



**Advocacy  
Training and  
Development  
Program**

# **COMPENSATION SUPPORT OFFICER'S HANDBOOK**

**Updated December 2023**

## INTRODUCTION

This Handbook has been developed as part of a suite of Handbooks that provide information to volunteers and paid staff of Ex-Service Organisations (ESOs) who provide assistance and support to veterans and veteran's families. The other Handbooks in the suite are:

- Rehabilitation and Compensation Advocate's Handbook
- Wellbeing Advocate's Handbook
- Wellbeing Support Officer's Handbook

Compensation Support Officers (CSOs) provide a wide range of valuable support services to veterans and their families, but this does not include providing any form of advice about:

- compensation claims, or
- wellbeing support.

Any advice to veterans or veteran's families **MUST** come from trained and accredited Compensation or Wellbeing Advocates who have been authorised by their ESO to provide these services on their behalf.

The types of services provided by CSOs include, among other things:

- assisting with administrative duties (eg. within the ESO office);
- providing information to clients on sources of information (eg. DVA Factsheets);
- undertaking preliminary interviews with clients to ascertain basic service and medical details;
- booking medical appointments;
- ongoing communication and follow-up with clients, DVA, Defence or doctors/specialists.

### **Note:**

If you are a volunteer and work within the community, it is mandatory that you have a current National Police Certificate. If you are involved in visiting families, eg. home visits where children may be present, you will also be required to have an additional State specific check for working with children. Working with the elderly may also require a State specific check to provide coverage for working with vulnerable people. You must check with your ESO about the requirements in your location.

Information on National Police Certificates is provided in Chapter 1 of this Handbook.

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## CHAPTER 1 - GENERAL INFORMATION

### Caring for Yourself

The role you have taken on can be arduous and emotionally draining.

Volunteering can be:

- satisfying;
- uplifting;
- contribute to your self-esteem and feelings of being valued, and
- helpful to others.

It can also:

- be demanding and time consuming;
- take away from time spent with family and friends;
- be sad and sometimes can leave you feeling depressed; and
- involve financial impacts.

You may find that what you once enjoyed becomes less enjoyable and a burden.

The following are some strategies that you can use to avoid that happening, or if it has happened, to allow you time-out to restore your wellbeing:

- Have realistic expectations of your volunteer work;
- Schedule "time out" from giving to the community;
- Maintain interests away from volunteer work;
- Understand when you are under stress and what to do to limit it;
- Make sure you say "NO" and create boundaries if overtasked;
- Distribute workloads fairly;
- Develop a 'buddy' system with other volunteers or seek out a mentor;
- Have a debrief system in place for your own relief and confirmation about your actions.

### Telephone Etiquette

You may find yourself answering telephones at your ESO. It is vital that you adopt a professional and welcoming tone and manner. Some clients may be very reluctant to seek assistance and can quickly be put off by the attitude of the person answering their call.

Your ESO may have some existing telephone procedures that you should follow. Some additional guidance includes:

- Answer in a friendly, approachable and professional manner;
- Provide the caller with the name of the ESO and your name;
- Ask for their name, and how they wish to be addressed; and
- Ask how you may be able to assist them.

Depending on the circumstances, you may:

- redirect their call to the appropriate person;
- record a message from the caller to pass to the appropriate person;
- make an appointment for the caller to come in to the ESO, or for someone to call them to make other arrangements.

If it appears that the caller is in distress, in a crisis situation or threatening self-harm or suicide, keep the person on the line while seeking assistance from someone with appropriate training and experience. Each ESO should have a procedure in place for dealing with a client in crisis.

## Indemnity and Other Insurance

Organisations have legal obligations to protect their people, both paid and volunteers, while they are working. Individuals in their volunteer roles also have a duty of care to others whom they come into contact in their volunteer roles. Affordable insurance cover is an important component of the volunteer environment.

An avenue specifically established for insurance to the ESO community is through the Veterans' Indemnity and Training Association Inc. (VITA). It provides access to professional indemnity insurance at an affordable cost for members of ESOs and incorporated groups who provide advice and advocacy services to members of the ex-service community about government pensions, benefits and community support services.

VITA also maintains an insurance policy providing basic protection for VITA members' advocates for accidents that occur at a client meeting, while travelling to and from a client meeting, and for travel to training.

As CSOs provide neither advice nor advocacy services to veterans, you are **NOT** covered by VITA insurance arrangements, even if your ESO is a member of VITA. It is therefore vital that you **DO NOT** put yourself in a situation where anyone could think that you are providing advice or advocacy services. If these are required by a veteran or family member, arrange for them to talk to a competent and authorised Compensation or Wellbeing Advocate.

You should check with your ESO in relation to insurance coverage for your volunteer activities, such as vehicle accidents while travelling to a home or hospital visit or personal injury sustained while undertaking volunteer tasks.

## National Police Checks

Under the *Aged Care Act 1997*, all aged care facilities must abide by the *Accountability Principles 2014* made pursuant to the Act. This includes a requirement for all staff and volunteers involved with the facility to undergo National Police Checks.

Public and private hospitals also commonly require volunteer visitors to produce a current Police Certificate.

**Note.** A National Police Certificate is a report of a person's criminal history. A National Police Check is the process of checking a person's criminal history to produce a National Police Certificate. The two terms are often used interchangeably.

Aged Care National Police Check requirements were first implemented in 2007, and strengthened in 2009 as part of the Australian Government's ongoing commitment to protect the health, safety and wellbeing of vulnerable aged care recipients.

National Police Checks are part of an approved provider's responsibility to ensure all staff are suitable to provide care to the aged. Approved providers are also responsible for having appropriate systems and processes in place in relation to visitors, health professionals and contractors.

**Note.** There is a cost associated with gaining a National Police Certificate. You should negotiate with your ESO to meet that cost.

A National Police Certificate that satisfies requirements under the Act is a nationwide assessment of a person's criminal history prepared by the Australian Federal Police (AFP) or a State or Territory police service.

