, a home and an income. This has a profound impact on quality of life and wellbeing.Members may be discharged for medical reasons or voluntarily.Many struggle to find meaningful employment in their skills area. This gap in employment often means loss of income, which can put a strain on their family.	<ul style="list-style-type: none">For most ex-serving members, life has sorted itself out. They may have retired or moved on to a second career.Their family is generally older, therefore, have fewer needs of younger children.However, medical and health issues can resurface or deteriorate.These ex-serving members are more likely to be accessing support services or involved with the RSL.
FEELINGS AND EMOTIONS	<ul style="list-style-type: none">Lost, spinning out of controlLoss of purposeAlone <p>Critical points:</p> <ul style="list-style-type: none">EmploymentNon-acceptance of claimsMental healthFamily responsibility and pressure	<ul style="list-style-type: none">ContentmentStabilityReflection <p>Critical points:</p> <ul style="list-style-type: none">Health and ageingFamily relationships
NEEDS	<ul style="list-style-type: none">Employment and educationDVA claimsMental health supportFamily supportFinancial planning and adviceAdjustment to civilian lifePhysical fitnessHealthcareSense of purpose	<ul style="list-style-type: none">Volunteering contributionHealthcare and DVA claimsEmployment (for those not retired)Sense of purpose

TRANSITION IN



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Transitioning in can be a time of excitement and stepping into the unknown for many. While the realities of Defence life are known in an objective sense, recruits are often unaware of just how difficult the training and preparation can be. Waiting periods are often a surprise and can be highly stressful and difficult to manage for some new recruits. For younger recruits it may be the first time they have been employed or lived away from their families / loved ones.

It is a time of great change and upheaval, particularly during indoctrination into the disciplined culture of Defence. As such, there are unique circumstances and challenges associated with the transition in process.

Over two-thirds (68%) of those transitioning in are under 30 years old. Surprisingly, 79% live as a couple, and nearly half of those couples (41%) have children.

At the beginning of their Defence careers, those transitioning in have a lower median household income than their in service counterparts (\$83,000 vs \$92,500).

The majority are either renting (31%) or live in DHA housing (29%). Only one in five (20%) have purchased their own home (with a mortgage).

Those transitioning in tend to have higher levels of education prior to serving than personnel at other stages. Around a quarter (26%) completed a university degree prior to serving, whereas 75% of ex-service personnel had not completed further training or education after high school prior to serving.



Household

- 79% live as a couple
- 41% have kids
- Over half are married (53%)
- Median household income: \$83,000
- 31% rent; a further 29% live in DHA housing
- Only 1 in 5 have purchased a home (with a mortgage)

Age & Gender

- 68% are under 30
- 87% male, 13% female

Education

- 26% held a university degree prior to serving

Defence Job Roles

- 35% in Combat & Security
- 21% Engineering
- 21% Logistics, Hospitality & Support

Most in service personnel agree that their experience is absolutely unique and unforgettable. For better or for worse, the experiences, skills and discipline developed during their service shapes who they become as individuals.

For the most part, their Defence careers and life journey progress in-step with one another. They enjoy a higher level of household income (median: \$92,500), the majority (63%) are married and 60% have children. Over a third (34%) have purchased their own home (with a mortgage).

However, life in Defence brings about many challenges, particularly for families. Postings often result in numerous relocations, severing ties with local community and friends. Personnel can be away on deployments for extended periods of time, leaving their spouse to bare the brunt of household responsibilities. The risk of injury and developing mental health issues is relatively high compared to other professions. Difficulties for their spouse to find or maintain meaningful employment can create additional stresses.

Time in service can be as little as a few months to an entire working career (40+ years). The median time spent serving is eight years, with those in the Air Force, and particularly the Navy, tending to serve for longer.



Household

- More likely to be married (63%) or have kids (60%)
- Median household income: \$92,500
- More likely to have purchased a home with a mortgage (34%)
- Less likely to rent (20%), though 37% live in DHA housing

Age & Gender

- 68% are 30-49 years
- 76% male, 24% female

Education

- 16% held a university degree prior to serving

Defence Job Roles

- 27% in Combat & Security
- 14% Aviation
- 14% Logistics, Hospitality & Support

Transition out is generally triggered by a 'change event'. This can include injury, birth of a child, unfavourable posting, job opportunity elsewhere, family stress, workplace harassment, dissatisfaction with current role or a combination of several factors. The process of leaving Defence is often lengthy and convoluted, taking from 3 months up to 18 months (or longer).

Key issues at this stage are:

- Employment post-discharge
- DVA claims processes
- Rehab for those injured
- Education and training
- Loss of purpose/meaning in work

Within the transition out stage, there are distinct differences between those who served for over a decade and those who did not. The longer serving personnel naturally tend to be older, with 63% aged between 30 and 49. 72% are married and over a third (39%) have children over 18. There is a higher proportion of divorcees (11% vs. 7% Defence average). 13% own their homes outright and a further 61% are paying off their mortgage.

