15 May 2023

OPERATIONAL LEGAL AUSTRALIA'S SUBMISSION FOR THE VETERANS' LEGISLATION REFORM CONSULTATION PATHWAY

Operational Legal Australia Pty Ltd (OLA) is a veteran owned and operated law firm operating nationally to provide legal and non-legal services. Our firm works with veterans and their families in a variety of areas of law, and all of our lawyers are lobbyists at a State and National level. We pride ourselves on our veteran centric approach and our willingness to continue to improve approaches to services and justice for our clients, and the greater veteran community.

OLA has extensive experience in Military Compensation claims under the Veterans' Entitlement Act 1986 (Cth) (VEA), the Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (Cth) (DRCA) and the Military Rehabilitation and Compensation Act 2004 (Cth) (MRCA) and holds close connections to many Ex-Service Organisations (ESOs) and ATDP qualified advocates. Our history of working alongside veterans and their families, and lobbying for reform, has enabled us to experience the inefficiencies and faults associated with the current advocacy model and DVA. The primary issues we see in this space revolve around a lack of experience and inefficiency in assisting veterans to make various compensation claims, and other associated claims. The current DVA framework, which often involves engaging with the associated Government Departments to facilitate assistance in processing military compensation claims, is a major factor causing such issues. These issues are a result of unqualified advocates, disparities in fee for service and the unregulated nature of the advocacy system. Senior Executive Staff of DVA have admitted to OLA that they are powerless to stop the unregulated Advocates and fee-for-service providers. The Law Society's and Legal Services Commissions cannot regulate them either. There are no regulatory bodies oversighting Advocates, only the ADTP that provides training. Regulation and oversight are needed as the system is broken and being exploited.

Further, veterans have been treated differently to all other Australians injured in the workplace. The majority of injuries occur within Australia. Whilst service in the Australian Defence Force (ADF) is unique, those injured serving their nation should be afforded the same access to justice as all other Australians. Many veterans have stated how can a person injured on a forklift in regional Australia get access to a qualified solicitor/legal practitioner from day 1 of a claim, yet a Soldier injured in Afghanistan is forced to use a volunteer or unregulated advocate to do their compensation claim. Accessing advocates is also difficult, yet most communities have access to a legal practitioner that is able to undertake workplace injury claims, and these legal professionals have insurance, are heavily regulated and legal fees are capped and provided by State or Commonwealth Insurers.

Our submission aims to provide OLA's expertise by suggesting reforms to the Veterans' Entitlement Scheme through simplification, regulation and harmonisation. This will assist the Government in ensuring its continued effectiveness and accessibility into the future.

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BACKGROUND

In August 2022, the Royal Commission into Defence and Veteran Suicide released its Interim Report (Report) which recommended that:

> *Recommendation 1: The Australian Government should develop and implement legislation to simplify and harmonise the framework for veterans' compensation, rehabilitation and other entitlements.*

The Albanese Government accepted this recommendation, stating that:

> *"The Government will develop a pathway for simplification and harmonisation of veteran compensation and rehabilitation legislation on the basis of this recommendation, noting that funding will be considered in the context of budget processes and fiscal constraints. The timing of implementation will be informed by what is required for necessary consultation and the passage of legislation."*

On Thursday 16 February 2023, submissions were sought for the Veterans' Legislation Reform Consultation Pathway.

AIM

OLA's submission looks to achieve the intent set out by the Government and the Royal Commission into Defence and Veteran Suicide's recommendation by increasing the regulation of advocates to ensure all veterans receive fair and equitable assistance when making compensation claims. Furthermore, we propose that allowing legal representation before the Veterans' Review Board (VRB) will assist in resolving current concerns about the availability and quality of advocates in VRB proceedings; and provide the same access to justice for veterans that is afforded to all Australians. Finally, we recommend that DVA establish an education program for its employees which focuses upon the cultural issues that members of the ADF face.