Staff members and volunteers who have been citizens or permanent residents of a country other than Australia at any time after turning 16 must also make a Statutory Declaration before starting work in any aged care service, stating that they have never:

- been convicted of murder or sexual assault; or
- been convicted of, and sentenced to imprisonment for, any other form of assault.

This Statutory Declaration is in addition to a current National Police Certificate, as the Certificate reports only those convictions recorded in Australian jurisdictions.

National Police Certificates may have different formats, including printed certificates or electronic reports, depending on the jurisdiction issuing the Certificate. Every police certificate or report must record:

- the person's full name and date of birth;
- the date of issue;
- a reference number or similar.

Although ESOs do not have formal arrangements such as those that exist with the Community Visitors Scheme (CVS), it is recommended that a similar arrangement be set up by ESOs at all aged care facilities, hospitals and hospices their CSOs visit.

#### ***“Community Visitors Scheme (CVS) Volunteers***

*CVS volunteers are required to undergo a Police Check and these are undertaken and assessed by the CVS auspices prior to a volunteer commencing with the program. Community Visitors will provide approved providers with a 'Letter of Introduction' confirming the date of expiry of their Police Certificate and that they have made a Statutory Declaration if they have lived permanently overseas after they turned 16. Provided that the letter is current, the home is not required to view the original Police Certificate or Statutory Declaration. The home may keep a copy of the 'Letter of Introduction' to assist with compliance requirements.”*

More information is available at:

<https://www.health.gov.au/resources/publications/police-certificate-guidelines-for-aged-care-providers>

Applications for a National Police Check/Certificate can be completed online through the AFP or State and territory police service. Australia Post also provides an online application process.

- 
- **Australia Post (National through QLD and WA police only)**  
<http://auspost.com.au/police-checks?&ecid=p11147695890>
- **AFP (National)/Australian Capital Territory**

<http://www.afp.gov.au/what-we-do/services/criminal-records/national-police-checks>

- **New South Wales**  
[http://www.police.nsw.gov.au/online\\_services/criminal\\_history\\_check](http://www.police.nsw.gov.au/online_services/criminal_history_check)
- **Queensland**
- **National Police Certificates |QPS Victoria**  
<http://www.police.vic.gov.au/national-police-records-checks>
- **South Australia**  
<http://www.police.sa.gov.au/services-and-events/apply-for-a-police-record-check>
- **Western Australia**  
<http://www.police.wa.gov.au/Police-Direct/National-Police-Certificates>
- **Northern Territory**  
[SAFENT\\_PF095\\_0717\\_Criminal\\_History\\_Check\\_National\\_Police\\_Check\\_2022.pdf](#)
- **Tasmania**  
<http://www.police.tas.gov.au/services-online/police-history-record-checks/>

## Privacy and Confidentiality

The [Privacy Act 1988](#) (Privacy Act) regulates how personal information is handled. The Privacy Act defines personal information as:

*“...information or an opinion, whether true or not, and whether recorded in a material form or not, about an identified individual, or an individual who is reasonably identifiable.”*

Common examples are an individual's name, signature, address, telephone number, date of birth, medical records, bank account details and commentary or opinion about a person.

The Privacy Act includes thirteen [Australian Privacy Principles](#) (APPs), which apply to some private sector organisations, as well as most Australian and Norfolk Island Government agencies. These are collectively referred to as 'APP entities'. The Privacy Act also regulates the privacy component of the consumer credit reporting system, tax file numbers, and health and medical research. See [www.oaic.gov.au/privacy-law/privacy-act/](http://www.oaic.gov.au/privacy-law/privacy-act/)

This Act impacts on your role when working on behalf of your ESO in relation to a client's claim for compensation or other support. In general, any information that would identify an individual, their medical condition and their medical diagnosis would be considered private information and should not be disclosed. There are exceptions that include:

- the individual has consented to the use or disclosure for that purpose; or
- the use or disclosure is required by law.

In the context of reporting back to ESO members, you should obtain the veteran's permission to disclose information, what information can be disclosed and to whom. Additionally, you should ascertain if there is any information the veteran does not want disclosed.

With the veteran's or widow(er)s permission, you should provide a written report back to your ESO listing the following:

- who you visited;

- in what location eg, ESO, home, aged care facility;
- topics that were discussed.

## **Code of Conduct**

Advocates and Support Officers perform a vital role in representing the interests of members of the Defence and ex-Defence community and their families. Advocates and Support Officers are therefore expected to conform to ethical standards. Advocates and Support Officers are expected to comply with both their own ESO's Code of Conduct and the [ATDP Code of Ethics](#).

## **Proof of Identity (POI)**

Before a claim can be finalised, DVA's Proof of Identity (POI) requirements must be complied with. In some cases, POI can be established by providing original documents or certified copies from DVA's approved list. The approved list is contained on the DVA [Proof Of Identity](#) web page. Original documents can be provided in person at a DVA office. Alternatively, certified copies can be uploaded into MyService or can be provided by post. If the client has previously satisfied the POI requirements with DVA, it may not be necessary to provide all the same information when authenticating their identity subsequently. However, there are some exceptions to this. Current serving members, reservists and trainees who hold a valid purple or orange Australian Defence Force (ADF) Identification (ID) card can access a streamlined POI process.

Upon production of a valid purple or orange ADF ID card, DVA will verify its authenticity against Defence / DVA records. Once verified, DVA does not require any further Proof of Identity documents. Under this arrangement, current serving members and reservists can prove their identity to DVA by presenting a current ADF ID card in person with their claim at any Veteran Support Office (VSO), Veterans' Access Network (VAN) or Veterans' Information Service (VIS) location.

Should your client need to access a service record the Department of Defence has launched a new Service and Personnel Records webpage and web-based 'Request for Records' functionality for our ex Australian Defence Force members and third parties.

The webpage is designed to assist ex-members and third parties seeking information on how to access records. The webpage provides clear and detailed information on:

- who can access service records
- types of service records
- how to request service records
- amending service records
- requesting other types of records.