In contrast, 80% of those with shorter careers are under 30. They are half as likely to be married (32%) and less than a quarter have children (23%). They are nearly three times as likely to be single compared to the Defence average (20% vs. 7%). Just over a quarter (27%) have purchased a home with a mortgage but 10% are living with their parents or other family.

Younger members transitioning out are likely to experience the greatest reduction in earning capacity. Their median household income drops to \$65,000 (compared with \$92,500 for in-service personnel).



Household

- More likely to be in a de-facto relationship (24%)
- 39% have kids under 18
- Most likely to have a mortgage (46%)
- More likely to live with parents or other family (7%)
- Median household income: \$75,700

Age & Gender

- 63% are under 40
- 67% male, 33% female

Employment

- 62% have not found meaningful employment
- 19% unemployed – actively seeking
- 16% in full time work

Ex-service is the most common time to think about connecting with the RSL.

Ex-service may be retirement after a long and rewarding career or going back to university / retraining to start a new career. For others, it is an opportunity to address or manage issues or situations they have put off during their service. It involves some level of initial adjustment back to civilian life and may include addressing psychological or physical health issues, making changes to family arrangements, or relocating to a different area.

For many, retirement is an opportunity to give back to the wider community, particularly to the Defence community.

The vast majority (72%) of ex-service personnel are over 50 years of age. Yet, only 37% are retired and nearly half (42%) are still actively engaged in some form of paid work. More than two-thirds (69%) completed some form of education or training after leaving the Defence Force.

As ex-serving personnel are generally in a later stage of life, only a small minority (16%) still have children under 18 years old. Nearly half (46%) own their home outright and a further 30% are paying off their mortgages. Nine percent are divorced and 8% are widows/widowers.



Household

- Only 16% have children under 18 years
- Median household income: \$60,000
- 9% divorced
- 8% widows/widowers
- 46% own their home outright, 30% have a mortgage

Age & Gender

- 72% are 50 years or older
- 83% male, 17% female

Education

- 75% did not complete further training/education after high school before serving
- 69% completed some form of training/education after leaving Defence

QUALITY OF LIFE



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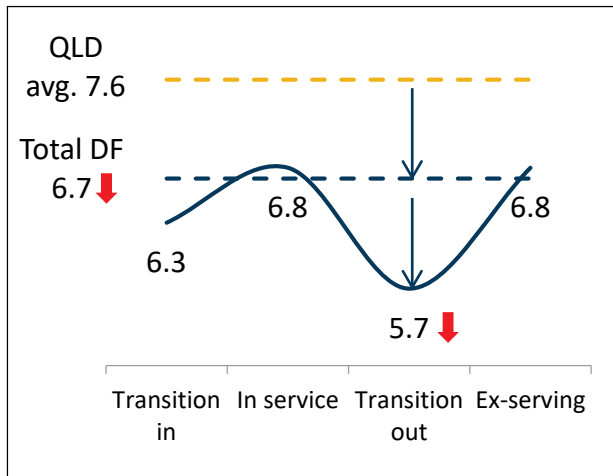
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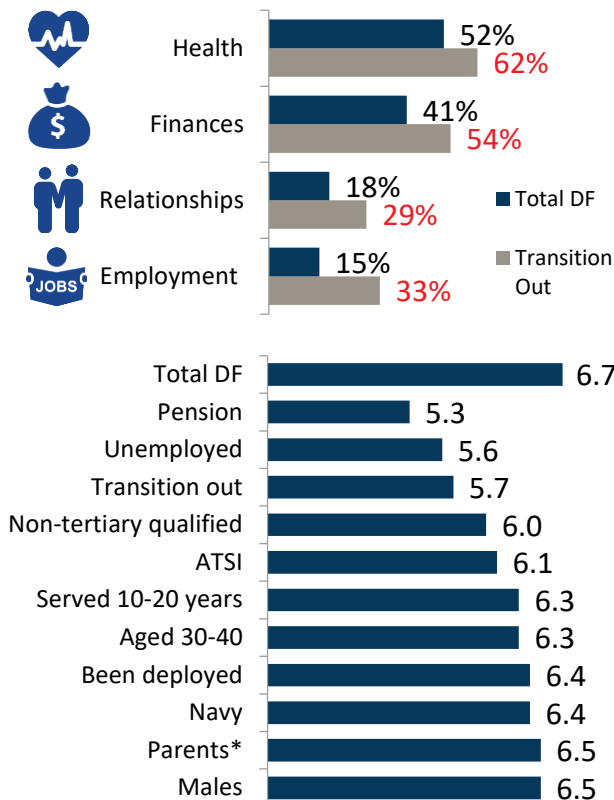


On average, the Defence Family rate their Quality of Life (QOL) as 6.7 out of 10. This is significantly lower than the general population, for which the average is 7.6.

