



Australian Government
Department of Veterans' Affairs

ELECTRONIC RECORDS

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FEES (PROVIDER) - WITH A PARTICULAR FOCUS ON PHYSIOTHERAPY FEES

KEY ISSUES

Increase to the Veteran Access Payment

- The Department of Veterans' Affairs (DVA) is aware that some health care providers either do not have capacity to take on more patients, or have indicated they have made a business decision to no longer accept DVA payment rates and will instead charge veterans under Medicare Benefits Schedule (MBS) arrangements, which may incur a gap fee.
- In the 2023-24 Budget, the Government provided **\$33.3 million over four years to triple the Veterans' Access Payment from 1 November 2023** (an annual breakdown is provided at **Attachment B**), which is directly linked to the Medicare Bulk Billing Incentive.
- As at 31 **May** 2024, the tripled Veterans' Access Payment, paid in addition to the rebate for general practitioner (GP) services provided to DVA clients, is between \$24.25 and \$46.65.
- The tripled Veterans' Access Payment applies to general face-to-face and telehealth GP consultations, including home visits for people who are homebound and consultations in residential aged care facilities.
- This means that :
 - the total payment for a GP Level B (up to 20 minutes) consultation provided in metropolitan areas plus the Veterans' Access Payment is \$71.90 compared to \$62.05 paid to GPs if they bulk bill under Medicare arrangements; and
 - the total payment for a GP Level B (up to 20 minutes) consultation provided in the most remote areas of Australia plus the Veterans' Access Payment is \$94.30 compared to \$81.10 paid to GPs if they bulk bill under Medicare arrangements.

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- Monthly claiming data shows that the number of GPs treating DVA patients has remained consistent over the past 5 years, with a few expected peaks that correlate with the COVID-19 vaccine rollout.

Changes to Indexation for DVA Health Services

- Provider fees are indexed annually using Wage Cost Indices, to align with wages and prices movements.
- Indexation for 2023-24 totalled 4.1 per cent, with DVA fees for medical and allied health services indexed by 3.6 per cent on 1 July 2023 with another one-off fee indexation of 0.5 per cent on 1 November 2023.
- Provider fees continue to be indexed every 12 months on 1 July, in line with indexation of MBS fees.

DVA provider fees

- In general, DVA pays a rate higher than the equivalent MBS fee. The exact percentage varies depending on the service.
- For GPs, the fee is 115 per cent of the MBS fee. See **Attachment A** for further details.
- In return for these higher rates, providers are not permitted under law to charge DVA clients a gap fee.
- Fee increases have been delivered over consecutive Budgets in recent years, generally targeting certain health services that represent a higher risk of access issues for veterans. For example, the 2021-22 Budget allocated \$61.9 million to increase fees for occupational therapy and podiatry services from 1 July 2021. Occupational therapy fees increased by 27 per cent and podiatry fees increased by 26 per cent. Further details are at **Attachment B**.

DVA fees for physiotherapy services

- The Australian Government is aware of the concerns raised by the Australian Physiotherapy Association (APA) in relation to DVA fees for physiotherapy services and that some physiotherapists have indicated they are unwilling to accept DVA payment rates.

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- The overall number of physiotherapists providing services to DVA cardholders continues to grow each year.

	2019-20	2020-21	2021-22	2022-23
Number of Physiotherapists	11,545	11,742	12,201	12,780
Annual increase/decrease	-	2%	4%	5%

- In circumstances where DVA fees are not sufficient to meet the clinical needs of a veteran, providers can request a higher fee through DVA’s prior approval arrangements. Providers seeking prior approval will require clinical justification to support the higher fee request.

Finding a health care provider

- There remain many thousands of health care providers in Australia who continue to accept the Veteran Card for full payment of their services.
 - In 2022-23 there were nearly 35,600 (35,598) GPs who provided more than 1.4 million (1,478,186) services to 145,331 Veteran Card holders.
- If a veteran is unable to locate a health care provider themselves, DVA can assist by:
 - helping to find a local provider who has accepted the Veteran Card recently
 - arranging transport to alternate health care providers; and
 - funding services above the DVA rate where there is a valid clinical need.
- I would encourage any veteran who needs assistance to get in contact with DVA on free call 1800 VETERAN (1800 838 372)

Urgent Care Clinics

- The 2023-24 Budget also provided further funding to support eight additional Urgent Care Clinics, bringing the total number of clinics to 58 nationally.
- These clinics will be open longer hours to provide free, non-life threatening urgent care to patients, including veterans, taking pressure off emergency departments.

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BACKGROUND

- The overall adequacy of DVA provider fees is a commonly raised concern by Veteran Card holders, health care professionals and peak provider associations.
- Since the beginning of 2023, DVA has received an increased number of complaints concerning GPs no longer accepting the Veteran Card due to insufficient DVA payment rates.
- In 2023, a number of allied health provider peak bodies have also increased their advocacy on fees including those representing physiotherapists, occupational therapists, psychologists, dietitians and podiatrists.
- The APA is campaigning for higher fees under DVA health care arrangements. So far, 41 representations have been received (to 31 May 2024) from physiotherapists and members of parliament on behalf of physiotherapists.

COMPARISON TO THE NATIONAL DISABILITY INSURANCE SCHEME

- There are some differences between DVA and National Disability Insurance Scheme (NDIS) funding arrangements.
- The NDIS funds allied health services to support the disability-related health needs of participants.
- The NDIS does not fund general health care or injury management and rehabilitation, which is the primary purpose of Veteran Card arrangements.
- However, DVA may also fund allied health services for veterans with permanent impairments and disabilities similar in scope to some NDIS participants.
- The NDIS sets a “price cap” on the fee that participants can be charged by allied health providers per hour of treatment.
- In comparison, DVA uses a fixed fee for service model, which means that the relative value of DVA allied health fees will vary based on the amount of time a provider spends treating a Veteran Card holder.

LIMITED GROWTH IN FEES

- Indexation of DVA provider fees was paused for medical providers in November 2012, and dental and allied health providers in November 2013.
- This pause was lifted in a phased approach, with indexation recommencing for different services between 1 July 2017 and 1 July 2020.
- This pause on indexation, combined with a growth in the cost of living, means DVA provider fees have decreased in real terms by approximately 20 per cent since 2014. A chart showing the relative value of DVA provider fees is included at **Attachment B**.

MENTAL HEALTH & COMMUNITY NURSING FEES

- The 2020-21 Budget allocated \$94.3 million to increase fees for psychiatrists, allied mental health providers, community nurses and social workers from 1 February 2021.
- This fee increase also included clinical psychologists providing services through Open Arms – Veterans & Families Counselling.
- The one-off percentage increase in fees for this Budget measure is shown in **Attachment B**.

Attachments:

Attachment A – DVA and MBS Fee Comparison

Attachment B – Funding Profile and Fee Increases

Clearance

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Attachment A

**DEPARTMENT OF VETERANS' AFFAIRS (DVA) and MEDICARE
BENEFITS SCHEDULE (MBS) Fee Comparison**

DVA pays an equivalent or higher rate than the MBS fee. The exact percentage varies depending on the service.

Service	% of MBS fee
Diagnostic imaging	100%
Pathology	100%
GP consultations	115%
Out of hospital psychiatric specialist consultations	145%
Out of hospital other specialist consultations	135%
Out of hospital specialist procedures	140%
In hospital rates	On average 140%
Chiropractic Services	On average 103%
Diabetes Education	On average 103%
Dietitian Services	On average 129%
Exercise Physiology	On average 107%
Occupational Therapy (General)	On average 157%
Occupational Therapy (Mental Health)	On average 128%
Physiotherapy	On average 103%
Optometrist Services	On average 106%
Osteopathy	On average 103%
Podiatry	On average 130%
Clinical Psychology	On average 140%
General Psychology	On average 140%
Social Work (General)	On average 128%
Social Work (Mental Health)	On average 128%
Speech Pathology	On average 108%
Dental General	On average 107%

Attachment A

NOTE: Allied Health services provided by DVA may not be equivalent to MBS fees. Fee percentage ratio for the average fee has been based on a weighted average fee using item service quantity for financial year 2018-19 as weights. This means the average fee is skewed towards the results for higher utilised items.

The MBS arrangements for the general population is a list of consultations, procedures and tests for medical services, with a fee set for each MBS item. The rebate paid by the Government to the consumer is set at a certain percentage of the fee. The DVA arrangements, the Repatriation Medical Fee Schedule (RMFS), 'mirror' the general MBS arrangements, with DVA's RMFS containing all the items on the general MBS. DVA pays an equivalent or higher rate than the MBS fee, with the DVA fee paid to the provider through Services Australia. DVA clients cannot be charged any out of pocket costs by providers.

Funding Profile and Fee Increases

*Table 1. Funding profile for the fee increase for **Occupational Therapists and Podiatrists**; a component of the Veterans' Health Care 2021-22 Budget Measure*

PBS 2021-22 Budget Measure	2021-22 \$'000	2022-23 \$'000	2023-24 \$'000	2024-25 \$'000	Total \$'000
Veterans' Health Care	15,661	16,033	14,806	15,378	61,878

*Table 2. DEPARTMENT OF VETERANS' AFFAIRS (DVA) **Occupational Therapy** fees compared to similar schemes at 31 **May** 2024*

Funder	Price	Duration	Item
DVA¹	\$123.45	Fee per visit	OT01 - Initial Consultation – In rooms
MEDICARE BENEFITS SCHEDULE (MBS)²	\$68.55 (the benefit paid is \$58.30)	Fee per visit	10958 - Occupational therapy health service provided to a person by an eligible occupational therapist
AUSTRALIAN DEFENCE FORCE (ADF)³	\$112.15	Fee per visit	OT01 - Initial Consultation – In rooms
National Disability Insurance Scheme (NDIS)⁴	Up to \$193.99 (National) \$271.59 (Remote) \$290.99 (Very Remote)	Limit per hour	Assessment, Recommendation, Therapy or Training – Occupational Therapist

¹ Department of Veterans; Affairs, Dental and Allied Health Fee Schedules, Effective 1 November 2023. <https://www.dva.gov.au/get-support/providers/notes-fee-schedules-and-guidelines/fee-schedules/dental-and-allied-health-fee-schedules>

² Services delivered under Medicare arrangements are subsidised at 85 per cent of the MBS fee and may incur a gap payment. <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home>

³ Bupa-ADF Health Services Contract, ADF provider Hub, 2023-24 Fee Schedules. 1 July 2023. <https://www.bupa.com.au/campaigns/adf-hsc-provider-hub>

⁴ National Disability Insurance Scheme Pricing Arrangements and Price Limits 2023-24, Pricing Arrangements released 7 February 2024 Version 1.3. <https://www.ndis.gov.au/providers/pricing-arrangements#ndis-pricing-arrangements-and-price-limits>

Attachment B

Table 3. DVA **Podiatry Fees** compared to similar schemes at 31 **May** 2024

Funder	Price	Duration	Item
DVA ⁵	\$89.20	Fee per visit	F004 - Initial Consultation – In rooms
MBS ⁶	\$68.55 (the benefit paid is \$58.30)	Fee per visit	10962 - Podiatry health service provided to a person by an eligible podiatrist
ADF ⁷	(avg.) \$89.30	Fee per visit	F004 - Initial Comprehensive Service – In rooms (fees differ by state)
NDIS ⁸	Up to \$193.99 (National), \$271.59 (Remote), \$290.99 (Very Remote)	Limit per hour	Assessment, Recommendation, Therapy or Training – Podiatrist

Table 4. Funding profile for the fee increase for **DVA mental health care providers**; a component of the Mental Health Support for Veterans and Their Families 2020-21 Budget Measure

PBS 2020-21 Budget Measure	2020-21 \$'000	2021-22 \$'000	2022-23 \$'000	2023-24 \$'000	Total \$'000
Mental Health Support for Veterans and Their Families	12,745	28,436	29,698	30,677	101,556

⁵ Department of Veterans; Affairs, Dental and Allied Health Fee Schedules, Effective 1 November 2023. <https://www.dva.gov.au/get-support/providers/notes-fee-schedules-and-guidelines/fee-schedules/dental-and-allied-health-fee-schedules>

⁶ Services delivered under Medicare arrangements are subsidised at 85 per cent of the MBS fee and may incur a gap payment. <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home>

⁷ Bupa-ADF Health Services Contract, ADF provider Hub, 2023-24 Fee Schedules, 1 July 2023. <https://www.bupa.com.au/campaigns/adf-hsc-provider-hub/>

⁸ National Disability Insurance Scheme Pricing Arrangements and Price Limits 2023-24, Pricing Arrangements released 7 February 2024 Version 1.3. <https://www.ndis.gov.au/providers/pricing-arrangements#ndis-pricing-arrangements-and-price-limits>

Attachment B

*Table 5: 1 February 2021 per cent increase to **Mental Health Fees** under DVA Card Arrangements*

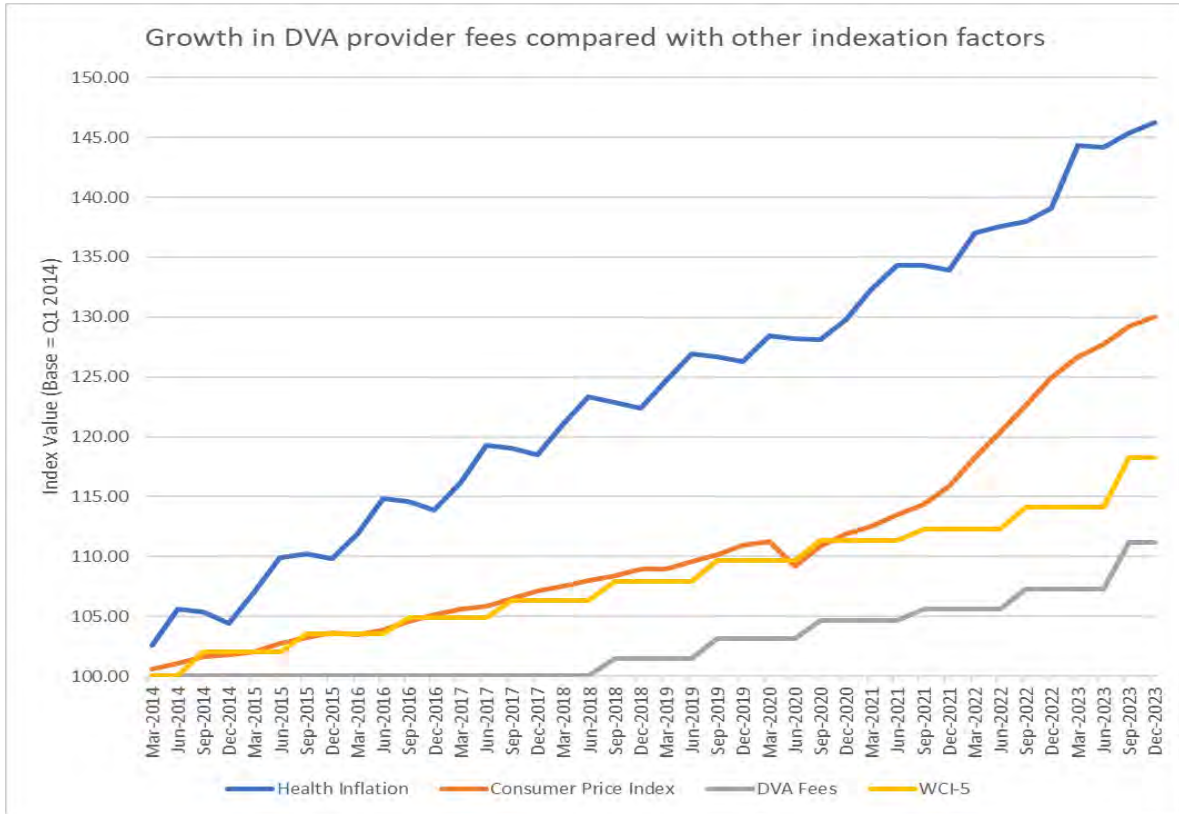
Provider type	Percentage increase
Psychiatrists	7 per cent
Clinical psychologists General psychologists Neuropsychologists	36 per cent
Mental health occupational therapists Mental health social workers General social workers	24 per cent
Community nurses	11 per cent

*Table 6. Funding profile for the tripling of the **Veterans Access Payment**; a component of the Strengthening Medicare – Supporting Bulk Billing in General Practice 2022-23 Budget measure led by the Department of Health and Aged Care.*

2022-23 Budget Measure	2023-24 \$'000	2024-25 \$'000	2025-26 \$'000	2026-27 \$'000	Total \$'000
Strengthening Medicare – Supporting Bulk Billing in General Practice	6,324	9,265	8,983	8,699	33,271

Attachment B

Chart 1. Comparison of the growth in DVA provider fees compared to other relevant indices.



Health Inflation shows growth in the healthcare category of the Consumer Price Index (CPI) reported by the Australia Bureau of Statistics. This is a more accurate representation of growth in health care costs compared to CPI (which is a weighted average of all categories of household expenditure).

DVA fees have not kept pace with the growth in Wage Cost Index 5 (WCI-5) due to indexation pauses implemented by successive Governments that impacted price growth between 2012 and 2018.



BUDGET 2024-25

KEY ISSUES

- The 2024-25 Budget provides \$477 million over four years from 2024-25 to the Department of Veterans' Affairs (DVA) to continue to implement the Government's response to the Interim Report of the Royal Commission into Defence and Veteran Suicide (Interim Report) and provide essential supports and services to veterans. The funding also assists the department to be well positioned to respond to the anticipated outcomes of the Royal Commission's Final Report, due in September 2024.
- Key outcomes include:
 - \$222 million over four years from 2024-25 for veteran and family entitlements and support to be made available through the new simplified veteran compensation legislation that will ensure veterans and families can better understand and access the support they are entitled to faster;
 - \$186.0 million over four years from 2024-25 to meet continuing growth in claims demand and complexity and support downstream client services, all while maintaining the improvements achieved over the last two years; and
 - \$48.4 million over two years from 2024-25 to increase funding under the Veterans' Home Care and Community Nursing programs, maintaining the viability of these programs and arresting the continued withdrawal of service providers.
- A complete measure summary is provided in 'Key Facts and Figures' and relevant attachments.

Average Staffing Levels (ASL) – 2024-25 Budget

- This Budget provides greater certainty for the DVA workforce by:
 - Continuing to support claims processing, with 436 ASL in 2024-25, and 326 ASL in 2025-26, of which 141 ASL is ongoing to avoid the return of the claims backlog.

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- Supporting veterans and providers receiving payments by funding 77 ASL in 2024-25 and 79 ASL in 2025-26 to consider and process invoices in a timely manner.
- Providing 120 ASL in 2024-25 to alleviate other service delivery pressures across DVA to ensure veterans and families get the support and services they need, as per below:
 - *25 Veteran Support Officers*
 - *25 for the Veteran Access Network*
 - *24 Complex Case Managers*
 - *22 for the Information Access Unit*
 - *10 for mental health programs and other business areas*
 - *Six for the Reimbursement Subsection*
 - *Four for Household Services and Rehabilitation and Household Services Programs*
 - *Two for the Rehabilitation Appliances Program*
 - *Two for transport operations*
- Please refer to **Attachment B** for details on additional ASL for 2024-25 Budget measures.

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ASL - Movement from 2023-24 to 2024-25 – 2024-25 PBS

- ASL decreases by -78 from 2023-24 (estimated actuals) to 2024-25, through a range of factors, including key terminating measures/conversions (-718 ASL) – refer Table 1:

Table 1 - 2024-25 ASL movement due to Terminating Measures			
Budget Round	Measure Title	ASL 2024-25	\$ and Description
2022-23 March Budget	DVA - Additional resources for claims processing	(90)	\$22.8 million over 2 years to further boost processing of claims rehabilitation, compensation and income support submitted by veterans and their dependents.
2022-23 October Budget	Modernisation to Reduce Wait Times to Access Support and Services	(27)	To deliver immediate ICT improvements to support the claims process and prepare to manage critical ICT risk that if not promptly addressed, could impact on payments to veterans, families and providers.
	Legislative Pathway to Support Veterans and Families	(26)	Funding to develop a new legislative pathway in response to Recommendation 1 of the Royal Commission Interim report.
2023-24 Budget	Department of Veterans' Affairs Claims Processing – additional funding	(108)	\$14.0 million for a one year extension of the 2022-23 October Budget measure – Expanding the Demand Driven Funding Model, to clear the claims processing backlog and to keep up with growth in downstream services.
	Approach to convert roles undertaken by external labour to ASL	(334)	Conversions agreed as 369 ASL in 2023-24, reducing to 35 ASL in 2024-25, a net reduction of 334 ASL
2023-24 MYEFO	Department of Veterans' Affairs – additional resourcing	(113)	Additional funding provided to mitigate impacts of attrition in key business areas.
2024-25 Budget	Approach to convert roles undertaken by external labour to ASL	(20)	Additional 20 conversions agreed for 2023-24, zero additional agreed for 2024-25
Total ASL key terminating measures and conversions		<u>(718)</u>	

- The negative impact of key terminating measures and conversions is partially offset through an increase of +638 ASL from 2024-25 Budget measures – refer Table 2:

Table 2 - 2024-25 ASL movement as per the 2024-25 Budget Measures			
Budget Round	Description	ASL 2024-25	Description
2024-25 Budget	DDFM - Department of Veterans' Affairs – additional resourcing to support service delivery	637	436 ASL claims processing, 120 ASL in service delivery areas, 77 ASL in invoice processing, and 4 ASL for a case Management Pilot
	Continuing Veterans' Access to Health and Support Programs	0.5	
	Supporting Veteran Owned Business Grant Program	0.2	
	Reform of Veterans' Compensation Legislation	0.4	
Total ASL movement in the 2024-25 Budget		<u>638.0</u>	

KEY FACTS AND FIGURES

2024-25 Budget Measures

- \$477 million** over the forward estimates will be invested in the following **DVA-led measures**:
 - \$222 million** over four years from 2024-25 for *Reform of Veterans' Compensation Legislation* to release funding held in the Contingency Reserve to implement the reform of veterans' compensation legislation framework by moving to a Single Ongoing Act. These measures were Decisions Taken But Not Yet Announced

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(DTBNYA) in the 2023-24 Mid-Year Economic and Fiscal Outlook (MYEFO).

The cost of this measure will be partially met from within the existing resources of DVA.

- These measures are in addition to the 2023-24 MYEFO measure *Reform of Veterans' Compensation Legislation – implementation*, which provided \$40.1 million in additional funding over three years from 2024-25.
- **\$194.4 million** for *Department of Veterans' Affairs – additional resourcing to support service delivery*, including:
 - **\$8.4 million** over two years from 2024-25 for *Piloting and Modernising DVA's Case Management and Workflow Capability* to pilot a case management and workflow solution to replace the Veterans and Family Counselling Electronic Records Application (VERA), currently used by Open Arms – Veterans & Families Counselling (Open Arms).
 - This pilot is the first critical capability on the DVA Digital Resilience Roadmap and responds directly to recommendation three of the Interim Report: to *'Improve the administration of the claims system'*.
 - **\$186.0 million** over four years from 2024-25 and \$20.6 million ongoing from 2028-29 for *Revised Demand Driven Funding Model*, to maintain and expand the Department's skilled workforce to meet the continuing increase in demand for claims processing, further reduce wait times, and address other service delivery pressures.
- **\$59.6 million** for *Continuing Veterans' Access to Health and Support Programs*, including:
 - **\$48.4 million** over two years from 2024-25 for *Ensuring the Sustainability of Veterans' Care and Support Programs*, to provide sustainability payments to Veterans' Home Care and Community Nursing service providers. These payments will incentivise providers to continue to deliver services and supports to the veteran community in the face of increasing market pressures. Costs of this measure are to be partially met from within existing resources of DVA;

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- **\$10.2 million** for *Extension to the Provisional Access to Medical Treatment Program* to extend eligibility for the Program for two years until 30 June 2026, with treatment to continue until 31 December 2026. This will allow veterans continued access to treatment for 20 of the most commonly claimed conditions while waiting for their claims to be processed;
- **\$1.0 million** for *Extension to the Veterans' Chaplaincy Pilot Program* to extend the program for one year to 30 June 2025, to provide continued access to chaplaincy support to improve mental and wellbeing outcomes for veterans and their families across the three pilot locations of Brisbane, Townsville and Perth. The cost of this measure will be met from within the existing resources of DVA.
- *Extension to the Military and Veteran Psychiatry Training Program* to extend the program for one year to 30 June 2025, to support development opportunities for trainee psychiatrists to enhance their professional capability in veteran and trauma-focused care. Costs for the extension would be absorbed within the existing funding agreement.
- **\$0.7 million** in 2024-25 for *Defence Service Homes Insurance Scheme Review*, to conduct a review on the future of the Scheme. The cost of this measure will be met from within the existing resources of DVA; and
- **\$0.4 million** over three years from 2024-25 for *Supporting Veteran Owned Business Grant Program* to continue to provide self-employment support for veterans and families by extending the program to 2026-27. The cost of this measure will be met from within the existing resources of DVA.
- **Other Veterans' Affairs Portfolio-led measures** include:
 - **\$8.0 million** in 2024-25 for *Australian War Memorial (AWM) - financial sustainability*, to ensure AWM's short-term financial sustainability and allow the AWM to maintain vital operations through the retention of core staff;

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- **\$1.2 million** over three years from 2024-25 for *Commonwealth War Graves Commission – additional funding*. Australia is one of six member Governments of the CWGC, established to maintain graves and memorials for members of Commonwealth forces who died during WWI and WWII.
- The total financial impact of **cross-portfolio measures is \$83.6 million**, including:
 - Attorney-General’s Department-led measures - \$0.1 million:
 - **\$0.1 million** for *Establishment of the Administrative Review Tribunal and Addressing Extremely High Migration Backlogs in the Courts*. The cost of this measure will be met from within the existing resources of DVA.
 - Department of Health and Aged Care-led measures - \$81.2 million:
 - **\$0.2 million** for *Funding for the Alfred Hospital*;
 - **\$61.7 million** for *Pharmaceutical Benefits Scheme (PBS) – new and amended listings*;
 - **\$5.8 million** for *Securing Cheaper Medicines*;
 - **\$5.8 million** for *Strengthening Medicare – an effective and clinically appropriate Medicare Benefits Schedule (MBS)*;
 - **\$3.1 million** for *Strengthening Medicare – Medicare Urgent Care Clinics – additional funding*; and
 - **\$4.5 million** for *Supporting Ongoing Access to Vaccines*.
 - Department of the Prime Minister & Cabinet-led measures - \$0.05 million:
 - **\$0.05 million** for *APS Capability Reinvestment Fund: 2024-25 projects funded under round two*.
 - Department of Social Services-led measures - \$8.5 million:
 - **\$8.5 million** for *Commonwealth Rent Assistance – increase the maximum rates*.
 - Whole-of-Government Measures - **-\$6.2 million**
 - **-\$6.2 million** for *Savings from external labour – extension*.

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- A detailed breakdown of measures can be found at **Attachment A** and measure descriptions at **Attachment C**.

Attachments:

Attachment A – 2024-25 Budget Measures Financial Summary

Attachment B – 2024-25 Budget Measures ASL Summary

Attachment C – 2024-25 Budget Paper No. 2 Extract

Clearance

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Last cleared on:	22 May 2024		

2024-25 Budget Measures Financial Summary

Lead Agency	Measure Name	Initiative	DVA (FE \$m)	AWM (FE \$m)	Health (FE \$m)	DSS (FE \$m)	Total Funding (FE \$m)	Absorbed - DVA (FE \$m)	Total including absorbed (FE \$m)
Total Investment in Veterans in the Budget¹			551.5	8.0	-1.2	-2.5	555.8	5.2	560.9
Total DVA Measures			468.1	8.0	-1.2	-2.5	472.3	5.0	477.3
DVA - 2024-25 Veterans' Affairs Portfolio Budget Submission			253.0	8.0	-1.2	0.0	259.8	4.2	264.0
	Continuing Veterans' Access to Health and Support Programs ²		58.6		-1.2		57.4	3.1	60.5
	Supporting Veteran Owned Business Grant Program		0.0				0.0	0.4	0.4
	Department of Veterans' Affairs – additional resourcing to support service delivery		194.4				194.4	0.0	194.4
	Defence Service Homes Insurance Scheme Review		0.0				0.0	0.7	0.7
Australian War Memorial				8.0			8.0	0.0	8.0
	Australian War Memorial - financial sustainability			8.0			8.0	0.0	8.0
DVA - Other			215.1		0.01	-2.5	212.6	0.8	213.4
	Reform of Veterans' Compensation Legislation ³		213.9		0.01	-2.5	211.4	0.8	212.2
	Commonwealth War Graves Commission – additional funding		1.2				1.2		1.2
Total Cross-Portfolio Measures			83.5	0.0	0.0	0.0	83.5	0.1	83.6
Attorney-Generals' Department			0.0	0.0	0.0	0.0	0.0	0.1	0.1
	Establishment of the Administrative Review Tribunal and Addressing Extremely High Migration Backlogs in the Courts		0.0				0.0	0.1	0.1
Health and Aged Care			81.2	0.0	0.0	0.0	81.2	0.0	81.2
	Funding for the Alfred Hospital		0.2				0.2	0.0	0.2
	Pharmaceutical Benefits Scheme (PBS) - new and amended listings		61.7				61.7	0.0	61.7
	Securing Cheaper Medicines		5.8				5.8	0.0	5.8
	Strengthening Medicare – an effective and clinically appropriate Medicare Benefits Schedule (MBS)		5.8				5.8	0.0	5.8
	Strengthening Medicare – Medicare Urgent Care Clinics – additional funding		3.1				3.1	0.0	3.1
	Supporting Ongoing Access to Vaccines		4.5				4.5	0.0	4.5
Prime Minister and Cabinet			0.05	0.0	0.0	0.0	0.05	0.0	0.05
	APS Capability Reinvestment Fund: 2024-25 projects funded under round two		0.05				0.05		0.05
Department of Social Services			8.5	0.0	0.0	0.0	8.5	0.0	8.5
	Commonwealth Rent Assistance – increase the maximum rates		8.5				8.5	0.0	8.5
Whole-of-Government			-6.2	0.0	0.0	0.0	-6.2	0.0	-6.2
	Savings from external labour – extension		-6.2				-6.2	0.0	-6.2
Other Items Impacting Veterans:									
Estimates Variations			2.5				2.5	0.0	2.5
DVA									
	Reform of Veterans' Compensation Legislation	To reform the veterans' compensation legislation framework by moving to a single ongoing Act model	2.3				2.3		2.3
Health and Aged Care									
	PBS Price Increases that do not meet the Price Increase Framework	PBS Price Increases that do not meet the Price Increase Framework	0.2				0.2		0.2
Decisions Taken But Not Yet Announced (DTBNYA)			-129.5				-129.5	0.0	-129.5
Health and Aged Care									
	Aged Care Saves - Equitable and Improved RAD Information		-14.3				-14.3	0.0	-14.3
	Extension of the Temporary Reduction of the Residential Aged Care Ratio		-44.8				-44.8	0.0	-44.8
	Responding to the Aged Care Taskforce: Means Testing Reform		-30.9				-30.9	0.0	-30.9
	Support at Home: Classification and Eligibility		-39.5				-39.5	0.0	-39.5

1. These figures do not include the financial implications for DTBNYA items or Not for Publication items

2. Budget Paper No. 2 notes that "The Government will provide \$59.6 million over three years from 2024-25", which excludes \$1.2 million in savings for Extension to the Provisional Access to Medical Treatment program, and \$2.1 million costs to be met from within existing resources for Ensuring the Sustainability of Veterans' Care and Support Programs.

