

# **VIETNAM VETERANS' FEDERATION of AUSTRALIA INC**

**Incorporating**  
**Vietnam Veterans Peacekeepers and Peacemakers Association NSW Branch Vietnam Veterans Federation**  
**Queensland Branch**  
**Vietnam Veterans Federation ACT Branch Vietnam Veterans Federation**  
**Victorian Branch**  
**Vietnam Veterans Federation South Australian Branch Vietnam Peacekeepers Peacemakers**  
**Federation of Tasmania**  
**Vietnam Veterans, Peacekeepers and Peacemakers Federation of Australia WA Branch**

**5 June 2018**

**Veterans Compensation and  
Rehabilitation Inquiry  
Productivity Commission  
GPO Box 1428  
Canberra ACT 2604**

## **Submission to the Productivity Commission Review into the Compensation and Rehabilitation of Veterans 2018.**

On behalf of the Vietnam Veterans' Federation of Australia (VVFA), I am pleased to provide a submission to the Productivity Commission's Inquiry into how the current compensation and rehabilitation system for veterans operates and should operate into the future. I note that the Terms of Reference for the Inquiry state that the Productivity Commission should have regard to the current environment and challenges faced by veterans, including but not limited to:

- whether the arrangements reflect contemporary best practice, drawing on experiences of Australian workers' compensation arrangements and military compensation frameworks in other similar jurisdictions (local and international);
- the use of the Statements of Principles as a means to contribute to consistent decision-making based on sound medical-scientific evidence; and

- whether the legislative framework and supporting architecture delivers compensation and rehabilitation to veterans in a well targeted, efficient and veteran-centric manner.

The Productivity Commission will also consider issues raised in previous reviews.

The following sections contain detailed comments on many of these terms of reference and an executive summary. The Federation gratefully acknowledges the contributions to this submissions by: Mr Noel McLaughlin, Chairman of the Royal Australian Armoured Corps Corporation; Mr Ian Thompson, President Veterans' Support Centre Belconnen; Mr Ian Sayers, President Belconnen RSL Sub-Branch; and, Mr Rod Thomson and Mr Mick Quinn of Australian Peacekeepers and Peacemakers Veterans' Association.

The VVFA looks forward to attending public sessions conducted by the Commission and would be pleased to attend the Commission if required.

I wish the Commission well in its investigations and deliberations.

Yours faithfully

James Wain  
National President  
Vietnam Veterans' Federation of Australia



**Submission to the Productivity Commission Review into the Compensation and Rehabilitation of Veterans 2018.**

**Executive Summary**

The VVFA has a close working relationship with DVA at the executive and sub-branch levels of both organisations. Our members have continuous contact with DVA regarding legislation, policies and departmental performance. We have provided numerous submissions to ESORT, DVA Working Parties and Legislation Workshops as well as to the Senate Committee on Suicide.

This submission concentrates on several of the areas raised in the Commission's Issues Paper, including the foundation of legislation, amending and consolidating legislation, issues in the current legislation, issues with DVA and potential for cost savings.

**Veteran Legislation**

The issue of military service recognition is examined and calls upon the Government to introduce a Military Covenant to be included as the foundation of veteran legislation. Moreover, the beneficial nature of veteran legislation and the role of the Commonwealth as a model litigant are stressed as essential in DVA decision-making.

The confusing array of entitlement practices, procedures and policies in current legislation should be able to be overcome by combining and editing these Acts.

A set of Terms of Reference is proffered for the combination process using the existing VEA as the baseline for retaining the beneficial aspects for veterans.

The recognition in legislation of the role of families in supporting and caring for severely injured veterans is examined and recommends the issue of NLHC cards to spouses and partners of veterans with accepted injuries.

The inconsistencies and discrepancies between existing Acts and the impact on veterans are well known and need to be eliminated to provide equitable treatment of claimants. The nature of SOPs is reviewed and the application of different medical impairment ratings – GARP V, Comcare Guide and GARP M between the Acts are revealed.

### **Issues with DVA**

Despite the noble intent of the Department's Mission and Vision, many instances of the uneven support provided to veterans are evidenced in this paper. Issues of mismanagement are indicated in the treatment of medically discharged ADF members, the insufficiency of Non-Liability Health Care regarding musculoskeletal trauma, delays in claim processing and the staff lack of awareness of ADF culture.

DVA's communication strategy has been criticised as inadequate with relation to timely informing ESORT members of agendas, lack of information to ESOs, asking for contributions and not bothering to provide feedback on DVA's Strategic Research Framework.

### **Potential for Cost Savings**

VVFA has identified a range of areas in which savings could be made including the consolidation of Three Acts into One, reducing reliance on medico-legal firms in reviewing veteran claims and appeals, adopting one set of SOPs and using GARP V in all circumstances.

## Summary of Recommendations

### **Recommendation 1**

Introduce a Military Covenant as the foundation to veteran legislation

### **Recommendation 2**

Legislation should be reviewed to ensure that the spirit of beneficial legislation can be applied routinely and consistently.

### **Recommendation 3**

DVA must implement a self-regulated legal review process to ensure that it operates in accordance with the principles of the Commonwealth as a model litigant.

### **Recommendation 4**

Consolidate all three Acts and replace with an Omnibus Act.

### **Recommendation 5**

Review the operation of the Act after 3 years.

### **Recommendation 6**

DVA to incorporate all veteran appeal court precedents into relevant DVA policies.

### **Recommendation 7**

Spouses and partners to be formally recognised in legislation.

### **Recommendation 8**

Spouses and Partners of veterans with an accepted claim for psychological injury, be issued with a Non-Liability Health Care White Card

### **Recommendation 9**

Spouses and Partners to be issued with a Non-Liability Health Care White Card, coincidentally with the issue of the same card to ADF members.

**Recommendation 10**

Apply one set (operational) of SOPs across all Acts until an Omnibus Act is in place.

**Recommendation 11**

Provide 'up front' information and guidance to SOPs in the initial claim process.

**Recommendation 12**

Use GARP V for the Omnibus Act.

**Recommendation 13**

A deeming period of six months for claims to be legislated.

**Recommendation 14**

Injured ADF members, who are to be medically discharged, should not be discharged until a claim is accepted and compensation commenced.

**Recommendation 15**

Anonymous complaints must be communicated to the veteran by DVA.

## **Introduction – VVFA**

1. The Vietnam Veterans' Federation of Australia (VVFA) welcomes the opportunity to contribute to the Productivity Commission's Inquiry as its members are involved with or work closely with DVA.
  
2. The organisation's mission is to actively pursue the legal, political and social issues relating to the welfare of war veterans and their families. Moreover, we are vigilant in our efforts to counter threats to veterans' welfare and continually resisting Government parsimony and reminding politicians and public servants of their duty of care to veterans.
  