Whilst QOL changes over the Defence journey, they are still below the Queensland average. The highest levels are exhibited during in service and ex-service (6.8% for both). This indicates times of stability in employment, income, and family life during these stages.

Conversely, QOL drops significantly during the transition out stage with the change in circumstances of employment, relationships and income. This shows that transition out is a key priority need.

Proportion experiencing major challenges



There are many factors that contribute to QOL, however, there are some clear key influencers: health, personal relationships, finances and employment. Those in the transition out stage experience more significant challenges in all four areas.

There are many demographic sub-groups that have significantly lower than average QOL. Those that are particularly low include:

- Ex-serving personnel living on a pension or who are unemployed;
- Those in the process of transitioning out.

*Parents are classified as those with children under 18.

NEEDS



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One key objective of the research program was to understand and map the needs of the Defence Family. This was explored in the qualitative stage, and sized in the quantitative stage. The priority needs are shown below. These are the needs that are being experienced by the largest proportions of the Defence Family in Queensland.

Proportion with need not being met.

Education & employment



*After nearly 18 years of service, I still **can't even get a job at Bunnings.***

Mental health support



***41 years in psychiatric counselling** to date and still seeing a Psychiatrist twice weekly currently.*

Transition out



*I want to get out and back to my family but I don't know what to do then, **I don't have a back up plan.***

Family support



*I was very upset when I found out they only called my wife on the third last night. 8 months and **only 1 phone call**, it was very disappointing.*

DVA Claims



*There is **never ending conflict with DVA.***

Financial planning & assistance



*Now that I have discharged I **struggle to make ends meet** supporting my sick wife and child on a **single income** and balancing the demands on my time.*

Health



*I have a heart condition and upper arm disability which **challenges my quality of life.***

The specific issues that fall under the key needs are outlined below.

Education and employment

For 15%, employment is a significant challenge in their life right now. Unemployment among those transitioning out is 8x higher than in the general population (33% c.f. 4%). This also influences their mental health, with 70% of those unemployed experiencing depression. 70% of current or ex-serving personnel have not completed any tertiary education, which can impact their ability to find employment post-discharge. Those who were in non-officer roles, women, and those in Air Force struggle more to find meaningful work post-discharge. Spouses also struggle with employment, with 89% saying that having a serving partner has moderately or severely impacted their career and 61% of in-service spouses are struggling to find work.

Mental health support

Around four in ten (38%) have a need for general mental health support, with 23% suffering from depression, 20% PTSD and 3% Anxiety. In total, this is 42% that have a specific mental health condition or need general support.

Transition out

All personnel experience transition out, and it is a time of low Quality of Life that they are not prepared for. 81% did not find ADF transition programs useful. Those transitioning out are more likely to experience significant challenges with their quality of life, their finances and employment.

Family support

A third (34%) have children under 18. Key needs among this group are emotional support for children (57%), childcare (38%) and family counselling (34%). Specific family needs are explored on the following page.

DVA claims

Most (62%) current or ex-serving members have submitted at least one DVA claim. For over a third, DVA claims are a major issue in their life right now. More than half of these (57%) do not have their needs met, including 70% of those who have not yet made a claim.

Financial planning and assistance

Four in ten (41%) see finances as a key challenge in their life right now. Many are struggling with not only income levels, but also with planning and managing their financial future. Income drops significantly after discharge.

Health

63% have at least 1 medical or physical condition (excl. mental health). The most common conditions are hearing loss (34%), lumbar spondylosis (27%), Tinnitus (26%) and sun spots (17%). 73% have not received all the appropriate treatment or support they need for their health issues.

GROUPS WITH HIGHER NEEDS



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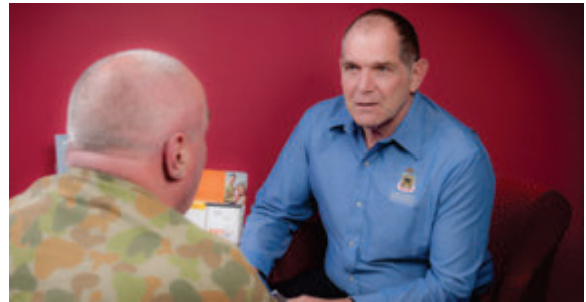
Certain sub-groups within the Defence Family tend to have higher than average needs. Those juggling family life whilst serving, or transitioning out of Defence face multiple challenges at once. Furthermore, they are amongst the least likely to be involved with the RSL. Opportunities exist to provide additional engagement and support.



