



Australian Government
Department of Veterans' Affairs

ELECTRONIC RECORDS

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Key Recommendations from Recent Inquiries*

***from the Veterans' Advocacy Services and Support Scoping Study (2018) and the Productivity Commission report: A Better Way to Support Veterans**

Key themes of the recommendations are:

- Creation of an advocacy body/ies to perform a range of functions including providing legal representation, overseeing advocate training, co-ordinating and supporting ex-service organisation (ESO) and providing advice on policy issues;
- Funding professional advocates to provide advocacy services for veterans and families where there is unmet need;
- Establishing and/or funding legal services for veterans and families;
- Direct assistance from DVA for veterans and families to lodge primary claims; and
- Addressing lack of advocate diversity through engaging with female veterans and encouraging females to become advocates

Full text of the recommendations are included in the following pages.

Not for further
distribution

Veterans' Advocacy Services and Support Scoping Study (Cornall Study)

The Veterans' Advocacy Services and Support Scoping Study led by Mr Robert Cornall AO commenced in April 2018, and examined possible operational models for professionalising veterans' advocacy services. The final report released in December 2018 included 12 recommendations.

[Veterans' Advocacy and Support Services Scoping Study report \(dva.gov.au\)](http://dva.gov.au)

Recommendation 1

That:

- 1.1 DVA set up a direct-line help desk for veterans' advocates, claims advisors and support workers to have direct access to departmental delegates who can answer technical questions.
- 1.2 in each internal review or reconsideration where the reviewer is minded to reach a negative decision, the reviewer should contact the veteran's advocate or the claimant (as appropriate), explain the reason for the tentative decision and give the advocate or claimant the opportunity to clarify any outstanding questions, rectify any remediable problems and advance any final contentions in support of the claim before the reviewer makes a determination.
- 1.3 primary claim delegates keep applicants or their advocates (as appropriate) fully informed about any significant delay in progressing their claim and the reasons for it.
- 1.4 the Department of Veterans' Affairs reverse its current approach of declining to help veterans lodge primary claims, encourage veterans to come to DVA for assistance and widely publicise that service. The officers assisting them should receive training in veterans' entitlements, client service and dealing with vulnerable veterans.

Recommendation 2

That the study supports the retention of the statutory prohibition on legal practitioners and persons holding a legal qualification representing veterans at hearings before the Veterans' Review Board.

Recommendation 3

That the DVA Legal Services Branch investigate ways to manage the Commissions' AAT cases more effectively and reduce legal costs (including medical specialists' fees) and report its findings to the Commissions.

Recommendation 4

That the Department increase the size of the inhouse advocacy team (including lawyers, advocates and administrative assistants), increase its workload and include MRCA and DRCA as well as VEA cases.

Recommendation 5

That the Australian Government establish, fund and promote a free Veterans' National Legal Service and a Veterans' National Legal Helpline.

Recommendation 6

That the Advocacy Training and Development Program:

- 6.1 give consideration to the course structure and duration that will be most suitable for future applicants.
- 6.2 develop intensive, short accreditation courses at each level in both compensation and wellbeing advocacy in conjunction with ESOs capable of providing the practical experience component.
- 6.3 develop a course component on veterans' entitlements law for each of the four levels of compensation advocacy accreditation.
- 6.4 introduce a level 3 wellbeing unit of competency leading to a Certificate IV qualification (similar to the Certificate IV in Community Services).
- 6.5 be incorporated as the Veterans' Advocates Board, a company limited by guarantee.
- 6.6 take on a fully developed role as the training and licensing authority for all accredited veterans' advocates (both compensation and welfare) including continuing professional development, insurance, ethical standards, codes of conduct, complaints and disciplinary procedures.

Recommendation 7

That the Department of Veterans' Affairs:

- 7.1 engage more actively with female veterans to ensure that advocacy services are accessible to, and meet the needs of women and, in particular, that women who are medically discharged from the ADF are able to access competent advocacy and other support services irrespective of location or ESO affiliation.
- 7.2 encourage younger female veterans to undertake advocacy training.
- 7.3 request the Repatriation Medical Authority to review the Statements of Principles around female-specific health conditions to ensure they are adequately recognised.

Recommendation 8

That:

- 8.1 The Defence Community Organisation's support for a veteran's partner and family be extended for a period of two years after the veteran transitions from Defence.
- 8.2 DVA and ex-service organisations consider how they can best assist veterans' families, particularly those committed to the long-term care of a veteran.
- 8.3 DVA and ex-service organisations take note of the five underlying issues that confront veterans' families confirmed or identified by this study and consider if more can be done to respond to them.

Recommendation 9

That DVA review its client communication strategy and processes following consultation with largely younger veterans and veterans' advocates including several professionally conducted focus groups in different regions.

Recommendation 10

That the Department consider, in consultation with ESOs and veterans' advocates, establishing a body to plan, implement and deliver a consolidated, coordinated approach to the national delivery of veterans' advocacy and support services resulting in a modern professional sustainable advocacy service.

Recommendation 11

That the Department note the study is of the view that the long term focus for veterans' advocacy services will principally be wellbeing advocacy which will have a direct bearing on the number and type of advocates required over time as well as the skills, experience and qualifications they will need.

Recommendation 12

That the implementation of these recommendations be monitored by the Commissions and annual progress reports made to the Minister and the Secretary with a thorough evaluation of the outcomes at the end of three years.

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Productivity Commission (PC) Inquiry and Report

The Productivity Commission report: ***A Better Way to Support Veterans*** found the veterans' compensation and rehabilitation system is complex to be complex and difficult for veterans and their families to navigate and for DVA to administer, and that claimants often require help from advocates to navigate the system. The final report was released in June 2019.

In Chapter 12 *Advocacy, wellbeing supports and policy input*, there were five recommendations in relation to claims assistance. The PC also considered the Cornall findings and an extract of the PC report responses to the Cornall Review is included below.

[Inquiry report - A Better Way to Support Veterans - Productivity Commission \(pc.gov.au\)](https://www.pc.gov.au/inquiry-report-a-better-way-to-support-veterans)

RECOMMENDATION 12.1 REFRAME SUPPORT FOR VETERANS' ORGANISATIONS

The Department of Veterans' Affairs should reframe its support for organisations that provide services for veterans by clearly differentiating between:

- claims advocacy — the delivery of advocacy on behalf of claimants by accredited advocates
- wellbeing supports — the commissioning of a broad set of welfare supports or services delivered by and on behalf of the veterans' community (replacing the notion of welfare advocacy)
- policy input and influence — the provision of support to assist veterans' organisations to engage meaningfully in policy considerations.
- grant funding — for the general support of innovative programs and significantly worthwhile community initiatives for the veterans community.

RECOMMENDATION 12.2 DVA SHOULD PROVIDE ASSISTANCE WITH PRIMARY CLAIMS

One of the core functions of the Department of Veterans' Affairs, and when established, the Veteran Services Commission, should be to assist veterans and their families to lodge primary claims.

Claims advocacy assistance from veterans' organisations should remain available to any veteran who seeks it.

RECOMMENDATION 12.3 FUND A CLAIMS ADVOCACY PROGRAM

The Department of Veterans' Affairs (DVA) should fund professional claims advocacy services in areas where it identifies unmet need. Services should be delivered through ex-service and other organisations in a contestable manner similar to the National Disability Insurance Scheme Appeals Program and the National Disability Advocacy Program. DVA should also take a more active role in the stewardship of these services.

RECOMMENDATION 12.4 ACCREDITATION OF ADVOCATES

The Department of Veterans' Affairs (DVA) should ensure that all claims advocates who act on behalf of a claimant in primary claims or appeals are accredited under the Advocacy Training and Development Program (ATDP).

DVA should monitor and adjust the delivery of the ATDP in response to stakeholder feedback, including by providing more flexible training programs.

RECOMMENDATION 12.5 FUND LEGAL ASSISTANCE AT THE AAT

The Department of Veterans' Affairs (DVA) should fund legal advice and representation for claimants in the veteran support system on a means-tested and merits-tested basis.

The Attorney-General's Department should alter the Administrative Appeals Tribunal (AAT) Costs Procedures such that, if a veteran succeeds on appeal in the AAT for cases under the *Military Rehabilitation and Compensation Act 2004* and the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988*, a presumption is created that 100 per cent of the veteran's party-party costs (measured using the Federal Court Scale of Costs) are paid by DVA. Scope should remain to:

- *reduce* this costs order to account for unsuccessful grounds of appeal
- *increase* this costs order to one of indemnity if DVA has unreasonably rejected earlier offers to compromise or otherwise unduly delayed proceedings.

In line with the beneficial intent of the veteran support legislation, and in line with the current legislation, there should be no power for the AAT to award costs against a plaintiff.

The *Veterans' Entitlements Act 1986* should be amended to permit costs awards for cases that reach the AAT.

Responses to the Cornall review

The Commission has considered the Cornall review's recommendations along with the views of participants in this inquiry. Box 12.5 summarises the Commission's responses to the Cornall review's recommendations on advocacy issues.

Box 12.5 Responses to the Cornall review

In December 2018, the Australian Government completed the *Veterans' Advocacy and Support Services Scoping Study*, led by Robert Cornall. Below are the recommendations of the report on advocacy issues and the Commission's response to them.

- **Recommendations 1.1, 1.2, 1.3 and 1.4** (more active assistance with primary claims): Supported. The Commission supports a more active approach to primary claims management from the Department of Veterans' Affairs (DVA), including an outreach process before negative decisions (recommendation 10.2), primary claims advice for veterans and advocates (recommendation 12.2) and active case management by the Veteran Services Commission (section 9.4, section 11.6).
- **Recommendation 2** (retention of prohibition on lawyers at the Veterans' Review Board (VRB)): Supported in principle. The Commission's transition of the VRB to a review and resolution role (recommendation 10.3) would remove board hearings. Legal representatives are already permitted at alternative dispute resolution procedures with the VRB but early evidence suggests that they are not ordinarily used. Claims advocates would remain as the main assistance for claimants at the VRB, maintaining a non-legalistic environment.
- **Recommendations 3 and 4** (increased use of internal legal services at DVA): No view. DVA is entitled to defend claims, may need to defend some claims vigorously, and may procure external legal services as other government agencies do.
- **Recommendation 5** (free Veterans' National Legal Service and Helpline): Not supported. Given the competing priorities for legal aid budgets presently, a universal legal aid service for veterans is not supported. A combination of means-tested legal aid and encouraging conditional billing through better costs awards is preferred (recommendation 12.5).
- **Recommendations 6.1, 6.2, 6.3 and 6.4** (delivery of Advocacy Training and Development Program (ATDP)): Supported in principle. Although the Commission has not undertaken a detailed review of the ATDP, DVA (or an incorporated ATDP) should be responsive to stakeholder feedback about the program (recommendation 12.4), including providing more adaptive delivery options and a greater focus on wellbeing.
- **Recommendation 6.5** (incorporation of Veterans' Advocates Board): Supported in part. Under the proposed governance structure (recommendation 11.1), DVA could administer advocacy accreditation separately from the Veteran Services Commission (VSC). If a VSC is not established, then a separate body may be incorporated to administer the ATDP.
- **Recommendation 10** (establishing a consolidated approach to advocacy): Supported in part. The Commission expects that demand for claims advocacy services will decline over time as more primary claims are automated and as a more proactive approach to resolving claims is adopted. For this reason, the Commission does not seek to establish a new body to coordinate advocacy. However, the Commission does see a role for DVA to strategically procure advocacy services where there is unmet need (recommendation 12.3).

Source: Australian Government (2018c, pp. 19–21).

Discussion Paper: Veterans' Advocacy – Claims Assistance

Background

Sustainability of the veterans' advocacy system and the quality of services have been examined by a number of recent reviews, including detailed analysis by Mr Robert Cornall AO and the Productivity Commission¹. These reports have suggested a number of ideas for reforming the system through more active government assistance with claims submission, and noted a range of views on the funding of advocacy services for veterans and families. The Royal Commission into Defence and Veteran Suicide Interim Report (2022) also highlighted the need to improve veterans' claims experience, remove complexity, and enhance efficiency in supporting navigation of the system.

There is a changing veteran cohort and the veterans' advocacy sector has also seen new entrants, including commercial services and government funded legal assistance in some states. New government measures such as the establishment of the Joint Transition Authority (JTA) and the network of Veterans' and Families' Hubs, can also shape how veterans and family support services are best delivered in the future. Within DVA, the introduction and increasing uptake of MyService indicates a shift in engagement preferences and expectations. The Government's consideration of a proposed pathway toward legislative simplification, which (if accepted) would involve moving to a single Act for all new claims from a future date, may further influence demand for compensation advocacy support.

DVA considers it timely to re-evaluate the assistance needed by veterans with the DVA claims process. This consideration will help to identify any service gaps as well as any barriers to providing veterans and their families with the claims support they need. Particularly in the context of the current work underway on legislative reform, this proposal is subject to ministerial and Government consideration.

Context - provision of claims assistance

When veterans and families engage with the DVA claims process, they may seek assistance with:

- (a) completing application forms and questionnaires in relation to claims and entitlements
- (b) submission of claims and communicating with DVA
- (c) lodgement of appeals to the Veterans' Review Board (VRB), the Administrative Appeals Tribunal (AAT) and the Federal Court, including advice on the implications of merits review and appeals.

Based on the tradition of 'mates helping mates', ex-service organisations (ESOs) have over many years, with a mix of volunteers and advocates employed by ESOs, delivered pro-bono advocacy services to the veteran community. There are also commercially available offers of 'free consultation' on compensation options, application lodgement and management services, as well as advice and assistance for those wishing to appeal decisions. A lack of robust data means it is difficult to assess the utilisation and effectiveness of existing advocacy services and investment in data capability will need to be part of any advocacy system enhancements.

¹ Recommendations from the Cornall and Productivity Commission reports are included at [Attachment B](#).

Compensation advocacy is not a regulated activity, nor is there professional oversight, apart from regulation of lawyers. In July 2022, new service standards were introduced for ESOs that receive funding under the Building Excellence in Support and Training (BEST) grants program for the provision of claims advocacy support². Advocates who provide services on behalf of an ESO that do not receive a BEST grant are also encouraged to voluntarily adopt the standards to ensure veterans receive consistent and high quality claims advocacy advice and services.

DVA claims assistance may also involve, or develop into a need for legal assistance. While NSW Legal Aid has a Veterans' Legal Service and other states offer a range of legal aid and community legal centre assistance to veterans (usually with no means test), there can be some confusion with the various service offers in the advocacy sector, and the different access rules/conditions.

Potential draft principles

Advocates can assist with better quality claims being submitted, which in turn can contribute to reduced DVA processing times and help address the backlog of claims. An agreed set of principles focused on improved quality and standards for a robust system could underpin the future framework for veterans' advocacy services. Some draft principles are presented below as high-level statements, accompanied by questions to prompt further discussion and consideration.

- i. All veterans and families should be able to access high-quality advocacy services, for free**
 - Are veterans and families sufficiently aware of the pro-bono services available to veterans – how could this communication be enhanced?
 - Is there a universal need for government-funded claims assistance for veterans and families – what is the service gap that needs to be addressed?
- ii. There should be minimum competency and ethical standards for advocates**
 - Should the provision of claims assistance be subject to formal registration or membership of a recognised professional body?
 - What is the appropriate training and support framework to maintain quality and standards for claims assistance – without imposing an unjustified burden on the volunteer network?
- iii. All providers of advocacy services, whether free or at a cost to the client, should be required to meet the same standards**
 - What are the possible incentives for compliance and accountability amongst volunteers and professional advocates – how should the system recognise and value advocacy services?
- iv. There should be a complaints handling mechanism for the advocacy sector**
 - Could there be a national body to assess complaints and impose a disciplinary structure for advocates?
 - Is there capacity to self-regulate or would an independent entity provide transparency?
 - Are there other elements of 'consumer protection' that need to be considered – what quality assurance measures will be reflected in the delivery of claim assistance activities?

Models of agent/representative regulation

Besides the BEST standards, there are examples from other sectors regarding accredited training systems, professional standards and complaints handling which may be relevant. These include:

² Service standards for claims advocacy – poster is included at [Attachment C](#).

- Office of the Migration Agents Registration Authority (OMARA) within the Department of Home Affairs – registers and oversees more than 4,500 registered agents who give immigration assistance, and investigate complaints about registered migration agents.
- Tax Practitioners Board (TPB) – regulates tax practitioners and ensures compliance with appropriate standards of professional and ethical conduct.
- Mediator Standards Board – responsible for practice standards and registration of individuals who wish to be recognised as accredited mediators.
- For healthcare workers who are not regulated under the National Registration and Accreditation Scheme (NRAS), a number of states and territories have enacted code of conduct regimes.

A further opportunity exists to leverage other government-funded advocacy support. This includes the National Disability Advocacy Program and the National Disability Insurance Scheme (NDIS) Appeals Program, overseen by the Department of Social Services. There is also the Older Persons Advocacy Network (OPAN), which is funded by the Department of Health and Aged Care to deliver the National Aged Care Advocacy Program. Overseas claims advocacy models such as Veterans UK and Royal British Legion War Pensions Representatives, and Canada's Bureau of Pensions Advocates may likewise have elements that are applicable to the Australian context.

Next Steps

At the ESORT in May 2023 it was agreed that a working group chaired by DVA be established to focus on the compensation advocacy stream, and consider how to enhance professional standards in the veteran advocacy sector. This working group would consist of nominated ESO representatives with appropriate experience and other subject matter experts, with the membership to be finalised in consultation with ESORT members. This group will consider recommendations regarding advocacy from past reviews, forum papers³, and draw on features of comparable government-funded advocacy models to advise on matters raised in this paper. The aim is for the working group report back to ESORT by the end of their meeting in September 2023 on findings and suggested action plan for improvements.

³Mr Max Ball's February 2022 submission to ESORT and RSL Australia's Advocacy & Advocates Briefing Paper April 2023 are included at [Attachment D](#) and [Attachment E](#).

Information about Assistance Models

This document provides information about eleven different assistance and/or engagement models that are a mix of professional body and regulatory approaches. The details included against each are from publicly available information. The department is not proposing any one of the models would be appropriate for veteran advocacy support, but considered the details would be useful information to support a discussion about the pros and cons of a professional body or regulatory approach.

1.	Office of the Migration Agents Registrations Authority (OMARA)	1
2.	Tax Practitioners Board	2
3.	Mediator Standards Board	3
4.	National Registration and Accreditation Scheme	4
5.	National Disability Advocacy Program (NDAP)	5
6.	Older Persons Advocacy Network (OPAN)	7
7.	Veterans UK/Royal British Legion War Pensions Representatives	9
8.	Canada's Bureau of Pensions Advocates	10
9.	Legal Aid network	13
10.	COBSEO - the Confederation of Service Charities	15
11.	Bodies proposed in the Veterans' Advocacy and Support Services Scoping Study report (Cornall report)	16

1. Office of the Migration Agents Registrations Authority (OMARA)

Information extracted from website: www.mara.gov.au

The Office of the Migration Agents Registration Authority (OMARA) is a section within the Department of Home Affairs. OMARA's role is to protect consumers of migration advice services by only registering those people who meet OMARA's qualification and character standards. OMARA investigates complaints about registered migration agents and helps to protect consumers. OMARA registers and oversees more than 4,500 registered migration agents who provide immigration assistance.

OMARA is based in New South Wales and reports to the Department's National Office in Canberra. OMARA is led by a Senior Director who reports to the Assistant Secretary, Immigration Integrity and Assurance Branch, Immigration Integrity, Assurance and Policy Division.

The functions of the OMARA are set out in section 316 of the Migration Act 1958. The key objectives of OMARA are to ensure that:

- only suitable persons are registered as migration agents, and unsuitable persons are refused registration or re-registration;
- registered agents maintain appropriate knowledge to enable them to provide accurate advice to consumers;
- all complaints about the services of registered, or formerly registered migration agents are appropriately addressed and appropriately dealt with by OMARA;
- the OMARA is a division of the Department of Immigration and Border Protection (The Department). The OMARA is not independent from The Department but is a discrete division of The Department. Both share the same Australian Business Number and are listed as one and then same entity. As such the OMARA disseminates information about migration agents within The Department (to which it belongs) and other bodies such as prosecuting or regulatory authorities to address the activities of agents outside its mandate;
- consumers understand their rights and their obligations and agents understand their obligations and their rights under the regulatory framework.

Registration requirements

Migration agents registered before July 2006 were not required to undertake any formal studies. A multiple-choice exam called the MAPKEE was used as the measure of knowledge of immigration rules and procedures. Since then new applicants must either have a current practising certificate as a lawyer or must undertake a graduate diploma in Australian migration law and practice and must complete the Capstone Assessment.

All registered migration agents are required to complete approved continuing professional development (CPD) each year prior to re-registration. The OMARA also regulates organisations that provide Continuing Professional Development (CPD) activities to registered migration agents.

In the States of [New South Wales](#), [Victoria](#), [Queensland](#) and [South Australia](#), practising lawyers may also apply for accreditation as specialists in Australian immigration law.

Sanctions

The OMARA has the power to place sanctions on agents who they determine do not act ethically, honestly, legally or in the best interests of their clients. These sanction can include a caution, registration suspension, cancellation or a bar from re-registering for a period up to 5 years. Registered Agents can appeal sanction decisions which they believe have been made in error by the OMARA. Section 314 of the [Migration Act 1958](#) established the Code.

2. Tax Practitioners Board

Information extracted from website: www.tpb.gov.au

The Tax Practitioners Board (TPB) is a national body responsible for the registration and regulation of tax agents and BAS agents (collectively referred to as 'tax practitioners'). The TPB is also responsible for ensuring compliance with the [Tax Agent Services Act 2009](#) (TASA), including the Code of Professional Conduct (Code). The TPB is governed by a board who is responsible for the overall governance and strategic direction of the organisation and for delivering accountable corporate performance in accordance with the TASA and the TPB's Corporate Plan. [Board members](#) are appointed in their professional and personal

capacities and have diverse backgrounds including in tax agent services, the bookkeeping industry, financial services, law and academia.

Tax Practitioner Service Charter

The [Tax Practitioner Service Charter](#) (Charter) sets out what tax practitioners can expect from their dealings with the TPB. The Charter also explains their rights and responsibilities and what they can do if they are not satisfied with the service they receive from the TPB.

Tax Practitioner Governance and Standards Forum Charter

The Tax Practitioner Governance and Standards Forum is established pursuant to Recommendation 3.3 of the Final Report of the [Review of the Tax Practitioners Board](#) to ensure that any significant proposals affecting tax practitioners, such as to relevant legislation and regulations including the Code of Professional Conduct in the TASA and the creation and ongoing application of the Charter of Tax Practitioner Governance, are made with appropriate consultation.

Statement of Expectations

The Government's Statement of Expectations for the TPB outlines the expectations about the role and responsibilities of the TPB, its relationship with the Government, issues of transparency and accountability and operational matters.

A copy of the Statement of Expectations for the TPB is available from [The Treasury website](#).

The TPB has responded with a Statement of Intent which is available from [The Treasury website](#).

Regulator Performance Framework

The Regulator Performance Framework (RPF) commenced on 1 July 2015 as part of the Government's commitment to reducing unnecessary and inefficient regulation.

The Framework assesses one aspect of regulatory performance, concerning the administration of regulation, with regulators to report on performance against six outcomes-based key performance indicators (KPIs). These KPIs cover a range of issues, including communication, risk-based and proportionate approaches, transparency, reducing regulatory burden, and continuous improvement.

Cost Recovery Implementation Statement

The [Cost Recovery Implementation Statement](#) provides information on how the TPB will implement partial cost recovery for the processing of registration and renewal applications of tax practitioners.

3. Mediator Standards Board

The Mediator Standards Board (MSB) was established to support and promote high standards by mediators and to enhance the quality of mediation services in Australia.

The MSB is responsible for the continuing development and maintenance of the National Mediator Accreditation System (NMAS) introduced in 2008.

While the MCB can be considered both a professional body and a regulatory body overall, the primary focus of the MSB is regulatory in nature. Aiming to ensure mediators meet established standards and

maintain professionalism in their practice while also offering support and resources to enhance the quality of mediation services in the country.

The MSB's Objectives

- a. develop, maintain and amend the NMAS, which includes the Approval Standards and the Practice Standards (the Standards).
- b. oversee the national application of the Standards with a view to achieving consistency, quality and public protection regarding mediation services and mediation training.
- c. support, complement and encourage members in their quest to meet their objectives in relation to the Standards.
- d. ensure that training and accreditation of mediators continues to develop.
- e. require records to be maintained of mediators who are accredited under the Standards and facilitate access to mediators who have national accreditation.

MSB provides accreditation for organisations:

1. MSB membership and
2. Recognised mediator accreditation body (RMAB) a RMAB must have paid MSB membership and ability to perform assessment of training, education and assessment by applicants.

MSB provides training information and fee information for individuals and a list of MSB members that can provide training under the NMAS.

MSB provides a national register of mediators via a public website, where a mediator can be searched to find out if they are accredited.

Membership fees are used to maintain the National Register and promote the use of nationally accredited mediators.

Renewal of accreditation is required every 2 years, there are both professional development minimums and practice minimums that are required to be met in order to be renewed in that 2 year period.

4. National Registration and Accreditation Scheme

The Council of Australian Governments established the National Registration and Accreditation Scheme (NRAS) so there would be one scheme for registered health professionals in Australia.

The scheme started in 2010 and now covers 16 professions including: Aboriginal and Torres Strait Islander health practitioners, Chinese medicine practitioners, chiropractors, dental practitioners, medical radiation practitioners, medical practitioners, nurses, midwives, occupational therapists, optometrists, osteopaths, paramedics, pharmacists, physiotherapists, podiatrists and psychologists.

Each profession has a national board which regulates the profession, registers practitioners and develops standards, codes and guidelines for the profession. The Australian Health Practitioner Regulation Agency

(Ahpra) administers NRAS and provides administrative support to the national boards. Ahpra is the responsible organisation for the implementation of the National Registration and Accreditation Scheme across Australia. NRAS is important because it ensures that all regulated health professionals are registered against consistent, high-quality, national professional standards and makes it easier for health professionals to work across different states and territories in Australia, as they don't have to re-register in each jurisdiction.

Complaints about health professionals

You can complain about a registered health practitioner or student if you think they are behaving unsafely. Under the National Law, these complaints are called notifications and Ahpra receives them on behalf of the relevant board. Practitioners, employers and education providers must make mandatory notifications in some circumstances.

Complaints about unregistered professions

The National Code of Conduct for health care workers (Code) sets minimum standards of conduct and practice for all unregistered health care workers who provide a health service. Under this code, you can complain about incompetent or impaired health care workers, or those behaving in exploitative, predatory or illegal ways. More information on the Code can be found through the states and territories.