3. The Federation has a membership of about 8000 and an extensive national network which represents veterans of all conflicts from World War II to Afghanistan including Peacekeeping and Peacemaking Missions for former, as well as current, members of the Defence Force and their families. VVFA Branches and Sub-Branched offer a range of services, support and activities including club houses, Men's Sheds, radio programs, education courses, fitness programs, sporting opportunities, choirs and many other social activities.
  
4. We have many years of experience helping with claim preparation and advocacy in all of the Military Compensation schemes with Pensions Officers qualified as advocates under the DVA TIP/ADTP programs. Despite its title, the VVFA welcomes, includes and supports all veterans from all conflicts and about 60% of its current advocacy workload is in support of contemporary veterans.
  
5. In particular, the organisation concentrates on seeking justice for qualified personnel claiming compensation through the various channels of

beneficial legislation and providing advocacy services in the process of administrative review as required.

### **VVFA Relationship with DVA**

6. VVFA recognises and supports the continuation of a Ministry and specialised public agency dedicated to the welfare and support of veterans. We believe that DVA provides a valuable and valued service to the veteran community. And while VVFA endorses the current administration reforms, the Department needs to maintain continuous and close communication with all Ex-Service Organisations.

7. The Federation notes the mandate of the current Inquiry and looks forward to outlining some of our major areas of concern regarding DVA legislation, policies and performance and offering relevant recommendations to overcome these issues and/or redress our concerns.

8. Recent and current contributions of VVFA, relevant to veteran legislation, policy and administration, include:

- a. Membership of ESORT, the DVA Hearing Working Party, and the DVA Operational Working Party;
- b. Participation and contributions to DVA Legislation Workshops in November 2017 and March 2018;
- c. Submitting Draft Terms of Reference for the review of DVA Legislation with a view to consolidating existing Acts into a single Omnibus Act;
- d. Submission to the Senate Standing Committee on Foreign Affairs Defence and Trade on suicide;
- e. Response to DVA re their Strategic Research Framework;
- f. A paper (with statistics verified by DVA) on Fraud, to ESORT; and,



- g. A range of VVFA-identified issues to the Productivity Commission following initial discussions with the Commission Inquiry team.

## **This Submission**

9. The aim of this submission is to identify improvements in veteran support in Australia resulting in more efficient and effective program management and service delivery with attendant cost-savings for the Government.
  
10. The submission has been prepared by the National Office of VVFA, Canberra, with the principal author being Maj James Wain OAM Rtd. Mr Wain is a Level 4 Advocate, who has 21 years' experience supporting both Vietnam and contemporary veterans in the claims and appeals processes. He has also had experience as President (twice) of the ACT Branch of the VVFA as well as the National President of the Federation (June 2015 – June 2018). The Branches and Sub Branches of the Federation have been consulted during the development of the submission.
  
11. The submission has categorised the issues, and questions contained in the Productivity Commissions Issues Paper, Compensation and Rehabilitation for Veterans, May 2018, into five major priority areas, viz:
  - a. The Foundation of Legislation.
  - b. Amend and Consolidate Legislation.
  - c. Issues in Current Legislation.
  - d. Issues with DVA.
  - e. Potential for Cost Savings.
  
12. Questions that are not within the expertise of the VVFA are not addressed.
  
13. VVFA assessment of priorities, and the principles underlying those priorities, are to the forefront of the submission, and the opportunity to present these to the Productivity Commission is appreciated.

14. VVFA acknowledges, but queries, the dictum (stated by DVA at the commencement of its current Legislation Workshop) that any changes to legislation must be cost neutral. The submission makes reference to costs and cost savings, but realistically, any detailed cost benefit analysis is not within the expertise of a volunteer organisation that lacks access to the wealth of data, and financial expertise, that is readily available to DVA, and relevant government agencies.

15. VVFA is also acutely aware of the 'other' cost, ie the personal cost of injury to veterans and their families. In too many cases, there is a personal cost to individuals arising from complex and inconsistent legislation, and from policy that is not sufficiently comprehensive in its scope or simple and equitable in its administration.

## Veteran Legislation

*Relevant heading in Productivity Commission Issues Paper:*

- *Assessing the veterans' compensation and rehabilitation system.*
- *A system to meet the needs of future veterans.*
- *How should the nature of military service be recognised?*

### Principle

- *Military service is significantly different and must be acknowledged as such in legislation.*

16. Veteran legislation should provide statements of explicit moral and ethical recognition of the worth and value of veteran service and sacrifice. Moreover, in implementing this legislation all involved should honour the well-established legal principles of beneficial interpretation. These principles were enshrined in the establishment of the Repatriation Commission<sup>1</sup> before the end of WW1.

### Reasons

17. No other Australian is expected to, or may be directed to, engage in war or war-like activity either within the country or overseas to defend their nation's interests. For almost a century this exclusivity has been recognised by Australian Governments and the citizens and justified by unique and specific Acts of Parliament which provide continuing support to veterans.

18. The concept of a Covenant has been suggested as a suitable and relevant expression of recognition of veteran service and acts as a *raison d'être* for Veteran legislation.

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<sup>1</sup> *First of all, the Government, through the Repatriation Commission, undertake the complete and entire responsibility of restoring men to health. In the next place, they assume responsibility for securing employment for them in their old avocations in life, or, failing that, undertake to prepare them for some new occupation, and, where that is necessary, to provide them with sustenance in the meantime ... The moment a man is discharged from the Australian Imperial Force he comes within the purview of the Repatriation Department, which undertakes to restore him to health, and to make the most complete provision for that purpose, no matter what the character of his wounds or illness may be.* Arthur Rodgers MP, 4 June 1918. Quote copied from the DVA website.

19. A Military Covenant, already used effectively by the UK, Canada, and New Zealand, gives a powerful moral backing to the accepted principle of beneficial legislation, and to Commonwealth funded entitlements and rehabilitation for veterans. The USA has a US Army Community Covenant, which also applies to other US military forces. A Covenant would also give moral backing to the support offered by Federal and State Governments.

20. The Alliance of Defence Service Organisations (ADSO) has suggested the following words for an ADF Covenant:

*The Australian Defence Force (ADF) was formed to defend Australia and protect its people and its interests. The service men and women who make up the ADF are Australian citizens who, while serving, must forego basic human rights enjoyed by other citizens.*

*They must comply with the additional legal and disciplinary requirements of military employment. When necessary this will include taking up arms against Australia's enemies and defeating them in battle using lethal force. They will be called upon to make personal sacrifices - including the possibility of the ultimate sacrifice - and in every sense to act honourably in the service of the Australian people.*

*In return, Members of the Australian Defence Force must always be able to expect, from the Commonwealth Government on behalf of their fellow Australians, fair treatment, to be valued and respected as individuals, and that they (and their families) will be sustained and rewarded by commensurate terms and conditions of service. They further expect that those who are injured in service to the Nation and the families of those who die as a result of their service will be suitably cared for and sustained.*

*This mutual obligation forms the Covenant between the Nation, the ADF and each individual member of the ADF. It forms an unbreakable common bond of identity, loyalty and responsibility from which the "Anzac Spirit" has emerged that has sustained the ADF in conflicts throughout its history.*

21. No costs would be involved in embedding a Covenant into legislation or in its acceptance in practice and it would likely attract approval from all political parties as well as the Australian community.