Family life

Personnel with families are commonly grappling with the challenges of relationships, children and mortgages. This can be difficult enough for an average family, but there are additional challenges associated with Defence:

- 46% need additional help with financial planning or advice. Many feel the pressure of surviving on a single income.
- 42% of the Defence Family need additional emotional support for their children.
- 37% need additional mental health support or counselling.
- 32% would like additional support with meeting people in the local community. Relocations can make it difficult to develop and maintain relationships.
- 28% experience social isolation and need additional support.
- 23% need additional support for their partner/family whilst they're away.



Transition out

Those transitioning out are moving through a time of radical change. Physical rehabilitation, employment, social isolation, DVA claims, relocation and the adjustment to civilian life are all key challenges:

- 60% need additional assistance with health or physical therapy. This reflects the high rate of medical discharge amongst this group.
- 50% need additional help finding meaningful work or activities. Many may be un(or under)employed or experience a loss of purpose after leaving their Defence roles.
- 30% experience social isolation and need additional support.
- 48% need further assistance with submitting DVA claims.
- 19% are actively seeking work.
- 12% need additional support with the adjustment to civilian life
- 7% are living with parents or family whilst they find their feet.

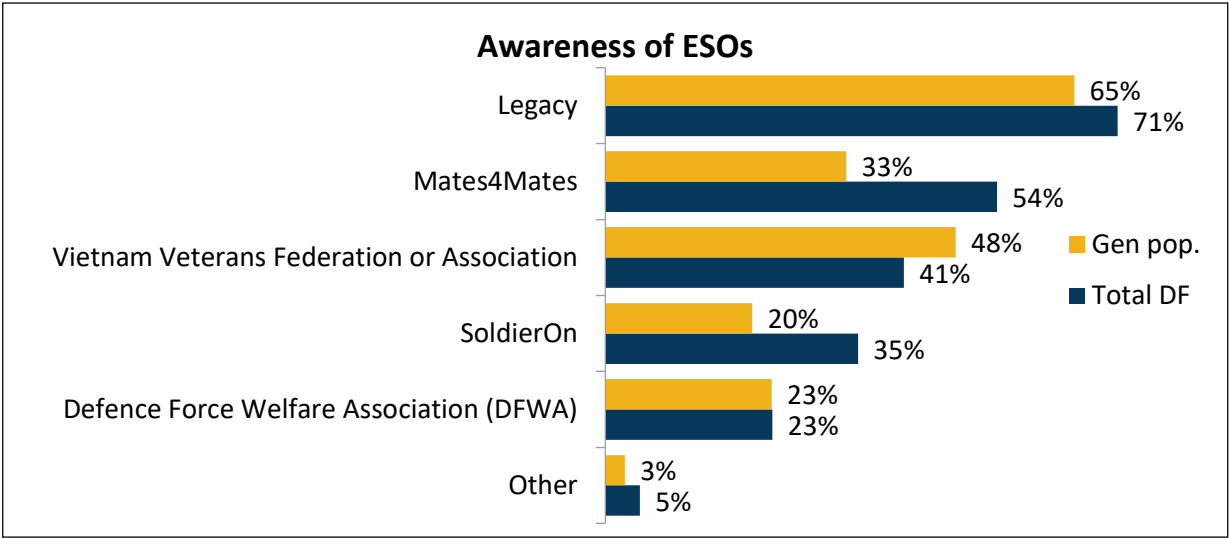
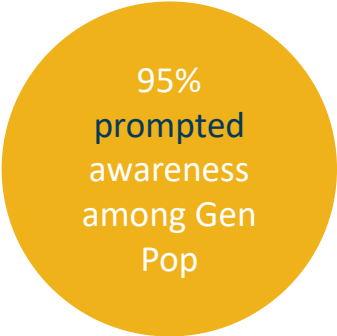
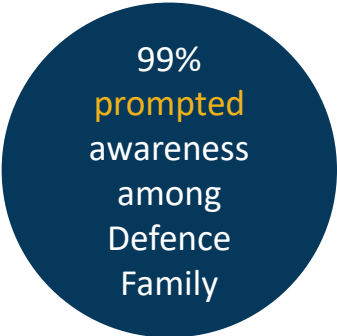
The ex-service organisation (ESO) landscape is described by the Defence Family and stakeholder groups as overcrowded, complex and inconsistent. This is causing confusion and angst among the Defence Family overall.

RSL stands out from the pack as the most recognised ESO in Queensland. 99% of the Defence Family and 95% of the general population are aware of the brand. Legacy is also seen as a leading ESO amongst the Defence Family (71%), followed by just over half (54%) spontaneously recalling Mates4Mates.

RSL is viewed as a critical player in helping to simplify things for Defence Families in need. At a macro level, RSL is perceived as the peak body of advocacy and providing a voice to the Government.

As the largest ESO, RSL Queensland is seen to have the capability to connect and organise the infrastructure for veteran and Defence Family wellbeing. This may involve bringing together other ESOs and making sure that there is no overlap between services provided, as well as unifying and consolidating Sub-Branches and organising large scale events or peer-to-peer networking.

