



**The Partners of Veterans Association of Australia Inc.**

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(redacted)  
Productivity Commission,  
A Better Way to Support Veterans.

4<sup>th</sup> March, 2019.

Dear (redacted)

Attached is our submission in response to the Draft Report "A better way to support Veterans".  
As a member of ADSO we also strongly support their Submission.

We would like to thank the Commissioners for their courtesy and guidance and for their availability to our Association and for the opportunity to take part in the Productivity Commissions' Report.

With regards,

Heather Evans.  
National President.

# SUBMISSION IN RESPONSE TO THE PRODUCTIVITY COMMISSION

## DRAFT REPORT.

### A BETTER WAY TO SUPPORT VETERANS

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#### **VETERANS CHILDREN EDUCATION SCHEME (VCES)**

##### Draft Recommendation 14.2

“To align education payments across the veteran support system, the Australian Government should amend the Veterans Entitlement Act 1986 and the Military Rehabilitation and Compensation Act 2004 to remove education payments for those children older than 16 years of age. Those who pass a means test will still be eligible for the same payment rates under the Youth Allowance. To extend education payments for those under 16 years of age the Australian Government should amend the Safety, Rehabilitation and Compensation (Defence Related Claims) Act 1988 to adopt the Military Rehabilitation and Compensation Act Education and Training Scheme.”

P.V.A.’s response to Draft Recommendation.

Within our original submission, our summary report and the personal presentation given by Mrs. Lesley Minner, the figures and facts have been shown to highlight the disadvantages to sections of the community under the current system. We believe that the children of Veteran Parents have a right to expect that the original intent of the VCES payment should not be to their detriment simply because they have Parents/Parent who have served their country.

#### **EMERGING ISSUES OF HOME CARE SERVICES (VHC)**

##### Draft recommendation 14.5

“The Australian Government should amend the Veterans’ Entitlement Act 1986 (VEA) to remove the attendant allowance and provide the same household and attendant services that are available under the Military Rehabilitation and Compensation Act 2004 (MIRCA)

Current recipients of the VHC under VEA should be automatically put on the same rate under the new attendant services program. Any further changes or claims would follow the same need-based assessment and review as under the MRCA.”

P.V.A.’s Response to Draft Recommendation.

Our Association is delighted that the Commissioners agree that Home Services provided to the Veteran/War widow and any eligible dependants is paramount in retaining recipients safely and comfortably in their own home.

There is some concern that eliminating the VHC and placing all eligible Veterans under the MRC Household Services could see some huge changes. Our Association is concerned about the different method of administration and payment under the two schemes. There needs to be careful investigation as to how these could be managed so that there is no detrimental impact on the Veteran or Partners.

If this can be managed we would support Recommendation 14.5 and are grateful that the Commission has agreed that the level of care available should be commensurate with the needs of the Veteran and not dependant on which Act the Veteran comes under.

## **RECOGNITION OF PARTNERS, SPOUSES AND THE FAMILY.**

There is no Draft Recommendation regarding Recognition of Partners and Spouses although the word “Family” is mentioned over 400 times in the Draft Report.

### **“Family”**

It is crucial to the outcome of this investigation and our submission that the word “Family” be defined and broadened by the Commissioners and strongly recommend to Government that family who are living with a Disabled Veteran include the next of kin, as in Partners/Spouses, Parents, Siblings and Children.

Any of the abovementioned can and in many cases are, the sole carer of the Veteran. We believe that an investigation into “A better way to support Veterans” should not and cannot ignore the role undertaken by the Family, however it is defined, in the care of the Veteran.

### **Our Association therefore recommends:**

That greater emphasis is placed on the wellbeing of the Partner/Family member while the Disabled Veteran is still living and is acknowledged as a valuable and necessary part of the healing and wellbeing process of the Veteran.

It is well documented (see our original submission and those of the VVFA) that depression, anxiety and stress can be a result of living with and caring for a Veteran suffering with war caused illness, be it mental or physical.

Following questions from the Commissioners at the public hearing held in Sydney we now ask the Commissioners to consider recommending to Government treatment that could be available to keep the Partner/family member healthy and able to continue in their role as the Veteran's major support.

### **Our Association therefore asks:**

The Commissioners to re-consider the issuing of a White Card to the Partner/Family member(s) of a disabled veteran that could specifically cover any of the following as accepted disabilities:

- (a) Psychiatric assessment and visits for a specified number of times over a 12 month period.
- (b) The choice of unlimited face to face psychology services by a community Psychologist if Open Arms is not conveniently located to the patient;
- (c) Psychology services including hypnotherapy
- (d) Physiotherapy services
- (e) Exercise physiology services
- (f) Chiropractic services
- (g) Dietetic services
- (h) Diabetes education
- (i) Medical Specialist services listed on the MBS
- (j) Osteopathic services
- (k) Massage if referred by a Physiotherapist, Chiropractor or Osteopath
- (l) Increased Respite hours for In-Home Respite.
- (m) Provision of w White card which covers Hospital stay and treatment, including Day Surgery.
- (n) Assessment of a Widow/Widower to continue receiving Home care services after the death of the Veteran.

**Case Study. See (n)**

DVA Cleaning Services of 1 ½ hours per fortnight were cut off to a 91 year old Widow 12 week after the death of her 96 year old Veteran leaving her completely distressed and confused as the DVA had provided services for a long period of time. Once again, after caring for her Veteran for 69 years this Widow is no longer recognised for her service of supporting and caring for a Veteran and has been removed from receiving any Home Care services.

**Mental ill-health of the Partner and/or Children. See (a) above**

It was mentioned by the Commissioners that a free Community Package was available to those in need of some services. Research leads us to believe that there are services available for a total of five (5) visits per year but covers many different areas in the health care system. E.g. Podiatrist, Physiotherapy, Psychology.

**Medicare Service for Mental Health: See (a) above.**

There is also a **Medicare Better Access** initiative which on referral from an assessment from a GP, Psychiatrist or Paediatrician allows for ten (10) group sessions. Medicare rebates are available to patients who have been correctly referred by a G.P., Psychiatrist or Paediatrician.

Health Professionals are free to determine their own fees for the services they provide and charges in excess of the Medicare rebate are the responsibility of the patient. This seems to us to be a costly exercise and for this reason our Association asks that these vital services be covered on any card approved by the Government for the Partner/Family member suffering with mental health issue.

There are a myriad of services which would help the Veteran Family to continue to provide the care and support which they currently provide to the Veteran selflessly.

It would almost seem that these Partners/Family members are quite invisible to DVA and we, a Partners and Families “just get on with it”, but when our own health suffers from the stress of caring for our Veteran we feel recognition and assistance should be provided and provided quickly.

**RESPIRE FOR THOSE UNDER VETERAN'S HOME CARE: See (I) above.**

Our Association would like to see VHC In-Home Respite hours currently 196 hours in any one financial year or 28 days of Residential Respite Care, or a combination of both, increased to 240 Hours p.a.

We believe that an extremely disabled Veteran who requires an attendant in home while the Partner or Family member attends to normal daily issues or their own personal care, should be provided with 5 hours per week (up from 3 and 2/3 hours). Anything under 5 hours per week seems manifestly inadequate.

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