



**ADSO** ALLIANCE OF DEFENCE SERVICE ORGANISATIONS

'A TRULY BETTER WAY TO SUPPORT VETERANS'

INTEGRATING  
THE  
PRODUCTIVITY COMMISSION INQUIRY DRAFT  
AND  
SCOPING STUDY REPORTS

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## GLOSSARY

ACNC	Australian Charities and Not-for-Profits Commission
ANAO	Australian National Audit Office
ATDP	Advocacy Training and Development Program
ASIC	Australian Securities and Investments Commission
ATO	Australian Taxation Office
CLG	Company Limited by Guarantee
CoP	Community of Practice
DGR	Deductible Grant Recipient
DHS	Department of Human Services
DoH	Department of Health
DVA	Department of Veterans' Affairs
QA	Quality Assurance
ToR	Terms of Reference
VCR	Veteran-Centric Reform
VITA	Veterans' Indemnity and Training Association Inc.
VSS	Veteran Support System

## EXECUTIVE SUMMARY

ADSO is pleased to advise the Productivity Commission of its position on how the Veterans' Advocacy and Support Services Scoping Study's recommendations should be integrated into its Inquiry Draft Report on Compensation and Rehabilitation for Veterans. We look forward to discussing this Response with the Commission.

The Commission will be aware ADSO rejected the Inquiry's view that the veteran support system, including DVA, is not fit for purpose. We did, however, endorse – and remain firmly committed to – the principles upon which the Inquiry has recommended the future veteran support system be grounded.

ADSO advises the Commission that it endorses unanimously all of the Scoping Study's recommendations – many strongly, and only four with qualification.

On the other hand, we acknowledge that, because of the sources and nature of the pressures the system is under, it is at a tipping point. We conclude that either, it must transform, or it may collapse – perhaps abruptly. A viable future system depends on orderly transition. Identification of how that is to be achieved is crucial.

ADSO compared the structure proposed in the Inquiry's draft report with the Scoping Study's recommendations (especially Recommendation Nos 6.5, 6.6, 8.2, 8.3 and 10). The comparison showed that, if integrated with key Scoping Study's recommendations and then built on, some of the Inquiry's unacceptably disruptive findings may be ameliorated.

ADSO is, however, aware of the challenges. We acknowledge that success will depend on:

- first, Government and Central Agencies being satisfied that failures and weaknesses in the current system can – and will – be rectified; and
- second, stakeholders' weakly linked actions transitioning into a tight partnership committed to enhancing all aspects of veterans and their families' wellbeing.

Deliberation on these challenges incubated a concept model for the future veteran support system. Our model is grounded in consolidation of stakeholders' currently inconsistent level of collaboration. We propose formation of a group of collaboration 'champions'. The group will comprise representatives with the essential strategic and operational knowledge and skills from DVA, ESOs, Veterans Hubs and Support Centres, Defence and centres of research into veteran and family wellbeing. The group will transform the concept into a functional entity.

The entity's legal structure must assure veterans and families of its independence and the Public of its good governance. Dedication to empathetic, veteran-focused support must drive its operation. ADSO proposes that the entity be incorporated as a company limited by guarantee (CLG), registered with ACNC as a public benevolent institution and endorsed by the ATO as a DGR. A CLG is respectfully distant from government and militates against the invidious features of a statutory agency or authority.

The group will develop a transition plan and then drive implementation. Reflecting the austerity associated with current economic theory, the entity will have to be co-funded by the Commonwealth, ESOs and donations. In an environment critical of ESO governance and use of members' funds, the entity must demonstrate exemplary probity. This necessitates governance by a professional Board.

Reiterating ADSO's recommendations to both the Scoping Study and the Inquiry, and as reinforced in our current Policy Platform, the entity is to be titled the Institute of Professional Veterans' Advocates. (It may, however, trade under a more 'veteran-catchy' name.) Further reinforcing its independence, empathy and professionalism, the Institute will have four business units.

The proposed business units and their functions follow:

- **Policy Research:** responsible for evidence-based research.
- **Standardisation:** responsible for nationally consistent standards of training, accreditation, continuing professional development, professional ethos, ethical conduct, and culture change.
- **Services Delivery:** responsible for planning, implementation and coordinated delivery of services & support to veterans and families.
- **Services Support:** responsible for standards monitoring, insurance, complaints and discipline and quality assurance by the assessment of the impact advocacy, service delivery & support on veteran and family wellbeing.

The Institute's functions will be fine-focused by its output: delivery of nationally consistent, nationally coordinated veterans' services and wellbeing support. Consistent with VITA policy, the Institute will support veterans and their families irrespective of their Service of origin, place of residence, hour of need, and being an ESO member or not. Grounded in system-wide collaboration, the Institute will continue the move towards veterans' hubs, veterans' support centres and communities of practice.

The concept model is therefore relevant to today's 'fourth wave' veterans. It embeds the Inquiry's principles and builds on the Scoping Study's recommendations. These foundations are backed by learning-organisation practices, evidence-based research and policy, nationally consistent and coordinated services and support, quality assurance grounded in wellbeing outcomes, and consolidated through exceptional governance and management. The entity will be agile. In turn, its agility will ensure its future relevance to fifth and later generations of veterans and families.

The transformation process and implementation pathway resulting from ADSO's concept model resolve the criticisms that have provoked inquiries and reviews of veterans' services and support since the 1980s. They lead to an independent operational entity that will adapt to emergent influences and needs.

Orderly transition obviates disruptive change. Fundamental change is both unwarranted and unnecessary. Transformation is a viable alternative.