To achieve this, stakeholders are calling on all leaders to band together and move forward with the times... *“be prepared to have some uncomfortable relationships and conversations”*.

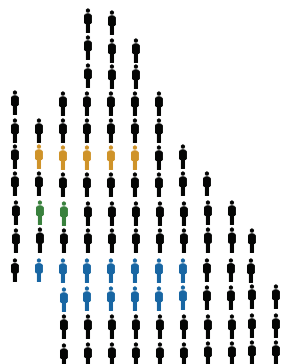


APPENDIX – SIZING THE DEFENCE FAMILY



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This research was only conducted in Queensland, and while the make up of the Defence Family will vary in other states, the needs and journey are universal.



Prevalence

In a room of 100 average adult Queenslanders (over 18), five will have served, or are currently serving, in the Australian Defence Force.

Two will be the spouse/partner of current or ex-serving personnel. Combined, they make up the 'Defence Family'.

A further 13 will have a connection to Defence through an immediate family member, such as a parent, child or housemate.



ARMY

16,079 in service*
114,996 ex-serving



AIR FORCE

4,637 in service*
32,368 ex-serving



NAVY

1,212 in service*
33,159 ex-serving

67%

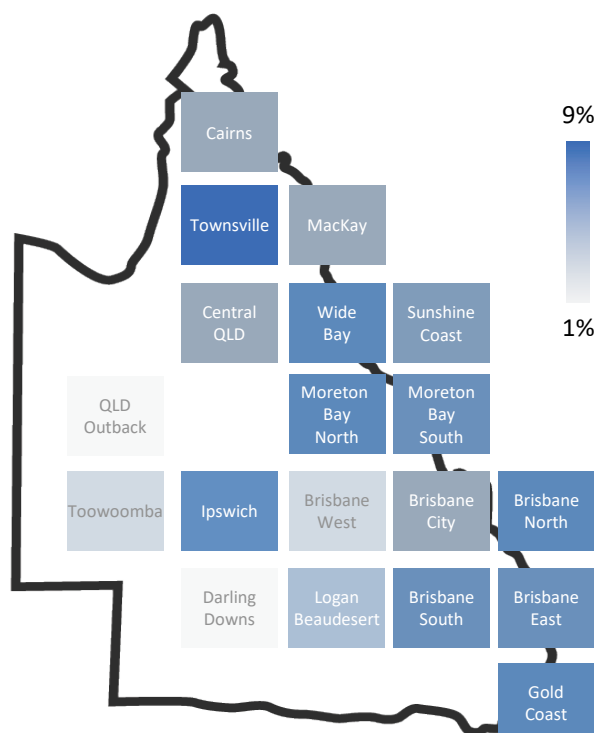
19%

17%

The Army is the largest service, representing 67% of current and ex-serving personnel in Queensland, followed by Air Force (19%) and Navy (17%). 3% have served in multiple services.

Geographic Distribution

Although the Defence Family makes up only 7% of the broader Queensland population, they are concentrated around major Defence bases in the Townsville (9%), Ipswich (8%), and north Brisbane (8%) regions. The map shows areas of higher Defence Family concentration. Areas with the smallest populations include Cairns (3%), Darling Downs – Maranoa (1%), and Outback Queensland (1%).



*Numbers include reservists. In service numbers are actual; ex-serving and spouse numbers have been calculated from the research. Please note these are approximations, there is a margin of error of +/- 4.38%.

APPENDIX – PROFILE OF THE DEFENCE FAMILY

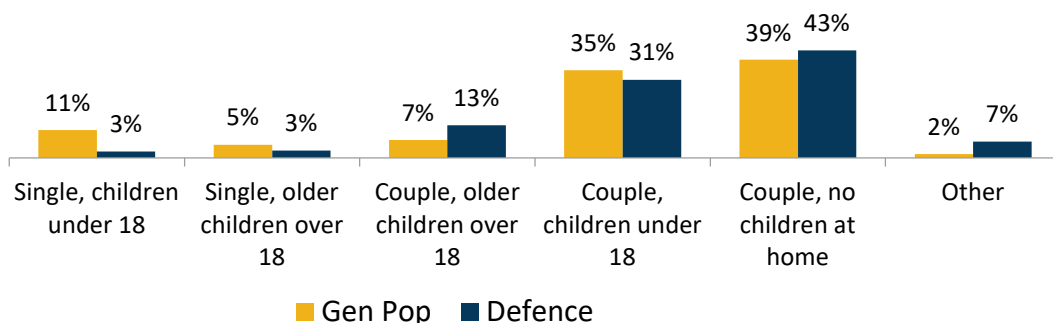


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83% of the Defence Family lives in family households.