**Recommendation 1**

Introduce a Military Covenant as the foundation to veteran legislation

## **Principle**

- *Legislation must enshrine the principle of beneficial legislation and be administered taking into account that DVA must be a model litigant and afford natural justice.*

## **Reasons and Examples**

22. The principles of beneficial legislation, and of the Commonwealth as a model litigant, are reputedly the foundation of, and spirit embedded in, veteran legislation. The Federation is not confident that these principles are routinely to the forefront in DVA decision-making.

23. Currently, the anomalous situation of DVA funding the training of veteran advocates under TIP/ATDP and then hiring barristers in AAT hearings to oppose these advocates, who are not trained in the legal system, is patently unfair to the veterans whom they are supporting. DVA's legal expenses, according to Annual Reports, have increased by about \$1m per year for the past three years up to a total of \$8.16m in FY 2015/16. With 14 DVA in-house legal officers, these costs seem unnecessarily high. (Note: The VVFA President has written recently to the Minister seeking written confirmation of verbal advice from DVA that the Department would not be using barristers in the AAT except in certain cases.)

24. It is acknowledged that DVA is responsible to protect the integrity of the compensation system and must question what it considers to be unjustified compensation claims; however, winning cases by confronting inadequately financed and injured veterans with commercial legal representation, and barristers, does not meet the accepted interpretation of the Commonwealth as a model litigant. The 'Model Litigant' concept requires that the Commonwealth and its agencies, as parties to litigation, to act with complete propriety, fairly, and in accordance with the highest professional standard. DVA's outsourcing of legal representation, at high cost, appears to be at odds with the Model Litigant rule of:

*Not taking advantage of a claimant who lacks the resources to litigate a legitimate claim.*

25. VVFA suggests that DVA could reduce its legal costs by adopting a less adversarial approach to the beneficial legislation it manages in veterans' affairs.

26. The thread of general policy underpinning legislation is 'beneficial intention'; namely '*to deal generously with those who served on the nation's behalf and to whom the nation is indebted*'<sup>2</sup>. This reflects the statement in the Parliament in 1944 by the then Attorney-General (Dr HV Evatt):

*...The bearing of (Australian forces) in the field commands the admiration of the world and too much cannot be done in the way of repatriation to recompense them for the sacrifices they have made...*

27. This statement has been reinforced many times, including Government, by the courts, including the High Court, and by the AAT in 1988:

*The (VEA) is beneficial legislation...the principle of construction applicable being that... it shall be interpreted ... (in a manner) favorable to making... the protection secure.*

28. It was further implied when the MRCA was introduced in the Parliament by the then Minister stating that the Bill was:

*'proof of the government's commitment to a military-specific rehabilitation and compensation scheme that will meet the needs of all Australian Defence Force members and their families in the event of injury disease or death in the service of our nation'.*

29. It is essential that any review and consolidation of the existing legislation incorporates that long-standing policy thread.

## **Recommendation 2**

Legislation should be reviewed to ensure that the spirit of beneficial legislation can be applied routinely and consistently.

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<sup>2</sup> Creyke, R. & Sutherland, P. *Veterans' Entitlement Law*. 2000. p.389.

**Recommendation 3**

DVA must implement a self-regulated legal review process to ensure that it operates in accordance with the principles of the Commonwealth as a model litigant.

## **Consolidate and Amend Current Legislation**

*Relevant heading in Productivity Commission Issues Paper:*

- *A system to meet the needs of future veterans.*
- *The complexity of veterans' support.*
- *Role of the Australian Defence Force – minimising risk.*
- *Providing financial compensation for an impairment.*
- *Income support and health care.*

### **Principles**

- *Legislation must be uncomplicated for veterans, policy makers, and administrators, and must meet the spirit of beneficial legislation.*
- *Legislation must be consistent and equitable for all veterans.*

### **Reasons and Examples**

30. There is a confusing array of entitlement practices, procedures and policies contained in the various Veterans Acts. VVFA considers that these issues could be overcome by combining these Acts.

31. In effect, it is proposed that the best parts of each Act be retained, and the worst parts deleted. For instance, the offsetting of Special Rate Disability Pension (SRDP) in MRCA by the Commonwealth contribution to Military Superannuation is discriminatory. Also, the anomaly in VEA s24 (2b) requiring TPI veterans to be 'genuinely seeking work' should be removed as part of the combination process. This principle should be guided by an ADF Covenant. Indeed, an approach that reviews and contrasts the basic intent and eligibilities of each Act should allow drafters to simplify access and achieve entitlement justice for both older and younger generations of veterans. There are other instances where legislation has been written in Plain English – this would facilitate interpretation and application of the Act for veterans, public servants and the legal fraternity.

32. Also, the combination process should identify and coordinate the systems and processes arising from the many novel and technologically rich aspects of the Veteran Centric program.



33. Noting priorities set by DVA, the proposed sequence of reviewing the various acts would be MRCA, DRCA, VEA. Consequently, it would be reasonable to assign the review of each Act to a separate body/team which would report to a legislative committee with recommendations regarding transfers of sections, amendments, deletions or alternatives etc. As part of its contribution to the DVA Legislation Workshop, VVFA suggested that each team reviewing its appointed Act should use a common approach or terms of reference to facilitate reviews and reporting to a Legislation Committee.

34. The Draft Terms of Reference<sup>3</sup>, previously presented to the DVA Legislation Workshop by VVFA, are presented in the following paragraphs.

35. First, the task of each working group is to examine its allocated Act and identify any provision that:

- a. is inconsistent with the general policy thread described above; or
- b. has been interpreted or applied by any person, tribunal or court in a way that is inconsistent with that policy thread; or,
- c. is worded in such a way that it could be interpreted and applied inconsistently with that thread; or,
- d. does not take account of the changing nature of the roles and experiences of ADF serving members and veterans.

36. Second, to make recommendations designed to:

- a. amend/reword any such provision to make it plainly consistent with that policy thread; and/or,
- b. ensure that any wrong interpretation or application is corrected; and

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<sup>3</sup> Prepared by Fergus Thomson RFD MA, former barrister, and ACT Supreme Court Case Evaluator, and ACT Supreme Court Referee.

37. Third, to recommend an approach to consolidating the three pieces of legislation in a way that:

- a. takes account of the changing nature of the roles and experiences of ADF serving members and veterans;
- b. is simple to understand and administer, especially by:
  - (i) enabling members and veterans to make uncomplicated applications for compensation;
  - (ii) enabling the swift and inexpensive determination of claims within DVA and by any appeal process; and,
- c. ensures compliance at all levels with the Commonwealth Government's model litigant rules eg by incorporating a provision making reference to the need for compliance with those rules.