3. Budget Paper No. 2 notes that "The Government will provide \$222.0 million over four years from 2024-25", which excludes \$7.3 million in savings for the DRCA Single Review Pathway.

2024-25 Budget Measures ASL Summary

Lead Agency	Measure Name	Initiative	ASL			
			2024-25	2025-26	2026-27	2027-28
Total ASL DVA Measures			638.0	407.6	111.6	113.1
DVA - 2024-25 Veterans' Affairs Portfolio Budget Submission			637.6	406.5	141.2	141.0
Department of Veterans' Affairs – additional resourcing to support service delivery			637.0	406.3	141.0	141.0
Revised Demand Driven Funding Model*			633.0	405.0	141.0	141.0
- Claims Processing			436.0	326.0	141.0	141.0
- Invoice Processing			77.0	79.0	-	-
- Service Delivery Areas			120.0	-	-	-
Piloting and Modernising DVA's Case Management and Workflow Capability			4.0	1.3	0.0	0.0
Continuing Veterans' Access to Health and Support Programs (<i>absorbed within existing resource</i>)			0.5	0.0	0.0	0.0
Extension to the Veterans' Chaplaincy Pilot Program			0.5	0.0	0.0	0.0
Supporting Veteran Owned Business Grant Program (<i>absorbed within existing resource</i>)			0.2	0.2	0.2	0.0
Extension of Supporting Veteran Owned Business Grant Program			0.2	0.2	0.2	0.0
DVA - Other	Reform of Veterans' Compensation Legislation		0.4	1.1	-29.6	-27.9
	DRCA Single Review Pathway		0.4	1.1	0.9	1.1
	Single Ongoing Act Model for Veterans' Compensation - efficiencies		-	-	-30.5	-29.0

*2024-25 Media products, including the Minister for Veterans' Affairs media release, notes 141 ASL ongoing from 2026-27, however the Finance agreed ASL is 138 ongoing from 2026-27.

Budget 2024-25 – Budget Measures & Budget Paper No. 2 Descriptions

Payment Measures

Defence

Australian War Memorial – financial sustainability

Payments (\$m)	2023-24	2024-25	2025-26	2026-27	2027-28
Australian War Memorial	-	8.0	-	-	-

The Government will provide \$8.0 million in 2024–25 to support the financial sustainability of the Australian War Memorial.

Commonwealth War Graves Commission – additional funding

Payments (\$m)	2023-24	2024-25	2025-26	2026-27	2027-28
Department of Veterans' Affairs	-	0.4	0.4	0.4	-

The Government will provide \$1.2 million over three years from 2024–25 to maintain Australia's membership to the Commonwealth War Graves Commission.

Continuing Veterans' Access to Health and Support Programs

Payments (\$m)	2023-24	2024-25	2025-26	2026-27	2027-28
Department of Veterans' Affairs	-	28.5	27.7	2.4	-
Department of Health and Aged Care	-	-0.5	-0.5	-0.3	-
Department of Defence	-	-3.2	-3.6	-2.1	-
Total – Payments	-	24.8	23.6	-	-

The Government will provide \$59.6 million over three years from 2024–25 to continue access to health and support services for veterans and their families. Funding includes:

- \$48.4 million over two years from 2024–25 to provide viability payments to providers to maintain the short-term viability of *Veterans' Home Care* and *Community Nursing* programs
- \$10.2 million over three years from 2024–25 to extend access to the *Provisional Access to Medical Treatment* program, which provides access to funded medical treatment for ill and injured veterans who are awaiting a liability determination on the claim they have submitted
- \$1.0 million in 2024–25 to extend the *Veterans' Chaplaincy Pilot Program* for one year, which will provide additional time to complete the evaluation of the program.
- This measure also includes an extension to the *Military and Veteran Psychiatry Training Program* for one year to support placement and development opportunities for trainee psychiatrists in veteran and trauma-focused care. The cost of this extension will be met from within the existing resourcing of the current funding agreement.

- The cost of this measure will be partially met from within the existing resourcing of the Department of Veterans' Affairs, the Department of Health and Aged Care, and the Department of Defence.

Defence Service Homes Insurance Scheme Review

Payments (\$m)	2023-24	2024-25	2025-26	2026-27	2027-28
Department of Veterans' Affairs	-	-	-	-	-

The Government will provide \$0.7 million in 2024–25 to undertake a review on options for the future of the *Defence Service Homes Insurance Scheme*.

The cost of this measure will be met from within the existing resourcing of the Department of Veterans' Affairs.

Department of Veterans' Affairs – additional resourcing to support service delivery

Payments (\$m)	2023-24	2024-25	2025-26	2026-27	2027-28
Department of Veterans' Affairs	-	94.0	59.9	20.1	20.3

The Government will provide \$194.4 million over four years from 2024–25 (and \$20.6 million per year ongoing) to provide additional resourcing to meet increased service delivery pressures including claims processing, and modernise the digital capability of the Department of Veterans' Affairs. Funding includes:

- \$186.0 million over four years from 2024–25 (and \$20.6 million per year ongoing) to reduce the time taken to process claims, and respond to increased demand for downstream services, particularly the Veteran Access Network, Veteran Support Officers, complex case management, account processing, information access and mental health support
- \$8.4 million over two years from 2024–25 to pilot an ICT solution to improve case management and workflow management capabilities in the Department of Veterans' Affairs.

This measure builds on the 2023–24 Budget measure titled *Department of Veterans' Affairs Claims Processing – additional funding* and the 2023–24 MYEFO measure titled *Department of Veterans' Affairs – additional resourcing*.

Reform of Veterans' Compensation Legislation

Payments (\$m)	2023-24	2024-25	2025-26	2026-27	2027-28
Department of Health and Aged Care	-	-	-	-	-
Department of Social Services	-	-	-	-	-
Department of Veterans' Affairs	-	-	-	-	-
Total – Payments	-	-	-	-	-

The Government will provide \$222.0 million over four years from 2024–25 (and \$83.4 million per year ongoing) to reform the legislation framework for veterans' compensation and rehabilitation by moving to a single ongoing Act from 1 July 2026.

The Government will simplify and harmonise veterans' compensation and rehabilitation legislation with all new compensation claims assessed under an improved *Military Rehabilitation and Compensation Act 2004*. Under the single ongoing Act, eligible veterans and their families will receive more generous benefits, such as increased death compensation, travel for treatment, Gold Card eligibility and additional payments for eligible young persons.

Other reforms in this measure include:

- standardising the review pathway for veterans seeking review of decisions related to compensation claims
- introducing presumptive liability where the Repatriation Commission would be able to specify injuries and diseases that can be determined on a presumptive basis where they are known to have a common causal connection with Australian Defence Force service
- merging the Military Rehabilitation and Compensation Commission into the Repatriation Commission to deliver administrative and decision-making efficiencies
- establishing the Ministerial Advisory Council for advice on matters impacting the veteran community
- introducing the Additional Disablement Amount (for veterans with high levels of impairment due to service-related conditions when specified conditions are met)
- simplifying the requirements for determining the date of effect for permanent impairment claims
- amending the cessation date of the Disability Compensation Payment to the recipient's date of death.

The Government has already provided funding for this measure.

The cost of this measure will be partially met from within the existing resourcing of the Department of Veterans' Affairs, and from savings identified in the Department of Veterans' Affairs, the Department of Health and Aged Care and the Department of Social Services.

This measure builds on the 2023–24 MYEFO measure titled *Reform of Veterans' Compensation Legislation – implementation*.

This measure supports the *Australian Government Response to the Interim Report of the Royal Commission into Defence and Veteran Suicide*.

Supporting Veteran Owned Business Grant Program

Payments (\$m)

	2023-24	2024-25	2025-26	2026-27	2027-28
Department of Veterans' Affairs	■	■	■	■	■

The Government will provide \$0.4 million over three years from 2024–25 to extend the *Supporting Veteran Owned Business* grant program through The King's Trust Australia (formerly Prince's Trust Australia) Enterprise Program. The program provides self-employment support to veterans and their families.

The cost of this measure will be met from within the existing resourcing of the Department of Veterans' Affairs.

Attorney-General's

Establishment of the Administrative Review Tribunal and Addressing Extremely High Migration Backlogs in the Courts

Payments (\$m)	2023-24	2024-25	2025-26	2026-27	2027-28
Services Australia	7.3	24.4	12.2	-	-
Department of Home Affairs	0.2	20.2	6.7	3.5	3.5
Administrative Appeals Tribunal	-	47.3	-173.8	-163.6	-162.4
Administrative Review Tribunal	-	-	220.2	212.6	208.8
Federal Court of Australia	-	36.8	24.7	24.5	25.2
Attorney-General's Department	-	0.4	-	-	-
Department of Social Services	-	-	-	-	-
Department of Veterans' Affairs	-	-	-	-	-
National Disability Insurance Agency	-	-	-	-	-
Total – Payments	7.5	129.2	90.0	77.0	75.1
<i>Related receipts (\$m)</i>					
<i>Federal Court of Australia</i>	-	0.9	1.5	6.3	6.5

The Government will provide \$1.0 billion over five years from 2023–24 (with \$210.8 million per year ongoing from 2028–29 and an additional \$194.2 million from 2028–29 to 2035–36) to establish and support the sustainable operation of the new Administrative Review Tribunal (ART), replacing the Administrative Appeals Tribunal (AAT), and to address court backlogs associated with high numbers of applications for judicial review of migration decisions. Funding for the commencement of the ART includes:

- \$854.3 million over four years from 2024–25 (and \$208.8 million per year ongoing) for a capped, flexible demand-driven funding model for the ART, enabling it to finalise 100 per cent of case lodgements each year, and including improved regional accessibility and piloting First Nations Liaison Officer and user experience and accessibility programs
- \$75.1 million over five years from 2023–24 (and \$2.0 million per year ongoing) to support agencies with the transition from the AAT to the ART
- \$2.4 million in 2024–25 to the AAT for the Immigration Assessment Authority to continue merits review of unsuccessful protection visa applications eligible for fast-track review under the *Migration Act 1958*, pending commencement of the ART.

The Government has already provided partial funding for this measure.

The Government will also provide \$115.6 million over four years from 2024–25 (and an additional \$194.2 million from 2028–29 to 2035–36) to address extremely high migration backlogs in the federal courts, including through the establishment of two migration hubs dedicated to hearing migration and protection matters.

The cost of this measure will be partially met from within the existing resourcing of the AAT, (with the AAT's total annual appropriation transferring to the ART on the ART's commencement), the Department of Social Services, Department of Veterans' Affairs and the National Disability Insurance Agency. The cost of this measure will also be partially offset from federal court application fees.

This measure builds on the 2023–24 Budget measures titled *Institutional Reform to Australia's System of Federal Administrative Review* and *Continuation of Immigration Assessment Authority* and the 2023–24 MYEFO measure titled *Migration System Integrity*.

Health and Aged Care

Funding for the Alfred Hospital

Payments (\$m)	2023-24	2024-25	2025-26	2026-27	2027-28
Department of Health and Aged Care	-	12.0	2.4	2.6	2.6
Department of Veterans' Affairs	-	-	0.1	0.1	0.1
Services Australia	-	-
Total – Payments	-	12.0	2.5	2.6	2.7

The Government will provide \$19.9 million over four years from 2024–25 (and \$2.7 million per year ongoing) to support the molecular imaging capacity of the Paula Fox Melanoma and Cancer Centre in Victoria.

The cost of this measure will be partially met from within the existing resourcing of the Department of Health and Aged Care.

Pharmaceutical Benefits Scheme (PBS) – new and amended listings

Payments (\$m)	2023-24	2024-25	2025-26	2026-27	2027-28
Department of Health and Aged Care	324.1	1,023.1	872.2	534.3	556.5
Department of Veterans' Affairs	6.1	19.2	16.4	10.1	9.9
Services Australia	0.6	0.2	0.2	0.2	0.2
Total – Payments	330.7	1,042.5	888.8	544.7	566.6
<i>Related receipts (\$m)</i>					
<i>Department of Health and Aged Care</i>	<i>nfp</i>	<i>nfp</i>	<i>nfp</i>	<i>nfp</i>	<i>nfp</i>

The Government will provide \$3.4 billion over five years from 2023–24 for new and amended listings on the Pharmaceutical Benefits Scheme (PBS) and the Repatriation Pharmaceutical Benefits Scheme. Examples of new and amended PBS listings since the 2023–24 MYEFO include:

- nirmatrelvir and ritonavir (Paxlovid®) and molnupiravir (Lagevrio®), for the treatment of adults with COVID-19
- acalabrutinib (Calquence®) from 1 January 2024, for the treatment of patients with previously untreated chronic lymphocytic leukaemia or small lymphocytic lymphoma
- lumacaftor with ivacaftor (Orkambi®) from 1 January 2024, for the treatment of cystic fibrosis in one-year-old infants, homozygous for the F508del mutation
- natalizumab (Tysabri®) from 1 February 2024, for the treatment of relapsing remitting multiple sclerosis
- tebentafusp (Kimmtrak®) from 1 February 2024, for the treatment of advanced melanoma of the middle layer of the eye (uvea)
- dapagliflozin (Forxiga®) from 1 March 2024, for the treatment of chronic heart failure in patients with a left ventricular ejection fraction (LVEF) greater than 40 per cent
- empagliflozin (Jardiance®) from 1 April 2024, for the treatment of chronic kidney disease
- niraparib (Zejula®) from 1 April 2024, for the treatment of patients with newly diagnosed ovarian cancer that is Homologous Recombination Deficiency positive

- abemaciclib (Verzenio®) from 1 May 2024, for the treatment of Hormone Receptor Positive, Human Epidermal Growth Factor Receptor 2 Negative Early Breast Cancer
- mavacamten (Camzyos®) from 1 May 2024, for the treatment of adults with symptomatic obstructive hypertrophic cardiomyopathy
- tafamidis (Vyndamax®) from 1 May 2024, for the treatment of transthyretin amyloid cardiomyopathy.

The financial implications for some elements of this measure are not for publication (nfp), as disclosure of funding would reveal individual arrangements between third parties and the Commonwealth that are confidential and commercially privileged, which must not be disclosed under Deeds of Agreements.

Securing Cheaper Medicines

Payments (\$m)	2023-24	2024-25	2025-26	2026-27	2027-28
Services Australia	0.5	1.1	-	-	-
Department of Health and Aged Care	..	nfp	103.3	143.6	177.8
Department of Veterans' Affairs	-	0.4	1.1	1.9	2.4
Total – Payments	0.5	1.5	104.4	145.5	180.3
<i>Related receipts (\$m)</i>					
<i>Department of Health and Aged Care</i>	-	1.2	2.8	3.9	4.8

The Government will provide \$480.2 million over five years from 2023–24 to reduce patient costs and improve access to medicines. Funding includes:

- \$318.0 million over five years from 2023–24 (and an additional \$166.4 million in 2028–29) as part of the Eighth Community Pharmacy Agreement for:
 - PBS general co-payments to not be indexed between 1 January 2025 and 31 December 2025 (inclusive), with indexation resuming on 1 January 2026
 - PBS concessional co-payments to not be indexed between 1 January 2025 and 31 December 2029 (inclusive), with indexation resuming on 1 January 2030

The \$1 optional discount available on patient co-payments for subsidised prescriptions will be reduced each year by the relevant notional indexation amount until the \$1 discount has been reduced from \$1 to zero.

- \$151.1 million over five years from 2023–24 (and an additional \$45.6 million in 2028–29), as part of the Eighth Community Pharmacy Agreement to increase the Dose Administration Aids cap to 90 per week
- \$11.1 million over five years from 2023–24 (and \$2.8 million per year ongoing) to improve access to Pharmaceutical Benefits Scheme subsidised medicines for First Nations people
- continuation of funding in 2024–25 for legal action seeking compensation for losses incurred as a result of pharmaceutical companies delaying the listing of generic forms of medicines on the Pharmaceutical Benefits Scheme through undue legal actions.

Under the Eighth Community Pharmacy Agreement, the Government will provide up to an additional \$3 billion for community pharmacy and cheaper medicines. Parts of this measure are included in this additional funding.

Some financial implications of this measure are not for publication (nfp) due to legal sensitivities.

Strengthening Medicare – Medicare Urgent Care Clinics – additional funding

Payments (\$m)	2023-24	2024-25	2025-26	2026-27	2027-28
Services Australia	..	1.7	1.5	-	-
Department of Health and Aged Care	-	84.1	73.8	-	-
Department of the Treasury	-	32.7	30.1	-	-
Department of Veterans' Affairs	-	1.6	1.5	-	-
Total – Payments	..	120.0	106.9	-	-

The Government will provide \$227.0 million over three years from 2023–24 to boost the capacity of Medicare Urgent Care Clinics. This will include a further 29 Medicare Urgent Care Clinics across Australia, which will take the total number of Medicare Urgent Care Clinics to 87. The Government is also providing additional support to clinics in regional and rural Australia.

Medicare Urgent Care Clinics reduce pressure on hospital emergency departments by supporting Australians to access care for urgent, but not life-threatening conditions. All Medicare Urgent Care Clinics are open during extended business hours with no appointments or referrals required, and with no out of pocket costs.

This measure is a component of the \$1.2 billion package of Strengthening Medicare measures agreed at National Cabinet in December 2023 and has been developed in consultation with the states and territories.

This measure builds on the 2022–23 October Budget measure titled *Urgent Care Clinics*, the 2023–24 Budget measure titled *Medicare Urgent Care Clinics–additional funding* and the 2023–24 MYEFO measure titled *Urgent Care Clinics and Services*.

See also the related payment measure titled *Strengthening Medicare* in the Health and Aged Care portfolio.

Strengthening Medicare – an effective and clinically appropriate Medicare Benefits Schedule (MBS)

Payments (\$m)	2023-24	2024-25	2025-26	2026-27	2027-28
Department of Health and Aged Care	-	78.9	28.8	51.2	114.9
Services Australia	-	4.1	-1.5	-1.9	-2.3
Department of Veterans' Affairs	-	1.1	1.1	1.4	2.2
Total – Payments	-	84.1	28.4	50.8	114.9

The Government will provide \$895.6 million over four years from 2024–25 to ensure the Medicare Benefits Schedule (MBS) remains clinically appropriate and reflects modern medical practices. Funding includes:

- \$335.7 million over four years from 2024–25 to introduce two new permanent items on the MBS for Polymerase Chain Reaction (PCR) pathology testing for COVID-19 and other respiratory pathogens
- \$200.2 million over four years from 2024–25 to improve primary health care and clinical practice through amendments to items on the MBS, including:
 - \$56.5 million over four years from 2024–25 to promote high quality and tailored maternity care by implementing recommendations from the MBS Review Taskforce, for participating midwives
 - \$49.1 million over four years from 2024–25 for gynecology consultations of 45 minutes or longer with patients who have complex conditions such as endometriosis and pelvic pain
 - \$33.7 million over four years from 2024–25 to introduce a new MBS item to provide positron emission tomography/computed tomography (PET/CT) imaging for the assessment of treatment response and recurrence for patients with an eligible rare or uncommon cancer type.

- \$174.1 million over three years from 2025–26 to introduce indexation for labour-intensive pathology services, including pregnancy and infertility testing, immunology, and tissue pathology
- \$92.8 million over four years from 2024–25 to improve the viability of nuclear medicine imaging through a targeted schedule fee increase and reintroducing annual indexation, in line with other diagnostic imaging arrangements
- \$69.8 million over four years from 2024–25 to remove the barriers to accessing Medicare rebates for MRI machines in metropolitan areas to reduce waiting times and costs for patients
- \$23.1 million over two years from 2024–25 to extend the MBS Continuous Review program to ensure the MBS remains clinically appropriate.

The Government will also achieve efficiencies of \$617.4 million over four years from 2024–25, including:

- \$356.3 million over three years from 2025–26 through amending MBS pathology items, in line with recommendations by the MBS Review Taskforce – Diagnostic Medicine Clinical Committee to reduce unnecessary testing to achieve better patient outcomes
- \$188.8 million over four years from 2024–25 by amending the schedule fee for certain CT items to reflect recent technological advances in CT scanning that have reduced scan times for many examinations, enabling faster throughput
- \$72.3 million over four years from 2024–25 by aligning the MBS to contemporary practice.

Supporting Ongoing Access to Vaccines

Payments (\$m)

	2023-24	2024-25	2025-26	2026-27	2027-28
Department of Health and Aged Care	-	111.2	205.9	103.1	107.8
Services Australia	-	6.9	3.3	2.9	3.0
Department of Veterans' Affairs	-	0.8	1.2	1.3	1.3
Department of the Treasury	-	-	28.2	27.3	27.1
Total – Payments	-	118.8	238.5	134.5	139.2

The Government will provide \$631.1 million over four years from 2024–25 (and \$112.1 million per year ongoing) to support ongoing access to life-saving vaccines. Funding includes:

- \$490.0 million over four years from 2024–25 (and \$107.4 million per year ongoing) to continue the National COVID-19 Vaccine Program
- \$82.5 million over three years from 2025–26 to ensure ongoing joint responsibility with states and territories for vaccination programs
- \$57.7 million over four years from 2024–25 (and \$4.8 million per year ongoing) to expand the eligibility of Shingrix® for the prevention of shingles and postherpetic neuralgia in individuals at moderate to high risk of severe infection
- \$0.9 million over two years from 2024–25 for the expansion of the National Immunisation Program Vaccinations in Pharmacy Program to allow pharmacists to administer vaccines in residential aged care homes and residential disability services.

The Government will also index payments under the *National Immunisation Program Vaccinations in Pharmacy Program* from 1 July 2024, in line with indexation of the Medicare Benefits Schedule.

The cost of this measure will be partially met from a reprioritisation of funding from the 2023–24 MYEFO measure titled *Continued Support for the COVID-19 Response*.

This measure extends the 2023–24 MYEFO measure titled *Continued Support for the COVID-19 Response*.

Prime Minister and Cabinet

APS Capability Reinvestment Fund: 2024–25 projects funded under round two

Payments (\$m)	2023-24	2024-25	2025-26	2026-27	2027-28
Department of the Prime Minister and Cabinet	-	-	-	-	-
Attorney-General's Department	-	-	-	-	-
Department of Industry, Science and Resources	-	-	-	-	-
Australian Public Service Commission	-	-	-	-	-
Department of the Treasury	-	-	-	-	-
National Indigenous Australians Agency	-	-	-	-	-
Department of Finance	-	-	-	-	-
Comcare	-	-	-	-	-
Australian Bureau of Statistics	-	-	-	-	-
Department of Home Affairs	-	-	-	-	-
Department of Employment and Workplace Relations	-	-	-	-	-
Digital Transformation Agency	-	-	-	-	-
Department of Education	-	-	-	-	-
Department of Health and Aged Care	-	-	-	-	-
Department of Social Services	-	-	-	-	-
Department of Veterans' Affairs	-	-	-	-	-
Total – Payments	-	-	-	-	-

The Government will allocate \$6.5 million in 2024–25 remaining from the \$25 million APS Capability Reinvestment Fund (the Fund). Funding includes:

- \$3.4 million in 2024–25 for projects to improve cultural competency and enhance integrity for APS staff
- \$2.2 million in 2024–25 for projects to uplift capability across the APS including AI integration and enhancing the quality of data to inform policy analysis
- \$0.9 million in 2024–25 for projects to develop aligned Greening Government microcredentials and whole-of-government responses to future challenges in the Indo-Pacific.
- The cost of this measure will be met from funding previously included in the Contingency Reserve.
- This measure builds on the 2023–24 Budget measure titled *APS Capability Reinvestment Fund: 2023–24 projects funded under round one* in the Prime Minister and Cabinet Portfolio.

Social Services

Commonwealth Rent Assistance – increase the maximum rates

Payments (\$m)	2023-24	2024-25	2025-26	2026-27	2027-28
Services Australia	6.2	11.4	0.4	0.3	-
Department of Social Services	-	370.8	490.1	499.8	514.8
Department of Veterans' Affairs	-	1.8	2.3	2.2	2.2
Department of Employment and Workplace Relations	-	0.2	0.5	0.7	0.7
Department of Health and Aged Care	-	0.1	0.2	0.2	0.3
Total – Payments	6.2	384.3	493.5	503.2	518.0

The Government will provide \$1.9 billion over five years from 2023–24 (and \$0.5 billion per year ongoing from 2028–29) to increase all *Commonwealth Rent Assistance* maximum rates by 10 per cent from 20 September 2024 to help address rental affordability challenges for recipients.

This measure builds on the 2023–24 Budget measure titled *Increased Support for Commonwealth Rent Assistance Recipients*.

Cross Portfolio

Savings from External Labour – extension

Payments (\$m)	2023-24	2024-25	2025-26	2026-27	2027-28
Various Agencies	-	-93.8	-93.8	-93.8	-718.8

The Government will achieve savings of \$1.0 billion over four years from 2024–25 by further reducing spending on consultants, contractors and labour hire, bringing the total savings from reducing reliance on external labour to \$4.0 billion since 2022–23.

The Government will also commission a second Audit of Employment to measure how the public service is delivering on the Government's commitment to reduce spending on external labour.

This measure extends the 2022–23 October Budget measure, *Savings from External Labour, and Savings from Advertising, Travel and Legal Expenses*.



LEGISLATIVE REFORM PATHWAY

KEY ISSUES

- The Government has announced funding of \$222 million over four years **in direct financial support** from 2024-25 for the harmonisation of veterans' compensation and rehabilitation legislation that will make it easier for veterans and families to access support. This is in addition to the \$40.1 million provided in the 2023-24 Mid-Year Economic and Fiscal Outlook.
- At the beginning of 2024, consultation was undertaken with the veteran community and other stakeholders on the Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Bill 2024, which sets out a proposed pathway to simplify and harmonise the legislative framework.
- Feedback received has informed the reform package, which includes these main elements:
 - Single Ongoing Act — From 1 July 2026, all new compensation claims will be dealt with under a single compensation Act, the *Military Rehabilitation and Compensation Act 2004* (MRCA), regardless of when the veteran served or when they were injured or became ill. There will be no reduction in entitlements determined under pre-existing arrangements (under the *Veterans' Entitlements Act 1986* (VEA) and/or the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA)).
 - Incapacity Payments — In response to feedback received during consultation on the draft Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Bill 2024, veterans receiving incapacity payments under the DRCA at the commencement date of the single ongoing Act will transition to the more generous arrangements for incapacity payments under the MRCA.
 - Single Review Pathway — In advance of the broader changes to move to a single-ongoing Act, a consistent review pathway will be established by providing veterans under the DRCA with access to appeal adverse decisions to the Veterans' Review Board (VRB).

OFFICIAL

- If dissatisfied with the decision of the VRB, veterans may then apply to have the matter heard by the Administrative Appeals Tribunal (AAT).
- Ministerial Advisory Council (MAC) — Initially proposed by the Productivity Commission in its 2019 report, the establishment of a MAC will provide advice directly to the Minister and Assistant Minister on the lifetime wellbeing of veterans and the administration and stewardship of services provided to current and ex-serving members and their families. The MAC is expected to supplement the existing Department of Veterans' Affairs (DVA) National Consultative Framework.
- The single ongoing Act, including the changes to incapacity payments, will commence from 1 July 2026 subject to passage of the legislation. However, the DRCA single review pathway will commence earlier, 60 days after the Bill receives Royal Assent.
- The package of compensation and rehabilitation entitlements under the new legislative framework will benefit the veteran community as a whole, when compared to the current arrangements.
- In its interim report, the Royal Commission into Defence and Veteran Suicide found the legislation governing compensation and rehabilitation for veterans to be “so complicated that it adversely affects the mental health of some veterans and can be a contributing factor to suicidality”.
- The complexity of the existing tri-Act model makes it difficult for veterans, families and representatives to navigate the system, and causes processing inefficiencies and delays for DVA.
- The Government recognised that reform was needed to simplify and harmonise legislation governing compensation, rehabilitation and other supports for veterans and families so they can get the support that they are entitled to.
- This reform will create a simpler, easier to use system for veterans and families, and produce an overall harmonised scheme of entitlements going forward.

If asked:

- A report on the recent consultation about the draft legislation is being prepared and will be published on DVA's website.

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- A report and the submissions received during the early 2023 consultation on the Pathway have already been published on DVA's website at <https://www.dva.gov.au/about/royal-commission/veterans-legislation-reform-exposure-draft-consultation/previous-consultation-what-you-told-us>.
- For those who may have a claim, a recent article claimed that the MRCA is not fit for purpose. I would note that the Productivity Commission acknowledged that it was a scheme better suited for the modern veterans and proposed a model of legislation reform which would have transferred all veterans to the MRCA, except for VEA veterans over working age.
- The Department rejects any assertion of deliberately delaying the reform of the legislative framework due to the expense. The Government is vigorously pursuing its veterans' legislation reform agenda. We have undertaken significant consultation on the proposed single ongoing Act including most recently on an Exposure Draft of the legislation and the Government intends to introduce legislation into the Parliament soon.