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## ADSO ALLIANCE OF DEFENCE SERVICE ORGANISATIONS

### INTEGRATING VETERANS' INQUIRY AND SCOPING STUDY FINDINGS

*'DVA operations and infrastructure are no longer fit for purpose as current business systems are claims based...and lack the information sharing and data analysis necessary to meet veterans' expectations of a quality service.'*<sup>1</sup>

*'The audit focusses on examining efficiency in terms of the relationship between inputs, outputs and the resources used by DVA to deliver services to its clients. The scope of the audit did **not** include any services that DVA was not directly responsible for delivering...'*<sup>2</sup>

*'[O]n present indications, fourth wave veterans are unlikely to establish an ESO to assist their cohort which is in any way comparable to the major ESOs established by the three preceding waves.'*<sup>3</sup>

#### Introduction

1. The Alliance of Defence Service Organisations (ADSO) is grateful for this opportunity to advise the Productivity Commission of its response to the Veterans' Advocacy and Support Services Scoping Study.
2. ADSO has commended the Study's authors for their thorough, balanced and well-considered Report. We have endorsed each of the Study's recommendations – most, strongly, and have offered qualifications on only a few. Our principal focus is now strategic: What follows? How are the Inquiry and Study's recommendations to be translated into an implementation pathway?
3. A strategic focus must be encompassing. An implementation pathway cannot ignore the interminable inquiries and reviews of the veteran support system. Undeniably, veteran support is at a tipping point. All stakeholders have an equal and shared obligation to avoid disruption or abrupt failure. The Inquiry recommends fundamental change. The Scoping Study builds on collaboration.<sup>4</sup> ADSO proposes integration.
4. Our way forward integrates the major determinants on the future delivery of high-quality support and services to veterans and families. In addition to the Inquiry and Study, key issues are DVA's perceptions of itself, the limitations the ANAO placed on itself, and younger veterans' redirection of ex-service organisation (epigrams).
5. At root, however, the Scoping Study is incontestable evidence<sup>5</sup> of the need for radical amendment of certain Inquiry Draft Report findings.<sup>6</sup>

<sup>1</sup> Department of Veterans' Affairs, Budget 2017-18 Veteran Centric Reform, page 1. URL:

<https://www.dva.gov.au/sites/default/files/files/about%20dva/budgets/2017-18/veterancentricreform.pdf>

<sup>2</sup> ANAO Report No.52 2017-18; Efficiency of Veterans Service Delivery by the Department of Veterans' Affairs, p.22, para 1.32; emphasis added. URL: <https://www.anao.gov.au/work/performance-audit/efficiency-veterans-service-delivery-department-veterans-affairs>

<sup>3</sup> Scoping Study, Section 2, Ex-Service Organisations; Finding 1.4.

<sup>4</sup> 'Individual participating organisations still do what they do best but they do it as their contribution to the agreed collective outcome.' Scoping Study, Section 15.

<sup>5</sup> 'The study is confident that, as a result of the consultations, research and enquiries outlined in this Section, it is well informed about the issues to be dealt with in this report.' Scoping Study, Section 1, The Conduct of this Scoping Study.

<sup>6</sup> Draft Report of the Productivity Commission 'Inquiry into The System of Compensation and Rehabilitation for Veterans'. URL: <https://www.pc.gov.au/inquiries/current/veterans/draft>

## Endorsements

6. ADSO is pleased to endorse the following findings with the annotated weightings. We have paraphrased the Scoping Study recommendations to facilitate identification of our strategic focus:
- a. Recommendation No. 1.1: *The Veteran Support System include a direct-line help-desk to link Advocates and Delegates.* **Endorsed.**
  - b. Recommendation No. 1.2: *Before determination, the Reviewer discuss tentative decisions with the advocate/claimant to clarify questions, rectify problems and finalise contentions.* **Endorsed.**
  - c. Recommendation No. 1.3: *Primary claim delegates inform the advocate/applicant about any significant delay in progressing their claim.* **Endorsed.**
  - d. Recommendation No. 2: *Legal practitioners/legally qualified persons continue to be prohibited from representing veterans at VRB Hearings.* **Endorsed.**
  - e. Recommendation No. 3: *Legal Services Branch identify how to manage the RC and MRCC's AAT cases effectively and reduce legal costs.* **Endorsed Strongly.**
  - f. Recommendation No. 4: *DVA expand its inhouse advocacy team and include MRCA and DRCA in its workload.* **Endorsed Strongly.**
  - g. Recommendation No. 5: *Government fund a free Veterans' National Legal Service including a Helpline.* **Endorsed Strongly.**
  - h. Recommendations No. 6.1, 6.3 and 6.4: *ATDP development and implementation incorporate each of these critical recommendations.* **Endorsed Strongly.**
  - i. Recommendations No. 7.1 to 7.3: *Ensure that the Veteran Support System, including advocacy and legislative instruments and policy, fully meets female veterans' needs.* **Endorsed Strongly.**
  - j. Recommendations No. 8.2 and 8.3: *DVA and ESOs jointly ensure that the Veteran Support System meets as fully as is feasible the needs of all veterans and their families.* **Endorsed Strongly.**
  - k. Recommendation No. 10: *In consultation, DVA, ESOs and advocates establish a 'backbone body' to deliver nationally consolidated and coordinated advocacy and support services (Veterans National Advocacy Coordination).* **Endorsed Strongly.**  
(Developed at para 16 below.)
  - l. Recommendation No. 11: *Wellbeing advocacy be the principal long-term focus for veterans' advocacy services.* **Endorsed Strongly.**
  - m. Recommendation No. 12: *The Commissions monitor implementation, the Secretary report annually to the Minister on progress, and the outcomes be evaluated thoroughly at the end of three years.* **Endorsed Strongly.**

7. We endorse with qualification (underlined) the following recommendations:
- a. Recommendation No. 1.4: *DVA assist veterans to lodge primary claims.*  
**Endorsed:** only if:
    - i. the Delegate is certain that the veteran's mental health and wellbeing<sup>7</sup> is robust, and/or
    - ii. the veteran has sought advocate support and it is not available in a timely manner (see our Advocacy Support Officer proposal; paras 40-42 below).
  
  - b. Recommendation No. 6.2: *ATDP training pathways at each level in both streams be shortened and/or intensified.*  
**Endorsed:** to the extent training remains consistent with the skills standards stipulated by ASQA for industry-accreditation.
  