We will first focus on the current advocacy system and some of its faults, evidenced by a number of contemporary case study examples. We will then explore the inefficiencies we have experienced with dealing with DVA, evidenced by a number of case studies. We will finally move onto our three (3) recommendations for changes that the Government should adopt.

CURRENT ADVOCACY SYSTEM

The current advocacy system does not have an appropriate and consistent regulatory oversight. Veterans wishing to submit a compensation claim through the Department of Veterans Affairs (DVA) can choose to either submit a claim themselves or obtain external assistance. Such assistance can come from legal professionals, qualified advocates or any individual willing to assist. Due to the complicated nature of the compensation scheme and the legislation governing military compensation, most veterans tend to seek assistance rather

than submitting a claim themselves. Our firm has recognised inadequacies of services being provided by third parties, as well as associated costs to the veteran. We have also identified that these inadequacies are contributing to the delay and backlog of current claims. The majority of veterans seek assistance from ESOs, where advocates provide assistance in submitting claims. Advocates must be suitably qualified under the Advocacy Training and Development Program (ATDP) and must follow the claims advocacy service standards, ensuring veterans receive quality service. Additionally, they are subject to a number of ethical obligations defined in the 'ESO Advocate Code of Ethics.' Furthermore, all qualified advocates are covered under professional indemnity insurance, meaning if an advocate provides advice to a veteran that results in a financial loss, the veteran can make a claim for that loss against the ESO that provided the advice. These factors work together to ensure veterans receive adequate, fair and reasonable assistance in their compensation claims.

Alternatively, veterans can consult a legal professional for assistance and advice. Whilst they are not specifically qualified under the ATDP, lawyers are subject to a range of obligations imposed by the *Legal Profession Uniform Law Australian Solicitors' Conduct Rules 2015* (NSW). Furthermore, legal professionals are trained to read and understand legislation. Importantly, lawyers will almost always charge for their services, and they are not covered by the same professional indemnity insurance as advocates are. This therefore creates a disparity between the services received by veterans who contact legal professionals as opposed to ATDP qualified advocates.

Under the current system, there is no requirement that a veteran consult a qualified professional, either an advocate or a lawyer, before submitting a claim. They can approach any individual for assistance, including a friend or relative. Most concerningly, this has led to the establishment of a number of organisations claiming to be experts in submitting veteran compensation claims but who are in fact not qualified under the ATDP nor as a lawyer, and thus are not subject to any kind of regulation, ethical obligation or oversight. These organisations are not covered by professional indemnity insurance. This has led to an alarming number of cases where veterans have approached these organisations, received the wrong advice and have not been unable to seek redress. They are then forced to contact a proper advocate or lawyer, often creating additional stress, cost and time.

These issues have created a complicated, unfair and unethical situation where veterans are receiving varying levels of assistance depending upon who they turn to for advice. This in turn increases the complexity and difficulty of accessing veteran compensation, thus affirming the Report's findings.

We have included a number of contemporary examples below which illustrate these points.

Contemporary Examples:

Case Study 1:

YTK* came to our firm seeking assistance with their DVA Claims under MRCA. YTK had a career in the Army for a period of more than 15 years, during which time they suffered a number of musculoskeletal and mental health conditions. Two and a half years prior to engaging our firm they approached an advocate who was working out of their military base.

YTK advised the advocate that they had two injuries; knee and hips. At the time, no medical evidence was requested by the advocate, the advocate did not explain the claims process and YTK was not aware of any of the submissions that were made upon their behalf. Additionally, they did not sign any of the claimant forms. Furthermore, there was only limited communication with this advocate; in fact, the only communication was two emails in the space of two years which requested answers to basic questions in relation to their service history.

After engaging our firm, we explained the entire process to YTK, obtained all the relevant medical evidence and ensured YTK was both aware of the claims submitted on their behalf and had signed the claimant form. YTK was then prioritised through the DVA process due to their personal circumstances. Within the space of two months, YTK had their claims accepted and allocated to a delegate for PI. We had to seek that the claims the previous advocate had submitted be withdrawn on the basis there was no diagnosis.