5. National Disability Advocacy Program (NDAP)

Information extracted from website: [National Disability Advocacy Program | Department of Social Services, Australian Government \(dss.gov.au\)](https://www.dss.gov.au/national-disability-advocacy-program)

The Department of Social Services (DSS) funds the National Disability Advocacy Program (NDAP) to provide people with disability access to effective advocacy support. NDAP is for people with disability who are facing complex challenges. The program provides support in situations where people with disability feel unable to act, speak or write about a difficult situation on their own, or do not have the support required to resolve an issue. To receive funding from the Commonwealth Government for the provision of advocacy services, organisations are required to have National Standards for Disability Services (NSDS) certification.

A disability advocate can provide information, help an individual explore their options and work through issues, and make informed decisions. Through NDAP, an advocate can assist individuals to:

- Understand and exercise their rights
- Self-advocate, wherever possible
- Identify and address situations of violence, abuse, neglect or exploitation
- Make a complaint
- Understand and/or access the NDIS, Centrelink and other government services
- Find and use community services, including legal services
- Request extra support (such as reasonable adjustments) at school or work.

Some NDAP organisations with specialised expertise and/or lived experience deliver tailored support for specific needs and/or backgrounds, including:

- People with a specific type of disability (for example intellectual disability)
 - People seeking help for a specific issue (for example housing, education or employment)
-

- People from a culturally and linguistically diverse background
- People who are Aboriginal and/or Torres Strait Islander.

Under NDAP, there are 59 organisations across Australia funded to provide free and accessible advocacy services for all people with disability, their families and support people.

Funding under the NDAP is a grant of financial assistance approved by the Minister or delegate under the Disability Services Act 1986 (DSA). Funding is provided subject to providers:

- signing and complying with the streamlined Grant Agreement, Grant Schedule and Activity Work Plan (AWP), including the Supplementary Terms and General Conditions of the grant of financial assistance – documents available at <https://www.dss.gov.au/>.
- complying with the DSA, including undertaking all necessary work to meet and maintain certification against the legislated standards
- meeting all other relevant legislative requirements
- meeting all performance requirements
- providing advocacy support under the grant agreement free of charge
- complying with these Operational Guidelines.

NDAP funding is conditional upon advocacy providers achieving and maintaining certification against the applicable standards, currently the National Standards for Disability Services (NSDS).

In accordance with the DSA, NDAP providers are required to be independently audited and certified under the National Services for Disability Services (NSDS).

The objectives of the QA system are to:

- provide people with disability, the disability advocacy sector and government with assurances about the quality of disability advocacy support being delivered
- introduce mechanisms independent from government to assess the compliance of advocacy providers with the legislated standards
- support disability advocacy providers to continuously improve.

Key points about the NDAP QA system include:

- The QA system applies to all NDAP funded disability advocacy providers who have a responsibility to gain and maintain an active certification against the legislated standards.
- The QA system involves on-site audits conducted by independent Certification Bodies, or Conformity Assessment Bodies (CABs), that are accredited by the Joint Accreditation System of Australia and New Zealand (JAS-ANZ), to certify that providers comply with the legislated standards.
- Independent assessment of providers has been designed to ensure that people with disability are involved with all aspects and stages of the process.
- NDAP QA for all disability advocacy providers comprises a 3-year certification cycle.
 - For NDAP providers requiring an initial certification:
 - The initial certification must occur within 18 months of the provision of funding.
 - Surveillance audits are required at 12 and 24 months after initial certification.
 - A recertification audit is required after 36 months of certification. After the first recertification the frequency of surveillance audits may be reduced to a single surveillance audit at an 18 month interval.
 - For NDAP providers who are already certified:

- A recertification audit is required at the end of their existing 3-year certification cycle.
- Surveillance audits are required at 12 or 18 months after re-certification.
- A recertification audit after 36 months of certification.
- It is the responsibility of each NDAP provider to maintain active certification when delivering NDAP activities.
 - If a provider's certification lapses or is withdrawn, the department may require a full certification audit to be conducted for the provider to be recertified.
- The role of the Department is to develop policy and provide support, tools and resources to help providers gain certification and pursue continuous improvement.
- If a disability advocacy agency has been audited to another set of standards by a JAS-ANZ accredited certification body, then common criteria can be considered during the NDAP QA process to avoid audit duplication.

NDIS Appeals

The department also funds the NDIS Appeals Program to provide advocacy support for individuals affected by reviewable decisions of the National Disability Insurance Agency.

[Operational Guidelines for the National Disability Advocacy Program](#) - (July 2023)

6. Older Persons Advocacy Network (OPAN)

Information extracted from website: <https://opan.org.au>

The Older Persons Advocacy Network (OPAN) is a national network of nine state and territory member organisations that deliver a free, nationally consistent information, advocacy, and education service to older people, their families, carers and their representatives across metropolitan, regional rural and remote regions.¹ OPAN is funded by the Australian Government to deliver the National Aged Care Advocacy Program (NACAP). NACAP operates under the Australian Government, Department of Health and Ageing, [National Aged Care Advocacy Framework](#), and was finalised in 2018. The framework covers competencies for advocates, data collection, reporting and quality assurance standards.²

Target market

Individuals are eligible to receive NACAP services includes people who are seeking to receive or receiving Australian Government funded aged care services and/or their families or nominated representatives. In delivering NACAP, OPAN has a **focus** on older people who identify as being from special needs groups, or who are living with dementia, a mental health condition, a disability or cognitive decline. Under the **Aged Care Act 1997** (Cth) (s. 11-3) defines people with special needs who identify with or belong to one or more of the following groups:

- people from Aboriginal and Torres Strait Islander communities;
- people from culturally and linguistically diverse backgrounds;
- people who live in rural or remote areas;
- people who are financially or socially disadvantaged

¹ OPAN: Our national network: <https://opan.org.au/about-us/who-we-are/our-network>

² National Aged Care Advocacy Program: About the Program: <https://health.gov.au/our-work/national-aged-care-advocacy-program-nacap>

- people who are veterans of the ADF or an allied defence force including the spouse, widow or widower of a veteran
- people who are homeless, or at risk of becoming homeless;
- people who are care leavers (which includes Forgotten Australians, Former Child Migrants and Stolen Generations)
- parents separated from their children by forced adoption or removal; and
- people from lesbian, gay, bisexual, trans/transgender and intersex (LGBTI) communities

Also, OPAN delivers education on consumer rights and responsibilities to providers of Australian Government funded aged care services, as part of NACAP.

Legislative basis

OPAN is a not-for-profit public company limited by guarantee. OPAN's delivery of NACAP is guided by the:

- Commonwealth *Aged Care Act 1997*, including the Grant Principles 2014 and User Rights Principles.
- The Single Charter of Aged Care Rights
- Australian Consumer Law
- The United Nations Charter of Human Rights
- The United Nations Principles of Older Persons
- United Nations Convention on the Rights of Persons with Disabilities
- NACAP Funding Agreement and approved activity workplans
- National Aged Care Advocacy Program Guidelines
- National Aged Care Advocacy Framework (2018)³

Member organisations are required to be certified and comply with the NACAP Standards and additionally are to be accredited and comply with a set of third party verified independent standards, for example the Australian Service Excellence Standards. Accreditation assures older people and the aged care sector with assurances about the quality of advocacy support being delivered.

Funding

OPAN is funded in accordance with Part 5.5, Division 81- Advocacy Grants under the *Aged Care Act 1997* (Cth). OPAN subcontracts member organisations to deliver NACAP Services. In 2021-22, OPAN received \$27.89 million of which \$25 million was distributed to the nine member organisations to delivery information, advocacy and education services and pay for their operational and staff costs.⁴ Advocates are remunerated under the Social, Community, Home Care and Disability Services (SCHADS) Award.⁵ Advocates are employed based on holding a tertiary qualification within human services, law, social work, behavioural science or community services, or alternatively considerable experience or an equivalent combination of both.

Scope of Services

The role of an Advocate is to assist an older person in accessing government-funded aged care services and assist in the resolution of concerns and complaints about service providers. Advocates provide clients with

³ OPAN: Service Delivery Framework for National Aged Care Advocacy Program November 2019: [1838_opan_service_delivery_framework_a4_v4.pdf \(agedrights.asn.au\)](http://www.agedrights.asn.au/1838_opan_service_delivery_framework_a4_v4.pdf)

⁴ OPAN: Annual Report 2021-2022: [OPAN Annual-Report-2021-2022 final web.pdf \(accessiblecms.com.au\)](http://www.agedrights.asn.au/2021-2022-annual-report)

⁵ Aged Rights Advocacy Service (SA) Inc.: Job vacancies: <http://www.sa.agedrights.asn.au>

information about their rights, entitlements and responsibilities and can provide representation at meetings, with service providers to address their concerns. Additionally, Advocates refer clients to other statutory agencies and service providers, for example the Adult Safeguarding Unit, Legal Services Commission, Older Person's Mental Health Services and police.

Professional development and training

OPAN provides some training however professional development and training of Advocates is largely the responsibility of member organisations. OPAN does not provide accreditation for Advocates working within the network.

Complaint mechanisms

OPAN manages feedback about Advocates and member organisations as outlined in OPAN's 'Complaints Policy and Procedure'.⁶ Complaints regarding an OPAN member organisation will be managed according to type of complaint. Complaints that refer to customer service standards will be referred to the OPAN member's organisation for investigation with a co-signature from OPAN to close out the complaint. Additionally, complaints about member organisations can be referred to state-based statutory authorities, for example the Health and Community Services Complaints Commissioner in South Australia.⁷ Service improvements takes place through systematically acting on feedback gained from older people who engage with OPAN and its members, as well as potential service users.

7. Veterans UK/Royal British Legion War Pensions Representatives

Information extracted from website: <https://www.britishlegion.org.uk>

The Royal British Legion (RBL) provides lifelong support to serving and ex-serving personnel and their families. RBL support begins after one day of service and continues through life, long after service is over. RBL is one of Britain's largest Armed Forces charity, with 180,000 members, 110,000 volunteers and a network of partners and charities; ensuring support is given wherever and whenever it's needed.

RBL provides [expert advice and guidance](#), to [recovery and rehabilitation](#), through to transitioning to civilian life. And it's not just members of the Armed Forces but their families too. RBL works with politicians and officials at all levels to represent the interests of the Armed Forces community. Through [research and campaigning](#) RBL challenge myths about serving and ex-serving personnel.

RBL's [manifestos](#) outline key actions we think the government should take to improve the health, finances and wellbeing of the Armed Forces, veterans and their families. RBL champion the interests of serving and ex-serving personnel and campaign on key issues to help improve their lives and make their voices heard. RBL is governed by a Board of Trustees. Elections and appointments are staggered over a three year cycle to allow an intake of new Trustees every year. The Board delegates responsibility for the day-to-day running of RBL through the Director General to the Executive Board.

Veterans UK appeals

⁶ OPAN: Complaints Policy and Procedure: [OPAN-Complaints-Policy-and-Procedure-2.pdf \(accessiblecms.com.au\)](#)

⁷ Office of the South Australian Health and Community Services Complaints Commissioner: [About HCSCC - HCSCC](#)

The first option for review of a compensation decision is a reconsideration by Veterans UK. The appeals team has approximately 30 caseworkers and 10 support staff. If veterans are not satisfied by the reconsideration, they can appeal to the First-tier Tribunal (War Pensions and Armed Forces Compensation). Tribunals are administered by the Courts and Tribunals Service, an agency of the Ministry of Justice.

About 20% of veterans whose claims are rejected lodge an appeal. Veterans can also go straight to the tribunal within specified time frames without first seeking a reconsideration. Veterans UK provides a Statement of Case to all parties before the hearing that explains the initial decision. Veterans and their advocate or solicitor can attend a first-tier hearing. A Veterans UK staff member also attends. These officers are experienced caseworkers and do not require legal training. The appeal panel is made up of three or four independent decision-makers including a judge and medical and Service representatives. The decision of the panel is only binding on the particular case and does not set a precedent.

If the claimant is still dissatisfied on a point of law, there is a second tier of appeal to the Upper Tribunal. The Administrative Appeals Chamber is part of the Upper Tribunal and decides appeals on a point of law from decisions of the First-tier Tribunal. Approximately 13% of cases go to the second tier appeal. Veterans UK will only take part in the second tier appeal if the integrity of the compensation schemes are at risk.

Veterans Welfare Service

The Veterans Welfare Service is part of Veterans UK. This government funded service provides care, support and information to assist with the transition from service to civilian life, for bereaved families, and for ill, injured or vulnerable veterans and their families.

It facilitates access to all appropriate services including government entitlements and benefits, military charities and national, local government and community services. It does not provide compensation advocacy but welfare managers assist veterans in completing compensation claim forms.

The service has 82 staff located in the four regional Veterans Welfare Centres; on Defence sites; co-located in 20 Royal British Legion shopfronts; or working from home. As a result of the spread of locations, the service is responsive to local needs and aware of locally available services. There are 59 welfare managers who provide one-on-one help and guidance by telephone or home visits. Their support continues for at least two years after separation and longer if required.

In 2016-17, the Veterans Welfare Service assisted 20,410 veterans and family members. Funding is approximately £15 million per annum. Some welfare managers are also part of the Defence Recovery Capability Team, working alongside Defence support services and two military charities: the Royal British Legion and Help for Heroes. This team provides coordinated support to injured or ill service personnel. Veterans who are identified as seriously injured or with ongoing welfare needs have a three-month handover with a welfare manager before they discharge. Welfare managers do not require specific qualifications but they receive six to nine months in-service training and mentoring as well as ongoing refresher training.

8. Canada's Bureau of Pensions Advocates

Information extracted from Cornall report [Veterans' Advocacy and Support Services Scoping Study report \(dva.gov.au\)](#)

Bureau of Pensions Advocates

The independent representation of veterans and strictly protecting their solicitor-client relationship is the BPA's paramount duty and objective.

The Bureau's services are free of charge (including the cost of any further medical reports). The BPA deals with reviews and appeals involving claims for the following benefits: the critical injury benefit, exceptional incapacity allowance, disability pension, disability award, survivor's pension and war veteran's allowance.

Canadian veterans have no common law right to compensation and, as in Australia, veterans' entitlements law is a specialised, unique and narrow area of legal practice.

BPA officers stressed the importance of the claims counselled out in managing their workload. On receipt, a BPA advocate makes an assessment of each matter. If the advocate's assessment is that the decision on the primary claim appears to be correct, the veteran may well be satisfied with that independent explanation and expert advice and take no further action. A similar assessment can be made at any stage of a case, including after a partially successful or unsuccessful review. The applicant is advised accordingly and given reasons for that advice.

It is to BPA's credit that its advice is so trusted by veterans and their families. Even in cases where the advocate assesses a review has limited prospects, the BPA will take the matter to the Review Board if requested to do so. That is always the applicant's decision.

The BPA does not represent an applicant in any subsequent appeal to the Federal Court of Canada except in matters of interpretation of the Pension Act.

Before proceeding to looking at the review and appeal procedures, it is worth recording some of the Bureau's administrative details:

- BPA has a total staff of 98 officers plus 15 short-term employees and casuals
- the permanent staff is made up of: a four person management team; 31 lawyers; 48 legal assistants; five area directors; and 10 officers in finance and administration
- BPA's budget is C\$11.2 million for salaries and C\$600,000 for operations and maintenance, noting that accommodation, IT and back office costs are borne by VAC
- BPA's 14 offices are distributed along Canada's southern border with nine clustered on the east coast, Winnipeg in the centre and four close to or on the west coast, and
- given Canada's geography, demographics and the BPA's office locations, most discussions with clients are by mail, email and telephone and the applicants may only meet their BPA lawyer face-to-face shortly before the hearing of their review.

As in the Australian system, the BPA is facing four current challenges:

- difficulty in obtaining medico-legal opinions of reports from Defence and civilian doctors as additional evidence
-

- the increasing complexity of cases (particularly mental health as opposed to musculoskeletal claims)
- a growing evidentiary burden (described as evidence creep), and
- modern day veterans have higher expectations and are more demanding than their predecessors.

Review hearings

The Veterans Review and Appeal Board has not more than 25 permanent members. 108 Temporary members may be appointed when the Board's workload so requires.

Review hearings – the veterans' first level of redress – are conducted by a two member Review Board in hearing venues around Canada. Hearings are open to the public (unless the Board determines otherwise).

An applicant can be represented by a pensions advocate from BPA, by a veterans' organisation or, at the person's own expense, by any other representative of the person's choice. The study was told the Bureau of Pensions Advocates provides free representation in 98% of reviews.

Veterans Affairs Canada does not take any part in the review.

The veteran is the principal witness at the hearing. Doctors can be called to give oral evidence at a Board hearing but, as a matter of practice, they are not. In nearly all cases, the Board relies on the medical evidence obtained by the applicant.

The Board has the statutory power to require an independent medical opinion for the purposes of any proceeding under the VRAB Act but it rarely does so. If it did, VAC would pay for the report.

The study observed two reviews held in Charlottetown and they were very similar to hearings of the Australian Veterans' Review Board. The proceedings were informal and the veteran was treated with courtesy and respect. Questions from the advocate were directed to assisting the veteran (and, in one case, the veteran's partner) to tell their story and questions from the Board were seeking some additional detail or clarification. The hearings lasted a little more than half an hour.

One difference to the Australian VRB hearings the study observed in Sydney was that the veterans attended and answered questions in person. The BPA places strong emphasis on the importance of the veterans attending the hearing (not on the telephone or by videoconference) so they can tell their stories to the Board in their own words and the Board will be in a better position to assess the veterans and the information they provide.

Appeal hearings

Appeal hearings – the veterans' second level of redress – are conducted by an Appeal Board made up of three permanent members who were not involved in the review hearing. All appeals are heard in Charlottetown.

Once again, the decision to appeal rests solely with the veteran but veterans do not attend the appeal because of the nature of the hearing. The BPA advocate prepares and files a written submission in support of the appeal but no new evidence can be introduced at this stage. The hearing is brief and the short discussion is confined to the issues raised in the advocate's submission. An appeal hearing will likely

conclude in less than half an hour with the decision reserved. In 2016-17, the Appeal Board finalised 937 appeal decisions with favourable outcomes in 26% of applications.

Veterans Affairs Canada is not represented at the appeal and there is no opposition to the applicants' case. This situation is totally different to veterans' appeals to the Administrative Appeals Tribunal in Australia which can be strongly contested and take one or two days to be heard.

In summary, the important differences between a Canadian Appeal Board hearing and an AAT appeal in Australia are:

- there is no appearance on behalf of Veterans Affairs Canada to contest the appeal
- the veteran does not attend
- no new evidence can be presented
- as the appeal is based on the veteran's submission and the other material on the case file, the hearings are over in half an hour, and
- the BPA advocate conducts the appeal at no cost to the veteran

9. Legal Aid network

Information extracted from website: <http://www.legalaid.nsw.gov.au>

State / Territory Legal Aid Commission	Description of assistance
Legal Aid New South Wales (Veterans' Advocacy Service (VAS))	VAS assists war veterans, former and current serving members of the Defence Forces and their dependants to obtain pensions, compensation and other entitlements administered by the Department of Veterans' Affairs, including advice on the merit of lodging claims and assistance in appealing to the Veterans' Review Board, the Administrative Appeals Tribunal and the Federal Court. This service is available for all veterans and is <u>not</u> subject to a means test ⁸ .
Legal Aid Queensland	Veterans or war widows who are claiming for war-caused disability benefits can get assistance with their cases from Legal Aid Queensland. Veterans or war widows can access free legal help to appeal decisions made about disability entitlements to the Administrative Appeals Tribunal. The veteran must have performed the relevant service in war times or other operations overseas. This assistance is <u>not</u> subject to a means test, although it is subject to a merits test ⁹ .

⁸ Legal Aid NSW, <https://www.legalaid.nsw.gov.au/what-we-do/civil-law/veterans-advocacy>

⁹ Legal Aid Qld, <https://www.legalaid.qld.gov.au/Find-legal-information/Factsheets-and-guides/Brochures/Free-legal-help-for-war-veterans-the-war-veterans-legal-aid-scheme>

State / Territory Legal Aid Commission	Description of assistance
Victoria Legal Aid	<p>Victoria Legal Aid (VLA) may make a grant of legal assistance to a war veteran or to a dependant of a war veteran for an appeal to the Administrative Appeals Tribunal (AAT) from certain decisions of the Veterans' Review Board (see link in footnote for more details).</p> <p>This assistance is <u>not</u> subject to a means test, although it is subject to a merits test¹⁰.</p>
Legal Aid ACT	<p>The Legal Aid Commission may make a Grant of Legal Assistance to an applicant for assistance who is a war veteran or a dependent of a war veteran in relation to appeals to the Administrative Appeals Tribunal (AAT) from certain decisions of the Veterans' Review Board (see link in footnote for more details) if any of the below apply to the case:</p> <ul style="list-style-type: none"> • the veteran may incriminate themselves, • complexity, • requires significant medical evidence, • the veteran is unable to represent themselves due to a list of vulnerabilities or disadvantage, or • the Commission decides it involves an important or complex questions of law. <p>This assistance is <u>not</u> subject to a means test, although it is subject to a merits test¹¹.</p>
Tasmania Legal Aid	<p>The Legal Aid Commission may make a grant of legal assistance to an applicant for assistance who is currently serving or ex-service personnel or a dependent of currently serving or ex-service personnel in relation to appeals to the Administrative Appeals Tribunal (AAT) from certain decisions of the Veterans' Review Board (see link in footnote for more details).</p> <p>This assistance is <u>not</u> subject to a means test, although it is subject to a merits test¹².</p>
Legal Services Commission South Australia	<p>The Legal Services Commission may make a grant of legal assistance to an applicant for assistance who is a war veteran or a dependent of a war veteran in relation to appeals to the Administrative Appeals Tribunal (AAT) from certain decisions of the Veterans' Review Board (that must be war caused (see link in footnote for more details) if any of the below apply to the case:</p> <ul style="list-style-type: none"> • the veteran may incriminate themselves, • complexity, • requires significant medical evidence, • the veteran is unable to represent themselves due to a list of vulnerabilities or disadvantage, or

¹⁰ Legal Aid, Victoria, <https://www.handbook.vla.vic.gov.au/guideline-5-war-veterans-matters>

¹¹ Legal Aid ACT, https://www.legalaidact.org.au/sites/default/files/files/publications/la_act_guidelines_aug_2017.pdf, Guideline 5, p. 35

¹² Legal Aid Tasmania, <https://www.legalaid.tas.gov.au/wp-content/uploads/2022/10/Guidelines-22-NLAP-2020-2025-v3.pdf>, p. 42

State / Territory Legal Aid Commission	Description of assistance
	<ul style="list-style-type: none"> • the Commission decides it involves an important or complex questions of law. <p>This assistance is <u>not</u> subject to a means test, although it is subject to a merits test¹³.</p>
Legal Aid Western Australia	<p>The Legal Aid Commission <u>may</u> make a Grant of Legal Assistance to an applicant for assistance who is a war veteran or a dependant of a war veteran in relation to appeals to the Administrative Appeals Tribunal (AAT) from certain decisions of the Veterans' Review Board (see link in footnote for more details) if any of the below apply to the case:</p> <ul style="list-style-type: none"> • the veteran may incriminate themselves, • complexity, • requires significant medical evidence, • the veteran is unable to represent themselves due to a list of vulnerabilities or disadvantage, or • the Commission decides it involves an important or complex questions of law. <p>This assistance is <u>not</u> subject to a means test, although it is subject to a merits test¹⁴.</p>
Northern Territory Legal Aid Commission	<p>The Commission may make a Grant of Legal Assistance to an applicant for assistance who is a war veteran or a dependent of a war veteran in relation to appeals to the Administrative Appeals Tribunal (AAT) from certain decisions of the Veterans' Review Board (see link in footnote for more details), if any of the below apply to the case:</p> <ul style="list-style-type: none"> • the veteran may incriminate themselves, • complexity, • requires significant medical evidence, • the veteran is unable to represent themselves due to a list of vulnerabilities or disadvantage, or • the Commission decides it involves an important or complex questions of law. <p>This assistance is <u>not</u> subject to a means test, although it is subject to a merits test¹⁵.</p>

10. COBSEO - the Confederation of Service Charities

Information extracted from website: <https://www.cobseo.org.uk>

¹³ Legal Aid SA, https://lsc.sa.gov.au/cb_pages/commonwealth_guidelines_civil_law.php, Guideline 5

¹⁴ Legal Aid WA, https://www.legalaid.wa.gov.au/sites/default/files/National_Commonwealth_Guidelines.pdf, Guideline 5, p. 21

¹⁵ Legal Aid NT, <https://www.legalaid.nt.gov.au/wp-content/uploads/Chapter-4-Guidelines.pdf>, Guideline 5, p. 41

COBSEO - the Confederation of Service Charities provides a single point of contact for interaction with Government, including local government and the Devolved Administrations; with the Royal Household; with the Private Sector; and, of course, with other members of the Armed Forces Community. This allows Cobseo Members to interact with all interested parties and especially to cooperate and collaborate with others in order to provide the best possible level of support to beneficiaries. Established in 1984 and, since 7 April 2004 as a company limited by guarantee, Cobseo is registered with Companies House under No 5098973.

The stated objectives of COBSEO are to represent, promote, and further the interests of the Armed Forces Community by:

- Exchanging and coordinating information internally.
- Identifying issues of common concern and coordinating any necessary and appropriate action.
- Acting as a point of contact for external agencies to the Members of Cobseo.
- Representing and supporting the needs and opinions of its Member organisations, individually and collectively at central and local government levels and with other national and international agencies.

The values of COBSEO

It has been agreed that members of the Confederation of Service Charities should share the following values:

- Support – the principle focus of our activities must be to aid our beneficiaries;
- Co-operation – embrace every opportunity to collaborate with others, to enhance the support available to our beneficiaries;
- Innovation – develop new ideas and practices that will add real value to our activities and that have lasting impact on our beneficiaries;
- Integrity – operate to ensure that we are open and honest, always acting in the best interests of our beneficiaries;
- Accountability – ensure that our standards of Governance and procedures are fully compliant with best practice.
- Compliance – guarantee that all our fundraising activities are in line with the current Code of Fundraising Practice, ensuring the good reputation of the Service Charity sector.
- Equality – commit to meeting best practice standards in terms of equality, diversity and inclusiveness; as well as identifying and addressing areas of disadvantage or unfair treatment faced by Serving Personnel, Veterans, and their families.

11. Bodies proposed in the Veterans' Advocacy and Support Services Scoping Study report (Cornall report)

Establishing three distinct organisations, independent of government to;

- train and license veterans advocates, including managing insurance and regulation
 - provide legal services; and
 - plan, implement and deliver advocacy services nationally through a central body;
-

Body for training and licencing authority based around the ATDP

- Recommendation 6.5 That the Advocacy Training and Development Program be incorporated as the Veterans' Advocates Board, a company limited by guarantee.
- Recommendation 6.6 That the Advocacy Training and Development Program take on a fully developed role as the training and licensing authority for all accredited veterans' advocates (both compensation and welfare) including continuing professional development, insurance, ethical standards, codes of conduct, complaints and disciplinary procedures.