BACKGROUND

Consultation on draft legislation

- On 28 February 2024, the Minister for Veterans' Affairs, the Hon Matt Keogh MP, released exposure draft legislation for public comment.
- The Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Bill will, if it is passed, implement the proposal outlined in the Veterans' Legislation Reform Consultation Pathway for a single-Act model that would commence on 1 July 2026 (one year later than recommended by the Royal Commission).
- It would also implement a number of improvements to the MRCA, including:
 - introducing the Additional Disablement Amount, which will provide similar benefits as the Extreme Disablement Adjustment under the VEA for those post-retirement age (taking into account modern superannuation entitlements);

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- making the higher travel reimbursement amount available to all veterans, regardless of kilometres travelled, for private vehicle travel for treatment;
 - providing a pathway for veterans only covered by the DRCA to qualify for Special Rate Disability Pension and a Gold Card under MRCA if they have a new claim accepted or a material deterioration of an accepted condition post-commencement;
 - increasing funeral allowance to \$3,000 for previous automatic grant categories under the VEA and ensuring that a reimbursement for funeral expenses of up to \$14,062 is available in respect of all service related deaths;
 - introducing the ability to have DRCA claims reviewed by the VRB (commencing 60 days after Royal Assent);
 - merging the functions of the Military Rehabilitation and Compensation Commission into the Repatriation Commission; and
 - introducing the ability to accept claims for certain specified conditions on a presumptive basis under the MRCA.
- Submissions on the draft legislation were accepted from 28 February until 28 April 2024.
 - Consultation activities undertaken with stakeholders on the draft legislation during this period included:
 - 26 virtual and face-to-face engagements;
 - 20 with ex-service organisations (including those undertaken with members of forums established under the DVA National Consultation Framework and other stakeholders
 - five with Members and Senators
 - one with the Commonwealth State and Territory Committee (comprised of officials representing state and territory departments that have responsibility for veterans)
 - Three public webinars, with up to 239 attendees. Responses to 99 questions asked at those webinars have been published on the website.

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- In addition to the draft legislation, a range of materials to help stakeholders understand the changes was published on a dedicated webpage, including:
 - Draft Explanatory Memorandum;
 - Information booklet;
 - Fact sheets;
 - A large range of scenarios demonstrating the impact in various circumstances;
 - Answers to Frequently Asked Questions
- Three hundred and twenty three (323) submissions were received. In addition, DVA responded to a large number of written and verbal enquiries about how the legislation would operate, both generally and in particular circumstances.
- The feedback received was generally supportive of the changes that would be implemented by the draft legislation.

Issues raised that were related to the draft legislation included:

- operation of the presumptive liability provisions, including what conditions would be included;
- offsetting of MRCA compensation payments by Commonwealth superannuation entitlements, which differs from the VEA;
- the application and operation of the new Additional Disablement Amount;
- differences in incapacity payment rates under the MRCA and DRCA, and how and when those in receipt of payments under the DRCA would transfer to the MRCA;
- the circumstances in which payments would be made in respect of eligible young persons who are dependent on severely disabled veterans ;
- the commencement date for the new arrangements.

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Veterans' Legislation Reform Consultation Pathway

- The Government announced on 16 February 2023 that it would consult stakeholders about a specific proposal to simplify compensation arrangements. Consultation on the proposal closed on 12 May 2023.
- Core elements of the proposal were:
 - establishing an improved MRCA as the sole ongoing scheme;
 - closing out VEA and DRCA to new compensation related claims;
 - grandparenting existing arrangements to ensure there is no reduction in entitlements currently being or previously received by veterans;
 - maintaining and indexing current payment rates as they are currently.
- Two hundred and forty six (246) written submissions were received; the Minister, Assistant Minister and DVA led 17 face-to-face meetings with 266 attendees; and six webinars were conducted with 300 log-ins.
- There was broad support for legislative simplification and harmonisation.
- The main issues raised in relation to the pathway during consultation were:
 - ensuring that there is no detriment to veterans;
 - retaining existing benefits under the VEA that have no equivalency in the MRCA, e.g. Above General Rate payments (Extreme Disablement Adjustment, Special Rate);
 - expanding eligibility for the Gold Card;
 - moving the statements of principles (SOPs) regime to a single standard of proof;
 - implementing a wellbeing focus into future legislation;
 - expanding spousal and dependant's benefits;
 - opposing removal of automatic granting of the War Widow(er)'s Pension;
 - placing presumptive liability causal onus on the Department of Defence for commonly claimed and accepted conditions;

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- covering police and civilians who are currently covered under the VEA and DRCA under the proposed single Act and grandparenting current arrangements; and
- addressing entitlement inequities between existing Acts.

Royal Commission into Defence and Veteran Suicide

- On 8 July 2021, following agreement by the Governor-General of the Commonwealth of Australia, His Excellency General the Honourable David Hurley AC DSC (Ret'd), the Australian Government established a Royal Commission into Defence and Veteran Suicide.
- In its Interim Report released on 11 August 2022, the Royal Commission's first recommendation stated that the Australian Government should develop and implement legislation to simplify and harmonise the framework for veterans' compensation, rehabilitation and other entitlements.
- In response, the Australian Government agreed to develop a pathway for simplification and harmonisation of the veteran compensation and rehabilitation legislation with funding to be considered in the context of the Budget process and timing to be informed by consultation and the passage of legislation.

Veteran Centric Reform (VCR) Program

- The "Paid to Not Reform: Veterans' Affairs chucks \$73m at PwC to dodge Royal Commission" article (Michael West Media (11 June 2024)) erroneously links legislation reform to the VCR Program. The VCR Program ran over five and a half years from 2016 to 2022. The Program transformed the client experience of interacting with DVA and business processes.
- Key achievements under the VCR Program were:
 - Online access to DVA through MyService.
 - Access to DVA through a primary phone number 1800 VETERAN, making it faster and easier for callers to speak to the right person at DVA.
 - Face to face support through Veteran Support Officers at more than 56 Australian Defence Force bases and Mobiles Service Centres and Agent Networks in rural and remote locations in partnership with Services Australia.

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- Consolidated client information from over 20 legacy systems into a Single View of Person.
- A Client Feedback Management system to consolidate multiple systems and channels for feedback. Department of Defence and DVA Electronic Information Exchange, streamlining the exchange of information between DVA and Defence to support claims processing and the Early Engagement Model for transition.

Clearance

Contact Officer:	Simon Hill, Assistant Secretary, Legislative Reform	Phone:	s 47F	
Clearance Officer:	Luke Brown, First Assistant Secretary, Policy	Phone:	s 47F	
Last cleared on:	30 June 2024			



SENATE ESTIMATES BRIEF

STAFFING AND WORKFORCE

KEY ISSUES

- Department of Veteran Affairs (DVA) maintains an integrated workforce of ongoing, non-ongoing APS, labour hire and contractor staff.
- The 2024-25 Budget provides additional funding and staffing to ensure DVA is able to continue to meet the needs of veterans and families to receive high quality services.
- The 2024-25 Budget provides funding to retain 638 staff, with a permanent increase to the service delivery workforce (including claims processing) by 141 additional ongoing Average Staffing Level (ASL).
- The majority of the \$186 million from the measure *Department of Veterans' Affairs – additional resourcing to support service delivery* is for Outcome 1 to support claims processing staffing.
- DVA's ASL for 2024-25 (as reported in the PBS) is 3,188, down from 3,266 in 2023-24 (refer Table 1) due to terminating measures.

Table 1: ASL

	2020-21	2021-22	2022-23	2022-23	2023-24	2024-25
ASL (PB est. actual)	1,615	2,062	1,964	2,728	3,266	3,188*

*2024-25 PBS Budget estimate

- While the overall departmental ASL decreases by 78 in the 2024-25 Budget, this Budget increases Outcome 1 ASL from 2,199 (2023-24 estimated actual) to 2,315, reflecting a 116 increase in service delivery ASL against this Outcome.
- Outcomes 2 and 3 reduce by approximately 173 and 20 ASL respectively (2023-24 estimated actuals to 2024-25 Budget estimates), due to the impact of terminating measures, including the following:

October 2022-23 Budget

- *Modernisation to Reduce Wait Times to Access Support and Services* (-27 ASL, including -16 ASL for Outcome 2)
- *Legislative Pathway to Support Veterans and Families* (-26 ASL, including -10 ASL for Outcome 2).

2023-24 Budget

- *Department of Veterans' Affairs Claims Processing – additional funding* (-108 ASL, including -50 ASL for Outcome 2 and -1 ASL for Outcome 3).
- For further detail on terminating measures, including those listed above, please refer *SB24-000039 – 2024-25 Budget* (page 3).

WORKFORCE PROFILE

- The ASL is supplemented by a small number of labour hire and contractor staff for specialist technical expertise and short-term surge requirements.
- The per cent of labour hire and contractor staff as a percentage of the department's workforce has continued to decline, from 26 per cent as at 30 June 2023, to 12 per cent as at 31 May 2024; a reduction of 528 (refer Table 2).
- Labour hire / contract staff are primarily in medical advisory roles.

Table 2: Headcount workforce by employment type

	30 June 2023	% of total	31 May 2024	% of total
Ongoing APS	2294	55%	2777	66%
Non-Ongoing APS	791	19%	898	21%
Sub-total*	3085	74%	3675	88%
Labour Hire/Contractor	1050	26%	522	12%
TOTAL	4135	100%	4197	100%

**As presented in 2022-23 Annual Report, page 196.*

Percentages may not equal 100 per cent due to rounding

- The department continues to transition its workforce from labour hire and contractor to ongoing and non-ongoing APS employees via merit-based recruitment processes (where opportunity exists), and where it is aligned to operational requirements.

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- Since the beginning of 2023-24 to 31 May 2024, there have been:
 - 633 labour hire converted to APS staff, and
 - 439 non-ongoing to ongoing staff.
- The *Mandarin article* (5 May, 2024), mentions the Government's proposed 'additional external labour levy' with relation to APS relying heavily on contractors. The levy is a component of the 2024-25 Budget 'Savings from External Labour – extension' measure (refer DVA 2024-25 Portfolio Budget Statements, p.19).

2024-25 BUDGET – OUTCOME 1 AND CLAIMS PROCESSING ASL

- To support key service delivery areas this Budget increases Outcome 1 ASL from 2,199 (estimated actual 2023-24) to 2,315, reflecting a 116 increase in service delivery ASL against this Outcome, with permanent ASL for claiming processing staff increasing from 246 ASL in 2020-21 to 887 ASL in 2024-25 - a 260 per cent increase in permanent staff.
 - The majority of the \$186 million from the measure *Department of Veterans' Affairs – additional resourcing to support service delivery* is for Outcome 1 to support claims processing staffing (i.e. an increase in service delivery ASL of 633 in 2024-25, 405 in 2025-26 and 141 in 2027-28 ongoing) of which, claims processing ASL is 436 in 2024-25, 326 in 2025-26, and 141 in 2026-27, 2027-28 and ongoing.
- The 2024-25 Budget funding for claims processing builds on:
 - the 2022-23 October Budget, which provided funding for 500 ongoing ASL
 - the 2023-24 Budget, which extended funding by one year for 274 ASL in 2023-24, and
 - the \$18.6 million in 2023-24 MYEFO, to help maintain staffing levels and address attrition (2023-24 PAES, page 14).

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Table 3. Claims Processing ASL by Budget

Budget Funded Claims Processing ASL (Budgeted)								
Budget	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
Base Budget	246.3							
21-22 Budget		274	274					
22-23 Mar Budget			90	90				
22-23 Oct Budget			275.2	500	500	500	500	500
23-24 May Budget				274				
23-24 MYEFO				(124) *				
24-25 May Budget					436	326	141	141
Total additional budgeted ASL		274	639.2	864	936	826	641	641
Total budgeted Claims ASL*	246.3	520.3	885.5	1,110.3	1,182.3	1,072.3	887.3	887.3

*includes all staff supporting claims processing, including management and administration support staff

*2023-24 MYEFO allocated \$18.6 million to support the retention of staff associated with natural attrition, with 2023-24 PAES showing an increase in claims processing ASL of 113 – DVA additional resourcing (page 24 PAES), which did not translate into additional ASL in practice.

- At 31 May 2024, 956.7 full-time equivalent (FTE) staff were supporting claims processing (including labour hire and Services Australia seconded staff), an increase of 412.4 FTE since 30 June 2022.

ATTRITION RATES

Table 4: Attrition rates

	2021-22	2022-23	1 Jun 2023 to 31 May 2024
Department	12.4%	13.5%	12.3%

- At 12.3 per cent, the department’s attrition rate has decreased by 1.2 per cent from 2022-23 and is comparable to the APS rate of 11.8 per cent (as at 31 December 2023).
- There are no obvious trends in the reasons staff are separating from the department (e.g. retirement, promotion).

WORKFORCE DIVERSITY

- DVA's diversity statistics (from the 2023 APS Census) are as follows.
 - Female – 65 per cent
 - With Disability – 11 per cent
 - Lesbian, gay, bisexual, transgender, queer (or questioning), intersex and asexual (LGBTQIA)+ – 10 per cent
 - Culturally and Linguistically Diverse – 19 per cent
 - Aboriginal and/or Torres Strait Islander – three per cent.
- As at 31 May 2024, 163 APS staff identified as veterans in the department's HR system (i.e. 4.4 per cent).
- The department continues to seek to improve attraction and retention across all diversity cohorts, with a focus on the following strategies.

Indigenous Employment

War Graves Project

- The department is responsible for the maintenance and care of thousands of war graves, war cemeteries, memorials and commemorations around Australia (and internationally). This maintenance work is primarily undertaken by a contractor workforce and the department is reviewing this arrangement.
- A new initiative will focus on increasing Indigenous employment to undertake this important work, by prioritising engagement of Aboriginal and Torres Strait Islander peoples in-place on Country. The initiative will include a supported training package and will enhance the cultural understanding and connection to community that DVA has across the country.
- The department has established a new Indigenous Employment and Engagement Section to deliver on the initiative.

Indigenous Apprenticeship Program

- DVA participates in the APS Indigenous Apprenticeship Program (IAP) which is a pathway for Aboriginal and Torres Strait Islander peoples to start their career in the APS.

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- The current 2023-24 DVA cohort has 13 Indigenous apprentices.
- Expressions of interest for 2024-25 will see DVA look to recruit a further 11 Indigenous apprentices.

CALD Employment

- The department is current in the process of reviewing the APSC CALD Employment Strategy and Action Plan. The plan will be considered by the department’s CALD Diversity Committee, to ensure strategies and actions are informed by the views of staff and based on the lived experience of CALD staff.

Clearance

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Clearance Officer:	Katrina Jocumsen Chief People Officer, Chief People Officer Division	Phone:	s 47F
Last cleared on:	01 July 2024		



VETERANS' MATES PROGRAM

KEY ISSUES

- The Minister asked the Department to close down the Veterans' Medicines Advice and Therapeutics Education Services (MATES) program on 9 February 2024.
- The Department is working closely with the University of South Australia (UniSA) to progress the administrative arrangements required to address this request.
- No data has been provided to the University of South Australia since August 2023. All program data from the University was returned to the department on 8 March 2024.
- As we work through these arrangements, DVA clients' records remain protected and are subject to strict security requirements.
- Closure of the MATES program will provide us with the opportunity to design future options from the ground up, in partnership with key stakeholders.
- Following completion of program closure requirements, the Department remains committed to actively examining options for possible future programs that provide similar health benefits to the veteran community, while also meeting community and stakeholder expectations around ethical and data use requirements.
- Claims that the MATES program breached privacy laws are currently the subject of a Federal Court application involving the Department. As such, it would be inappropriate to comment on those issues at this time.

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- Since the last Senate Estimates Committee hearing in February, the department has:
 - on 8 March 2024, taken possession of the data server upon which data was received and stored by UniSA for the purposes of delivery of the Veterans' MATES program. The department continues to work through the data stewardship process.
 - On **26 April 2024**, terminated the Deed of Standing offer and the Contract between the Commonwealth (as represented by DVA) and UniSA.
 - Engaged with UniSA on negotiations to cancel the contractual arrangements for the delivery of the Veterans' MATES program. These discussions are continuing.
 - Sought extensive legal advice about the historical compliance of the Veterans' MATES program. We have recently received that legal advice and are in the process of seeking further advice.

If raised

Other DVA programs

- Initiated a critical piece of work relating to research and data with a key focus on privacy matters, through the establishment of the new Research, Evaluation and Data Division in March 2024. One of this division's key priorities is to examine how the department manages the handling of personal information.

Contacting Veterans

- The Department communicated the program closure in a range of ways with veterans, including posting a statement on the DVA website and direct correspondence with key stakeholder networks and ex-service organisations (ESOs) on 12 February 2024.
- The Department will be communicating further with veterans who have expressed concerns about the program, as part of winding up of the program.
 - [***If required***] The Department is undertaking a review of those concerns and it would be premature to comment while that review is ongoing. This is particularly so because there is current Federal Court litigation on foot connected with those concerns.

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Ethics

- The MATES program had been conducted under ethics approval provided by the Departments of Defence and Veterans' Affairs Human Research Ethics Committee.
- As the research ethics applicant, the University of South Australia (UniSA) was responsible to ensure that ethics approval for work undertaken through the Veterans' MATES program remained in place.
- While UniSA was the primary party to deal with the Ethics Committee, DVA assisted the Ethics Committee, including through joining meetings with UniSA to provide background on data flows and confirmation of how opt-out requests were actioned.
- The letter from the Ethics Committee notifying the withdrawal of ethics approval for the Veterans' MATES program was sent to UniSA as the ethics applicant. A copy of this letter was tabled by the Department to the Committee on 6 June 2024.

OAIC Decision 2023

- The decision made by the OAIC last year was in relation to a privacy complaint by one individual who withdrew their participation in the program however, was not removed.
- The Department was found to have breached the veteran's privacy in the circumstances of their case, and for this the Department has unequivocally apologised to that veteran.
- An independent review was conducted to determine whether all other opt-out requests had been processed properly. The review concluded yes, they had been.

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- Following the 26 April 2023 determination, a subsequent complaint was received by the Department on 29 April 2023. This caused DVA to re-examine submissions it had made to OAIC in 2020 and subsequently determined the information originally provided to the OAIC was incomplete.
 - The Department proactively advised both the individual concerned and the OAIC.
 - DVA informed the Information Commissioner verbally in October 2023 and then wrote to the Information Commissioner on 17 January 2024.
 - ***[If raised – the length of time before DVA informed OAIC]*** DVA wanted to see the outcome from the Independent review of opt-out requests which was finalised at the end of September 2023. There were also a number of overlapping requests from the client.
- It would be inappropriate to comment further at this time while the Department continues to engage with the OAIC in its investigation of the subsequent complaint.

Program Research

- Since the MATES program commenced in 2004, there have been 90 publications using cuts of de-identified program data (the full data set was never used).
- DVA retained Intellectual Property ownership, including copyright, associated with Veterans' MATES program materials, including program data.
- Where UniSA may have been approved for use of de-identified program data for research purposes not part of the delivery of the MATES program (and the research articles contain no contract material and no DVA Intellectual Property) the Intellectual Property ownership for those articles is with UniSA.

Administrative access and FOI requests

- The Department is managing a significant increase in requests on top of usual business, and capacity to manage within existing resources has meant some delay in responding to requests.

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- As at 27 May 2024:
 - 1,479 administrative access requests related to MATES have been made, 1,296 have been processed. This is the equivalent of over 90 per cent of the IAU annual workload, with 1,629 administrative access requests received in the 2022-23 financial year as published in the DVA Annual Report).
 - 501 FOI requests related to MATES have been received, 408 have been processed. This is the equivalent of thirty per cent of a standard year's FOI workload, with 1,608 FOI requests received in the 2022-23 financial year as published in the DVA Annual Report).

Federal Court matter

- There is a matter before the Federal Court which asks the court to rule on whether the MATES program was compliant with the Privacy Act.
- As the matter is before the court, it would be inappropriate to comment further on those questions.

Program Benefits

- The MATES program which commenced on 9 June 2004 and which ran for almost 20 years, provided positive health outcomes for the veteran community by proactively targeting effective health and wellbeing to those who may be at risk of an adverse medicine event.
- Up until recently, there were few concerns within the veteran community about the operation of the program. For example, in calendar year 2022 there were no privacy complaints or information access requests submitted to the Department relating to the MATES program.
- The program sought to:
 - increase use of under-used medicines;
 - reduce use of unnecessary medicines;
 - reduce adverse medicine events; and
 - improve the use of related health services.

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- The program was not a ‘cost saving exercise for Government’ – it saved lives, having helped more than 300,000 DVA clients including:
 - 930 hospitalisations avoided,
 - at least 140 premature deaths avoided; and
 - each year approximately 77,000 veterans received health educational material from Veterans’ MATES, specific to their health care needs.

Attachments:

Attachment A – DVA Statement of 12 February 2024

Attachment B – DVA Statements 10 & 29 August 2023

Clearance

Contact Officer:	Moira Campbell Assistant Secretary, Client Programs Branch	Phone:	s 47F	
Clearance Officer:	Andrew Kefford Deputy Secretary – Policy & Programs	Phone:	s 47F	
Last cleared on:	01 June 2024			

Statement from the Secretary of DVA on the Veterans' MATES Program

12 February 2024

The Department is aware that the withdrawal of Defence and Department of Veterans' Affairs (DVA) Human Research Ethics Committee approval on Monday, 5 February 2024 has increased concerns in the veteran community regarding the Veterans' MATES Program (MATES), particularly in relation to the sharing of data. MATES has sought to support veterans and their families to manage their health and aligns strongly with DVA's objective to proactively support the health and wellbeing of veterans.

It is important to note that there has not been any unauthorised access of veteran data. The data has not been made available publicly or for nefarious purposes. DVA only ever provided client data for the purposes of MATES to a trusted organisation, the University of South Australia (UniSA) under strict data security and access policies.

DVA provided the data to UniSA in accordance with the ethics approvals in place at the time. This was done via a secure and carefully controlled channel. UniSA stored the data in a secure facility. Billing data was automatically de-identified before being accessed by researchers for the thematic review under the MATES program. The data did not include doctor's notes. Identifying data was only used to communicate with the veteran themselves, as well as their doctor, in the event that the analysis of the de-identified data revealed risks to the veteran's health. The letters that went to veterans and their doctors provided invaluable insights that supported those veterans receiving the most appropriate treatment possible.

Following an Office of the Australian Information Commissioner decision in April 2023, an external review was conducted concerning the administration of opt-out procedures in the MATES program. The review concluded all other such requests received by DVA to opt out of MATES had been properly implemented.

DVA takes its obligations under the Privacy Act extremely seriously and in August 2023 paused any provision of data to UniSA to enable a thorough examination of the existing arrangements. Since this time, no data transfers have occurred.

On 9 February, the Minister for Veterans' Affairs asked the Department to close down the MATES program and examine options for possible future programs that provide health benefits to the veteran community while meeting community and stakeholder expectations around ethical and data use requirements. Any future program would be subject to a new Ethics Committee approval.

Alison Frame
Secretary

Statements from the Department of Veterans' Affairs - Veterans' MATES program

29 August 2023

The Veterans' MATES program has been operating for more than 18 years to provide a valuable proactive service addressing 'real life' health care problems in the veteran community. Specifically, the program seeks to positively change veteran medicine usage, and increase the uptake of complementary DVA funded health services, all to support veteran wellbeing and a reduction in adverse medicine events.

The University of South Australia is contracted by DVA to deliver the Veterans' MATES program on DVA's behalf.

The program takes an evidence based, targeted approach, using a team of clinical experts to develop current health and medicine information, using secure and private billing data to identify members of the veteran community who would benefit from receiving this information.

Identified data is only used to determine veterans who are at risk of medicine related problems, and facilitate DVA writing to the veteran and their doctor to bring them together to have a positive conversation that is tailored to the veteran's specific health care needs. All other data used in the program is de-identified.

DVA takes privacy very seriously, and we would like to assure veterans and families that DVA and the University of South Australia have strict policies in place including relevant research ethics approval processes to ensure the appropriate protection of personal information, and that ethics approval remains in place, guiding the delivery of the program.

Since the program's inception, the Veterans' MATES program has reached more than 300,000 veterans. Each year approximately 77,000 veterans receive health educational material from Veterans' MATES, specific to their health care needs. Veterans report they find the information useful, and that it empowers them to take an active role in their own health. This targeted and timely information and support for veterans, and their healthcare teams, has achieved many positive health outcomes across a range of health issues affecting the veteran community. Evidence shows that adverse medicine events have been reduced and that veteran access to suitable health services has increased.

We would like to reassure veterans and families that there has not been a breach of their data, and there is no systemic data security issue. The recent determination by the Office of the Australian Information Commissioner (OAIC) relates to an individual case in 2017 whereby the individual opted out of participation in the program and DVA did not fully implement this request. DVA has unequivocally apologised for this.

Veterans have always had the ability to opt out of the program, however DVA has taken steps to more prominently communicate this, so veterans can make an informed decision about their participation.

The OAIC determination has highlighted that DVA's notices to veterans could include more information about how their billing information would be used for the purpose of the Veterans' MATES program. More information about privacy, and the ability of veterans to opt-out of the Veterans' MATES program has been added to DVA's website and Veterans' MATES program materials.

The Secretary has requested a review of the Veterans' MATES program to ensure that all requests to opt out of the program have been actioned appropriately, and to provide further assurance of compliance with the opt out provisions under the program. As part of this review, DVA has temporarily suspended provision of further data while it ensures individual requests regarding participation are dealt with, and frameworks are in place to ensure the circumstances addressed by the OAIC in its determination do not reoccur. DVA will complete this process as quickly as possible.

DVA will continue to engage with the OAIC openly and in good faith, as it looks to improve its processes.

More information about the Veterans' MATES program and the use of personal information can be found on the [Veterans' MATES page on the DVA website](#) and the [Veterans' MATES website](#).

10 August 2023

The Veterans' MATES program has been operating for more than 18 years to provide a valuable proactive service addressing 'real life' health care problems in the veteran community. Specifically, the program seeks to positively change veteran medicine usage, and increase the uptake of complementary DVA funded health services, all to support veteran wellbeing and a reduction in adverse medicine events.

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Identified data is only used to determine veterans who are at risk of medicine related problems, writing to the veteran and their doctor to bring them together to have a positive conversation that is tailored to the veteran's specific health care needs. All other data used in the program is de-identified.

DVA takes privacy very seriously, and we would like to assure veterans and families that DVA and the University of South Australia have strict policies in place to ensure the appropriate protection of personal information, and that ethics approval remains in place, guiding the delivery of the program.

Since the program's inception, the Veterans' MATES program has reached more than 300,000 veterans. Each year approximately 77,000 veterans receive health educational material from Veterans' MATES, specific to their health care needs. Veterans report they find the information useful, and that it empowers them to take an active role in their own health. This targeted and timely information and support for veterans, and their healthcare teams, has achieved many positive health outcomes across a range of health issues affecting the veteran community. Evidence shows that adverse medicine events have been reduced and that veteran access to suitable health services has increased.

We would like to reassure veterans and families that there has not been a breach of their data, and there is no systemic data security issue. The recent determination by the Office of the Australian Information Commissioner (OAIC) relates to an individual case in 2017 whereby the individual opted out of participation in the program and DVA did not fully implement this request. DVA has unequivocally apologised for this.

Veterans have always had the ability to opt out of the program, however DVA has taken steps to more prominently communicate this, so veterans can make an informed decision about their participation.

The OAIC determination has highlighted that DVA's notices to veterans could include more information about how their billing information would be used for the purpose of the MATES program. More information about privacy, and the ability of veterans to opt-out of the MATES program has been added to DVA's website and MATES program materials.

The Secretary has requested a review of the MATES program to ensure that all requests to opt out of the program have been actioned appropriately, and to provide further assurance of compliance with the opt out provisions under the program.

DVA is engaging with the OAIC openly and in good faith, as it looks to improve its processes.

More information about the MATES program and the use of personal information can be found at [Veterans' MATES | Department of Veterans' Affairs \(dva.gov.au\)](https://www.veteransmates.net.au) and <https://www.veteransmates.net.au>.



NASHO FAIR GO CAMPAIGN/WHITE CARD VS GOLD CARD ELIGIBILITY

KEY ISSUES

What entitlements can National Servicemen receive from DVA?

- All former National Servicemen have access to compensation and treatment for injuries or illnesses arising from their service.
- In addition, all National Servicemen who rendered continuous full time service can receive NLHC treatment for all mental health conditions.
- Certain National Servicemen have eligibility for Non-Liability Health Care (NLHC) Cancer treatment
 - Those who were full-time in the Regular Army Supplement and chose to stay in the Australian Defence Force (ADF) after the abolition of National Service and then completed the full period of service for which they were originally conscripted after 6 December 1972. This eligibility also applies to full-time National Servicemen who elected to stay in the ADF and were serving after 6 December 1972 but did not complete their full period of service because they were discharged due to physical or mental incapacity after that date.
- Approximately 18,500 National Servicemen were deployed to Vietnam during the Vietnam War. Surviving National Servicemen who served in Vietnam, as well as in the Indonesian Confrontation, would now be over 70 years of age and therefore eligible for the Gold Card due to having rendered Qualifying Service.
- Individual eligibility for benefits will depend on matters such as personal income, the timing, type and nature of service a person rendered and other issues.
- It is true that the legislation which provides compensation coverage service under peacetime conditions during the 1960s and 1970s does have some limitations in comparison to the legislation which applies to later service. For example, the amounts of compensation payable may be lower, or may not be payable depending on the nature of the condition.

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- The application of these provisions is complex, but it is important to note that generally, these limitations do not apply where a condition had its onset after December 1988, from which point coverage commences under the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988*.
- It is noted that the proposed legislative reform will ensure consistent coverage going forward for all former members of the ADF, including former National Servicemen.

How does DVA promote these entitlements?

- The Department of Veteran Affairs (DVA) uses a wide variety of media and links with ex-service organisations to disseminate information to eligible people of their entitlements.
- Over the course of 2023, updated content for the DVA website, as well as VetAffairs news content and social media activities were released in relation to Veteran Cards, including the Veteran White Card.
- A similar range of information activities were conducted relating to NLHC for mental health conditions. A similar campaign is about support for NLHC for malignant cancers and pulmonary tuberculosis planned for June 2024.
- Additional guidance has been provided to claims assessors to increase awareness of the specific eligibility of National Servicemen for benefits.
- Non-liability cancer and mental health treatment eligibility and Provisional Access to Medical Treatment have been publicised by DVA in a wide variety of media since these entitlements came into effect (in the 1970s in the case of NLHC cancer treatment). In more recent years, this publicity has included both online and print media (e.g. VetAffairs).