This exemplifies the detrimental impact that an unqualified and untrained advocate can have on a veteran seeking compensation.

Case Study 2:

HTK* came to our firm seeking assistance for their DVA claims under MRCA. HTK had a career in the Army spanning more than 22 years, during which time they suffered significant and serious musculoskeletal injuries and mental health conditions. Three years prior to engaging our firm, they engaged an advocate who was working out of their military base. HTK had advised us that they had submitted their claims through this advocate. However, HTK was not aware of what injuries the advocate had submitted, nor had any contact with the advocate for more than twelve months. Due to an impending medical separation, HTK engaged our firm for assistance in navigating the DVA process. As we began preparing HTK's DVA Claims, we received contact from the Initial Liability Delegate. When speaking with the DVA Delegate, we understood that the claim forms submitted on behalf of the client had the clients name and DOB, PmKeys, the advocates details and three injuries listed. HTK had not signed or sighted these claims. We advised the Delegate that we would be submitting additional claims with medical evidence to substantiate the diagnosis that we intended to claim. HTK was disappointed in the lack of care that was undertaken in the submission of their original claims.

Furthermore, in this instance, the Delegate assigned to the claim advised our firm that they were aware of this particular advocate and their associated organisation and their lack of care in relation to the submission of claims on behalf of clients. This is another clear example of the inability of the current advocacy model to meet the needs of Australian veterans.

Case Study 3:

After having concerns over the work of their advocate, PDL* engaged our firm. They had previously engaged an advocate for several matters. The advocate had attempted to force the client into signing a Power of Attorney for the purpose of processing a Retrospective Medical Discharge. The client was unaware of what had been submitted on their behalf and their advocate refused to provide their medical report. The fees that were being charged were extremely excessive and would be subject to a cost assessment had this matter been dealt with by a legal professional. PDL had also engaged the advocate to assist them with their DVA

Claims under MRCA. PDL was not advised of what claims have been submitted on their behalf, nor had they been appropriately advised on their entitlements that they may be eligible for. Furthermore, PDL was advised an Ombudsman claim would be submitted on their behalf however had not been advised of the implications that any compensation that flows from the Ombudsman may have on any related DVA Claims. The correspondence our firm has seen from the advocate are professionally concerning which indeed indicate why appropriate regulation is needed.

Case Study 4:

XF* engaged our firm in relation to assistance with their DVA Claims. XF had an advocate who was to assist them with submitting claims. They were not advised of the process of submitting a claim or had discussed what injuries could be possible to claim for, as well as any other entitlements they may be eligible for. XF had this advocate for two years and was contacted by the advocate on seldom occasion. After hearing nothing XF became concerned and made attempts to contact the advocate, only to receive an email stating that the ESO that was assisting veterans had closed down. To date, this veteran has not received any communication from that advocate.

Case Study 5:

JKA* contacted our firm after having been to two advocates and a lawyer. The first advocate disappeared and ceased contacting them. They were then appointed another advocate through RSL LifeCare who did not explain the process and did not appropriately fill in the criteria which would allow JKA to have their mental health claims accepted. JKA sought a law firm to assist; the law firm did not assist JKA in explaining what they needed in order to have the Initial Liability accepted for the diagnosed mental health conditions and had JKA pay $8,000.00 out of their own pocket to obtain medical reports. They did not advise JKA that they would be able to claim the cost of those reports back. We kept a watching brief on the matter until JKA ceased engaging with the firm. One night we received an email which stated that JKA was in mental health crisis due to the firm refusing to attend a number of scheduled conferences to discuss their concerns. We took carriage of the matter and resubmitted JKA's claims. It was concerning how none of the other parties engaged were able to submit a claim for JKA, given how clearly, he met the criteria. JKA was prioritised and has now had all initial liability and permanent impairment paid, along with recovering the $8, 000.00 in fees for medical reports and incapacity payments owed to JKA. We were able to achieve this in six months.