Facility for providing free legal help to veterans and families

- Recommendation 5. That the Australian Government establish, fund and promote a free Veterans' National Legal Service and a Veterans' National Legal Helpline.

Body for managing all ESO advocates and advocacy services

- Recommendation 10. That the Department consider, in consultation with ESOs and veterans' advocates, establishing a body to plan, implement and deliver a consolidated, coordinated approach to the national delivery of veterans' advocacy and support services resulting in a modern professional sustainable advocacy service.

Not for further
distribution

From: [Meyer, Chloe](#)
To: [Smith, Karen](#)
Cc: [May, Christopher](#)
Subject: RE: Proposals for Advocacy reform [SEC=OFFICIAL]
Date: Monday, 7 August 2023 5:02:03 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image007.jpg](#)
[image009.jpg](#)
[image011.jpg](#)
[image013.jpg](#)
[Advocacy Papers Comparison Table v2.docx](#)

Hi Karen and Chris,

The team has reviewed seven discussion papers that were put forward from members of the Advocacy Working Group. See attached Advocacy Papers Comparison Table for more detail on the individual papers. Please note, the level of detail and approach varied greatly between each proposal. We are happy to assist in revising the format of this document if it is required.

- 3 papers from Veterans Wellbeing Network (VWNMNC, (Mr [Kelloway](#)))
- 1 paper from the Vietnam Veterans Association of Australia (VVAA)
- 1 paper from RSL
- 1 paper from RSL Queensland
- 1 paper from Australian Peacekeeper and Peacemaker Veterans' Assoc. (APPVA, (Mr [Lindgren](#)))

In review, a number of the papers promote the idea of the establishment of a professional body to create consistency across the advocacy system as well as a role in ensuring compliance to a set of training standards. There needs to be a strong system of governance underpinning an effective advocacy program. There is a common theme across the papers of a co-design or collaborative approach to designing advocacy services. While funding is not referred to in all the papers, where it is, the consensus is that funding is to be provided by government via DVA.

Providing a set of standards for organisations to sign up to and that advocacy services are to consistently follow is also common across the papers put forward. Key to all of the papers is the need to keep the Ex Service Organisations role in the delivery of advocacy services. There is support for a consistent training program and some of the papers suggest the continuation and expansion of the current Advocacy Training Development Program (ATDP) to be used for advocate training. It is worth noting that there is a view that the ATDP is no longer fit for purpose, which seems to contradict the verbal discussion at the last working group meeting.

The papers form a collective view that advocates should have access to paid training, have a wellbeing focus and that advocates working under an accredited advocacy system.

We hope this review is helpful for your ongoing work. Please reach out with any questions.

Kind regards,
Chloe

From: Meyer, Chloe
Sent: Thursday, 3 August 2023 10:25 AM
To: Smith, Karen <Karen.Smith@dva.gov.au>
Cc: May, Christopher <Christopher.May2@dva.gov.au>
Subject: RE: Proposals for Advocacy reform [SEC=OFFICIAL]

Thanks for clarifying, two of our team are on the case!

Chloe

From: Smith, Karen <Karen.Smith@dva.gov.au>
Sent: Thursday, 3 August 2023 10:21 AM
To: Meyer, Chloe <Chloe.Meyer@dva.gov.au>
Cc: May, Christopher <Christopher.May2@dva.gov.au>
Subject: RE: Proposals for Advocacy reform [SEC=OFFICIAL]

Hi Chloe,

I wish to confirm the task is to undertake a comparative analysis of each model, drawing out their commonalities and differences with a focus on a professional body and a level of enforcement and to plot those elements on a table.

The information is for (internal use only) to demonstrate how each model has common elements to what we are considering.

I hope this information provides more clarity about the task and please feel free to reach out to Chris, if you have any further questions.

Kind regards,

Karen Smith | Policy Officer
Rehabilitation | Advocacy Policy Section | Community Policy and Research Branch
Policy and Research Division
Department of Veterans' Affairs
karen.smith@dva.gov.au
www.dva.gov.au



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The Department acknowledges the traditional owners of the land throughout Australia and their continuing connection to country, sea and community. We pay our respect to all Aboriginal and Torres Strait Islander peoples, their cultures and to their elders past, present and emerging.

From: Meyer, Chloe <Chloe.Meyer@dva.gov.au>
Sent: Thursday, 3 August 2023 8:38 AM

To: Smith, Karen <karen.smith@dva.gov.au>; Atkin, Nina <Nina.Atkin@dva.gov.au>
Subject: RE: Proposals for Advocacy reform [SEC=OFFICIAL]

Thanks very much Karen. Can I confirm the ask is to provide a summary of the various models?

Nina – let's chat about this at stand up!

Chloe

From: Smith, Karen <karen.smith@dva.gov.au>
Sent: Wednesday, 2 August 2023 6:32 PM
To: Meyer, Chloe <Chloe.Meyer@dva.gov.au>; Atkin, Nina <Nina.Atkin@dva.gov.au>
Subject: Proposals for Advocacy reform [SEC=OFFICIAL]

Hi Chloe and Nina,

Please find attached the following papers from members of the Advocacy Working Group, for your review:

- 3 papers from Veterans Wellbeing Network (Mr [Kelloway](#))
- 1 paper from the Vietnam Veterans Association of Australia
- 1 paper from RSL
- 1 paper from Australian Peacekeeper and Peacemaker Veterans' Assoc. (Mr [Lindgren](#))

Please let me know if you require any further information.

Kind regards,

Karen Smith | Policy Officer
Rehabilitation | Advocacy Policy Section | Community Policy and Research Branch
Policy and Research Division
Department of Veterans' Affairs
karen.smith@dva.gov.au
www.dva.gov.au



cid:image007.jpg@01D98D57.A19F1990



The Department acknowledges the traditional owners of the land throughout Australia and their continuing connection to country, sea and community. We pay our respect to all Aboriginal and Torres Strait Islander peoples, their cultures and to their elders past, present and emerging.

Advocacy Papers Comparison:

	APPVA	VWNMNC Reflections and Propositions	VVAA	VWNMNC Advocacy Model	RSL	VWNMNC Wellbeing-Led Advocacy	RSL Queensland
Summary	The working group would like the Advocacy landscape underpinned by a system of good governance	The key recommendations from the paper are: 1. That an experienced advocate be appointed to ESORT in an advisory capacity 2. A co-design process is established to help create the new system	The view of the VVAA is that the Government has created too complex a system which has resulted in the current state of a dysfunctional advocacy landscape. They argue that the Government has a moral responsibility to provide professional, paid assistance to those who struggle to lodge claims. A new model of advocacy is needed which needs to address perceived conflict of interest concerns regarding advocates who are paid by DVA, however the VVAA does not support these concerns	Proposed a Professional Institute of Military Advocates (PIMA). An independent body integrated into the advocacy system. The proposed model positions itself as: a. A systems approach to advocacy where high quality advocacy necessitates a single professional ethos. The model must confirm for ESOs that: (i) veterans and their families see them delivering advocacy services, and (ii) their access to DVA funding and their marketing imperatives are preserved	The RSL paper examines the main barriers impacting the advocacy space and builds on the current ATDP model structure to resolve these issues. The model proposes that the key to moving forward is for DVA and ESO to collaborate to find a solution to these issues. In addition to modification to the ATDP model, the proposal recommends that DVA implement the recommendations of the UNSW Baseline Study.	The Submission recommended creation of the Professional Institute of Military Advocates (PIMA) to assure high quality advocacy for veterans and their families. Two provisos are critical to the success of the proposal. They are acceptance that: a. Advocates will continue to be authorized by, and work through their ESO/VWC (PIMA does not usurp ESOs' tradition of 'mates helping mates'); and b.the rationale for PIMA is that, assured delivery of high-quality services to veterans and families is a shared responsibility by DVA, all ESO/VWCs and all Advocates.	RSL QLD likes the Tax Practitioner Board model and thinks many aspects are transferrable. <ul style="list-style-type: none"> RSL QLD would like to see the regulatory body include members from 'diverse backgrounds' Suggest an 'Advocate Practitioners Board' for DVA advocacy. Funded by DVA. It is noted that the examples provided were all funded by Government. The Board could work directly with ESOs and ensure ESOs fully understand their roles and the necessary standards and principles. Hence the need for support staff.
Legislation/Standards	Requesting good governance to be established for advocacy Develop advocacy policy which has "specific, measurable, assignable, realistic and time-related" measures. Requesting the bulk of advocacy be conducted by qualified advocates who are sponsored by ESOs who provide advocates with prof. indemnity insurance If the sponsors/ESO's are charity organisations, they must abide by the Australian Charities and Not-for-Profit Commission's guidelines related to safeguarding	Requesting there be "wellbeing advocates/support officers" and "compensation advocates" Recommends an experienced advocate be appointed to ESORT to advise on advocacy matters An "ethos" should be introduced to ensure professionalism	Volunteer advocates would need to undertake paid advocate training for insurance (VITA) purposes	Performance standards to be monitored by PIMA members with standards to be 'mutually agreed'.	Proposes the following standards. <ul style="list-style-type: none"> Veteran focussed Trauma informed System and process literate – Stakeholder management – Collaborative and evidence informed No charge for veterans or their families – advocates and ESOs cannot charge for advocacy services. 	PIMA would set the standards by which advocates would be held accountable.	<ul style="list-style-type: none"> The role of the Board could include; <ul style="list-style-type: none"> High level management of ATDP reporting to DVA and ESOs on the overall effectiveness of the program Oversighting and reporting on registration/accreditation of advocates, QA (internal ESO QA), ESO maintenance of client records, consistency of approach, complaints.

Advocacy Papers Comparison:

Registration/Regulation	Requesting DVA pays for advocate training	A professional institute of military advocates should be established and integrated into the network	A professional body should be established to oversee the running of a be a professional body established	Membership to be made up of: <ul style="list-style-type: none"> • RSL Sub branches, • ADSO members ESOS, • Veterans and Families Wellbeing Hub, • Other veterans support organisations 	Supports the ATDP as main model noting that while it has its positives it is no longer fit for purpose.	Whether volunteer or wage-earning, membership would be a requirement for practice as a Wellbeing or Compensation Advocate	There is a requirement for a Regulatory Body (or Board) to oversee the provision of training via ATDP, and also to oversight the delivery of services that are provided through the ESOS. Thinks the Tax Practitioners Board has many transferrable features for the DVA environment Membership may include a Chair person (DVA) and DVA Member (independent of ATDP) and DVA SME, ESO Senior rep. and ESO SME, RTO rep, ATDP rep.
Costs/Funding				Doesn't really discuss it other than identifying DVA has responsible for funding training and service delivery.	The current funding arrangements for ESOS rely on government grants, programs, and public fundraising efforts. The 2021-22 Federal Budget included \$4.7 million over four years to support veterans' advocacy services. This proposal is supportive of standards set forward by BEST grants. Furthermore clarifies that veterans and families should not have to pay for advocacy services.	ATDP to continue to be funded by DVA.	Funded by DVA. It is noted that the examples provided were all funded by Government. As per the discussions at the meeting, it is important that the BEST funding process is reviewed.
Support for self-advocacy				Not mentioned.	No. Preference is heavily focussed on existing structure/model highlighting volunteer and paid advocacy.	Does reinforce that the values of ESO around mateship and helping each other as informal advocacy remains but doesn't directly address the issue of self advocacy.	
Feedback/Complaints				Notes that complaints investigation and sanctions is the responsibility of all parties.	Nil on complaints but seeking greater use of feedback on advocacy performance.	Just that complaints investigation would be undertaken. No additional details	

Advocacy Papers Comparison:

<p>Education/Training</p>	<p>Wants advocates to be trained within an ESO overseen by a registered training organisation engaged by DVA</p>			<p>The model proposes the following roles and responsibilities around training and education:</p> <ul style="list-style-type: none"> • With ESO/VWC Executives: advocacy service delivery and training demand. • With Advocates: identification of training content and engagement in CPD and QA. • With the RTO: delivery and quality assurance of advocate training and accreditation. • With RTO: course development and scheduling of ATDP training courses. • With DVA: oversight of the quality of advocacy support and funding of training and service delivery. 	<p>Seeks to build on the ATDP as main model noting that current training is lengthy and difficult to navigate, slowing the accreditation of advocates</p> <p>This model recommends that DVA should consider a separation of powers between the content and delivery of the military advocacy training package:</p> <ul style="list-style-type: none"> • DVA should own the training package content and standards, allowing it to control the subject matter of the course, and the knowledge and service standards required of advocates to become accredited under the ATDP. <p>DVA can seek accreditation under the Australian Industry and Skills Committee (AISC) to be the package owner for Military Advocacy. Given DVA must train staff on the same content that advocates learn, this seems reasonable and provides high-level quality assurance.</p> <ul style="list-style-type: none"> • An advisory panel could be created, comprising qualified advocates, DVA and RTO representatives, and subject matter experts, to provide advice on course content. • DVA should then allow any Registered Training Organisation (RTO) to design how the training package is delivered, 	<p>PIMA provide feedback to ATDP's Registered Training Organisation about advocacy training shortfalls;</p>	
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Advocacy Papers Comparison:

					allowing for innovative, accessible modes of delivery to be delivered, and the ability for trainee advocates to choose the mode of delivery that best suits their requirements.		
Accountability	DVA pays for the training, but ESOs are responsible for accountability/QA	Must be embedded into the advocacy system		Does not discuss	<p>The proposal requests that governance of any model be transparent and that roles and responsibilities are clearly delineated</p> <p>Proposal notes that in July 2021, the governance structure of ATDP was changed. Since the change, there has been limited information provided to ESOs regarding the new governance structure and the proposed way forward</p>	Not directly addressed	DVA should develop processes to be in a position to provide Quality Assurance (QA) reports on claims lodged by ESO advocates– that is, high level reporting on the quality and completeness of the claims being lodged with the support of advocates, with results being distributed to the ATDP so that improvements can be made.
Coverage & Coordination				The proposed model seems to reinforce the veteran/ESOs focus.	The proposed model seems to reinforce the veteran/ESOs focus, e.g ADTP is not available to private advocates.	The proposed model seems to reinforce the veteran/ESOs focus.	It is suggested that there would be some benefit in having DVA delegate/s available as an SME point of contact for ESO advocates who have complex queries that are outside the experience and knowledge of their known mentors. This arrangement would assist in relation to the concerns expressed about the availability and knowledge of mentors and ensure access to expert advice. It would also build the relationship between DVA and practising ESO advocates.
Sustainability		VWNMNC believes the current number of advocates and trainees should meet current and future demand	VVAA believes all veterans should be provided with free advocacy services, as required	Not addressed	Notes that with future legislative changes and declining volunteer participating. The current model is not sustainable.	Not addressed	

Advocacy Papers Comparison:

		<p>Argues that “friction” (cultural issues within ESOs and between DVA, advocates, and ESOs) needs to be addressed</p> <p>Any new advocacy design must be co-designed with a team formed to help co-design the system (<i>note: not sure of all the relevant stakeholders here</i>)</p>	<p>The government should fund training for volunteers and paid advocates</p> <p>Funding should include travel and accommodation costs to allow advocates to visit remote and regional areas</p> <p>ESOs who have professional advocates at their locations should have access to grants to assist with office accommodation</p>				
Barriers				Lack of details makes this impossible to clarify	<p>Poor program management (by DVA)</p> <p>Funding shortfalls</p> <p>No Quality assurance</p> <p>Non-compliance of ESO</p>	<p>The most significant challenges to delivery of high-quality advocacy services vest in two claims processing sub-systems:</p> <p>a. Quality Assurance.</p> <p>b. Service Delivery.</p> <p>Training, take up, lack of accreditation for Wellbeing and Compensation Support Officers.</p>	
Must haves				Lack of details makes this difficult to clarify	<p>Agreed principles</p> <p>Mechanism to provide feedback on performance or advocates – quality assurance</p> <p>Communication to support advocates knowledge</p>	Lack of details makes this difficult to clarify	
Questions from org:	<p>“1) Who writes advocacy policy in DVA and where it is located?</p> <p>2) Which qualified advocates are consulted when advocacy policy is written?</p> <p>3) Who is accountable for the governance of advocacy?</p> <p>4) Who defined the principles and standards the working group is considering?</p>						

Advocacy Papers Comparison:

	<p>5) Why are the principles and standards written in such a way that they are motherhood statements, unable to be disagreed with, yet contain no detail on how to measure success of the standards?</p> <p>6) When the working group completes its task, who will write the report, and will the report that is written be endorsed by the working group before it goes to ESORT?</p> <p>7) Who has conducted the risk assessment that concludes it is feasible and good governance that each ESO is accountable for the performance of their advocates and not DVA? Can we have a copy of the risk assessment please?</p> <p>8) Are volunteer advocates' volunteers or employees?</p> <p>9) Should those that are paid advocates be employees, independent contractors or sole traders?</p> <p>10) What legal guidance is provided in relation to volunteer/employee/independent contractor?</p> <p>11) What risk assessment has been conducted to ensure that VITA insurance meets the needs of advocates and their sponsors? Can we have a copy please?</p> <p>12) Are all ESOs that are companies, incorporated associations, unincorporated associations, sole traders and partnerships (if any) at equal risk as the sponsor of an advocate?</p> <p>13) Are advocates and ESOs exposed to common law damage or injury claims caused to a volunteer due to negligence by the sponsor, the organization may be held liable.</p> <p>14) Are convicted criminals who committed indictable offences permitted to operate as advocates?</p>						
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Advocacy Papers Comparison:

	15) Are advocates that bully and intimidate DVA APS staff and are banned from DVA offices in breach of the code of conduct?"						
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Supporting ESOs to coordinate and promote their high-quality services

Background

Currently there is no central coordination or management of the advocacy services provided by more than 50 ESOs across Australia. For those veterans and families who choose to seek support with their wellbeing and entitlement matters this can potentially hamper veterans' access to wellbeing and compensation entitlements and lead to poor veteran outcomes. Similarly this lack of coordination may lead to veterans engaging the services of low quality or unethical providers.

Option

A new body could be created to help ESOs plan, implement, and deliver a coordinated approach to the national delivery of their advocacy services resulting in a modern, professional, sustainable advocacy service. This could be an independent operational body with fulltime staff separate from the participating organisations and governed by a board of Directors or similar structure.

This body could become a central point for veterans to seek wellbeing services or claims assistance making it easier to access high-quality advocacy services. The body would also promote best practice advocacy and service delivery practices such as remote-working for practitioners allowing for new models of support that may appeal to new cohorts of veterans and families, and new organisation types to suit the mobile life of partners of serving ADF members. It is proposed that this body would not cover for-profit providers, but may include not-for-profit providers allied with ESOs.

Any such body might be responsible for promoting their free and low cost services with the outcome of making it easier for veterans and families to find and engage with high-quality advocacy services if they choose to. This could in-part counter the opportunities that unethical advocacy providers and low quality services may have to prey on veterans and families.

The new body could also assist with any upcoming legislative improvement by promoting coordinated and high-quality advocacy services and advice for veterans and families regarding any impacts future legislative changes may have on them.

Given work underway within the veteran community to explore the possibility of an ESO Peak Body it is not proposed that the body outlined in this proposal would, in the first instance, undertake the role of a peak body or professional association. Specifically, it is not envisaged that this body would be responsible for advocate accreditation or training, or complaints handling. However, in the future, should Government wish to explore further the establishment of an advocacy peak or professional body, this new body will provide a good platform to build upon.

Questions

Could this provide a suitable base for ESOs to support ESO advocacy services?

To what extent might a coordination and promotion body like this need to align with any national ESO peak body?

How might a body like this meet the needs of veterans and families?

Could this body develop advocate standards and code of conduct they each apply to their own advocates?

Would this body lead to better outcomes for veterans and families who choose to engage advocacy services?

Discussion paper: professional association for veteran advocates

Background

Most veteran wellbeing and claims advocacy services have traditionally been provided by ESOs and veteran centres, with DVA supporting ESOs that provide these services. Fee for service entities and non-ESO aligned individuals also provide similar services and may charge a fee or a percentage of any monetary compensation. ESO and fee for service advocacy services operate in a largely unregulated environment, except for those provided by Australian law firms. Currently, the management of individual advocates is the responsibility of their organisation.

Option

This proposal would establish an advocacy professional body to provide management and administration oversight for the ongoing registration of accredited advocates, and set and maintain membership standards.

Functions of this body could include:

- promoting professionalism – develop complaints handling procedure and membership code of conduct/code of practice, and
- manage advocate qualifications – setting national competency standards, national minimum training requirements etc.
- be responsible for all advocate training, or be a significant contributor to informing training content and delivery. Responsible for recording professional development linked with continued registration.
- market and promote the value of its members, including the potential to create a portal to assist the veteran community to easily identify and access member services.
- organise and manage appropriate safety checks, and professional indemnity insurance (or require insurance was obtained in order to be a member).

The key benefits of implementing a veterans' advocacy professional association would be:

- Veterans and families seeking advocacy services from an association member will be assured that they are offered assistance from a professional that may be volunteer or paid.
- As association members would all meet a minimum professional standard to become members and maintain membership this may also bring some consistency to the services offered by those members.
- A transparent and robust formal complaints and feedback mechanism and the ability to revoke membership.
- Focussed activities to promote the range of advocacy options available to veterans and families.

It is hoped that the establishment of this body would also help to reduce future demand and/or patronage of unethical or poor quality providers by promoting free/low cost advocacy from practitioners who have met the requirements and adhere to the standards of the association.

Hemsworth, Zoey

From: Wrigley, Luke
Sent: Monday, 9 October 2023 6:06 PM
To: Clode, Nadine
Cc: ADVOCACY.POLICY
Subject: ESORT WG papers [SEC=OFFICIAL:Sensitive]
Attachments: EAWG DP DRAFT - New grant funding to support ESO advocacy services V2.9(002).docx; EAWG DP DRAFT - Additional training to support ESO advocacy services V2.4.docx; Professional association for veteran advocates WG DRAFT v2_NC and LW changes.docx

Importance: High

Hi, Nadine,

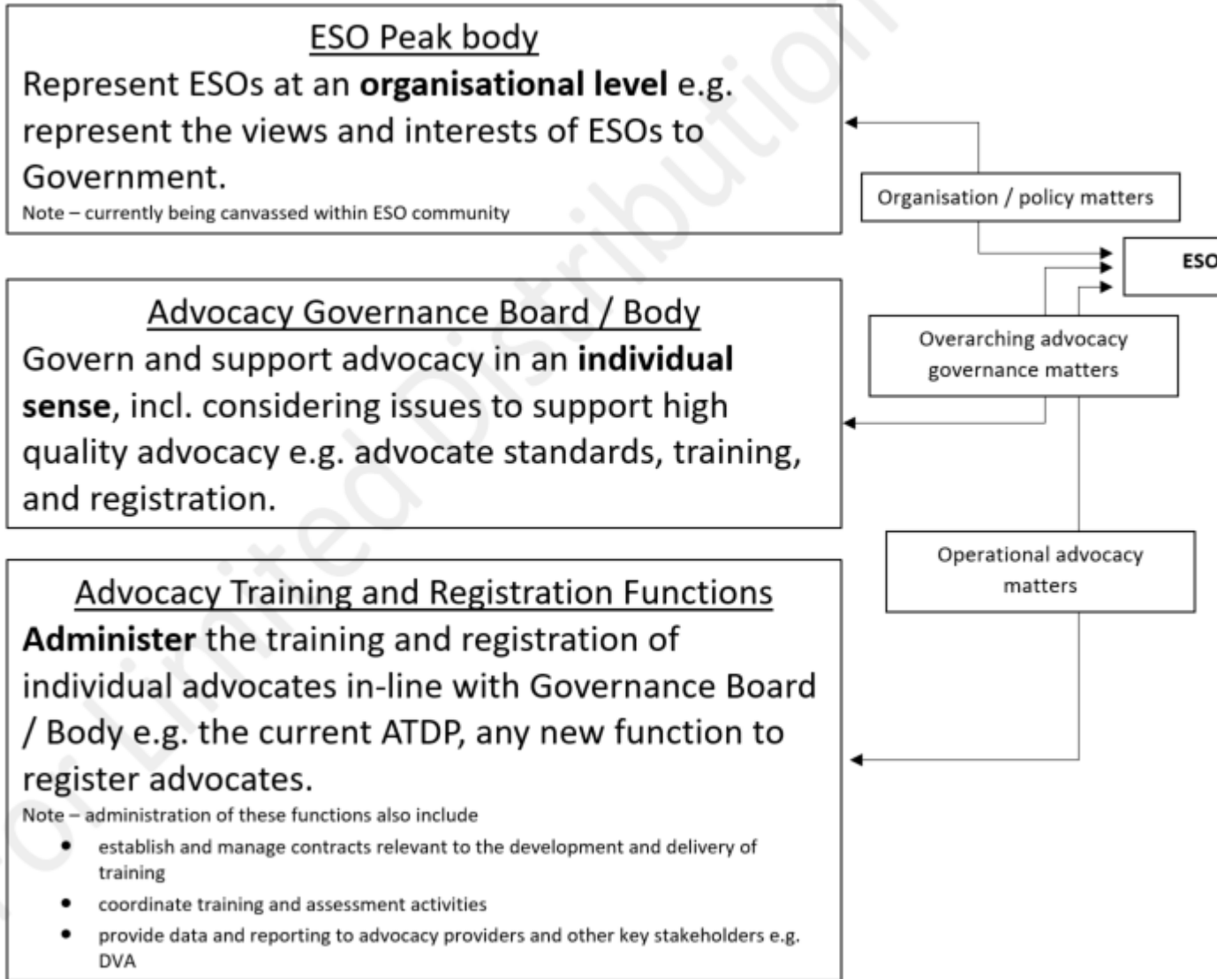
As discussed, for you clearance onto Veronica please find attached the training and grant papers (updated last week), and the professional association paper updated this afternoon.

Also, please see below a draft paragraph for Veronica to send to the Secretary to provide her with an overview of this work prior to her ESO meeting tomorrow:

Dear Secretary,

Following your update at this morning's SWU regarding your ESO meetings tomorrow (and the likelihood the topics of advocacy and an ESO peak body will be raised), I am writing to provide you with visibility of a related discussion we are planning to have with the ESORT Advocacy Working Group this Friday (13 October). In particular, one of the key agenda items is a detailed discussion on the merits of a proposal to establish a new professional advocacy body which would, among other things, set, administer, and drive advocate standards.

With regards to how this proposed body might work in relation to any future ESO peak body, per the below diagram (which will be provided to the working group for their consideration), it is envisaged that this body would be to be a step down from an ESO peak body, providing overarching governance of advocates in an individual sense, as opposed to seeking to coordinate or support ESO's at an organisational level.