## **Non-Liability Health Care (NLHC)**

Under [Non-Liability Health Care \(NLHC\)](#) treatment of any mental health condition is available without the need to link the condition to service, nor a diagnosis. The veteran will need to confirm with their provider that their Veteran White Card will be accepted prior to attending the appointment

Those eligible are current and former:



- permanent full-time members;
- Reservists with Continuous Full-time Service (CFTS);
- Reservists without CFTS if they have rendered Reserve Service Days with Disaster Relief Service, Border Protection Service or been involved in a serious service-related training accident.

NLHC treatment of Cancer (Malignant Neoplasm) and Pulmonary Tuberculosis is available to those with the following types of service:

- eligible war service under the *Veterans' Entitlements Act 1986* (VEA);
- operational service under the VEA;
- warlike and non-warlike service under the VEA or the *Military Rehabilitation and Compensation Act 2004* (MRCA);
- peacekeeping service;
- hazardous service;
- British Nuclear Test defence service as defined in the VEA;
- completed 3 years Continuous Full Time Service (CFTS) between 7 December 1972 and 6 April 1994,
- were discharged on the grounds of invalidity or physical or mental incapacity to perform duties before completing 3 years CFTS between 7 December 1972 and 6 April 1994, but were engaged to serve not less than 3 years; or
- were a National Serviceman serving on 6 December 1972 and completed your contracted period of National Service.

Treatment is provided through a DVA Health Card – Specific Conditions (White Card). More information, including how to apply for NLHC, is available at the following DVA web pages:

- **Mental Health.**

<https://www.dva.gov.au/health-and-treatment/injury-or-health-treatments/mental-health-care/free-mental-health-care-veterans>

<https://www.dva.gov.au/providers/health-programs-and-services-our-clients/non-liability-health-care-nlhc/cover-mental>

- **Cancer and Pulmonary Tuberculosis.**

<https://www.dva.gov.au/health-and-treatment/injury-or-health-treatments/treatment-your-health-conditions/free-treatment>

<https://www.dva.gov.au/providers/health-programs-and-services-our-clients/non-liability-health-care-nlhc/cover-cancer-and>

From mid-2018, DVA White Cards for the treatment of mental health conditions will be automatically issued to those with any period of CFTS as a normal part of their transition process when they leave the ADF.

## CHAPTER 2 – CONDUCTING INTERVIEWS

### General

As a CSO, you may be tasked with conducting preliminary interviews on behalf of a Compensation Advocate. The aim of this preliminary interview is to gather information from the client that will assist the Advocate in deciding how to best support the client.

It is important that you do not provide advice about possible compensation claims or other forms of assistance, as this would be in breach of your ESO's professional indemnity insurance. Ensure that you explain that the purpose of the initial interview is to gather information from the client, and that the Advocate will be able to answer any questions that the client may have.

### Steps for a Successful Interview

The recommended steps for conducting a successful interview with a client are:

- Set the scene
- Arrange preliminary matters
- Conduct the interview
- Conclude the interview

### Setting the Scene

Setting the scene is predominately about preparing yourself for the interview before the client arrives. This may include:

- **Allow sufficient time for interviews.** Limit the number of interviews you schedule each day to ensure that you are helping each client to the best of your ability.
- **Gain initial client information and purpose.** Ensure that you know or gain the following from the client:
  - the purpose of the interview,
  - whether the client has been assisted by the ESO before,
  - the name of their support person or partner, and
  - the type of service they were involved in.

If the client has been interviewed before at the ESO, it will be beneficial to collect other details of the client's life prior to the initial interview, to ensure relevant information is at hand during the initial meeting.

Examples may include:

- the name of the client's children,
  - the client's hobbies, or
  - whether something notable was due to occur since they were last interviewed.
- **Know what help or assistance is available.** Ensure that you know who you can seek assistance from if an issue arises during the interview. This might include Compensation or Wellbeing Advocates present at the ESO or on call.

Setting the scene is also about preparing the interview environment. This includes:

- **Time.** Allow sufficient time to conduct the interview. If you need to rush the interview, the client might feel as though their problem is not important to you.
- **Seating.** Consider the positioning of the chairs. Be careful not to create an atmosphere that feels as though you are formally interviewing or interrogating the client. The seating should allow for a free flow of conversation and should emphasise your concern for the client's welfare.
- **Tables.** If possible, use a low table or kitchen table. You need to be able to write notes and keep eye contact with the client during the interview. However, you should avoid sitting behind a desk because that can be intimidating.
- **Refreshments.** Check whether water, coffee or tea, sugar and milk are available.
- **Distractions.** Endeavour to remove any distractions that may interfere with the interview. This might include:
  - Turning off your mobile phone or putting it on silent.
  - Diverting the office phone.
  - Asking your colleagues not to interrupt you during the interview.
  - Moving to a quiet place.

### Arrange Preliminary Matters

Preliminary matters involve things you should do from the time the client arrives for the interview and the start of the formal part of the interview itself. This might include:

- **Making your client/s comfortable.** Offer the client (and their partner or support person, if applicable) a chair in a comfortable position.
- **Offering refreshments.** Offer water or a cup of tea or coffee.
- **Building rapport.** Spend four or five minutes engaged in small talk, which you can use to establish common ground. This is an important part of the interview because the interview will go well if the client is comfortable talking to you.
- **Ensuring confidentiality.** Reassure the client that you will maintain confidentiality.
- **Establishing and state the purpose of the interview.** Ensure that the client is aware of the purpose of the interview.