If asked: claims about errors with White Cards

- Some individuals may have received the card in error due to mistakes in eligibility assessments or, possibly, on the provision of incorrect information in a claim.
- DVA has not identified systemic errors in NLHC claims processing. Individual cases may be identified through normal quality assurance processes.
- These are dealt with on a case by case basis to assess if other eligibility criteria are met. A person without a lawful entitlement cannot retain that benefit.

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If asked: How much would it cost to provide a Gold Card/full dental and medical to these National Servicemen?

- DVA data indicates that the average cost of a Gold Card is \$26,141 per recipient annually.
- There are estimated to be around 30,000 surviving full-time National Servicemen who did not deploy to conflict areas. This roughly equates to an approximate annual cost to DVA of \$784 million or over \$3 billion dollars over the forward estimates.

If asked: How are National Servicemen recognised?

- National Servicemen have been recognised in a variety of ways. These include the Anniversary of National Service Medal, a National Service memorial in Canberra and public recognition of National Servicemen's Day on 14 February each year.

If asked: about the Nasho Fair Go Australian Human Rights Commission Complaint

- On 25 July 2023, DVA was advised Nasho Fair Go had lodged a complaint with the Australian Human Rights Commission. This complaint related to publication online of benefits such as 'the white card', NLHC and Provisional Access to Medical Treatment available from DVA as discriminatory to older veterans. DVA was advised on 2 April 2024 that the complaint had been withdrawn.
- DVA has undertaken extensive publicity of the availability of the White Card online and in mainstream media. For instance the 2017 expansion of NLHC mental health treatment was announced publically by the then Minister on the steps of the AWM and the announcement ran in mainstream media at the time and was widely conveyed to ex-service organisations including the National Servicemen's Association of Australia.

BACKGROUND

What is the Nasho campaign advocating for?

- 'Nasho Fair Go' is an organisation of former National Servicemen seeking additional recognition and benefits for National Servicemen of the 1964-72 intake who did not serve overseas.

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- A primary concern for the Nasho Fair Go Campaign is access to “free medical and dental treatment” for their members who are not otherwise eligible. Nasho Fair Go has previously advocated for the provision of the DVA Gold Card to this cohort, but has since reframed its primary objective in more general terms.
 - The normal mechanism for the provision of medical and dental treatment for all conditions under the arrangements administered by DVA is the Gold Card.
 - Provision of additional medical and dental treatment to National Servicemen who did not serve overseas, whether via the Gold Card or by some other mechanism, would be a matter for Government to consider in the Budget context.
- Secondary concerns for Nasho Fair Go are:
 - provision of NLHC mental health treatment to members of the Citizen Military Forces (CMF);
 - NLHC Cancer treatment eligibility for National Servicemen; and
 - publicity of DVA benefits and entitlements.

How many people are involved in the Nasho Fair Go Campaign?

- As at 23 April 2024, the Nasho Fair Go website states that the organisation has 3,204 members.
- Mr Geoff Parkes has produced a Change.org petition seeking the Veteran Gold Card for National Servicemen whose only service was rendered in Australia.
- This petition opened on 16 May 2022. On 22 September 2022, the petition was delivered to the Minister for Veterans’ Affairs. It did not conform with the requirements for parliamentary petitions (including through the addressee, collection of signatures and timeframes for opening and closing) and it is not registered in the parliamentary petition register. The online petition remains open, and it has received 26,381 signatures as at 23 April 2024.

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How many men were conscripted in the 1964-1972 Scheme?

- Some 63,000 Australians were conscripted under the 1964-1972 Scheme. Of these, it is estimated up to 18,500 served in Vietnam or the Indonesia-Malaysia Confrontation.
- It is estimated that in addition to the 63,000 who undertook National Service, some 15,000 deferred their full-time National Service obligation through service in the CMF.

Does research indicate that National Servicemen have a particular health need?

- The *Australian National Service Vietnam Veterans' Mortality and Cancer Incidence Studies* compared the health of various cohorts and found that, while National Servicemen who served in Vietnam had an increased mortality and cancer risk, those National Servicemen who served only in Australia enjoyed better health overall than the equivalent-aged male population in the broader Australian community.

Nasho Fair Go contend they have never been told about benefits available to them.

- DVA does not have the records of all former National Servicemen. In many circumstances the Government is unable to identify all individuals who may be eligible to receive benefits and it is not always possible to tailor and distribute individualised information about entitlements.
- Many individuals will have moved since their time in Defence and others may not wish to be contacted by DVA.
- During the 1960s and 1970s, the Department of Labour and National Service provided pamphlets for national servicemen on the repatriation and other benefits that were available. These include gratuities and bonus payments, access to vocational and educational schemes, job and mortgage protection, access to low interest loans, housing assistance and other supports.

Parliamentary Budget Office costing for Veteran Gold Card to National Servicemen

- In July 2022, the Parliamentary Budget Office (PBO) conducted a costing of extending the Veteran Gold Card to National Servicemen in the 1964-72 cohort without service in Vietnam. The DVA provided some survivor modelling to PBO to assist in this analysis.

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- While DVA has not been provided access to this costing, PBO appears to have estimated a costing (including Medicare offsets and slightly lower than average Gold Card cost for the younger National Servicemen) of around \$18,000 per National Serviceman per annum.
 - Given a survivor cohort of circa 30,000, this would equate to \$540 million per annum.
 - Utilising DVA’s survivor modelling and average Gold Card cost would result in a higher potential cost of up to \$784 million per annum, not including Medicare Offsets.
- These numbers do not incorporate modelling for the 227,000 who served in the National Service Scheme that existed between 1951 and 1959, or the approximately 15,000 who deferred full-time National Service in the Regular Army Supplement between 1964-and 1972 through service in the Citizen Military Forces.

Citizen Military Forces National Service eligibility

- Most National Service veterans completed two years, later 18 months, of CFTS in the Regular Army Supplement. However, during the 1964-72 Scheme it was also possible for a person to defer their full time national service obligation by service in the Citizen Military Forces (reserves).
- Members in the 1964-72 Scheme who completed their national service obligation only by rendering CMF service do not generally have NLHC mental health eligibility as they have not rendered a period of CFTS.
- Mr Parkes contends that some of his members who rendered CMF service have been issued the white card incorrectly.
- Many of those who met their National Service obligation with CMF service will have received the White Card. This would be through other eligibility pathways such as having a condition accepted as related to their service or through non- liability health care (NLHC) mental health eligibility in relation to border protection or disaster relief service or involvement in service related training accidents.

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Last cleared on:	08 May 2024		

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ADVOCACY

KEY ISSUES

- Veterans and families can choose to use wellbeing and compensations advocacy services to assist them access Department of Veterans' Affairs (DVA) and other veteran outreach services.
- Veterans' advocacy – both wellbeing and compensation advocacy - is predominantly undertaken by ex-service organisations (ESOs). Most advocates provide these services on a volunteer basis.
- Veterans' advocacy is not a regulated activity, nor is there professional oversight (other than that provided by an ESO for whom an advocate is volunteering or employed).
- DVA is aware of number of businesses who charge a fee to assist veterans and their families to access their DVA entitlements.
- Some veterans have reported negative experiences with some of these businesses, such as excessive fees; the inconsistent qualifications of advocates and poor ethical behaviour.
- DVA is working through its ESO Round Table Group to progress a number of initiatives to strengthen and increase the availability of trained advocacy services for veterans including:
 - A communication strategy to promote free ESO advocacy services, which seeks to counter any misconceptions or myths that veterans need to pay for advocacy services. This strategy commenced on 5 February via social media and DVA E-news publications.
 - Pilot testing a new approach with DVA staff providing assistance to veterans and their families with claim lodgement.

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- Establishing an ESO Round Table Advocacy Governance Working Group to focus on implementing an independent veterans' advocacy governance body to deliver better quality services and outcomes for veterans and their families.
- Improvements to the Advocate Training and Development Training Program (ATDP) to assist with the ongoing sustainability of the advocate workforce, including changes to entry level training for wellbeing and compensation advocates.
- Sharing training approaches between ESOs and DVA claims processing staff.

BACKGROUND

- Veterans' advocacy services are traditionally provided by ESOs under two separate streams – wellbeing advocacy and compensation advocacy (assistance and representation for claims and appeals).
- The veteran community can use the Advocacy Register (<https://advocateregister.org.au>) to search for an ESO with advocates who have qualified under the ATDP.
- Advocates can be volunteers or paid employees of an ESO. Each organisation is responsible for the management and delivery of their advocacy services.
- Some ESO advocacy services are funded via DVA Building Excellence in Support and Training (BEST) grants. These services operate under service delivery standards outlined in the relevant grant agreement and have a code of ethics that can be found on the ATDP website.
- DVA provides a range of supports to ESOs for advocate training and professional development through the ATDP. The ATDP provides nationally consistent training in military advocacy to persons nominated by their ESOs to enrol in the accredited Course in Military Advocacy (CiMA).

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- CiMA consists of a single learning pathway, with two levels of competency for wellbeing advocacy and four levels for compensation advocacy. Advocates who have attained Compensation Levels 3 and 4 are qualified to provide representation at the Veterans' Review Board (VRB) and at the Administrative Appeals Tribunal (AAT) respectively. The ATDP also has a recognition of prior learning pathway for experienced advocates who may have undertaken other relevant training.
- Neither the VRB nor the AAT require people supporting veterans and families to have any form of qualification. DVA does not require people providing wellbeing support or claims assistance to veterans and families to have any form of qualification (however, grants provided to ESOs under DVA's BEST program are for ATDP trained people).

FUNDING AND SUPPORT

- DVA supports ESOs to provide wellbeing and compensation advocacy services through:
 - the BEST grants program (with funding of \$4.551 million paid to 109 organisations in 2023-24. The 2024-25 BEST round opened on 16 January 2024 and closed on 29 February 2024);
 - a small subsidy to the Veterans' Indemnity and Training Association Inc (VITA) for group professional indemnity insurance coverage for member ESOs; and
 - a DVA-ESO partnership on the ATDP, with funding of approximately \$1.2 million per annum.
- BEST funding is conditional upon the insurance requirements being met and on ATDP qualifications. In July 2022, service delivery standards were introduced for BEST funding to ensure veterans receive consistent and high quality compensation advocacy advice and services.
- ESOs that do not receive a BEST grant are encouraged to choose to adopt the BEST advocacy service standards.
- VITA is a not-for-profit body managed by ESOs, providing professional indemnity insurance to member organisations that give free (or minor administrative costs recovery) advocacy services to the ex-service community.

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- VITA members are to ensure their advocates do not provide legal advice or financial advice.
- Separate to DVA advocacy support, Legal Aid Commissions in some states/territories have specific legal service/assistance for veterans. Some community legal centres also provide *pro bono* assistance to veterans, without a means test.

RECENT REVIEWS/REPORTS

2014	Review of Advocacy Training (on 1 July 2016, the ATDP replaced the Training and Information Program)
2018	<i>Veterans' Advocacy and Support Services Scoping Study</i> (led by Mr Robert Cornall AO)
2019	Productivity Commission report <i>A Better Way to Support Veterans – Chapter 12 Advocacy, wellbeing supports and policy input</i>
2021	<i>Baseline Study of Current and Future Availability of Ex-service Organisation Advocacy Services Research Report</i> , UNSW (commissioned by DVA)
2022	Royal Commission into Defence and Veteran Suicide Interim Report (No recommendations about advocacy, but Recommendation 3 on Improving the administration of the claim system may have impacts.)

KEY FIGURES - ATDP QUALIFIED ADVOCATES

Data at 24 April 2024

- ESOs have recorded 651 wellbeing and compensation advocates in the ATDP Advocacy Register.
- ESO advocates by highest CiMA qualification:

	Level 1 (work under supervision)	Level 2 (Primary claims, and reviews)	Level 3 (VRB)	Level 4 (AAT)	Total
Compensation (C) advocates	110	170	45	4	329
Wellbeing (W) advocates	46	167	N/A	N/A	213
Advocates with both Compensation and Wellbeing qualifications	C1/W1	C2/W1	C3/W1	C4/W1	
	7	7	2	0	16
	C1/W2	C2/W2	C3/W2	C4/W2	
	10	48	28	7	93
Total advocates					651

- ESO advocates with CiMA qualifications by state and territory:

REGION 1		REGION 2			REGION 3			TOTAL
QLD	NT	NSW	ACT	WA	SA	TAS	VIC	
255	4	154	17	34	34	21	132	651

- ESO advocates undergoing Level 1 training by state and territory:

	REGION 1		REGION 2			REGION 3			TOTAL
Stream	QLD	NT	NSW	ACT	WA	SA	TAS	VIC	
Both	24	0	8	6	3	0	2	7	50
Wellbeing	39	0	24	0	8	2	2	18	93
Compensation	56	1	57	6	19	10	9	29	187
TOTAL	119	1	89	12	30	12	13	54	330

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Clearance

Contact Officer:	Cath Haffner Assistant Secretary	Phone:	s 47F	
Clearance Officer:	Luke Brown First Assistant Secretary	Phone:	s 47F	
Last cleared on:	01 May 2024			



ADVOCATES - TRAINING AND SUPPORT

KEY ISSUES

- **Perceived declining availability of suitably trained advocates to assist the veteran community.** The availability of mentors to conduct on-the-job training was impacting wait times for Level One courses. Department of Veterans' Affairs (DVA) reduced this impact by developing a Combined Compensation and Wellbeing Level One course that is less reliant on the availability of mentors and has increased course availability. It also significantly reduced the time taken to complete the courses.
- **Perceived lack of succession with an aging advocate population.** Currently 67.3 per cent of Advocacy Training and Development Program (ATDP) trained advocates are 60 years or older, with the youngest ATDP trained advocate being 26 and oldest being 93 years of age. For those currently on a training pathway, 54 per cent are between the ages of 50 – 69, with the youngest trainee being 21 and the oldest being 86. The time required to deliver advocate services can be a barrier to working age volunteer advocates. While DVA is not responsible for the advocate community who operate independently, it is supporting accessibility to training with both in person and online training options.
- **Perceived lack of gender diversity in delivering veteran advocate services.** Approximately 31 per cent of trained advocates and 38 per cent of trainees are women. DVA is considering how the training offering could be more attractive to a diverse range of people.

BACKGROUND

- DVA assumed the administration of the ATDP in 2021 to maintain a nationally consistent standard of training for veteran advocates.
- ATDP manages the delivery of the Course in Military Advocacy (CiMA) to advocates nominated by DVA registered Ex-Service Organisations (ESOs). CiMA is accredited by the Australian Skills Quality Authority (ASQA) until 27 April 2027.

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- Recognition of Prior Learning is available for all units of CiMA. A Continuous Professional Development program (CPD) is also available for CiMA qualified advocates to support ongoing development.
- ATDP contracts the registered training organisation, Major Training Services (MTS) to maintain and deliver the CiMA. The course was originally developed in conjunction with ESO volunteer subject-matter experts and is delivered primarily through on-the-job training.
- Prior to 2021, the ATDP was managed by volunteer advocates.
- Advocate Numbers, as at 26 June 2024, by qualification and type (compensation and/or wellbeing) are:

	Level 1 (work under supervision)	Level 2 (Primary claims, and reviews)	Level 3 (VRB)	Level 4 (AAT)	Total
Compensation (C) advocates	112	169	46	4	331
Wellbeing (W) advocates	42	170	N/A	N/A	212
Advocates with both Compensation and Wellbeing qualifications	C1/W1	C2/W1	C3/W1	C4/W1	
	21	7	1	0	29
	C1/W2	C2/W2	C3/W2	C4/W2	
	9	49	28	7	93
Total advocates					665

- By state or territory as at 26 June 2024.

QLD	NT	NSW	ACT	WA	SA	TAS	VIC	TOTAL
266	4	153	17	36	33	21	135	665

Clearance

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AGED CARE

KEY ISSUES

- The Australian Government is committed to supporting veterans to age well.
- The benefits of ageing at home are well known and the Department of Veterans' Affairs' (DVA) in-home care programs such as Community Nursing (CN) and Veterans' Home Care (VHC) enable veterans to remain independent in their homes. Veteran satisfaction with these services remains high.
- Ensuring veterans maximise the supports available to them will have the greatest impact on wellbeing and minimise challenges navigating the care sector.
- DVA acknowledges feedback from the veteran community that more support is needed for those navigating the aged care sector, whether to access home care services or residential aged care.
- In January 2024, DVA established an internal Aged and Community Care Taskforce (the Taskforce), led by a senior DVA executive, which will:
 - improve communication, information and support for the veteran community and aged care providers and enable Residential Aged Care Facilities to support veterans more effectively, maximising supports available and recognising their veteran or war widow/er status
 - deliver short-term responses to the current care workforce challenges (thin markets) facing VHC and CN
 - work on a medium term sustainable model in partnership with Department of Health and Aged Care (DHAC) and the Aged Care Quality and Safety Commission in the context of the broader aged and community care sector reforms being led by Department of the Prime Minister and Cabinet.
- DVA met with key aged care stakeholders (11 December 2023) to seek feedback about the issues facing the veteran community within aged care and inform next steps.

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- DVA has established a Core Advisory Group (CAG) consisting of aged care stakeholders, including aged care providers, aged care peak bodies and the veteran community.
- **To date, the CAG have met several times and will continue to** meet regularly throughout the coming year to:
 - provide a platform to enable lived experience participants, aged care providers and aged and community care peak bodies to raise issues directly with the Taskforce
 - generate ideas to help resolve aged care issues facing veterans, war widow/ers and dependants in the aged care sector
 - co-design DVA aged care products, services and communications to inform future policy and service delivery options
 - build partnerships and networks across represented cohorts.
- DVA will use the information and insights from the CAG to inform DVA policy and programs and the wider transformation of DVA aged and community care policy and services.

Current services and support

- More than 45,000 veterans and widow/ers are supported to remain independent in their homes through DVA funded programs such as VHC and CN.
- Importantly, there is no means-testing, age restrictions or waiting period to access CN and VHC services.
- Funding is also available to keep veterans safe at home, including a comprehensive range of aids and appliances such as personal response systems, wheelchairs and home modifications.
- While veterans and their families access residential care through the mainstream aged care system, there are a number of important differences. For example:
 - Veteran Card holders are able to continue to access allied health services and aids and appliances at DVA's expense.

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- DVA pays the Basic Daily Fee for former prisoners of war and Victoria Cross recipients who live in residential aged care and these veterans are also exempt from means-tested care fees.

Palliative care and end of life care

- DVA is committed to supporting veterans who seek to remain in their homes during the palliative care (including terminal) phases, if they wish to. DVA acknowledges that this time can be challenging for a veteran and their family both physically and emotionally and funds a range of programs to support clients and family members, enabling them to remain at home, where appropriate.
- DVA offers generous in-home palliative care services through the CN Program, with services provided to meet the assessed nursing and personal care needs of the veteran.
- Consideration on compassionate grounds is given where the services are for terminal phase care. Terminal phase care focuses on providing increased services and support for physical, emotional, social and spiritual needs.
- For those who need palliative care but are unable to remain in their home, the Australian Government funds palliative care on entry to residential care.

QUESTIONS AND ANSWERS

Why doesn't DVA fund 24/7 nursing care for veterans?

- DVA's CN Program typically provides low risk, simple clinical interventions.
- The CN Program funds clinically required nursing and personal care services provided in the home by qualified nurses and support staff. Services can include help with medication, wound care, hygiene/showering, dressing and palliative care.

How does DHAC manage the veteran cohort in Residential Aged Care Facilities?

- Permanent residential aged care can be accessed through My Aged Care, which is managed by DHAC.

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- DHAC manage the veteran cohort in residential aged care facilities in the same way as other residents, noting that Veteran Card holders are able to access additional services and supports beyond those provided to the general population. For example, Veteran Card holders in residential aged care retain access to DVA-funded allied health services and access to aids and appliances in aged care, whereas these are typically funded by the facility or the family for the general population.

Why has the Government only increased DVA fees for CN and VHC by nine per cent following the Fair Work Commission, compared to DHAC programs receiving 11.9 per cent?

- The DHAC increase of 11.9 per cent includes a component for indexation.
- The fee increase for veterans' care programs is exclusive of indexation, which is already applied from 1 January annually.

Why is the Government not funding a full 15 per cent fee increase following the Fair Work Commission decision, for DVA programs?

- DVA fees have a number of components, wages are only one component of these.
- Additional funding was also available for VHC and CN providers to fund historical leave liabilities.

KEY FACTS AND FIGURES

- DVA funds VHC services to approximately 35,000 clients each year at a cost of about \$110 million (2022-23 financial year).
- DVA funds CN services to approximately 9,700 clients each year at a cost of approximately \$180 million (2022-23 financial year).
- As at 31 May 2024, 12,693 DVA clients were in residential aged care. Of these:
 - 10,979 clients are in permanent residential aged care; and
 - 1,714 clients are in residential respite care.

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BACKGROUND

VHC Program

- VHC delivers personal care, in-home respite, domestic care and home and garden maintenance.
- Delivery occurs through contracted VHC Assessment Agencies which, following assessment, allocates the **service** plan to a VHC service provider to deliver the services.

University of Sydney Research

- In 2022, the University of Sydney research found that DVA Community Nursing clients remained in their home considerably longer than the comparison group. (MS23-000194 - Investigating Protective Factors of Department of Veterans' Affairs Community Nursing Program).

Clearance

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Last cleared on:	27 June 2024		



DEFENCE AND VETERAN MENTAL HEALTH AND WELLBEING STRATEGY

KEY ISSUES

- The Department of Defence (Defence) and Department of Veterans' Affairs (DVA) are working together to develop a new Defence and Veteran Mental Health and Wellbeing Strategy. The Strategy is expected to be launched in mid-2024.
- The joint approach aligns with the Productivity Commission's Recommendation 17.4 in its 2019 Report, *A Better Way to Support Veterans*, for a new joint mental health strategy for veterans' lifetime mental health.
- DVA and Defence are currently developing joint Action Plans. A fulsome Development Timeline can be found at **Attachment A**.
- Stakeholder consultation has informed Strategy drafting. A Stakeholder Engagement Summary to date can be found at **Attachment B**. This includes:
 - direct engagement with veterans and their families through a Veteran Survey and live webinars, and
 - input from mental health experts through the Mental Health Expert Roundtable, hosted by the Hon Minister Keogh MP on 7 August 2023.
- Two interdepartmental Action Plans will be released for consultation following release of the Strategy. One will be focused on suicide prevention, with a second to focus more broadly on mental health and wellbeing actions. It is anticipated that Action Plans will be finalised by September – October 2024. They will be revised as necessary to include relevant responses to the Royal Commission into Defence and Veteran Suicide recommendations.
- Work is progressing on a Monitoring and Evaluation Framework to provide specific detail on how the success of the Strategy and Action Plans will be measured and evaluated. The Framework includes a program logic and is underpinned by a data matrix. This work is expected to be completed by early September 2024.

BACKGROUND

- The *Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020-2023* and *Defence Mental Health and Wellbeing Strategy 2018-2023* both expired in 2023.
- A joint approach will enable Defence and DVA to fully consider alignment with the broader strategic landscape and the whole-of-government priority to improve mental health outcomes and reduce the risk of suicide for all Australians.
- The joint Strategy will include an agreed vision, goals and measurable outcomes for mental health and wellbeing across the lifespan.

Attachments:

Attachment A – MH&W Strategy Development Timeline

Attachment B – Stakeholder Engagement Timeline

Clearance

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Last cleared on:	18 June 2024		

Attachment A – Defence and Veteran Mental Health and Wellbeing Strategy – Development Timeline

Development Timeline (relevant to DVA contribution to the strategy)

July 2019	Australian Government Productivity Commission Inquiry Report, <i>A Better Way to Support Veterans</i> is publicly released. The report called for the development of a single mental health strategy that covers each of the life stages of military personnel, from recruitment through transition to civilian life.
May 2021	<i>Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020 – 2023</i> launched by the former Minister for Veterans' Affairs.
July – August 2022	Department of Veterans' Affairs (DVA) and Department of Defence (Defence) commenced early discussions about potential joint strategy.
October 2022	A Defence and DVA Co-Chaired Senior Executive Strategy Steering Group established to oversee planning and provide strategic direction, governance and oversight for the development of the Strategy.
November 2022	DVA and Defence agreed an approach to stakeholder engagement.
December 2022	Agreement to the broad approach to development and structure of the Strategy is sought from the Minister for Veterans' Affairs.
March 2023	Defence and DVA Strategy Steering Group develop a draft vision, goals and principles for testing during stakeholder consultation.
July 2023	Approval of stakeholder consultation approach is sought from the Minister for Veterans' Affairs.
July – August 2023	DVA commences internal and external stakeholder consultation, including a veteran and community survey open from 31 July to 28 August that resulted in 1,274 responses.
July – December 2023	Defence and DVA commence drafting the Strategy.
August 2023	Minister for Veterans' Affairs hosted a Roundtable on 7 August 2023 with 8 Mental Health Experts from across academia and private sector, as well as 13 senior Defence and DVA executives.
October 2023	DVA hosted two live webinar events on 5 and 9 October that were open to the public for consultation on the draft Strategy. The webinars had 49 attendees across both sessions.
November – December 2023	Final drafting of the Strategy consultation draft.
December 2023	Approval of the draft Strategy for further consultation is sought from the Minister for Veterans' Affairs.
December 2023	DVA's <i>Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020 - 2023</i> and the <i>Defence Mental Health and Wellbeing Strategy 2018-2023</i> expire.
January 2024	Drafting of monitoring and evaluation framework commences.
February 2024	Feedback on Strategy consultation draft received from the Minister's Office.
February – March 2024	DVA attends Defence Roadshow events to support consultations on the draft Strategy.
March – May 2024	DVA internal stakeholder consultation to inform development of draft action plans.

Attachment A – Defence and Veteran Mental Health and Wellbeing Strategy – Development Timeline

April 2024	Engagement of an external provider to deliver a Program Logic, Theory of Change and data matrix in partnership with Defence and DVA.
<i>Proposed future activities June 2024 onwards</i>	<ul style="list-style-type: none">• Development and finalisation of interdepartmental action plans• Finalisation of monitoring and evaluation framework• Review and refinement of Strategy document in response to Minister for Veterans' Affairs feedback• Final Strategy released• Implementation of action plans and monitoring and evaluation framework

Attachment B – Defence and Veteran Mental Health and Wellbeing Strategy - Stakeholder Engagement Summary

Who	What	When
Veterans, families, and those working with the veteran community	Veteran and community survey Live webinar events	31 July to 28 August 2023 5 & 9 October 2023 (webinars)
Mental health experts	Mental Health Experts Roundtable hosted by Ministers for Veterans' Affairs	7 August 2023
DVA and Defence senior executives	Mental Health Experts Roundtable hosted by Ministers for Veterans' Affairs	7 August 2023
DVA policy and program staff <ul style="list-style-type: none"> ○ Open Arms – Veterans & Families Counselling (Open Arms) ○ Veteran Family Advocate group ○ Lived Experience and Community section ○ Program Governance and Evaluation ○ Family and Transition policy sections 	Strategy development workshops	10 July 2023 16 August 2023
DVA Lived Experience staff	Strategy development workshop	13 September 2023
Department of Health and Aged Care	Feedback sought on consultation draft	December 2023
National Suicide Prevention Office (NSPO)	Ongoing discussions regarding draft National Suicide Prevention Strategy and its intersection with the Defence and Veteran Mental Health and Wellbeing Strategy and Action Plans.	June 2023 September 2023 December 2023 January 2024 February 2024 Ongoing engagement 2023 - 2024
DVA policy and program staff <ul style="list-style-type: none"> ○ Open Arms ○ Strategic Programs ○ Psychosocial Health Programs ○ Transition Branch ○ Chief Health Officer Division ○ Future Programs ○ Veterans and Families Hubs ○ Wellbeing Program Implementation and Strategy ○ Employment Policy 	Action plan development (branch level)	16 April 2024
DVA policy and program staff <ul style="list-style-type: none"> ○ Open Arms ○ Strategic Programs ○ Psychosocial Health Programs ○ Transition Branch ○ Chief Health Officer Division 	Action plan development (section level)	26 April 2024 - ongoing

Attachment B – Defence and Veteran Mental Health and Wellbeing Strategy - Stakeholder Engagement Summary

Who	What	When
<ul style="list-style-type: none"> ○ Future Programs ○ Veterans and Families Hubs ○ Wellbeing Program Implementation and Strategy ○ Employment Policy ○ Veteran Housing and Homelessness Policy ○ Coordinated Client Support (CCS) ○ Wellbeing and Support Program ○ Aged Care and Community Taskforce ○ Health Policy ○ Veterans Recognition Section ○ Care and Assistance Program Section ○ Client Programs Section ○ Advocacy Policy ○ Rehabilitation Policy ○ HR Projects Section ○ Rehabilitation Services ○ Hospital Programs ○ Family Advocate Commissioners Office ○ Veteran Support Office ○ Engagement and Co-Design ○ Research Services ○ Research Partnerships ○ Program Governance and Evaluation ○ Data and Insights 		
Minister for Veterans' Affairs and Defence Personnel, Assistant Minister for Veterans' Affairs	Regular updates on progress through Secretary's regular meeting and formal briefing at key points in the project.	Ongoing



DELEGATES AND CSO CASELOADS

KEY ISSUES

More staff, with greater experience has meant increased claims processing capability

- The additional 500 Average Staffing Level (ASL) provided in the October 2022 Budget has had its intended impact and enabled the Department of Veterans' Affairs (DVA) to eliminate the claims allocation backlog.
- As the claims backlog has been cleared and staff have become more experienced, average caseloads for delegates across Initial Liability and Permanent Impairment have moderately increased since **May** 2023.
 - As at **31 May** 2024, the average cases on hand for all claims officers was **43.1** – a **10.3** per cent increase over six months and a **33.6** per cent increase over 12 months.
 - For delegates the average cases on hand was **32.6**, a **2.5** per cent decrease over six months and a **3.7** per cent decrease over 12 months.
 - For claims support officer (CSO) roles, the average cases on hand was **64.8**, a **35** per cent increase over six months and a **152.6** per cent increase over 12 months (noting these numbers are less reliable due to the major structural changes to the CSO model over 12 months).
- The change in average caseloads reflects productivity improvements as a surge of new staff came on line in the first half of 2023 and became trained, accredited and built enough experience in claims processing to take on higher claims caseloads.
- This caseload capacity was further enhanced with claims process improvements and more 'investigation ready' claims being allocated to delegates from CSOs.
- The CSO model involves the gathering of supporting evidence by a CSO prior to allocating the claim to a delegate – this allows the delegate to focus on assessing all the relevant information and determining the claim.