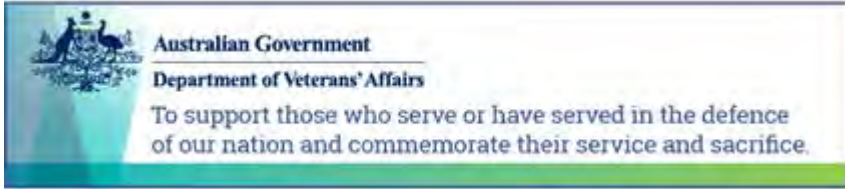


For your information the group also intends to continue detailed discussions around proposals for additional grant monies to support ESO advocacy, and leveraging DVA delegate training to increase ESO advocates’ technical knowledge and capability.

Following Friday’s meeting we plan to provide yourself and the minister with an overview of discussions and work to date, as well as present a report to ESORT summarising the working groups consideration of proposals to strengthen and support advocacy.

Luke Wrigley | Director
 Advocacy Policy Section
 Community Policy and Research Branch
 Pos #: 62242782
 Department of Veterans' Affairs
 Tel: 02 6289 4891 Ext: 604891
advocacy.policy@dva.gov.au
www.dva.gov.au





DVA is committed to supporting veterans and families. We all deserve to be treated with courtesy and respect. We ask that you please treat us the same way.

Discussion paper: Leveraging DVA delegate technical training for ESO advocates – claims assistance

Background

ESO advocates currently receive training through the Advocacy Training and Development Program (ATDP), which facilitates access to free nationally accredited training to advocates nominated by ex-service organisations (ESOs). The training is delivered by a contracted Registered Training Organisation (RTO), and is funded and managed by DVA. Practitioners gain units of competency in the *Course in Military Advocacy* (CiMA) in either or both of the wellbeing or compensation streams, and through the ATDP are able to record their professional development.

The ESORT Advocacy Working Group have considered the value of ESO claims assistance advocates gaining access to some of the technical training available to DVA claims processing delegates to increase their knowledge and skills.

~~Additional training for wellbeing is not included in this suggestion as the CiMA covers this for advocates and DVA does not have wellbeing delegates with equivalent training. DVA provides wellbeing support across a range of programs and staff in those teams receive training relevant to those programs, and is generally not technical training.~~

As at 19 September 2023, there are 641 individual advocates listed by ESOs on the Advocacy Register and of these 421 have a CiMA Compensation Unit of Competency, (307 have Compensation Levels 2, 3, or 4).

The WG provided an estimate of 30-40% of existing advocates would take up this training update option, and using the mid-point of 35% then it is estimated that 148 (107 with C2-C4) ~~would be likely to~~ might take up the training.

~~NOTE – additional training for wellbeing advocacy is not included in this proposal. DVA does provide wellbeing support to veterans across a range of programs, including DVA's various client coordinated programs (CCS) and Rehabilitation programs. However, DVA does not currently have a wellbeing training framework which could be easily leveraged to supplement advocate training in this space.~~

~~Such additional training for advocates will seek to enhance the capability of ESO advocacy services to assist veterans and families, including during any future transition to a new legislative environment (if approved).~~

~~This suggestion is not intended to replace the CiMA, nor lead to a further or alternate qualification. Note: This suggestion is not intended to replace the CiMA, nor lead to a further or alternate qualification.~~

Possible option

This suggestion would make existing technical training delivered to DVA claims processing Delegates available to ESO-nominated advocates. It could be delivered by a DVA-contracted RTO through on-line 'live' class sessions, or be developed as on-demand sessions supported by live question and answer sessions. It

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would not be assessed, and may be recognised with a certificate of completion for ESO records. The sessions would be dedicated to advocates.

1. Possible content

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The content and delivery of the proposed DVA training modules listed below would complement the CIMA as it is based on the same legislation, and would provide uniformity in interpretation. Each module is currently delivered online and 'live' as a full-day course, except for the two indicated below.

- 1.1. VEA, DRCA and MRCA Initial Liability
- 1.2. VEA and DRCA Initial Liability
- 1.3. DRCA and MRCA Initial Liability
- 1.4. MRCA Initial Liability
- 1.5. VEA Above General Rate Pensions – *half day course*
- 1.6. DRCA and MRCA Needs Assessments and Medical Treatment Paths – *half day course*
- 1.7. DRCA Permanent Impairment
- 1.8. MRCA Permanent Impairment
- 1.9. DRCA and MRCA Incapacity Payments
- 1.10. VEA, DRCA and MRCA Dependant Claims

2. Possible eligibility requirements

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- 2.1. ESO-authorised advocates
- 2.2. Existing relevant CIMA Units of Competency
- 2.3. Once eligible to be a mentor

3. Possible delivery modes

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Either delivery mode would be supported by a workbook customised for advocates

- 3.1. Delivery of course content through on-line 'live' class sessions with a maximum of 15 attendees
 - 3.1.1. With full session capacity, the estimated number of advocate participants (outlined above) could be accommodated in 10 sessions for each module.
 - 3.1.2. With up to 10 modules offered, the RTO would need to have the capacity for an additional 100 full-day (and half-day) sessions to deliver training to the estimated number of advocates.
 - 3.1.3. May need to consider prioritisation for such training
- 3.2. Delivery of course content through recorded on-demand sessions supported by live question and answer sessions.
 - 3.2.1. If the training sessions were captured as a series of 1-2 hour video sessions supported by workbooks advocates, could complete the un-assessed training on demand.
 - 3.2.2. This on-demand option could be supported by monthly Q&A sessions hosted by the RTO for those that have undertaken the training and wish to clarify points.

3.2.3. Recorded videos and workbook could be available through DVATrain.

3.2.4. Would have less impact on any RTO in delivering other training or services.

Discussion questions

- Would this approach help ESOs prepare their advocacy workforces for any future legislative changes?
- Are there any areas not covered in the proposed technical modules (1.1-1.10) which would be beneficial?
- Would the online 'live', all-day sessions (3.1) be better suited to the widest range of advocates or the recorded, on-demand shorter sessions (3.2)?
- Are there any priority groups of advocates for any such training?
- What additional training might be suitable for wellbeing advocates providing information and access to services (noting the above focuses on claims support)?
- Are the proposed technical modules (1.1-1.10) suitable for providing sufficient technical updates for advocates that need it? If not, what else is needed?
- Is the approach the best way DVA can support any future training needs for advocacy services?
- Would the online 'live', all-day sessions (3.1) be better suited to the widest range of advocates or the recorded, on-demand shorter sessions (3.2)?
- Are there any priority groups of advocates for any such training?
- Is there a differences in training delivery modes required for volunteer and paid advocates? If so what is it?
- What additional training might be suitable for wellbeing advocates providing information and access to services (noting the above focuses on claims support)?

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For internal distribution

Discussion paper: New grant funding to support veteran and family needs

Background

Organisations in the ex-service community provide valuable wellbeing support and claims assistance to veterans and families that choose to seek help from them. Ex-service organisations (ESOs) that provide wellbeing support and claims assistance to veterans and families may be supported with a contribution to their costs through the BEST grant program, which is mostly targeted towards compensation claims assistance (rather than wellbeing support).

This development of two possible options for this discussion paper incorporates most of the views expressed by ESORT Advocacy Working Group members.

The working group's views on establishing any new grants to support the ex-service community in providing wellbeing support and claims assistance services to veterans and families include:

Common views regarding [any proposed new grant to fund new advocate positions]:

- New grant funding to support ESO advocates is needed, and multi-year or year-on-year funding would be beneficial for workforce sustainability, though may have impacts in relation to employment and other legislation.
- Audit requirements, and financial accountability need to be considered to provide more robust oversight of expended funds
- Any future grant funding to increase advocacy should also consider the ATDP's capacity to train advocates, as well as ESOs capacity to provide mentors and mentoring to train new advocates.
- Any grant funding should be linked with advocacy and advocate service, behaviour, and technical standards, including through any professional body or bodies.

There were divergent views regarding [any proposed new grant to fund new advocate positions]:

- The need for any new grant program versus additional funding allocated to BEST
- If the focus of any new funding for ESO advocacy should be on wellbeing support or claims assistance.
- If the focus of any new funding should be on paid or volunteer advocates, or if there should be any distinction at all.
- What a "complex claim" is and if it should be a focus of any future options to increase advocacy capacity.

These possible options are not intended to replace the BEST grant program and could be an addition to the existing model.

As a recap the current objectives of the BEST grants are "to assist ESOs to:

- improve the quality of claims received by DVA at the primary determining level
- reduce the rate of appeals to the Veterans' Review Board (VRB) and the Administrative Appeals Tribunal (AAT)
- promote the provision of wellbeing services to the veteran and defence community."

Possible new grant model options

New grant or grants focussed on claims assistance

1. Possible purposes

- 1.1. support one or more ESO advocacy services with wide-reach and remote claims assistance experience to provide claims assistance focussed on any big changes to legislation or processes
- 1.2. support one or more ESO advocacy services in the delivery of remote claims assistance to ensure coverage of regional, remote, and rural veteran and family need
- 1.3. support some ESOs in the retention of suitably qualified mentors to train new recruits for advocacy services, perhaps as a retained trainer without advocacy responsibilities across several ESOs

2. Possible outcomes

- 2.1. veterans and families are supported through the implementation of any big changes to legislation or processes,
- 2.2. remote claims assistance is developed to a point where it can be wide-spread among ESO advocacy services
- 2.3. ESOs are able to move the focus of experienced advocates from training to advocacy

3. Possible eligibility

- 3.1. for ex-services organisations similar to BEST grant eligibility
- 3.2. consortia of ESO advocacy services

4. Possible selection criteria

- 4.1. to a service or services with a consistent history of claims assistance, rather than based on the workload of individual advocates
- 4.2. preference could be given to grant applicants with a central coordination function, including active management of advocates covering supervision, accountability, counselling, professional development, quality, risk management, record-keeping, feedback, and meeting the principles outlined in the BEST service delivery standards
- 4.3. enough trained ESO advocates to undertake the work, or access to enough through partnerships and other agreements for the entire grant period
- 4.4. preference could be given ESO advocacy services working out of V&F Hubs, and veteran centres
- 4.5. any mentors selected would have to be eligible under ATDP guidelines, and ESOs would need to agree on how any mentor would be shared across services
- 4.6. ESO would need confirm the implications of any such arrangements on any other grant applications they may wish to make

5. Possible scope

- 5.1. 3 years, non-recurring
- 5.2. mainly for information-sharing, questions, and preparation of primary claims
- 5.3. preference for online information-sharing events rather than in-person, or static-web pages

- 5.4. if for mentoring, then a number individual mentors could be paid to undertake training tasks related to CiMA Workplace Experience Logs

New grant or grants focussed on wellbeing support

6. Possible purposes

- 6.1. to increase the capability and capacity of ESOs to offer wellbeing support for veterans and families
- 6.2. to focus on information and access to services rather than 'companionship'

7. Possible outcomes

- 7.1. veterans and families choosing to seek help receive the benefit that comes from increased options of clear wellbeing support
- 7.2. veterans and families feel as though their needs are being met
- 7.3. increased access to wellbeing support for all veterans and families

8. Possible eligibility

- 8.1. for ex-services organisations similar to BEST grant eligibility
- 8.2. consortia of ESO advocacy services

9. Possible selection criteria

- 9.1. enough trained ESO advocates to undertake the work, or access to enough through partnerships and other agreements for the entire grant period
- 9.2. preference could be given to grant applicants with active management of wellbeing practitioners covering supervision, accountability, counselling, quality, risk management, record-keeping, feedback, and meeting the principles outlined in the BEST service delivery standards as they might apply to wellbeing support

10. Possible scope

- 10.1. two grant rounds of 2 years each, non-recurring
- 10.2. obligations to provide information and advice to other ESO advocacy services on their specific focus
- 10.3. obligations to provide content for ATDP CPD on their specific focus

Discussion questions

- Do you prefer Option A with a focus on claims assistance or Option B with a focus on wellbeing support?
- Is there a third option which combines elements of the two options proposed above, or provides funding for a function/outcome not covered by the above options?
- What are the challenges and risks with potentially administering a new grants program in tandem with BEST?
- What implementation issues do you foresee with either Option A or B, or both?

Discussion paper: Professional association for veteran advocates

Background

Veteran wellbeing and claims advocacy services have traditionally been provided by ESOs and veteran centres. Fee for service entities and non-ESO organisations also provide similar services and may charge a fee or a percentage of any monetary compensation. ESO and fee for service advocacy services operate in a largely unregulated environment, except for those provided by Australian law firms. Currently, the management of individual advocates is the responsibility of their organisation.

The ESORT Working Group has broadly supported the establishment of a professional body to support advocates and set, administer and drive advocate standards. A professional association offers several advantages, including standardising the quality of veteran advocacy services, ensuring ongoing professional development, and bolstering the credibility of individual advocates.

This paper builds on the proposal for advocacy professional association, or similar function.

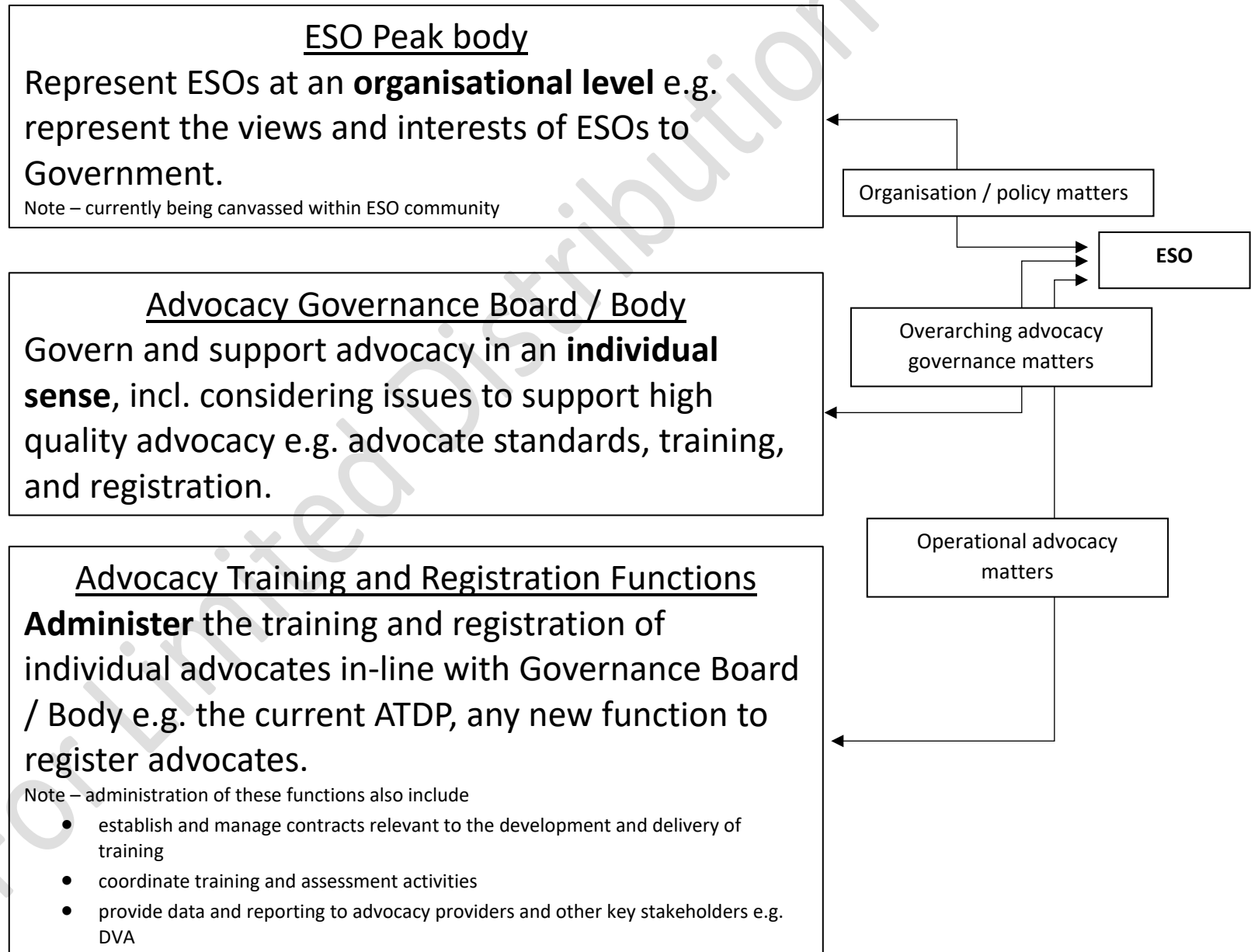
Purposes of any new body

The purposes of the proposed new body could include:

- Promote professionalism – develop complaints handling procedure and membership code of conduct/code of practice.
- Manage advocate qualifications – setting national competency standards and minimum training requirements.
- Oversee strategic direction of advocacy training and development.
- Market and promote the value of its members, including the potential to create a portal to assist the veteran community to easily identify and access member services.
- Manage or set out a requirement for appropriate safety checks, and professional indemnity insurance.

Importantly, per the below diagram, the intent of this body would be to provide overarching governance of advocates in an individual sense, as opposed to seeking to coordinate or support ESO's at an organisational level.

Figure 1 - Hierarchy of Governance Structures



Possible Governance Structure Options – Advocacy Governance Body

Statutory Office

The activities of a statutory office are established in legislation to provide transparency regarding the roles, responsibilities and purpose of the body. A statutory office can exercise their role independently while operating within a Commonwealth entity (e.g. DVA). Separate branding or marketing can distinguish the body from the Commonwealth entity, however can leverage existing support functions within the Commonwealth entity e.g. human resource sections.

A statutory body also has a level of independence from the responsible Minister and/or the executive government because it is created, and given a separate legal personality, by legislation which creates it. Legislative amendments are required to abolish a statutory body, and any activities, functions or powers of the body are set out in the statute. In saying this, this also means that these aspects of the body are not as flexible or reactive when needed.

This option has the advantage of primary legislation to set out functions, roles and responsibilities in statute. However, a key challenge with implementing this option would be the length of time it could take to draft and enact the legislation needed to create such a body. Establishing a body of this nature also requires consultation with central APS agencies, such as the Department of Finance, who may not have an appetite to create a new statutory office for a relatively small cohort of service providers.

Secondary non-statutory body – separate body

Secondary non-statutory bodies operate within a primary body, including with their own branding. These bodies are not established under legislation.

Under this model a new governance body/board (convened by DVA) could be created to set and oversee the activities needed to support govern advocates.

Per *figure 1* this board would sit below any ESO peak body structure (which would be focused at the organisational level) and above any of the programs or functions needed to achieve the body/board's outcomes e.g. the ATDP, advocate registration, complaints managements, assurance activities.

It is envisaged that this body/board would be comprised of members from across the advocacy landscape, including representatives for ESO advocacy, legal advocacy, fee-for-service advocacy, DVA, the Joint Transition Authority, and any other relevant parties.

Under this option the new board would responsible for the overarching strategic direction and governance of advocacy, including developing any relevant standards and criteria for advocate registration. However, the day to day implementation and administration of work required to achieve the objectives of the body/board would be administered by DVA e.g. the ATDP, advocate registration and complaints handling.

This option could be implemented much faster than a statutory office and would also be more flexible and responsive to change.

Discussion questions

1. Are these the correct purposes (as above) that a body of whatever structure would seek to address?
2. Which structure of the two above do you think is most appropriate to address these purposes? If none of the above what other model?
3. What benefits would the body have for advocates? What barriers may exist to joining such a body?
4. What benefits you think the proposed body might have for ESOs?
5. What benefit / value do you think the proposed body would have for veterans and their families?
 - a. Do you think the proposed body could help to address the use of unscrupulous providers?
 - b. Do you think the proposed body could assist veterans and their families to locate and access advocacy services?
6. Do you think members of the proposed would have to be attached to an ESO? Or could membership be open to providers outside of the ESO network?
 - a. If yes, what do you think the key criteria would be for allowing non-ESO members join?
7. How would the proposed body assess, monitor, and enforce quality and performance standards?
 - a. Note – DVA is considering how to enhance our future systems to enable better reporting on advocate claims (noting this would also require an advocate identification number/system to be implemented)
8. How do you envisage VITA and the issue of indemnity insurance fitting into this model?

Hierarchy of Governance Structures

ESO Peak body

Represent ESOs at an **organisational level** e.g. represent the views and interests of ESOs to Government.

Advocacy Governance Board / Body

Govern and support **individual advocates**, incl. considering issues to support high quality advocacy e.g. advocate standards, training, and registration.

Advocacy Training and Registration Functions

Established to **administer** the training and registration of individual advocates in-line with Governance Board / Body e.g. the current ATDP, any new function to register advocates.

Discussion paper: Professional association for veteran advocates

Background

Veteran wellbeing and claims advocacy services have traditionally been provided by ESOs and veteran centres. Fee for service entities and non-ESO organisations also provide similar services and may charge a fee or a percentage of any monetary compensation. ESO and fee for service advocacy services operate in a largely unregulated environment, except for those provided by Australian law firms. Currently, the management of individual advocates is the responsibility of their organisation.

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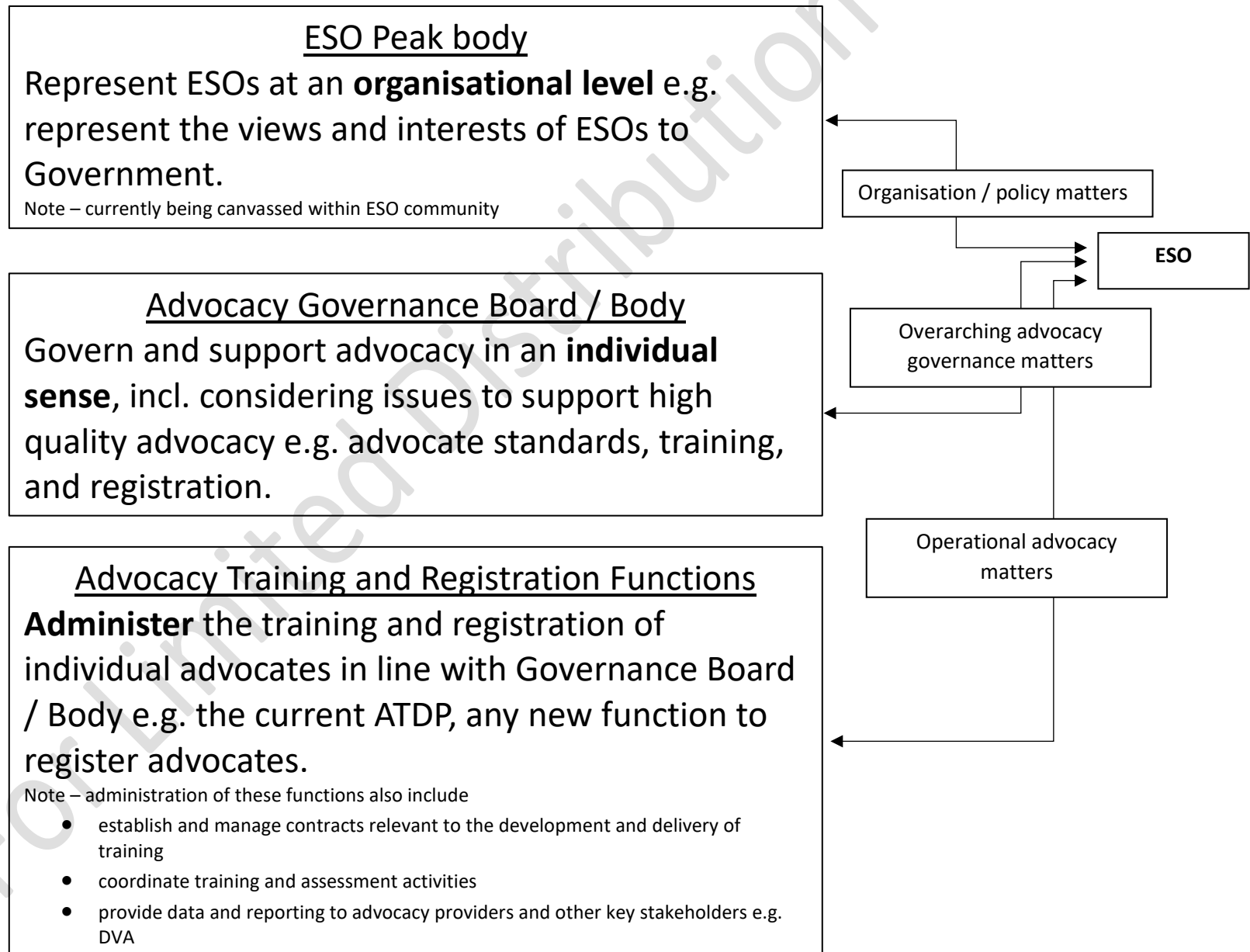
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- Promote professionalism – develop complaints handling procedure and membership code of conduct/code of practice.
- Manage advocate qualifications – setting national competency standards and minimum training requirements.
- Oversee strategic direction of advocacy training and development.
- Market and promote the value of its members, including the potential to create a portal to assist the veteran community to easily identify and access member services.
- Manage or set out a requirement for appropriate safety checks, and professional indemnity insurance.

Importantly, per the below diagram, the intent of this body would be to provide overarching governance of advocates in an individual sense, as opposed to seeking to coordinate or support ESO's at an organisational level.

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It is envisaged that this body/board would be comprised of members from across the advocacy landscape, including representatives for ESO advocacy, legal advocacy, fee-for-service advocacy, DVA, the Joint Transition Authority, and any other relevant parties.

Under this option the new board would be responsible for the overarching strategic direction and governance of advocacy, including developing any relevant standards and criteria for advocate registration. However, the day to day implementation and administration of work required to achieve the objectives of the body/board would be administered by DVA e.g. the ATDP, advocate registration and complaints handling.

This option could be implemented much faster than a statutory office and would also be more flexible and responsive to change.

Discussion questions

1. Are these the correct purposes (as above) that such a body would seek to address?
2. Which do you think is most appropriate to address these purposes? If none of the above what other model?
3. What benefits would the body have for advocates? What barriers may exist to joining such a body?
4. What benefits you think the proposed body might have for ESOs?
5. What benefit do you think the proposed body would have for veterans and their families?
 - a. How could it help to address the use of unscrupulous providers?
 - b. How could it assist veterans and their families to locate and access advocacy services?
6. Membership: What criteria would be appropriate (attached to an ESO and or non-ESO members)
7. How could the proposed body assess, monitor, and enforce quality and performance standards?
 - a. Note – DVA is considering how to enhance our future systems to enable better reporting on advocate claims (noting this would also require an advocate identification number/system to be implemented)
8. How do you envisage VITA and the issue of indemnity insurance fitting into this model?