### Conduct the Interview

Conducting the interview involves asking a series of structured questions to gather relevant information and recording the client's responses. The following is a guide to assist the flow of the interview and to avoid issues:

- **Do.**
  - **Respect the client.** Respect the client's interests and individuality. Do not impose your value system on them.
  - **Inspire trust.** Inspire trust by being sincere and emphasising your commitment to confidentiality.
  - **Ask appropriate questions.** Use open-ended questions that encourage the client to speak with you about their problems. Avoid questions that

- can be answered with a 'yes' or a 'no' (unless a yes or no response is appropriate).
- **Remain objective.** Be objective and do not prejudge the client or their issues presented.
  - **Summarise the main points.** Summarise your understanding of what the veteran has said to ensure that you both have a common understanding of the conversation.
  - **Record the interview as you proceed.** Ensure that the client's responses are recorded on an interview form. This will ensure that all required information has been gathered during the interview, and that client's responses are recorded accurately. Most ESOs have a proforma Interview Record which it is recommended that you use
- **Don't.**
    - **Dominate the conversation.** You are there to help the client with their issue. It is best to focus on the issue presented through active listening.
    - **Get side-tracked.** Avoid being side-tracked for long periods. The client might try to avoid discussing their problems with you because it's uncomfortable. If they get side-tracked, gently bring the client back to the issue at hand.
    - **Give unqualified advice.** Do not give unqualified advice. You are not a lawyer, doctor, scientist, financial advisor or trained Advocate. It's not your job to give advice; rather, you are there to gather information so that appropriate advice can be provided by someone who is qualified.
    - **Use jargon.** Avoid using jargon. Clients come from a range of backgrounds and age groups. This also includes the use of acronyms and abbreviations.
    - **Take everything at face value.** Do not take everything at face value. Use questions to gain a deeper understanding of the client's needs.
    - **Offer your own individual views or opinions.** Remember that the interview is about the client. What you feel or think is irrelevant and will put the client off. The client came to the ESO with a problem and doesn't want to be judged.

## Conclude the Interview

Concluding the interview might include:

- Making a formal agreement to demonstrate what you have discussed, and the actions required by both parties.
- Closing the interview on a positive note.
- Maintaining confidentiality.
- Following up on anything that you said you would do.
- Making an appointment with a Compensation Advocate to progress the client's case.

## CHAPTER 3 – BASICS OF COMPENSATION

### General

The following information is designed to provide Compensation Support Officers with a basic understanding of the types of compensation and other benefits available through DVA. It is provided to ensure some familiarity with terminology and concepts that are likely to come up in supporting clients and Compensation Advocates.

Compensation Support Officers can gain a much deeper understanding of benefits available by enrolling on the ATDP Compensation Level 1 Advocate training pathway.

Note that all of the following topics are covered in much more detail in the *Rehabilitation and Compensation Advocate's Handbook* available at:

<https://www.dva.gov.au/civilian-life/support-ex-service-organisations-and-advocates/advocacy-handbooks>

The types of benefits available to a client depends on a variety of factors, including:

- their period and type of Defence service,
- their diagnosed injuries and/or diseases,
- whether those injuries and/or diseases were caused by their service,
- the Acts or Acts that were in force at the time of their injury or disease.

### Acts Administered by DVA

DVA is responsible for the administration of three Acts relating to rehabilitation and compensation for Defence service. These are:

- *Veterans' Entitlements Act 1986 (VEA)*;
- *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (DRCA)*; and
- *Military Rehabilitation and Compensation Act 2004 (MRCA)*.

A table showing the dates that the Acts applied to Defence service is at Attachment 1.

## PART 3A - VEA

The VEA was enacted on 22 May 1986. It replaced the Repatriation Act 1920, which had been introduced to assist the thousands of war veterans and widows resulting from the First World War.

The main focus of the Act is the provision of pensions to veterans, although it does provide other benefits including medical treatment. It provides these benefits to eligible persons.

Eligibility for benefits under the VEA can be complex. There are a number of terms that you may come across as a Compensation Support Officer when assisting a client. These include:

- Qualifying Service
- Eligible Defence Service
- Eligible War Service
- Operational Service
- Peacekeeping Service
- Hazardous Service
- Warlike Service
- Non-warlike Service

You should seek advice from a Compensation Advocate if you require more information on eligibility.

### **VEA Pensions**

The VEA provides a variety of pensions to veterans and other clients with eligibility under the VEA. These are:

- Service Pensions,
- Invalidity Service Pensions,
- Disability Compensation Payments,
- War Widow(er)s' Pensions, and
- Orphan's Pensions.

### **Service Pensions**

The Service Pension (also known as Income Support Pension) is a means and asset tested income support payment that provides a regular income for people with limited means.

The Service Pension is equivalent to the Age Pension available to Australian citizens through Centrelink. The Age Pension is asset and income tested, and available to citizens who have reached retirement age (67 but varies for those born before 1957) and have actually retired from full time employment.

The Service Pension is paid to eligible veterans, their partners and widows or widowers by DVA, rather than Centrelink. The major benefit of the Service Pension is that it is available at age 60. There are also more generous health care entitlements, such as access to the Repatriation Pharmaceuticals Benefits Scheme.

**Note.** To be eligible for Service Pensions and Invalidity Service Pensions, clients must have VEA Qualifying Service.

More information on the Service Pension is available at:

<https://www.dva.gov.au/financial-support/income-support/service-pension/service-pension-overview>

## Invalidity Service Pensions

The Invalidity Service Pension is similar to the Disability Support Pension available from Centrelink. Like the Disability Support Pension, it is designed to provide a regular income to someone who is permanently unable to work due to a physical or mental incapacity. Like the Service Pension, it is asset and income tested, but the Invalidity Service Pension is payable from when the veteran becomes permanently incapacitated from work, rather than age constrained. Note that the injury or disease causing the incapacity for work does not need to be service related.

The veteran must have Qualifying Service. A Commonwealth or Allied veteran or mariner may also be eligible provide they meet particular residency requirements.

More information on the Invalidity Service Pension is available at:

<https://www.dva.gov.au/financial-support/income-support/service-pension/age-and-invalidity-service-pension>

## Disability Compensation Payment (DCP)

The DCP is paid to compensate veterans for conditions caused or aggravated by war service or certain defence service on behalf of Australia.. The General Rate Disability Pension is payable whether or not that impacts on the client's employment, while the Intermediate Rate and Special Rate Disability Pensions may be payable if the client's ability to work is restricted by their impairments.

**Note.** Diagnosis of a disease or injury alone does not entitle a client to a DCP

The injury or disease causing the impairment must also be causally linked to the client's eligible VEA service. That is, the client must have been 'rendering eligible VEA service' at the time of injury or when the disease first manifested itself.