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- Our analysis shows that when CSOs first get claims ‘investigation ready’ for a delegate to then determine, it reduced the time taken to process by around 20 per cent compared to a delegate processing the entire claim themselves.
- DVA continues to invest in staff by providing ongoing mentoring, training and support – individual caseloads are monitored and managed in the context of individual circumstances and regular performance discussions, to support staff to provide quality client service and timely outcomes for the veteran community.
- To meet the continuing growth in claims demand and complexity, while maintaining the improvements achieved over the last two years, additional Budget funding was sought by DVA.
- The 2024-25 Budget provides \$186 million over 4 years and \$20.6 million ongoing from 2028-29 for retention and growth of the service delivery staff, including 141 ongoing staff.
 - This includes \$131 million for around 389 claims processing staff in the 2024-25 financial year, as well as 292 claims processing staff in 2025-26 and 126 claims processing staff from 2026-27 and ongoing.

BACKGROUND

Staffing

- At 31 May 2024, 956.7 full-time equivalent (FTE) staff were supporting claims processing activities (including labour hire and seconded Services Australia staff), an increase of 412.4 FTE since 30 June 2022.

Average Caseloads per Delegate and Claims Support Officer (CSO)

- Average caseloads per FTE for delegate and CSO roles for the period May 2023 and May 2024 are included in **Attachment A**.
- For Initial Liability (IL) and Permanent Impairment (PI) delegates, there have been moderate increases in the average caseloads per FTE in the past 12 months.
- The CSO average caseload results are less reliable for the last 12 months predominantly due to the expansion of the CSO model.

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- Individual cases on hand can vary from the average depending on the experience of the officer and the characteristics of the particular claims holdings.
- As at 31 May 2024, the highest individual cases on hand were 143 claims for a delegate and 168 claims for a CSO.
- Team leaders work with CSOs and delegates to ensure individual cases on hand are reasonable and adjusted accordingly.

Improvements in the claims process

- A number of initiatives continue to be implemented to improve the claims process to support the veteran community, including:
 - increasing the use of CSOs to:
 - identify claims that have supporting evidence included with the claim to progress to a suitably skilled and experienced delegate; and
 - assist with gathering supporting information if it is not included with the claim.
 - MyService enhancements making it easier for veterans to submit claims;
 - expanding Combined Benefits Processing, where the one delegate decides the Liability and Permanent Impairment claims;
 - building the capability of more delegates to assess claims where the veteran has eligibility under two or more Acts;
 - reducing the complexity of 203 medical forms to reduce the time taken to process claims – to date the first three tranches of the Medical Forms project have been completed, consolidating 73 forms into 29 forms, reducing 156 pages to 69 pages. The final two *Military Rehabilitation and Compensation Act 2004* (MRCA) packages are pending endorsement and the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA) package is on track for completion by the end of June 2024;
 - ongoing investment in staff training and culture, including training on commencement, quarterly training for existing staff, training our trainers, and holding two conferences in July and October with our claims staff and;

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- identifying further strategies to reduce red tape on an ongoing basis.

Productivity

- There has been a significant increase in the number of determinations being made.
 - In the 2023-24 financial year to 31 May 2024, **92,750 determinations** were made compared to **61,093** in the equivalent 2022-23 period. This represents a **51.8** per cent increase on the previous year.
- Our analysis shows that when CSOs first get claims ‘investigation ready’ for a delegate to then determine, it reduced the time taken to process by around 20 per cent compared to a delegate processing the entire claim themselves.
- Average output per trained delegate per month was **29.7** claims determined in **May** 2024, compared with **22.2** claims determined in **May** 2023 (**66.2** per cent higher).

Attachments:

Attachment A – Average caseloads per FTE for Delegates and CSOs

Clearance

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Last cleared on:	30 June 2024		

ATTACHMENT A – Average caseloads per Delegate and Claims Support Officer (CSO) – May 2023 to May 2024

Full-Time Equivalent (FTE) staff figures used for calculating average caseloads are based on the role name and Demand Driven Funding Model FTE, whereby each FTE is split and attributed across specific functions to reflect the claim types each role is working on.

Average caseloads are a mathematical estimate calculated at a point in time and there can be significant fluctuations depending on movements in staff.

In addition, some Delegates (in Perth and Brisbane) working on Combined Benefits Processing will be split across Initial Liability (IL) and Permanent Impairment (PI) – generally these sites will have lower caseloads for IL.

As planned, average caseloads for Delegates across IL and PI processing sites have moderately increased since May 2023.

The increase and stabilisation of average caseloads over 2023 reflects productivity improvements as a surge of new staff came on line in the first half of 2023 and became trained, accredited, and built enough experience in claims processing to take on higher claims caseloads. While remaining stable for the last six months of 2023, average caseloads have moderately increased in the past five months to 31 May 2024.

This caseload capacity was further enhanced with claims process improvements and more ‘investigation ready’ claims being allocated to Delegates from CSOs.

The Department of Veterans’ Affairs (DVA) continues to invest in staff by providing ongoing mentoring, training, and support – individual caseloads are monitored and managed in the context of individual circumstances and regular performance discussions, to support staff to provide quality client service and timely outcomes for the veteran community.

Although there is not a direct relationship between average caseloads per officer and claims determined, a combination of factors (including increased staffing, providing training and support to staff, utilising the CSO model, and increased experience in Delegate roles) has resulted in DVA increasing the number of claims determined in the 2023-24 financial year to date, compared to the same period in 2022-23.

Table 1: Average caseload per officer (combined CSO and Delegate) (claims)

Claim Type - Location (Branch)	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
Initial Liability	56.6	70.4	58.5	60.5	65.9	69.9	65.0	68.0	76.3	76.2	77.0	78.2	75.5
VEA/AFIs/DPRs	10.0	11.7	6.0	6.1	5.4	5.7	1.1	4.0	4.8	5.4	5.3	3.2	3.2
Permanent Impairment	22.9	23.5	24.2	24.0	22.2	20.5	20.6	24.4	35.9	38.7	37.1	37.3	28.1
Incapacity	9.5	6.1	4.9	3.8	3.6	3.8	5.5	5.4	6.6	6.4	5.6	5.8	6.3

Table 2: Average caseload per officer (combined CSO and Delegate) (claims) – 12 months (May 2023 to May 2024)

Claim Type	Average Caseload (claims)
Initial Liability	69.1
VEA/AFIs/DPRs	5.5
Permanent Impairment	27.6
Incapacity	5.6
Overall average (across claim type and location)	43.1

Table 3: Delegates – Average caseload per officer (claims)

Claim Type	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
Initial Liability	61.5	57.1	57.0	60.1	61.5	65.1	59.9	64.5	70.5	65.6	66.3	64.8	62.9
VEA/AFIs/DPRs	10.4	12.0	6.8	6.5	6.2	14.9	1.3	5.9	8.0	8.6	8.1	4.8	4.1
Permanent Impairment	18.7	18.4	18.6	18.5	17.2	15.6	15.6	17.6	23.6	22.5	19.2	17.6	20.4
Incapacity	9.5	6.1	3.5	3.8	3.5	3.8	5.5	4.2	4.5	4.6	4.2	4.5	6.5

Table 4: Claims Support Officers (CSO) - Average caseload per officer (claims)

Claim Type	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
Initial Liability	35.0	146.8	62.5	61.2	72.9	76.8	65.0	72.5	84.6	93.0	93.5	102.6	96.2
VEA/AFIs/DPRs	7.1	10.0	2.0	4.4	1.5	12.2	0.6	1.4	1.9	2.0	1.9	1.3	0.2
Permanent Impairment	20.6	23.2	23.8	23.9	18.2	20.2	20.9	21.1	26.5	34.7	32.1	44.3	43.3
Incapacity	0.0	0.0	5.2	1.0	1.2	1.7	1.6	1.0	2.0	1.4	1.1	1.8	2.0



DVA CENSUS

KEY ISSUES

2024 Census

- The Australian Public Service (APS) Employee Census closed on 7 June 2024 and achieved a 78 per cent participation rate (a decrease of 2 per cent on 2023).
- Results will be available on 29 July 2024.
- 15 Department of Veterans' Affairs (DVA) *Agency Specific Questions (ASQs)* were included in the survey to seek insights into whether staff perceive improvements to the 2023 focus areas (burnout, tools and resources, change management and innovation).
- The survey also includes questions in relation to Aboriginal and Torres Strait Islander cultural awareness, how we support staff who identify as a person with a disability, and manager capability.
- The Census is open to all staff (including Labour Hire and Contractors).

2023 Census

- In 2023, 80 per cent of staff participated in the Census for DVA. This is up seven per cent from 2022 and on par with the Australian Public Service (APS) (80 per cent).

2023 Census Highlights

- 74 per cent overall employee engagement (one per cent higher than the APS). This score indicates that overall, the DVA workforce is motivated, inspired and enabled to improve organisational outcomes.
- 75 per cent of staff feel their immediate supervisor behaves in line with the APS Leadership Capability Framework.
- 91 per cent of staff are happy to go the extra mile at work.

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- 86 per cent of staff believe strongly in the purpose and objectives of the department.
- 85 percent of staff feel committed to the department's goals.
- Following the internal release of the 2023 Census results, staff identified four areas of focus for the department via an anonymous vote during an all-staff event.
 1. **Burnout** - 33 per cent of staff reported feeling burnt out by their work.
 2. **Tools and resources** - 56 per cent of staff believe they have the tools and resources to perform their job well.
 3. **Change management** - 42 per cent of staff believe change is managed well.
 4. **Innovation** - 63 per cent of staff feel willing and able to be innovative.

Actions taken

In response to findings of **burnout**, the department:

- established a centralised wellbeing hub on the Intranet. The hub provides a range of wellbeing support offerings and resources that equip staff, managers, senior leaders and HR teams to manage their own health and to support staff. Resources include professional counselling services, mental health and wellbeing information and training.
- implemented *Trauma Informed Care* training to support staff to build resilience while improving interactions with DVA clients.
- conducted a wellbeing conference with representation from all divisions and classifications. Attendees provided ideas and strategies to mitigate the risk of burnout. These insights will be used to inform future wellbeing initiatives.

In response to findings regarding **tools and resources**, the department:

- Improved the department's corporate system through the release of new expense and travel management systems (*expense8*).
- Commenced an Intranet refresh to ensure information is accurate and staff can easily access the information they need.

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- Implemented the *Claim Support Officer (CSO) Accreditation Framework* which ensures consistent job proficiency for Claims Delegates.
- Launched the *Unacceptable Client Behaviour Reference Guide* to support staff to respond to unacceptable client communications and interactions.
- Delivered the *Setting Expectations* workshop to all APS6-Executive Level 1 (EL1) Managers to support effective management of people matters, with a focus on articulating behavioural expectations.
- Progressed the *Modernisation Program* to improve the efficiency of the claims process experience for staff, veterans and families. This includes:
 - Improvements to *MyService*, the primary access point for the department's online services.
 - *Computer Based Decision Making (CBDM)* that enables claims submitted in *MyService* to be automatically accepted (where specific criteria are met).
 - Enhancements to the *Process Direct Single View of Person (SVoP)* system utilised by *Veteran Access Network (VAN)* staff.
- Modernisation of the department's claims administration systems will support:
 - a reduction of claims requiring manual determinations by delegates;
 - faster turnaround time for claimants;
 - reduced complexity of the claims system; and
 - claims staff when responding to clients and processing claims.

In response to findings relating to **organisational change**, the department:

- Implemented staff consultation requirements (in line with the 2024-27 Enterprise Agreement) on a range of matters, including:
 - changes to work practices which alter how an employee carries out their work;
 - changes to or the introduction of policies or guidelines relevant to workplace matters;
 - major change that is likely to have a significant effect on employees; and

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- other workplace matters that are likely to significantly impact employees.
- Improved consistency and frequency of all staff communications i.e. *Secretary's Weekly Message*.
- Implemented Work Health and Safety (WH&S) Committees, both National and location based, for the constructive discussion of measures to assure health and safety in the department. The National Committee reports regularly to the Executive Board.
- Is demonstrating a commitment to being a model employer by engaging in genuine consultation with employees and unions on workplace matters that affect them. This includes:
 - establishing the Workplace Consultative Forum (completion by mid-2024); and
 - refreshing training for managers to ensure awareness and understanding of consultation requirements.
- Responding to staff feedback and providing a workplace that demonstrates a commitment to diversity and inclusion.

In response to findings relating to **innovation**, the department:

- Launched the *Innovation Challenge*, with \$1.5 million allocation each year. This year 97 applications were received from staff with ideas that could enhance the department's people, systems and processes. Eight submissions received funding to progress.
- Refreshed the *Rewards and Recognition Framework*, including an annual Secretary's Award that will recognise contributions to business innovation.

2023 Census in the Media

- In November 2023, media coverage discussed that staff in the department had reported higher rates of bullying and harassment compared to other agencies.
- The 2023 Census indicated that 12 per cent of staff reported being subjected to bullying or harassment over the last 12 months. This result is a two per cent increase from 2022, and marginally higher than the APS overall (10 per cent).

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- The department is committed to preventing and eliminating all forms of workplace bullying and harassment by fostering a positive workplace culture based on respect.
- All staff are required to undertake mandatory training to ensure appropriate education on respectful and courteous workplace behaviours.
- In 2023, managers received training on how to set behavioural expectations to address negative workplace behaviours.

BACKGROUND

- The APS Employee Census has been conducted since 2012. It provides insights into employee views about the APS, their agency and their workplace.
- Census results help target strategies to build APS culture and capability.

Attachments

Attachment A – 2023 APS Employee Census Results – DVA

Attachment B – 2023 Census Action Plan

Clearance

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Last cleared on:	17 June 2024			

Department of Veterans' Affairs | 2023 APS Employee Census Action Plan

The Australian Public Service (APS) Employee Census is an annual employee perception survey that captures confidential attitude and opinion data from APS employees on important issues in the workplace. It is an opportunity for APS employees to share their experiences of working in the APS and their department. The Department of Veterans' Affairs (the department/DVA) has gained valuable insights from the results and through consultation with all staff, has developed four key priorities for focus for the next 12 months. The department has established four working groups each being led by an SES Band 1 to help progress the department's commitment to taking action and improving the working environment. Results will be tracked and reviewed and tested against future census results.

What we are doing well

Connection to Purpose & Employee Engagement

Employees generally feel a strong connection to the purpose of and objectives of DVA (86%) and are committed to the agency goals (85%). Ninety-two per cent (92%) of employees understand how their role contributes to achieving an outcome for the Australian Public and 91% are happy to go the extra mile at work when required. Eighty-two per cent (82%) see a direct connection with their work and DVA's wellbeing outcomes for veterans and families.

The Employee Engagement index score remained relatively stable at 74% (down 1% from 2022). This stability is significant for DVA during a time where a Royal Commission into Defence and Veteran Suicide has entered into the end of its second year.

Flexible Work & Inclusion

The department's flexible working policies continue to support staff to balance their work and personal commitments, and employees feel they have reasonable flexibility to help them manage operational requirements across diverse ways of working. Supervisors are generally supportive of flexible working practices with 78% of staff advising they felt confident requests for flexible working arrangements would be given reasonable consideration. Seventy-two per cent (72%) of staff have some form of remote working arrangements in place (i.e. 15% higher than other APS agencies).

Seventy-eight per cent (78%) of staff feel the department supports and actively promotes an inclusive workplace culture, and supervisors scored highly for ensuring everyone can be included in workplace activities (81%).

Opportunities for Improvement

Burnout

Approximately a third of staff find their work emotionally draining and purport feelings of burn out (33% agree or strongly agree to feeling burnt out by work and a further 32% remain neutral). When asked about workload, 66% of staff say they were operating at slightly above or well above capacity. There is an opportunity to understand which areas within the department report higher feelings of burnout and what staff mean when they say they feel burnt out.

Organisational Change

There is an opportunity to improve organisational change practices, in particular employee experience with change. Only 48% of staff felt consulted about change at work, and only 57% felt communication was effective. Twenty-eight per cent (28%) of staff feel change is not managed well and a further 31% are neutral. Understanding how staff want to be consulted and developing tools to assist with this is an important step to improving their experience with organisational change.

Innovation

All questions that form the innovation index score (63%) have gone down. While staff believe they have responsibility to look for improvements to their work, they don't generally feel supported, motivated or recognised for doing so (i.e. 19% of staff don't feel DVA Recognises failure as part of innovation with a further 44% remaining neutral). There is an opportunity to build a culture which fosters innovation, and one where people are recognised for their contribution and efforts.

Tools and Resources

Technology is the largest barrier for staff with 40% saying this impacts them to a great extent. Over a quarter of DVA staff say they don't have the tools or resources to perform well (i.e. 25% felt their workgroup did not have the tools and resources needed to perform well, with 19% remaining neutral). Exploring improved IT options will be a considered focus over the next 12 months.

3,076 of 3,822 Responses received (80%)





2023 DVA CENSUS ACTION PLAN

What are the key actions we need to take to equip our staff to be their best and to support our clients

THEME	ACTION	SUCCESS MEASURE
BURNOUT	Further analysis to identify areas within the business that report higher feelings of burnout and develop action plans to address these	<ul style="list-style-type: none">• A clearer definition of burnout in DVA, the factors underpinning it, and a linked package of supports for managers to proactively engage in prevention.• Improvements to the DVA staff Census scores relating to: I feel burned out by my work; I have unrealistic time pressures; My agency does a good job of communicating what it can offer me in terms of health and wellbeing; I think my agency cares about my health and wellbeing.• Reduction in excessive leave balances at a division-level (driven by leave utilisation, not deeming).• Increased staff retention rates.• Increased awareness of DVA support services.
TOOLS & RESOURCES	Exploration of improved IT options	<ul style="list-style-type: none">• Improvements in productivity and retention.• All users (DVA staff, advocates, veterans) have access to accurate, up-to-date information.• Technology scores for the 2024 Census are improved.
ORGANISATIONAL CHANGE	Improve staff experience with Organisational Change practices in DVA	<ul style="list-style-type: none">• Improved scores around change management and communication of change in the 2024 census.• A change management framework is developed and implemented.• A change management toolkit is developed.• Amend existing responsibilities and behaviours in performance agreement templates to include indicators on how EL and SES staff demonstrate examples of communicating change to their teams.• Positive change management practices are promoted through existing channels (e.g. Secretary's messaging/DVA newsletter)
INNOVATION	Establish an innovation fund to support the implementation of new ideas and improvements	<ul style="list-style-type: none">• The number of ideas that have been offered/generated (quarterly).• The number of staff who have been recognised for their ideas.• The number of ideas that have been tried/turned into a project (funded or not).• Improvements to the DVA staff Census scores for innovation relating to: staff recognition; inspiring our people to come up with new or better ways of doing things; and that the Department recognises and supports the notion that failure is a part of innovation.





Highlights Report DVA



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RESPONSES:
3,076 of 3,822
RESPONSE RATE:
80%

EXPLORING YOUR RESULTS



Take time to understand your report. Consider your response rate to determine how representative your results are of the views of your colleagues.



Most questions in this report have information about the proportion of colleagues responding positively, neutrally or negatively.



Identify the areas where you are performing well. These will tend to be high results which are notably above any comparative results. Celebrate these results.



Identify areas that need improvement. These will be the lower results, and/or those which are scoring notably below your comparators.



Generally a difference of $-/+$ 5 percentage points is worthy of attention, but the size of the group is important. Changes in small groups can be unreliable.

EMPLOYEE ENGAGEMENT: SAY, STAY, STRIVE



HOW ENGAGED IS YOUR TEAM?

EMPLOYEE ENGAGEMENT IS MORE THAN SIMPLY JOB SATISFACTION OR COMMITMENT TO AN ORGANISATION. IT IS THE EXTENT TO WHICH EMPLOYEES ARE MOTIVATED, INSPIRED AND ENABLED TO IMPROVE AN ORGANISATION'S OUTCOMES.

YOUR EMPLOYEE ENGAGEMENT INDEX SCORE		74	RESPONSE SCALE	% POSITIVE	VARIANCE FROM 2022	VARIANCE FROM APS OVERALL	VARIANCE FROM LARGER OPERATIONAL AGENCIES	VARIANCE FROM LARGE SIZED AGENCIES	
SAY	Overall, I am satisfied with my job	75	15	10	75%	-3	+2	+4	-2
	I am proud to work in my agency	78	17		78%	0	+2	+5↑	-2
	I would recommend my agency as a good place to work	69	20	11	69%	-2	0	+4	-5↓
	I believe strongly in the purpose and objectives of my agency	86		12	86%	0	+2	+4	0
STAY	I feel a strong personal attachment to my agency	62	27	12	62%	-1	+2	+2	0
	I feel committed to my agency's goals	85		13	85%	-1	+2	+3	0
STRIVE	I suggest ideas to improve our way of doing things	83	14		83%	-1	-4	-2	-6↓
	I am happy to go the 'extra mile' at work when required	91			91%	-2	+1	+3	-1
	I work beyond what is required in my job to help my agency achieve its objectives	80	16		80%	-2	0	+1	-1
	My agency really inspires me to do my best work every day	62	27	12	62%	-2	+4	+6↑	+1

KEY



AT LEAST 5 PERCENTAGE POINTS GREATER THAN COMPARATOR



AT LEAST 5 PERCENTAGE POINTS LESS THAN COMPARATOR

Positive Neutral Negative



LEADERSHIP - IMMEDIATE SUPERVISOR



IMMEDIATE SUPERVISOR

THE IMMEDIATE SUPERVISOR SCORE ASSESSES HOW EMPLOYEES VIEW THE LEADERSHIP BEHAVIOURS OF THEIR IMMEDIATE SUPERVISOR IN LINE WITH THE APS LEADERSHIP CAPABILITY FRAMEWORK.

YOUR IMMEDIATE SUPERVISOR INDEX SCORE		75	RESPONSE SCALE	% POSITIVE	VARIANCE FROM 2022	VARIANCE FROM APS OVERALL	VARIANCE FROM LARGER OPERATIONAL AGENCIES	VARIANCE FROM LARGE SIZED AGENCIES
					-1	-1	0	-2

Immediate Supervisor	My supervisor engages with staff on how to respond to future challenges	77	15	8	77%	-2	-2	-2	-3
	My supervisor can deliver difficult advice whilst maintaining relationships	77	15	8	77%	-1	-2	-1	-3
	My supervisor invites a range of views, including those different to their own	78	14	8	78%	-1	-3	-2	-5↓
	My supervisor encourages my team to regularly review and improve our work	79	14		79%	-2	-2	-2	-3
	My supervisor is invested in my development	74	17	9	74%	-1	-2	-1	-3
	My supervisor ensures that my workgroup delivers on what we are responsible for	86	10		86%	-1	-1	0	-3

Other similar questions

My supervisor provides me with helpful feedback to improve my performance	76	15	9	76%	-1	-1	-2	-2
My immediate supervisor encourages me	76	16	8	76%	0	0	+1	-2

KEY



AT LEAST 5 PERCENTAGE POINTS GREATER THAN COMPARATOR



AT LEAST 5 PERCENTAGE POINTS LESS THAN COMPARATOR

Positive Neutral Negative



LEADERSHIP - SES MANAGER



SES MANAGER

THE SES MANAGER SCORE ASSESSES HOW EMPLOYEES VIEW THE LEADERSHIP BEHAVIOURS OF THEIR IMMEDIATE SES MANAGER IN LINE WITH THE APS LEADERSHIP CAPABILITY FRAMEWORK.

	YOUR SES MANAGER LEADERSHIP INDEX SCORE	68	RESPONSE SCALE	% POSITIVE	VARIANCE FROM 2022	VARIANCE FROM APS OVERALL	VARIANCE FROM LARGER OPERATIONAL AGENCIES	VARIANCE FROM LARGE SIZED AGENCIES
					-1	-1	+1	-4

SES Manager	Description	Score Breakdown			% Positive	Variance from 2022	Variance from APS Overall	Variance from Larger Operational Agencies	Variance from Large Sized Agencies
		Positive	Neutral	Negative					
	My SES manager clearly articulates the direction and priorities for our area	67	22	10	67%	0	-1	+1	-5 ↓
	My SES manager presents convincing arguments and persuades others towards an outcome	59	32	10	59%	-1	-3	+1	-9 ↓
	My SES manager promotes cooperation within and between agencies	64	29	7	64%	-2	-2	+2	-8 ↓
	My SES manager encourages innovation and creativity	61	28	11	61%	-2	-4	-2	-7 ↓
	My SES manager creates an environment that enables us to deliver our best	61	26	12	61%	-3	-2	+1	-7 ↓
	My SES manager ensures that work effort contributes to the strategic direction of the agency and the APS	71	22	7	71%	-1	-2	+2	-7 ↓

Other similar questions

	In my agency, the SES work as a team	53	33	15	53%	-3	-1	+2	-4
	In my agency, the SES clearly articulate the direction and priorities for our agency	61	25	13	61%	-1	-2	+1	-5 ↓
	In my agency, communication between SES and other employees is effective	52	29	19	52%	-3	-1	+1	-6 ↓
	My SES manager routinely promotes the use of data and evidence to deliver outcomes	63	29	8	63%	-	-2	0	-7 ↓

KEY



AT LEAST 5 PERCENTAGE POINTS GREATER THAN COMPARATOR



AT LEAST 5 PERCENTAGE POINTS LESS THAN COMPARATOR

Positive Neutral Negative



COMMUNICATION AND CHANGE



COMMUNICATION

THE COMMUNICATION SCORE MEASURES COMMUNICATION AT THE INDIVIDUAL, GROUP AND AGENCY LEVEL.

CHANGE

EFFECTIVE COMMUNICATION IS AN IMPORTANT PART OF ANY CHANGE PROCESS. NOTE THESE QUESTIONS DO NOT CONTRIBUTE TO THE ABOVE INDEX SCORE.

YOUR COMMUNICATION INDEX SCORE 68		RESPONSE SCALE	% POSITIVE	VARIANCE FROM 2022	VARIANCE FROM APS OVERALL	VARIANCE FROM LARGER OPERATIONAL AGENCIES	VARIANCE FROM LARGE SIZED AGENCIES
				-1	0	0	-2

Communication	My supervisor communicates effectively	78	12	10	78%	-1	-2	-2	-3
	My SES manager communicates effectively	67	23	11	67%	-2	-2	+1	-7↓
	Internal communication within my agency is effective	57	24	19	57%	-3	+1	+2	-2

Other similar questions

Change	When changes occur, the impacts are communicated well within my workgroup	63	18	19	63%	-4	-5↓	-3	-6↓
	Staff are consulted about change at work	48	32	20	48%	-3	-1	0	-3
	Change is managed well in my agency	42	31	28	42%	-2	-1	-1	-2

KEY



AT LEAST 5 PERCENTAGE POINTS GREATER THAN COMPARATOR
























AT LEAST 5 PERCENTAGE POINTS LESS THAN COMPARATOR

Positive Neutral Negative



WORKPLACE CONDITIONS

	RESPONSE SCALE	% POSITIVE	VARIANCE FROM 2022	VARIANCE FROM APS OVERALL	VARIANCE FROM LARGER OPERATIONAL AGENCIES	VARIANCE FROM LARGE SIZED AGENCIES
My job gives me opportunities to utilise my skills		78%	-3	-1	+2	-3
I have a choice in deciding how I do my work		68%	-1	+3	+8 	-4
Where appropriate, I am able to take part in decisions that affect my job		65%	-3	-4	0	-9 
I am clear what my duties and responsibilities are		81%	+1	+2	+1	+2
I am satisfied with the recognition I receive for doing a good job		66%	-2	-1	+3	-6 
I am fairly remunerated (e.g. salary, superannuation) for the work that I do		67%	-5 	+15 	+21 	+5 
I am satisfied with my non-monetary employment conditions (e.g. leave, flexible work arrangements, other benefits)		74%	-1	0	+4	-5 
I am satisfied with the stability and security of my job		64%	0	-17 	-17 	-18 
I am confident that if I requested a flexible work arrangement, my request would be given reasonable consideration		78%	-1	-1	+3	-6 

KEY



AT LEAST 5 PERCENTAGE POINTS GREATER THAN COMPARATOR






AT LEAST 5 PERCENTAGE POINTS LESS THAN COMPARATOR

Positive Neutral Negative








WORKPLACE CONDITIONS

	RESPONSE SCALE	% POSITIVE	VARIANCE FROM 2022	VARIANCE FROM APS OVERALL	VARIANCE FROM LARGER OPERATIONAL AGENCIES	VARIANCE FROM LARGE SIZED AGENCIES
I feel a strong personal attachment to the APS		60%	-1	-2	-3	-2
I understand how my role contributes to achieving an outcome for the Australian public		92%	0	0	0	0
I believe strongly in the purpose and objectives of the APS		85%	-1	0	+1	-1

	RESPONSE SCALE	%	VARIANCE FROM 2022	VARIANCE FROM APS OVERALL	VARIANCE FROM LARGER OPERATIONAL AGENCIES	VARIANCE FROM LARGE SIZED AGENCIES
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What best describes your current workload?

