

**VETERANS' ADVOCACY AND SUPPORT SERVICES  
SCOPING STUDY  
WODEN VALLEY RSL SUB-BRANCH SUBMISSION  
AUGUST 2018  
EXECUTIVE SUMMARY**

**The Woden Valley RSL Sub-Branch**

The Woden Valley RSL Sub-Branch is making this submission in its own right and on the basis of the work it does to support veterans and their families in the ACT and region.

As part of a Branch Strategic Plan, the Sub-Branch established a Veterans' Support Centre (VSC), initially with the intention of working with the NSW Branch to establish and resource a network of centres to support the Veteran Community across NSW and the ACT.

As the original plan did not eventuate, the Sub-Branch has continued to resource and operate the VSC as an integral part of its organisation.

**Veterans' Advocacy and Support Services Scoping Study**

Based on its work and the range and nature of its clients during the past five years, the Sub-Branch believes the TOR and the Discussion Paper for the Scoping Study are too narrow and, thus, they do not and will not address the extent of advocacy required into the future.

The Sub-Branch, therefore recommends that the scope of the study be extended to confirm the nature, size and needs of the Veteran Community, as we have seen it and is demonstrated by our supporting data.

We also recommend that the definition of *advocacy* be expanded to include the work done in relation to the delivery of welfare support as well as with claims and appeals.

**The Organisation of the ESO Community: Veterans' (Support) Centres**

While the ESO Community has established veterans' (support) centres to obtain synergies from ESOs in particular regions, and across some States, the Sub-Branch believes the benefits from these centres could be enhanced by establishing a national network that could be based on RSL branches.

While each State or Territory grouping of ESOs and the respective State and Territory governments would be required to resource these networks and centres, the allocation of ad hoc funds and grants from government and ESOs should be more equitably shared to assure the viability of the elements that would provide a national system of advocates and advocacy.

**Veteran Centric Reforms**

In noting and applauding recent Veteran Centric Reforms in DVA, we note the need to ensure the details of these reforms are passed throughout the Department and, where appropriate, that major ESOs receive access to enhanced IT and similar resources so they can work effectively with DVA to optimise the potential benefits of these reforms.

**Training for Advocates**

We note our concern that the recently introduced ATDP is prescriptive and does not account for the skills, knowledge, experience and general life-skills that former members of the ADF offer a volunteer-based advocacy system and that could meet a variety of needs.

We note, however, the desirability of providing some paid staff to fill positions that are aimed at ensuring volunteers can use their time as effectively as possible and provide higher levels of availability and knowledge than could reasonably be expected from volunteers.

**Case Studies**

The Sub-Branch will forward case studies to support the contentions and recommendations it has offered in this submission, but that must be held in-confidence.

J.A.F. GILCHRIST

President

Woden Valley RSL Sub-Branch

20 August 2018

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## **Introduction**

The Woden Valley RSL Sub-Branch (the Sub-Branch) offers this submission to the *Veterans' Advocacy and Support Services Scoping Study* in its own right and without direct reference to other elements of the RSL as a whole (the League) or in part. However, the paper's comments, conclusions and recommendations are based on our interaction with Ex-Service Organisations (ESOs) in the ACT and more broadly, and our experience with the Veteran Community.

The Sub-Branch operates a Veterans Support Centre (VSC) in its organisation. The VSC is a virtual entity through which the Sub-Branch supports veterans and their families, and manages the resources associated with each of the functional areas it operates. It promotes the availability of these capabilities and delineates between the advocacy required to deliver services to the veteran community and the normal functions and activities we conduct as an RSL sub-branch.

The paper reflects the Sub-Branch's observations and experience during the past five years as the VSC evolved and its client base grew and consolidated.

The paper provides a brief history of the Sub-Branch and data to demonstrate the nature and size of its workload that provides the basis for our conclusions and recommendations.

This paper complements the oral briefs our members provided in the consultation phase in June 2018.

The Sub-Branch would welcome the opportunity to further discuss any of the issues raised in this paper.

## **Aim and Scope**

### **Aim**

This submission comments on the Discussion Paper and the Terms of Reference (TOR) for the Study. It suggests a need to review and broaden the use of the term *advocacy* and ensure the Study considers issues we believe have not received due prominence in the Discussion Paper and that are not reflected in the priorities and initiatives Government and DVA have introduced recently.

### **Scope**

In raising these issues, the Sub-Branch acknowledges our relatively small base and a lack of detail in some of our statistics.

In commending many of the recent Government and DVA initiatives, we are concerned these do not and will not address some critical services required by the veteran community as a whole; and some specific issues within that community. In essence, we believe that, while the recent focus on younger veterans and the

transition of serving members from the ADF are welcome and essential, many other issues warrant attention now to address the present situation and prepare to meet future projections.

### **Scoping Study**

The Discussion Paper and the TOR refer to terms such as *advocacy and welfare services; accessing entitlements and services; different veteran cohorts and services based on their needs, irrespective of their age*. However, the questions and most of the discussion focus on younger veterans, the specific needs of female veterans and aspects of advocacy services that relate to claims and appeals. The TOR make little or no mention of the services that veterans require once their conditions have been accepted and their entitlements agreed, even though this support is needed on a whole-of-life basis.

Similarly, the questions listed in the TOR focus heavily on matters that are important but do not reflect what the Sub-Branch is seeing as the nature and quantum of support our clients are seeking. Nor do they address the range of services that contribute to the overall health and wellbeing of veterans and their families, which is supposedly at the heart of the problem.

In summary, the Sub-Branch believes the TOR are too limited, and they will skew the responses to produce pre-determined outcomes. While this comment might appear cynical, it also applies to much of the general discussion and media statements from Government, DVA, interest groups and media commentators regarding the future needs of the veteran community. We believe this situation has developed largely because of a lack of engagement with advocates who provide grass roots support and the stakeholders involved in delivering the services.

Thus, this paper proposes a broader approach to advocacy than that which is implied in the TOR and Discussion Paper and offers some revised definitions that could be useful to produce the broader outcomes it recommends.

### **Woden Valley RSL Sub-Branch**

#### **Brief History**

First established as the Yarralumla Sub-Branch in 1954, the subsequent Woden Valley RSL Sub-Branch has been serving veterans in the ACT for about 65 years. With a continuing focus on its members and widows (and widowers), for the past few years, the Sub-Branch has increasingly supported non-member veterans and their families in the ACT and region.

In keeping with a revised ACT Branch Strategic Plan that was developed in 2012, the Sub-Branch established a VSC within its organisation primarily to capture the financial, technical and administrative arrangements associated with the delivery of services we provide. While efforts to ensure the VSC is part of a network of similar centres in and around the ACT and NSW were less successful than had been hoped, the VSC is fully operated, supported and administered by and as part of the Sub-Branch. We work closely with other ESOs in the ACT and region, such as Legacy (ACT), the VV&VF Centre at Page and the Defence Force Welfare Association (ACT).

The Sub-Branch meets its two objectives of commemoration and supporting veterans, through the functional groupings of Community Engagement and Ceremonial, and the VSC, respectively. The former provides for members to engage with the community at commemorative services during the year, with a highlight being the ANZAC and Peace Ceremony we conduct with the ACT Government Education Directorate and local primary schools, and the associated essay competition, both of which have a history of nearly 30 years. On a weekly basis, we engage with and entertain members of the ageing community in our area through the Eddison Day Club that is now in its 14th year. We also visit local aged care facilities and conduct our own commemorative services that are aimed at members and others who might be unable to attend services at the Australian War Memorial or elsewhere.

The service delivery aspects of our work include assisting veterans and families with claims and appeals to the Repatriation Commission and the Veterans' Review Board (VRB); and, subsequently, assist them to access the resources they need to enable them to live well. In the past three years, we have attempted several forays into a transition program that extends beyond assisting veterans obtain employment after their discharge from the ADF. Because many of our clients are unable to work fulltime, we have focussed on programs that concentrate on various life skills aimed at enhancing their physical, mental and emotional well-being. However, as their ability to transition to other interests will be affected by their personal situations when they first engage with us, these activities require considerable planning and resourcing.

It is in these service delivery areas that we spend most of our resources, for which we need most assistance and from which we derive most satisfaction; and, experience most of our frustrations.

It should be noted that volunteers and staff work closely with government agencies, civilian organisations and others, particularly those that provide the services required to support members of the veteran community on a through-life basis. For example, we have an excellent relationship with a specialist medical centre that has an evolving trauma medicine capability that is aimed at the treatment and rehabilitation of veterans in a holistic fashion.

In keeping with the basic RSL philosophy and due to our limited funds, we rely almost entirely on volunteers to support our clients. We engage paid staff on a casual basis to provide basic administrative support and one staff member who provides a higher availability and expertise in some welfare tasks than we could expect from volunteers.

Although some of our statistics are limited, we are presently assisting nearly 700 clients with claims and appeals, and we have an increasing number of complex welfare cases. Our client base ranges from 19 to 20-year-old veterans who are still serving or are about to separate from the ADF, to others who are in their nineties; and, all ages in between. This age span applies to veterans with primary claims and those for whom we provide welfare support on a through-life basis.

