

27 June 2018

Productivity Commission- Compensation and Rehabilitation for Veterans

To the Hon Scott Morrison MP

RCAA is the professional association exclusively representing the interests of Australasian Rehabilitation Counsellors (RCs) with tertiary qualifications in rehabilitation counselling.

RCs have a strong history, grounded in evidence-based practice, of providing rehabilitation services to both serving members and veterans, most notably within Australia and in the United States of America.

Incidentally, as a profession, rehabilitation counselling evolved from post-world war vocational rehabilitation for returned services personnel. Since that time, the major focus and core skill-set of RCs has become the provision of vocational and occupational rehabilitation services for people experiencing illness, injury, and disability, including mental illness, with a view to increasing social, economic and functional participation.

RCAA thanks the Productivity Commission for the opportunity to provide feedback on issues affecting veterans, most notably:

## **Complexity of Veterans Support**

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?

- There is emerging evidence that the current transition process from ADF to DVA is problematic and often results in exacerbation of symptoms. The American Department of Veteran Affairs (VA) assigns Vocational Rehabilitation Counselors (VRCs) to military installations sites. When a member is referred to the Physical Evaluation Board (PEB) as part of their Integrated Disability Evaluation System at one of these sites, they have a mandatory meeting with a VRC, who assesses what VA services they will be eligible for. This early intervention style can make the transition process is simple, fast and fair.
- In the U.S, VA also offers VR&E Reemployment Track. Veterans are protected under the Uniformed Services Employment and Reemployment Rights Act (USERRA), meaning that they can't be disadvantaged in their civilian career because of their service. The Vocational Rehabilitation and Employment (VR&E) Reemployment track can help the employer accommodate the veteran's needs. A Vocational Rehabilitation Counselor (VRC) can provide a full range of rehabilitation services and can refer participants directly to the Department of Labor to begin the process.

- Access to gold standard, evidence based vocational rehabilitation services such as vocational assessment, vocational counselling, jobsearch skills development, supported jobsearch and work placements is of importance to veterans, who have accepted medical conditions and require specialist services by appropriately trained Allied Health Professionals. Veterans can currently access these services through various avenues such as rehabilitation providers, Soldier On, Mates4Mates, RSL and others. There is potential for veterans to receive conflicting services and support, due to the fragmented nature of the services available to them. RCAA members have provided feedback where they have completed vocational counselling with a veteran, who then also receives vocational counselling through their GP referred Psychologist, with conflicting career pathways clarified throughout the process. Clearly defined pathways and scope of practice for those working with veterans may assist with reducing fragmentation and duplication of services.
- VA also offers VetSuccess on Campus (VSOC), which supports Veterans, Service members, and some eligible dependents in their transition from military to college life. VA has Vocational Rehabilitation Counselors (called VSOC Counselors) at 94 college campuses across the USA. VA VRC's help with Veterans' benefits, which may include VA health services and education benefits. They also provide support services and a disability advisory service. Utilising Australian based Rehabilitation Counsellors in Australian TAFEs and Universities would be beneficial as they have the training and expertise to provide the services which form the American model of VetSuccess, which is support services and disability advisory services such as recommending study accommodations. RCs are trained to assess and coordinate support needs and modify environments to facilitate participation by people with disabilities, so would be well placed to provide these services to veterans on campus. Within Australian Universities and TAFE Campuses currently, there appears to be an inconsistency with regards to the staff providing these services. As veterans often have multiple and significant conditions, they would benefit from appropriately qualified staff located by DVA on university sites, rather than go into another system, that may not have the understanding or experience of dealing with the complex needs of veterans.
- Within the current system in Australia, there are a large number of services that veterans can access. For example, counselling and case management services can be accessed through rehabilitation providers, VVCS, Soldier On, Mates4Mates and RSL among others. Veterans could foreseeably access numerous services concurrently and be provided with quite varying levels of service and recommendations. Streamlining the approach as is evidenced by the VA system in USA could result in reduction of fragmented services. In addition to these services, as currently demonstrated by Australian Tertiary settings, veterans may then enter another environment, without the appropriate levels of supports. While Rehabilitation Counsellors may currently work within rehabilitation providers monitoring veterans study efforts and offering support, they may not have a lot of input into support services and accommodations available through the university, in that the universities have their own staff providing these services.
- Alternatively, co-locating designated Rehabilitation Counsellors within
  organisations such as Soldier On, Mates4Mates and RSL would also ensure
  that members are accessing the appropriate evidence-based practice to best
  suit their needs. Veterans often have a significant number of co-morbid

physical and psychological conditions, and as such, they deserve and require access to professions that understand the nature of illness, injury and disability and its impact on the ability to obtain and maintain employment.

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?

We have provided recommendations which are a direct service offered by VA USA.

## Helping people to transition from the ADF

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 employment that matches their skills and potential?

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than go into another system, that may not have the understanding or experience of dealing with the complex needs of veterans.

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?

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Should you require any further information from RCAA, we invite you to email us on admin@rcaa.org.au

Submission prepared by the Rehabilitation Counselling Association of Australasia (RCAA).

## References:

https://www.icare.nsw.gov.au/treatment-and-care/services-and-support/getting-back-to-work-or-education/returning-to-work-following-a-severe-injury/

https://www.vets.gov/employment/vocational-rehab-and-employment/

http://www.vvcs.gov.au/index.htm