Case Study 6:

JJ* engaged our firm for assistance with having a decision for a retrospective medical discharge overturned. JJ had engaged an advocate to assist them with a retrospective medical discharge eight years ago, upon separation from the military. At the time, due to cultural reasons within the Unit, it was highly stigmatised to seek medical and psychological assistance. JJ had engaged an advocate that worked out of a military base to assist them. JJ was not advised about the process, nor were they aware of what was submitted. The retrospective medical discharge was rejected. JJ was not advised on what grounds they were rejected and were told by the advocate "that is just the way it is, you cannot appeal it". JJ is

now engaged in the lengthy process to overturn the decision many years down the track as they are now aware that they can appeal the decision.

Case Study 7:

ERK* engaged our firm to assist with DVA Claims under MRCA. They had originally sought assistance from an advocate who was working out of a military base. The advocate did not explain the process to ERK and stated that they would put in DVA Claims under MRCA on behalf of ERK. ERK to date has not seen any paperwork that was submitted on their behalf and did not submit any medical evidence for any injuries, nor did they sign any claimant forms. ERK was contacted twice in two years by the advocate and had many emails ignored. ERK then engaged our firm to assist. We have been able to assist ERK in engaging practitioners that can diagnose and treat the conditions, as well as provide medical evidence to support any claims that are made.

Case Study 8:

SBT*'s family engaged our firm for an unrelated matter to DVA. As part of this matter, we were required to engage with the DVA Advocate volunteering out of an RSL Sub-Branch. This advocate had found our client's family on social media after the death of their child and wanted to assist them. We contacted the Advocate to obtain information so as to appropriately advise our client. However, we received a plethora of abuse from the Advocate, stating that we were "grub lawyers" taking advantage of a family, despite the fact that we were acting in this matter pro bono. The Advocate, despite having written authorities and requests from the family, refused to provide us with the information requested. After one year of engaging with the family, and after a complaint to the State President, the Advocate finally agreed to provide the documentation to us. Information written on the claimant forms by the Advocate were deeply distressing to our client, as there was reference to their child experiencing behaviours that had not been discussed. The Advocate had taken the liberty to write such things without consulting the family. The Advocate had further advised the family that they would receive a significant payout, which was incorrect. Despite the State President being aware of this particular Advocate, they are still providing assistance to other veterans.

Case Study 9:

WAJ* went to an RSL Advocate service where the Advocates are paid a salary, with some of that paid for by DVA via the BEST Funding grant scheme. The client was not provided regular updates and felt as if the RSL Advocate did not care. The client re-located to another State as they had transitioned from the ADF. The client went to a new psychiatrist who had a fee-for-service advocate business cards on his desk. The psychiatrist told the client that this advocacy service were quick and would get him a payout in no time. The client, being mentally unwell and desperate for money after a recent family separation engaged the advocacy service. The company was established in a foreign country, however the advocates were geographically based in Australia. They charged a flat fee of 10%. The client had a substantial payout for permanent impairment and was advised to pay this service over $70,000. The client declined and was threatened with legal action. The client paid the money. The client was unwell when he signed the contract for the service and lacked capacity due to his medication. His interaction with this advocacy service was via email and telephone. These advocates do not

come under the ADTP. It is unknown what professional insurance they have. DVA are aware of this company and have stated they cannot do anything to stop them.

Overall

Clearly, these case studies demonstrate the range of issues that have arisen from the current advocacy model. In particular, there is a clear trend of unprofessional and untrained advocates who are not suitably qualified to be conducting compensation work. We aim to address this issue in our recommendations. Senior Executive Members of DVA have stated to OLA that they are not regulators and are aware of these advocate fee-for-service providers, but cannot do anything to stop them. All they can do is reject claims of veterans who they are aware are using them. DVA have no resources or ability to regulate this sector.

INEFFICIENCIES

In addition to the unqualified, unprofessional and unregulated nature of the current advocacy system, OLA has experienced a number of further inefficiencies with relation to the submission and dealings with veteran compensation claims. We have outlined these below and have included a number of case study examples.