For Limited Distribution



MINISTERIAL CORRESPONDENCE

Minister for Veterans' Affairs

Through: Deputy Secretary, Policy and Programs

CC: N/A

Received in MO

1 November 2023

MINREP - ELLIOTT, Justine MP obo HOVING, Greg - Veteran advocates

Critical Date: Nil

Reason: Routine

Key points

1. The office of the Hon Justine Elliot MP, wrote to you on 10 October 2023 requesting the consideration of a proposal presented to her by Mr Greg Hoving regarding Ex-Service Organisation (ESO) advocacy.
2. Mr Hoving is known to the Department of Veterans' Affairs (DVA) having previously worked on the Advocacy Training and Development Program (ATDP). Mr Hoving's views on ESO advocacy, including those outlined in his current proposal have been raised previously with DVA and have been considered accordingly.
3. Mr Hoving's proposal outlines the creation of an Institute of Professional Veteran Advocates, which he proposes would address issues he sees within the current advocacy landscape, and centralise ownership and responsibility for a number of advocacy related fields e.g. training, professional development, supervision, mentoring, and professional standards.
4. The matters Mr Hoving's proposal canvass are also being discussed by the ESO Round Table (ESORT) Advocacy Working Group, which was convened by ESORT in July 2023 to explore challenges within the veterans' advocacy landscape, and discuss potential initiatives that might further support it over the next few years. This working group is attended by representatives of ESORT, and advocacy subject matter experts identified by ESORT organisations.
5. Relevant to Mr Hoving's submission and correspondence, the ESORT working group has discussed issues relating to the governance of veterans' advocacy, and is currently considering a draft discussion paper which proposes options to address this. Mr Hoving's proposal is broadly aligned to these discussions.
6. DVA plans to report and discuss the progress of this working group with ESORT in early December, following which DVA will provide you with an update and advice on these matters.
7. Mr Hoving's proposal is currently being considered by DVA's advocacy policy team in the context of this work. At this stage DVA's focus in this area is consulting with the ESORT working group to ensure its views and expertise are able to properly inform any future advice. In line with this, DVA does not intend to engage with Mr Hoving at this time, however, DVA may reach out to Mr Hoving in the future should wider consultation be necessary.
8. Your response to Hon Justine Elliot MP (**Attachment A**) outlines ESORT and DVA's consideration of advocacy matters and advises Mr Hoving's paper has been provided to the relevant area within DVA for consideration.

Sensitivity

9. There are a range of views among key stakeholders about advocacy, and volunteer and fee-for-service advocates.
10. There is no consensus amongst ESO advocacy groups on how wellbeing support and claims assistance, or supports for ESOs providing advocacy services should be provided into the future.
11. DVA recognises the diversity of views relating to ways of achieving consistently high technical and behavioural standards in supports offered to veterans and families.
12. A key challenge to reforming any system of support for veterans' advocacy is to strike a balance between good governance and standards, with the expectations and responsibilities that might realistically be placed upon what is currently largely a volunteer network.

Background

13. Individuals may choose to seek the support of advocates – through ESOs or fee-for-service businesses – for assistance with their DVA claims or with wellbeing support. Several veteran stakeholders have raised that there is currently no mandatory requirement for qualifications, membership, or accreditation for persons or organisations that offer advocacy services to the defence.
14. Free and low-cost ESO advocacy services can be found by veterans, families, helpers, and the general public through the DVA-hosted Advocacy Register www.advocateregister.org.au which is searchable at an organisation level but details of individual advocates are not displayed. Information is also available on the DVA website at - www.dva.gov.au.

Related correspondence / briefs

15. Yes

- MS22-000354 - Veterans' Advocacy System
- MS23-000226 - Papers for Advocacy Principles and Standards Working Group

Consultation

16. Have other Branches/Agencies been consulted? No Yes

Comments:

Summary of attachments

Attachment A Response to The Hon Justine Elliot MP

Clearance

Cleared by:	Veronica Hancock, First Assistant Secretary, Policy and Research Division	02 6289 6712 0413 603 219
Contact:	Nadine Clode, Assistant Secretary, Community Policy and Research Branch	02 6289 6023 0475 437 319
Division:	Policy and Research	



Agenda Item 6: Advocacy Working Group

Advocacy Reform

Led By: *Veronica Hancock, First Assistant Secretary, Policy and Research Division*

Purpose:

Introduction

Following consideration by the ESORT Advocacy Working Group, and consideration by DVA of a number of separate but related issues raised with DVA by ESORT members and others, DVA is proposing the following six part approach to improving support for veterans and their families who are lodging and/or pursuing claims.

1. Establishment of a new advocacy governance body.
2. Changes to BEST funding to better support ESO advocacy.
3. Improvement to the Advocacy Training and Development Program.
4. Piloting a new way in which DVA staff can assist veterans and their families with claim lodgement.
5. Piloting new ways to share training approaches between ESOs and DVA claims processing staff.
6. A communications strategy to promote ESO advocacy, including a new banner promoting advocacy on MyService.

Implementation of the first two would require a decision by Government in a Budget process. DVA will be providing advice to the Minister on these, as the necessary first step in this process.

The remaining four can be pursued by DVA without the need for new resources. DVA will proceed to implement them accordingly.

ESORT Advocacy Working Group deliberations

In May 2023, ESORT agreed to form a working group to consider advocacy reform. This working group has met four times, once each in July, August, September and October. Members provided a range of submissions and feedback, and discussion papers by DVA on governance, funding, and training were circulated. Key discussions included:

- The broader advocacy environment, noting the emergence of fee for service providers, the risk of unscrupulous practices and issues around governance and accountability;
- The current (and potential future) advocacy framework, including the sustainability of the volunteer workforce;
- The current and future needs of veterans and their families, as well as finding the balance between wellbeing and compensation advocacy and the current and future demand for advocacy services.

A summary of the issues raised by members, including DVA's comments in relation to these matters is at **Attachment A**.

A summary of the proposals and feedback received from members, including DVA's comments in response is at **Attachment B**.

Element 1: Establishment of a new advocacy governance body

The Working Group discussed the establishment of a governance body, for example, a professional association, to set and maintain competency and behavioural standards for advocates, as well as oversee issues relating to training and registration. This governance body could potentially be a stand-alone body or subordinate to an ESO peak body that could be developed in the future. Such oversight could provide an opportunity to collect better data on the needs of ESOs, veterans and their families and identify any gaps, including advocacy services in geographic locations. Functions of this body could include:

- Promoting professionalism – develop complaints handling procedures and membership code of conduct/code of practice;
- Managing advocate qualifications – setting national competency standards, national minimum training requirements, etc;
- Being responsible for all advocate training, or being a significant contributor to informing training content and delivery, as well as the recording of professional development linked with continued registration;
- Marketing and promoting the value of its advocacy services, including the potential to create a portal to assist the veteran community to easily identify and access member services;
- Organising and managing appropriate safety checks, and professional indemnity insurance (or requiring insurance to be obtained in order to be a member); and
- Participate in consultative forums to provide advice and insight in relation to advocacy services.

DVA agrees the establishment of an advocacy governance body has the potential to improve advocacy outcomes and services for veterans.

Element 2: Changes to BEST funding to better support ESO advocacy

With regard to improving the capacity and capability of advocacy services, the Working Group discussed changes to the amount of funding available for Building Excellence in Support and Training (BEST) grants and a change to multi-year funding, with a focus on increasing the number of advocates able to work more hours.

DVA accepts that the current annual funding arrangements for ongoing services through BEST is not necessarily the best approach to support high quality and sustainable advocacy services.

Grants funding arrangements are a matter for Government consideration in the Budget context. As such, DVA will recommend to Government (including through the current grants review currently underway within DVA) that changes to BEST, including the option for year on year funding, would enhance the advocacy workforce.

DVA is also piloting and considering other approaches to address the workforce capacity and sustainability issues as outlined in this paper.

Element 3: Improvements to the ATDP

The working group also discussed changes to the Advocacy Training and Development Program (ATDP) to assist with the ongoing sustainability of the advocate workforce, including changes to entry level training for wellbeing and compensation advocates.

DVA also acknowledges the matters raised regarding the delivery of the ATDP program and will address these for future training cohorts, for example, changes to entry level training courses, and other course requirements, such as mentoring and external assessment.

With regards to the requirement for ATDP mentors, which was raised by the working group and in the Air Force Association's member submission - ATDP recently conducted a pilot that removed the need for a mentor for Level 1 trainees for both the Wellbeing and Compensation streams of advocacy. This initial pilot finished on 23 November 2023 and it is likely that a second pilot group will commence in January 2024. If deemed successful it

is anticipated that broader implementation of this approach will significantly reduce demand for mentors. Mentors will still be required for Level 2 to Level 4 training.

DVA will report back to ESORT in early 2024 regarding future improvements to the ATDP to address the matters raised by the working group and ESORT members.

Element 4: Piloting a new way in which DVA staff can assist veterans and their families with claim lodgement

DVA has received a proposals from the Vietnam Veterans Association of Australia (VVAA) and the Australian Special Air Service Association (ASASA) seeking DVA or government funded staff to work with ESOs and veterans to assist veterans to lodge claims.

In addition, a proposal was received from Mr Martin Hamilton-Smith on behalf of ASASA, separate from the Working Group process.

Current outreach services

DVA's face-to-face services have evolved over time. The current offers available include:

- Veteran Access Network (VAN);
- Open Arms;
- Veteran Support Offices (VSO);
- Enhanced Veteran Support Officer Pilot (EVSOP);
- Community Support Advisers (CSA);
- Veterans' and Families' Hubs;
- Transitioning Medical Assessment Pilot Program (TMAPP);
- Single Front Door Pilot;
- Services Australia – in more than 300 locations;
- Services Australia - Mobile Service Centres;
- Mobile Service Centres;
- Contracted Agencies.

Proposal - Claims Lodgement Assistant Pilot

In 2024, DVA will commence a new pilot program aimed at supporting veterans and their families to lodge claims for DVA entitlements.

The program will see Claims Lodgement Assistants (CLAs) allocated at an early point in the engagement process to provide the veteran and/or family member with specific advice regarding the types of entitlements and supports they may be able to access, the information required to support claim lodgement and what they can expect during the claim process.

Once a claim is lodged, the CLA would have no further contact with the veteran and the relationship would subsequently transfer to the Delegate. Ceasing the interaction at the point of lodgement is important, to mitigate issues around conflict of interest and ensure impartiality throughout the claims process.

These new positions will be distinct from a claims advocate, who by definition advocate on behalf of the veteran.

CLAs would be able to meet with clients face to face, via telephone and possibly through video conferencing enabling a greater reach to occur. CLAs could also attend other locations, such as ESO offices, to undertake the claims lodgement function (subject to appropriate arrangements being in place to meet work health and safety and security requirements).

It is envisaged that appointments with CLAs will be arranged through the Veterans Access Network (VAN). Appointments could also be arranged following ESO referral.

The location of the meeting would be dependent on the maturity of the Claims Lodgement function in each location. For example, how quickly networks can be developed and secure locations made available for CLAs to operate from.

In light of a proposal ASASA put to DVA to increase its capacity to provide claims assistance to its members, DVA has discussed this pilot with the President of the WA ASASA branch who has indicated they will promote this pilot to their members, and they expect there will be a quick up take. In the lead up to this pilot commencing DVA will also reach out to other ESOs within the pilot area to provide further detail to allow them to similarly promote this service to their members.

Feedback from this pilot will be used to inform any future budget bids for the extension/expansion of this service.

Element 5: Piloting new ways to share training approaches between ESOs and DVA claims processing staff

DVA recognises that ESOs play an integral role in the broader veteran support system and is currently seeking to engage in a small scale sharing of training approaches between ESOs and claims processing staff in South East QLD.

Initial efforts have included DVA claims staff visiting the newly opened Veteran and Family Wellbeing Centre in Brisbane's north and a reciprocal visit by claim advocates to the DVA Brisbane office.

Training and access to shared training resources

The Advocacy Training and Development Program provides training for ESO advocates by facilitating access to the Course in Military Advocacy (CiMA). The program makes specific information resources available to advocates.

The DVA ATDP team has recently implemented a number of program updates to assist advocates' access to learning material used by DVA delegates:

- Businessline sharing – approved DVA businesslines are now shared with the advocacy community. This allows advocates to be aware of and structure their claims and enquiries with timely knowledge of DVA responses to relevant legislative, policy or procedural changes.
- Quest video sharing – selected Quest videos are now available to the advocacy community for training and development purposes. This provides advocates with the same information that the delegates are receiving. It allows for advocates to remain up to date with current requirements and practices.
- Advocate training sessions for delegates – A recently commenced initiative is the attendance of an experienced local advocate at claims induction training. This enables DVA staff to better understand the role of an advocate and ESOs, and highlight the best ways of working together for the benefit of veterans.

The advocacy working group also raised a number of areas where advocacy training might be further improved to assist with the future advocacy workforce. These are under consideration by DVA and include potential adjustments to the delivery of the ATDP Course in Military Advocacy (CiMA) to assist ESOs to recruit and train new compensation and wellbeing advocates.

UNDERWAY - Veterans' hubs network linkages

The Veterans' and Families' Hubs are central locations that deliver a range of assistance, including claims advocacy, to local veterans and families. DVA is looking at ways to better support our partnerships with the hubs and also to improve the national network being developed through the hubs so they can better deliver assistance. This could include ways to improve the linkages between the hubs and the delivery of DVA services.

DVA is developing options to improve these network linkages, likely through technology solutions for consideration by Government. The intent would be to provide a flexible solution which could cover a wide range of supports, including advocacy and other programs such as DVA’s Claim Lodgement Support Officer pilot.

Element 6: A communications strategy to promote ESO advocacy

DVA is developing a communication strategy to promote free ESO advocacy services, which will seek to counter any misconceptions or myths that veterans need to pay for advocacy services.

This strategy will include information on DVA’s website (including under the ‘latest news’ section on the home page) as well as other activities, including social media. DVA expects this communication strategy to have commenced by January 2024.

A DVA website page on what veterans and families need to consider if they choose to seek the help of an advocate has also been recently published. This page is based on the Joint Transition Authority factsheet that DVA co-drafted which outlines the value of free ESO services and dispels the myth that paying for these services will lead to a different/better outcome.

MyService banner to promote advocacy services

In October 2023, the first changes under the Modernisation Program were made in MyService to support improvements to the claims administration system. These were the first of three phases and covered Initial Liability claims. A further release is scheduled to occur in December 2023 for Disability Compensation Payment and Application for Increase to Disability Compensation Payment. Phases two and three will deliver the new capabilities against the remaining claim types including Permanent Impairment and is scheduled to be completed by June 2024.

Running in parallel to the above funded program, MyService continues to be improved through feedback and co-design activities that enable DVA to better understand what users want from the platform. Co-design sessions conducted earlier this year have collected important insights and ideas that we are considering in the planned releases for MyService mentioned above.

Feedback from advocates on the need for a banner on MyService to promote advocacy services can be implemented for future MyService enhancements. This enhancement would include a link to the Advocacy Register on the DVA website at the commencement of the claim form.

Recommendation/s:

That you:

- | | | |
|----------|---|---------------------------------|
| 1. Note | the work outlined in this paper to improve support for veterans and their families who are lodging and/or pursuing claims, which DVA will provide regular updates to ESORT. | <input type="checkbox"/> Noted |
| 2. Agree | that the ESORT Advocacy Working Group be disbanded. | <input type="checkbox"/> Agreed |

Attachments:

A	Summary of Issues raised by ESORT Advocacy working group members
B	Summary - ESORT Advocacy Working Group Submissions and Feedback



Summary of Issues raised by working group members

Note that not all issues received consensus. Members were also invited to offer solutions to these issues. Note that the agreed scope of this discussion of issues is the provision of wellbeing support and claims assistance by ESO advocacy services.

Wellbeing		
Issues raised by WG	Solutions proposed by WG	DVA Comments
Ensuring that ESO advocacy suits the needs of veterans and families, especially around wellbeing.		DVA agrees advocacy (and its reform), must lead to better outcomes for veterans, including wellbeing outcomes - the recommendations in the Advocacy Reform ESORT paper seek to achieve this.
Ensuring that all veterans and family members making claims also have access to wellbeing support.	ESO advocacy services are best-placed to make sure this happens and should be funded to do this.	This is addressed by recommendations 1 and 2 of the Advocacy Reform ESORT paper. This is in line with work and proposals to increase advocacy capacity, including considering changes to BEST funding and streamlining/improving wellbeing and compensation advocacy training to ensure a sustainable advocacy workforce into the future.
Considering a definite shift of focus of advocacy services to wellbeing.		DVA agrees advocacy (and its reform), must lead to better outcomes for veterans, including wellbeing outcomes - the recommendations in the Advocacy Reform ESORT paper seek to achieve this.
Views that MyService is one-dimensional, and not able to explore with a veteran or family members other areas where they might be able to receive help.	Banner encouraging veterans to seek an advocate before making any claim.	This is addressed by recommendation 6 of the Advocacy Reform ESORT paper. DVA will add a banner to MyService during future MyService enhancements to promote advocacy services.



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		<p>DVA is also developing a communications plan to promote ESO advocacy, and the first content is due to be published through social media over the next couple of months.</p>
<p>Considerations of how MyService could better support veteran and family claims, including</p> <ul style="list-style-type: none"> - better and more useful prompts, - fixing system errors much faster 	<p>Could provide prompts and information in MyService similar to those provided in the USA Veterans' portal.</p>	<p>This is addressed by recommendation 6 of the Advocacy Reform ESORT paper.</p> <p>In October 2023, the first changes under the Modernisation Program were made in MyService to support improvements to the claims administration system. These were the first of three phases and covered Initial Liability claims. A further release is scheduled to occur in December 2023 for Disability Compensation Payment and Application for Increase to Disability Compensation Payment. Phases two and three will deliver the new capabilities against the remaining claim types including Permanent Impairment and are scheduled to be completed by June 2024.</p> <p>Running in parallel to the above funded program, MyService continues to be improved through feedback and co-design activities that enable DVA to better understand what users want from the platform. Co-design sessions conducted earlier this year have collected important insights and ideas that we are considering in the planned releases for MyService mentioned above.</p>
Funding	Solutions proposed by WG	DVA Comments
<p>Issues raised by WG</p> <p>Additional funding for ESO advocacy services is needed to meet rising costs, and ESOs would find multi-year grants easier and less time-consuming.</p>	<p>Full-time advocates paid directly by DVA.</p>	<p>This is addressed by recommendation 2 of the Advocacy Reform ESORT paper.</p> <p>DVA agrees that changes to the amount and structure of BEST funding (e.g. multiple year funding) would enhance the advocacy</p>



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		workforce and will provide this advice to the Minister for his consideration.
Any changes should be at zero cost to ESOs.		<p>This is addressed by recommendations 1 and 2 of the Advocacy Reform ESORT paper.</p> <p>DVA will provide advice to the Minister arising from these working groups on where future Government investment might be best placed, including the establishment of a new governance body and changes to future BEST funding.</p>
Funding for advocacy through grant programs should be audited to ensure it is spent correctly and with the correct organisations		<p>Grant funding is subject to the <i>Public Governance, Performance and Accountability Act 2013</i> (PGPA Act), the Commonwealth Grants Rules and Guidelines 2017, and department oversight.</p> <p>Grants such as the BEST program are also supported by service delivery standards and assurance to address concerns raised by the ex-service community about how funding under the BEST program is allocated.</p>
Varied views about the relative value veterans and families receive in the balance of funding between wellbeing support and claims assistance. Some views are pro-claims and some are pro-wellbeing.	<p>Supports and funding for advocacy should encompass both wellbeing and advocacy.</p> <p>AND</p> <p>Supports and funding for wellbeing advocacy should be different from compensation advocacy.</p> <p>AND</p> <p>Supports and funding should be directed towards compensation advocacy.</p>	<p>This is addressed by recommendations 1 and 2 of the Advocacy Reform ESORT paper.</p> <p>DVA agrees that any future advocacy reform needs to ensure it leads to better wellbeing and compensation/claims outcomes. DVA is considering ways to increase advocacy capacity and capability in both of these domains, including advice to the Minister regarding changes to BEST funding, and changes to the ATDP.</p>

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Supply and demand		
Issues raised by WG	Solutions proposed by WG	DVA Comments
The promotion of ESO advocacy services.		This is addressed by recommendation 6 of the Advocacy Reform ESORT paper.
Calls for a 'banner' in MyService advising the engagement of an advocate before starting a claim.	A 'banner' in MyService advising the engagement of an advocate before starting a claim will solve a lot of problems for DVA.	This is addressed by recommendation 6 of the Advocacy Reform ESORT paper. DVA will add a banner to MyService during future MyService enhancements to promote advocacy services.
Ensuring that ESO advocacy services have the capacity and capability now and into the future to manage any increases in demand that may come from promotion or other work to direct veterans and families to ESO advocacy services.		This is addressed by recommendations 1 and 2 of the Advocacy Reform ESORT paper. DVA will provide advice to the minister regarding changes to BEST funding which would assist with the future capacity and sustainability of the advocacy workforce e.g. increasing the amount of BEST funding and allowing funding to be provided for multiple years.
Considering the needs of volunteer advocates while still acknowledging their value in ESO advocacy.		This is addressed by recommendation 1 of the Advocacy Reform ESORT paper. DVA continues to value the inclusion, input and impact of volunteers across the veteran community on the needs and wellbeing of veterans and families. The needs of volunteer advocates is considered in the development of options that help ESOs to support veterans and families.
Governance		
Issues raised by WG	Solutions proposed by WG	DVA Comments
Ensuring that any proposed measures take account of the needs of smaller ESO advocacy services, including sub-branches.		This is in part addressed by recommendations 1 and 2 of the Advocacy Reform ESORT paper.

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		<p>DVA acknowledges that a number of smaller of ESOs provide a valuable service to many veterans and does not propose that any future reform would seek to discount or overlook these services.</p> <p>DVA agrees that any future advocacy reform needs to be underpinned by better outcomes for veterans and their families, including the ability to access high quality assistance where and when needed.</p>
Consider implications of employment and industrial relations laws on volunteers and ESOs.		<p>This is in part addressed by recommendation 1 of the Advocacy Reform ESORT paper.</p> <p>DVA agrees these are important matters for ESOs to consider in their workforce obligations.</p>
Coordinated verification of safeguards such as Working with Vulnerable People checks.		<p>This is in part addressed by recommendation 1 of the Advocacy Reform ESORT paper.</p> <p>DVA agrees this is an important factor to consider in the context of advocacy reform and the current and future advocacy workforce</p> <p>This matter falls within the scope of the governance proposals discussed by the working group, on which DVA will provide advice to the Minister.</p>
Adequate risk protection around ESO advocacy (including insurance) to protect veterans and families, advocates, and ESOs.		<p>This is in part addressed by recommendation 1 of the Advocacy Reform ESORT paper.</p> <p>DVA agrees this is an important factor to consider in the context of advocacy reform and the current and future advocacy workforce.</p>



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		This matter falls within the scope of the governance proposals discussed by the working group, on which DVA will provide advice to the Minister.
Any governance model needs to work with any future ESO Peak Body.	<p>A separate body under DVA to govern and manage advocates.</p> <p>AND</p> <p>A separate body not under DVA to govern and manage advocates.</p> <p>AND</p> <p>The Cornall study recommendations should be implemented.</p>	<p>This is in part addressed by recommendation 1 of the Advocacy Reform ESORT paper.</p> <p>DVA agrees this is an important factor to consider in the context of advocacy reform. This matter falls within the scope of the governance proposals discussed by the working group, on which DVA will provide advice to the Minister.</p>
Need for mechanisms to manage advocates' qualifications and standards, and ways of promoting the professionalism and values/ ethics of advocacy.		<p>This is in part addressed by recommendation 1 of the Advocacy Reform ESORT paper.</p> <p>DVA agrees this is an important factor to consider in the context of advocacy reform. This matter falls within the scope of the governance proposals discussed by the working group, on which DVA will provide advice to the Minister.</p>
ATDP		
Issues raised by WG	Solutions proposed by WG	DVA Comments
Consider ways of making volunteer advocacy and advocacy training more appealing and suitable for the range of new volunteers that might be interested.	<p>A range of suggestions for reviewing how the content of the <i>Course in Military Advocacy</i> (CiMA) could be delivered to better suit the needs of ESOs, including</p> <ul style="list-style-type: none"> - more flexibility in training delivery to suit newer potential advocates - reverting to in-person assessment for all CiMA Units of Competency 	This is in part addressed by recommendation 3 of the Advocacy Reform ESORT paper.

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	- reducing the impact of non-advocacy requirements on the time-constraints of volunteer advocates.	
<p>ATDP functions should be increased beyond facilitating access to advocate training and development for ESOs.</p> <p>Should include governance of advocates, maintenance of advocate standards for technical competency and behaviour, and complaints-handling.</p>		<p>This is in part addressed by recommendation 1 of the Advocacy Reform ESORT paper.</p> <p>DVA agrees this is an important factor to consider in the context of advocacy reform. This matter falls within the scope of the governance proposals discussed by the working group, on which DVA will provide advice to the Minister.</p>
<p>Make the entry pathway to advocacy less rigorous, perhaps to allow potential advocates to experience advocacy before moving to assessed qualifications.</p>	<p>Consider adding specific, un-assessed training for wellbeing and claims support officers.</p>	<p>This is in part addressed by recommendation 3 of the Advocacy Reform ESORT paper.</p> <p>DVA notes the proposed solutions put forward by the working group and is considering how ATDP might be improved to further support advocate training and develop.</p>
Fee for service	Solutions proposed by WG	DVA Comments
Issues raised by WG		
<p>A range of views about the place of fee-for-service advocacy providers in supports for veterans and families.</p>	<p>Help veterans and families avoid being targeted by unscrupulous providers by making ESO advocacy services consistently high-quality, with persistently high capacity, and promote these services to all veterans and families.</p> <p>AND</p> <p>Help veterans and families avoid being targeted by unscrupulous providers by banning fee-for-service providers from being able to help veterans and families.</p>	<p>This is in part addressed by recommendations 1 and 6 of the Advocacy Reform ESORT paper.</p>



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<p>Concerns about the use of term 'low cost' in relation to ESO advocacy services that include an administrative charge.</p>		<p>This is in part addressed by recommendation 1 and 6 of the Advocacy Reform ESORT paper.</p> <p>DVA agrees this terminology could be confusing and misleading. DVA will amend its communications to remove reference to 'low-cost' advocacy and promote ESO advocacy as 'free'.</p>
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ATTACHMENT B

Summary - ESORT Advocacy Working Group Submissions and Feedback

Organisation	Submission/Paper	Key Issues	DVA Comments
Mr Max Ball , VVAA	VVAA Paper - The System of Advocacy (Feb 2022)	<u>Proposal for a new Advocacy model</u> <ul style="list-style-type: none"> Advocates to be employed, paid, trained and supervised by DVA; Funding broadened to include travel, accommodation costs and provision of office accommodation; Access provided to Delegate Training modules; Improvements (and an increase) in BEST funding arrangements. 	This is addressed by recommendations 1, 2, 5, and 6 of the Advocacy Reform ESORT paper.
	Comments on DVA Discussion papers (Oct 2023)	<u>Feedback</u> <ul style="list-style-type: none"> Increase and improve BEST funding arrangements (e.g. prioritise funding for compensation advocates and increase grant funding for rural areas); Advocates should be a reverse image of a delegate but also have additional skills (e.g. interview skills); Professional association fully funded by the Australian Government; Veterans' right to freely choose who they seek advice from for compensation claims. 	
Ms Margaret Jenyns , RSL-A	RSL-A Paper Advocacy and Advocates (Jul 2023)	<u>Advocacy enhancement proposals</u> <ul style="list-style-type: none"> Establish a set of Advocacy Principles; Long-term sustainable funding; Improvements to the ATDP training program; Improvements in communication systems; Provision of data on quality and completeness of claims lodged; Complaints and corrective action mechanisms; Quality Assurance system; 	This is addressed by recommendations 1, 2, and 3 of the Advocacy Reform ESORT paper.