It is important to note that, despite the desire to assist as many clients as we can, our resources are limited, and we are struggling to meet the persistent and continually increasing demand. We are also hindered by increasingly complex compliance issues from many quarters and the lack of resources to provide the actual services required by our clients and to which they are entitled.

## Current Situation

### Membership:

The Sub-Branch presently has nearly 640 members and non-member widows in the following categories that reflect the Sub-Branch Constitution:

Category	Number	Remarks
Service members	519	Includes normal Service members, RSL Life Members and life subscribers.
Associate Members	4	Service members who belong to another sub-branch and who must choose to have voting rights at either their home sub-branch or at Woden, but not both.
Affiliate Members	45	Non-service members, many of whom are spouses of members and/or volunteers.
Widows	70	Must have been married to a member. All widows are potential clients as required by our Constitution with some also being war or defence widows.
<b>Total Membership</b>	<b>638</b>	The Sub-Branch has an obligation to support all members and widows on an as required and available basis.

**Table 1. Woden Valley RSL Sub-Branch Membership, as at 17 July 2018**

### Clients:

#### Definitions

As has recently been confirmed by Government, the Sub-Branch defines *veterans*, as being members or former members of the ADF.

We define *families* on a case-by-case basis according to the situation.

Thus, we consider the *Veteran Community* to comprise veterans and their families.

We consider our *clients* to be members of the veteran community and our members, including widows and widowers.

### Claims and Appeals:

#### Primary Claims

The VSC is currently assisting more than 500 clients with primary claims to the Repatriation Commission. It has received more than 300 new clients in each of the past three years, with nearly all having been referred by a friend, a former or current client, or another stakeholder, including Defence, DVA, and Veterans' Liaison Officers (VLOs) at local hospitals.

Many clients have entitlements under more than one Act with many submitting their first claim regardless of when they separated from the ADF and/or whether or not they had operational service. Each client tends to claim between 5-6 conditions, each of which is considered separately.

As a control measure, the VSC groups all claims by a client under each Act as a *case*. Thus, one client may have three separate cases open at the same time, with each case and condition being determined on its merits.

Once a condition has been accepted, we then assist clients with their claim for Incapacity Payments.

Many older clients are seeking a review of their accepted conditions and overall incapacity with a view to them being accepted as having TPI status (i.e. EDA, SRDP). This applies particularly to clients who have recently been diagnosed with a life-threatening illness, even though they might have been issued with a Gold Card due to their operational service.

#### **Appeals to the VRB**

The VSC is presently assisting about 70 clients with appeals to the VRB. This figure has been growing steadily for the past few years, with some cases taking up to three years to resolve.

So far this year, we have participated in more than 60 outreach sessions with the VRB as part of the recently introduced ADR process.

#### **Appeals to the AAT**

As the VSC has no Level 4 advocates, we work with other ESOs or lawyers to assist clients with appeals to the AAT.

#### **Appeals to the Federal Court**

In the past few years, the VSC has successfully assisted one client with an appeal to the Federal Court.

#### **Welfare:**

Welfare services vary from hospital and home visits, and general support to our members, to complex cases requiring engagement with Federal, State or Territory government departments, and other organisations.

We continue to build relationships and work with agencies and providers to assist clients access essential services based on their needs and entitlements.

Where possible, we encourage and work with family carers. This approach encourages a strong unit that will inevitably provide better outcomes for all concerned and, in some cases, can be the difference between success and failure.

Because many clients who are most in need of assistance have a limited ability and capacity to present their own cases, we are developing capabilities to assist clients and their families with aged care and other assessments, most of which have several tiers. This sort of work is time consuming, relatively complex and must follow processes that seem to be continually evolving.

The final step in accessing services is to assist clients obtain a provider, many types of which seem to be in short supply, at least in the ACT.

There is then an ongoing advocacy role to ensure the services are delivered to meet client's needs and that the service providers meet their obligations.

### **Volunteers:**

With the exception of one paid welfare staff member, volunteers provide the services offered by and through the VSC. These volunteers are aged from their forties to late eighties, with a few in their nineties. While this might seem odd, older folk are reliable, they work within their limitations and report issues promptly. Most importantly, however, they relate well to most clients.

The majority of volunteers engaged with claims and appeals range in age from 50(+) to 70(+). Some have been working in this field for more than 10 years, while others have joined our team quite recently. All volunteers engaged with claims and appeals initially qualified through the TIP and have now attained or are seeking ATDP accreditation.

About four or five new pension officers are now being inducted into our team.

To develop and apply an induction process to meet our requirements and assist and mentor new pension officers through the ATDP, we have recently appointed a volunteer training officer.

For the past several years, the VSC has provided welfare volunteers with information sessions to ensure they are as prepared as they can be for the tasks they face in various roles. These sessions inform volunteers on the services that are available and how we can assist clients access them. We will continue these sessions to complement and supplement the ATDP as they cover topics, functions and issues that are unlikely to be included in the ATDP.

As far as practicable, volunteers work in pairs, especially during initial interviews, home visits and when working with difficult clients or with complex situations.

### **Volunteer Roles**

In relation to advocacy, the major roles of volunteers include:

- Pension Officers
- Pension Officers and Level 3 Advocates
- Welfare Volunteers including home and hospital visitors
- Day Club
- Bereavements.



### Staff:

As the workload has increased in the past few years and we have been able to access additional internal funds, the Sub-Branch has employed up to six paid staff. To help manage the financial and other risks, all staff are engaged on a casual basis against relevant awards.

Most staff focus on administrative tasks aimed at ensuring volunteers are best able to do the work requested of them rather than be engaged with administration.

Specifically, paid staff provide the following support:

- **Office Manager.** In a recently upgraded position, the Office Manager oversees and coordinates many of the day-to-day activities and functions of a busy membership and client-based organisation, including general management tasks. Her duties include prioritising correspondence and other contacts, editing newsletters, overseeing the resources required by the office and generally coordinating the office functions. She assists the Sub-Branch Executive, especially the Secretary and Treasurer.
- **Receptionist.** The receptionist assists the Office Manager in day-to-day tasks including telephone, personal and email queries, assisting with funeral tributes, managing the membership data base, collecting fees, etc. About half of the calls to the receptionist relate directly to VSC enquiries with the remainder being standard sub-branch issues.
- **E&A Administrator.** The E&A Administrator receives enquiries into the E&A section, records the contact, briefs clients on what help might be available, notes likely delays in responding to the query, refers difficult or urgent cases to senior volunteers for advice and action, and initiates follow-up action including welfare assistance that might be indicated or requested. He also keeps records for claims and appeals.
- **E&A Assistant.** To meet the workload noted in the previous sub-paragraph, the Sub-Branch recently engaged an assistant to help manage claims and appeals. This position is a backup for the Administrator and can assist with specific tasks and surges in the workload. Her principal task at present is to audit all open appeals to confirm the actual workload that has been done recently and determine the status of all outstanding appeals.
- **Welfare Coordinator.** Having previously been responsible for establishing relationships with other welfare stakeholders, volunteers and acting as the senior welfare practitioner, this role now focusses on the delivery of welfare services as a practitioner.
- **Volunteer Coordinator.** Having been recently appointed, the Volunteer Coordinator is tasked with managing all volunteers who assist with welfare-related tasks, including hospital and home visits, telephone calls and any other welfare tasks that might be required now or in the future. She is also responsible for arranging briefing/training sessions for and managing the records of welfare volunteers, arranging and monitoring rosters, and liaising with hospitals and related organisations. This role is essential to the control of welfare volunteers in an increasingly compliance-related system.

**Organisation:**

The Sub-Branch is organised as shown at Attachment A.

**Activities:**

The Sub-Branch conducts the following activities that contribute to the well-being and good health of our members and others:

- **Eddison Day Club.** The Sub-Branch has conducted a Day Club under the DVA's auspices for about 48 weeks per year for the past 14 years. The club includes volunteers who entertain and engage with our elderly members and others from the community who might otherwise be socially isolated. On a cost-recovery basis, members enjoy a good lunch; are entertained by speakers, musicians and others; play mind games and do some physical activities for seniors. This activity aims at enhancing the physical, mental and emotional well-being of our senior members and regularly caters for about 45-50 people.
- **Burrangiri Lunches.** Also, on a cost-recovery basis, we provide monthly lunch meetings for our elderly members and others with whom we have a link. The lunches provide an outing for veterans who might be socially isolated; they also provide an opportunity for some of these veterans to speak with people their own age about some of their life experiences. On three occasions this year and in what might have been a last farewell, members spoke openly about events they might never have discussed, at least not in a public forum. Sadly, in what might have been a last gasp, two of these elderly members died shortly after they had told their story at one of these sessions. This activity also allows us to build a good relationship with an aged-care facility that can provide respite care, while also giving members a taste of what life in such a facility could be like.
- **RSL Funeral Tributes.** We provide this basic but important task for our members and, on request from their family, we do so for other veterans in the ACT. While this is a common sub-branch task, we find it is a most rewarding one that helps families cope with the loss of a family member; it is an integral part of our ethos and culture that we are able to farewell a veteran regardless of their age or nature of service.