  - c. Recommendation No. 6.5 and 6.6: *A company limited by guarantee be incorporated that is responsible for standards, training, accreditation, continuing professional development, insurance, complaints and sanctions.*  
**Endorsed:** provided that the Veterans Advocates Board and Veterans National Advocacy Coordination be integrated within the incorporated entity (see our development of the envisaged 'backbone body' at para 16 below).
  
  - d. Recommendation No. 8.1: *DCO's support be extended to a period of two years after transition.*  
**Endorsed:** provided that:
    - i. the adequacy of DCO's current support and its preparedness and capacity to extend the period of support be established;
    - ii. DCO collaborate with DVA throughout the two-year period with the objective of achieving the best possible outcome for the veteran and his/her family's wellbeing; and
    - iii. rehabilitation arrangements ensure seamless continuity of care during transfer.
  
  - di. Recommendation No. 9: *DVA review its client communication strategy and processes.*  
**Endorsed Strongly:** provided that the recommendation is progressed collaboratively with ESOs and especially younger veterans' organisations.

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<sup>7</sup> Recommendation 1.4 does not reflect the implications of younger veteran's focus on health and wellbeing. While DVA Delegates are trained to support compensation claims, only Advocates accredit in wellbeing support. We forecast that the need is for four Wellbeing Advocates to each Compensation Advocate. Typically, a Wellbeing Advocate is the first point of contact in ESOs that support younger veterans and their families. Wellbeing Advocates coordinate veteran and family's whole-of-life care and support services. They refer DVA clients to a Compensation Advocate only when appropriate – typically episodically.



## Framing Considerations

8. As advised in our response to the Draft Report, ADSO rejects without reservation the Inquiry's following draft recommendations. We cannot agree that:
  - a. the veterans' compensation and rehabilitation system is unfit-for-purpose and requires fundamental reform;
  - b. a statutory agency (the Veteran Services Commission) be:
    - i. created to administer and oversee the performance of the veteran support system, and
    - ii. governed by a Board weighted heavily towards market-based workers' compensation and social insurance; and
  - c. DVA's policy responsibility be transferred to a new Veterans Policy Group within the Defence portfolio.
9. On the other hand, we support without qualification the principles advanced by the Inquiry.<sup>8</sup> We agree that the veteran support system must be:
  - a. wellness focused (*ability* not disability) — with a focus on return to work and recovery for life;
  - b. equitable — there should be equal treatment of equal claims;
  - c. veteran centric — including recognising the unique needs resulting from military service;
  - d. needs and evidence-based — supports should be targeted to those with the greatest need (most serious injuries) and treatments based on the latest evidence;
  - e. administratively efficient — the system should be easy for clients to navigate and as simple as possible to administer; and
  - f. financially sustainable and affordable.
10. We acknowledge, however, that to be effective, rejection must be accompanied by not only acceptance of principles but also alternatives. To facilitate identification of the options, we compared the structures proposed by the Productivity Commission Inquiry and Scoping Study (Annex A). The comparison allowed us, synergistically, to:
  - a. build on the Scoping Study's findings, recommendations and strengths; and
  - b. obviate fatal recommendations in the Productivity Commission's final report.
11. We have endorsed the Scoping Study's findings and recommendations above (paras 6 and 7). While so doing, we have noted, however, that the Terms of Reference (ToR) contain inherent limitations. The Study has scoped well the systemic failings and weaknesses affecting veterans' advocacy and support services. It recommends what is to be done to remedy them. However, its ToR did not require development of an implementation plan. Therefore, the next step is for stakeholders, collaboratively, to:
  - a. define the structure of future veteran support system;
  - b. identify the specific outcomes the system is to achieve;

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<sup>8</sup> Productivity Commission Inquiry Draft Report, 'A Better Way to Support Veterans', p.168.

- c. formulate the service delivery and support standards to be achieved;
  - d. develop a comprehensive implementation plan; and
  - e. transform the current into the future veteran support system.
12. In ADSO's judgement, the way ahead is reasonably clear. At root, we are deeply concerned that, unless the potential in the Scoping Study is maximised, the Inquiry's draft recommendations at para 8 will remain 'on the table'. We have therefore identified a number of refinements to strengthen the veteran support system beyond the Scoping Study's recommendations. We propose integration of business units as well as adding to or repositioning functions recommended by the Scoping Study.
13. Our proposals have been influenced strongly by the following determinants:
- a. our acknowledgement that stakeholders' current level of interaction is weak and sometimes antagonistic, leaving the veteran support system sub-optimal, open to critical review and recommendations that, if implemented, will destructively and irreparably change veteran and family support;
  - b. Secretary Cosson and the Senior Leadership Group's commitment to:
    - i. strengthening information exchange and communication across the National Consultation Framework,<sup>9</sup> and
    - ii. engaging in extended and intensive dialogue with ESOs;
  - c. ESORT's commitment to:
    - i. refocusing on strategic issues,
    - ii. exploring transition into an Advisory Council;
  - d. ADSO Members' commitments to:
    - i. promulgating shared objectives<sup>10</sup> and collaborating to achieve them, and
    - ii. continuing to strengthen collaboration with Legacy, the RSL and younger veterans' organisations;
  - e. the success of Veterans' Hubs and Support Centres in a number of capital cities and regional centres as a means of nurturing multi-ESO collaboration, delivering DVA-funded services and providing wellbeing support; and
  - f. the Advocacy Training and Development Program (ATDP)'s:
    - i. success in encouraging creation and operation of Communities of Practice (CoP),<sup>11</sup> and

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<sup>9</sup> ADSO notes that the Framework was last reviewed in 2016 and is reviewed formally each three years. The Report of 2016 Review proposed changes of structure and enhanced communication (URL below). We propose that the next review (imminent) reinforce the need for membership by younger veteran organisations and direct reporting to ESORT by the other forums in the Framework and vice versa. Effectiveness predicates all forums working together. URL: <https://www.dva.gov.au/sites/default/files/files/consultation%20and%20grants/2016%20National%20Consultation%20Framework%20Review%20Report%20-%20FINAL.pdf>

<sup>10</sup> See ADSO Media Release dated 16 April 2019.