Well above capacity - too much work		25%	-1	+1	+1	+1
Slightly above capacity - lots of work to do		41%	0	+1	+2	+1
At capacity - about the right amount of work to do		28%	+1	-1	-2	-1
Slightly below capacity - available for more work		5%	0	-1	0	-1
Well below capacity - not enough work		1%	0	0	0	0

KEY

 **AT LEAST 5 PERCENTAGE POINTS GREATER THAN COMPARATOR**
 **AT LEAST 5 PERCENTAGE POINTS LESS THAN COMPARATOR**

Positive Neutral Negative



INCLUSION AND FLEXIBLE WORKING

	RESPONSE SCALE	% POSITIVE	VARIANCE FROM 2022	VARIANCE FROM APS OVERALL	VARIANCE FROM LARGER OPERATIONAL AGENCIES	VARIANCE FROM LARGE SIZED AGENCIES
My agency supports and actively promotes an inclusive workplace culture		78%	0	-2	-1	-5 ↓
My supervisor actively ensures that everyone can be included in workplace activities		81%	-1	-2	-2	-3
I receive the respect I deserve from my colleagues at work		80%	-1	-1	0	-3

	RESPONSE SCALE	%	VARIANCE FROM 2022	VARIANCE FROM APS OVERALL	VARIANCE FROM LARGER OPERATIONAL AGENCIES	VARIANCE FROM LARGE SIZED AGENCIES
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Do you currently access any of the following flexible working arrangements?
[Multiple Response]

Part time		11%	0	-2	-2	-2
Flexible hours of work		32%	+2	+4	+3	+5 ↑
Compressed work week		3%	0	0	0	-1
Job sharing		0%	0	0	0	0
Working away from the office/working from home		72%	0	+15 ↑	+20 ↑	+5 ↑
None of the above		16%	+1	-9 ↓	-12 ↓	-5 ↓

KEY



AT LEAST 5 PERCENTAGE POINTS GREATER THAN COMPARATOR



AT LEAST 5 PERCENTAGE POINTS LESS THAN COMPARATOR

Positive Neutral Negative

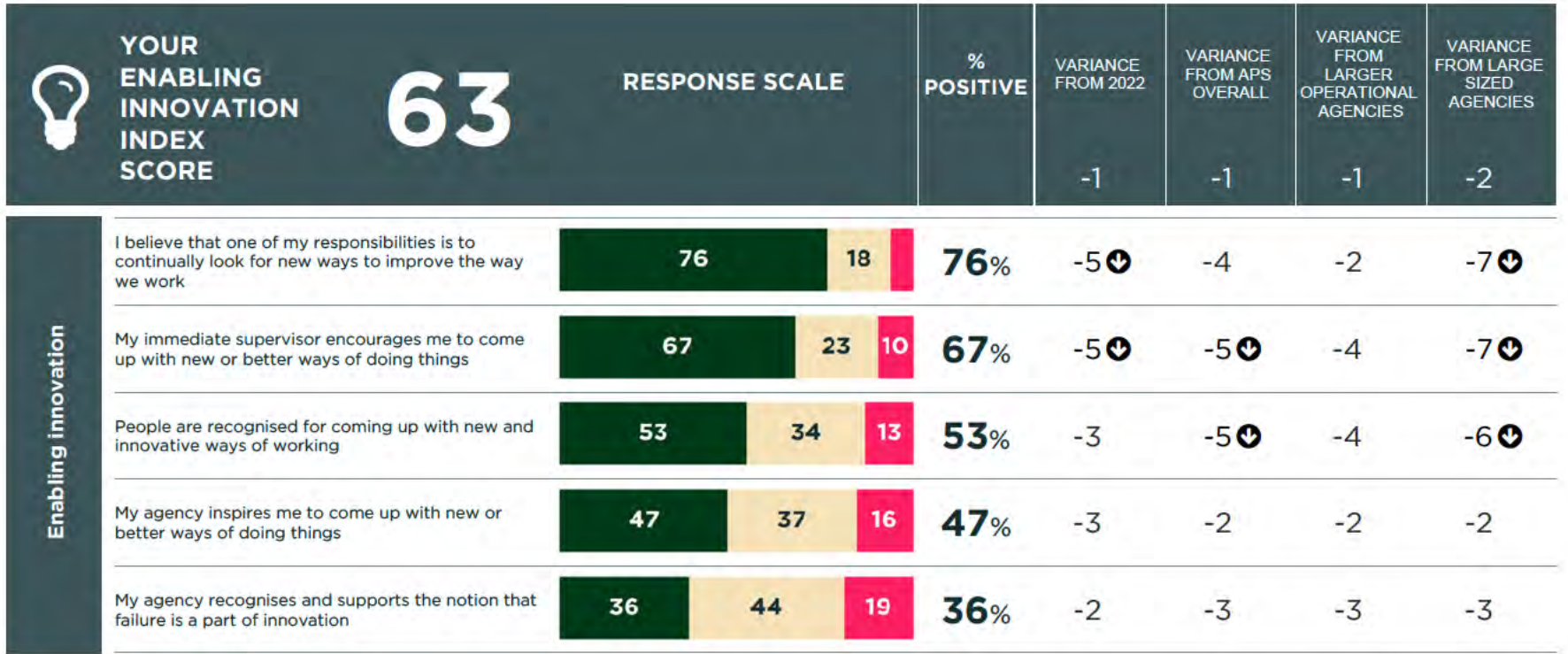


ENABLING INNOVATION



ENABLING INNOVATION

THE INNOVATION SCORE ASSESSES BOTH WHETHER EMPLOYEES FEEL WILLING AND ABLE TO BE INNOVATIVE, AND WHETHER THEIR AGENCY HAS A CULTURE WHICH ENABLES THEM TO BE SO.



KEY



AT LEAST 5 PERCENTAGE POINTS GREATER THAN COMPARATOR



AT LEAST 5 PERCENTAGE POINTS LESS THAN COMPARATOR

Positive Neutral Negative



WELLBEING POLICIES AND SUPPORT



WELLBEING





THE WELLBEING SCORE PROVIDES A MEASURE OF THE PRACTICAL AND CULTURAL ELEMENTS THAT ALLOW FOR A SUSTAINABLE AND HEALTHY WORKING ENVIRONMENT.





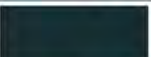




YOUR WELLBEING POLICIES AND SUPPORT INDEX SCORE		68	RESPONSE SCALE	% POSITIVE	VARIANCE FROM 2022	VARIANCE FROM APS OVERALL	VARIANCE FROM LARGER OPERATIONAL AGENCIES	VARIANCE FROM LARGE SIZED AGENCIES
					-2	0	+1	-2

Wellbeing policies and support	I am satisfied with the policies/practices in place to help me manage my health and wellbeing		62	26	12	62%	-5↓	-1	0	-3
	My agency does a good job of communicating what it can offer me in terms of health and wellbeing		58	27	15	58%	-5↓	-4	-3	-5↓
	My agency does a good job of promoting health and wellbeing		60	26	14	60%	-4	-3	-2	-4
	I think my agency cares about my health and wellbeing		62	24	13	62%	-4	+2	+4	-2
	I believe my immediate supervisor cares about my health and wellbeing		83	11		83%	-1	-2	-1	-4

KEY	↑ AT LEAST 5 PERCENTAGE POINTS GREATER THAN COMPARATOR	↓ AT LEAST 5 PERCENTAGE POINTS LESS THAN COMPARATOR	Positive Neutral Negative
			

WELLBEING

	RESPONSE SCALE	%	VARIANCE FROM 2022	VARIANCE FROM APS OVERALL	VARIANCE FROM LARGER OPERATIONAL AGENCIES	VARIANCE FROM LARGE SIZED AGENCIES
How often do you find your work stressful?						
Always		6%	+1	+1	0	+2
Often		27%	-3	+1	+1	+1
Sometimes		49%	+2	0	0	-1
Rarely		17%	+1	-1	-1	-1
Never		1%	-1	0	-1	0

To what extent is your work emotionally demanding?						
To a very large extent		10%	-1	+3	+2	+4
To a large extent		26%	+1	+5 	+4	+5 
Somewhat		37%	+2	-1	-1	-2
To a small extent		19%	-2	-5 	-3	-6 
To a very small extent		8%	-1	-1	0	-2

KEY



AT LEAST 5 PERCENTAGE POINTS GREATER THAN COMPARATOR



AT LEAST 5 PERCENTAGE POINTS LESS THAN COMPARATOR

WELLBEING

	RESPONSE SCALE	%	VARIANCE FROM 2022	VARIANCE FROM APS OVERALL	VARIANCE FROM LARGER OPERATIONAL AGENCIES	VARIANCE FROM LARGE SIZED AGENCIES
I feel burned out by my work						
Strongly agree		9%	0	0	0	+1
Agree		24%	+1	0	-1	0
Neither agree nor disagree		32%	0	0	-1	+1
Disagree		29%	-1	0	+1	-1
Strongly disagree		7%	-1	0	+1	0

In general, would you say that your health is:

Excellent		10%	-1	0	0	-1
Very good		32%	-1	-1	-1	-2
Good		39%	+1	+1	+1	+2
Fair		16%	0	+1	0	+1
Poor		3%	+1	0	0	0

KEY



AT LEAST 5 PERCENTAGE POINTS GREATER THAN COMPARATOR



AT LEAST 5 PERCENTAGE POINTS LESS THAN COMPARATOR

PERFORMANCE

RESPONSE SCALE	%	VARIANCE FROM 2022	VARIANCE FROM APS OVERALL	VARIANCE FROM LARGER OPERATIONAL AGENCIES	VARIANCE FROM LARGE SIZED AGENCIES
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In the last month, please rate your workgroup's overall performance

Excellent		27%	-1	-1	+1	-4
Very good		56%	-1	+1	+1	+1
Average		14%	+2	-1	-2	+1
Below average		2%	+1	0	0	0
Well below average		1%	0	0	0	0

In the last month, please rate your agency's success in meeting its goals and objectives

Excellent		16%	0	0	+2	-2
Very good		50%	+1	-4	-2	-7 
Average		27%	0	+2	-1	+5 
Below average		5%	0	+1	0	+2
Well below average		3%	-1	+1	0	+1

KEY








AT LEAST 5 PERCENTAGE POINTS GREATER THAN COMPARATOR



AT LEAST 5 PERCENTAGE POINTS LESS THAN COMPARATOR

PERFORMANCE

	RESPONSE SCALE	% POSITIVE	VARIANCE FROM 2022	VARIANCE FROM APS OVERALL	VARIANCE FROM LARGER OPERATIONAL AGENCIES	VARIANCE FROM LARGE SIZED AGENCIES
My workgroup has the appropriate skills, capabilities and knowledge to perform well		76%	-3	-2	0	-4
My workgroup has the tools and resources we need to perform well		56%	-2	-3	-3	-3
The people in my workgroup use time and resources efficiently		75%	-2	-1	0	-3
My workgroup can readily adapt to new priorities and tasks		80%	-2	-3	-2	-4
The people in my workgroup cooperate to get the job done		86%	-1	-2	0	-3

KEY



AT LEAST 5 PERCENTAGE POINTS GREATER THAN COMPARATOR



AT LEAST 5 PERCENTAGE POINTS LESS THAN COMPARATOR

Positive Neutral Negative



RETENTION



EMPLOYEES WHO INDICATED THAT THEY WANTED TO LEAVE THEIR CURRENT POSITION AS SOON AS POSSIBLE OR WITHIN THE NEXT 12 MONTHS WERE ASKED WHAT THEIR PLANS WERE.

	RESPONSE SCALE	%	VARIANCE FROM 2022	VARIANCE FROM APS OVERALL	VARIANCE FROM LARGER OPERATIONAL AGENCIES	VARIANCE FROM LARGE SIZED AGENCIES
Which of the following statements best reflects your current thoughts about working in your current position?						
I want to leave my position as soon as possible		8%	+1	-2	-2	-1
I want to leave my position within the next 12 months		23%	+4	-1	0	-3
I want to stay working in my position for the next one to two years		36%	-3	-1	+2	-4
I want to stay working in my position for at least the next three years		33%	-2	+4	0	+8
What best describes your plans involved with leaving your current position?						
I am planning to retire		5%	-1	0	-1	+2
I am pursuing another position within my agency		34%	+2	-7	-10	-7
I am pursuing a position in another agency		23%	+1	-4	-1	-4
I am pursuing work outside the APS		14%	+1	+3	+3	+4
It is the end of my non-ongoing, casual or contracted employment		8%	-3	+5	+6	+4
Other		15%	0	+3	+4	+2

KEY



AT LEAST 5 PERCENTAGE POINTS GREATER THAN COMPARATOR



AT LEAST 5 PERCENTAGE POINTS LESS THAN COMPARATOR

RETENTION



EMPLOYEES WERE ALSO ASKED FOR THE PRIMARY REASON BEHIND THEIR DESIRE TO LEAVE AND COULD SELECT ONE RESPONSE FROM A LIST OF ITEMS.

ONLY THE FIVE REASONS FOR LEAVING WITH THE HIGHEST PROPORTION OF RESPONSES ARE PRESENTED HERE. THESE MAY VARY BETWEEN AGENCIES, WORK UNITS AND WITH RESULTS FOR THE APS OVERALL.

RESPONSE SCALE	%	VARIANCE FROM 2022	VARIANCE FROM APS OVERALL	VARIANCE FROM LARGER OPERATIONAL AGENCIES	VARIANCE FROM LARGE SIZED AGENCIES
What is the primary reason behind your desire to leave your current position? (5 highest responses):					
I wish to pursue a promotion opportunity		18%	-	-	-
I am looking to further my skills in another area		11%	-	-	-
I want to try a different type of work or I'm seeking a career change		10%	-	-	-
Senior leadership is of a poor quality		8%	-	-	-
I am not satisfied with the work		6%	-	-	-

KEY



AT LEAST 5 PERCENTAGE POINTS GREATER THAN COMPARATOR



AT LEAST 5 PERCENTAGE POINTS LESS THAN COMPARATOR

UNACCEPTABLE BEHAVIOUR



EMPLOYEES WHO HAD PERCEIVED DISCRIMINATION IN THE LAST 12 MONTHS IN THE COURSE OF THEIR EMPLOYMENT WERE ASKED WHAT THE BASIS WAS FOR THE DISCRIMINATION. EMPLOYEES COULD SELECT ONE OR MORE RESPONSES FROM A LIST OF ITEMS.

ONLY THE THREE TYPES OF DISCRIMINATION WITH THE HIGHEST PROPORTION OF RESPONSES ARE PRESENTED HERE. THESE MAY VARY BETWEEN AGENCIES, WORK UNITS AND WITH RESULTS FOR THE APS OVERALL.

DISCRIMINATION	RESPONSE SCALE	%	VARIANCE FROM 2022	VARIANCE FROM APS OVERALL	VARIANCE FROM LARGER OPERATIONAL AGENCIES	VARIANCE FROM LARGE SIZED AGENCIES
During the last 12 months and in the course of your employment, have you experienced discrimination on the basis of your background or a personal characteristic?						
Yes		10%	+1	0	-1	0
No		90%	-1	0	+1	0
Did this discrimination occur in your current agency?						
Yes		89%	+4	-3	-4	-1
No		11%	-4	+3	+4	+1
Basis for the discrimination that you experienced (3 highest responses):						
Age		28%	-	-	-	-
Gender		27%	-	-	-	-
Other		21%	-	-	-	-

KEY



AT LEAST 5 PERCENTAGE POINTS GREATER THAN COMPARATOR



AT LEAST 5 PERCENTAGE POINTS LESS THAN COMPARATOR

UNACCEPTABLE BEHAVIOUR



EMPLOYEES WHO PERCEIVED HARASSMENT OR BULLYING IN THE LAST 12 MONTHS WERE ASKED WHAT TYPE OF HARASSMENT OR BULLYING THEY EXPERIENCED. EMPLOYEES COULD SELECT ONE OR MORE RESPONSES FROM A LIST OF ITEMS.

ONLY THE THREE OPTIONS WITH THE HIGHEST PROPORTION OF RESPONSES ARE PRESENTED HERE. THESE MAY VARY BETWEEN AGENCIES, WORK UNITS AND WITH RESULTS FOR THE APS OVERALL.

HARASSMENT AND BULLYING

RESPONSE SCALE

%

VARIANCE FROM 2022

VARIANCE FROM APS OVERALL

VARIANCE FROM LARGER OPERATIONAL AGENCIES

VARIANCE FROM LARGE SIZED AGENCIES

During the last 12 months, have you been subjected to harassment or bullying in your current workplace?

Yes		12%	+2	+2	+1	+3
No		82%	-3	-2	-2	-3
Not sure		6%	+1	0	0	+1

Types of harassment or bullying experienced (3 highest responses):

Interference with work tasks (e.g. withholding needed information, undermining or sabotage)		45%	-	-	-	-
Verbal abuse (e.g. offensive language, derogatory remarks, shouting or screaming)		38%	-	-	-	-
Inappropriate and unfair application of work policies or rules (e.g. performance management, access to leave, access to learning and development)		35%	-	-	-	-

Did you report the harassment or bullying?

I reported the behaviour in accordance with my agency's policies and procedures		43%	+5	+8	+8	+8
It was reported by someone else		12%	+4	+3	+4	+3
I did not report the behaviour		46%	-8	-12	-11	-11

KEY



AT LEAST 5 PERCENTAGE POINTS GREATER THAN COMPARATOR



AT LEAST 5 PERCENTAGE POINTS LESS THAN COMPARATOR

UNACCEPTABLE BEHAVIOUR



EMPLOYEES WHO INDICATED THAT THEY HAD WITNESSED POTENTIAL CORRUPT BEHAVIOUR WERE ASKED TO DESCRIBE THE BEHAVIOUR. EMPLOYEES COULD SELECT ONE OR MORE RESPONSES FROM A LIST OF ITEMS.

ONLY THE THREE TYPES OF CORRUPT BEHAVIOURS WITH THE HIGHEST PROPORTION OF RESPONSES ARE PRESENTED HERE. THESE MAY VARY BETWEEN AGENCIES AND WITH RESULTS FOR THE APS OVERALL.

CORRUPTION	RESPONSE SCALE	%	VARIANCE FROM 2022	VARIANCE FROM APS OVERALL	VARIANCE FROM LARGER OPERATIONAL AGENCIES	VARIANCE FROM LARGE SIZED AGENCIES
Excluding behaviour reported to you as part of your duties, in the last 12 months have you witnessed another APS employee in your agency engaging in behaviour that you consider may be serious enough to be viewed as corruption?						
Yes		3%	0	0	0	+1
No		90%	0	-1	0	-2
Not sure		4%	0	0	0	0
Would prefer not to answer		3%	0	+1	0	+1
Types of corrupt behaviours witnessed (3 highest responses):						
Cronyism-preferential treatment of friends, such as appointing them to positions without proper regard to merit		65%	-	-	-	-
Acting (or failing to act) in the presence of an undisclosed conflict of interest		25%	-	-	-	-
Other		17%	-	-	-	-
Did you report the potentially corrupt behaviour?						
I reported the behaviour in accordance with my agency's policies and procedures		21%	-4	+1	-1	+1
It was reported by someone else		17%	+5	+1	+1	+2
I did not report the behaviour		62%	-1	-2	+1	-3
KEY			AT LEAST 5 PERCENTAGE POINTS GREATER THAN COMPARATOR	AT LEAST 5 PERCENTAGE POINTS LESS THAN COMPARATOR		

DEMOGRAPHICS

How do you describe your gender?	Responses
Man or male	32%
Woman or female	65%
Non-binary	1%
I use a different term	0%
Prefer not to say	2%

Do you identify as an Australian Aboriginal and/or Torres Strait Islander person?	Responses
Yes	3%
No	97%

Do you have an ongoing disability?	Responses
Yes	11%
No	89%

Do you have carer responsibilities?	Responses
Yes	39%
No	61%

Do you identify as Lesbian, Gay, Bisexual, Transgender and/or gender diverse, Intersex, Queer, Questioning and/or Asexual (LGBTIQ+)?	Responses
Yes	10%
No	90%

How would you describe your cultural background? [Multiple Response]	Responses
Australian (excluding Australian Aboriginal and/or Torres Strait Islander)	71%
Australian Aboriginal and/or Torres Strait Islander	3%
New Zealander (excluding Maori)	2%
Maori, Melanesian, Papuan, Micronesian, and Polynesian	2%
Anglo-European	13%
North-West European (excluding Anglo-European)	2%
Southern and Eastern European	4%
South-East Asian	7%
North-East Asian	2%
Southern and Central Asian	2%
North American	1%
South and Central American and Caribbean Islander	1%
North African and Middle Eastern	1%
Sub-Saharan African	1%

Do you consider yourself to be neurodivergent?	Responses
Yes	10%
No	77%
Not sure	13%

AGENCY POSITION



AGENCY POSITION

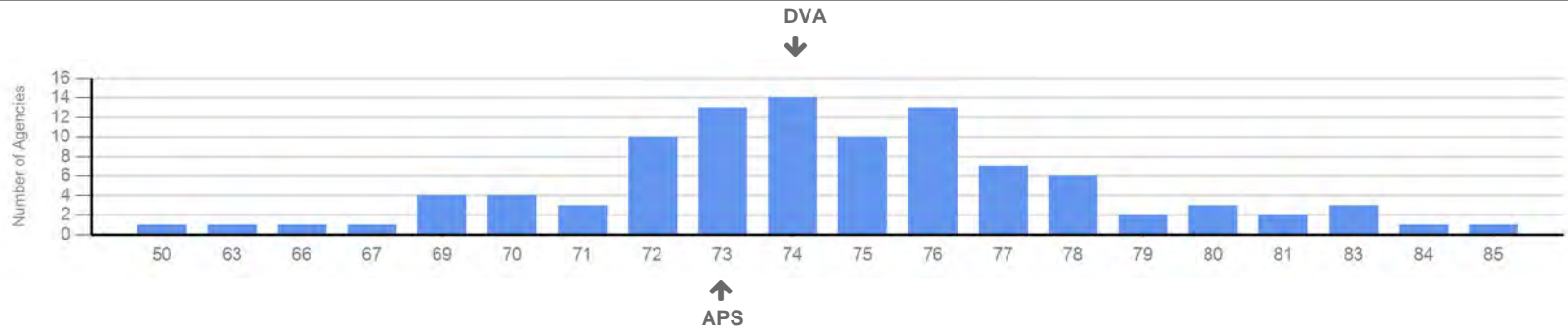
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ALONG THE LINE (Y-AXIS) ARE THE INDEX SCORES. THE HEIGHT OF THE BAR (X-AXIS) IS HOW MANY AGENCIES HAVE THAT INDEX SCORE.

PLEASE NOTE, THE Y-AXIS VALUES ARE NOT CONSECUTIVE AS ONLY INDEX SCORES RECEIVED BY AN AGENCY ARE REPRESENTED.

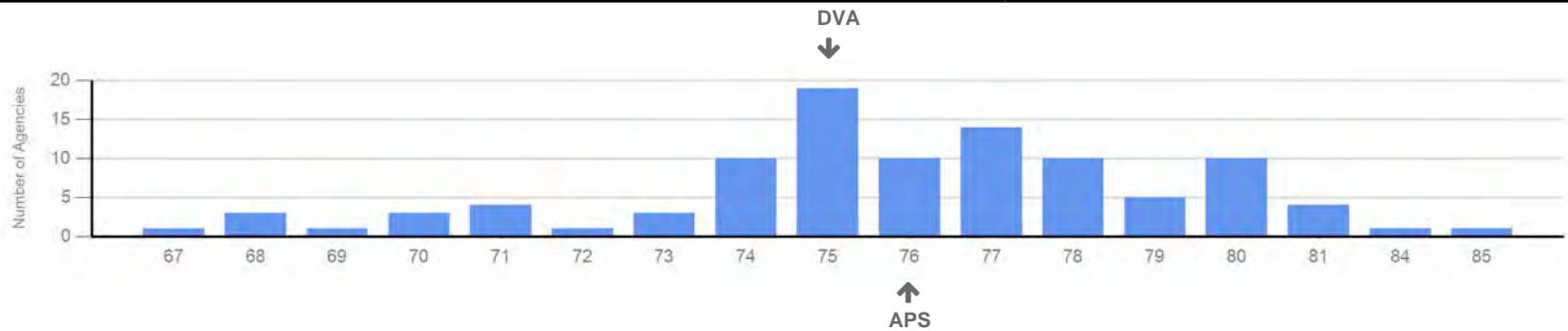
Employee Engagement Index

Ranking : 52nd of 100



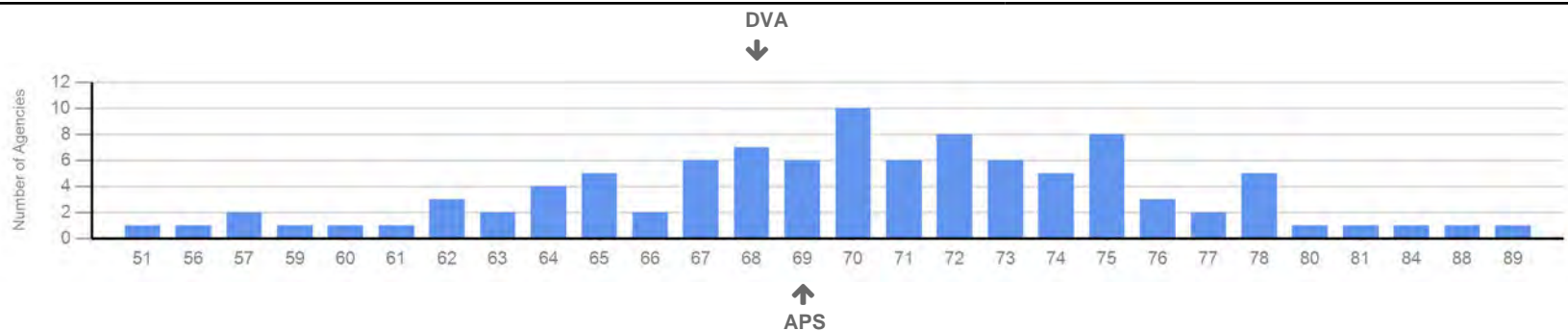
Leadership – Immediate Supervisor Index

Ranking : 62nd of 100



Leadership – SES Manager Index

Ranking : 68th of 100



AGENCY POSITION



AGENCY POSITION

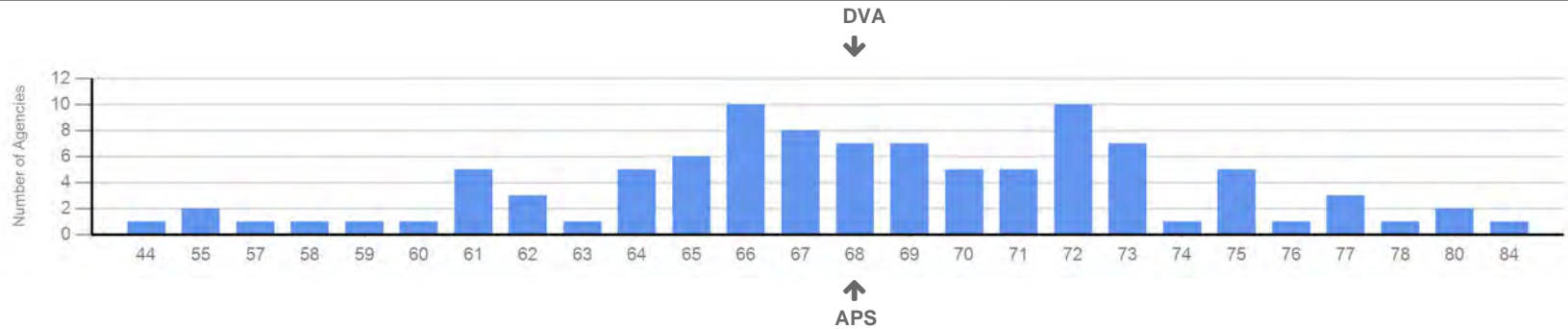
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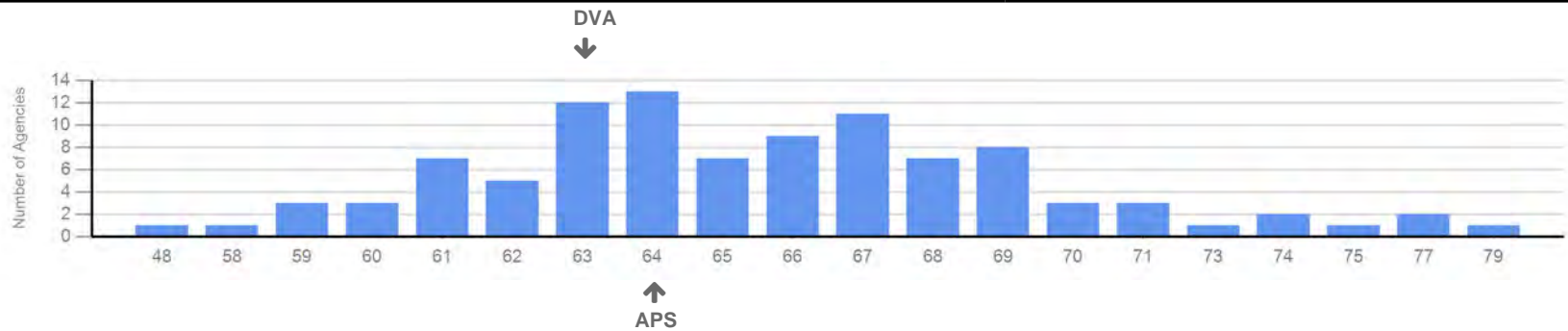
Communication Index

Ranking : 53rd of 100



Enabling Innovation Index

Ranking : 72nd of 100



Wellbeing Policies and Support Index

Ranking : 65th of 100



SUGGESTED QUESTIONS TO FOCUS ON



WHAT TO FOCUS ON?

THROUGH DRIVER ANALYSIS, THESE KEY QUESTIONS HAVE BEEN IDENTIFIED AS BEING IMPORTANT TO EMPLOYEES IN YOUR AGENCY AND ASSOCIATED WITH EMPLOYEE ENGAGEMENT.

THEY ARE NOT NECESSARILY THE QUESTIONS WITH THE LOWEST SCORES.

SOME WILL BE AREAS TO IMPROVE UPON AND SOME WILL BE AREAS TO MAINTAIN.

DEVELOP ACTIONS AND ACTIVITIES TO IMPROVE UPON THESE, WHERE POSSIBLE, TO DRIVE HIGHER LEVELS OF PERFORMANCE.