**Accommodation:**

Having occupied premises in the Woden precinct at Phillip since 1968, we recently relocated to an ACT Government community centre at Holder. This move was required as, with a change of ownership, the Phillip site will soon be redeveloped.

While the new facility is satisfactory, the Sub-Branch offices and rooms are spread over several parts of an old school. However, the relatively low rent is a significant advantage.

**Funding:**

As noted, previously, the Sub-Branch essentially funds all costs associated with the conduct of the Sub-Branch and the VSC. During the initial planning of the VSC, the ACT Branch and Woden Valley Sub-Branch worked with the NSW RSL Branch with a view to establishing a Canberra-based veterans' centre as part of a network of centres across NSW and the ACT. While the NSW Branch had indicated they would provide substantial funding to support this goal, they did not follow up with that offer.

For the past few years, ACT Branch provided some funds from a relatively small pool to offset some staff and capital acquisition costs and provide some rental assistance. However, as this support also ceased about 18 months ago, the Sub-Branch committed to drawing down on its capital as well as its potential earnings from that capital to fund essential activities while we seek external support from the RSL and/or elsewhere.

**AMF**

Having owned the Phillip facility until 1988, the Sub-Branch saved some of the proceeds of the sale and invested them in a managed fund that earns about \$150,000 p.a. with a modest growth of the capital asset. This fund has supported all our activities for the past 30 years and has been the basis of our previous budgets.

Our decision to draw down from our assets for the next few years, was given in the expectation that we will continue to provide good outcomes from the VSC and we will attract external support in due course.

**Appeals**

As part of a Branch effort, the Sub-Branch conducts two fund-raising appeals each year; around ANZAC and Remembrance Day, respectively.

**BEST Grants**

On behalf of and based on the outputs from the VSC, the ACT Branch applied for and received a BEST Grant in 2016; the Sub-Branch received a smaller grant in 2017 and we await the allocation of grants for 2018.

As a general comment, the Sub-Branch notes the BEST Grant issues funds on a formula basis that does not necessarily represent the volume or the nature of work that organisations actually do. That said, we acknowledge the system is under review at present and there must be some clear policies to allocate all such grants.

**Other Grants**

While we have applied for several other DVA and community grants, we are yet to attract any substantial additional support.

**Donations**

Although we receive some small donations from members and others during the year, we have not yet attracted any sponsorship.

### PBI/DGR Status

In anticipation of a need to seek external funds, the Sub-Branch is seeking PBI and DGR status with the aim of attracting sustainable sponsorship in the future.

### Outline Methodology for Advocacy – Woden Valley RSL Sub-Branch

#### Definitions:

For the purposes of its operations and planning, the Sub-Branch applies the following definitions it believes have merit across the veteran community and have direct application to this scoping study:

- **Veteran.** A *veteran* is any member or former member of the ADF.
- **Veteran Community.** The *veteran community* comprises all veterans and their *families*, with the latter being determined on a case-by-case basis to include spouses, children and others who have a direct relationship with a veteran, e.g. a grandparent.
- **Client.** A *client* is any member of the veteran community, with all being taken on face value until they are proven to be other than what they might have claimed to be.
- **Advocacy.** The Sub-Branch applies the Macquarie Dictionary definition that is *an act of pleading for, supporting or recommending* to the word *advocacy*. This applies to assisting with claims and appeals, obtaining services, and attending interviews such as ACAT assessments. And, general assistance within the community, e.g. negotiating with utility companies.
- **Transition.** The Sub-Branch uses the term *transition* holistically to mean the enhancement of the physical, mental and emotional wellbeing of our clients. This involves providing a series of activities and events that assist clients transition from one state of wellbeing to an enhanced or better one. While one such activity could be assisting clients obtain a job, others relate more directly to their physical, mental and emotional states.
- **Welfare.** *Welfare* comprises a range of activities that are based on mates helping mates in various ways. Essentially, they include helping clients access services as well as assisting them with claims and appeals. The provision of *welfare* or *welfare services* will lead to a better state of wellbeing or, at least, it can relieve some of the stress that might make people feel worse.
- **Wellbeing.** We use *wellbeing* to mean *a good or satisfactory state of existence*.
- **Younger Veterans.** The Sub-Branch uses the term *younger veterans* to reflect their age. We do not use this term to imply *veterans from recent conflicts* or *contemporary veterans* as do many other stakeholders.

## **Methodology/Process(-es):**

### **General**

As far as possible, the Sub-Branch applies a collegiate approach to all of our activities. This applies particularly to complex or threatening clients, cases or situations, when interviewing new clients, or as part of a general approach to help our advocates deal with the range and volume of cases we are handling.

In many cases, we find that what might have started as a primary claim can identify a need to address one or more welfare issues. We have found that a key to our success, is to clearly identify and prioritise each client's needs as quickly and as calmly and sensitively as possible.

In this regard, the Non-Liability Health Care provisions for the treatment of any mental health condition have been a great success.

### **Claims and Appeals**

As previously noted, a client seeking assistance with a primary claim may need other assistance in order to mitigate a particular situation such as housing or finance before initiating an actual claim.

Particularly when we are assisting clients to appeal decisions regarding their mental health, a combination of conditions, cancers or various forms of abuse, we find that welfare support can be critical to the success of the appeal. This applies to many of our middle-aged clients who have been brought in or encouraged to seek our support by a spouse or a friend.

### **Welfare**

The Sub-Branch deals with a wide range of welfare issues that affect some age brackets more than others, while some are common across the range. Many older clients have difficulty accessing essential services because of their limited mobility, age-related mental illnesses, poor vision and/or hearing, and having few friends or family members to assist with transport or administration. Thus, we are developing some limited but critical capabilities relating to ACAT and OT assessments, to secure services such as home care, house and garden cleaning, and transport.

It should be noted that younger veterans must follow a similar process as that which applies to the older ones if they are to be assessed for and provided with support such as home help.

### **Teamwork**

Teamwork is critical to all aspects of the VSC's operation as it contributes to better outcomes for the veterans and their families, and to the performance and wellbeing of the volunteers who do most of the work.

In some cases, advocates will workshop situations to identify and prioritise a client's needs and access means to address them.

This approach is welcomed by clients who appreciate the services we provide, and the fact that more than one person has contributed to their wellbeing.

### **External Collaboration**

The Sub-Branch has established and maintains relationships with stakeholders and service providers such as DVA and Defence, and other ESOs such as Legacy, the Vietnam Veterans Federation and DFWA. Service providers include hospital and aged-care staff, Government agencies, home care organisations and medical staff.

### **Leadership and Flexibility**

While we encourage leadership and flexibility from our volunteers and staff, both characteristics must be based on the volunteers and staff being well resourced and having clear guidelines on what is and is not possible, and from where and how they should or must seek assistance. This includes setting boundaries within which volunteers and staff must operate.

Unfortunately, the volume and nature of our workload means that many of these processes are embryonic, are being addressed as they arise and will need additional resources if they are to be fully developed and sustained.

### **Client Focus**

An underlying characteristic of our operations is a focus that aims at ensuring all clients receive as much attention as they need. However, we are careful to ensure that bad behaviour from clients or volunteers is not tolerated, and clients are expected to be as much a part of the solution as they reasonably can.

Where appropriate, we recognise the importance of the family unit in attaining sustainable outcomes, as family members are inevitably affected by the client's situation. Thus, we consider the family to be critical to a veteran's wellbeing and, in the absence of family, we look for long-term friends.

### **Holistic Approach**

With the aim of enhancing the physical, mental and emotional wellbeing of our clients, the Sub-Branch works with stakeholders to advise and support clients and volunteers. These organisations include the Remount Horsemanship Team, a trauma medicine centre and the Canberra Rowing Club all of which have contributed to our clients' state of wellbeing.

### **Internal Development**

To complement and supplement the training available through the ATDP and DVA, the Sub-Branch conducts internal briefing sessions on key issues, new systems and general matters that will inform our volunteers.

In the past few years, we have had briefings from the RMA, the VRB, DVA and other stakeholders. To foster local co-operation between ESOs, we make these sessions available to other advocates in the ACT and region.

In keeping with our internal accreditation program, we record attendance and the content of these sessions and monitor the suitability of volunteers for various roles and tasks.

### **Support Mechanisms**

Given the complexity, volume and nature of our work, we are developing mechanisms to support our staff and volunteers.

Initially, we are focussing on an Employee Assistance Program (EAP) for our staff in which we will provide group sessions and offers of individual and confidential referrals to a qualified practitioner.

In addition to the collegiate approach noted previously, we also encourage eligible volunteers to seek assistance through the VVCS as they wish.

### **Dependencies:**

#### **Claims and Appeals**

Some basic data relating to clients we have assisted with primary claims and appeals is at Attachments B-D.

Due to our limited resources, we record this information on a spreadsheet and a basic database we modified to suit our needs. Thus, the data is more basic, less reliable and harder to interrogate than we need for detailed planning.

Between January and July 2018, we helped more than 650 clients with claims and appeals; with ages ranging from 19 to 96 years. While the majority of our clients are between 43 and 68, there is no shortage of younger veterans. The majority of older veterans are those who have never submitted a claim or are seeking a review of their entitlements and accepted conditions due to the onset of a significant illness. This latter group includes veterans who were issued a Gold Card at the age of 70 due to their operational service, and who are now seeking cover for their surviving spouse.