A Disability Pension:

- is paid fortnightly for the life of the client,
- is not income or asset tested,
- is not paid from or to a certain age, and
- is tax free.

The amount of Disability Compensation Payment paid depends on the level of incapacity you suffer as a result of your war-caused or defence-caused injuries and diseases. Generally, the more incapacitated you are, the higher the amount of pension you will receive.

There are 4 'categories' of Disability Compensation Payment payable:

- General Rate, payable in multiples of 10% up to 100%;
- Extreme Disablement Adjustment (for over 65 years of age only);
- Intermediate Rate; and
- Special Rate

## General Rate

The General Rate of DCP is calculated from the degree of medical impairment suffered by the client and the effect that this impairment has on the client's lifestyle. Impairment is a medical determination of impairment points on a scale of 0 points (no impairment) to 100 points (totally impaired); while lifestyle effects are on a scale of 0 to 7.

Once calculated, the DCP is paid at that rate for life, regardless of the client's employment status. Of course, if the client's condition worsens, he or she can apply for an increase in their rate of pension known as Application for Increase or AFI).

The General Rate DCP is paid in increments of 10%, from 10% up to 100%.

Details on General Rate of DCP is available at:

- <https://www.dva.gov.au/financial-support/income-support/support-when-you-cannot-work/pensions/disability-pensions-and-6>

Details on the DCP Payment Rates is available at:

- <https://www.dva.gov.au/get-support/financial-support/payment-rates/rates-disability-compensation-payment-and-war-widowers-pension>

## Extreme Disablement Adjustment

The Extreme Disablement Adjustment (EDA) is designed to compensate a client who, as the name implies, is extremely impaired. The minimum requirement is 70 impairment points and a lifestyle rating of 6. The veteran must be in receipt of the General Rate of DCP at 100%, and their condition to have deteriorated further after age 65. EDA does not take into account whether the veteran is working and is not asset or income tested.

EDA is a 50% increase on the 100% General Rate Disability Pension.

Details on Extreme Disablement Adjustment is available at:

<https://www.dva.gov.au/financial-support/income-support/support-when-you-cannot-work/pensions/disability-pensions-and-2>

Higher rates of pension, such as Special and Intermediate Rates, are known as Above General Rate (AGR) pensions and are payable if you are severely incapacitated and unable to earn a normal wage because of the effects of your accepted condition/s on your capacity to work. In order for you to be considered for an AGR pension, your degree of incapacity must be determined to be at least 70%.

## Intermediate Rate

The Intermediate Rate DCP is paid to compensate an eligible client who, because of the impairment caused by injuries or diseases arising from their eligible VEA service, is either unable to resume or continue paid work for 50% or more of normal time, or 20 hours or more per week.



The Intermediate Rate bridges the gap between the General Rate at 100% (where the veteran can be in full employment) and the Special Rate (where the client is unable to work at all) for those clients who can perform part-time or intermittent work only.

### **Special Rate**

The Special Rate is also commonly known as totally and permanently incapacitated (T&PI) pension which is the highest rate of DCP available. It is designed as compensation for those clients who, because of the impairment caused by injuries or diseases arising from their eligible VEA service, are not able to work in paid employment for more than 8 hours per week.

The Special Rate is not income or asset tested, is tax free and is paid for life.

The Temporary Special Rate (TSR) is payable where a client is unable to work at all, but the medical opinion considers this as being only temporary (such as when recuperating from a surgical procedure for an accepted condition).

The TSR is payable for a specific period, after which the client reverts to their previous level of DCP. If the impairment becomes permanent, the client can apply for the Intermediate Rate or Special Rate through an Application for Increase.

Details on Intermediate Rate and Special Rate of DCPs available at:

<https://www.dva.gov.au/financial-support/income-support/support-when-you-cannot-work/pensions/disability-pensions-and-0>

### **Additional Disability Compensation Payment for Specific Disabilities**

A client's DCP will be increased by a specific amount if they have suffered a VEA-service related amputation or blindness in one eye, and they are in receipt of DCP at less than the Special Rate. The amount of additional pension depends on the specific amputation suffered by the client. Note that the combination of DCP and additional amounts is capped at the Special Rate amount.

Details of the Addition DCP are available at:

<https://www.dva.gov.au/financial-support/income-support/support-when-you-cannot-work/pensions/disability-pensions-and-5>

### **Calculation of Disability Compensation Payment Rates**

As mentioned previously, calculation of the amount of DCP payable to a client is based on two factors – the degree of medical impairment in points (from 0 to 100 points) and the effect on lifestyle (from 0 to 7). These factors are combined on a table to give the rate of DCP as a percentage of the General Rate from 0 to 100%. Eligibility for additional payments are then based on other criteria such as employment status as already discussed.

Both the degree of medical impairment and the effect on lifestyle are calculated using the *Guide to the Assessment of Rates of Veterans' Pension 2016 (GARP)*.

## War Widow(er)s' Pension (WWP)

War Widow(er)s' Pension (WWP) are payable to the surviving partner, widow or widower of an eligible client whose death was caused by, or contributed to, by a VEA-service related injury or disease.

The two important factors to keep in mind are:

- the client had eligible operational-like service under the VEA (operational, peacekeeping, hazardous, warlike or non-warlike etc.)
- the client's death was caused by, or was contributed to by, a condition arising from that VEA service.

If either of these factors are not met, no WWP is payable.

If the client was in receipt of an Above General Rate Pension (EDA, IR, SR, TSR, double amputee or blinded) or was a prisoner of war, the widow or widower will automatically receive a WWP. All others must submit an application to DVA.

Details of the WWP are available at:

[Pension for orphans and war widow\(er\)s | Department of Veterans' Affairs \(dva.gov.au\)](https://www.dva.gov.au/pension-for-orphans-and-war-widow(er)s)

## Orphan's Pensions

If the deceased client had dependent children, they may be entitled to an Orphan's Pension. Up to the age of 16, their eligibility is automatic, and over the age of 25, they are ineligible.

Between the ages of 16 and 25, the child must be in full time schooling and not in receipt of any other Commonwealth Government assistance.