Many of the inefficiencies we are seeing with respect to DVA are coming from service delivery. These have included the following:

- Complex Case Managers refusing to speak with the Third-Party Representatives or not following up on requests.
- Issues with obtaining Incapacity Payments.
- Issues in relation to appropriately determining Initial Liability Claims and Delegates not appropriately reviewing medical evidence provided.
- Clients being allocated as Priorities; however, this not being passed on to the respective teams for Initial Liability and Permanent Impairment.
- Delegates having a lack of understanding in relation to cultural issues within the ADF or do not have knowledge of incidents that have been publicly reported on which impact upon veterans. For example, the scandal related to HMAS Success.

Contemporary Examples

Case Study 1:

We recently had an issue with two of our clients relating to Incapacity Payments. Both clients were provided with a medical certificate from their GP stating that they were unfit for work due to their accepted conditions which were backdated to their date of discharge. Our clients were advised DVA were unable to accept this as neither member was medically discharged due to the cultural and stigma within the unit of employment. We provided another medical certificate with an updated date, which was then accepted. We were advised by the Incapacity Delegate on both occasions that unless you have been medically separated, they cannot consider

Incapacity Payments from date of discharge despite all medical reports dated at the time of separation.

Eventually, one of the clients received their determination and payment within a week of the final determination. However, the other client, had waited eight (8) weeks despite multiple emails, calls and requests for escalation. It became apparent that the Delegate, Team Leader and the VAN Manager for that area were aware of these attempts to contact for the eight (8) week period and failed to make any call. Our client was contacted on a weekend, to an email which has not been in use or was on any of the submitted paperwork for two years. This issue was eventually escalated to the NSW DVA Office and the Secretary of DVA. We eventually received a determination letter, which was provided a week after we were advised it would be received and two days after the first payment. The Incapacity Team did not contact us to advise of delays, it was the NSW DVA Office that had to obtain updates as to where this was at.

Clearly, this case study demonstrates the significant delays and inefficiencies present in the current DVA system. It is not fair or acceptable that our veterans, who have put their lives on the line for our country, are rejected time and time again, and forced to wait months for compensation payments. Clearly, these inefficiencies need to be reduced to ensure all veterans can obtain equal and fair access to justice.

Case Study 2:

On another occasion, we had a client with significant factors requiring prioritisation, meaning we had to write to DVA. We were advised that our client would be prioritised. The client was allocated to a trainee delegate, and then to another delegate who refused to speak with us and stated that their policy only allowed them to speak to the Complex Case Manager. When we received the determination from the Delegate, the Delegate applied a Factor which was not applicable to the client or any of the medical reports provided. We requested that this be reviewed; the Delegate advised that this would occur. However, they then provided contrary information to the Complex Case Manager. We contacted the Delegate and they advised that we would need to appeal that decision. Based on the client's circumstances and the obvious issues, we wrote to the Secretary's office which resulted in an investigation, and subsequently that decision was overturned. This caused the process to take an additional three months. We were advised by the assessor that the decision against our client should never have happened.

Evidently, this presents another example of the gross inefficiencies that are occurring in the process of submitting compensation claims with DVA. In a landscape that is already riddled with an inability to access advocates and long waiting periods, it is not acceptable that veterans must experience such a complicated and complex process to occur due to a simple error by a Delegate.

These case studies highlight the need to improve the efficiency of the compensation system under the DVA. This can be achieved through our third recommendation below.

RECOMMENDATIONS:

Based on our experiences and case studies that we have provided; it is our view that the following recommendations be considered.

RECOMMENDATION 1

Our first recommendation is that the Government introduce regulatory oversight over all compensation claims submitted through DVA.

As previously noted, the ability of any person to submit compensation claims has created an unethical and ineffective system. Our suggestion is therefore the establishment of a single organisation and Act that regulates all compensation claims. This will essentially follow a system similar to that regulating migration agents.