We have no difficulty attracting female clients of all ages, with most being well satisfied with the variety of advocates we offer. Many clients have sought our assistance regarding claims for serious physical, sexual and mental harassment that requires sensitive handling and complementary welfare assistance.

While most of our clients live in the ACT and near region, we support others from overseas and regional NSW. While some of these clients have had a relationship with the Sub-Branch and/or the ACT, others have been referred to us, some have been unable to obtain assistance where they presently live and others have had a bad experience with other advocates. Although we accept these cases, whenever possible and desirable, we try to refer them to a more accessible advocate.

#### **Welfare**

While our welfare clients range widely in age and needs, the majority are older veterans who have few options to seek assistance and whose ability to negotiate the welfare system is limited.

Although we use a basic case management system, we struggle to maintain records to demonstrate the nature and extent of support we have provided. However, we have dealt with more than 100 significant welfare cases this year and we continue to monitor these as well as we can.

For the past few years, some of our welfare clients have needed urgent and extensive attention. Where possible, we work with external agencies, including other ESOs and local service providers to assist our clients and, when appropriate, their families. We have also worked with the prison system.

### **Current Issues – Woden Valley RSL Sub-Branch**

#### **People:**

Although people have and always will be our most valuable asset, they also present some of our biggest risks. That noted, we believe that, by providing our members with managed opportunities to advocate for other veterans, we are passively enhancing their wellbeing. However, with the increasing complexity of welfare and related services, and the increasing compliance-related requirements relating to all of these services, both our staff and our volunteers are stretched at present.

Conversely, some of the issues affecting our staff and volunteers are the basic reasons why we need to advocate on behalf of our clients.

Specific issues relating to our people include:

#### **Clients**

The number of clients seeking our assistance with claims and appeals has increased significantly during the past several years and is showing no sign of abating. As noted elsewhere, clients cover a broad cross-section of ages and military service. Many clients are facing ageing or historical issues that need extensive research and do not fit recent initiatives to streamline and simplify their consideration.

Clients of all ages can have complex conditions and situations, some of which relate to life-threatening illnesses, while others relate to harassment and abuse. However, these do not seem to fit the new moulds.

Many older clients have few friends or relations and are at risk of being socially isolated and in need of basic human interaction as they face the inevitability of residential care.

#### **Volunteers**

While many of our volunteers have been volunteering for many years, they too are ageing and, in some cases, are limited in the support they can offer. While this is inevitable, it both reduces our pool of volunteers while increasing our dependency.

Similarly, while most of our older volunteers are quite capable of suitably doing many tasks and fulfilling various roles, many do not fit the mould required under the still evolving ATDP system of training and accreditation.

To overcome the first two issues while introducing, recruiting, inducting and training new volunteers, we are encouraging a buddy system whereby we use senior volunteers to mentor the new ones, most of whom have a wide range of knowledge and experience appropriate to many of our tasks. However, this approach does not fit the ATDP system, and none will be given credit for these characteristics under the present guidelines.



Thus, we will continue to work within our resources to meet present needs and demonstrate to new volunteers that we have a system and some rules of engagement. However, our limited resources and large workloads have created a *Catch 22* situation in this regard.

### **Staff**

While staff are essential to our continued success, our funds are stretched to the limit and we are struggling to maintain the present arrangements without external support.

As part of our risk management strategy, all staff are engaged on a casual basis that limits our exposure to financial risk. However, it also limits the certainty that some staff are seeking and will limit the potential to develop a sustainable staffing model.

While we have no intention to engage paid advocates for claims and appeals, there is significant potential to engage paid staff in some key welfare areas. However, at present, we are seeking recently retired experts as volunteers who can bring their own qualifications, knowledge and experience to match our requirements.

### **Members**

Our members are the backbone of our Sub-Branch and are the ones who have done the work previously, do the work now and must continue to lead us into the future. With the two aims of mates-helping-mates and commemoration, our members contribute to their own wellbeing and sense of purpose, especially as they face inevitable challenges associated with ageing. They also demonstrate a resilience and an empathy that suits them well to assist other veterans.

Our members are also our largest source of potential clients in that we have more than seventy aged in their 90s, with many still living at home, with or without a partner or any family living nearby. Others in their 70s and 80s are also likely to need various forms of welfare assistance in the not too distant future.

As noted previously, the sort of assistance these people need is becoming more complex to access and they will, therefore need advocacy support of various kinds.

### **Functional Issues:**

#### **Entitlements and Advocacy (Claims and Appeals)**

Many primary claims are straightforward in their preparation and submission in that diagnoses, dates of onset and relation to service are readily available. Despite this, some claims seem to have more difficulty being processed, let alone accepted, than others. It is expected that the current changes to internal DVA processes and better resourcing of claims assessors should improve the system to the benefit of all, including DVA staff.

The main issues that the Sub-Branch faces in relation to claims and appeals fall into the following three broad categories:

**Younger Veterans.** Recent initiatives to enhance the consideration of claims from younger veterans should work well but will need time to settle before being assessed fully. For example, it will be important to ensure that conditions are properly and completely recognised and are duly claimed rather than the system automatically defaulting to something different to or less than the actual extent of the problem. It will also be interesting to note how claims for review of specific conditions will be managed in due course as the effects of the injury inevitably worsen with time.

**Legacy Issues.** We are concerned about the number of claims we receive in regard to legacy issues wherein veterans are submitting primary claims some 20-30 years after an incident occurred or an injury/illness was first diagnosed. While there are many reasons for this situation, most claims will suffer because of a lack of evidence or diagnoses that meet the extent of the SOPs. This applies particularly when medical practitioners and facilities have destroyed records and the claimant has limited evidence available to support his/her contention. Similarly, we have had several cases wherein, mandatory records of incidents that did occur were not recorded as they should have been. It is apparent that near-misses were not always recorded unless there was a death, serious injury or major damage to property.

**Complex Cases.** As noted previously, many veterans present with complex cases for which concurrent welfare services are required, evidence is hard to find and/or to use in the general manner of a normal claim, and veterans and their families are facing issues they have denied for many years. While many of these cases relate to historical abuse of some sort, some are more current and involve senior personnel who are still serving or who have moved to another high-profile role. We have handled several cases in which service spouses were both involved in incidents but neither knows the details or the extent of their partner's involvement or the effects the incidents had on them. While we are working with the Defence Ombudsman to assist us and the clients with some of these, there should be an avenue through DVA to consider them sensitively as DVA would be able to provide a wider range of benefits to which the veteran should reasonably be entitled. Other cases are complicated by their very nature and are therefore hard to explain let alone to prove; this has the obvious outcome that they will need to be referred to the VRB.

### **Welfare**

Apart from the sensitive cases noted elsewhere in this submission, much of the welfare support we provide relies on extensive IT processes. Many requests and assessments for services are available primarily on-line or through an automated telephone call, neither of which is appropriate to most of our clients. While the need to modernise some processes is acknowledged, this situation has required us to develop new capabilities to assist veterans and their families, especially the elderly or infirm.

While our development of these capabilities is in its infancy, the need will only increase in the future, especially as most processes require several steps to achieve desirable outcomes.

However, and notwithstanding the process to demonstrate an entitlement, we have found that a major weakness in this system is the unavailability of service providers to actually do the work. In the ACT, this situation can be exacerbated by cross-border issues relating to NSW and ACT Government legislation and funding.

### **Transition**

Having successfully conducted several transition activities during the past few years, we have had to limit temporarily our exposure to these events. These activities provided veterans with physical, mental and emotional challenges that were aimed at enhancing their wellbeing in a team environment. Although these activities were successful, they are resource intensive and are presently beyond our means. They also raised some issues, the onset of which we had not fully appreciated, nor were we able to control. That said, we have established opportunities for less formal gatherings that promote camaraderie in a safe setting. The activities included rowing, horsemanship and computer games that involved third party providers at minimal cost. We also tried to establish a home help team to be based on veterans working under supervision to do simple garden tasks for our older veterans.

### **Governance and Management:**

Not surprisingly, we are steadily reviewing our governance and management policies and processes to ensure compliance and probity in all respects. Not only have the recent issues within the NSW RSL Branch negated any chance we had of securing sustainable funding support from them in the foreseeable future, they have increased the concerns we have as part of our work in such a dynamic and demanding environment.

While we welcome the introduction of the ACNC and the opportunities it provides to better manage our organisation, the present situation across the League has adversely affected our ability to make strategic plans and to identify and manage our exposure to risk. In effect, we are at risk of being so risk-averse that we cannot evolve responsibly; and, we, therefore, will have fewer options to develop and resource our plans as we and others also become paranoid about what should be quite manageable levels of business risks.

Nonetheless, we will continue to do the best we can with what we have and look forward to working with the ACNC and other agencies in due course.

### **Terms of Reference:**

#### **Scoping Study**

The following paragraphs comment on specific issues and questions raised in the TOR and Discussion Paper for the Scoping Study.