<sup>11</sup> Community of Practice. Veterans' Advocacy CoP are multi-ESO collectives that share a passion about high quality advocacy and engage regularly to learn how to advocate better. <https://wenger-trayner.com/resources/what-is-a->

- ii. continuation of RPL<sup>12</sup> on an 'on-demand' basis (even though VITA has promulgated cut-off dates).

## Implementation

14. Reflecting our objective at para 10, this section first outlines a proposed concept model for the 'backbone body' before discussing key refinements and considerations in paras 17-43. A schematic of our proposed structure and interactions is at Annex B.
15. Crucially, our concept integrates the key determinants at para 13, forming a group of collaboration 'champions' comprising stakeholder representatives. The group would transform the concept into a functional entity, then plan and drive implementation, Representatives would also be responsible for keeping their parent organisation informed and galvanising their fellow members. Axiomatically, Representatives must be empowered to commit their organisations.

## Concept Model

16. Our concept model is presented next as a series of alternatives to the existing recommendations in the Inquiry's Draft and Scoping Study Reports.
  - a. Instead of a statutory agency or authority (a Veteran Services Commission), consonant with the Scoping Study, we propose incorporation of a company limited by guarantee (CLG).
  - b. Instead of meeting the provisions of the *Financial Management and Accountability Act 1997* or *Commonwealth Authorities and Companies Act 1997*, we propose that the CLG meet the not-for-profit and charitable institution provisions of the *Corporations Act 2001* and *Charities Act 2013*.
  - c. Instead of a Veteran Services Commission focused on compensation and rehabilitation, we propose that the Objects of the CLG include all elements of a well-governed, managed and administered veteran support system that, concurrently:
    - i. maximises collaboration between stakeholders,
    - ii. coordinates ESOs and Advocates strengths to maximise effectiveness,
    - iii. delivers the full range of high-quality services and support, and
    - iv. meets Government and Central Agencies' requirements.
  - d. Instead of a Veteran Services Commission Board weighted towards workers' compensation and social insurance, we propose that the CLG be governed by a Board comprising a Director from each of the key stakeholder groups elected on the grounds of probity, knowledge, skill and ability to contribute to corporate governance.

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[community-of-practice/](#) ATDP policy requires CoP to comprise more than one ESO. This policy has integrated the best of partner organisation's cultures, facilitated workload sharing, and fostered information sharing and collaboration.

<sup>12</sup> Recognition of Prior Learning. Vocational Education and Training legislation stipulates that, along with a training pathway, RPL must be available as a means of accreditation.

- e. Instead of a veterans' policy group in Defence, we propose that the CLG include a business unit which conducts evidence-based research to inform legislative and policy development by DVA.
- f. Instead of a possibly separate Veterans' Advocates Board and Veterans National Advocacy Coordination, we propose that their functions be integrated within the CLG to form a single 'backbone body'.
- g. Instead of the Scoping Study's location of training, accreditation, standards and insurance in a Veterans' Advocates Board, we propose that the CLG:
  - i. separate these functions into two business units:
    - (a) one of which would be responsible for training, accreditation, CPD and culture change; and
    - (b) the other for standards, indemnification, complaints resolution, impact assessment and outcomes-focused quality assurance; and
  - ii. include a business unit responsible for system-wide collaboration, coordination of services and support, and delivery of high-quality services and support.
- h. Instead of a non-specific requirement that client outcomes and service providers' effectiveness be 'monitored', we propose creation of a comprehensive quality assurance system. The proposed system is discussed next.

### Quality Assurance System

17. Reflecting the ANAO Performance Audit and Productivity Commission criticism of DVA's inadequate monitoring of (integral and outsourced) service delivery, incontestably, the future veteran support system must include a comprehensive quality assurance (QA) system.<sup>13</sup>
18. The Scoping Study's ToR noted, however, that: *there is currently no means of assessing the quality of services* (emphasis added). The ToR required that the Study:
  - a. examine *governance and quality frameworks*, and
  - b. identify the standards which are *comparable in quality and value with other cohorts accessing government entitlements*.<sup>14</sup>
19. Stakeholders now face the challenge of defining QA measures, and designing and implementing the system.

<sup>13</sup> The Scoping Study ToR stipulated that: *This study will help inform how we can...set the quality standards for advocacy services to veterans and their families...* (emphasis added).

<sup>14</sup> The Study found that:

- Disability advocacy services must adhere to the *National Standards for Disability Services*. Funded advocacy agencies are audited and, if compliant, certified within 18 months of initial grant and re-certified every three years.
- The *National Aged Care Advocacy Program* framework is expected to cover competencies for advocates and reporting and quality assurance standards.

20. Acknowledging a key ANAO finding, the QA system must be outcomes-based. Accordingly, ADSO proposed in its Response to the Inquiry's Draft Report that:
- a. as DVA's strategic outcome is enhanced veteran and family wellbeing,<sup>15</sup> the QA system must measure each of the seven elements of wellbeing;<sup>16</sup> and
  - b. 'impact assessment' is the appropriate outcomes-based QA methodology.<sup>17</sup>
21. As identified in para 23 below, a comprehensive QA system will comprise a number of sub-systems. It will be a system of interdependent sub-systems. With respect to advocacy training and development, we are aware that ATDP is currently developing a training and development sub-system that is outcomes focused. and integrates with the other sub-systems.
22. A comprehensive QA system will necessitate longitudinal<sup>18</sup> assessment of the impact of the veteran support system – viz., to what extent and how the veteran and family's engagement with the system is progressively enhancing (or not enhancing) wellbeing. The 'learning organisation' concept<sup>19</sup> is inherent. It is axiomatic that lessons are learned progressively. What is done and what results must be monitored and reflected upon systematically. The lessons learned must be applied to improving the veteran support system. Robust feedback is essential.
23. The comprehensive veteran support QA system will comprise four sub-systems. Four sets of inputs, interactions and outcomes will need to be monitored and assessed. A comprehensive QA system will measure longitudinally and analyse the impact of:
- a. advocacy training and continuing professional development (CPD) on advocate performance;
  - b. collaboration and coordination on service delivery and support;
  - c. services delivered and support received on veteran and family wellbeing; and
  - d. veteran support system operation on the cost to the Commonwealth and benefit to the Australian society of the outcomes achieved.