38. A cogent, simplified, single Act containing Veterans' Support legislation is considered to provide the most cost-effective and cost-efficient platform for the Public Service to implement and the veteran community to understand and appreciate.

39. Legislation in a consolidated, omnibus form would simplify administration and enable the best elements and most beneficial aspects of existing Acts to be combined, while eliminating the inconsistencies and anomalies of the current range of veteran legislation.

40. The existing Veterans Entitlement Act (1984) would serve as a useful baseline for determining the best elements to be retained, and as a vehicle for beneficial components of successive Acts.

41. Moreover, while accommodating the Covenant and the recently agreed general definition of a 'veteran', the revised or indeed a new Act could include greater emphasis and provisions for the recognition and support of veterans' families.

42. The differences between the three Acts, and the complexity of their wording and provisions, works to the disadvantage of veterans<sup>4</sup>. Issues continue to arise in relation to eligibility, delay in claim processing, and consequent delay in treatment. The complications in determining a veteran's Service Eligibility is demonstrated the matrix shown at Annex C.

43. Consolidating these Acts would provide savings by simplifying the legislation, enabling easier interpretation and implementation of policy and practice by DVA, simplifying claim preparation and processing times, and reducing legal challenges and appeals. Also, the new Omnibus Act should include provisions for reviewing the operation and implementation of the Act after 3 years. (Note the current review of the NZ Veterans' Support Act 2014 which replaced the outdated War Pensions Act 1954.) Finally, VVFA believes that all precedent decisions from Appeal Courts be incorporated into DVA policy as a matter of priority to reflect changes in community and social standards affecting veterans.

**Recommendation 4**

Consolidate all three Acts and replace with an Omnibus Act;

**Recommendation 5**

review the operation of the Act after 3 years;

**Recommendation 6**

DVA to incorporate all veteran appeal court precedents into relevant DVA policies.

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<sup>4</sup> "It is widely recognised that the three military compensation schemes – Veterans' Entitlement Act (VEA), Safety Rehabilitation and Compensation Act (SRCA), and Military Rehabilitation and Compensation Act (MRCA), - are difficult for veterans to navigate and DVA delegates to advise and process. They also have differing aims – VEA is essentially a military compensation scheme, SRCA a workers' compensation scheme oriented to rehabilitation and MRCA has features of both. The operation of MRCA and veterans' compensation more generally will be reviewed in 2009. It would simplify the scheme considerably if the three acts could be rolled into one successor Act. It is worth noting that Canada and the US have one scheme only, and the UK one past and present scheme operating." Professor David Dunt, *Independent Study into Suicide in the Ex Service Community 2009*. Note that this report was prepared for the then Minister for Veterans' Affairs, and that it was written in the context of veteran suicide.

*Relevant heading in Productivity Commission Issues Paper:*

- *A system to meet the needs of future veterans.*
- *The complexity of veterans' support.*
- *Providing financial compensation for an impairment.*
- *Income support and health care.*

## **Principle**

- *Recognise, in legislation, the role of families in supporting, and caring for severely injured veterans.*

## **Reasons and Examples**

44. VVFA acknowledges the continuous improvement in the budgetary and professional support provided for families.

45. Peer-reviewed academic research, independent studies, and submissions to the Foreign Affairs Defence and Trade Senate Standing Committee on suicide, provide irrefutable quantitative and qualitative evidence as to the adverse effect on families, of living with, coping with, and caring for, an injured veteran<sup>5</sup>.

46. For some spouses and partners, there is a progression along the following lines:

- a. coping, without mental preparation or training, with a 'different person' when that veteran returns from operational deployment;
- b. coping with the symptoms of psychological injury, including anxiety, depression, alcohol disorder, and PTSD;
- c. adjusting lifestyle, supporting children in their coping, forfeiting career;
- d. becoming a carer;

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<sup>5</sup> See submission #164 by the Australian Families of the Military and Support Foundation (AFOM) to the Foreign Affairs Defence and Trade Senate Standing Committee on suicide.

- e. coping with suicide; and,
- f. in some cases, suicide.

47. Thus, while it is the case that operational deployment carries with it the prospect of the ultimate sacrifice for ADF members, another dimension of sacrifice may confront veterans and their families, as they cope with chronic and permanent injury, both physical and psychological.

48. In FY 2016-2017, 43% of VVCS clients were family members. Of that figure, 23% (n=3544) were spouses/partners<sup>6</sup>. VVFA has no substantive criticism of VVCS and the support that it provides, but it is aware of the following issues and perceptions:

- a. access to VVCS is often delayed;
- b. access may not easily be available to would-be clients;
- c. continuity of psychologist/counsellor is not guaranteed; and
- d. telephone counselling does not meet all needs.

49. VVFA's proposal is that spouses and partners must be provided with the opportunity for early intervention, easily accessible resources, and tangible benefits, where there is the potential for them to experience 'injury' as a result of the ADF member's service. While VVFA contention is that the greater need is in the area of mental health, the coping demands placed on spouses and partners, where a veteran has permanent and debilitating physical injury, are also significant.

50. The ideal long-term path in recognising the role of spouses and partners, has previously been presented by the AFOM<sup>7</sup>.

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<sup>6</sup> Statistics provided by VVCS.

<sup>7</sup> AFOM submission to the Senate Foreign Affairs Defence and Trade References Committee. June 2015.

51. In the short term, VVFA considers that the most equitable action will be to issue spouses/partners with a Non-liability Health Care White Card, simultaneously with the issue of the same card to the ADF member or veteran. Other options exist, but this recommendation has the following significant advantages, it:

- a. is the foundation for early intervention with regard to mental health;
- b. provides spouses/partners with the flexibility to access available community mental health practitioners; and,
- c. is an acknowledgement by government, and by extension, the community, of the significant and demanding role that spouses/partners have in supporting ADF members and veterans.

**Recommendation 7**

Spouses and partners to be formally recognised in legislation.

**Recommendation 8**

Spouses and partners of veterans with an accepted claim for psychological injury, be issued with a Non-Liability Health Care White Card.

**Recommendation 9**

Spouses and partners to be issued with a Non-Liability Health Care White Card, coincidentally with the issue of the same card to ADF members.

## Issues in Current Legislation

*Relevant heading in Productivity Commission Issues Paper:*

- *Assessing the veterans' compensation and rehabilitation system.*
- *A system that meets the needs of future veterans.*
- *The complexity of veterans' support.*
- *The claims and appeals process.*

53. There are major inconsistencies in the current three Veterans Acts – VEA, SRCA/DRCA and MRC A- which have a worrying and detrimental impact on veterans and DVA delegates when preparing and considering claims to DVA. There are unnecessary complexities resulting in unfair outcomes for claimants such as reduced payments, and provisions inviting different interpretation of legislative provisions. As already recommended, the Acts need to be closely reviewed and founded in a new Omnibus Act which eliminates the current, inequitable provisions and restores the intent of the VEA.