Organisation	Submission/Paper	Key Issues	DVA Comments
	Principles and Standards of an Advocate (Aug 2023)	<u>Feedback/Issues Raised</u> <ul style="list-style-type: none"> • Advocacy principles; • Improvements to ATDP to optimise training; • Sustainable funding; • Quality Assurance System; • Complaints and corrective action mechanisms; • Improvements in communication systems; • Formation of advisory committee to inform ESORT (Advocacy Advisory Group); • Utilisation of Veterans’ and Families’ Hubs in coordination of advocacy services through a hub and spoke model. 	
	Summary of RSL-A considerations of Advocacy model (Aug 2023)	<u>Feedback/Issues Raised</u> <ul style="list-style-type: none"> • Introduction of a regulatory body; • Provision of data on quality and completeness of claims lodged; • Quality Assurance system; • Review BEST funding arrangements. 	This is addressed by recommendations 1 and 2 of the Advocacy Reform ESORT paper.
	RSL-A Advocacy Submission re Advocacy (Oct 2023)	<u>Feedback/Issues Raised</u> <ul style="list-style-type: none"> • Quality Assurance system; • Central register of advocates; • Creation of a regulatory body; • VITA is reviewed and made more accessible to ESOs; • Creation of a ‘professional advocacy service’; • Introduce a new volunteer category - entry level advocacy training that focuses on wellbeing, information and referrals; • Embed elective modules within ATDP training program; • The Commonwealth Superannuation Corporation ‘Vets Hub’ is used to support the MATEEs and vice versa; • ‘Information point’ to allow advocates, veterans’ and their families to understand services and facilitate handovers to providers. 	This is addressed by recommendations 1, 2, 3, 5, and 6 of the Advocacy Reform ESORT paper.



Organisation	Submission/Paper	Key Issues	DVA Comments
Mr Richard Kelloway AO OBE	Wellbeing-led Advocacy, Veterans Wellbeing Network (Jul 2023)	<u>Advocacy recommendations</u> <ul style="list-style-type: none"> • Improvements to ATDP training program; • Application of wellbeing framework to advocacy; • Professional Institute of Military Advocates (PIMA); • Setting and assuring standards; • Quality Assurance system; • Responsibility for advocates remains with ESOs. 	This is addressed by recommendations 1 and 3 of the Advocacy Reform ESORT paper.
	Reflections and Propositions, Veterans Wellbeing (Jul 2023)	<u>Feedback/Issues Raised</u> <ul style="list-style-type: none"> • Advocate appointed to ESORT; • Formation of a team to co-design future advocacy system; • Professional Institute of Military Advocates (PIMA); • Quality Assurance system. 	This is addressed by recommendation 1 of the Advocacy Reform ESORT paper.
	Integrated Advocacy Model, Veterans Wellbeing Network (Aug 2023)	<u>Feedback/Issues Raised</u> <ul style="list-style-type: none"> • Professional Institute of Military Advocates (PIMA) as part of an Integrated Advocacy model; • Other parts of this system are ESOs and DVA Delegates. 	This is addressed by recommendation 1 of the Advocacy Reform ESORT paper.
	Commentary on Advocacy working group meeting 3 and DVA Discussion Papers (Sep 2023)	<u>Feedback/Issues Raised</u> <ul style="list-style-type: none"> • Foster and promote military advocacy profession's ethos. 	This is addressed by recommendation 1 of the Advocacy Reform ESORT paper.
Mr Ian Lindgren , APPVA	Decision brief – ESO advocacy governance and policy (Aug 2023)	<u>Advocacy recommendations</u> <ul style="list-style-type: none"> • Governance model for advocacy system; • Accountability and responsibility; • Risk management; • Compliance checks; • Development of a policy for advocacy. 	This is addressed by recommendation 1 of the Advocacy Reform ESORT paper.



Organisation	Submission/Paper	Key Issues	DVA Comments
	Discussion paper comments (Sep 2023)	<u>Feedback/Issues Raised</u> <ul style="list-style-type: none"> One single BEST Grant incorporating compensation and wellbeing advocacy; Funding to cover legal costs for employment contracts; Review BEST grant arrangements; Access to Delegate Training modules; Evaluation of the ATDP program, if not performing establish a professional association. 	This is addressed by recommendations 2, 3, and 5 of the Advocacy Reform ESORT paper.
Mr Geoff Harrison Subject matter expert	Observations and comments on the Advocacy Working Group (Sep 2023)	<u>Advocacy recommendations</u> <ul style="list-style-type: none"> Improvements to ATDP structure; Advocate professional association; Registration of Advocates; Advocacy system to include a mix of paid and volunteer Advocates; Funding targeted for ATDP trained Advocates; Improvements to ATDP training program, including training on future legislative reforms. 	This is addressed by recommendations 1, 2 and 3 of the Advocacy Reform ESORT paper.
Mr John Burrows and Mr Martin Hamilton-Smith ASASA	Advocacy working group meeting 3 summary (Sep 2023)	<u>Advocacy recommendations</u> <ul style="list-style-type: none"> Provision of training on future legislative reforms and grandfathering arrangements. Funding for increase in house advocacy capacity, incl. team leader and mentoring functions 	This is addressed by recommendations 2, 4, and 5 of the Advocacy Reform ESORT paper.
Mr Michael von Berg MC OAM, RARC	General Comments (Oct 2023)	<u>Advocacy recommendations</u> <ul style="list-style-type: none"> Return to volunteer governance of ESO Advocacy 	This is addressed by recommendation 1 of the Advocacy Reform ESORT paper.
Mr Roger Greene OAM subject matter expert	Comments on DVA discussion papers	<u>Feedback/Issues Raised</u> <ul style="list-style-type: none"> Means test any new grant funding for ESO branches or sub-branches; Two training requirement streams for advocates and delegates. 	This is addressed by recommendations 2 and 3 of the Advocacy Reform ESORT paper.



Organisation	Submission/Paper	Key Issues	DVA Comments
Mr Michael Carlon , ASASA	Commentary on advocacy reforms (Oct 2023)	<u>Advocacy recommendations</u> <ul style="list-style-type: none">• Recurrent funding to employ, train and sustain a professionally qualified advocate workforce;• Limit lodgement of compensation claims to only DVA accredited organisations, that have undergone training requirements;• Engage and consult on future legislative reforms to ensure a smooth transition;• Improvements to DVA website –recommend 'Talk to an Advocate' and reword terminology at the claims input stage.	<p>This is addressed by recommendations 1, 2, 5, and 6 of the Advocacy Reform ESORT paper.</p> <p>DVA has also introduced a 'virtual assistant' on DVA's website. A DVA website page on what veterans and families need to consider if they choose to seek the help of an advocate has also been recently published. This page is based on the JTA factsheet that DVA co-drafted to provide information about various advocacy services.</p>

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ESORT ADVOCACY PRINCIPLES AND STANDARDS WORKING GROUP ADVOCACY MODEL

Introduction

1. The Working Group is to meet again on 01/08/2023.
2. The Policy Group has circulated eleven assistance models for consideration. A range of professional and regulatory bodies are presented.

Proposal

3. This paper proposes that the delivery of high quality advocacy services necessitates:
 - a. an integrated advocacy model, and
 - b. a professional institute of military advocates.

Background

4. The paper draws on:
 - a. the many positive characteristics in the eleven assistance models,
 - b. experience with the SGB and support of the CFMG,
 - c. development of a preliminary model with Soldier On-Air Force Association,
 - d. refinement of that model for ADSO and presentation to ESORT,
 - e. discussions with subject matter experts (SME),
 - f. insights into ESOs' practices during ATDP training and assessment, and
 - g. practical experience in wellbeing-led advocacy.

Considerations

5. Key consideration from experience that drive the proposed model are:
 - a. A systems approach to advocacy is essential.
 - b. High quality advocacy necessitates a single professional ethos.
 - c. Major ESOs must not know that:
 - (i) veterans and their families see them delivering advocacy services, and
 - (ii) their access to DVA funding and their marketing imperatives are preserved

Proposed Model

6. The schematic of an integrated advocacy model is attached to frame WG discussion.

Caveat

7. Although independent, the institute must be integrated into the advocacy system. Its charter must therefore mandate the following responsibilities and accountabilities:

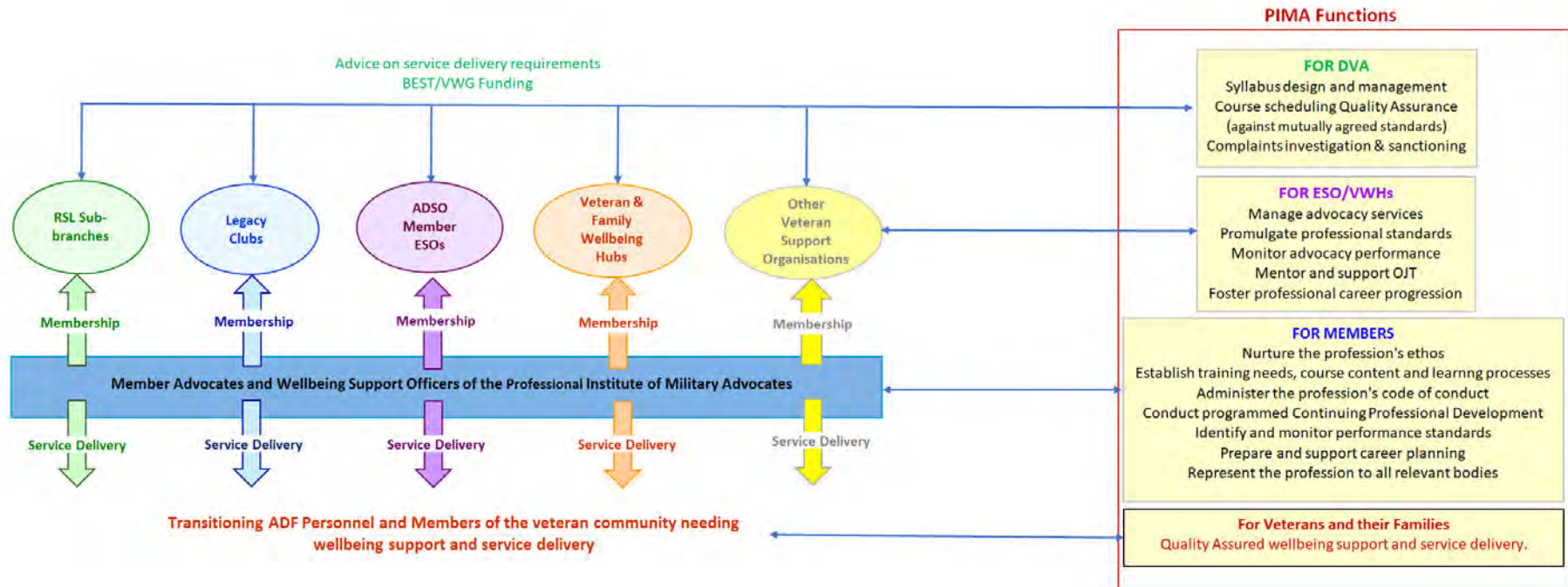


- a. With DVA: quality standards for advocacy service delivery.
- b. With ESO/VWC Executives: advocacy service delivery and training demand.
- c. With Advocates: identification of training content and engagement in CPD and QA.
- d. With the RTO: delivery and quality assurance of advocate training and accreditation.
- e. With PI Insurers: risk identification and management
- f. With VITA: administration of PI for accredited and authorised advocates.
- g. With RTO: course development and scheduling of ATDP training courses.
- h. With DVA: oversight of the quality of advocacy support and funding of training and service delivery.
- i. With All: complaints investigation and sanctions.

Veterans Wellbeing Network Mid North Coast
31 July 2023



INTEGRATED ADVOCACY MODEL





VETERANS WELLBEING NETWORK
MID NORTH COAST

ABN: 38 697 186 706
Patron: CPL Mark Donaldson, VC

ESORT ADVOCACY PRINCIPLES AND STANDARDS WORKING GROUP REFLECTIONS AND PROPOSITIONS

EXECUTIVE SUMMARY

Modern social service systems are sites of collaboration – not just top-down compliance policing.

Purpose

This paper outlines a framework for development of a transformative military advocacy system.

Framework

Key considerations are:

- The cost of paid advocacy necessitates the continuation of volunteer advocacy (para 12).
- The current cohorts of salaried and volunteer, advocates and trainees should be adequate to meet demand for the foreseeable future (para 15).
- ‘Friction’ is a significant challenge for advocacy system design, necessitating long-term concrete attention to relationship building (paras 21 and 28).
- Professionalisation remains thwarted by the absence of ethos, necessitating inclusions in the Course in Military Advocacy and continuing profession development (para 24).
- Military advocacy is a complex system of systems, necessitating robust engagement of all parties during design and ongoing during subsequent operation (Note 17 and para 27).
- Significant power inequalities are inevitable, necessitating particular attention to relative influence during system design and system operation (para 31).
- Creation of a professional institute of military advocates offers significant benefits for all parties (para 33) but, while independent, must be integrated into the advocacy system (para 34).
- The Government’s and DVA’s focus on wellbeing necessitates a radical redirection of advocacy practices; however, a model has been developed for adoption/adaptation (para 39).
- The Government’s Measuring What Counts initiative, performance audit pressures and professionalisation of advocacy mandate integration of quality assurance into the advocacy system (para 43).
- The importance and enormity of the design task necessitates co-design (para 45).

Conclusion

The Working Group is a crucial opportunity for advocates, ESO/VWCs and DVA to progress true stewardship, transcending veteran families’ expectations and the Government’s socio-economic policy imperative.

Recommendations

The key recommendations are that:

- an experienced advocate be appointed to ESORT to advise on practical advocacy matters; and
- beyond the Working Group’s report to ESORT, a team be formed to co-design the system.



ESORT ADVOCACY PRINCIPLES AND STANDARDS WORKING GROUP REFLECTIONS AND PROPOSITIONS

*If the indicators governments currently rely on are the 'street map' of public decision-making...
Measuring What Matters [is] the 'GPS', providing practical guidance to a destination.*
Andrew Hudson

Setting

1. This paper comprises two sections.
 - a. Reflections is prompted by participants' interventions during the first meeting of the ESORT Advocacy Principles and Standards Working Group.
 - b. Propositions that identify framework issues for the second meeting on 01/08/2023.
2. The paper draws on engagement in the professionalisation of advocacy, discussions with subject matter experts (SME), insights into ESOs' practices during ATDP training and assessment, and practical experience in wellbeing-led advocacy.
3. Its purpose is to:
 - a. question key assumptions about military advocacy, and
 - b. identify key considerations in transition to an advocacy system.
4. The paper is grounded on the reality that a systems approach to advocacy is essential.

Context

5. Incontestably, lodgement of a 'complete' claim and a favourable decision are essential pre-requisites to veterans and families' access to entitlements in veterans' legislation.

Reflections

6. The Working Group title, Discussion Paper and the first meeting's proceedings focused participants on the symptoms of failure. While necessary, such analysis is not sufficient.
7. Some of the framework issues that drive and impede military advocacy but were not discussed during the first meeting include:
 - a. volunteer and paid advocacy,
 - b. advocacy demand,
 - c. sources of 'friction',
 - d. importance of ethos.

Volunteer and Paid Advocacy

8. Volunteering is important to government as a saving and to the community for its contribution to social capital. Thirty percent of Australians over 15 years (5.8 million) volunteer through an organisation, contributing \$290 billion to the socio-economic

good. Per annum, around 25% of volunteers provide more than 100 hours of their time, and around 40% more than 10 years of service.¹

9. The post-ADF tradition of ‘mates helping mates’ is now over a century old. For many, advocacy is a continuation of their commitment to service and meaningfulness to life. Anecdotally, most provide around 10 hours service per week and around 10 years of service. However, for a significant number, volunteer advocacy is a full time occupation.
10. ATDP data² show that there are 1,155 accredited advocates and candidates-under-training. Anecdotally, around 100 of the cohort are salaried. An overwhelming majority are therefore volunteers.
11. Annex A estimates that:
 - a. the number of paid advocates³ required to prepare the typical number of claims and appeals lodged before the introduction of MyService⁴ would cost around \$16.5m per annum.
 - b. at the current effective cost per volunteer hour,⁵ the number of volunteer advocates required to meet the same demand saves the government and ESOs around \$20.4m.
12. With respect to the current extent of paid advocacy:
 - a. QLD RSL employs most of Australia’s salaried advocates, overwhelmingly focused on primary claims only.
 - b. RSL NSW intended to have only paid advocates focused on primary claims. It now plans to have one volunteer wellbeing support officer in each Sub-Branch.⁶
 - c. Small numbers of paid advocates are employed by Veterans Centres in Victoria and Legacy in Sydney.

Projected Advocacy Need

13. The projected need for advocate was last examined in 2018⁷ before the introduction of MyService.
14. The analysis at Annex A suggests that:
 - a. over the period FY2021-2023, around 1 in 4 veterans sought a Compensation Level 1 or 2 (primary claims) advocate’s support;
 - b. the assumption that military advocacy is in trouble appears to be supported:
 - (i) 392 accredited advocates are over 60 and can be expected to retire from advocacy over the next 10-15 years; and
 - (ii) to replace the retiring cohort, there are 272 compensation Levels 1 and 2 advocates and candidates are under 60 years of age.

15. Deeper analysis paints a different picture:

¹ https://www.volunteeringaustralia.org/wp-content/uploads/VA-Key-Statistics_2020.01.pdf

² <https://web.atdp.org.au/index.php> ; ATDP Update, June 2023, p3.

³ Primary Claims: 146 advocate; VRB: 78 advocates; AAT:19 advocates.

⁴ Primary Claims: 10,500; VRB Appeals: 2,800; AAT Appeals: 50.

⁵ \$46.62 per hour: <https://explore.fundingcentre.com.au/help-sheets/valuing-volunteer-labour>

⁶ RSL NSW Board monthly reports and RSL Lifecare Annual Reports advise significant financial challenges.

⁷ Scoping the Issues, 8 March 2018.

- a. Currently, a total of 357 accredited advocates and candidates are practicing in compensation at Levels 1 and 2.
 - b. Therefore, with around 100 being salaried, around 257 are volunteer advocates.
 - c. Assuming that the demand for primary claims advocacy support remains around 1 claim in 4,⁸ a workload of around 10,000 claims pa:
 - (i) 172 volunteer compensation advocates are required to complement the 100 salaried advocates; and
 - (ii) 272 replacements are currently either accredited or under training.
16. The current cohorts of salaried or volunteer, practicing advocates and candidates-under-training should be adequate to meet demand for the foreseeable future.

Friction

17. Senior DVA officers have repeatedly assured advocates that it has no intention to discontinue advocacy. Salaried advocates appear to accept the assurance. Volunteer advocates' scepticism is profound. A fundamental question therefore arises for the future advocacy system:

Why do volunteer advocates express such robust disbelief in DVA's assurance?

18. The following influences are evident.
- a. Historically:
 - (i) Despite robust exchanges, the TIP National Committee of DVA officers and State TIP Chairs developed a sound working partnership. The principals subordinated inter-cultural differences in the interests of veteran and family.
 - (ii) Advocates were satisfied by TIP-training. A few days away with 'mates' and, for most, no follow-up training at their ESO created an undemanding volunteer environment.
 - b. Inter-cultural:
 - (i) Even though the veteran and family's wellbeing is the shared objective, significant differences in underlying values and motivations are inevitable between DVA officers and ESO advocates.
 - (ii) Cultural differences are also tangible within ESOs. Committees tend to focus on commemoration, while their advocates focus on the veteran and family. Generally, advocates feel unsupported by their Committees
 - c. Inter-personal. As human beings are the interface between organisations, inevitably, inter-cultural differences surface as inter-personal tensions.
19. Significant differences in the focus of advocacy are an emerging source of friction:
- a. Veterans' suicide has moved the focus of DVA support to the veteran and family's wellbeing.⁹

⁸ From Annex A:

- before the introduction of MyService around 10,000 primary claims were lodged pa.
- over the period FY2021-2023 around 44,000 veterans lodged primary claims pa.

⁹ The scope of DVA's Transition and Wellbeing Research Program and the letterhead 'Transforming DVA' highlight the enormity of DVA's change process.

- b. Despite the overwhelming evidence,¹⁰ ESOs and advocates remain focused on compensation.¹¹
20. The advocacy system itself is another source of friction (see para 28 below).
21. Mitigation of friction necessitates the following actions:
- a. sustained, concrete attention to relationship building;
 - b. a partnership approach by the parties;
 - c. mutual trust, built over time through sustained effort by all parties;
 - d. high level transparency and accountability built on:
 - (i) each party's deep understanding of the others' imperatives and constraints,
 - (ii) open information exchange on:¹²
 - (a) legislative interpretations,
 - (b) the intentions of policy, and
 - (c) feedback on outcomes;
 - (iii) regular face-to-face contact (by, at least, video-conferencing);
 - (iv) culturally aware communication; and
 - (v) an experienced advocate at the ESORT table, advising on:
 - (a) ramifications for advocacy of legislative, policy and procedural change, and
 - (b) advocates' strategic and high-level policy concerns.

Ethos¹³

22. Despite best endeavours,¹⁴ ATDP has not inspired an ethos.¹⁵ While a comprehensive Policy and Procedures Manual included chapters on professionalism and ethos, regrettably, the manual was never released to practicing advocates.¹⁶
23. Key elements in the ethos of professional advocacy are:
- a. All military advocates share a common responsibility. They:
 - (i) are delivering a beneficial service, and
 - (ii) must ensure that veteran and family receive their full legislated entitlements.

¹⁰ For example: Treasury's Measuring What Matters Statement; and successive ANAO criticism of DVA's single performance metric (TPPP).

¹¹ While some major ESOs have adopted the term 'wellbeing', their actions evidence little awareness of DVA's research, and policy.

¹² To stress a point made during Meeting No 1: Delegates and Advocates must use the **same** information. In this respect, the in-session write-up 'similar' policy is inadequate. Advocates' open access to CLIK and Businessline is required.

¹³ Ethos is a statement of a profession's values and beliefs. It grounds the profession's approach to service delivery. At the personal level, acceptance of the profession's ethos is the foundation of performance.

¹⁴ The SME that developed the content for the Course in Military Advocacy:

- were unanimous in their objective of 'professionalising' advocacy, irrespective of whether voluntary or salaried;
- replaced the repetitive TIP Refresher with a programmed approach to continuing professional development (CPD);
- compiled a comprehensive ATDP Policy and Procedures Manual, with guidance on mentoring, continuing professional development, the development of a professional ethos and culture change.

¹⁵ Arguably, ATDP's failure to inspire an ethos is the inevitable outcome of the following:

- TIP's assumption that ESOs would mentor and provide OJT (very few did);
- ATDP's adopted focus (from TIP) on knowledge, with skill-development added; and
- the assumption that 'mates' who volunteer to help 'mates' have their heart in the right place.

¹⁶ Even the current Mentoring Policy (v2.5 1 February 2023) contains no guidance on either professionalism or professional ethos. <https://web.atdp.org.au/docs/pdf/MentorPolicy.pdf>

- b. High quality service delivery necessitates continuous and comprehensive blending of knowledge and skill.
 - (i) For the advocate, continued learning and improved practice requires commitment.
 - (ii) For the profession, that shared commitment is embedded in its ethos.
24. Without an ethos, advocacy principles and practices will be soulless. Actions needed are:
- a. release of the ATDP Policy and Procedures Manual to advocates; and
 - b. inclusion in the Course on Military Advocacy of learnings in the:
 - (i) rationale for professionalism in advocacy, and
 - (ii) dimensions of professional ethos; and.
 - c. Inclusion in the program of CPD of learning activities on:
 - (i) the need for and failures of ethos, and
 - (ii) attitude and change.

Propositions

25. This section addresses the following:
- a. Complexities underlying a systems approach.
 - b. Managing power inequality.
 - c. A professional advocacy body.
 - d. Some considerations that shape the advocacy model.
 - e. Quality assurance.

System Complexity

26. The Working Group has adopted a systems approach. While necessary, this is not sufficient. The military advocacy system is a complex system-of-systems.¹⁷
27. A comprehensive model will include the following partners, each inter-dependent, inter-acting complexly, and interconnected by a voice-data communications web:
- a. Institutional: DVA, VRB and AAT.
 - b. Organisational: ESOs and Veteran Wellbeing Centres.
 - c. Advocates: Individually, as advocacy teams and as Communities of Practice.
28. Friction is inefficient and thwarts effectiveness. To mitigate friction, the advocacy system must ensure that:
- a. each partner engages equitably with the others;
 - b. the communications web promulgates:
 - (i) commonly-needed information to all users simultaneously, and
 - (ii) sensitive and confidential information in accordance with the Privacy Act;
 - b. feedback loops are exploited by:

¹⁷ That complex system is best understood to contain significantly different sub-systems. Some features will be common. Most will be dynamic and non-linear. Some will exercise control top-down through power inequalities. While others will be self-governing through voluntary adherence to policy and procedure. In other words, the advocacy system will not lend itself to a top-down, deterministic, approach

- (i) actively seeking and nurturing synergies, and
- (ii) identifying, testing and measuring emergent behaviours for effectiveness.

Managing Power Inequalities

29. Power inequalities are inevitable across the advocacy system. The system's efficiency and effectiveness depend on how well they are managed.
30. Power inequalities are inherent in:
- a. parties' assumptions and priorities,
 - b. system design,
 - c. policy-setting,
 - d. decision-making, and
 - e. resource allocation.
31. Therefore, during system design and system operation, particular attention must be paid to the relative influence of:
- a. DVA and ESO/VWCs' imperatives and constraints;
 - b. large and small ESOs and VWCs;
 - c. city and country veteran families' service needs and access to service providers;
 - d. volunteer and salaried advocacy; and
 - e. wellbeing and compensation advocacy.