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<sup>15</sup> Wellbeing means a state of being in which the individual realises his/her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her/his community. It is a complex combination of physical, mental, emotional and social factors (after World Health Organisation and Victoria Health).

<sup>16</sup> The DVA-funded Australian Institute of Health and Welfare (AIHW) Veteran Centred Model Working Paper, lists the following categories of wellbeing: Justice and Safety, Social Support, Health, Income and Finance, Employment, Education and Skills, and Housing. <https://www.aihw.gov.au/reports/veterans/development-veteran-centred-model-working-paper/contents/summary>

<sup>17</sup> ADSO notes that:

- A majority of impact assessment literature is directed at the Environmental Impact Assessment.
- Although Phoenix Australia and some Supporting Younger Veterans Grants recipients are addressing wellbeing enhancement, little research has yet been completed into wellbeing assessment.
- ATDP's development of its QA system is aware of the need to assess the impact of advocacy support on veteran and family wellbeing.
- Scoping Study implementation will therefore need to develop wellbeing impact assessment metrics. We envisage that this development would be done in conjunction with appropriate university veteran-research bodies.

<sup>18</sup> In this context, longitudinal assessment involves, over a period of time, repeatedly observing actions taken in accordance with legislation and policy, gathering and analysing data on the impact of wellbeing support inputs for the same veteran and family.

<sup>19</sup> A learning organization is one that facilitates its members' learning and continuously transforms itself. The concept is the result of research by Peter Senge which is usefully overviewed at: [https://www.researchgate.net/publication/225839317\\_Fifth\\_Discipline\\_Review\\_and\\_Discussion](https://www.researchgate.net/publication/225839317_Fifth_Discipline_Review_and_Discussion)

### *Transforming DVA*

24. Although '*Transforming DVA*' is focused on veteran and family wellbeing, veterans' legislation and DVA's appropriation provides for only some of the seven elements of wellbeing (Note 15). Annex C lists the support needs identified by younger veterans' workshops.<sup>20</sup> Comparison of the list with the support DVA can provide underscores the critical importance of ESOs' wellbeing advocacy within the veteran support system. The Scoping Study's Recommendation No 11 further emphasises the place of ESOs and their Wellbeing Advocates' contribution in the future veteran support system.
25. Said another way, ESOs' Advocates and DVA Delegates are co-contributors in the delivery of all compensation services but only in small part to wellbeing enhancement. DVA Delegates' delivery of a relatively small proportion of wellbeing support highlights a shortcoming in the scope of ANAO audit (page 1, epigram 2). Were the QA system to be guided only by ANAO requirements, it would fail on many key criteria.
26. Mandatorily, Government and the Central Agencies will hold DVA responsible for the effectiveness of services and support delivered to veterans and families. As assessment of DVA's performance transitions from TTTP<sup>21</sup> to wellbeing enhancement, ESO Advocates' already dominant contribution to service delivery and support will become increasingly more central.
27. Moreover, if as proposed at para 42 below, the CLG receives Commonwealth seed-funding, Government and Central Agency interest in DVA's performance will expand to encompass the entire veteran support system. Prudently, future ANAO performance audit should be anticipated. This suggests the need for:
  - a. strong links between Transforming DVA, ATDP and advocate performance; and
  - b. a strong partnership between the CLG, DVA and ESOs.
28. ADSO proposes that ESORT's new strategic focus, implementation planning for the new veteran support system and subsequent operationalisation include review of the scope of Transforming DVA. Enhancement of veteran and family wellbeing will require much more than internal activity within DVA.

### *On-line Claims Lodgement*

29. Although we endorse on-line lodgement of primary claims, we are concerned that ADSO's Level 2 Compensation Advocates will lose the learning and skills development opportunities that they need to prepare themselves for advocacy to the VRB (Level 3).
30. This loss will need to be overcome. We propose greater attention in CPD to, and emphasis by CoP of case study analysis. It also reinforces the need for the inclusion of legal studies in the training pathway that leads to Compensation Level 3 accreditation.

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<sup>20</sup> See 'Proceedings of MILADW002 Curriculum Workshop' dated 21 January 2018.

<sup>21</sup> Time Taken to Process.

### *Intensified Training Pathway*

31. Although we share our Members and other ESOs' concerns about the time taken to complete an ATDP training pathway and endorse consideration of shorter training segments, we note that:
- a. younger veterans have not resiled from their expectation of accredited advocacy support;
  - b. neither *DVA Towards 2020's* objective of delivering high-quality services nor *Transforming DVA's* enhancing veteran and family wellbeing has been relaxed;
  - c. TIP's 'fire-hose' training was – and remains – contrary to adult-learning needs;<sup>22</sup>
  - d. after TIP courses, few ESOs were able to develop graduands' advocacy skills, leading to:
    - i. failure to consolidate and apply the knowledge to which the aspirant was exposed during the TIP training course; and
    - ii. a higher than necessary rate of failed claims and poor welfare support for some, and thwarting it completely for others;
  - e. unlike TIP, which focused on knowledge, ATDP pathways develop competency and accredit only when the advocate demonstrates attainment of nationally consistent standards of learning and skill;
  - f. although ESO's are responsible for advocates' skills development, the creation of CoP eases their workload – almost totally where an ESO actively supports the CoP; and
  - g. despite its clear failings, TIP training is the model for short, intensive training that is held by many proponents.
32. On balance, therefore, while we understand ESO and Candidates' frustration with the time taken to accredit, we acknowledge that the extent to which training pathways may be changed is governed ultimately by the competency standards stipulated by ASQA.<sup>23</sup>

### *Institute of Professional Advocates*

33. Our Submissions to the Inquiry<sup>24</sup> and Scoping Study<sup>25</sup> have argued the need for and merits of an Institute of Professional Veterans Advocacy. We have reinforced the need in our '*ADSO Policy Objectives Statement 2019-2022*' (Note 10). The Institute is to be embedded in our CLG concept model (para 15 above and Annex B) and is to be responsible for most of the functions the Scoping Study identifies for the Veterans Advocacy Board.
34. Summarising the key benefits, the Professional Institute would be the vehicle for:
- a. promulgating and assuring performance standards across the veterans' advocacy community;

<sup>22</sup> Adoption of adult-learning principles by the advocacy training and development program (ATDP) was a key recommendation in the Rolfe Review. The recommendation was accepted at ESORT by all National Presidents.