This is higher than the general population (72%). Detailed below are the various types of family households, and a comparison to the general population.



13% of the Defence Family lives alone.

They are half as likely as the general population to live in single person households (24%).

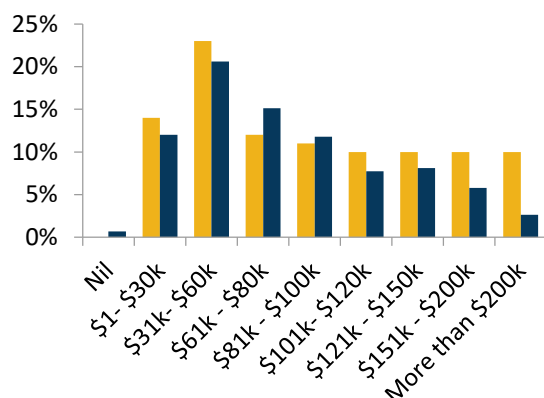


4% of the Defence Family is in a shared living situation.

This is roughly the same as the general population (5%).

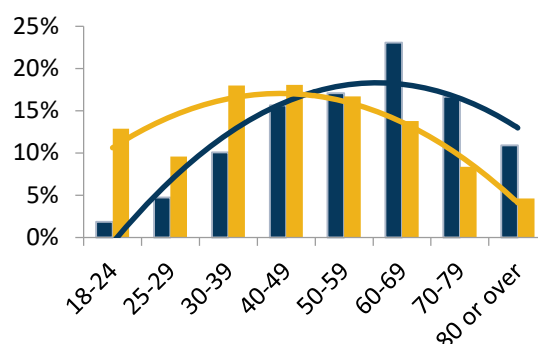
Household Income

Defence Family household income levels are roughly on par with the general population up to about \$120,000. A higher proportion of the general population have a household income higher than this amount (30% vs. 20% Defence).



Age

The Defence Family is older than the general population. A much higher percentage are over the age of 60 (51% vs. 27% gen pop), while far fewer are under the age of 30* (7% vs. 22% gen pop).



*excludes those under 18 years old

APPENDIX – REFERENCES



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Stage

Base Total DF n=3,153

S1. Which of the following best describes you?

S3b. Is [spouse] currently serving or has previously served?

Q2. What formal education levels did you attain prior to serving? CODED FOR HIGHEST LEVEL

Q3. To your best recall, what year did you enlist?

Q4. To your best recall, what year did you discharge?

Q7. Do you plan on discharging in the next few years?

Q9. What best describes your core role?

Q20. What is [your/their] current employment status?

Q26. Were there any additional education standards [you/they] achieved after discharge or are [you/they] doing additional study or training currently?

D2. What is your approximate annual household income (before tax or anything else is taken out)? Please include all sources of income including pensions and benefits.

S5. Which of the following best describes your household?

S7. What is your marital status?

D2. And what is your age?

D1. What is your gender?

D4. Which of the following best describes your housing situation?

Quality of life

Base: Gen Pop n=6,795; Total DF n=3,153; Ex-serving n=2,609; Transition out n=138; In service n=377; Transition in n=29

Q11. Now thinking about yourself, overall, how would you currently rate your quality of life? Please use a scale from 0 to 10 where 0 is very poor quality of life and 10 is very high quality of life.

Q19. Are any of the following significant challenges in your life currently?

Needs

Base: Total DF n=3,153

Q19. Are any of the following significant challenges in your life currently?

Q12. Do you have any of the following conditions that you attribute to your time in the Defence Force?

Q13. And did you receive all the medical or psychological support/treatment that you needed for [CONDITION]?

Base: Total DF n=3,153

Q17. Thinking about your situation at the moment, how important would you rate the following things for your life now?

Q18 And to what extent are each of these needs being met at the moment?

Base: Transition out and Ex-serving n=2,645

Q20. What is your current employment status?

ESO Landscape

Base: Total DF n=3,153; Total Gen Pop n=6,793

Q32. What Defence Ex-Service Organisations do you know something about? By this we mean you know a little about what they do not just heard their name.

Sizing the Defence Family

Base Total DF n=3,153

S1. Which of the following best describes you?

S2. And has any person in your immediate family or household, living or deceased, served at all in the Australian Defence Force including Army, Navy, Airforce or Reserves?

S3. Thinking of this person, what is your relationship with them?

Q1. Which services are/were you a member of?

S4. What is the postcode where you currently live?

Profile

Base Total DF n=3,153

S5. Which of the following best describes your household?

D2. And what is your age?

D3. What is your approximate annual household income (before tax or anything else is taken out)? Please include all sources of income including pensions and benefits.