## **Repatriation Commission Processes for Claims and Appeals**

While DVA has made major efforts to improve the processing of claims and appeals and outlined its intentions to continue to do so, the Sub-Branch notes some of the difficult issues we have faced recently and offers some advice as to how they might be addressed to provide better outcomes.

### **Case Studies**

We will provide some case studies to support these examples separately, as these involve sensitive issues that must be held in confidence.

### **Beneficial Legislation**

While veterans' legislation is intended to be beneficial, we have seen examples of where we believe it is being applied confrontationally. Whether or not we are over-reacting to some adverse decisions, we can offer examples that should justify our comments. Also, we are unsure as to whether the application of the legislation is due to DVA or VRB policies, or whether it results from some individuals exercising or not exercising power within the system. It is also possible that, for some reason, assessors and others have adopted a risk-averse policy by their choice or by direction. However, the effects are essentially the same and should be addressed.

Specifically, and in relation to various aspects of the Acts, the links to civilian practice as a basis for the present laws limit any flexibility in their application that might favour the veteran yet present a small risk to the Commonwealth.

### **DVA (Repatriation Commission)**

While recent innovations to streamline claims from younger veterans under the MRCA are applauded, we suggest these applications be monitored to ensure that:

- Conditions are recognised as fully as possible commensurate with due probity because, without an advocate to advise them, veterans might follow the prompts as a matter of expedience rather than seek an accurate or complete diagnosis of one or more conditions. This could apply to mental conditions that could indicate a stigma of some sort.
- The policies account for reasonable follow-up action to ensure that subsequent or understated conditions can be identified and claimed or reviewed without prejudice.
- An advocate can be engaged to assist veterans who by implication, at least, might need welfare support prior to or during the claims process. The desirability or need for this option could be at the request of the veteran or be identified by DVA staff.
- The present system of advocacy-assisted paper claims be retained until the new system is embedded and tested.
- There is an internal and suitably simple process for review of an original decision, much as is the case for primary claims now.

For claims considered under the present policies, our experience is that:

- Most of our contacts with assessors are amicable and we receive good feedback on the claims and the processes. However, it seems there is a strong reliance on DVA's interpretation of the rules and that assessors and supervisors have little, if any, discretion to support a claim. While a rules-based system is essential, the lack of any apparent flexibility does not and cannot cater for anything but straightforward claims.
- Some of our advocates have indicated that assessors often seem to rely on a literal interpretation and application of policies to the detriment of a client. While a certain degree of rigour is necessary, we note occasions when a more favourable consideration might have been available.
- Although some new policies and procedures have been implemented to streamline the initial assessment process, these are focussed on the MRCA and younger veterans. It is important that, while these are being bedded down, plans to extend them must continue also. For the potential benefits of these initiatives to be optimised, we believe that DVA must ensure that assessors are duly briefed on the revised policies and that DVA establishes internal processes for clients and advocates to query decisions as simply as possible, and without having to appeal to the VRB, unless, of course, that would have been necessary anyway.

#### **VRB**

Having participated in the trial of the ADR, we have extensive experience in the present system as it has evolved. We also had several briefings by VRB staff during the trial and were able to comment on aspects of our experience. We are pleased with the process and support its roll-out and its measured evolution as lessons are learned and changes implemented.

However, we offer the following comments relevant to this study:

- The ADR is an excellent concept that has provided some good results for our clients. Similarly, it is relatively easy to organise in timely fashion and with some optimism of good outcomes dependent on the presentation of a reasoned case.
- Having had several cases in which we requested specific or urgent attention to meet a critical or difficult need, including the probability of the client's imminent death or potential suicide, we acknowledge the hearing we received during the outreach. However, we also note an apparent inability or even reluctance to determine the case at or soon after the outreach. While we accept that each case requires consideration and referral to other members, we believe this aspect of the process could be improved, especially in urgent cases.
- Similarly, we note that, even though we believe our advocates have presented a good case to a full hearing, the board often does not provide oral advice at the time but will request further information that, in our opinion, is unnecessary. Similarly, we have several cases in which a registrar or the board does not appear to have read the papers or fully understood evidence that should have enabled a quick and favourable

decision. This latter point applies particularly to cases where we have tendered a psychiatrist's report to outline why a veteran did not report mental illness while he was serving and to explain how the veteran managed his condition until he could no longer do so.

- Also, we advise registrars and members of the reasons that the client has been unable to provide normal evidence and we highlight what actions we have tendered to confirm the contentions relating the injury or illness to service. Where appropriate, we have provided written statements by eye witnesses to situations and, in one case, an officer's statement that he had not recorded all incidents as the policy had required. Others have advised us that under-reporting or recording was common practice provided no one had been seriously injured, there had been no major damage to property and the incident had not attracted publicity.
- We have also briefed registrars and members on reports that we had organised to support contentions for mental illness that the client had not previously reported while serving or for some years after discharge.

### **AAT**

As we do not have any advocates accredited to Level 4 under the TIP or ATDP systems, we refer any potential clients to other sources, including lawyers with whom we have recently developed a relationship.

However, having assisted one client prepare his own appeal to the AAT a couple of years ago, we were disappointed to see that DVA advised the client the Commission would lodge a counter appeal in the Federal Court. DVA also advised the client that, should the AAT decision be overturned, he would have to return the monies that had been paid to him and that he could be liable for all costs.

In what we perceived to be a clear threat, we assisted the client obtain legal advice and to subsequently win his case in the court. Particularly as the client has lived overseas throughout much of this process that has been going on for several years, this situation and DVA's attitude to appeal an AAT decision and to effectively threaten the client in the process, is unacceptable and could have ended in disaster. We will provide details of this case separately.

### **Federal Court**

The case we referred to in the previous paragraph is our only experience with the Federal Court and is one we believe is contrary to the spirit and practise of beneficial legislation.

Other than for cases of possible fraud or compelling and contradictory evidence coming to hand after an AAT hearing, we do not understand why the Commission should refer cases to the Federal Court to appeal an AAT decision made in favour of a veteran.

## Availability and Delivery of Welfare Services

The key issues relating to welfare advocacy relate to:

- The complexity of the system that requires a step-by-step approach to access most services. Axiomatically, the more support a client needs, the more assistance he/she will need to complete those steps. While a process is inevitable and no matter how simple such a process might be, these steps are often beyond the capabilities of our clients, especially those who need most help.
- There is a growing number of stakeholders in the welfare system, with each having discrete needs and internal processes and each presenting a new person to engage with our clients. While, this might be unavoidable, it increases the stress on the clients whom the system is trying to help.
- To simplify the systems referred to previously, there is an increasing reliance on IT options to manage claims and queries. Again, this approach requires clients to apply on-line or through an automated telephone system that are beyond the capabilities of those most in need, if not the majority of applicants. As noted previously, many of our clients do not have ready access to family or friends, and even if they did, it should not be assumed that the family or friends would be able to navigate the systems to achieve optimal outcomes.
- Having been allocated an entitlement, clients must then source providers to assist them access the services they need. Typically, these services include nursing or household assistance at home, admission to an aged-care facility, or a myriad of services in between. We have previously referred to the paucity of these services in the ACT and region.
- In the ACT, our clients face inter-jurisdictional issues that limit or do not provide support across the NSW/ACT border. While these issues are well known, they can affect the assessment and delivery processes and can adversely affect clients.
- The demographics of regional Australia also affect the availability of some welfare services. This applies in the ACT and region and it is seen as a lack of choice or competition and, potentially, the unavailability of critical services such as homecare packages, respite care and crisis accommodation.
- In respect of DVA services, we have found that stakeholders have a mixed knowledge and understanding of DVA policies and processes including those relating to fees-for-service. Although we are aware of DVA's processes to inform stakeholders of their policies, we find that many of these policies adversely and inadvertently affect stakeholders and our clients.

## Training and Accreditation

While the Sub-Branch accepts the need for an improved training and accreditation program, we believe that, from what we have seen of the ATDP, it is prescriptive, inflexible and does not account for characteristics inherent in the military personnel who make up the majority of volunteer advocates in the

veteran community. We believe this fact is contrary to the mantra being advocated by government and Defence in relation to employment programs for former ADF personnel.

We note the basis from which the ATDP should have been designed is that the ADF harbours the biggest pool of junior leaders and trainers of any similar sized organisation in Australia. Yet, our experience with the ATDP is that advocates are being treated like children rather than as veterans who had a significant exposure to vocational training while they were serving, and many would have extensive experience as trainers. Many have extensive leadership experience that would meet the characteristics required of mentors and be used when interviewing clients and assessing problems.

While the need for accreditation is agreed, we believe it would be easier to achieve better outcomes and be easier to manage the process by accrediting veteran (support) centres as part of a hub and spoke network that all major ESOs agreed to some four years ago as being the future of veterans' advocacy.

Acceptance of the previous comment would promote a collegiate approach to advocacy wherein advocates would work in well-resourced teams to provide a holistic service. This would ease the pressure on recruitment and initial training while ensuring quality control measures would be available to the various centres or hubs.