<sup>23</sup> Australian Skills Quality Authority.

<sup>24</sup> [https://www.pc.gov.au/\\_data/assets/pdf\\_file/0009/227439/sub004-veterans.pdf](https://www.pc.gov.au/_data/assets/pdf_file/0009/227439/sub004-veterans.pdf)

<sup>25</sup> <https://www.dva.gov.au/sites/default/files/files/consultation%20and%20grants/atdp/Submission-1-1.pdf>



- b. facilitating younger veterans' employment and interest in wellbeing advocacy as a step towards Certificate IV accreditation; and
- c. assuring that the veteran community's need for, and DVA's strategic objective of delivering high-quality services and support are met.

### *Optimising Advocacy Support*

35. Our Members are critically aware that the number of volunteer advocates is reducing and, for some, progressive closure of Branches/Sub-Branched is imminent. ADSO's CLG concept model is directed at maximising the effectiveness of the veteran support system and those Advocates who continue to practice, giving time for Members (and other ESOs) to secure the financial wherewithal they need to transition to paid advocacy.
36. This is the rationale for our endorsement of the Scoping Study's VNAC and its vision of *'each ESO and advocate doing what they do best as their contribution to the agreed collective outcome.'* Our CLG model therefore builds on the strengths of a VNAC. Like VNAC, it includes a national advocacy and service delivery network linked through a coordination centre. It adds a 24/7 crisis response coordination function.
37. We have identified some of the non-ADSO veterans' organisations that already have a crisis-response capability. Consistent with our objective to broaden and deepen our younger veteran and family support capabilities and to widen our membership, we will encourage these organisations either to affiliate with or to join ADSO.

### *Wellbeing Support Officers*

38. ADSO is aware that ATDP is about to release a Handbook to guide the support provided by non-accredited Wellbeing Support Officers (WSO). We understand that the WSO role is specifically to link DVA clients at the local level with distant Wellbeing Advocates. The rationale for the role is the evidence that most accredited advocates are located in the capital cities or large regional centres.
39. We believe that ADTP must provide WSO training. This training must ensure that they understand the scope of their role, have the level of knowledge appropriate to their role, comprehend fully the risk associated with the absence of indemnification insurance cover by VITA, and provide nationally consistent support.

### *Advocacy Support Officers*

40. We are also aware that a number of TIP-trained Pension and Welfare Officers who have elected not to accredit under ATDP would like to continue to 'support their mates'. We propose that they be offered the opportunity to perform an Advocacy Support Officer (ASO) role.
41. The rationale for the ASO role is the same as for WSO. Unlike the WSO's specific focus on linking Wellbeing Advocates and DVA clients, the ASO's support would be far more general. We propose that the ASO would:
  - a. for many DVA clients, be the initial point of contact and provider of general information on veterans' matters;



- b. be the local link between an accredited Advocate and a DVA client that is unable to get to a geographically remote advocate; and
  - c. without giving advice or delivering services, have sufficient knowledge to be able to:
    - i. explain in plain language the instructions, procedures and advice being given by the remote accredited advocate, and
    - ii. 'walk beside' the veteran and/or family.
42. The primary benefits of ASO service include:
- a. utilising the commitment and knowledge of experienced personnel for the benefit of the ex-service community;
  - b. slowing the shorter-term loss of veteran and family support and filling the gap between the number of advocates needed to meet support needs;
  - c. obviating a disorderly transition to paid advocacy or the abrupt failure of the veteran support system; and
  - d. giving the CLG more time to:
    - i. design and implement the veteran support system, including the governance and management structure;
    - ii. encourage younger veterans to take on professional veterans' advocacy;
    - iii. build up the cohort of paid and volunteer accredited advocates; and
    - iv. recruit and mentor replacement ASOs as the remainder of the Vietnam-era cohort retires (this role would include recruitment of WSOs).

### *Funding*

43. Given successive Governments' ongoing austerity drive and the ACNC focus on how charities use members' funds, inevitably, advocacy training and service delivery will have to be co-funded by the Commonwealth, ESO community, and donations or sponsorship.

### **Conclusion**

44. The veteran support system is **not unfit** for purpose. It is, however, at a tipping point. In the immediate future it will either transform or may fail - abruptly. Unlike the Inquiry's Draft Report, the Scoping Study is the foundation of an orderly transition. We conclude that the future of the system rests on moderation of fatal Inquiry recommendations by the Study's.
45. ADSO has been pleased to endorse the Scoping Study's recommendations – most without qualification and many strongly. We are grateful that it avoids confirmation bias, leading to a thorough and balanced analysis of the issues. We acknowledge, however, the challenge of absolute disruption presented by fundamental change.
46. Successful transformation of the veteran support system will depend on:
- a. first, satisfying the Government and Central Agencies that failures and weaknesses in the current veteran support system can and will be rectified; and