A Double Orphan's Pension is payable if both of the parents of the child are deceased.

The same eligibility and automatic payment criteria as the WWP apply.

More information on Orphan Pensions is available at:

<https://www.dva.gov.au/financial-support/support-families/pension-orphans-and-war-widowed-partners>

## Rates of War Widow Pension

The current rates of War Widow pensions are shown here. They are subject to periodic increases. Current rates are available at:

<https://www.dva.gov.au/financial-support/payment-rates/rates-disability-pension-and-war-widowers-pension>

## PART 3B - DRCA and MRCA

The *Safety, Rehabilitation and Compensation Act 1988 (SRCA)* was introduced on 1 December 1988 to provide rehabilitation and compensation coverage for work-related injuries and diseases by Australian Government employees. This included military personnel undertaking peacetime service. In 2017, this coverage changed to the *Safety, Rehabilitation and Compensation (Defence-*

*related Claims) Act 1988 (DRCA)*. The provisions of SRCA remained the same, but the administrating authority officially changed from Comcare to the Military Rehabilitation and Compensation Commission (MRCC) in DVA.

The *Military Rehabilitation and Compensation Act 2004 (the MRCA)* came into effect on 1 July 2004. It replaced the VEA for warlike and non-warlike service, and the DRCA for peacetime service.

As both the DRCA and MRCA have similar provisions, they are discussed here together, but where differences exist they are indicated.

### **Needs Assessments**

Under the VEA, when a Delegate makes a decision to accept liability for an injury or disease as being caused by service, the Delegate also undertakes an assessment of the rate of Disability Compensation Payment payable.

Under the DRCA and MRCA, the Delegate who determines liability does just that – determines if the Commonwealth is liable for the injury or disease. Once liability is accepted, a different Delegate determines what compensation or other benefits might be required by the claimant.

This initial process is called a Needs Assessment.

A Needs Assessment is a legislative requirement under the MRCA. It is also a useful and comprehensive tool for determining clients' needs. As an agreed part of DVA's ongoing commitment to consistency and best practice procedures, Needs Assessments are completed for DRCA clients as well. The process is the same for both Acts; however, there are differences in the compensation and other benefits that can be provided.

The Needs Assessment is a comprehensive assessment process designed to assist DVA Delegates to determine the range of services and benefits that may be required following acceptance for liability for a service-related injury or disease, or when there is a significant change in the client's circumstances.

The Needs Assessment focuses on the areas of need and identifies whether clients may be eligible for:

- medical treatment
- incapacity payments
- rehabilitation
- permanent impairment payments
- alterations, modifications, aids and appliances, or
- other assistance (such as attendant care, household services, assistance with dependents).

A needs assessment involves a review of the client file and an interview with the client at any time following acceptance of liability but undertaken before compensation is paid. Needs Assessments are generally conducted by phone. It is recommended that the client's Compensation Advocate be involved in the discussion. Compensation Support Officers may be involved in this process.

Client expectations are better managed by establishing a clear record of assessed needs at a given point in time. The process also gives clients an opportunity to discuss their particular circumstances and the impact of their injury/disease.

More information on Needs Assessments is available at:

<https://www.dva.gov.au/financial-support/compensation-claims/needs-assessment>

## **Rehabilitation**

The VEA contains a provision for a free and voluntary rehabilitation program to assist eligible veterans to find or retain paid work. Rehabilitation under the DRCA traditionally also had a return to work focus, however DRCA clients are now provided with the same rehabilitation processes as MRCA clients.

DVA's Rehabilitation Framework is based on the MRCA 'whole of person' approach to rehabilitation, involving medical management, psychosocial and vocational rehabilitation goals as required. Rehabilitation involves rights and responsibilities, especially where a client is receiving incapacity payments and are involved in a vocational rehabilitation plan focusing on return to work.

More information is available at:

- **Rehabilitation.**

<https://www.dva.gov.au/health-and-treatment/injury-or-health-treatments/rehabilitation/rehabilitation>

- **Veteran's Vocational Rehabilitation Scheme (VVRS).**

<https://www.dva.gov.au/health-and-treatment/work-and-social-life-programs/help-jobs/veterans-vocational-rehabilitation>

## **Incapacity Payments**

Incapacity benefits are payments for economic loss due to the inability (or reduced ability) to work because of an injury or disease that has been accepted as service related under the MRCA or DRCA. For a client who is still serving, this may involve topping them up for an allowance lost due to injury (for example Deployment Allowance). For a Reservist, this may involve lost Reserve pay, as well as their civilian income if they are unable to undertake their normal civilian work.

Incapacity payments can only be paid for those periods supported by medical evidence, such as a doctor's certificate, with the exception of the first 4 weeks after medical discharge, where the member's Separation Medical Examination can be used.

For the first 45 weeks, payments are 100% of the client's normal earnings; however, this is reduced to 75% beyond that period for those totally incapacitated for work. This increases by 5% increments back up to 100% where the claimant is able to increase their hours of paid employment.

Priority is to be given to reservists and medical discharges, who may suffer financial hardship because of loss of employment.

Eligibility for incapacity payments ceases at retirement age.

More information on Incapacity Payments is available at:

<https://www.dva.gov.au/financial-support/income-support/support-when-you-cannot-work/how-we-calculate-incapacity-payments>

<https://www.dva.gov.au/financial-support/income-support/support-when-you-cannot-work/faster-access-incapacity-payments>

## **Permanent Impairment**

Permanent Impairment (PI) is payable where an injury or disease caused by a claimant's service has resulted in a physical or mental impairment. The impairment must be permanent and stable. In many cases this will mean that the client has undergone all reasonable medical and rehabilitative treatments.

PI payments are tax free, but the method of payment is different under each Act

- MRCA payments – can be paid by way of periodic payments (paid fortnightly for life) or converted into a lump sum payment (or a combination of the two)
- DRCA payments – paid as a lump sum only.