Professional Institute

32. The advocate is the least powerful – yet most crucial – party in the military advocacy system. Although not justified by power inequalities, a professional institute:
- a. balances a significant power imbalance, and
 - b. brings significant benefits to the advocacy system.
33. Benefits include:
- a. for ESO/VWC: advocates practice in their ESO/VWC, but committees are released from:
 - (i) managing advocacy services,
 - (ii) promulgating professional standards,
 - (iii) monitoring advocates' performance,
 - (iv) mentoring and OJT, and
 - (v) professional career progression;
 - b. for DVA: devolution of responsibility for:
 - (i) syllabus design and management,
 - (ii) course scheduling,
 - (iii) quality assurance (against mutually agreed performance standards), and
 - (iv) complaints investigation and sanctioning; and
 - c. for advocates: membership of an independent body with the same authority as all professional institutes, that works with them to:
 - (i) establish their training needs, course content and learning processes;

- (ii) nurture the profession's ethos;
 - (iii) administer the profession's code of conduct;
 - (iv) prepare and conduct programs of continuing professional development;
 - (v) identify and monitor performance standards and sanctions;
 - (vi) prepare and support career planning; and
 - (vii) represent the profession's interests to all relevant bodies.
34. Although independent, the institute must be integrated into the advocacy system. Its charter must therefore mandate the following responsibilities and accountabilities:
- a. With DVA: quality standards for advocacy service delivery.
 - b. With ESO/VWC Executives: advocacy service delivery and training demand.
 - c. With Advocates: identification of training content and engagement in CPD and QA.
 - d. With the RTO: delivery and quality assurance of advocate training and accreditation.
 - e. With PI Insurers: risk identification and management.
 - f. With VITA: administration of PI for accredited and authorised advocates.
 - g. With RTO: course development and scheduling of ATDP training courses.
 - h. With DVA: oversight of the quality of advocacy support and funding of training and service delivery.
 - i. With All: complaints investigation and sanctions.

Advocacy Model

35. On the evidence of experience since 2016, design of the advocacy system must address:
- a. corrosive ramifications of slow progress during training;
 - b. intrinsic value of practice for volunteer advocates;
 - c. role of Communities of Practice in case-sharing, mentoring and CPD;
 - d. relationship between mentoring and OJT within the learning pathway; and
 - e. transition from compensation-based to wellbeing-focused advocacy.
36. The Government's and DVA's focus on holistic wellbeing support and measurement mandate a fundamental change in ESOs and advocates advocacy practices.¹⁸
37. A small number of ESO/VWCs have already transitioned to wellbeing-led advocacy, providing a validated model for wider adoption or adaptation.
38. Key influences in wellbeing-led advocacy include:
- a. The Veteran Centred Wellbeing Model drives veteran and family support and service delivery.
 - b. Wellbeing advocates need information from all seven domains to deliver wellbeing support and services.
 - c. Compensation advocates' focus rests in the Income and Finance domain.
39. Experience shows that the following work breakdown is efficient and effective:

¹⁸ VWNMNC has embedded wellbeing advocacy in its bespoke client management system.

- a. wellbeing advocate/support officer:
 - (i) triage the veteran and family, guide access to non-liability care and connect the family with community-based service providers; and
 - (ii) guide veteran's collation of service, medical, POI, and domain-specific information related to their whole family's situation and needs; and
 - (ii) engage with the compensation advocate member of the team, ensuring that the service and medical information gathered permits claim initiation;
 - (iv) continue to 'walk beside' the veteran and family, as and when needed (adding DVA-administered wellbeing services following a successful claim).
 - b. compensation advocate will:
 - (i) access the claims-related service and medical information,
 - (ii) interview the veteran to prepare the contention/statement of attribution,
 - (iii) lodge the claim,
 - (i) receive the decision/determination,
 - (ii) debrief the veteran, and
 - (iii) if required, refer the veteran to a L3 advocate for appeal.
40. Professional Indemnification¹⁹ defines wellbeing roles and responsibilities:
- a. wellbeing advocates:
 - (i) at L2: provide advice, connect veteran and family with service providers, monitor the timeliness and quality of service delivery;
 - (ii) (in due course) at L3: monitor the timeliness and quality of service delivery, and advocate on the veteran and family's behalf where shortcomings occur in services received.
 - b. wellbeing support officers:
 - (i) are not trained to a level to provide advice,
 - (ii) support a wellbeing and compensation advocate by guiding the veteran and family to gather the information needed, and
 - (iii) in regional, rural and remote areas: being the local contact point through which to link with advocacy services.
41. The proposed combined Level 1 course will prepare candidates for the wellbeing support officer role. However, mentor-support for interview skills may be required.

Quality Assurance (QA)

42. ATDP²⁰ identified the following QA principles:
- a. both satisfaction and impact/outcomes must be measured;
 - b. the RTO measures satisfaction with training;
 - c. the in-service adequacy (impact) of training is not measured;
 - d. DVA samples veteran satisfaction with its services annually;

¹⁹ Negligent wellbeing practice can lead to 'loss' including failure to access a service, inadequate monitoring of service provision leading to wellbeing damage, and damage to reputation through disclosure of personal information.

²⁰ Tasked in 2020 by DVA and considered in 2022 by ESORT, progression is stalled.

- e. the impact of services is not measured;
 - f. the wellbeing outcome (impact) of services received by veteran and family must be measured.²¹
43. QA must be embedded in the advocacy system because:
- a. all the partners and the web of communications must be engaged;
 - b. advocacy and service delivery aim to remedy wellbeing shortcomings;
 - c. the quality of services delivered is determined by the impact achieved;
 - d. impact is unlikely to be instantaneous, necessitating longitudinal sampling;
 - e. the impact achieved is fundamental feedback to the whole system:
 - (i) confirming and/or influencing transformation of its values, processes and performance;
 - (ii) development of advocate training, CPD and service delivery; and
 - (iii) information needed by the parties to satisfy their stakeholders; eg. for:
 - (a) the Central Agencies and ANAO,
 - (b) ESO/VWCs: donors and members,
 - (c) advocates: their ESO/VWC, and
 - (d) veteran families: the expectations explicit in legislation and policy.

Summary

44. The development of advocacy models, principles and practices must be informed by lessons learned from experience.
45. This paper is grounded on conceptual development during ADTP design and implementation, and practical advocacy over time. It seeks to present a coherent framework to progress ATDP's key objective: the professionalisation of military advocacy.

Conclusions

46. Key conclusions are that:
- a. the importance and enormity of the task necessitate co-design of the military advocacy system by advocates, ESOs and DVA; and
 - b. an effective and efficient advocacy system necessitates joint collection and analysis of data.²²

Veterans Wellbeing Network Mid North Coast 25 July 2023

²¹ VWNMNC has integrated quality assurance into its client management system (VWMS). The VWMS includes triage and longitudinal wellbeing assessment instruments. See <https://www.vcmnc.org.au/veterans-and-family-wellbeing/> Survey responses are lodged online and registered directly into the veteran's client file. Longitudinal measurement enables monitoring and face-to-face remediation of unsatisfactory and unintended outcomes.

²² Pertinently, Sophie Howe, the Inaugural Welsh Future Generations Commissioner, has emphasised the importance of long-term, data-enabled processes that extend beyond government to the community and private sectors.

ANALYSIS OF DEMAND FOR ADVOCATES

Historical Demand for Advocacy Support

1. The annual average number of primary claims before MyService was introduced was 10,500; and Appeals to the VRB 2,800 and AAT 350.
2. Applying these data, a 2018 study¹ estimated that the aggregate number of salaried (FTE) or volunteer advocates to meet the (then) demand is as listed at Table 1.

Stream	FTE	Volunteer	
		Claims Data	Wellbeing
Wellbeing:	-	182	547
Compensation:			
L1 & L2	97	-	-
L3	78	-	-
L4	19	-	-

Table 1. Demand Driven Advocacy

3. Table 2 lists the assumptions used in the following analyses.

Assumed FTE Effort hours/pa:	1800	
Assumed Volunteer Effort hr/pa:	480	
Advocate Salary	L1	\$ 50,000
	L2	\$ 60,000
	L3	\$ 75,000
	L4	\$ 100,000
Effective Cost Volunteer Effort/hr:	\$ 45	

Table 2. Assumptions

4. Applying the assumptions at Table 2 to the number of primary claims and appeals at paragraph 1, estimates of the number of salaried advocates (FTE) and salary expense, and number of volunteer advocates and effective savings are listed in Table 3.

Type	Number	Hours/Type	Total Hours pa	FTE		Volunteers	
				Number	Salary Expense	Number	Effective Saving
Primary Claims	10,500	25	262,500	146	\$ 8,750,000	547	\$ 12,237,750
VRB Appeals	2,800	50	140,000	78	\$ 5,833,333	292	\$ 6,526,800
AAT Appeals	350	100	35,000	19	\$ 1,944,444	73	\$ 1,631,700
Totals:	13,650	-	437,500	243	\$ 16,527,778	911	\$ 20,396,250

Table 3. Estimated Salary Cost and Effective Savings

Estimated Current Demand for Advocacy Support

5. While the estimates at Table 3 are based on demand before the introduction of MyService, they remain useful for the following reasons:

¹ ATDP, Strategic Governance Board, *Scoping the Issues*, 8 March 2018.

- a. DVA data as at 30 June 2023 show that:²
 - (i) DVA received 63,853 claims in FY2021-22 and 78,306 claims in FY2022-23;
 - (ii) the average number of claims lodged by each veteran was 1.5 claims;³
 - b. Dividing sub-para (i) by sub-para (ii), around 44,000⁴ veterans lodged claims pa, over the period FY2021-23.
6. Comparison of sub-para 5.b with pre-MyService demand at para 1 suggest that one-in-four veterans⁵ may have consulted an advocate.

Current Advocacy Cohort

7. ATDP News reported the following data at 19 June 2023:

- a. The number of accredited advocates per stream of practice and level was:

Stream	L1	L2	L3	L4	Total
Compensation	99	176	44	4	323
Wellbeing	39	190	-	-	229
Dual Accredited	C1/W1	C2/W1	C3/W1	C4/W1	96
	14	7	6	0	
	C1/W2	C2/W2	C3/W2	C4/W2	
10	51	27	8		
Grand Total:					662

Table 4. Current Cohort of Accredited Advocates

- b. The number of candidates-under-training per stream of practice and level was:

Stream	L1	L2	L3	L4	Total
Compensation	225	86	26	1	338
Wellbeing	134	21	-	-	155
Grand Total:					493

Table 5. Current Cohort of Trainee Advocates

Age Profile of Current Cohort

8. Data available to ATDP volunteers at 5 August 2021 show that the (rounded) age profile of accredited advocates and candidates-under-training was:

Age	Accredited		Trainee %	
	%	Number	%	Number
<40	10	66	15	74
>40 <50	12	79	19	94
>50 <60	18	119	21	104
>60 <70	29	192	30	148
>70 <80	30	199	15	74
>80	1	7	-	-

Table 6. Age Distribution of Cohorts

² <https://www.dva.gov.au/claim-processing#why-the-number-of-claims-has-increased>

³ In June 2023: 21,164 veterans lodged 32,153 claims (calculation: 32153/21164 = 1.519)

⁴ Calculation: ((63,853+78,306)/2)x(1/1.5) = 44,020.

⁵ Assumption: The ratio of claims lodged in 2018 to the average number over FY2021-23 (44,020/10,500).

Capacity to Meet Demand

9. Table 6 shows that:
 - a. 272 compensation Levels 1 and 2 advocates and candidates are under 60 years of age;
 - b. 392 accredited advocates are over 60 and can be expected to retire from advocacy over the next 10-15 years;
 - c. around 2/3 of the number needed will be available to replace retiring advocates; and
 - d. the assumption that military advocacy is in trouble appears to be supported.
10. Comparison of Tables 1 and 6 paints a different picture:
 - a. Currently:
 - (i) a total of 357 accredited advocates and candidates are practicing in compensation at Levels 1 and 2;
 - (ii) assuming that 100 are paid advocates, 257 are volunteer advocates.
 - b. Assuming that the demand for primary claims advocacy support remains around 10,000 claims pa:
 - (i) 172 volunteer compensation advocates are needed to complement the 100 paid advocates;
 - (ii) sub-para 9.a shows that, currently, 272 replacements are either ready or getting ready to meet demand.

Conclusions

11. The current cohorts of salaried or volunteer, practicing advocates and candidates-under-training should be able to meet demand.
12. Military advocacy is not in terminal decline.

29 May 2024

ADVOCACY.POLICY@dva.gov.au

RE: Summary of RSL views expressed in the meeting of 1 August 2023

Consideration of Advocacy Models

Regulatory Body

There is a requirement for a Regulatory Body (or Board) to oversight the provision of training via ATDP, and also to oversight the delivery of services that are provided through the ESOs.

Background

In July 2021 the Governance structure of ATDP was changed. The management of ATDP transferred across to DVA but there was no supporting governance structure put in place. The early governance structure consisted of a Strategic Governance Board and the Capability Framework Management Group. These two groups no longer exist and their roles as they existed then are not readily available on their website.

The following extracts from the Advocacy News gives some insight -

In the **July 2020 edition of the Advocacy News**, Jenny Walker, the Chair of the Strategic Governance Board advised -

*It has been some time since the Board met and there was certainly plenty of robust discussion about the program's achievements and future challenges. Topics discussed were broad ranging and included **ATDP governance arrangements, complaints management, the Memorandum of Understanding (MOU) between the ATDP and our partner Registered Training Organisation (RTO), ATDP Website content and future SGB meeting frequency.***

In the **July 2021 edition of the Advocacy News**, Jenny Walker commented on the cessation of the existing governance arrangements –

In his 2018 report on the Advocacy Scoping Study, Robert Cornall commented that the legal status of the ATDP was unclear and needed to be addressed. On behalf of the SGB. I wrote to the Minister for Veterans' Affairs late last year asking for advice on the government's intentions regarding the Cornall recommendations that included the need for the ATDP to be part of an organisation or company. In light of the SGB's completion of the task of implementing the Blueprint from the Rolfe Review that established

ANZAC House, 283 St Pauls Terrace, Fortitude Valley Qld 4006

Phone 07 3634 9444 Email reception@rslqld.org

 rslqld.org



RSL
Queensland

*the ATDP program and the need for a more sustainable management of the program, I asked for the governance arrangements of the ATDP to be reviewed and for the roles and responsibilities of both the Capability Framework Management Group (CFMG) and the SGB to be revisited. The issue was canvassed in ESORT, consultation across a range of forums occurred, and the Minister has now determined the new governance arrangements for ATDP. DVA will assume overall responsibility for the ongoing management of the ATDP. **This means that the SGB and CFMG will no longer be required to oversee the program.** Transition arrangements are being worked through at present. Cornall recommended that the training management roles needed to be paid professional roles rather than being done, effectively full-time, by volunteers. DVA will work with the contracted registered training organisation to see if it can take on additional responsibilities, including course design, training and assessment, continuing professional development and the National Training Manager role. This may require some new capabilities to be developed by the RTO.*

Whilst the provision of training services and the information flowing from ATDP has improved since the transfer of the ATDP training responsibility to DVA, the new arrangement has demonstrated a need to re-establish a transparent and effective regulatory body.

The ESORT Advocacy Working Group

The ESORT Advocacy Working Group were provided with four examples of existing Government regulatory bodies. Most had good features which should be considered. The Tax Practitioners Board was particularly of interest because there appeared to be many features which would be transferrable to a DVA environment.

It is proposed by this member of the Working Group that the basic principles and functions of this Board should be carefully considered. The Tax Practitioners Board (TPB) has a membership of 7 – with ‘diverse backgrounds’. It is proposed that an ‘Advocacy Regulatory Body’ would also need to seek to include ‘diverse backgrounds’.

- Suggest an ‘Advocate Practitioners Board’ for DVA advocacy. Board membership numbers to be roughly equivalent to the TPB, but the Board also would require some support staff to manage the monitoring and reporting requirements..
- Funded by DVA. It is noted that the examples provided were all funded by Government.
- The role of the Board could include;
 - High level management of ATDP
 - reporting to DVA and ESOs on the overall effectiveness of the program
 - Oversighting and reporting on registration/accreditation of advocates,
 - QA (internal ESO QA),
 - ESO maintenance of client records,
 - consistency of approach,
 - complaints.
- The Board could work directly with ESOs and ensure ESOs fully understand their roles and the necessary standards and principles. Hence the need for support staff.

As with the TPB, this Board and its staff would have more than just a governance role – it would oversight the actual delivery of services to facilitate consistent delivery nationally. The TBP has authority to visit offices and check records to confirm adherence to processes and procedures.

Membership – suggest include –Chair person (DVA) and DVA Member (independent of ATDP) and DVA SME, ESO Senior rep. and ESO SME, RTO rep, ATDP rep.

DVA to lead – ESOs may have the skills but they need national external oversight to ensure a consistent delivery of services across all participating ESOs in all States.

The establishment of a regulatory body should be regarded as a priority.

ATDP

ATDP – to remain as it is under DVA management. To retain RTO and ESO SMEs + CPD function. DVA to manage training, accreditation courses and CPD through ATDP.

It is suggested that there would be some benefit in having DVA delegate/s available as an SME point of contact for ESO advocates who have complex queries that are outside the experience and knowledge of their known mentors. This arrangement would assist in relation to the concerns expressed about the availability and knowledge of mentors and ensure access to expert advice. It would also build the relationship between DVA and practising ESO advocates.

ATDP to continue to be funded by DVA.

DVA

DVA should develop processes to be in a position to provide Quality Assurance (QA) reports on claims lodged by ESO advocates– that is, high level reporting on the quality and completeness of the claims being lodged with the support of advocates. Reporting on outcomes should be distributed to ATDP and to individual ESOs via the Regulatory Board. This can identify training gaps and give ATDP an insight into where supplementary training (CPD) should be focussed. This was discussed at the meeting and a very brief outline of a process which did exist in DVA (and no longer does) is included as an attachment.

The reviews of advocacy services that have been conducted have delivered a consistent message about the varying levels in the quality of the advice and support being provided by ESO advocates. As discussed at the meeting – it will be difficult for ESOs to make genuine improvements in the quality of their services if they don't know where they are going wrong. The ultimate goal should be that veterans are able to lodge 'decision ready' claims with the assistance of their advocates. If this is achieved, it will be a very genuine support for DVA delegates. Any QA process should be developed with this in mind.

Funding

DVAs relationship with the ESO advocacy process has been variable, possibly because of the variable quality of the services provided (mentioned above). It is important to understand and to acknowledge the benefit of having well trained advocates to support veterans and their families. With careful planning, DVA could very effectively work in partnership with ESOs to deliver a holistic compensation advocacy and wellbeing support approach.

This will require adequate funding for both the regulation of the program and also for the 'BEST' funding of advocacy services. In a cooperative partnership, this could be a cost-effective approach which would provide demonstrable improvements in the outcomes for veterans. As per the discussions at the meeting, it is important that the BEST funding process is reviewed.

ADVOCACY

Considering existing models

National Disability Advocacy Program (NDAP)

Pros

1. Assists with primary level claims.
2. Focussed on Welfare/Wellbeing issues. There may be some learnings here re how they approach it.
3. Advocates responsible to maintain their certification (National Standards of Disability Services (NSDS) certification).
4. Funded by the Federal Govt.

Cons

1. This does not really apply to compensation type claims – or appeals.

Older Persons Advocacy Network (OPAN)

Pros

1. National program which is free to users
2. Provides advice and education.
3. Funded by Federal Govt
4. Provides competencies, data collecting reporting and quality assurance – education on consumer rights and responsibilities.
5. 20/21 cost \$27.89m
6. Manages feedback about advocates and member organisations.

Cons

1. OPAN only provides limited training for advocates.
2. No mention in the summary re how many advocates there are.
3. Provider (ESO) governance an issue. It appears that OPAN itself undertakes the roles in relation to data collection, reporting and quality assurance. (As already noted, a separate Regulatory body should be considered for our circumstances)

Veterans UK Royal British Legion War Pensions Representative

Pros

1. Largest Armed forces charity – has 110,000 volunteers.
2. Provides support and advice to members of the armed forces and their families.
3. Provides 'A' advocacy i.e. working with Govt on the provision of services
4. Governed by a Board of Trustees

UK Appeals

1. Roughly similar appeal process with roughly similar numbers
2. Veterans UK assist by providing a statement of case for appeals.
3. 2nd tier appeals are considered re a point of law.

4. Veterans UK only attend if there is an issue re the integrity of the compensation scheme. (In summary the advocacy assistance in relation to appeals is quite limited. The 2nd tier appeals (our AAT) only considers cases on a point of law and appearances are not required.
5. **COMMENT** – I find the above approach an interesting concept and wonder if DVA have considered this in relation to any submission re the new appeal body (replacement for the AAT). DVA's current approach to AAT appeals is overly 'enthusiastic' – as confirmed by the approximately \$10m they spend each year on legal services for a very limited number of AAT appeals.
6. Not clear if there is Govt funding for the UK appeals process.

Veterans Welfare Service

1. This is a Govt funded service to ensure care and support to veterans.
2. Facilitates access to appropriate services.
3. Does not provide compensation advocacy.
4. 82 staff located across the country.
5. Support continues for at least two years after transition.
6. Funding approximately £15m pa
7. Do not require specific qualifications for welfare managers – 6-9 months training provided.

Con – does not appear to have a compensation advocacy service at primary level.

COMMENT - The provision of welfare advocacy services is something we could potentially learn from and suggest it should be given further consideration.

Canadian Bureau of Pensions Advocates (BPA)

'If you choose to review or appeal a disability benefits decision made by Veterans Affairs Canada, the Bureau of Pensions Advocates (BPA)—a nation-wide organization of lawyers within Veterans Affairs Canada—can provide you with free legal advice and representation.' (From their website)

Pros

1. Independent representation
2. Free of charge (including additional medical reports)
3. Assesses the correctness of the primary claim decision and decides if to proceed to review.
4. BPA can take a case to the Review Board regardless of merit.
5. BPA has 98 staff plus 15 casuals.
6. Cost is \$11.2 m plus some additional costs.
7. Have 14 offices across Canada.
8. Review Board is somewhat similar to our VRB.
9. Higher level appeals only considers matters on the papers. The BPA advocate can assist with a written submission.

Cons

There appears to be no nationally funded advocacy assistance provided to lodge primary claims – BPA only deals with reviews and appeals.

1. In relation to the provision of advocacy services, the BPA provides access to solicitors to support veterans with their appeals. In Australia, practising solicitors cannot appear before the VRB at a hearing. This means that their support with appeals would potentially be limited to the AAT.

2. The notion of having funding for legal representation for cases that do proceed to the AAT has merit, but consideration should be given to the role of the AAT and whether new evidence should be introduced and tested in a court room environment.
3. The cost to the Govt to represent the Respondent (DVA) at hearings is already significant. The proposal to fund legal support for the Applicant would significantly increase the cost to the Govt. of any appeal.

It is noted that the **Royal Canadian Legion** provides assistance with primary level claims in much the same way that Australian ESOs help members and former members of the ADF. Whilst there are other ESOs in Canada, The Royal Canadian Legion would appear to be the 'peak body'.

'The Royal Canadian Legion's Veterans Services Network works on behalf of Veterans to ensure they receive the benefits they deserve. We offer assistance and information on sometimes-complicated processes.'

The Legion's Veterans Services Network consists of volunteer Branch Service Officers and Professional Command Service Officers who provide assistance at all stages of the disability claim process, free of charge, whether or not you are a Legion member.

The Legion's Veterans Services Network appears to work much in the way our Australian ESOs operate – but possibly with better cohesion due to the 'peak body' approach which appears to have been taken.

DISCLAIMER - I am making these comments without having an in-depth knowledge of the functions of the various organisations.

Re Recommendations by Cornall

1. There needs to be continuing access to free advocacy services to provide advice and support to lodge primary claims. The work done by DVA to develop MyService is acknowledged – but there are still large numbers of veterans who seek assistance with the specifics of their claims. A large proportion of the RSL Qld client base is veterans who have tried lodging a claim via MyService and felt daunted by the process and have sought the guidance and assistance of an advocate.
2. DVA can benefit from having well trained ESO advocates who can assist with the lodging of 'decision ready' claims.
3. The legislation reform process will mean that there will be a certain amount of confusion over, probably, the next five years. The reform of the existing three legislations for ongoing claims is supported. (As discussed at the meeting). Even anticipating a successful reform of the legislation, it will be some time before the process 'settles' and clients are able to fully understand the changes and what it means to them (this is definitely not intended as a criticism of the DVA staff who are currently working on this reform process!). At least during that settling period, clients will need quite a lot of support and advice. Having trained advocates will take the burden off DVA.
4. A 'free' advocacy service is essential. If this free service is no longer supported, there will be a whole industry of fee for service practitioners. This was discussed at the meeting. What was not

sufficiently discussed is that fee for service advocates have no interest in providing a holistic service. Their interest lies in receiving a percentage of any lump sum compensation. Ongoing wellbeing is of little or no interest.

5. ESO advocate access to MyService is essential so that claims can be lodged electronically in a consistent manner.

Regulatory Body

6. Agree re recommendation for a 'body' for training and licencing based on ATDP.
7. As noted previously, suggest a Veteran Advocate Practitioners Board based loosely on the Tax Practitioners Board. This would provide overall governance and have a regulatory function. This could also oversight VITA re professional indemnity.

Funding Model

8. DVA needs to agree on a funding model to support ESO advocates. The importance of advocates within communities to support veterans and their families via wellbeing support and camaraderie cannot be overstated. Research also affirms the sense of purpose and personal wellbeing that a volunteer can experience when working to assist others. Mates helping mates.
9. It is noted that some ESOs are in a position to fund their own advocacy service, whereas other ESOs are not financially viable enough to be able to do this and rely solely on the services of volunteers. More consideration needs to be given to funding models over and above what is provided through BEST. There appeared to be quite resounding agreement within the meeting that having paid compensation advocates leads to a more professional and accountable provision of services.
10. A model which assists those ESOs (regions) where there is limited funding should be considered.
– possible consideration for additional funding for those ESOs who work within Hubs.

Suggest

Compensation advocacy could/should be provided by paid, professional advocates. This allows for certainty in relation to the employment contractual relationship, the employment requirements and standards, training, hours of availability, work practices and ethics etc. Where possible, ESOs should fund their own compensation advocates – but some ESOs don't have the resources and will need financial support. This will involve improvements to the BEST funding process (see previous paragraph).

States/Organisations without funding should be prepared to share compensation cases with financially viable ESOs who do have resources.

DVA should publicly support the good work that advocates do (once they have confidence in the process).

Wellbeing/Welfare Advocacy

It is proposed for consideration that the ATDP plan to have a combined level 1 Compensation/Wellbeing training module would be an excellent starting point to change the range of services that are provided by volunteer advocates. Volunteers who are trained under this system would be able to –

1. Recognise when a compensation claim needs to be lodged and make appropriate referrals to a 'professional advocate'.
2. Have conversations with veterans and their families and establish any need for wellbeing/welfare services and also for camaraderie.