- b. second, transforming stakeholders' weakly linked actions into a tight partnership committed to enhancing all aspects of veterans and their families' wellbeing.
47. All stakeholders in veteran and family support have an incontestable interest in these requirements. They would be derelict if the Study's potential were not fully realised.
48. While the Scoping Study establishes the foundations for transformation, we propose additional features and functions. These are necessary to resolve criticisms in reports prepared by other Inquiries and Reviews. We propose incorporation of a CLG with a professional Board which, through collaboration by all stakeholders, would ensure that the future veteran support system integrates:
  - a. evidence-based research into the development of veteran policy;
  - b. veterans and families' needs into nationally-coordinated service delivery;
  - c. ethos, training, accreditation and CPD into high-quality support; and
  - d. standards and indemnification, impact measurement and complaints resolution into comprehensive outcomes-based quality assurance.
49. While the Scoping Study establishes the foundations for transformation, its ToR did not extend to an implementation plan. Orderly and effective transformation of the veteran support system depends on close collaboration. Nothing short of a true partnership of stakeholders will suffice.
50. ADSO is greatly heartened that – despite vestigial concerns about lost autonomy – key stakeholders are committed to collaboration. Joint creation of a CLG will mark both a higher level of collaboration and accelerate further collaboration. To enable receipt of donations, the CLG will need to be registered with the ACNC as a public benevolent institution and endorsed by the ATO as a Deductible Gift Recipient. Taken together, these statutory requirements are salutary. They bring a legislative and regulatory 'glue' to collaboration.
51. Accordingly, ADSO commits to:
  - a. working productively with the Commission to moderate those of the Inquiry's draft recommendations that are unacceptable to the veteran community;
  - b. active membership of the group of collaboration 'champions';
  - c. working actively to galvanise other stakeholders;
  - d. transformation of the concept model into a viable CLG;
  - e. development and implementation of an implementation plan;
  - f. participating fully in orderly transformation of the veteran support system; and
  - g. ensuring the system is agile, remaining fit-for-purpose – not only for 'fourth wave' veterans and their families, but also for the generations beyond