54. The following Table comparing provisions and highlighting the differences between the Acts has been compiled by three Level 4 advocates, with many years' experience, including appearances at AAT level in the appeals process.

**Table 1: Examples of Differences in the Three Acts**

	VEA	SRCA/DRCA	MRCA
Incapacity Handbook	GARP V (Some significant differences to GARP M)	Comcare Guide (civilian)	GARP M
Statement of Principles used	Yes	No	Yes
Special Rate (TPI)	Paid	Not available	Available but offset by Commonwealth contribution to Military Superannuation
Incapacity % for eligibility for TPI	70%	Not available	50%
Incapacity must be permanent and stable before compensation paid	No. Compensation is paid once liability is accepted	No compensation until condition is accepted by DVA as 'permanent and stable'	As for SRCA/DRCA
% incapacity before compensation paid	Not Applicable	10% WPI	10% WPI
How compensation paid	Disability pension (DP)	Lump sum only	Lump sum or DP or combination of both
Funeral Benefits	Up to \$2000 (Indexed once since 1986)	\$11,654 and indexed annually	Same as SRCA/DRCA

55. **Statements of Principles (SOPs)** are important and should be applied across all three Acts, until the implementation of one Act, and the different standards of proof applying to SOPs should be abolished. The ADF trains for operational deployment in ways as close as possible to operational situations. Distinguishing between, say, the Black Hawk helicopter incident in Queensland and a similar incident in an operational deployment lacks an



appreciation of the intensity of ADF training. Operational SOPs should be used. It is inequitable that in the current system, some veterans only become aware of SOPs, after their claim has been rejected, leading not only to disgruntlement, but also in some cases, the discontinuing of what could have been a valid claim.

56. **SOP Streamlining.** At the March 2018 ESORT the meeting DVA advised that 56 SOPs had now been streamlined. VVFA asked if that included VEA claimants: the answer was 'no' on the basis that VEA claims were unlikely to succeed. VVFA then asked what research had been undertaken to validate that rationale but DVA failed to respond. There is no basis for DVA to refuse to streamline SOPs for VEA as well as for MRCA as all SOPs cover VEA and MRCA; logically, if an SOP is streamlined it should also apply to both Acts.

**Recommendation 10**

Apply one set (operational) of SOPs across all Acts until an Omnibus Act is in place.

**Recommendation 11**

Provide 'up front' information and guidance to SOPs in the initial claim process.

57. The Guide to the Assessment Rates of Veteran's Pensions (GARP V) provides for rating medical impairment have been cross-vested into MRCA (as GARP M). However, the calculations for Permanent Impairment are calculated to three decimal points and serve to reduce the rating and hence the compensation sum. As noted by the Chairman of the RAAC Corporation in his submission to the DVA Legislation Workshop of 9 November 2017:

The calculations in Tables 23.1 and 23.2 in GARP M clearly show in the shaded areas, a clear and deliberate attempt to keep a veteran's

permanent impairment rating required to calculate payments, away from the higher and more financially beneficial numerical values....

VVFA strongly supports these comments and recommends the RAAC's paper to the Productivity Commission for more detailed information on this important issue. Combining the existing Acts into an Omnibus Act would catch this anomaly and incorporating GARP V only would mean that all injuries/diseases will be assessed in the same way. Moreover, the controversial issue of 'permanent and stable' will not arise because it is not part of GARP V.

**Recommendation 12**

Use GARP V for the Omnibus Act.

58. Issues continue to arise in relation to the excessive length of the claim process. VVFA acknowledges the excellent work and progress being made as a result of the Lighthouse Project, and the export of serving ADF members' service and medical records to DVA data storage. These changes will benefit serving ADF members into the future but will not necessarily benefit ex-serving members.

59. VVFA proposes that the implementation of deeming time periods in the Omnibus Act would require decisions on liability to be made within a specified time. If not met, then a claim would be deemed to have been accepted.

**Recommendation 13**

A deeming period of six months for acceptance of liability be included in the Omnibus Act.

## Issues with DVA

*Relevant heading in Productivity Commission Issues Paper:*

- *System governance.*
- *Helping people to transition from the ADF.*
- *Income support and health care.*

## Principle

- *DVA exists to administer veteran centric legislation and provide high quality support of veterans.*

## Reasons and Examples

60. In raising the issues in the following paragraphs, VVFA draws attention to the published mission and vision of DVA, viz:

- Mission** - To support those who serve or have served in the defence of our nation and commemorate their service and sacrifice.
- Vision** - We will be a responsive and flexible organisation, efficiently delivering high quality, connected services to all generations of veterans and the wider veteran community.

61. Despite these noble ambitions, **DVA admits that it only knows one in five veterans.** This is a major knowledge deficit and a dramatic increase in that statistic should be given the highest priority. Regardless, the ESO community, and VVFA in particular, is acutely aware of the uneven performance of DVA in its support of veterans. The variability and discrepancies in Acts enacted after the VEA have complicated the management of veterans' affairs and relationships with veterans resulting in inconsistent service and support. Examples of these issues are in the following paragraphs.

62. **Medical Discharge of ADF Members.** VVFA believes that where a final medical board recommends a medical discharge of a veteran for any service-related illness or injury, it should be accepted that liability under the

legislation has been established for those noted conditions. We understand this is in hand, but the practice needs to be monitored closely to ensure the best and fastest result for the veteran.

63. Members who are to be medically discharged should remain on the same rate of pay until liability by DVA is accepted. This is important to ensure continued ADF support services and especially for a veteran's mental health to reduce the risk of suicidality. VVFA believes that, to facilitate this recommendation, the member should not be discharged until a claim is accepted and compensation commenced. There are many examples where administrative delay has been counterproductive for rehabilitation and may have exacerbated injury.

#### **Recommendation 14**

Injured ADF members, who are to be medically discharged, should not be discharged until liability is accepted and compensation commenced.

64. VVFA believe that, if capable, ex-ADF members want to work. The VVFA recent paper on Fraud, presented to the ESORT, and based on statistics verified by DVA, supports the credibility and integrity of veterans.

65. **Non-Liability Health Care.** While a valuable commodity, the range of NLHC is limited, and its coverage should be extended to include all musculoskeletal trauma as this is seen as being vital for improved veterans' support services.

66. **Veterans' Children's Education Scheme (VCES)** coverage. VVFA notes problems with VCES payments to dependent students and recommends that those payments should always be over the general community payment level regardless of the child's age and indexed. The Federation trusts that the regrettable events of 2011 when the Department recommended to the Repatriation Commission that proposed increases to the

Family Benefit Tax not be made to the VCES – these schemes are designed to help the children of veterans killed or severely incapacitated as a result of service related injury or disease. Consequently, while the benefit to Centrelink recipients was increased by up to \$4245 per child per year in 2012 there was no such change to the veterans' schemes. This situation was not remedied until the 2013 Federal Budget.