3. make referrals to Government and non- Government agencies for the full range of support that is potentially available within their regions.
4. Maintain ongoing support and friendship with veterans and their families so they feel welcome within their local area.

It is suggested that the compensation claims advocacy process should involve contact with a 'complex case manager (CCM)' who can discuss any other needs of the veteran and/or his family. This conversation would be loosely similar to the complex case officers in DVA except the goal of this conversation would be to ensure that the veteran and their family was being 'introduced' to an ESO Wellbeing advocate in their own residential area. The CCM could make appropriate referrals to sub branch **welfare officers/ wellbeing officers** who would manage further support within the community and within other Govt organisations. The CCM team could be centrally located and could be funded and trained by DVA. RSL Qld currently have a team of Client Contact Officers who have these types of conversations to establish the needs of veterans. The process needs to be extended to ensure there is a referral point where trained people can work to deliver on the needs. It is understood that RSL Victoria has a group called Veteran Central whose activities closely resemble what is being proposed in this paragraph.

RSL National have developed a Veterans Catalogue which provides extensive information about the services available throughout all States and this could potentially be used as a reference point for volunteers to understand and access services.

Compensation Advocacy at Appeal Level

It is proposed that employed advocates should still be able to train to level 3 and appear at the VRB to support a veteran with an appeal.

It is suggested that there is no longer any particular appetite for level 4 trained advocates who are able to appear at the AAT. At the present time there are fewer than 13 trained level 4 advocates across the country. There has been no new training offered and no refresher training over a number of years. As mentioned previously, DVA takes a very serious approach to appeals to the AAT which means a lay Advocate will be running a case for a client against an experienced legal team which is representing DVA. This is a situation where it is recommended that DVA fund the provision of legal services – as per the Canadian model – or even similar to the existing legal aid support which is most effective in NSW.

Consideration should be given to adopting the Canadian model where matters at the 'AAT' are decided on a point of law on the papers (no new evidence is taken). In the Australian system, the VRB does such an excellent job via its dispute resolution processes of ensuring that evidence is gathered, and full consideration is given to the available facts that there seems to be little point in extending the evidence gathering to the AAT.

This would be a saving for DVA in relation to the money spent on legal services – and also a saving in relation to any proposed level 4 training for advocates (which is time consuming and expensive).

Quality Assurance

This topic was raised in the meeting on a number of occasions. The importance of having an informative and supportive approach to ensuring the quality of the advocacy services being provided cannot be overstated.

At the meeting I made mention of the importance of internal (ESO) based QA and also having a DVA based checking process.

I have attached a copy of the RSL Qld internal audit checklist which applies to Compensation advocates. The process is somewhat similar to DVA's in that it relies on random samples taken from each advocate caseload (Attachment 1). (A more legible copy is available on request.)

If this approach were adopted nationally, each advocate group would be able to report to the governing body.

I also made mention of a historical approach that DVA took to being able to monitor and report on the quality of advocacy services. I have attached a copy of a report which was prepared by DVA in Qld for the information of a sub branch, many years ago. It was done on a Microsoft Access database and was quick and simple for the DVA delegates to complete. Results could be drilled down to individuals, Organisations, Districts or sub ranches. What it did rely on was the potentially subjective assessment being made by a DVA delegate, but the ESOs did find it very helpful, and it was used to direct the focus of the training (which was provided via TIP at that time). DVA in Victoria did adopt a similar approach and I understand that advocates there appreciated the feedback. If a similar approach was adopted, the criteria (questions) would clearly need to be reviewed.

I will provide further detail regarding my comments about a 'lighter touch' approach to the Quality Assurance on the provision of services by the volunteers because some concern was expressed re this approach. By way of explanation, my comment relied on the acceptance of my proposal that volunteers move away from the provision of compensation advocacy and focus on providing wellbeing/welfare services. If volunteers are providing compensation advocacy services, there is no doubt that the QA should be the same as that applied to employed advocates.

The background to my suggestion is that I am very aware of the number of volunteer advocates who are leaving the process because of the onerous requirements of training, accreditation and CPD. If the process were made simpler for volunteers by limiting the advocacy services to wellbeing/welfare. That is, compensation advocacy is undeniably more complex in relation to the process and the inherent risks. The provisions of welfare referrals and emotional and practical support does not have the same level of risk. In explaining my comment, I do believe it is important to make the roles of volunteers as simple and as flexible as possible. It is only by taking this approach that we will be able to attract more volunteer advocates to provide the local support required by veterans and their families.

Richard Kelloway made mention of the importance of being able to have a consistent approach for service referrals and the ability to monitor outcomes. I responded with reference to our RSL Qld **General Intake Assessment and Personal Wellbeing Index**. Further details are provided below –

General Intake Implementation:

RSL Queensland commenced delivering a general intake process for all clients in 2021 following the commissioning of a report by the Gallipoli Medical Research Foundation and upon review of our own client data. Whilst the intake continues to evolve, its intent is to assist veterans navigate both RSL Queensland and other support services to address their current needs, thus helping to reduce the complexity and overwhelming experience often commented by veterans when they are trying to determine which service is right for them and how to access it. The questionnaire is not a diagnostic tool but is based on a client's own service preferences. The service survey is sent electronically to veterans and their families when they commence engaging with RSLQ either through a general enquiry or through submitting an EOI for a service on our website. Upon submitting their answers to the survey, a Service Plan is automatically generated for the client and an email is sent to the client regarding what further service they have opted into. From here, no further action is required from the client as the survey will also trigger a work task to RSLQ employee to advise them a client would like an additional service and an employee will connect to coordinate that service engagement. Since implementing this process RSLQ has seen an increase in the amount of services clients engage with at any one time.

The strength of the General Intake is that it is electronic, optional and based on a client's preferences. It is particularly useful for low need clients simply requiring awareness and easy navigation to other services and permits an environment that they are empowered to engage within. A limitation of this survey is higher need clients may not engage in the digital tool or understand what services may be best to address their needs. As such, the digital general intake is also complemented by additional conversations with practitioners once a client enters a service. This additional intake process is being formalised to support a standardised experience across the organisation.

In future, RSL Queensland plans to promote the services of wider organisations in this survey and provide service connections to these services for clients. This functionality is expected in 2024.

Client Outcome Measurements:

RSL Queensland has commenced the process to routinely deliver client outcome measurements to clients engaging in our services. In 2023 the organisation is developing it's a social impact measurement framework that aims to identify the appropriate measures to administer to clients entering our service portfolio, whilst engaging, and post service completion – which is in addition to client feedback or service satisfaction surveys. As an initial measurement in 2021 RSL Queensland implemented the Personal Wellbeing Index and has received approx. 5,000 PWI measures upon service entry, highlighting the domains of wellbeing functioning that the client is experiencing at that timepoint. The PWI strength is it's a short survey of 7 questions that is easily calculated and can be completed by the client direct. However, it is a subjective wellbeing measure as such its ability to determine client outcomes based on a service has limitations. As mentioned earlier, RSL Queensland will be implementing additional client outcome measurement in 2024 once the social impact measurement framework is delivered in late 2023. The intent is that RSL Queensland can understand why clients are coming to our service, what their service goals are and determining did the service address these goals and improve quality of life / wellbeing (as an example) outcomes for clients.

Thank you for holding these workshops and for the opportunity to expand on the discussions we had at our meeting on 1 August 2023.

Yours sincerely

Margaret Jenyns

RSL representative on the ESORT Advocacy Working Group

Advocacy Audit Checklist

Staff Member	<input type="text"/>	Region	<input type="text"/>
Client Name	<input type="text"/>	Auditor:	<input type="text"/>
Client Number	<input type="text"/>	Date:	<input type="text"/>
Care Reference	<input type="text"/>		

Checklist item	Exist?	Comments
A Client General Information		
Customer Service Agreement - has been sent and Accepted		
DVA identification number (QSM, QV etc)		
Card type entered (white card / gold card)		
First name and surname correct		
Date of birth		
Contact details entered - phone and/or email address		
Emergency contact details / Other contacts entered		
Client type completed and up to date - current or expiring		
Address and postal address entered and up to date / no fixed address		
Entitlements are entered (if known)		
B Service Details		
PM keys / service number entered		
Service type		
Enlistment / discharge date		
Discharge type		
Rank		
Deployments detailed (date / location)		
C Processor / Claim Management		
General:		
Case status is up to date and accurate		
DVA claim reference number (LC, MPI, SPI etc)		
Claimed conditions entered and accurate		
Client Engagement		
Lead - client contacted and lead actioned appropriately		
Appointments, activities and tasks have been clearly recorded in CRM with detailed information		
Signed authority to act has been obtained		
Researching		
Conversation summary has been sent to the client		
Supporting documents have been requested / uploaded to the		
Follow up activities, appointments, tasks have been recorded in		
Care contention is clear and meets SaP requirements		
Draft claim reviewed and approved by Leader / Mentor (L2)		
Draft claim reviewed and approved by client		
Care Action		
Care submitted with all supporting documents		
Submission confirmation sent to the client (as per guide)		
Care notes are up to date and detailed		
Decision Made:		
Decision has been reviewed and discussed with the client		
Next steps have been discussed, agreed and recorded in CRM		
D Document Management		
File names are clear and easily identified		
Care Level Documents		
Claim form		
Supporting diagnostic information / injury details sheet		
Supporting documentation for contention (if applicable) e.g. claimant report, incident report, service record notes		
To date correspondence (DVA, Dr, client etc)		
Client Level Documents		
RSL QLD Authority to Act		
RSL QLD Third Party Authority form (if applicable)		
Proof of Service - e.g. ADO Service Record, Service certificate		
DVA ESO partial summary (date)		
RSL QLD Client Services Agreement (if written)		
E Technical Assessment of Claim/Care		
Appropriate diagnosis / SaP has been identified		
Onset/signs and symptoms meet SaP/Leq legislation requirements		
Contention clear and meets relevant Statement of Principle causation factor (if SaP Applicable) RH and BaP have been clearly considered and identified		
Correct Legislation has been applied		
Care has merit		
and if no merit, appropriate communications have occurred with the client and have been recorded		

Comments

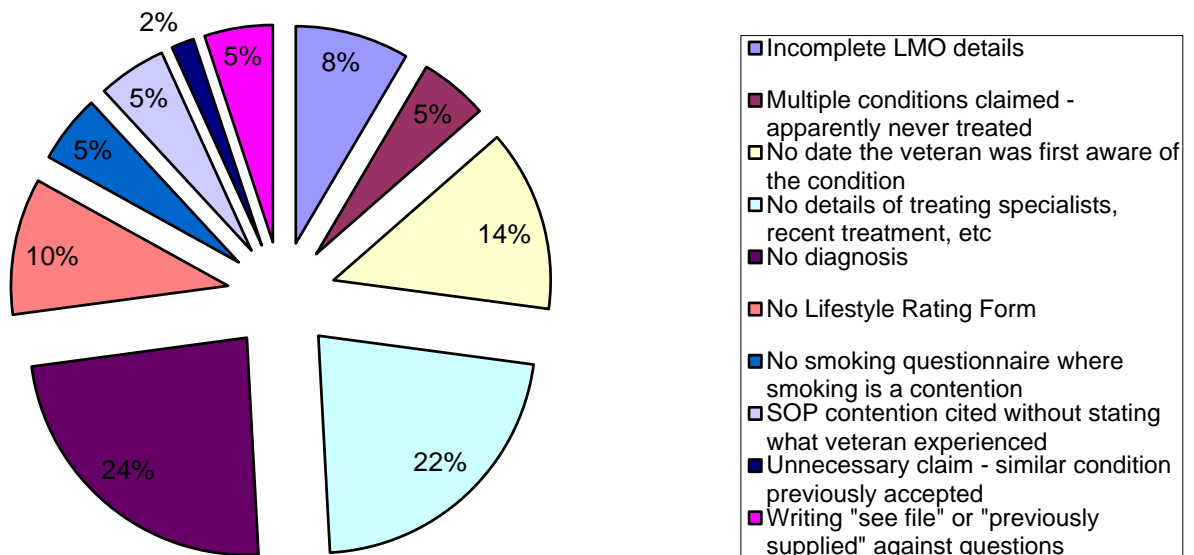
Attachment 2

DVA QA process for claims lodged by advocates (called QUOKKAS)

Problem Incidence Rate	2003 Q2	2003 Q3	2003 Q4	2004 Q1	2004 Q2	2004 Q3	2004 Q4
Incomplete LMO details		17%		14%		33%	
Multiple conditions claimed - apparently never treated		17%			17%		
No date the veteran was first aware of the condition	50%	17%	17%	14%	17%		
No details of treating specialists, recent treatment, etc		25%	33%	29%	17%	33%	
No diagnosis		33%	33%	29%	50%		
No Lifestyle Rating Form		8%	33%	29%			
No smoking questionnaire where smoking is a contention		8%			17%		
SOP contention cited without stating what veteran experienced		17%			17%		
Unnecessary claim - similar condition previously accepted		8%					
Writing "see file" or "previously supplied" against questions		17%				33%	

The above details are provided in a chart below

Claim Errors Identified by QUOKKAS. Sunshine Coast





WELLBEING-LED ADVOCACY

Introduction

On Thursday 20 July and Tuesday 01 August 2023, the ESORT Advocacy Principles and Standards Working Group will meet. A discussion paper entitled 'Veterans' Advocacy – Claims Assistance' supported by other documents was released on 18 July. Despite the broad title of the Working Group the Discussion Paper limits discussion to claims advocacy.

This paper is premised in two questions:

- Is the Discussion Paper consistent with:
 - the Working Group remit as provided in its title?
 - DVA's veteran and family research¹ and support structure^{2,3,4} and policy?
- Does the Paper's focus on claims advocacy narrow discussion to the detriment of veterans and families' wellbeing support and service delivery?

This paper also draws the Working Group's attention to two ATDP initiatives. While the needs for a professional body and quality assurance are raised in the Discussion Paper, the concepts developed in the ATDP papers inform Working Group discussion.

Context

Incontestably, lodgement of a 'complete' claim and favourable decision/determination are critical pre-requisites to veterans and their families' access to the range of entitlements legislated in VEA 1986, DRCA 1988 and MRCA 2004. This paper therefore acknowledges that a successful claim for compensation is essential but insufficient. DVA's research program advise the context within which compensation claims sit.

DVA Research Program

The timeline for DVA's research program appears led by the Australian Institute of Health and Welfare (AIHW)'s adaptation of a person-centred model to create DVA's 2018 Veteran-centred Model.^{5,6} From one perspective, the model's wellbeing focus is grounded by – but extends beyond – DRCA and MRCA rehabilitation entitlements and, in particular, MRCA s15 definitions of 'dependant and related person'.

The extension of veteran and family support is reinforced by the objectives and sheer scope of DVA's Veteran Transition and Wellbeing Research Program:

Ten objectives were developed to guide the Programme. The objectives have been realised through three studies comprising eight reports and two papers: the Mental Health and Wellbeing Transition Study (five reports and two papers), the Impact of

¹ <https://www.dva.gov.au/documents-and-publications/transition-and-wellbeing-research-programme-key-findings-2020>

² <https://www.dva.gov.au/about-us/overview/repatriation-commission/gwen-cherne-veteran-family-advocate-commissioner>

³ <https://www.dva.gov.au/newsroom/latest-news-veterans/female-veterans-veterans-families-policy-forum>

⁴ <https://www.dva.gov.au/about/overview/consultations-and-grants/how-we-consult-ex-service-community/younger-veterans>

⁵ <https://www.aihw.gov.au/reports/veterans/development-veteran-centred-model-working-paper/contents/summary>

⁶ When promulgated by DVA, Recognition and Respect replaced the AIHW model's Justice and Safety domain. While the rationale for the change is understood, VWNMNC argues that Justice (eg. ensuring access to legislated entitlements) and Safety (eg. freedom from abuse and violence), are critical focuses of wellbeing advocacy and support.

*Combat Study (one report), the Family Wellbeing Study (one report), and the Transition and Wellbeing Research Programme Key Findings Report (the current report), which summarises the research.*⁷

Application to Advocacy

The Veteran-centred model's integrated seven domains of wellbeing (Figure 1) and the Research Program frame the philosophy of advocacy.



Figure 1. AIHW Veteran-centred (Wellbeing) Model

At DVA direction and with DVA engaged fully, in 2017 a working group of younger veterans and ATDP subject matter experts (SME) shaped the philosophy and content of the Course in Military Advocacy. Younger veterans and their families' needs combined with SMEs' advocacy experiences supporting older veterans and families focused the Course on wellbeing support.

'Cradle-to-grave' (and beyond) for the whole of the veteran family, for the 'whole-person' was prescribed. In conjunction, the Wellbeing Advocate's 'Walk Beside' was replaced by the TIP-trained Welfare Officer's 'Point the Way'. The analysis of the support services needed foreshadowed the domains identified in the AIHW model.

Conclusion

Taken together, the direction of DVA veteran and family support policy establishes two principles that drive veteran and family advocacy praxis:

- Compensation advocacy is subsumed into an integrated, wellbeing-led approach to advocacy.
- Compensation is:
 - an element of financial wellbeing; and
 - is embedded in the Income and Finance domain; and
 - reinforces 'return to employment' objectives and the rationale for INCAP.

Professional Body

The need for a professional body for military advocates arose early in ATDP Members' deliberations on the strategic development of advocacy practices. Built on the ATDP objective of professionalising military advocacy, the Strategic Governance Board identified the value of a body that extended from the role identified for it in the ATDP Blueprint.⁸ The body draw together the typical functions of all professional bodies:

- professional ethos, code of conduct and praxis

⁷ https://www.dva.gov.au/sites/default/files/twrp_key_findings_report_web_acc_final.pdf p9.

⁸ https://www.dva.gov.au/sites/default/files/files/consultation%20and%20grants/atdp/atdp_blueprint.pdf Section 6.

- training and professional development
- assure access to wide client base
- professional service standards
- quality assurance
- representation of profession to external bodies (eg. government, professional indemnification (PI) insurer)
- career pathway development and mentoring
- complaints investigation and referral to PI insurer

In 2020, ADSO subsequently canvassed the need with the Minister (Attachment). The need remains.

Quality Assurance

In early 2019, DVA tasked ATDP to develop a system of quality assurance. The outcome of work with Phoenix Australian and Monash University was a two-stream approach. A portfolio of instruments in two streams was created:

- Stream 1: Satisfaction survey:
 - ATDP trainee with training
 - Veteran and family with advocacy support
- Stream 2: Impact of wellbeing advocacy support and service delivery by longitudinal survey.

In addition to surveying over time the effectiveness of wellbeing support and services, Stream 2 provides:

- evidence with which:
 - ESOs can monitor the effectiveness of their advocates' support
 - Wellbeing Advocates can advocate on behalf of a veteran and family with service providers
- data that DVA can use to enrich its reporting to Government and the Auditor General

In early 2022 a Working Group of ESO Representatives considered the need for and form of an 'ATDP QA Program'. The Working Group agreed a set of QA Principles which were submitted to ESORT, and in July 2022 the matter was referred internally within DVA for progression. Implementation has yet to occur.

As one of its advocates was one of the ATDP authors of the QA system, VWNMNC has embedded the impact assessment stream in the bespoke Veterans Wellbeing Management System (VWMS), funded in 2022 by DVA through a Veterans Wellbeing Grant. Two QA documents are provided online:

- On first contact: Triage⁹ to ascertain need and prioritise wellbeing support, and
- Longitudinal Survey: ¹⁰ veteran and family are invited:
 - as early as possible to complete the survey to establish a wellbeing Benchmark
 - subsequently at key points in the support cycle to establish changes in wellbeing

Graphic presentation of data facilitates analysis. Discussion with the veteran and family enables the reasons for change to be ascertained. Entry into the VWMS enriches quantitative data.

Summary

This paper's objective is to inform.

It queries the relationship between the purpose of the Working Group and the focus of the Discussion Paper.

It also amplifies two matters raised in, but not developed by the Discussion Paper: existing thinking by practicing advocates about a professional body and a quality assurance system.

Veterans Wellbeing Network Mid North Coast

⁹ <https://www.vcmnc.org.au/veteran-and-family-triage/>

¹⁰ <https://www.vcmnc.org.au/wellbeing-assessment-survey/>



ADSO ALLIANCE OF DEFENCE SERVICE ORGANISATIONS

PO Box 4166
KINGSTON ACT 2604

18 October 2021

SUBMISSION TO MINISTER A PROFESSIONAL INSTITUTE OF MILITARY ADVOCATES

Introduction

1. The Government announced in the FY2022 Budget the allocation of \$98.5 million to resolve the unacceptable backlog of claims processing by DVA. The Government also announced that ESOs would be made responsible for the standard of advocacy services they deliver. Receipt of BEST Grants would depend on ESOs delivering high-quality advocacy services.
2. On 16 October, Hon Andrew Gee MP, Minister for Veterans' Affairs and Defence Personnel, announced that McKinsey and Company, Consultants, would 'examine how the Department can simplify the claims process, how it is currently processing claims, and identify how we can have a faster, more efficient and effective system for all veterans and their families.'

Scope of Submission

3. This Submission combines the Government and the Minister's objectives. It proposes that ensuring a faster, more efficient and effective **system** of claims processing also necessitates attention to claims preparation and service delivery by practicing Advocates.

Assumption

4. The Submission assumes that the Government's allocation of funds and the appointment of McKinsey will resolve claims processing challenges within DVA.

Background

5. A formal system of advocate training was created in 1992. Deficiencies in the method of training led to adoption of adult-learning principles and Ministerial approval of the Advocacy Training and Development Program (ATDP) in 2016.
6. In the five years since, military advocacy has been robustly professionalised. Implementation has, however, faced challenges and complaints. These issues are being addressed. In June, the Minister approved changes to ATDP's governance structure and deepened the RTO's training responsibilities.
7. How ESOs deliver high quality advocacy services has yet to be assured. The evidence remains that few ESOs understand contemporary military advocacy. The new arrangements include creation of an Advisory Group to redress this shortcoming at the National level. While necessary, these actions are not sufficient.

Further Professionalisation

8. Two years ago, ADSO proposed at ESORT creation of an independent entity to, amongst other things, set the standards for and monitor the delivery of advocacy services by Advocates operating through

their Branches/Sub-Branches. The concept of an independent entity was also advanced by Robert Cornall OA in his Report on Veterans' Advocacy and Support Services Scoping Study.

9. The Government's initiatives and enhanced claims processing militate against veteran suicide and self-harm. In August, ADSO prepared a submission to ESORT emphasising the critical importance of high-quality advocacy services delivered to this objective. The Submission recommended creation of the Professional Institute of Military Advocates (PIMA) to assure high quality advocacy for veterans and their families.
10. Whether volunteer or wage-earning, membership would be a requirement for practice as a Wellbeing or Compensation Advocate. VITA, which arranges advocates' Professional Indemnification (PI), has extended its strong support for PIMA and judges that the insurer would see significant risk-reduction advantage in its creation.

Challenges

11. The most significant challenges to delivery of high-quality advocacy services vest in two claims processing sub-systems:
 - a. **Quality Assurance.** Despite almost 30 years of trained-advocacy support, there are no National advocacy service delivery standards; therefore:
 - (i) service delivery by practicing accredited Advocates is not evaluated; and
 - (ii) service delivery by practicing Advocates, Mentors and on-the-job trainers is not quality assured.
 - b. **Service Delivery.** Enhanced claims processing faces the following barriers at the ESO level:
 - (i) very few ESO Sub-Branches/Branches having the wherewithal to supervise advocacy service delivery;
 - (ii) the take-up of Communities of Practice as a means of enhancing service delivery and Advocates' professional practice has been patchy at best; and
 - (iii) no national, formal training is available:
 - (a) to facilitate ESOs' identification of sound candidates for ATDP training, or
 - (b) for un-accredited Wellbeing and Compensation Support Officers.

PIMA – The Solution

12. Creation of the professional Institute would resolve the challenges confronting ESOs' delivery of advocacy services and the Government's claims processing objective. Adoption of a 'systems approach' is the key to resolution. In essence, PIMA is the 'bridge' linking the ESO, advocate, and veteran and family on the one hand with the Commission Delegate on the other.



Figure 1. The Complete Claims Processing System

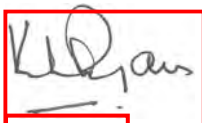
13. As depicted, the proposed claims processing system comprises three sub-systems:
- a. claims research and submission, performed by ESOs and Veterans Wellbeing Centres (VWC);
 - b. claims determination, undertaken by Commission Delegates; and
 - c. PIMA, setting and assuring standards of service delivery by Advocates.
14. PIMA would have the same authority as all professional institutes. It would:
- a. on behalf of ESO/VWCs, establish, monitor and enforce advocacy performance standards;
 - b. create and administer a formal QA system that would assure the Governments and DVA's service delivery quality requirements;
 - c. inform DVA, ESORT and ESO/VWCs on military advocacy-specific matters;
 - d. provide feedback to ATDP's Registered Training Organisation about advocacy training shortfalls;
 - e. mentor practicing Advocates, ATDP Mentors and on-the-job trainers whose performance is found to be sub-standard; and
 - f. embed in a professional organisation VITA's working relationship with the PI insurer.

PIMA - Roll-out

15. The following actions can be taken immediately:
- a. nomination by each ESORT Member of an experienced, accredited, practicing Advocate against the following criteria, including an accredited Advocate from younger veteran organisations:
 - (i) an accredited Wellbeing Advocate (either paid or volunteer), and
 - (ii) an accredited Compensation Advocate (either paid or volunteer);
 - b. formation of the ESORT Military Advocacy Advisory Group comprising the preceding nominees;
 - c. Ministerial and Departmental stipulation that the Advisory Group, on behalf of ESORT:
 - (i) works directly with DVA officers on the military advocacy matters at para 14 above, and
 - (ii) reports formally through the ESO/VWC Members of ESORT.
16. The following actions would be undertaken once the Advisory Group is operational:
- a. agreement by ESORT and DVA of a co-funding arrangement to facilitate recruitment of a Project Officer tasked with planning establishment of PIMA, including:
 - (i) incorporation of PIMA as a not-for-profit Company Limited by Guarantee;
 - (ii) identification of corporate sponsors, company directors and management structure; and
 - b. recruitment of the PIMA Manager and progressive operationalisation of the plan.

Provisos

17. Two provisos are critical to the success of the proposal. They are acceptance that:
- a. Advocates will continue to be authorized by, and work through their ESO/VWC (PIMA does not usurp ESOs' tradition of 'mates helping mates'); and
 - b. the rationale for PIMA is that, assured delivery of high-quality services to veterans and families is a shared responsibility by DVA, all ESO/VWCs and all Advocates.



Kel Ryan

National Spokesman

Alliance of Defence Service Organisation