The VITA insurance program previously required advocates to attend various TIP courses and complete some on-the-job training before being certified by the respective ESO for which they worked. The only changes to that system under the ATDP seem to be that potential advocates qualify at some form of training before they are accepted by the ESO. In either case, we understand the host ESO remains the final authority of an advocate's right to practise. If this is the case, ESOs should have access to all training programs and courses so they can conduct reinforcement and continuation training to satisfy the ESO that actually permits them to practise.

The concept for CPD is also supported but, as noted previously, we see no reason why all ESOs and advocates cannot have access to the courses without necessarily having to enrol in a program until they or their ESO feels they are ready for formal training or assessment.

Again, and with only a cursory exposure to the course content, it seems the ATDP focusses heavily on veterans of recent conflicts and peacetime service post-2004 and who would be eligible to claim conditions under the MRCA. Our data shows that most of our clients have eligibility under the VEA and SRCA (now DRCA), as well as the MRCA.

### **Client Expectations**

As indicated at Attachments B-D, we have had a diverse group of veterans seek assistance with claims and appeals over the past seven years. While most of our work has been with the 40-60 age group, we have had a steady and increasing flow of younger veterans also. Similarly, we have no shortage of



female clients, most of whom have presented with issues similar to anyone else with similar military service.

Sadly, we have many cases that have involved bullying of various sorts and, of sexual harassment of males and females.

Although some clients seek particular or gender specific advocates, most are happy to be filtered by our basic triage system that provides for the team approach we promote and practise. Where necessary, desirable or when requested, we can match most clients' requests quite readily.

In the main, we have found that clients merely want our help and guidance to ensure they receive a fair hearing. This applies to the legacy claims referred to previously as much as it does to the complex and sensitive ones.

Quite frequently, a veteran's spouse will accompany him/her throughout the process and will be an integral part of that outcome. In these cases, we accept the spouse as a client also.

We have found recently that some clients are happy to seek general advice and continuing support while they prepare and submit their claims through the options available to them. While this can create some issues, many clients seem to find their direct engagement somewhat cathartic.

In essence, we try to practise our philosophy of having a client focus and match our resources with each client's needs, wants and desires.

In relation to welfare services, most clients seem to appreciate the support we provide and acknowledge they would have been unable to negotiate the system without our help. We continually find that family members appreciate this approach also, even up to and after a funeral service.

### **Veterans' Legislation**

In noting the three Acts under which veterans' entitlements are assessed, we note that our clients are also affected by legislation applicable to the general population such as My Aged Care. There are also State and Territory policies that affect a veteran's ability to access services and receive their entitlements.

While our advocates are generally happy with the provisions of the VEA, DRCA and MRCA, at times they are frustrated and confused by what appears to be an inconsistent interpretation of these Acts and an apparent lack of their beneficial application. However, where possible, we report incidents as they arise and continue to advocate on behalf of our clients to achieve suitable outcomes. We also report issues through forums aimed at discussing these sorts of issues.

Three key areas of concern are:

- We believe that the *alone tests* under the VEA and the use of 65 years as a critical age factor are too prescriptive and are contrary to the intent of the legislation.
- Although we have had limited experience with the MRCA, we note that the assessment of the incapacity payments is complicated and process-driven.

- We believe there is little or no flexibility to determine outcomes in favour of a client when evidence or other reasons might preclude the meeting of particular criteria even though the claims have been presented well and the reasons for the minimal evidence should be apparent and acceptable.

### **Veteran Centric Reform**

As previously noted, we support the concept of Veteran Centric Reform that focusses on the veteran as a client. However, these reforms seem to target specific elements of the veteran community and do not account for many of those that we are supporting.

In particular, we note that, while many of these reforms affect the claims and appeals processes for veterans of recent conflicts, we are unclear as to how they will affect other claims or improve the delivery of services that will continue through-life and will inevitably be more necessary as the veteran ages.

### **Dissemination of Information, Social Media and Hyperbole**

Particularly through social media, we are concerned about the level of misinformation that permeates elements of the veteran community. While others are entitled to their opinions and may vent their frustrations as they wish, we note the adverse effects that some of this criticism must have on well-intentioned and hardworking volunteers and DVA staff.

Unfortunately, however, having noted this issue, we have no suggestions as to how it might be addressed, other than to promote the availability and benefits of veterans (support) centres as a means of demonstrating the capabilities and capacity to engage with all elements of the veteran community.

We also believe that the ESO hierarchy must accept a key role to promote the contribution that many ESOs make to the overall wellbeing of veterans and their families. Concurrently, the ESO hierarchy should identify and deal with those ESOs who might not be performing well. This latter group would include some that have reached a status they might not deserve, but with which they exercise undue influence on government, stakeholders and veterans in ways that might not stand the test of time, or even of due diligence.

### **Resources**

#### **Funds**

While people are and will remain the biggest risk to our continued viability, the availability of funds to support the activities of the VSC are the biggest threat over which we have little or no control. Without substantial and sustainable financial support from a third party or parties, we cannot resource the staff we need to support our volunteers who will continue to do most of the work. Nor can we provide the levels of administrative support that are increasingly required to support the changing nature of the claims and appeals processes, and the responsible maintenance of records for our welfare cases.

While our members are prepared to delve into our cash reserves, these are limited, and this resource is both finite and short term.

The availability of DVA and other government grants is highly competitive and cannot be relied on to budget for our operations, let alone to meet the increasing governance and management regimes that NFP organisations must meet.

Similarly, we cannot budget effectively on the projected income from annual appeals. These funds are therefore applied to discretionary support that is still part of our core business of enhancing veterans' wellbeing.

Realistically, and even if we are granted PBI and DGR status, it is unlikely that we will attract significant corporate sponsorship in the foreseeable future. This applies in the context of competing demands for corporate support from other charities and, particularly on the understanding that most of the likely benefactors will know of the League's substantial pools of resources across its branches. While access to these funds and the ability for one branch to support another is limited by State legislation, it is hard to imagine corporate Australia accepting this as an excuse for the League, as the major ESO, not supporting its members and core business operations.

Ad hoc government funds have recently been allocated lavishly on some of the newer ESOs and veteran-centric organisations as tied grants to meet projects such as the transition from the ADF to civilian employment. Other projects include studies of mental health and wellbeing. However, and while this work is important, this form of funding is of little use to our Sub-Branch and the work that is contributing so well to the physical, mental and emotional wellbeing of a large component of the veteran community in the ACT and region.

#### **IT Hardware and Software**

As noted elsewhere, the use of IT is critical to the responsible conduct of much of the work we do. DVA processes are increasingly using IT to improve their business processes, especially those relating to claims and appeals. This includes the digital handling of service and medical files, correspondence, general knowledge and learning media. In fact, successive Federal Government ministers have championed the need to upgrade DVA's IT systems.

While we welcome these initiatives, the changes also affect the dynamics and business processes required by ESOs and advocates to play their part in the overall system. This observation applies to the hardware and software that are essential to the system.

As noted, and because we do not have the funds to support these initiatives, we will be unable to operate effectively without technical assistance.

It should also be clear that, should DVA develop new IT systems, all users must be able to access the same versions and to update these as required. Otherwise, the overall system will fail.

This requirement reinforces the desirability of establishing support centres that can operate at a reasonably high level and be resourced to assist and oversee smaller elements that would form their spokes as part of an overall

network. It should be noted that, about four years ago, the ESO community generally accepted the hub and spoke approach as the model that would best support veterans' advocacy into the future.

#### **Accommodation**

Our Sub-Branch faces the major risk that we will need to pay market rates for future accommodation. A conservative estimate shows that would be about four times what we now pay and would, in itself, be a game-changer that could result in the closure of this VSC.

While government and corporate sponsorship could resolve this challenge, we have not seen any likelihood that either source might do so.

#### **Likely Outcome of Limited Financial Support**

Although the Sub-Branch does not need many resources to exist as a basic entity and perform the functions of a medium-sized sub-branch, without substantial and sustainable funding support, we will be unable to sustain the present operations of the VSC and support the veteran community in the ACT and region as we do now and as we expect we will need to do into the foreseeable future, unless we receive external assistance.

We believe that the previous comment is particularly relevant as we expect our advocacy workloads to continue to grow as they have done during the past five years, even though the nature of the work will also change as the client base ages.

#### **Conclusions:**

In conclusion, we believe that:

The TOR and the Discussion Paper for the Scoping Study:

- are too narrow and are likely to provide pre-determined outcomes as they do not seem to cater for the nature and needs of the whole veteran community;
- underestimate the type and extent of advocacy that ESOs provide and that will be essential to the future success of veteran support;
- underestimate the present capabilities and capacities of volunteer advocates as a whole and focus more on their limitations than their potential strengths to enhance the overall system of veterans' advocacy; and
- assume the need for, design of and inevitable success of the ATDP training and accreditation system despite its potential to disenfranchise major elements of the present volunteer-based advocacy system.

There is potential to refine and expand the hub and spoke approach to veterans' advocacy by establishing and maintaining a series of accredited veterans (support) centres that, in turn, would resource and support smaller outlets on their respective spokes.

The resources available to and required by the ESO community are unevenly spread and could be better distributed to ensure a broader network of advocates will be available to meet future needs.

While the recent Veteran Centric initiatives are necessary and welcomed, we believe they do not cater for the nature and volume of work that meets the needs of the whole veteran community particularly in relation to the delivery of welfare support on a through-life basis.