		AT LEAST 5 PERCENTAGE POINTS GREATER THAN COMPARATOR	AT LEAST 5 PERCENTAGE POINTS LESS THAN COMPARATOR	% POSITIVE	VARIANCE FROM 2022	VARIANCE FROM APS OVERALL	VARIANCE FROM LARGER OPERATIONAL AGENCIES	VARIANCE FROM LARGE SIZED AGENCIES
.1	My agency supports and actively promotes an inclusive workplace culture			78%	0	-2	-1	-5
.2	My agency inspires me to come up with new or better ways of doing things			47%	-3	-2	-2	-2
.3	Internal communication within my agency is effective			57%	-3	+1	+2	-2
.4	Change is managed well in my agency			42%	-2	-1	-1	-2
.5	My SES manager creates an environment that enables us to deliver our best			61%	-3	-2	+1	-7
.6	I am satisfied with the recognition I receive for doing a good job			66%	-2	-1	+3	-6

DVA SPECIFIC QUESTIONS

	RESPONSE SCALE			% POSITIVE	VARIANCE FROM 2022
During the last 12 months, I think most of the changes that affected me at work were communicated efficiently and in advance.	52	27	21	52%	+15 ↑
During the last 12 months, I was given the opportunity to provide feedback on changes that affected me before they happened	45	23	32	45%	-
I believe that feedback I provide about changes at work are given consideration	43	38	19	43%	-
I see a direct connection with my work and DVA's wellbeing outcomes for veterans and families	82	14	4	82%	-
I feel supported by DVA to undertake my role, particularly when dealing directly with clients	66	22	12	66%	-
I know where to get the data and information required to do my job	70	19	11	70%	-
I am encouraged to connect across the department (outside of current branch and division) to get the job done	63	25	12	63%	-
As a manager, I was provided with adequate tools and support to undertake my performance management role during the last 12 months	59	28	13	59%	+2
My manager has the capability to effectively engage in meaningful performance conversations	75	15	9	75%	-
As a manager, I have the skills and knowledge to support a staff member with a disability in the workplace	63	29	8	63%	-

KEY



AT LEAST 5 PERCENTAGE POINTS GREATER THAN COMPARATOR




AT LEAST 5 PERCENTAGE POINTS LESS THAN COMPARATOR

Positive Neutral Negative



DVA SPECIFIC QUESTIONS

	RESPONSE SCALE		% POSITIVE	VARIANCE FROM 2022
Please rate your current level of understanding of Aboriginal and Torres Strait Islander culture	65	35	65%	+6 
I feel comfortable speaking up when I don't agree with the direction of my work	67	22 11	67%	-

KEY


 **AT LEAST 5 PERCENTAGE POINTS GREATER THAN COMPARATOR**

 **AT LEAST 5 PERCENTAGE POINTS LESS THAN COMPARATOR**

Positive Neutral Negative


TIME TO TAKE ACTION



CELEBRATE

What things do we do well?


THINK ABOUT HOW WE CAN BUILD ON OUR STRENGTHS AND LEARN FROM WHAT WE ARE GOOD AT.



INVESTIGATE FURTHER WITH OUR TEAMS

Are there any other opportunities coming out of the results that we want to explore further?

HOW COULD WE INVESTIGATE? THROUGH LOOKING AT THE DATA IN MORE DETAIL OR THROUGH DISCUSSIONS WITH STAFF?



OPPORTUNITIES

Areas we need to focus on and turn into action plans:

WHAT ARE THE KEY THINGS WE NEED TO IMPROVE TO MAKE WORKING HERE BETTER?



USE THIS PAGE TO START YOUR LOCAL ACTION PLANS

IDENTIFY AREAS TO CELEBRATE, OPPORTUNITIES FOR IMPROVEMENT AND AREAS WHICH YOU NEED TO INVESTIGATE FURTHER.

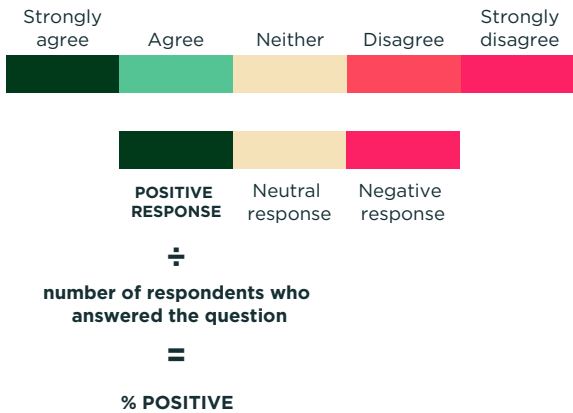
PRIORITISE 3 AREAS TO TAKE FORWARD

	PRIORITISE 3 AREAS FOR ACTION	TIMESCALES	OWNER	RESOURCES REQUIRED	TARGET/SUCCESS MEASURE
1					
2					
3					

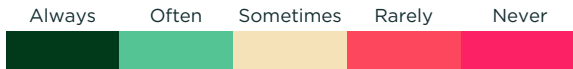
GUIDE TO THIS REPORT

% POSITIVE

WHERE RESULTS ARE SHOWN AS POSITIVE PERCENTAGES (% POSITIVE), THESE ARE CALCULATED BY ADDING TOGETHER POSITIVE RESPONSES ("STRONGLY AGREE" + "AGREE" OR "ALWAYS" + "OFTEN") AND DIVIDING BY THE NUMBER OF RESPONDENTS WHO ANSWERED THE QUESTION.



FOR 5 POINT SCALE QUESTIONS NOT ASKED ON THE *AGREE TO DISAGREE* SCALE THE SAME RULES APPLY, THE GREEN PERCENT REPRESENTS A **POSITIVE RESPONSE** (UNLESS THE QUESTION IS NEGATIVELY WORDED).



ROUNDING

RESULTS ARE PRESENTED AS WHOLE NUMBERS FOR EASE OF READING, WITH ROUNDING PERFORMED AT THE LAST STAGE OF CALCULATION FOR MAXIMUM ACCURACY. VALUES FROM X.00 TO X.49 ARE ROUNDED DOWN AND VALUES FROM X.50 TO X.99 ARE ROUNDED UP. THEREFORE IN SOME INSTANCES, RESULTS MAY NOT TOTAL 100%.

	STRONGLY AGREE	AGREE	NEITHER	DISAGREE	STRONGLY DISAGREE	TOTAL
NUMBER OF RESPONSES	151	166	176	96	24	613
PERCENTAGE	24.63%	27.08%	28.71%	15.66%	3.92%	100%
ROUNDED PERCENTAGE	25%	27%	29%	16%	4%	101%
NUMBER OF POSITIVE	151 + 166 = 317					
% POSITIVE	317 ÷ 613 = 52%					

ANONYMITY

IT IS BEST PRACTICE NOT TO DISPLAY THE RESULTS OF GROUPS OF RESPONDENTS TO THE EXTENT WHERE THE ANONYMITY OF INDIVIDUALS MAY BE COMPROMISED. RESULTS WILL NOT BE SHOWN WHERE THERE ARE LESS THAN 10 RESPONDENTS IN A GROUP.

COMPARISONS WITH RESULTS FROM PREVIOUS YEARS

THE METHOD OF ANALYSING AND REPORTING SPECIFIC RESULTS MAY BE PERIODICALLY REVIEWED AND REVISED. SUCH IMPROVEMENTS ARE APPLIED TO CURRENT DATA AND THAT OF PREVIOUS YEARS. FOR THIS REASON THE CURRENT REPORT IS ALWAYS THE MOST ACCURATE DATA SOURCE FOR APS EMPLOYEE CENSUS RESULTS, INCLUDING COMPARISONS WITH TIME SERIES DATA.



FAMILIES - SUPPORT FOR VETERAN FAMILIES

KEY ISSUES

- The Department of Veterans' Affairs (DVA) supports for families include:
 - The Defence, Veterans' and Families' Acute Support Package, provides practical support to vulnerable, working age veteran families at risk of, or in crisis due to new and challenging life circumstances. It is designed to help families adjust and equip them to manage independently into the future.
 - People who have experienced family and domestic violence may be able to receive financial support through the Crisis Payment or the Partner Service Pension. Open Arms – Veterans and Families Counselling (Open Arms) can assist with counselling and crisis accommodation.
 - Veterans and Families counselling through Open Arms.
 - Financial support, such as the War Widows Pension, Partner Service Pension and other income support supplements.
 - DVA Education Schemes and the Long Tan Bursary, which provide financial support for veteran families with children and young people studying full time, to help them achieve their academic potential.
 - Targeted access to Veteran Gold Cards for eligible widows, widowers and children where the veteran died due to service-related injury or illness or died with certain defined high levels of accepted service-related disability prior to their death (i.e. in receipt of a Special Rate of payment).
 - Other supports, such as in-home and supported-accommodation based respite care, funeral benefits and bereavement payments, and financial and legal advice payments.
- DVA and the Department of Defence (Defence) are working together to implement the Government's election commitment for a Defence and Veteran Family Wellbeing Strategy. The Strategy will provide a blueprint for engagement with veteran families and identify improvements to family support and is expected to be released in mid-2024.

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- The Veteran Family Advocate (VFA) Commissioner continues to engage with the families of veterans to ensure their needs and perspectives are represented in ongoing policy and decision-making across DVA and the Australian Government.

BACKGROUND

The Defence, Veterans' and Families' Acute Support Package

- The Defence, Veterans' and Families' Acute Support Package (ASP) commenced on 14 October 2022, replacing the Family Support Package.
- As part of the 2023-24 Budget, \$0.5 million was allocated over four years to expand ASP eligibility to include grandparents who are the fulltime carers of a veteran's child from 1 July 2023. This supports more diverse veteran families and ensures that vulnerable children of veterans continue to be supported in times of crisis.
- The ASP provides practical support to working age veteran families at risk of, or in, crisis due to new and challenging life circumstances. It is designed to help families adjust and equips them to manage independently into the future.
- The ASP provides flexible support through an annual financial cap on services, rather than a limit on each category of support. Types of support which may be funded include clinical and non-clinical counselling, help around the home, capacity building services, assistance for children (such as tutoring) and child care.
- To address community feedback regarding accessibility and flexibility of the program and enable improved access for eligible veteran families, DVA is currently undertaking the following:
 - development of comprehensive Policy Guidelines to provide clearer guidance to decision makers,
 - work to improve information available to the veteran community, which will include the development of a communications plan
 - through a case conferencing approach - with the Veteran Family Advocate Commissioner - to develop a standard operational procedures guide for decision making as part of this ongoing review process,
 - planning for an evaluation of the operation of the ASP program, to provide evidence and assurance that the program is operating as intended and identify opportunities for improvements in the delivery of the program, and

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- regular updates on the implementation of the policy guidelines and operational procedures to be provided to Commissions at each meeting until further notice, with a formal report provided within 12 months of implementation.
- As of 22 April 2024:
 - 155 families have been granted a package of supports since the program commenced on 14 October 2022, with 375 individual support plans.
 - 10 families have completed the program (some of these were transitioned to ASP from the previous Family Support program).
 - \$587,742 has been spent on supports since 14 October 2022.

Level of supports available:

- Families of an incapacitated veteran:
 - up to \$7,500 in the first year and \$5,000 in the second year.
 - \$10,000 each year per child under school age, for supports for the child.
 - \$5,000 each year per child of primary school age, for supports for the child, until the child goes to high school.
- Widowed Partners and grandparents caring for the child of a deceased veteran:
 - up to \$27,835 each year for two years.
 - additional funding for child care supports as above.

The Defence and Veteran Family Wellbeing Strategy

- Defence and DVA are engaging with those with lived experience; Defence members, veterans and their families, to better understand their experiences and needs, improve existing engagement and support models, and design new models that promote family wellbeing through the development of a Defence and Veteran Family Wellbeing Strategy.
- The Strategy is expected to be published shortly. Following publication, Action Plans will be developed to implement the Strategy.
- Engagement on the development of the Strategy has included:
 - Veterans' Families Policy Forums on 15-16 June 2022, 20-21 June 2023 and 12-13 March 2024.

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- Five community co-design sessions in October and November 2022 (24, 25, 26 October and 15, 17 November), led by the VFA Commissioner with those with lived experience and professionals in their fields who support veteran families.
- Information from Defence Families Australia (DFA) and the Defence Family Advocate in their engagement with families across Australia throughout 2022 and 2023.
- Engagement with state and territory veteran agencies in 2022 (NSW 20 September, QLD 10 October, SA 17 October, WA 19 October, ACT 29 November, VIC and TAS 19 December, NT 20 December).
- A survey available to all current and former serving members and their families, hosted on the DVA website to inform the design of the Strategy. The survey was open for seven weeks from 21 November 2022 to 6 January 2023 and received 2,766 responses. The results of the engagement survey were shared with the community via DVA social media channels.
- The VFA Commissioner has also undertaken a number of community consultation sessions on the development of action plans (Darwin 17 February 2023, Melbourne 2 March 2023, Adelaide 22 March 2023, Canberra 3 May 2023, Sydney 17 May 2023 and Perth 23 April 2024). Commissioner Cherne has also met with service providers, organisations and subject matter experts. A summary of VFA activities for July to December 2023 is at **Attachment A**.
- Defence Member and Family Services (DFMS) and DFA are collaborating on a Defence family engagement project to provide Defence families the opportunity to share their lived experience and inform service delivery. This engagement will include consultation on the action plans for the Strategy. Sessions to discuss the Strategy's objectives and seek feedback on meaningful, tangible and sustainable proposed items for future Action Plans will be facilitated by mid-2024.
- A development timeline and engagement summary is provided at **Attachment B**.

Gold Cards for widow, widowers and children

- The eligibility criteria under the *Veterans' Entitlement Act 1986* (VEA) and the *Military Rehabilitation and Compensation Act 2004* (MRCA) vary slightly (*Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA) not eligible). In general, dependants may be able to access a Gold Care where:

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- The widow or widower was married to or in a de facto relationship with the veteran at the time of their death, or was a wholly dependent partner of the veteran.
- The child is dependent on the veteran at the time of the veterans' death (this is usually deemed where the child is living with the veteran or was prior to the veteran's death, but this can be established through other evidence); and
- The child is an eligible child: they meet relevant age and/or study requirements (generally under 16 years of age or under 25 and studying full-time and not employed on a full-time basis). Study can include primary or secondary education, tertiary education, and apprenticeships and similar programs of study.

Australian Military and Veteran Families Study

- DVA and Defence are working together to jointly sponsor the Australian Military and Veteran Families Study, delivered by the Australian Institute of Family Studies.
- The purpose of the study is to understand the experiences of young families with children or planning to have children while in service and during transition.
- The study was completed in December 2022. It will inform future programs to support families.

Attachments:

Attachment A - VFA Snapshot – July to December 2023

Attachment B - Defence and Veteran Family Wellbeing Strategy – Development Timeline

Clearance

Contact Officer:	Adam Weiderman, Assistant Secretary.	Phone:	s 47F
Clearance Officer:	Luke Brown, First Assistant Secretary.	Phone:	s 47F
Last cleared on:	13 May 2024		



Australian Government

The Repatriation Commission

Veteran Family Advocate

SNAPSHOT

Issue 2 - Jul - Dec 2023



A WORD FROM GWEN

What an eventful and productive six months it has been since my last update! I've traversed the country, engaging in numerous meetings and collaborative efforts with families, veterans, service providers and ex-service organisations (ESOs).

A significant highlight occurred on 31 August, when I appeared for the second time at the Royal Commission into the Defence and Veteran Suicide. I hope my contribution did justice to the issues facing Defence and veteran families.

I am thrilled to report that our webpage is now live! Visit the [webpage](#) to stay informed, explore the various activities, advocacy efforts and initiatives we are actively pursuing and my commitment to the veteran family community.

July marked the conclusion of Sandi Laaksonnen-Sherrin's tenure as the inaugural Defence Family Advocate at Defence Families Australia. I want to acknowledge Sandi's significant contribution to strengthening support for Defence families. Sandi, you challenged all of us and always inspired me to persist. We wish you well in all future endeavours and your successor has big shoes to fill.

The events this year have been both enlightening and inspiring, reinforcing our collective commitment to the well-being of those who have served and those who have stood by them. I am so encouraged by the amount of work going on in our community. So many people all over our country are doing so much for veteran families. It *is making a difference* and I encourage you to keep going!

I am thrilled to share that my diary for the upcoming year is already filling up with exciting engagements. I look forward to continuing our discussions and work to enhance the lives of veterans and families.

As we approach the end of the year, I extend warm wishes for a merry and bright holiday season and a new year filled with peace and joy. I know this time of year can be challenging, so please take care of yourselves. May the spirit of the season bring light to you, your loved ones, and our entire veteran and family community. Here's to a new year full of continued collaboration and progress in the well-being of our veterans and veteran families.

Love and light, Gwen



50th Anniversary of the End of Australia's Involvement in the Vietnam War

I was honoured to attend the special commemorative service in Canberra marking 50 years since the end of Australia's involvement in the Vietnam War. As the daughter of a Vietnam veteran, this day holds important significance for me. Approximately two thousand veterans, family, ex-service organisations representatives and currently serving ADF members attended what was a solemn, respectful and dignified service. The service was held on Vietnam Veterans' Day, 18 August which coincides with the anniversary of the Battle of Long Tan. A poignant and emotional moment during the service was when all Vietnam Veterans were asked to stand; they received a well-deserved, protracted and rousing applause. The war was controversial at the time, but those who answered our nation's call served with distinction. For many years that service went without proper recognition. Likewise, the lingering effects of war on our veterans' mental and physical health was poorly understood. That is why it is so important for us to acknowledge all those who served in the Vietnam War and the families who support them still.

Lest we Forget.



ADVOCACY ENDEAVOURS UNDERWAY

- DVA to undertake a research project on partner employment and the efficiency of current programs.
- Working with DVA and Military and Emergency Services Health Australia, a number of organisations and lived experience leaders in our community to develop a frameworks and support for families bereaved by suicide.
- Participate in cross-community Domestic & Intimate Partner Community of Practice, working towards a coordinated whole of community approach. This group continues to provide recommendations for Family and Domestic Violence issues across Defence and DVA as well as the broader sector.
- National War Widows Day 19 October.
- 'Defence or veteran family' tick box on education enrollment forms in all states and territories (SA, ACT and NT on board already!) with more we hope to come in the new year.
- While case work is not my primary role, my office continues to be successful in advocating for and escalating complex cases.

FEATURED ACHIEVEMENTS

- Successfully advocated for DVA to include Veteran Families in their 2023-24 Corporate Plan. To ensure veteran families are recognised and identified as DVA clients in their own right.
- Advocated successfully for DVA to continue to include 'Security and Safety' in the Wellbeing Framework.
- In 2017 and 2018, a group of us advocated for the Australian War Memorial to establish the Suffering of War and Service Committee. After many years of work, the Sufferings of War and Service sculpture, 'For Every Drop Shed in Anguish' will be launched on 22 February 2024.

ENGAGEMENTS

Since commencing my role, I have attended approximately 2,000 meetings and engaged with more than 15,000 veterans and families. In the first half of 2023, I held six community consultation sessions in the NT, SA, VIC, NSW, and ACT for the Family Strategy and the

ROYAL COMMISSION

On 31 August, I gave evidence to the Royal Commission into Defence and Veteran Suicide in my capacity as the Veteran Family Advocate Commissioner, I provided my views on the challenges in the role, issues with current services and supports and the importance of increasing the visibility, recognition and services for Defence and veteran families. In my evidence, I tried to represent the diverse issues that veterans and families experience throughout their lives, so they are understood, valued and addressed.

Reform of legislation, systems and policies is complex work. We need to ensure any reforms are efficient, equitable for all, and flexible enough to respond to future needs. At the same time, transparency and accountability need to be built into the systems, not only as a means to hold Government to account, but so changes can be monitored; specifically what impact the Royal Commission's recommendations are having on veterans and families once implemented.

We know that the wellbeing of veterans and families is heavily dependent on their needs being understood and met. Our services must be informed by families' lived experiences. The research is clear: ADF members perform better and serve longer when their family is happy, healthy and stable. Families lives and wellbeing are also directly affected by Defence life. We need to make sure Defence and veteran families are not disadvantaged by Defence life. If we fail to meaningfully engage families and meet their needs, we will not get the best outcomes for our families, our veterans or Defence.

Families come in all shapes and sizes so any **Legislative framework** needs to be inclusive of the wide range of veteran families – be those parents, grandparents, children, step-children, step-parents, aunties, uncles, siblings, support people, mates etc.

The current **investment** in organisations that provide services and supports to current and ex-serving members and their families is not enough. For our community this translates into a lack of commitment, a lack of understanding and a lack of acceptance of the role families play in the health and wellbeing of a serving and ex-serving members. Significant investment is needed to improve the experience and outcomes for veteran families and give them the appropriate support, tools, information and pathways to care.

It's also time to invest in postvention. What is postvention? **Postvention** is simply specific support for families after a suicide. We currently are not doing enough. Postvention recognises that suicide has a profound impact that differs from other deaths. Those of us who have lost someone to suicide are at an increased risk of dying by suicide themselves. We are also likely to experience symptoms of posttraumatic stress. We may become socially isolated, struggle with feelings of guilt and shame or succumb to substance abuse. But with targeted support, risks can be managed and families given the best chance to rebuild their lives after suicide. When done well, we can actually experience more post traumatic growth than those who do not go through these types of programs. I can report that conversations are now happening at DVA and with a number of other organisations about how to do this, and I will keep pushing until we have something substantial to offer veteran families.

Effective communication is a critical component to solving the problem in front of us. Getting families and veterans the right information at the right time *AND* making sure they know where to go to get that information when they need it is something we need to do better. People don't often care about things until they are relevant to them. So we have at least two options, 1) make sure they know why the information is important and relevant when we are sharing it, and 2) make sure they know where to go when they need it.

These are but a few things that I discussed in my Royal Commission hearing. The Royal Commission is a once in a generation opportunity to bring about considerable systematic and structural change. It isn't small iterative changes that we need. We need fundamental change and cultural shifts so that families are recognised and included, rather than solely focusing on veterans to the exclusion of families. We need to do better at understanding and valuing lived experiences of families and then using that knowledge to influence those at the decision making table. I would like to thank the Commissioners for their dedication to bringing these important issues into the light, and I forward to seeing their final report next year.

SIGNIFICANT EVENTS

St John of God Richmond Opening Wellness Centre

It was great to attend the opening of St John of God Richmond Hospital's new Wellness Centre and the Annual Veterans' Day Service on the 3 August. The Hospital's redevelopment is a key element of their National Centre for Psychological Trauma Project to improve the lives of veterans and first responders recovering from trauma. This Wellness Centre will provide a comprehensive and holistic mental health care service in tranquil settings. It will offer patients an opportunity to recover in a supportive and caring environment. Former Governor-General, General the Honourable Sir Peter Cosgrove AK AC Mil CVO MC (Retd), as patron of the redevelopment campaign, officially opened the



Wellness Centre. The Centre includes a gym, indoor pool and other essential facilities that support physical and mental health. It is the latest part of St John of God's plan to deliver life-changing mental health care. James McMahon DSC, AM, DSM was the key guest speaker for the Veterans' Day Service which was held after the opening. I look forward to hearing about the benefits this Centre will bring to our veteran community in the Richmond area and seeing the next phase of the redevelopment opened in 2024.

Services NSW Vehicle Registration

For the first time ever, my vehicle registration as a widow was processed automatically. Finally, the Services NSW system is recognising eligible veterans and families under MRCA.



We have been advocating for this change since 2017. Well done to those who worked for this change and thank you to NSW Veterans Officer team for your persistence! Small changes like these make a massive difference to veterans and families trying to manage busy lives.

Commando Welfare Trust – Annual Charity Ball

The Commando Welfare Trust (CWT) Charity Ball was a memorable evening, filled with entertainment by MC Merrick Watts, engaging talks and inspiring stories, as well as a great opportunity to connect with new and old families within the Special Forces community. The evening celebrated the 80th Anniversary of Operation Jaywick on 8th Sept 23 at the Maritime Museum Sydney, which is a significant milestone in our Australian Special Operations history. The event was a tribute to the brave men and women who have served and continue to serve in our Special Operations Command. It also raised funds for the CWT charity that supports those serving and retired veterans' and family members of the Australian Special Operations community.



Commissioner Nick Kaldas Press Club Address

On 13 September, I attended the National Gallery of Australia to hear Nick Kaldas APM, Chair of the Royal Commission into Defence and Veteran Suicide, speak on "The tragedy of veteran suicide: How Australia has failed its finest".



The Royal Commission has been working hard to determine the key causes of veteran suicide and put forward a series of recommendations on how the nation can better support our current and ex-serving ADF personnel. The Royal Commission released an [interim report](#) last year that the

Department of Veterans' Affairs has been working on in partnership with Government and the Department of Defence to implement.

It was thought provoking to hear Commissioner Kaldas' insights and what he thinks the way forward will be for how we work to prevent suicide and support those who may be struggling.

After recently receiving a three-month extension, the final report is due to be released by Monday 9 September 2024. I remain on the RC External Stakeholder Advisory Committee and will continue my advocacy with the Royal Commissioners to ensure veteran families are considered in the final report. More information can be found at [Royal Commission into Defence and Veteran Suicide](#).

SIGNIFICANT EVENTS

Prime Minister's National Veterans Employment Awards

On 13 September, I had the privilege to present the award for Partner Entrepreneur of the Year. Well done to Angie Weeks, PTSD Dogs Australia. It was so inspiring to hear her story.



As with other years, there was an impressive and strong line up of finalists. Congratulations to all the amazing nominees, finalists and winners.

These awards serve as a shining example of what our veterans and families can achieve in their professional lives.

For a long time the employment of Defence and veteran partners has been an invisible issue. Partners face many barriers to gaining meaningful employment and yet they have so much to offer. To thrive in military life, partners develop skills that many employers value: resilience, flexibility, resourcefulness and a community focused mind-set. They have the ability to work well under pressure and balance stress. They



also have a willingness to jump right in and learn new skills on the fly. These skills are relevant to any organisation. As these awards highlight, with the right support, there's no limit to what our veterans and families can achieve.



The Australian Centre for Social Innovation

18 October I had the pleasure of visiting The Australian Centre for Social Innovation - in South Australia (TACSI). It was wonderful to meet with CEO Carolyn Curtis and her team. We learned more about the innovative work they are doing to solve some of the toughest challenges in our society. At the core of TACSI's values lies the fundamental belief that the best solutions come from working alongside the people who are facing those very challenges. It is the right combination of practical wisdom, lived experience and data and evidence that lead to the best outcomes. I think we can learn from the value this model places on iterative processes over pilots for future programs.



War Widows Day

19 October was an incredible day of recognition for the late Jesse Vasey - the founder of the Australian War Widows Guild. It was celebrated in a number of our states. I was fortunate to be among the many people who gathered at Admiralty House in the morning for a delightful morning tea. It was wonderful to witness the immense sense of community as we shared stories of our beloved family members, and were blessed with



poignant words from Her Excellency Linda Hurley. Later, at a public service in Martin Place, I was filled with such reverence and admiration as Bree Till spoke from the heart.

War Widows Day is not just a day to remember but a call to action to do more. A special thank you to the Governor General and Mrs Hurley, NSW Minister for Veterans David Harris, the AWWNSW and Legacy for this beautiful event.

It's time that we recognise the service and sacrifice of all Defence and veteran families nationally with a National War Widows Day!



Prince's Trust Australia 2023 Beyond Service Awards

Congratulations to all the finalists and winners at the Prince's Trust Australia, 2023 Beyond Service Awards. It was wonderful to be part of such an inspiring event on 23 October and hear about all the amazing work veteran and veteran family entrepreneurs are doing. These awards celebrate the remarkable skills and expertise that veterans and defence families bring to their communities and businesses. Special congratulations to award winners Ian Rawson - Warfighter Coffee Brewed Therapy, Nadia Teong - Veterans Psychology, Karyn Hinder - Working Spirit and Hayley Boswell, Defence Kidz. What an inspiring night to celebrate these change makers for their noble efforts in making a positive impact.



SIGNIFICANT EVENTS

Remembrance Day

Exactly 12 months ago, I had the privilege of completing a once-in-a-lifetime journey across the historic Kokoda Track and how it



has left me with an incredible sense of appreciation and admiration for our Second World War heroes and all those who have served in the line of duty. Remembrance Day is a day where we stop to honour and remember, as well as to pay tribute to those who have made the ultimate

sacrifice while serving our country. The beauty, the hardship and the bravery of the Australian Diggers has been forever etched in the unique terrain of the Kokoda Track, and their courage and tenacity lives on. We remember those men and women who paved the way for us to live in peace, reminding us to take a moment to immerse ourselves in their stories and honour their service. It is our duty to remember not only the heroes, but those they left behind and the families who stood by them.

Families Bereaved By Suicide Workshop

22 and 23 November, I met with some of the bravest people in our community – families whose lives have been forever changed by the tragic loss of a loved one to suicide. While we must keep working to reduce suicide rates, we also must bring into light the crucial conversation of support to families and communities after a suicide. I am working with DVA to build a framework to support people following the loss of a loved one to suicide. Providing people with right support, we can ensure these families have the tools to heal and grieve in a safe and empathetic environment. When postvention is done right, families have the best chance to rebuild their lives after such a devastating loss. This is one of the first steps in making sure that families bereaved by suicide are seen and heard and that current and future programs meet their needs. Thank you to the Governor General, the Secretary and the team at DVA and many others for hearing my call to action and making sure we are progressing this critical work.

Open Arms National Advisory Committee



In late November a two-day Open Arms National Advisory Committee Meeting was held. Assistant Minister Veterans Affairs, Matt Thistlethwaite MP was also there to listen and hear some of the issues and discussion. From talking

about the peer program, the Open Arms' model of care, the GP Project, emergency response strategies, advocacy, to issues in aged care - we made so much progress. I am eager to see the impact this NAC has on our veterans and families.

Hosted Conversation around 16 Days of Activism

I addressed more than 600 DVA staff about the significance of the 16 Days of Activism against Gender-Based Violence, a global campaign led by UN Women from November 25 to December 10. This year's theme, "Invest to Prevent," aligns with the 2024 priority theme of the Commission on the Status of Women, emphasising the crucial role of financial support in preventing violence.

Drawing on my career experiences globally, including three impactful years in Afghanistan, I've consistently worked towards stability and relief for families in crisis. Plainly, violence against women is preventable, and we must shift towards a future defined by safety, equality, and respect.

In Australia, Intimate Partner Violence (IPV) is a significant public health concern, particularly among current and former ADF members. The recently released IPV Report delves into exposure rates, risk factors, and health correlates. The statistics reveal a stark reality – one in six Australian women face gender-based violence, mostly within their homes. Our collective responsibility is to challenge cultural norms perpetuating such violence, with a focus on breaking the silence and understanding drivers, including the impact of a highly masculine environment. By openly discussing and normalising conversations, involving everyone, including men, we can create a future free from so much violence. Let's stand up, speak out, and support each other for lasting change – everyone's commitment is crucial.

Stop Domestic Violence Conference



On 28 November I attended the Stop Domestic Violence Conference in Hobart. It was inspiring to be surrounded by change makers and advocates dedicated to ending domestic violence. The speakers shared insights

on topics such as elder abuse, law and justice reforms, violence in under-represented communities, and the question of what healthy masculinity looks like. I'm feeling energised after attending, knowing that great work is happening all over the country to make a difference.