More information on PI Payments is available at:

- [\*\*DRCA Permanent Impairment.\*\*](#)
- [\*\*MRCA Permanent Impairment.\*\*](#)

## **Household Services**

Household Services are available under both the DRCA and the MRCA where a client, as a result of their accepted medical conditions, is unable to complete duties relating to the proper running of their household.

Household Services include duties of a domestic nature, such as cooking, cleaning, laundry, dishwashing, mowing and gardening. Long-term maintenance such as painting or replacement of gutters is excluded.

The requirement for Household Services is assessed by an Occupational Therapist. Each Act has a statutory maximum amount each week, indexed by the Consumer Price Index (CPI) on 1 July each year.

More information on Household Services is available at:

**Household services | Department of Veterans' Affairs (dva.gov.au)**

## **Attendant Care**

Attendant Care is aimed to provide cosmetic or personal services to eligible clients (for example grooming, bathing, feeding and dressing), rather than medical purposes. It does not generally require the provider to possess any formal qualifications.

Attendant Care can be provided by a relative, but only in exceptional circumstances such as where the relative gives up work to care for the client, or the nature of the care being provided is over and above what is reasonably required of the relationship.

The requirement for Attendant Care is assessed by an Occupational Therapist. Each Act has a statutory maximum amount each week, indexed by the CPI on 1 July each year.

More information on Attendant Care is available at:

**Attendant care | Department of Veterans' Affairs (dva.gov.au)Aids, Appliances and Modifications**

Some clients may require modification to their house (such as ramps and wider access doorways) or their toilets and bathrooms (disabled facilities). These modifications are available under all three Acts. Aids or appliances might also be required to allow a client to undertake employment.

Where possible, aids and appliances should be provided through the Rehabilitation Appliance Program (RAP). The RAP provides aids and appliances that would previously have been thought of as "medical aids". It is therefore more likely that workplace aids or appliances (eg. ergonomic desks or chairs) will still need to be provided under rehabilitation.

More information on the RAP is available at:

**Aids, equipment and modifications through the Rehabilitation Appliances Program (RAP) | Department of Veterans' Affairs (dva.gov.au)Vehicles and Vehicle Modifications**

Clients may be eligible for vehicle modifications where:

- Liability is accepted for an injury or disease,
- the client has suffered an impairment as a result of the injury or disease,
- that impairment has resulted in the client being unable to drive or be driven in a motor vehicle in safety and comfort without modifications to their vehicle.

What is available to clients depends on the Act under which liability has been accepted.

For example, the MRCA Motor Vehicle Compensation Scheme (MVCS) may, depending on the client's needs, providing something as simple as a knob on the steering wheel to assist steering to a new vehicle with wheelchair lift.

More information on the vehicle schemes is available at:

- **MRCA Motor Vehicle Compensation Scheme (MVCS).**

<https://www.dva.gov.au/health-and-treatment/help-cover-healthcare-costs/help-your-vehicle-costs/motor-vehicle-compensation>

- **VEA Vehicle Assistance Scheme.**

<https://www.dva.gov.au/health-and-treatment/help-cover-healthcare-costs/help-your-vehicle-costs/vehicle-assistance-scheme>

### **Compensation Following Death**

Under the MRCA, compensation following the death of an eligible MRCA client is payable to eligible dependants, and the Act defines in some detail the terms 'partner', 'dependant' and 'eligible young person' for the purpose of compensation.

Compensation may include:

- Wholly dependent partner – weekly payment for life;
- Wholly dependent partner – lump sum payment;
- Dependent eligible young person – weekly payment (while remaining a dependent EYP);
- Dependent eligible young person – lumps sum payment;
- Other eligible dependents – lump sum payment;
- Bereavement payment; and
- Reimbursed funeral expenses.

More information on the MRCA compensation following death is available at:

- **Compensation for Dependants.**

<https://www.dva.gov.au/financial-support/support-families/compensation-dependants-under-mrca>

- **Bereavement Payments.**

<https://www.dva.gov.au/financial-support/support-families/bereavement-payments/veteran-injured-after-30-june-2004>

Under the DRCA, compensation is payable in the form of a lump sum. A maximum DRCA lump is divided between all eligible dependants. There is an additional lump sum, as well as an additional lump sum for each 'prescribed child' paid under the Defence Act (as a result of changes to compensation made after the Blackhawk Helicopter accident of 1996).

Compensation for dependants may include:

- a lump sum compensation payment for death;
- an additional death benefit (payable under the *Defence Act 1903*);
- a further lump sum for each dependent child (payable under the *Defence Act 1903*);
- a weekly payment for those children who were dependent at the date of death, and who are either under 16 years old, or are full-time students between 16 and 25 years of age who are not ordinarily engaged in employment on their own account;
- funeral expenses; and

- reimbursement for the cost of obtaining financial advice when an additional death benefit has been paid under the *Defence Act 1903*.

More information on the DRCA compensation following death is available at:

<https://www.dva.gov.au/financial-support/compensation-claims/claims-if-you-served-1-july-2004/drca/how-make-claim-under>

## **PART 3C – STATEMENTS OF PRINCIPLES**

Compensation Support Officers may be asked by Compensation Advocates to locate relevant Statements of Principles (SoP) to assist in formulating a client's claim.

SOPs are relevant to claims for compensation under both the VEA and MRCA. SoPs do not apply to claims under the DRCA.

SoPs are legislative instruments that set out the factors which can connect particular injuries, diseases or death with service. SoPs are determined by the Repatriation Medical Authority (RMA). SoPs set out what factors could cause a medical condition that is the subject of a claim. In order for a claim to succeed at least one of the SoP factors must be related to service.

There are two SoPs for each condition:

- one for determining claims relating to operational (including warlike and non-warlike), peacekeeping, hazardous and British nuclear test service under the VEA, and warlike and non-warlike service under the MRCA (called Reasonable Hypothesis or RH); and
  - one for determining claims relating to eligible war service or eligible Defence service under the VEA or peacetime service under the MRCA (called Balance of Probabilities or BoP).
- This is because the different types of service attract different standards of proof for determining claims.