67. **Departmental Case Management.** There has been an increase in instances of apparent victimisation of claimants including extended delays in claim processing or appeal management, repeating medical testing, the application of impairment points, and even one issue of claiming workability based on the claimant's ownership of an inactive ABN. The enquiry into the case of Mr Jesse Bird where administrative action contributed to tragedy is a case in point.

68. There has been a noticeable increase in rejection of initial claims for reasons that are not obvious to advocates. The Decisions/Determinations are invariably overturned on Appeal with unnecessary additional expense to the Commonwealth and adverse impact and unnecessary delays on vulnerable veterans.

69. **Review Mechanisms** VEA s31 offers veterans the chance to have a refused claim reviewed by a separate DVA delegate. Also, DRCA ss.60-67 allow for an appeal to be conducted by a determining authority, defined at s.60 (1) as "the person who made the determination." The next stop is the AAT as it is not proper for a person to be asked to review their own decision. For MRCA decisions made under on or after 1 January 2017, a single appeal pathway to the VRB will exist for MRCA claimants, removing the ability to seek reconsideration by a DVA officer (previously available under s34). The Commission will reconsider original determinations on its own initiative. It is illogical and unreasonable to have three different appeal pathways under three different Acts. VVFA recommend that the appeal pathway available

under the VEA should be available under DRCA and MRCA and included as such in the Omnibus Act.

70. **Medico-legal Assessments** are a feature common to workers' compensation schemes, where the diagnosis and treatment history of a claim, and its veracity, are in doubt or in question. In cases where DVA has required such an assessment of a veteran, it is too often the case that the assessing specialist is inadequately briefed regarding what can be a lengthy period of treatment by GPs and specialists and is tied to a time constraint. In such cases, veterans report poor rapport, a lack of genuine interest in case history, and in some cases, a perception that DVA is adopting a critical and adversarial approach. Again, VVFA questions whether the spirit of beneficial legislation is appreciated by DVA. DVA have assured ESOs that the use of medical-legal consultants will be closely managed, and that the history of diagnoses and treatment will be used whenever and wherever possible. To date there has been no formal communication of this change. A common observation by Pension Officers, and advocates, is that a medico-legal assessment has an adverse impact on a veteran's well-being, and that it can reinforce their view that DVA is not on their side. Also, DVA have been reluctant to approve or refund scans for claimants; or, where accepting the need for scans, insisting on using their own medical preferences rather than the claimants'. These situations need to be investigated and remedied.

71. **Anonymous complaints.** VVFA is aware of several allegations made against claimants or recipients of compensation that have been shown to be false and caused great distress to the affected veterans and their families. We recommend that all anonymous complaints received by DVA regarding veterans' eligibility for compensation must be advised to the named veteran as a matter of natural justice.

**Recommendation 15**

Anonymous complaints must be communicated to the veteran by DVA.

72. **Staff Awareness of ADF Culture.** There is a widespread perception that DVA staff lack awareness of ADF culture and that the Department does not do enough to develop such awareness through staff training. Appropriate training and customer interaction and cultural awareness of the unique nature of Defence service and veteran needs must be a major component of all staff training in order to improve relations with ESOs and individual veterans. An example is a delegate's response to a shoulder injury 'when you fell and hit a **picket fence** with your right shoulder' and question whether 'you sustained the injury during work'. It appears that the delegate had not fully read or understood the notion in the member's medical records which noted that the member fell on a **star picket** while on a military exercise.

In subsequent submissions on behalf of the claimant, this difference was further illuminated by the following:

- Right shoulder hit **star picket**. This is a steel stake of various lengths used extensively by the military for constructing defensive obstacles and barriers and usually involves the stringing of barbed wire in single strands or coils. It is not a picket fence, such as a wooden picket fence seen out the front of a suburban house.

73. The recent Senate Committee Enquiry on Veteran Suicide made clear recommendations regarding the need for improved empathy and sensitivity, noting that:

DVA review its training to ensure staff have an understanding of:  
military service; the health issues of veterans; have appropriate skills to

deal with mental health conditions; and, training regarding interpreting medical assessment reports. (Senate Executive Summary, Ch 5)

74. **DVA Communications Strategy.** VVFA suggests that an improved, and effective, DVA communication strategy would enhance its service delivery and likely reduce negative and hostile perceptions being placed on social media. DVA repeatedly emphasises the role of ESOs in communicating DVA policies and practice to veterans, while not itself having an effective communication strategy to inform ESOs. Realistically, ESOs can only communicate with their members, not with the veteran community as a whole.

75. There are many examples of poor communication by/from DVA, notably:

- a. **ESORT** Quarterly Meetings. Agenda items for these meetings generally comprise 100+ pages, and on two occasions in the last three years these were distributed by DVA 1-2 days before the meeting. Expecting ESO representatives (volunteers) to read, comprehend, consult, and cogently respond at such short notice is unreasonable, and *cannot* inform DVA effectively.
- b. In February 2018, VVFA proposed that the **ESORT agenda** routinely update progress on the review and/or implementation of the recommendations of the Foreign Affairs Defence and Trade Senate Standing Committee on suicide. There was no update at the March ESORT meeting, and there was no reference to the VVFA proposal. Further, there have been a number of consultancies and independent reviews commissioned by DVA over the years that are of interest to ESOs, but advice on DVA follow-up action is not readily communicated.



- c. **The Rehabilitation Appliance Program (RAP)** is to be reviewed for the first time since 2013. With less than one day's notice, ESOs were expected to provide input at the 9 Mar 2018 ESORT meeting and were then given less than one month (to 4 April 2018) to provide written input. DVA representatives advised that the RAP review would be "considered" by the Repatriation Commission in September 2018. The perception is that ESOs were given one month for consideration and consultation, while DVA have five months. Additionally, in the area of hearing devices for example, technological advances have increased extraordinarily since 2013; however, while these advances have been included in prescribed aids by audiologists for veterans, there are instances where a lesser product has been funded by DVA. Also, the recent change whereby DVA-funded lancets for blood testing are no longer provided to chemists under the PPBS, means that lancets are now only supplied by the NDSS at a cost to the veteran. This is not a veteran-centric measure.
- d. **DVA's Strategic Research Framework.** In September 2017, ESOs were asked to provide comment on, and input to, DVA's strategic research framework. VVFA committed considerable time on a submission; however, there has been no feedback since, either directly, or via ESORT.