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Appendix 2

1. Submission re – Transition services when medically separating from the ADF.

This issue has been considered on many occasions, including by the ANAO in report number 32 of 2015-2016 published on 5 May 2016 - **Administration of Rehabilitation Services under the Military Rehabilitation and Compensation Act 2004.**

Observations in that report were as follows: -

Transition Services for Injured and Ill ADF Personnel

17. There are a wide range of single-service (that is, Army, Navy or Air Force) and Defence-wide transition services available to the increasing number of ADF personnel who are discharged for medical reasons. However, Defence and Veterans' Affairs cannot yet demonstrate through comprehensive and reliable performance information whether the support provided is effective and efficient in assisting transition to civilian life or which services provide the best results for injured and ill ADF personnel discharged for medical.

20. A key initiative supporting transition, which has not yet been fully implemented, was the launch in 2007 of a whole-of-life framework, intended to provide comprehensive cross-agency support to individuals from the time of their enlistment through to their resettlement in the community. Documenting the roles and responsibilities of the various agencies in the framework is an essential first step in progressing the initiative, which has yet to be done five years after it was launched. In October 2011, the ADF and DVA implemented new reforms within the whole of life framework, to better support wounded, injured or ill members. The reforms include an on base DVA advisory service, which was implemented after TMS ceased operating. While the Support for Wounded, Injured or Ill Program (SWIIP)³⁸ was launched in October 2011, the agreed milestones, reporting mechanisms and performance measures for the initiative were still to be developed in March 2012.³⁹

Our submission maintains that, despite some effort being made by DVA, there is still significant opportunity for improvement in assisting the transition of medically transitioning members to civilian life. In addition, there still appear to be no reliable business systems to support the process and track the effectiveness of procedures and outcomes.



For younger veterans, the primary client base of the Australian Defence Force Rehabilitation Program (ADFRP), Department of Veterans Affairs (DVA) and Commonwealth Superannuation Corporation (CSC) are those being medically separated from the ADF. Discussions with clients of RSL Queensland (and hence clients of DVA) suggests that they are subject to a confusing and overlapping array of compensation and rehabilitation services that are not easily explained to those clients and are also poorly understood by those in an advisory position within many of the ESOs.

Our investigation has established that DVA services are delivered piecemeal by two divisions of the department, the Veterans Affairs Network (VAN) and the Rehabilitation and Compensation Group (RCG). The VAN covers the On Base Advisory Service (OBAS) and Case Co-ordination (CC), while the RCG provides compensation and rehabilitation following a Needs Assessment process. Whilst the officers from the different sections work cooperatively on cases, there is no local common management and no synchronised services or IT systems.

RSL Queensland has been informed that the Australian Defence Force Rehabilitation Program (ADFRP) and the RCG Rehabilitation section work together to enable a working handover of the rehabilitation reins from the ADFRP consultant to the RCG consultant, Timely Engagement, which is done by Queensland only at this stage. An additional submission regarding this inconsistency is further detailed below. There appears to be an array of confusing rules as to levels of service that can be delivered by RCG rehabilitation to serving members. Discussions with different DVA Rehabilitation Coordinators can lead to quite different views on the way forward for transitioning veterans. The differences are particularly apparent across the States.

RSL Queensland is advised that currently OBAS and CC work together to identify clients that may require a higher level of service, who are then considered for inclusion into the CC program.

Upon medical separation, the ex-member may be eligible for compensation in the form of wage replacement as below:

- A decision by the Commonwealth Superannuation Commission (CSC), invalidity payments.
- A decision by the RCG, incapacity payments.

RSL Queensland observations based on many cases is that ADFRP, OBAS, CC, CSC and RCG come together in a series of disorderly communications, with the best interests of the client subservient to a process that is managed across different governmental departments that have no clear communication channels and are even across different sections and management lines within DVA – also with no clear communication channels. The process requires the client to defend their injuries and to confirm their impairment. This changed status, from member to benefit seeker, is corrosive to their confidence about the future. The lack of clear process is foreign and confusing to transitioning members, most particularly those who are doing so on mental health grounds. RSL Queensland believes this process is intensely confusing and destructive. Providing advice to veterans who seek RSL Queensland's support is fraught with concern because of the lack of clear insight into how the process actually works.



IN SUMMARY – the existing transition process through superannuation, compensation and rehabilitation is poorly coordinated and even more poorly enunciated. This situation can be detrimental to the mental health of the client, and delays in linking transitioning members to appropriate rehabilitation services can have a negative effect over the lifetime of the member.

RSL Queensland Proposal – Front-end load DVA services to Medically Separating members.

For medically separating members, functions that can be delivered in transition and on-going case management should be brought together so there is an holistic corporate memory and approach to the overall task.

Initially, knowledge of a member who is to be medically separated should be established by OBAS through direct consultation with ADFRP. Knowledge of intending medical separation may also occur at the time of a claim for liability being received from a serving member. In this case the status of the member must be ascertained by direct communication (again with ADFRP). If it is established that a member is transitioning on medical grounds, all future engagement with this member should be centrally coordinated.