Although we have been unable to analyse the detailed training programs available in the ATDP, the training and accreditation process seems to be more prescriptive than is necessary and it will, therefore, be unlikely to achieve its potential as a vocational training tool.

### **Recommendations:**

It is therefore recommended that:

- The Scope for the present review into veterans' advocacy be expanded to cover the range of clients and their needs as outlined in this paper, and the study be continued in a second phase that would provide for these broader requirements;
- With assistance and support from government and DVA, the major ESOs establish and sustain a network of VSCs across all States and Territories that would accord with the present RSL branch structure from which they could be coordinated;
- With the encouragement and assistance of State and Federal Governments, the major ESOs determine and implement a balanced approach to better use resources to establish and sustain a national hub and spoke model for veterans' advocacy.
- The system of government grants and the issue of ad hoc funds be better targeted to ensure they support ESOs and other organisations that are able to best support the veteran community as a whole.
- The present ATDP be reviewed as a matter of urgency and redesigned to ensure it addresses the actual requirement to train advocates to meet the whole advocacy requirement and builds on the characteristics inherent in veterans and that are the basis for the evolving employment programs being promoted and supported by government and Defence.

J.A.F. GILCHRIST

President

Woden Valley RSL Sub-Branch

20 August 2018

### **Attachments:**

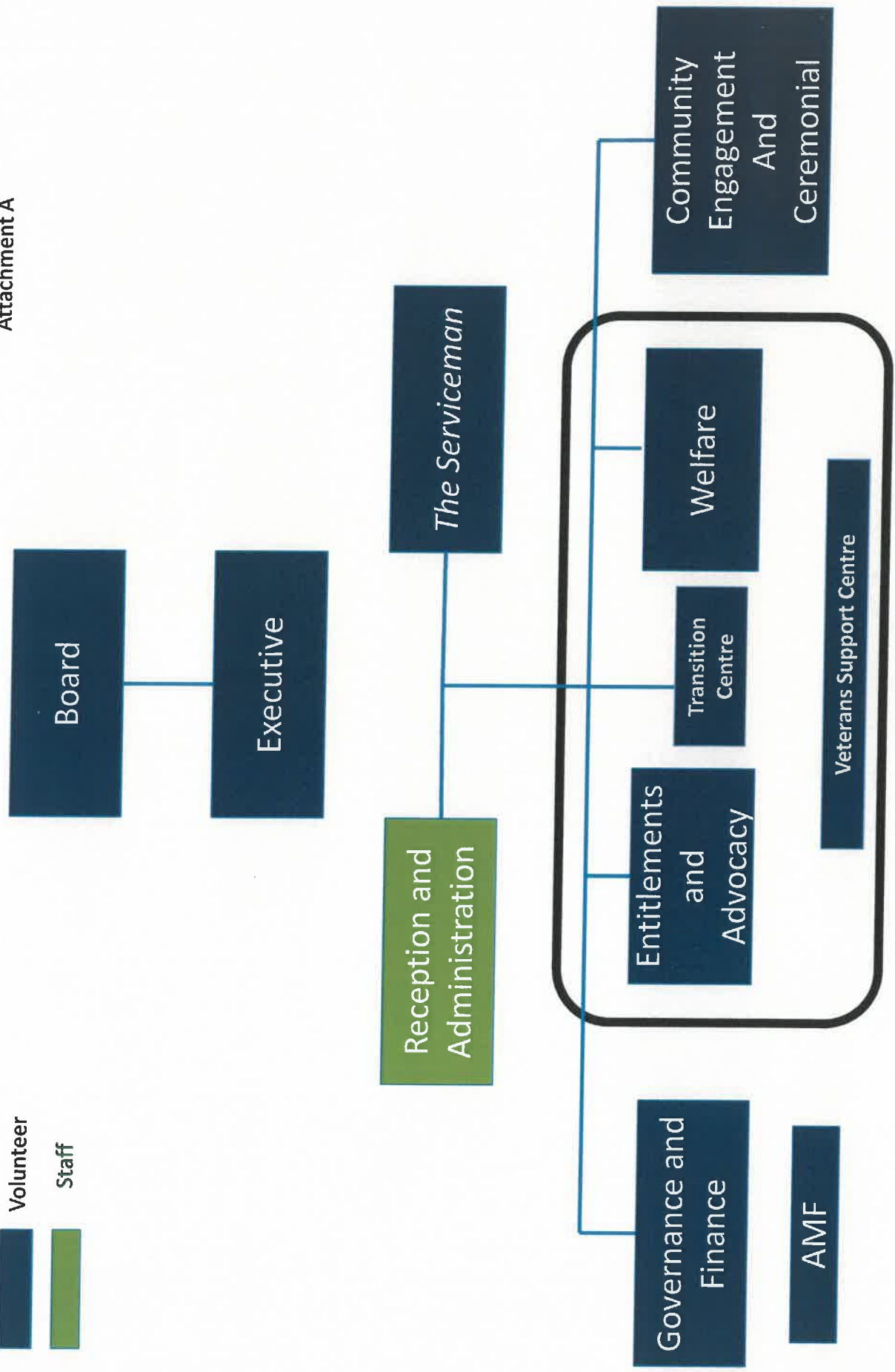
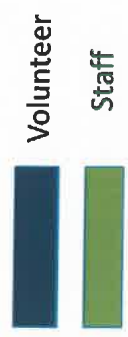
- A. Woden Valley RSL Sub-Branch, Organisation
- B. Age Ranges for Claims and Appeals, (January to July 2018, and 2011 -2018)
- C. Gender Distribution of Claimants, (January to July 2018, and 2011 -2018)
- D. Service Representation of Claimants, (January to July 2018, and 2011 -2018)

Woden Valley RSL Sub-Branch

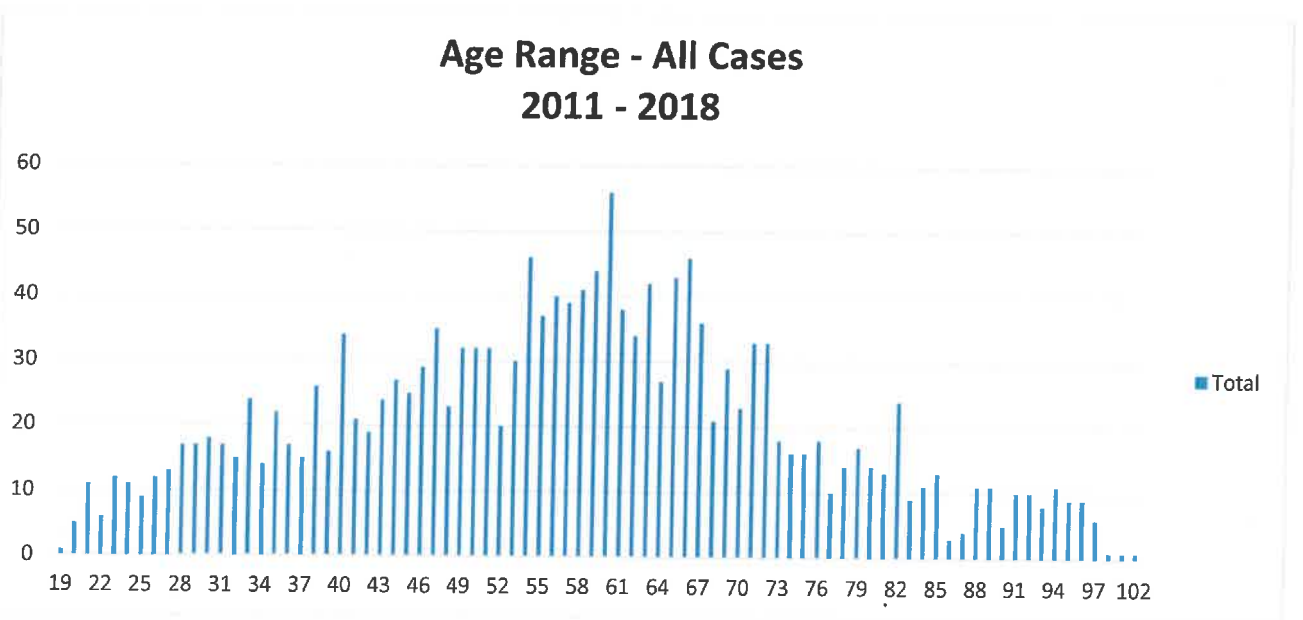
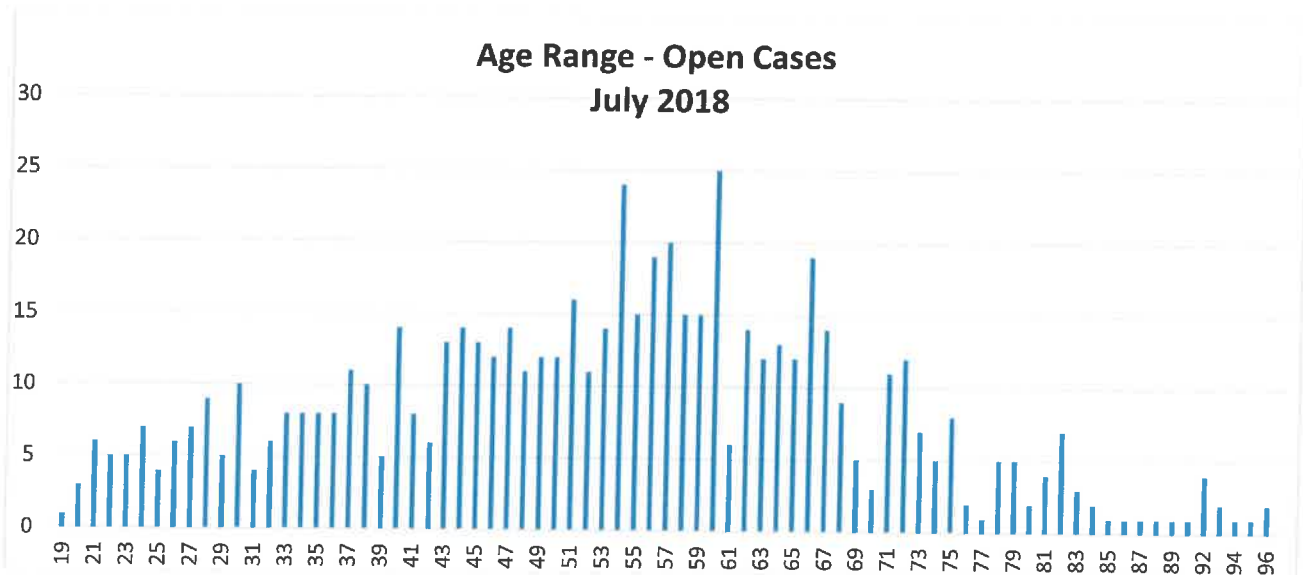
Submission to Veterans' Advocacy and Support Services