## **Potential for Cost Savings**

76. The Productivity Commission Inquiry is likely to identify savings across many areas in the compensation, and rehabilitation programs, of veteran support. VVFA suggests that recommendations in this submission could lead to cost savings and benefits in the following areas:

- a. The consolidation of the three Acts into one will eliminate discrepancies, as well as the complex interaction of existing Acts. It will simplify interpretation, and reduce the claim processing times, and delays, experienced by veterans. Savings and benefits will be evident in the medium to long term.
- b. DVA's legal costs could be greatly reduced by the department observing the principles of the model litigant principle, and by reducing reliance on contracted legal firms, and barristers, in the appeal process.
- c. One set of SOPs, and more consistent and equitable streamlining of SOPs, will result in a reduction in complexity, and an improvement in claim processing time.
- d. The move to on-line claims should improve with simplified forms and veteran access to relevant SOPs at the time of initial claim. This would save time and repetition of details, enabling DVA delegates to process claims more quickly and more efficiently. Combined with more intensive training of delegates in the provisions of the One Act, the claim approval process should become more streamlined.
- e. The use of GARP V as the single impairment guide would reduce staff training and processing time of claims. This would also lead to more consistent decision-making.

- f. Rehabilitation. Any injured ADF member is, and will continue to be, provided with high quality medical treatment and, as necessary, undergo rehabilitation aimed at returning the member to operational status. If a member is unable to re-deploy to their unit, the ADF will seek alternative placement opportunities to enable the member to return to productive service. In this way, the ADF retains a trained member, improves its return on investment in that member and perhaps reduce its cost of recruitment of a replacement in other service areas. Moreover, depending on the level of rehabilitation, the member may be able to continue their career in the ADF for an extended period.
  
- g. If the member is unable to be redeployed in the ADF after extensive rehabilitation and is given a medical discharge, it is important that their injury and medical information is accepted as proof of claim for compensation obviating any further rehabilitation for the member. This approach would result in savings in transition and rehabilitation for DVA. Significantly, if a member is unable to find employment in the ADF after rehabilitation, it is unlikely that they would be able to find employment in civilian occupations.
  
- h. The DVA's use of medico-legal firms has meant that claimants have been required to attend multiple appointments creating stress and time-wasting delays in progressing claims. VVFA suggests that DVA consider adopting a single medical assessment process along with Defence and CSC to simplify and streamline the review and appeal process as well as saving considerable time and money.

List of Annexes:

- A. Summary of issues previously provided to the Productivity Commission
- B. Service Eligibility (22 Verbosity Special Edition, 2006, p54)

Annex A: Summary of issues previously provided to the Productivity Commission

**Productivity Commission Investigation - DVA**

**VVFA Nominal List of Issues for Review**

<b>Legislation</b>	
Australian Military Covenant	A Military Covenant, already used effectively by the UK, Canada, and New Zealand, gives a powerful moral backing to the accepted principle of beneficial legislation, and to Commonwealth funded entitlements and rehabilitation for veterans. The USA has a US Army Community Covenant which also applies to other US military forces. A Covenant would also give moral backing to the support offered by Federal and State Governments.
Definition of Veteran	A formal, all embracing definition of a 'veteran' should be enshrined in legislation, with consideration to be given to including ARes members' service, other than simply Continuous Full Time Service.
Beneficial Legislation/Model Litigant/Natural Justice	<p>The Federation is not confident that these principles are to the forefront in DVA decision-making pertaining to veterans. It is recommended that the Department ensure that the principles are the foundation of all policy and practice.</p> <p>The Federation included proposed Terms of Reference drafted by a barrister, as part of its contribution to the DVA Legislation Workshop. They were not acknowledged but are attached for consideration in the formal submission.</p>

<p>Consolidate all three Acts and replace with an Omnibus Act. <sup>8</sup></p>	<p>This would remove significant anomalies, contradictions, and inconsistencies, and could incorporate all the beneficial provisions from the current Acts; i.e. including the best elements and deleting the worst. Examples of 'worst':</p> <p>VEA s24 (2) b delete the necessity to be genuinely seeking work. It is illogical for a veteran to be seeking work when the claim is for TPI.</p> <p>MRCA. Delete the offset against SRDP by the amount of Commonwealth contribution to Military Superannuation schemes.</p>
<p>Statements of Principles (SOPs)</p> <p>Two different standards of proof applying to SOPs should be abolished.</p> <p>Statements of Principles, including streamlined SOPs, should be applied across all three Acts.</p> <p>Observation</p>	<p>Operational SOPs should be used. Where an individual is, when they are injured, does not change the effect of the injury. Incapacity arising from, say, a helicopter crash, is independent of whether the helicopter was involved in operations, or Australia-based training.</p> <p>Using SOPs across all Acts should result in consistency of decisions.</p> <p>The need for claimants to be aware of relevant SOPs should be made clear upfront, with a link included in the single claim form, and the online claim form.</p> <p>Late awareness (post initial claim rejection) of SOPs has resulted in some veterans</p>

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<sup>8</sup> Extract from Prof David Dunt, *Independent Study into Suicide in the Ex Service Community* 2009. "It is widely recognised that the three military compensation schemes - Veterans' Entitlement Act (VEA), Safety Rehabilitation and Compensation Act (SRCA) and Military Rehabilitation and Compensation Act (MRCA) - are difficult for veterans to navigate and DVA delegates to advise and process. They also have differing aims - VEA is essentially a military compensation scheme, SRCA a worker's compensation scheme oriented to rehabilitation and MRCA has features of both. The operation of MRCA and veterans' compensation more generally will be reviewed in 2009. It would simplify the scheme considerably if the three acts could be rolled-up into one successor Act. It is worth noting that Canada and US have one scheme only and the UK one past and present scheme operating." Note that Prof Dunt made this observation in the context of suicide.

	walking away from their claims, with the claim being inevitably defeated, regardless of the beneficial provisions of the VEA, and now MRCA.
Medical discharge of ADF members	Members medically discharged should remain on the same rate of pay until claim decided. This is considered to be important for mental health and to reduce the chance of suicide. To facilitate this recommendation, it is further recommended that the member not be discharged until a claim is accepted and compensation commenced.
Legislate deeming time deadlines	Deeming time periods would require decisions on liability to be made within a specified time. If not met, then a claim would be deemed to have been accepted.  A deeming period of six months is recommended.
<b>Particular Legislation disparities</b>	
VEA	Disparity in funeral benefits: need to align VEA with DRCA/MRCA benefit including indexation.  S24 Alone Test amendment needed
DRCA	DRCA needs to be simplified as part of the consolidation of all 3 Acts.  Hearing devices of functionality and quality etc: need to amend to enable access to higher order devices as in SRCA.  520 members unfairly affected due to the White Card issue, should be granted a grandfather provision. It remains the case that members of the Public Service have more generous entitlements to hearing devices than do veterans.