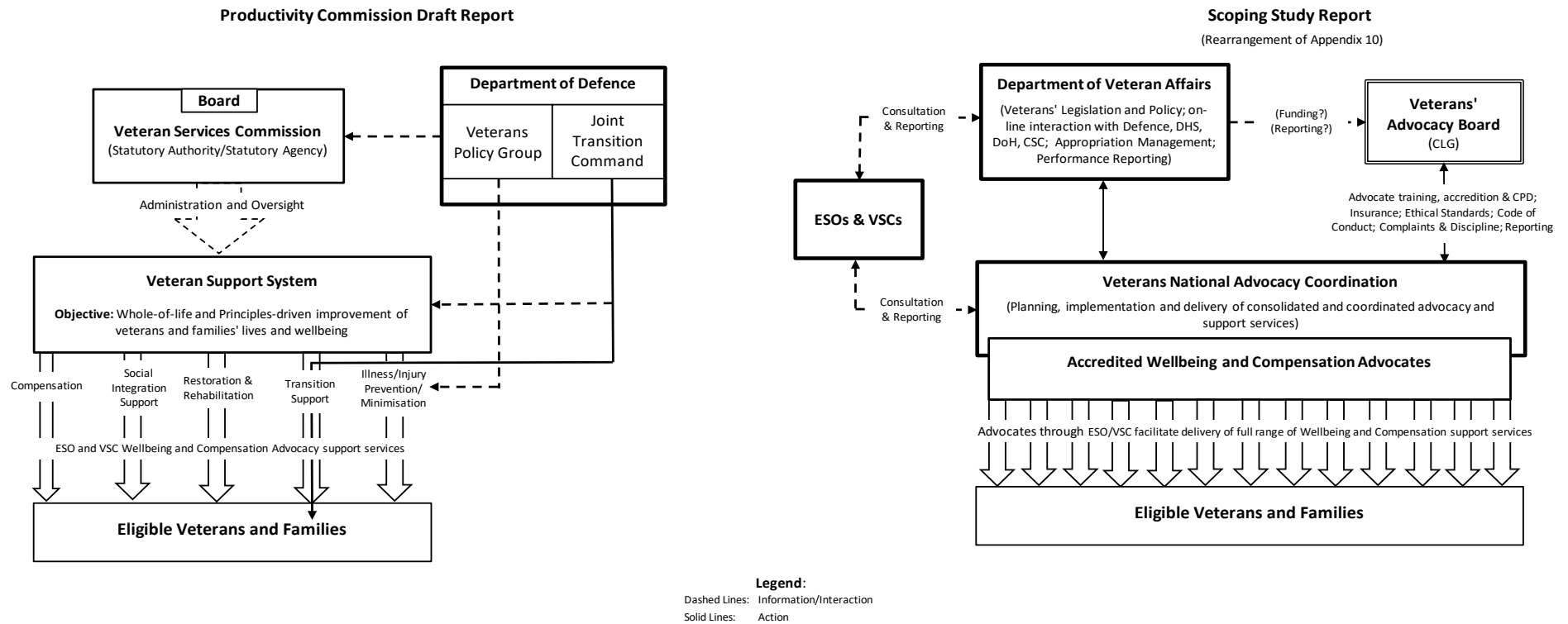


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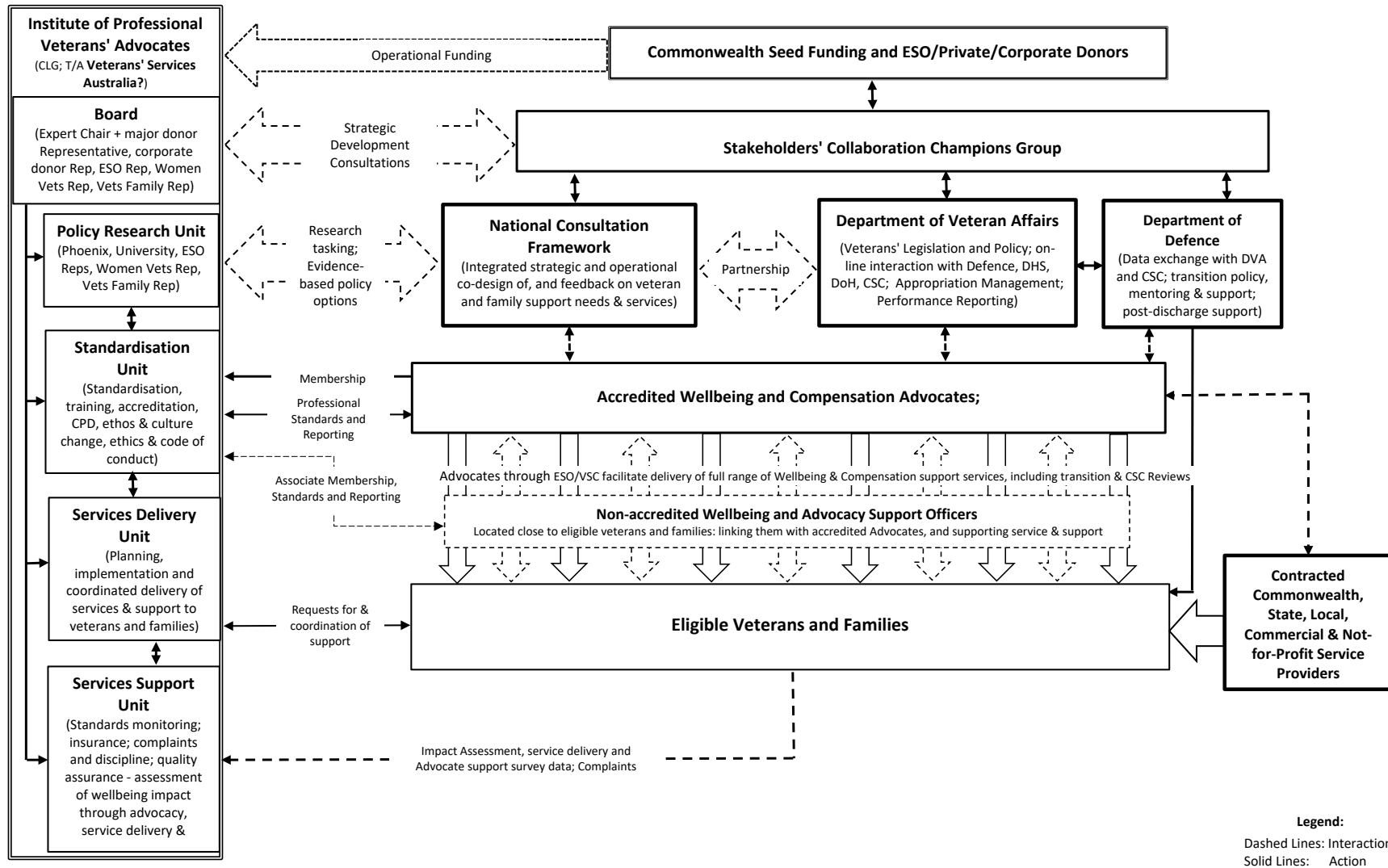
National Spokesman

Alliance of Defence Service Organisations

COMPARISON OF PRODUCTIVITY AND SCOPING STUDY PROPOSED STRUCTURES



**SCHEMATIC OF PROPOSED VETERAN SUPPORT STRUCTURE**



## INDICATIVE LIST OF YOUNGER VETERAN AND FAMILY WELLBEING SUPPORT NEEDS

The following (far from exhaustive) list of support needs identified by younger veterans and family members has been re-ordered in accordance with the seven categories of veteran centred wellbeing.

### Justice and Safety

- Transition Entitlements
- Medical Employment Reclassification
- Legal and Ethical Issues:
  - Privacy and Health Records Privacy
  - Freedom of Information
  - Vulnerable People and Children
  - Mandatory Reporting
- Understanding threats to wellbeing
  - Coping with suicide
  - Coping with family members and children in crisis
  - Vicarious Trauma
  - Burn-out
- Dealing with a drug/alcohol-addicted person
- Guardianship
- Custody of children
- Powers of Attorney

### Social Support

- First Response Needs:
  - Coping with crisis
  - Prioritisation
  - Understanding Suicidality
  - Suicide first aid
  - Finding crisis/emergency housing – community resources
- Reintegration and meeting challenges to social reintegration
- Life Stages, Life Skills and Lifestyle
- Good mental health
  - Healthy relationships
  - Common feelings
  - Understanding relationship challenges
  - Personal boundaries
  - Vulnerability, self-protection and caring for yourself
  - Family and extended family relationships
  - Social engagement
  - Community support

- Recreation
- Coping with social isolation
- Emotional and behavioural disorders
- DVA mental health services
- Community-based mental health services
- Personal development
- Loss and Grief
  - Coping with loss and grief
  - What can help healing
  - Coping with chronic grief
  - Helping someone who is grieving
- Service providers
  - Accessing services
  - Reasonable expectations
  - Monitoring timeliness and quality
  - Complaints
- Developing self-reliance

## **Health**

- Elements of a healthy lifestyle
- Physical Wellness
- Rehabilitation
- Structure of the National Health Care system
- DVA health support system
- Repatriation Health Cards
- DVA health and wellness services
- DVA rehabilitation services
- Healthy eating
- Healthy living
- Aging – health and wellness issues
- Aged care
  - Aging-in-place
  - Aged-care services
  - Respite
  - Elder abuse

## **Income and Finance**

- Financial wellbeing
  - Financial decision-making
  - Budgeting
- Sources of mandatory and discretionary financial advise
- Sources of financial support:
  - Income support
  - Compensation

- Superannuation, DFRDB/MSBS/Defence Super
- Emergency financial assistance:
  - Centrelink
  - ESO support
  - DVA advanced payments
- Fraud awareness

### **Employment**

- Employment mentoring
- Mentoring support during transition
- Mentoring while settling into civilian employment
- Job application writing
- Preparing for Interview
- Job seeking – sources of information, vacancies and application processes
- Occupational Work and Safety
  - Self-management in the civilian work environment
  - Risk Awareness
  - Workplace Safety
  - Managing personal stressors in the workplace
  - Work-life balance
- Coping with workplace conflict
- Unfair dismissal

### **Education and Skills**

- DRCA and MRCA entitlements
- Support for children's education
- Basic Living Skills:
  - Post-discharge health checks
  - Medicare registration
  - Banking
- Relating career development, education and work skills

### **Housing**

- Stable accommodation
  - Finding housing and accommodation
  - Leasing and obligations
  - Council services
  - Alternatives to 'couch-surfing', sleeping in car, 'living rough'
- Accommodation-at-Risk (lease-expiring/expired, rent or agency problems, unhealthy/unsuitable accommodation)
- Dealing with Local Government
- Creating the healthy house