Scoping Study, August 2018

Attachment A

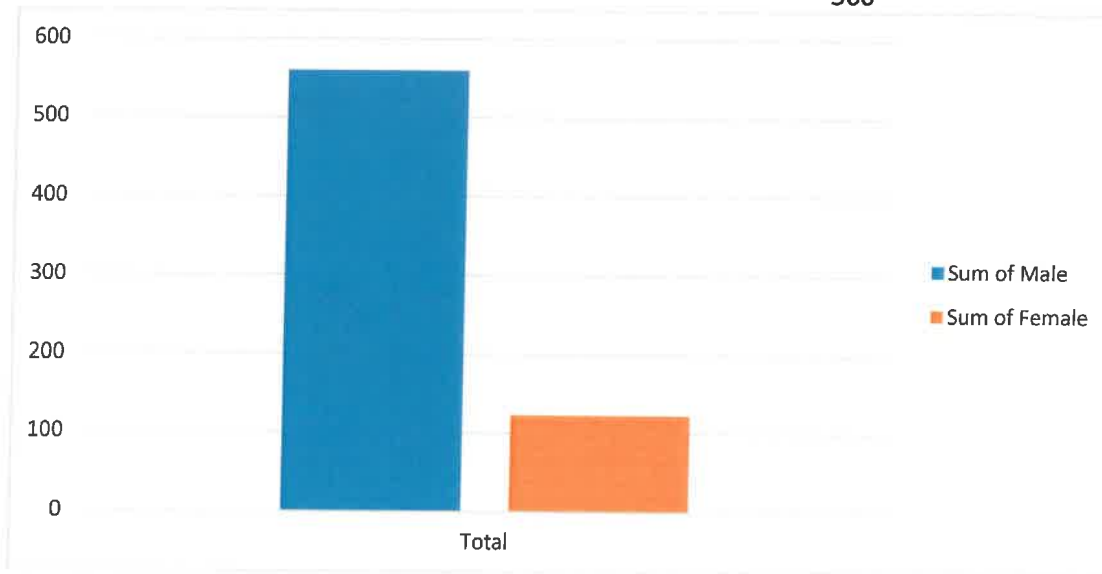


## Attachment B



**OPEN CASES July 2018**

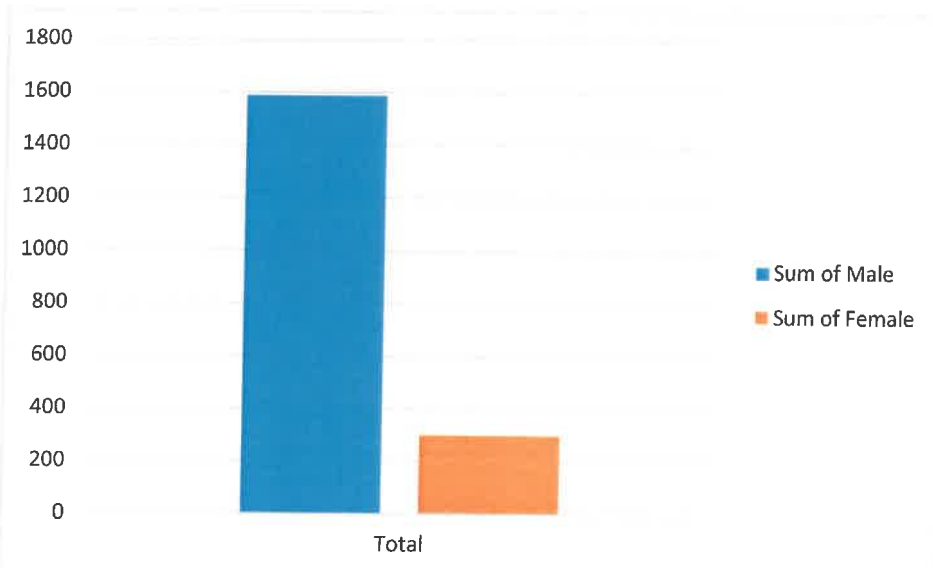
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		560	123	



**ALL CASES 2011-2018**

Male	Female			
1703	301			Total: 2004

<b>Sum of Male</b>	<b>Sum of Female</b>
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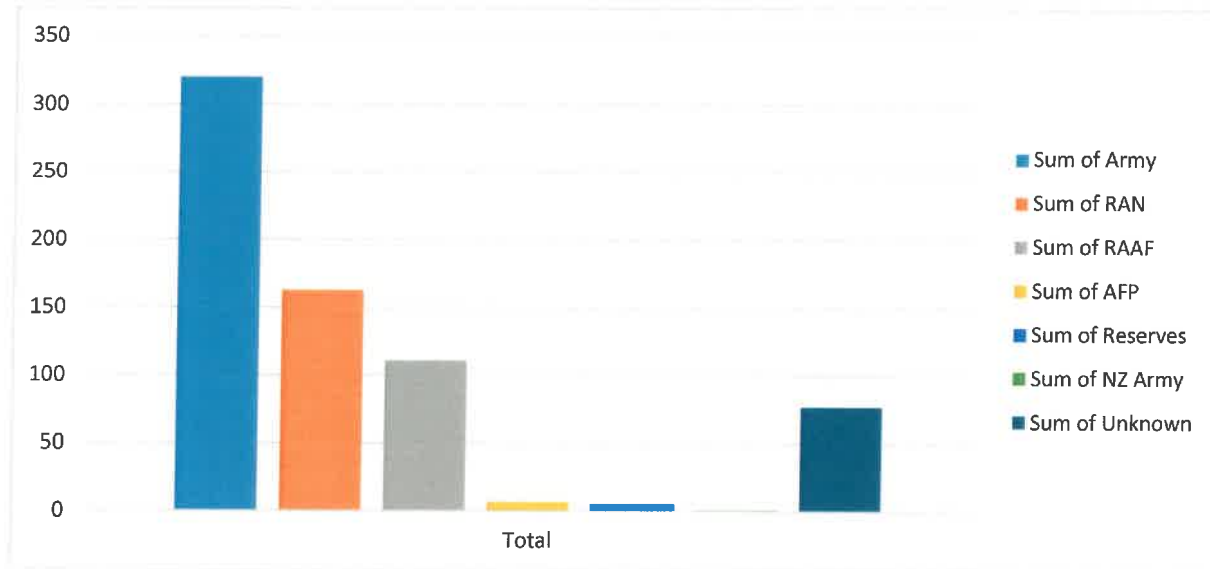
## Attachment D

### OPEN CASES July 2018

Army	RAN	RAAF	AFP	Reserves	NZ Army	Unknown
320	163	111	7	5	1	77

<b>Sum of Army</b>	<b>Sum of RAN</b>	<b>Sum of RAAF</b>	<b>Sum of AFP</b>	<b>Sum of Reserves</b>	<b>Sum of NZ Army</b>	<b>Sum of Unknown</b>
320	163	111	7	5	1	77

### OPEN CASES



### ALL CASES 2011-2018

Army	RAAF	RAN	Reserves	AFP	NZ Army	Unknown
687	294	327	10	15	1	676

<b>Sum of Army</b>	<b>Sum of RAAF</b>	<b>Sum of RAN</b>	<b>Sum of Reserves</b>	<b>Sum of AFP</b>	<b>Sum of NZ Army</b>	<b>Sum of Unknown</b>
687	294	327	10	15	1	676