<p>MRCA</p>	<p>MRCA should be simplified.</p> <p>At minimum, the sequential processes that cause delays such as the requirement for conditions to be 'permanent and stable' should be removed. See entry for GARP V.</p> <p>The denial of accrued rights to veterans under MRCA 2004 is indefensible and is an abuse of process. These rights need to apply to all legislation.</p>
<p>Guide to the Assessment Rates of Veterans' Pensions (GARP) V</p>	<p>Using GARP V means that all injuries/diseases will be assessed in the same way under all Acts. The issue of 'permanent and stable' will not arise because it is not part of GARP V.</p>
<p>Recognition of spouses/partners/families</p>	<p>In FY 2016-2017, 43% of VVCS clients were family members. Of that figure, 23% (n=3544) were spouses/partners. <i>(Statistic provided by VVCS).</i></p> <p>ADF members deployed to operational theatres face the prospect of the ultimate sacrifice. Some members will return with chronic physical or mental injuries, which will involve sacrifice in opportunity, relationships, and lifestyle. Spouse/partners share, and experience, this sacrifice, on many levels.</p> <p>Currently, all Acts, and by extension, all political parties, fail to effectively acknowledge the impact of an ADF member's service on their family. While the budget increasingly allocates money to veteran family welfare, legislation must acknowledge the impact on families by providing the opportunity for early and easily accessible tangible benefits, where there is the potential for spouses/partners to experience 'injury' as a result of the ADF member's service.</p> <p>The negative, significant, and sometimes life-sacrificing, impact of an ADF member's</p>



	<p>service on their family is a matter of irrefutable research evidence. This quantitative evidence has been consolidated significantly since the 2002 Clarke Review, and submissions to the recent Senate Committee hearings relating to suicide, provided substantial and unequivocal qualitative evidence of the adverse impact on families.</p> <p>In the short term, we consider that the most equitable action will be to issue spouses/partners with a Non-liability (mental health) White Card, simultaneously with the issue of the same card to the ADF member or veteran. Other options exist, but this recommendation has the following, significant advantages: it is the foundation for the early intervention with regard to mental health; it provides spouses/partners with flexible access to access available community mental health practitioners; and, it is an acknowledgement by government of the significant role that spouses/partners have in supporting ADF members, and veterans.</p>
<p>A single claim process where there are entitlements under multiple Acts</p>	<p>Believed to be in hand</p>
<p>NLHC Coverage</p>	<p>NLHC coverage should be extended to include all musculoskeletal trauma as this is seen as being a vital for improved veterans' support services.</p>
<p>Operational Service</p>	<p>Amend Acts so as to acknowledge deployment to an overseas operational theatre as continuous service, from the date of arrival in-country, to departure from country, as opposed to the current practice of start/stop dating of operations during the period of deployment.</p>

<b>Policy</b>	
<p>Medical discharge from the ADF</p> <p>(see also under <b>Legislation</b>)</p>	<p>Where a final medical board discharges a veteran for any service-related illness or injury, it should be accepted that liability under the legislation has been established for those noted conditions.</p> <p>Our understanding is that this is in hand. Ex ADF members want to work. The VVFA recent paper on Fraud, presented to the ESORT, and based on statistics verified by DVA, supports the integrity of veterans and supports the proposition that veterans should be believed.</p>
<b>Practice</b>	
<p>VCES should always be over the general community payment for all dependent students regardless of the child's age and indexed.</p>	<p>Consistent with Veteran Centric Reform.</p>
<p>Involve families in transition, and in all aspects of families' support to veterans</p>	<p>Legislation, and departmental practice, must acknowledge the impact on families by providing tangible benefits where family members demonstrably experience 'injury' as a result of the ADF member's service.</p>
<p>Departmental case management</p>	<p>DVA have been reluctant to approve or refund scans for claimants; or, where accepting the need for scans, insisting on using their own medical preferences rather than the claimants'.</p> <p>Administration of Disability cases has been less than efficient.</p>
<p>Cultural Awareness Training of DVA Delegates</p>	<p>There is a perception that DVA staff lack awareness of ADF culture, and that the Department does not do enough to develop awareness through staff training.</p>

	<p>Appropriate training and customer interaction and cultural awareness of the unique nature of Defence service and veteran needs must be a major plank for all staff training.</p> <p>The recent Senate Committee enquiry on suicide made recommendations regarding the need for improved empathy and sensitivity.</p>
DVA Communication Strategy	<p>Numerous examples can be cited of DVA's apparently well-intentioned, but ineffective, communications with ESOs and by extension with veterans. The significant body of ESO knowledge and expertise is greatly under-utilised.</p>

**Annex B: Service Eligibility  
(22 Verbosity Special Edition, 2006, p54)**

**Service eligibility under the VEA, SRCA and MRCA**

TYPE OF SERVICE	3 Sep 1939 to 2 Jan 1949	3 Jan 1949 to 6 Dec 1972	7 Dec 1972 to 21 May 1986	22 May 1986 to 6 Apr 1994	7 Apr 1994 to 30 June 2004	On or after 1 July 2004
<b>Continuous full-time service (CFTS) — (known as 'defence service' from 7 Dec 1972)</b>						
• Service ended before <b>7 Apr 1994</b> (did 3 years CFTS or was discharged on medical grounds)	VEA (see eligible war service)	SRCA	SRCA & VEA	SRCA & VEA		
• Did not do 3 years CFTS nor was discharged on medical grounds	VEA (see eligible war service)	SRCA	SRCA	SRCA	SRCA	MRCA
• Enlisted before <b>22 May 1986</b> (served up to and after <b>7 Apr 1994</b> )		SRCA	SRCA & VEA	SRCA & VEA	SRCA & VEA	MRCA
• Enlisted on or after <b>22 May 1986</b> (did 3 years CFTS or was discharged on medical grounds by <b>6 Apr 1994</b> )				SRCA & VEA	SRCA	MRCA
• Enlisted on or after <b>7 Apr 1994</b>					SRCA	MRCA
<b>Eligible war service (non-operational)</b> Enlisted before <b>1 July 1947</b> or enlisted for 2 years in Interim Forces on or after 1 July 1947	VEA	VEA (ended 30 June 1951)				
<b>Operational service (Eligible war service)</b>	VEA	VEA	VEA	VEA	SRCA & VEA	
<b>Hazardous service (Defence service)</b>				SRCA & VEA	SRCA & VEA	
<b>Qualifying service</b>	VEA	VEA	VEA	VEA	VEA	VEA
<b>Peacekeeping service</b>	VEA	SRCA* & VEA	SRCA* & VEA	SRCA* & VEA	SRCA* & VEA	SRCA* & VEA (civilians only)
<b>Peacetime service</b>						MRCA
<b>Warlike service or Non-warlike service</b>	VEA	VEA	VEA	VEA	SRCA & VEA	MRCA
<b>Part-time service (Citizen Forces, Reservists, Cadets)</b>	VEA	SRCA	SRCA	SRCA	SRCA	MRCA

\* Claims under the SRCA by Australian Federal Police or other Commonwealth employee members of a Peacekeeping Force are administered by Comcare. Claims under the SRCA by ADF members are administered by the MRCC. The VRB cannot review any matters under the SRCA.