**For more information: <https://www.dva.gov.au/get-support/financial-support/compensation-claims/laws-cover-claims/statements-principles>**

### **Location of SOPs**

SoPs are available on the Repatriation Medical Authority (RMA) website at <http://www.rma.gov.au>.

To locate an SOP, a Compensation Support Officer should:

- Check the name of the proper medical diagnosis for the client's condition.
- Go to the RMA website homepage.
- Click on the Statement of Principles tab on the right of the screen.



- Click on the letter of the first letter of the medical diagnosis (for example, for sensorineural hearing loss, click on S).
- Click on the SoP in either the Reasonable Hypothesis or Balance of Probabilities column, depending on the type of service giving rise to the condition.

### **Using SOPs**

SoPs are used in determining liability for injuries, diseases and deaths under both the VEA and MRCA. The SoPs are legally binding on all decision makers.

All decision makers must decide whether any of the factors in the SoP for the condition being investigated apply to the person making the claim. If one of the factors applies, then the decision maker must see if it is also connected to the service of the claimant. In order for a claim to succeed, at least one of the SoP factors must be related to service.

### **Repatriation Medical Authority (RMA)**

The RMA is an independent statutory authority responsible to the Minister for Veterans' Affairs. The Authority consists of five practitioners eminent in fields of medical science. The role of the RMA is to:

- determine whether there is sound medical-scientific evidence that links particular kinds of injury, disease or death with war or defence service; and
- reflect the causal links in legally binding Statements of Principles (SoPs), which are disallowable Instruments tabled in Parliament.

The RMA determines the SoPs after extensive investigations of the medical literature and research available worldwide. The SoPs are then tabled in both Houses of the Australian Parliament and notified in the Commonwealth of Australia Gazette. A notification is published on the RMA website. Major ESOs, and anyone who has registered an interest in the investigation of the SoP, are also informed.

Each SoP contains the date on which it takes effect. The SoPs remain law unless either House of the Australian Parliament disallows them or they are revoked by the RMA.

The RMA keeps the SoPs as up to date as possible by keeping abreast of current medical research. New and revised SoPs are generally issued every two months and SoPs are regularly reviewed.

For more information: [Statements of principles | Department of Veterans' Affairs \(dva.gov.au\)](https://www.dva.gov.au/statements-principles)

**SERVICE ELIGIBILITY UNDER THE VEA, DRCA AND MRCA**

TYPE OF SERVICE	3 Sep 1939 to 2 Jan 1949	3 Jan 1949 to 6 Dec 1972	7 Dec 1972 to 21 May 1986	22 May 1986 to 6 Apr 1994	7 Apr 1994 to 30 Jun 2004	On or after 1 Jul 2004
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Peacetime Service – Permanent Forces and Reservists on Continuous Full-Time Service (CFTS)						
Service ended before 7 Apr 1994 (did 3 years CFTS or was discharged before 3 years on medical grounds)	VEA (see Eligible War Service)	DRCA	DRCA and VEA	DRCA and VEA		
Did not do 3 years CFTS nor was discharged on medical grounds	VEA (see Eligible War Service)	DRCA	DRCA	DRCA	DRCA	MRCA
Enlisted before 22 May 1986 and served up to and after 7 Apr 1994 without a break in service		DRCA	DRCA and VEA	DRCA and VEA	DRCA and VEA	MRCA
Enlisted on or after 22 May 1986 (did 3 years CFTS or was discharged before 3 years on medical grounds before or on 6 Apr 1994)				DRCA and VEA	DRCA	MRCA
Enlisted on or after 7 Apr 1994 and before 30 Jun 2004					DRCA	MRCA
Enlisted on or after 1 Jul 2004						MRCA

Peacetime Service – Part-time Service						
Citizen Forces, Reservists, Cadets, Officers and Instructors of Cadets	VEA	DRCA	DRCA	DRCA	DRCA	MRCA

TYPE OF SERVICE	3 Sep 1939 to 2 Jan 1949	3 Jan 1949 to 6 Dec 1972	7 Dec 1972 to 21 May 1986	22 May 1986 to 6 Apr 1994	7 Apr 1994 to 30 Jun 2004	On or after 1 Jul 2004
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Operational-type Service						
Eligible War Service (non-operational) Enlisted before 1 Jul 1947 or enlisted for 2 years in Interim Forces on or after 1 Jul 1947)	VEA	VEA (ended 30 Jun 1951)				
Operational Service (Eligible War Service)	VEA	VEA	VEA	VEA	DRCA and VEA	
Qualifying Service	VEA	VEA	VEA	VEA	VEA	VEA
Hazardous Service				DRCA and VEA	DRCA and VEA	
Peacekeeping Service	VEA	SRCA <sup>1</sup> , DRCA and VEA	SRCA <sup>1</sup> , DRCA and VEA	SRCA <sup>1</sup> , DRCA and VEA	SRCA <sup>1</sup> , DRCA and VEA	SRCA <sup>1</sup> and VEA (civilians only)
British Nuclear Test Service		VEA				
Warlike Service	VEA	VEA	VEA	VEA	DRCA and VEA	MRCA
Non-warlike Service	VEA	VEA	VEA	VEA	DRCA and VEA	MRCA

**Note:**

1. Australian Federal Police and other Commonwealth employees are covered by the SRCA, not the DRCA. Claims under the SRCA by Australian Federal Police or other Commonwealth employee members of a Peacekeeping Force are administered by Comcare.

**Key Dates:**

- 3 Sep 1939 Commencement of hostilities of World War 1
- 2 Jan 1949 ADF members commenced coverage for peacetime service under Commonwealth employees' compensation legislation
- 7 Dec 1972 Amendment to Repatriation Act 1920 (precursor to VEA) and Compensation (Commonwealth Government Employees) Act 1971 (precursor to DRCA) to allow both to apply to peacetime service
- 22 May 1986 Enactment of the Veterans' Entitlements Act 1986 (VEA)
- 7 Apr 1994 Enactment of the Military Compensation Act 1994 (MCA)
- 1 Jul 2004 Enactment of the Military Rehabilitation and Compensation Act 2004 (MRCA)