Migration Agents

Under the Migration Act 1958 (Cth), only legal practitioners or registered migration agents can provide immigration assistance. Migration agents must be registered with the Office of the Migration Agents Registration Authority (OMARA) to provide immigration assistance. OMARA is a section within the Department of Home Affairs which protects consumers of migration advice by only registering individuals as migration agents who are properly qualified and meet particular character standards. They also investigate complaints about registered migration agents. Furthermore, they provide continuous development programs through conferences, workshops and lectures.

Their role includes:

- Helping people who need migration assistance understand their rights;
- Making sure registered migration agents understand their obligations;
- Keeping a Register of registered migration agents;
- Checking that registered migration agents maintain the knowledge they need to give clients accurate advice;
- Handling complaints about registered migration agents; and
- Taking disciplinary action against registered migration agents when they don't meet the Code of Conduct.

Their formal powers are set out in s 316 of the Migration Act.

Registered agents must follow a legislated Code of Conduct. It sets out the qualities and abilities registered migration agents (RMAs) must have to be on the Register. It guides how agents should interact with clients, communicate fees and charges, keep records, work with other agents, work with any employees and respond if a client makes a complaint. If an agent breaches the code, OMARA can discipline them. They will investigate the claim and if they find serious misconduct, they can take disciplinary action. They can provide a caution,

suspend the agent's registration, cancel an agent's registration or bar the person from registering as a migration agent for up to 5 years.

How can this apply to veteran compensation?

We propose a similar system should be implemented to regulate veteran compensation claims. We suggest that to submit compensation claims, the individual must be registered with an overarching body, similar to OMARO. This will apply to legal practitioners and registered advocates alike and will prevent unauthorised and untrained individuals submitting claims based upon incorrect and damaging advice. This overarching body must provide a simple complaints mechanism whereby veterans can bring to their attention any issues with the advocates, and the body must have sufficient power to investigate the matter and engage in disciplinary action.

A similar system is currently being used in Canada. In 2017, the Senate Foreign Affairs, Defence and Trade Committee, in its 'The Constant Battle: Suicide by Veterans' report, suggested that Australia implement a veteran advocacy model similar to that used in Canada. In Canada, many veterans receive assistance through the Royal Canadian Legion (RCL), which is the main ESO assisting veterans to lodge claims. Unlike the Australian RSL system, which consists of a number of independent ESOs, the key strength of the RCL is its consolidation of members, finances, and resources. This gives them the capacity to provide a coordinated and consistent service across the nation.

Whilst we recognise the benefits of having an overarching organisation submit the majority of compensation claims, that system does have its faults. Our primary concern lies in the fact that only lawyers paid by the government and working with the RCL can complete claims. We feel that this model does not effectively address the lack of access currently faced by Australian veterans. Importantly, veteran compensation expertise in Australia is spread across a number of ESOs. Not only would converting to a single body reduce access to such expertise, but it will also increase the already long wait times for veterans.

Instead, we suggest that the Australian Government adopt the idea of an overarching body such as the RCL, but only as a regulatory agent, similar to OMARO. Individual ESOs should still be able to assist veterans, as can legal professionals, but they must all be subject to the same rules and regulations. This will stop untrained and unprofessional organisations from providing inaccurate advice and will simplify and harmonise the veteran compensation scheme overall. Importantly, this will eliminate the practice of unqualified individuals submitting claims.

Furthermore, the overarching legislation should require any person wishing to submit compensation claims to be suitably qualified. This includes lawyers, advocates and any other person. A compensation claim should be signed off by a qualified person before being submitted. This should operate in a similar fashion to that which occurs in the UK. This will reduce the inefficiencies outlined at the beginning of this submission and will ensure all claims are in the best interests of the veteran in question.