A DVA Case Manager needs to be assigned. This officer should be widely skilled and have the training to act as Needs Assessment Delegate, Case Co-ordinator, Rehabilitation Co-ordinator and a liaison point with CSC. Once contact has been established through OBAS, this DVA Case Manager will be a single point of contact through the whole transition phase. Depending upon the needs of the client, the scale of service will be adjusted accordingly, but every medically separating member will receive the same front-end loading. This DVA Case manager will work with the ADFRP Case Manager for the common purpose of smooth transition.

A Timely Engagement process can be established with ADFRP and liability, or otherwise, should be fast tracked for separating conditions in order to minimise 'Held in Abeyance' in Goal 3 awaiting liability. Complex cases will need to be handled accordingly, but the approach should be streamlined via direct expert case management through the total process. There should be maximum usage made of external Rehabilitation providers who will have been engaged with the client, in parallel with the ADFRP from the date the separation is known. These rehabilitation providers will be tasked with establishing very comprehensive rehabilitation plans that offer the full range of available services (Timely Engagement).

IN SUMMARY – OBAS, Needs, CC and Rehabilitation need be amalgamated under the one section for all medically separating members. Competing interests within DVA should be put aside for the common good of the veteran, in a truly 'Client Centric' approach.

By front-end loading the focus onto medically separating members DVA will create a better separation environment for those members, with more focussed attention to their exact needs, delivered in a simple and timely manner, and encouraging a more constructive and rational engagement with DVA.



This proposal is clearly in line with the Jesse Bird enquiry:

*'Of the 19 recommendations, the inquiry team identified the following seven recommendations for DVA to continue as part of its Veteran Centric Reform (VCR) program:... 10. **Continue to pilot an integrated and holistic case management approach, including a whole-of-person view, a holistic care model for veterans, and an increased focus on transition support and vocational assistance.**'*

There appears to be very little data available regarding transition and rehabilitation outcomes and RSL Queensland suggests that DVA significant scope for improvement in developing appropriate business systems. As the transition process and subsequent DVA handling of cases has undergone significant scrutiny in recent times, this should be an absolute priority.

2. Submission re - 'Timely Engagement' for medically transitioning members.

Reference is made to the ANAO report number 32 of 2015-2016.

Administration of Rehabilitation Services under the *Military Rehabilitation and Compensation Act (2004)*.

Supporting findings

Prevention and rehabilitation of injuries and illness in the Australian Defence Force

Veterans' Affairs have reported that a recent rehabilitation pilot project in South East Queensland that focused on timely engagement and closer cooperation between Defence and Veterans' Affairs demonstrated some improvements in the transition experience for members medically separating from Defence. While not conclusively demonstrating better outcomes from early engagement, 58 per cent of project participants successfully found work during the pilot period.

Recommendation No 3 Paragraph 3.17	<i>To improve the effectiveness and efficiency of transition services to support injured and ill ADF personnel to find suitable civilian work, the ANAO recommends that the Departments of Defence and Veterans' Affairs collect and analyse data to identify which transition support services and coordination approaches are associated with the best</i>
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	<i>and most durable rehabilitation outcomes leading to civilian employment.</i>
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DVA noted at Recommendation 3:

3.21 Building on a pilot project of the Veterans' Employment Assistance Initiative (VEAI) conducted in South East Queensland in 2014–15, DVA has commenced a timely engagement program with the Australian Defence Force (ADF) Rehabilitation Program to engage with individuals separating from the ADF on medical grounds at the earliest possible time prior to their separation. It provides an opportunity for a more effective handover of rehabilitation arrangements to DVA and to identify other areas of support required.

From an ESO perspective there is no visibility of the progress that DVA is making in relation to collecting and analysing their data to achieve preferred transition support services. Anecdotally, in Queensland, the Timely Engagement program has been very effective and continues to run in that state with very positive outcomes. Timely Engagement has been discontinued in other States. At this stage, it is conceivable that data would now be readily available to demonstrate any differences in outcomes. The data should point to the strengths and weaknesses of the trial and hence an optimum approach can be developed.

DVA and Defence are seemingly struggling to identify a best practice approach to rehabilitation during medical transition. RSL Queensland urges both DVA and Defence to agree on a rehabilitation process during medical transition which identifies Goal 3 clients at an early stage and promptly refers them through to DVA rehabilitation providers in a seamless rehabilitation transition whilst the member is still securely in service. This clearly facilitates support and rehabilitation pathways to veterans well before they get involved in the compensation 'merry-go-round' which has been identified as supporting a sickness mentality.

Proposal.

1. A clear and consistent approach to medical transitions across all States.
2. The release of data in relation to outcomes so that the most effective approaches can be adopted