Finally, the legislation should introduce a cap on the fees that can be charged for the submission of veteran compensation claims. As mentioned, in our experience, we have seen

large disparities in the fees charged by advocates and lawyers alike. This cap should work in a similar fashion to that regulating the work of lawyers when submitting regular compensation claims. Under the *Legal Profession Uniform Law Application Act 2014*, in personal injury cases, if the claim is less than $100,000 than solicitors or barristers can only charge up to 20% of the amount recovered or $10,000 (whichever is greater). We recommend a similar restriction is introduced for the submission of DVA claims. Consideration should be given to a similar establishment of a body as The Independent Review Office (IRO) that is established in New South Wales that manages the Independent Legal Assistance and Review Service (ILARS) which provides funding for injured workers to cover legal professional fees in making a claim, resolving a dispute about entitlements etc. State and Federal Workers Compensation Schemes are well established and provide suitable processes, systems and schemes to provide legal assistance and should be considered.

In conjunction with the Albanese Government's proposal to simplify the legislation down to one entitlement scheme, these proposals will ensure veterans have access to the level of service that they require and deserve.

RECOMMENDATION 2

Our second recommendation is that legal representation be able to act before the VRB. This restriction has been in place since 1929, however, concerns over the availability of advocates for veterans in VRB proceedings, the quality of such advocates and their professionalism has raised some concerns. The 2017 Senate Standing Committees on Foreign Affairs Defence and Trade report, 'The Constant Battle: Suicide by Veterans' expressed concern over the prohibition on lawyers acting before the VRB. They found a number of examples where veterans felt underrepresented or unable to fairly engage with the proceedings.

It is our view that veterans should be given the same access to justice as every other Australian. Whilst the practice of not allowing lawyers to represent their client at the VRB was established to foster the non-adversarial nature of the VRB, it is not in the best interests of veterans. It is only fair that veterans, who have worked hard to protect our country, are given the same access to justice as any other person trying to receive compensation for their service-related injuries.

As demonstrated by our case studies, the adequacy and professionalism of current advocates are questionable at best. They are often narrow minded and do not consider the bigger picture. On the other hand, lawyers are trained to represent clients and have the ability to consider a range of options to best suit the client. We feel that allowing lawyers to represent veterans before the VRB will help to remove many of the structural barriers to making an appeal.

Based upon our experiences in advising and assisting veterans, we believe that allowing legal practitioners to represent veterans at the VRB will assist in the resolution of complex matters and will help resolve the problems surrounding a lack of access to suitably qualified advocates. Overall, this will lead to an increased access to justice for veterans and will ensure they receive the outcome that they deserve.

RECOMMENDATION 3

Our third and final recommendation is to establish a more intensive and focused training program for all individuals wishing to submit veteran compensation claims. This should extend beyond the current ATDP training provided only to advocates and should build upon the accreditation requirement in 'Recommendation 1'. The basis of this system is that any person wishing to submit a DVA compensation claim should have passed through certain training requirements and be properly accredited. This should apply to lawyers and advocates alike and should be similar to the Veteran Friendly GP Practice accreditation scheme in the UK, but for practitioners in Australia submitting claims. This will ensure any lawyers wishing to submit DVA compensation claims are equipped to understand and support their clients and their needs.

This education and accreditation scheme should involve rigorous training focused on the specific issues faced by veterans. In particular, it should focus on the cultural issued faced by those in the ADF, be trauma informed and should provide skills to assist DVA employees to accurately interpret the appropriate legislation. Furthermore, there should be a requirement that the employees be subject to regular examinations to ensure their skills are up to date.

Importantly, this training should be provided and delivered by an accredited tertiary institution. Such institutions must have a "rating'' to maintain their accreditation, and there should be a requirement to keep up with continuous professional development.

Put simply, the current ATDP training system is inadequate and insufficient. There is very little regulatory oversight and the ESOs are not subject to any kind of stringent performance review. This area requires significant overhaul to ensure advocates are provided with a sufficient level of training so that veterans have access to the kind of professional support and advice that they need and deserve.

This submission was prepared by:

Paul Raymond James

Principal and Director

Jacinta Harmer

Solicitor

Assisted by Aaron Leussink

Law Clerk