GROWING AROUND GRIEF (LOS TONKIN, 1996)



100 YEARS of LEGACY

National Launch of Legacy Week 2023

Despite the cloudy skies on the 28 August, my family and I were delighted to attend the National Launch of Legacy Week 2023 at the Australian War Memorial in Canberra. Legacy patron and His



Excellence, The Governor-General of Australia, General the Honourable David Hurley AC DSC (Retd) spoke about how 'Legacy is that knock on the door that says: 'We care. We will look after you' and how that knock can be life changing'. Many of us know just how life saving that knock from Legacy can be. Legacy widow and veteran Maureen Barrett shared her moving story which reminded us all of why Legacy

exists and its continuing need. The Legacy Week appeal has been running since the 1940's and is a time for all Australians to show their support for the families of defence personnel who gave their life or health in defence of our nation. Without the continued support and donations of the community Legacy services wouldn't be possible. Well done to all the legatees and volunteers who made another Legacy week successful.

Legacy Centennial Torch Relay Torchbearer



I had the honour of participating as a torchbearer in the Legacy Centennial Torch Relay 2023 as it travelled through Canberra. As my children and I stood together, I couldn't help but reflect on the how every passing generation has carried this torch forward over the last century, ensuring that our promise stands strong. My heartfelt

thanks to Legacy and all the incredible work for our community and your unwavering commitment to honour the sacrifices made by our brave serviceman and women and the struggles their families endure.



Legacy Centenary Commemoration Ceremony

On 13 October, the Legacy Centenary Torch reached its final destination at the Melbourne Shrine of Remembrance. It was amazing to watch the relay which began 6 months ago in



Pozières France and has travelled over 50,000 km, visiting all 44 Legacy Clubs in Australia and being carried by 1,300+ torch bearers!

A huge shout-out to the amazing Legacy Australia, Legacy Clubs, torch bearers, volunteers, sponsors, event organisers, and Defence Australia for making this happen.



Legacy National Conference

To end a great year, the Legacy Australia National Conference on the 14 October in Melbourne. I joined the conference and advocated for vital support for bereaved parents of veterans, for psycho-education for those who are bereaved, and for true collaboration with other organisations that work with veteran families. It was inspiring to hear from other Legacy families, how Legacy is working to get things right for their families, and how legacy wants to progress into the next 100 years!

Legacy Centenary Dinner

What an incredible evening of celebration at Legacy's Centenary Dinner! It was humbling to be surrounded by Defence personnel, veterans, Legatees, and veteran families – all inspired by the values and commitment to serve veteran



families across our nation. We're so fortunate to have so many dedicated supporters of Legacy Australia, and I can't help but

feel optimistic for what the next several decades will bring as we work together to transform the way we support our veteran families.



*Well done Legacy!
Here is to the next 100.
Let's keep the flame alive!*

IPV STUDY RELEASED

Understanding Intimate Partner Violence in Australian Military & Veteran Families: Insights and a Call to Action'

The ground-breaking "[Intimate Partner Violence \(IPV\) Report](#)," a collaborative effort between the Australian Government Department of Veterans' Affairs and Phoenix Australia, compassionately delves into the raw truths surrounding intimate partner violence (IPV) within military and veteran families. Released on November 29, 2023, this report not only uncovers stark statistics but courageously brings forth the human narratives behind the numbers, challenging us to confront and act upon this pressing issue.

Against the backdrop of existing national and state family violence strategies, the report boldly acknowledges recent policy advancements recognising military and veteran families as a distinct group. Revelations cut through the data - one in five military personnel and veterans reported recent IPV exposure, with even higher rates among veteran families. Collaborative initiatives between Phoenix Australia and the Department of Veterans' Affairs aim to dismantle data silos, underlining the critical need for tailored mental health and family support services for our military heroes and their families.

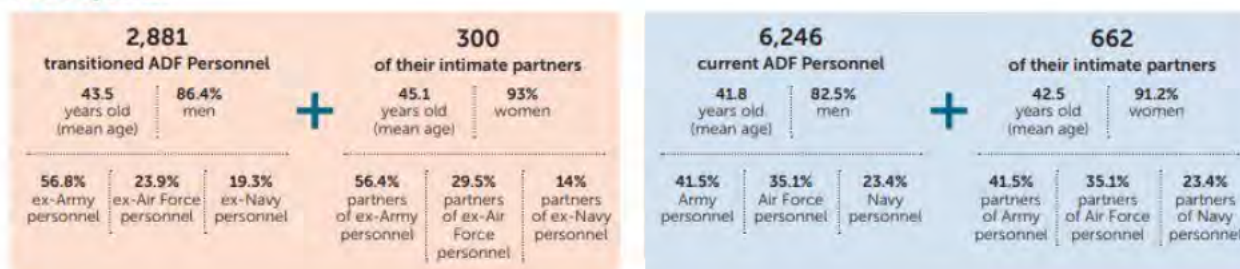
This report isn't just about percentages; it's a testament to the resilience of those who've served and their families. It boldly confronts provider perspectives on the root causes of violence, demanding a shared understanding and compassionate responses. It fearlessly tackles the intricacies of disclosure within the military context, recognising the historical complexities at play. Unapologetically, it calls out the disparities in risk assessment and safety approaches.

Building on the initial project, a second IPV endeavour commissioned by the Department of Veterans' Affairs amplifies the voices of current and ex-service personnel and their partners. With an unwavering acknowledgment of data limitations, the report shares key findings on IPV exposure frequencies, mental health correlates, and help-seeking patterns, weaving a tapestry of human experience.

Compassionate insights transcend the numbers, revealing not only high rates of seeking assistance but also the pivotal role of general healthcare services. Varied help-seeking patterns among veterans and the complex mental health profiles of transition personnel using IPV demand bold, nuanced responses. The report concludes with a resounding call to action, urging the establishment of a comprehensive framework, targeted mental health support, preventative measures, and ongoing research. It challenges us to embrace the complexity of this issue and calls for sustained, bold responses. The final plea is for ongoing collaboration and unwavering support for veteran families navigating the painful realities of violence.

This study is a manifesto, a declaration that goes beyond statistics. It's a call for empathy, courage, and decisive action to address IPV exposure not just within mainstream health services but also within the unique and urgent needs of our veteran communities.

Participants:



Infographic 1: Intimate Partner Violence among current and ex-serving Australian Defence Force personnel and families: Summary of findings: Participants

Intimate Partner Violence (IPV) Survey Measures:

All participants who were in intimate relationships were asked to self-report on their exposure to IPV in their current relationship. This included questions about:

Emotional IPV

Questions asked:

Do you ever feel frightened by what your partner says or does?

Has your partner ever abused you emotionally?

Physical IPV

Questions asked:

Do arguments ever result in hitting, kicking or pushing?

Has your partner ever abused you physically?

Sexual IPV

Question asked:

Has your partner ever abused you sexually?

Infographic 2: Intimate Partner Violence among current and ex-serving Australian Defence Force personnel and families: Summary of findings: Survey Measures

Feel the Magic

Each year in Australia, around 1 in 20 children will experience the death of a parent before age 18¹. To put this statistic into perspective, at least one child in every classroom is grieving the loss of a parent. To add to this, there is also sibling and guardian loss.

According to 2021 data², suicide is the leading cause of death for individuals aged 15 to 49 in Australia. In many of these instances the death will leave a child mourning the loss of a parent or sibling.

In the veteran community, there are 38,776 war widow/ers recognised under the Veterans; Entitlement Act³. Many of these are likely to have children or grandchildren who experience grief.

The death of a parent is an exceptionally distressing event for a child. It can have profound implications for their future development and well-being.

Research⁴ shows that childhood bereavement can cause disruptions in relational, academic, and occupational functioning later in life. It is also associated with greater risk of harmful coping, mental health disorders, substance abuse and suicide.

One study⁵ revealed that bereaved children are more than twice as likely to display impairments in functioning at school and in the home.

Children suffering bereavement after a suicide are more likely to experience anger, shame, withdrawal, guilt, and post-traumatic stress symptoms.

Feel the Magic is an Australian charity providing early intervention grief education programs for kids aged 7 to 18, who are experiencing pain and isolation due to the death of a parent, guardian or sibling.

Its aim is to create a community where grieving kids and their families feel supported and empowered to move forward with their lives and to reduce the mental health challenges often associated with childhood grief.

It has a range of camps, programs and resources to prepare children for living healthily with their grief. It also recognises the financial burden bereaved families can often experience and so they offer all their programs completely free.

I know firsthand the benefits that can come from their programs. My kids have been to Camp Magic. It was a transformational weekend where they worked together on fun physical challenges and learned vital skills for healing and coping with grief. We have learned so much and have found them to be a great source of support and guidance.

So, I encourage you to find out more, join their community and help reduce the mental health challenges from childhood bereavement.



Written with permission from Feel the Magic: [Childhood Bereavement Prevalence - Feel the Magic](#)

If you don't already, please feel free to follow me on my social media platforms:



Gwen Cherne VFA



@gmcherne



Gwen Cherne



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¹ [Australian Bureau of Statistics, Parental Divorce or Death During Childhood](#)

² [Australian Government Department of Veterans' Affairs Stats at a Glance September 2022](#)

³ [Australian Bureau of Statistics, Causes of Death Australia 19 October 2022](#)

⁴ [SpringerLink, Interventions for Young Bereaved Children: A Systematic Review and Implications for School Mental Health Providers](#)

⁵ [University of Pittsburgh Department of Psychiatry, In Longest and Most Detailed Study of Pediatric Grief Following Parental Loss to Date, Department Researchers Find Increased Rates of Depression and Functional Impairment](#)

Defence and Veteran Family Wellbeing Strategy – Timeline

When	What
June 2021	Key Ex-Service organisations were contacted for comment by DVA in the development of a straw man draft of a proposed Veteran Family Strategy.
June 2021	Younger Veterans Forum and Ex Service Organisation Round Table facilitated by DVA (virtual). Consulted on key principles for the development of a proposed Veteran Family Strategy.
24 April 2022	Labor election commitment announced on to develop a national family engagement and support strategy, which will provide a blueprint for engagement by the Department of Defence (Defence) and the Department of Veterans' Affairs (DVA) with military families and identify improvements to family support. Labor Will End the Veterans' Crisis (anthonyalbanese.com.au)
15-16 June 2022	DVA consults with participants at the Female Veteran and Veteran Families Policy Forum about what should be included in a Family Strategy and about the pillars – Know, Connect, Support, Respect, and what elements might fit under them.
August 2022	<p>The Steering Committee and Working Group were established, both comprising of representatives from Defence, DVA, the Veteran Family Advocate (DFA) Commissioner, Defence Families Advocate and Defence Families Australia (DFA).</p> <p>Defence Families Australia – Defence Family Advocate of Australia and the National Delegates across all S&Ts commence virtual and in person meetings seeking:</p> <ul style="list-style-type: none"> • insights on systemic challenges and on what current serving families may want to see in a Strategy. • input on the principles that should guide the Strategy to address the 'why'.
29 September 2022	<p>First Steering Committee meeting held.</p> <ul style="list-style-type: none"> • Steering Committee commenced work to formulate the principles underpinning the strategy.
13 October 2022	<p>Virtual engagement led by Veteran Family Advocate Commissioner with Open Arms staff and clinicians in state and territory locations seeking:</p> <ul style="list-style-type: none"> • insights on systemic challenges and on what Defence and veteran families may want to see in a Strategy. • key gaps in services, support and information they see families struggle with.
15-26 October 2022	<p>Virtual consultations led by the VFA undertaken with veteran community advocates, researchers, veterans and veteran family members (including past members of the Council for Women and Families United by Defence Service, ESO reps and other individuals):</p> <ul style="list-style-type: none"> • 15 October 2022 • 17 October 2022

Attachment B

When	What
	<ul style="list-style-type: none"> • 24 October 2022 • 25 October 2022 • 26 October 2022
20 September 2022	Virtual engagement led by DVA with NSW State Government Veteran agencies/offices to gather insights on systemic issues from their jurisdictional perspective.
10 October 2022	Virtual engagement led by DVA with QLD State Government Veteran agencies/offices to gather insights on systemic issues from their jurisdictional perspective.
17 October 2022	Virtual engagement led by DVA with SA State Government Veteran agencies/offices to gather insights on systemic issues from their jurisdictional perspective.
19 October 2022	Virtual engagement led by DVA with WA State Government Veteran agencies/offices to gather insights on systemic issues from their jurisdictional perspective.
21 November 2022	<p>Public survey was released on the DVA website.</p> <ul style="list-style-type: none"> • Survey allows people to contribute/co-design Strategy by answering a simple, short and targeted set of questions designed to draw out guiding principles, key areas of importance to families, key gaps in support and how families want to engage. Hosted on Qualtrics so information is secure.
23 November 2022	Virtual engagement led by DVA with State and Territory Government Veteran agencies/offices to gather insights on systemic issues from their jurisdictional perspective continues, with consultation occurring with ACT stakeholders on
2 December 2022	<p>Virtual engagement on led by Veteran Family Advocate Commissioner with Client Coordinated Support staff and Veteran Support Officers seeking:</p> <ul style="list-style-type: none"> • insights on systemic challenges and on what Defence and veteran families may want to see in a Strategy. • key gaps in services, support and information they see families struggle with.
	Virtual engagement led by DVA with NT Government Veteran agencies/offices to gather insights on systemic issues from their jurisdictional perspective.
6 January 2023	Public survey closed
February 2023	Defence, DVA and VFA conduct further rounds of broad consultation.
13 March 2023	Survey results reported internally and to the Minister. Survey results are incorporated into the drafting of the strategy document.
February – May 2023	<p>Further consultations led by the VFA with veteran community advocates, researchers, veterans and veteran family members (including past members of the Council for Women and Families United by Defence Service, ESO reps and other individuals):</p> <ul style="list-style-type: none"> • Darwin, 17 February 2023

Attachment B

When	What
	<ul style="list-style-type: none"> • Melbourne, 2 March 2023 • Adelaide, 22 March 2023 • Canberra, 3 May 2023 • Sydney, 17 May 2023
March 2023-October 2023	Drafting process, including collaboration between Defence, DVA and the Minister’s Office to refine and ensure that the draft strategy is responsive to the needs of families.
20-21 June 2023	DVA and VFA consult with participants at the Veteran Families Policy Forum about proposed priorities and key focus areas for action plans.
8 December 2023	Initial consultation draft provided to Minister. Work commences on drafting first action plan.
December 2023 -January 2024	Initial internal DVA/Defence consultations regarding draft action plan content.
27 February 2024	Initial draft of first action plan completed to assist in further consultations.
12-13 March 2024	DVA consults with participants at the Veteran Families Policy Forum on early consultation draft of the Family Strategy. Feedback is incorporated into the draft.
23 April 2024	VFA led consultations in Perth on the development of the action plans with veteran community advocates, researchers, veterans and veteran family members.
<i>Proposed future activities</i> May 2024 onwards	<ul style="list-style-type: none"> • Drafting of evaluation and monitoring framework. • Public release of consultation draft for comment (proposed) • Webinars with stakeholders on the proposed Strategy. • Review and refinement of strategy document ahead of final release. • Final Strategy released (proposed). • Development and implementation of action plans and monitoring and evaluation framework.



FUNERAL BENEFITS

KEY ISSUES

- Funeral payments are available under each of the Department of Veterans' Affairs (DVA) three main Acts, the *Veterans' Entitlements Act 1986* (VEA), the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA) and the *Military Rehabilitation and Compensation Act 2004* (MRCA).
- Funeral payments available under each of the Acts serve different purposes and have different eligibility criteria.
- Under the VEA, a payment of \$2,000 is available for a larger group of eligible veterans and in some limited circumstances, their dependants. This payment was never intended to cover the entire cost of a funeral.
 - Under the DRCA and MRCA, a larger amount of up to \$14,062.53 (as at 20 March 2024) is available via reimbursement for funeral costs incurred. However, eligibility is narrower than under the VEA.
- The proposed *Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Bill* (VETS Bill) will increase funeral allowance for previous automatic grant categories under the VEA to \$3,000, and the availability of reimbursement of funeral expenses up to the same limit of the MRCA for all service related deaths.
- If it is passed by Parliament this will fully achieve the harmonisation of funeral allowances recommended in the Productivity Commission's report.
- In addition to costs directly associated with the funeral, veterans' families may also be eligible for bereavement payments to help with any additional costs following the death of their veterans.

If asked: are DVA funeral benefits based on rank?

- DVA entitlements are based on the conditions set out in our legislation. These do not relate to the veteran's rank.
- We are aware Department of Defence (Defence) provides additional support in certain cases, for example where a member rank of two-Star or above. This is matter for Defence.

BACKGROUND

- Eligibility for funeral payment under the DRCA and MRCA is limited to clients who:
 - died as a result of a condition accepted under those Acts;
 - were eligible for the Special Rate of Disability Pension under the MRCA; or
 - had been assessed at 80 or more impairment points under the MRCA.
- Eligibility for the \$2,000 funeral payment under the VEA is much broader with a large number of clients eligible for this payment upon death. An Australian veteran would be eligible if they:
 - were receiving Special Rate (Totally & Permanently Incapacitated) of Disability Compensation Payment;
 - were receiving Extreme Disablement Adjustment rate of Disability Compensation Payment;
 - were receiving Disability Compensation Payment plus an allowance as a multiple amputee;
 - were a former prisoner of war;
 - died from an accepted service-related disability;
 - died in needy circumstances;
 - died in an institution (including a hospital or nursing home) or died travelling to or from an institution;
 - died after discharge from an institution in which the veteran had received treatment for a terminal illness; or
 - died while being treated at home for a terminal illness.

BROADER SUPPORT: DVA BEREAVEMENT PAYMENTS

- The VEA provides two distinct bereavement payments to the surviving spouse or estate following the death of a veteran, depending on the type of compensation or income support payment the veteran was receiving prior to their death.
- The Disability Compensation Bereavement Payment paid to:
 - the surviving spouse of a veteran who was in receipt of any Disability Compensation Payment prior to their death; or
 - the estate or family of a single veteran previously in receipt of Special Rate or Extreme Disablement Adjustment rate, to assist with funeral expenses where the veteran dies in indigent circumstances.

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- The Income Support Bereavement Payment is paid to:
 - the surviving spouse of a veteran who was in receipt of the Service Pension, Income Support Supplement, or a social security pension or benefit prior to their death; or
 - the estate of a single veteran or the surviving spouse of a member of a couple when the veteran died and the spouse was not receiving Service Pension, Income Support Supplement or a social security pension or benefit.
- The MRCA provides for three distinct bereavement payments to the surviving spouse (or dependant child if there is no spouse) following the death of a veteran, depending on the type of compensation the veteran was receiving prior to their death. They are:
 - the weekly rate of permanent impairment bereavement payment, paid to the surviving spouse or dependant child of a veteran who was in receipt of the weekly rate of permanent impairment prior to their death. This payment is tax-free.
 - The incapacity bereavement payment, paid to the surviving spouse or dependant child of a veteran who was in receipt of incapacity payments prior to their death. This payment is taxed if the incapacity payment was taxed.
 - The Special Rate Disability Pension (SRDP) bereavement payment, paid to the surviving spouse or dependant child of a veteran who was in receipt of SRDP prior to their death. This payment is tax-free.
- The DRCA does not make provision for bereavement payments.

PRODUCTIVITY COMMISSION REPORT

- Recommendation 14.10 of the Productivity Commission's report, A Better Way to Support Veterans, stated, "The funeral allowance available under the VEA should be aligned with the MRCA funeral expenses benefit for veterans whose dependants would receive a funeral payment under the MRCA".
- This recommendation would be implemented under the VETS Bill is passed by Parliament.

DEPARTMENT OF DEFENCE FUNERAL BENEFITS

- Under the current provisions, current and certain retired members are eligible for financial assistance of up to \$14,000 (or more in exceptional circumstances) from Defence towards the funeral costs.
- The following categories of retired members are eligible:

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- A retired member who held the rank of two-Star or above;
- A retired member of the Air Force or a Principal Air Chaplain who held a one-Star rank before 07 May 1999;
- A recipient of the Victoria Cross or the Victoria Cross for Australia; or
- A Service Chief can also request approval for financial assistance of up to \$14,000 for funeral costs for a Reserve or retired member of any rank having regard to the member's distinguished career or where exceptional circumstances exist.

Clearance

Contact Officer:	Wendy s 47F Director Benefits Policy Branch Policy and Research Division	Phone:	s 47F
Clearance Officer:	Adam Weiderman, Assistant Secretary Benefits Policy Branch Policy and Research Division	Phone:	s 47F
Last cleared on:	01 May 2024		



HAFF AND BENEFITS FOR VETERANS

KEY ISSUES

- On 20 June 2024, the Government launched the Veterans' Acute Housing Program, providing \$30 million over five years to build housing and fund specialist services for veterans who are experiencing, or at risk of, homelessness (**Attachment A**)
- The Government is continuing to deliver on its election commitment to the veteran community with the program by providing two grant streams:
 - \$24 million in capital works grants have been made available for eligible organisations to build crisis and transitional housing; and
 - \$6 million in specialist services grants are available to assist eligible organisations to deliver wrap around support services to address the risk factors of veteran homelessness.
- Applications for grant funding are now open to all Veteran-aware Community Housing Providers and Ex-Service Organisations to not only build more crisis and transitional housing for veterans, but also provide wrap around specialist services for veterans and their families.
- The Grant Opportunity Guidelines are available on the GrantConnect portal, with applications closing on 13 September 2024.
- DVA provides a range of supports for veterans and their families who are experiencing, or are at risk of, homelessness. These include access to entitlements such as a crisis payment, incapacity payments and the Veteran Payment; referrals to local accommodation services; and information about other organisations that can assist.
- The Australian Government's \$10.0 billion Housing Australia Future Fund (HAFF) was established on 1 November 2023. The HAFF will support investment in a target of 30,000 new social and affordable dwellings to be built in the fund's first five years.

BACKGROUND

Budget 2024-25

Funding profiles for Specialist services and Capital works funding

- Funding for the \$30 million veteran acute housing program appears in two Portfolio Budget Statements.
- Tables below present the profiles agreed as at the 2024-25 Budget. Funding for both grants are not subject to indexation.
- Specialist services funding profile:

Financial year (\$m)	2024-25	2025-26	2026-27	2027-28	2028-29*	Total
Specialist Services Grant	1.2	1.2	1.2	1.2	1.2	6.0

*2028-29 figure not published. Provided in DVA Portfolio Budget Statement (Table 2.2.2, p.42)

- Capital works funding profile:

Financial year (\$m)	2024-25	2025-26	2026-27	2027-28	2028-29	Total
Capital Works Grant*	2.5	5.0	8.0	5.5	3.0	24.0

* not published - DVA's allocated funding is combined with Department of Social Services acute housing funding in Treasury Portfolio Budget Statement (Table 2.1.1, p.35) and is not published separately.

Homelessness

- Australia's housing market is currently facing significant challenges including increased housing, rental and living costs. As such, homelessness rates continue to rise across the country.
- Homelessness was raised as a key issue faced by veterans at the Royal Commission into Defence and Veteran Suicide.
- States and territories have primary responsibility for delivering housing and homelessness services, including in relation to veterans and their families.
- Housing Australia is responsible for delivering the majority of HAFF funding. Housing Australia's first funding round for social and affordable housing was open for applications from 15 January 2024 – 22 March 2024.

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- As announced by the Minister for Housing and Minister for Homelessness, the Hon Julie Collins MP, the objectives of the round referenced support for the cohorts identified under the acute housing measures. This included veterans experiencing homelessness, First Nations communities and women and children experiencing family and domestic violence and older women (**Attachment B**).
- Housing Australia's funding round was open to a broad range of organisations, including registered charities whose primary purpose is to provide housing support for current or former Australian Defence Force (ADF) members.
- Funding outcomes are expected to be available in the third quarter of 2024.
- The Government's \$30 million commitment to support veterans' acute housing needs will be administered by DVA and is separate to Housing Australia's programs.

DVA SERVICES TO SUPPORT VETERANS WHO ARE HOMELESS OR AT-RISK?

- DVA supports and services include:
 - access to fully funded mental health care for life, which is needs based, uncapped and available to any veteran with a single day of continuous full time service in the ADF;
 - intensive case management for veterans most at risk;
 - needs-based support during transition from military to civilian life, including issuing a DVA White Card to transitioning members and access to DVA's veteran support officers on many ADF bases around the country;
 - targeted rehabilitation programs to support vocational and non-vocational outcomes;
 - fully-funded comprehensive annual health checks from a general practitioner for the first five years after transition;
 - Provisional Access to Medical Treatment, which provides eligible ex-serving ADF members access to medical and allied health treatment for the 20 most commonly accepted conditions before their claim is processed; and

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- support for veterans and their families to access entitlements, including a crisis payment, incapacity payments and the Veteran Payment, referrals to local accommodation services and information about other organisations that can assist them.

PREVALENCE OF VETERAN HOMELESSNESS

- There is no definitive source of information on the prevalence of homelessness in the veteran community. The 2021 Census provides the most contemporary data on this issue.
- The Census found that 1,555 individuals experiencing homeless indicated they had served in the ADF. This includes those currently serving in the regular service and reserve service and former serving members:

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	Total
Total Australian ADF population ^a	152,170	105,235	163,111	47,852	62,407	18,474	9,532	22,220	581,000
Number of homeless ADF members ^b	385	244	483	75	184	43	137	14	1,555

Source: ^a Australian Bureau of Statistics (ABS), 2021 Census of Population and Housing and ^b ABS, 2021 Census: Estimating Homelessness dataset. Data extracted 10 August 2021.

- The Census indicated the number of members who have ever served in the ADF experiencing homelessness was 1.27 per cent of the total homeless population, and 0.27 per cent of the total population to have served in the ADF.
- Research suggests that veterans experience homelessness differently than the general population, including withdrawal from mainstream services, rough sleeping and delaying seeking crisis support services.
- Risk factors for veterans are reportedly different than those experienced by other Australians. In particular, veterans with a medical or administrative discharge due to mental health have been found to experience high levels of risk of homelessness.

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Specialist Homelessness Services annual report

- On 12 December 2023, the Australian Institute of Health and Welfare (AIHW) released the *Specialist Homelessness Services Annual Report 2022-23*.
- This is the sixth year an ADF identifier has been included. The self-report identifier applies to current and former serving Regular members. Key findings included:
 - In 2022-23, specialist homelessness service agencies assisted approximately 1,500 community members who identified as current or former ADF members (0.5 per cent of all 273,600 clients in Australia).
 - This represents an increase of 7 per cent from the approximately 1,400 ADF clients identified in 2021-22.
 - Over a six year period from 2017-18, access by female veterans increased by an average of 4.4 per cent per annum compared to an average annual increase of 1.9 per cent for male veterans.
 - 69 per cent of current or former ADF members were returning clients and had previously accessed specialist homelessness services.
 - Approximately 64 per cent of ADF clients reported experiencing at least one complex personal need: mental health issues; family and domestic violence; and/or alcohol and other drug issues.
 - Compared with all clients, ADF clients were more likely to require advocacy liaison, material aid or assistance to sustain a tenancy or prevent eviction.
- A breakdown of clients based on agency jurisdiction is provided below:

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
Number of ADF clients	293	686	260	90	93	61	27	20
ADF clients as rate per 10,000	0.4	1.0	0.5	0.5	0.3	1.1	1.1	0.4

Source: AIHW, *Specialist Homelessness Services Annual Report 2022-23*.

Note the AIHW does not provide a final total due to data quality and rounding. Approximately 1,500 clients self-identified as ADF members.

Housing All Australians report

- On 6 June 2023, the organisation Housing All Australians (HAA) released the *Give Me Shelter: Leave No Veteran Behind: The long term economic costs of not housing veterans in need* report.
- The report does not reference the contemporary data available through the 2021 Census, but instead references earlier research conducted by the Australian Housing and Urban Research Institute which estimated that 5,800 contemporary veterans may experience homelessness in any one year.
- This equates to approximately 5.3 per cent of all veterans who have left the ADF since 2001. This is a weighted estimate only, extrapolated from a small sample of 201 respondents who indicated they had experienced homelessness from the Transition and Wellbeing Research self-report survey in 2015.
- The HAA report estimates the cost of homelessness among Australian veterans is \$4.6 billion over 30 years; which equates to \$344.0 million a year in economic and social costs due to veterans not participating in the economy or employment and veteran deaths by suicide.
- International case studies are included in the report, noting similar models could be considered in the Australian context including tailoring programs to encourage veterans to seek homelessness support, providing greater accessibility to housing for veterans transitioning out of housing programs and providing housing to those unable to enter subsidised housing, for example through tiny house villages.
- On 6 June 2023, the Returned and Services League of Australia (RSL) released a joint Media Release in support of this report.

VETERANS' HOUSING AND HOMELESSNESS COMMITMENTS

- The HAFF is one of the Government's broader commitments to address the issues of housing and homelessness. Led by the Minister for Housing and Minister for Homelessness, the Hon Julie Collins MP, this agenda also includes development of the National Housing and Homelessness Plan.

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- The Plan is currently in development with key stakeholders, state and local governments, and the private sector. It aims to set key short, medium and longer term reforms needed to make it easier for Australians to buy a home, to rent, and provide safe and stable housing for more Australians experiencing homelessness.
- In the October 2022-23 Budget, the Government also committed \$3.6 million (including \$3.05 million in grant funding) to build the Scott Palmer Services Centre in Darwin (centre). The centre will provide veteran-specific transitional housing and support services for homeless ex-serving ADF members.
- Additionally, the Government expanded the Defence Home Ownership Assistance Scheme by \$46.2 million over four years and \$17.8 million ongoing to improve access to home ownership for eligible defence personnel earlier in their careers.
 - This is a subsidy and home loan scheme available for current and former ADF members to assist them and their families in repaying their defence home loan and achieve homeownership.
 - From 1 January 2023, the eligibility criteria were expanded to allow veterans who served on or after 1 July 2008 to access the scheme at any stage after they left the service. The scheme also halved the minimum service required for access from four to two years for permanent service and from eight to four years for Reserve service.
- From 1 March 2024, DVA has contracted the Community Housing Industry Association (CHIA) at a cost of \$79,140 (GST inclusive) to refresh and update the *Working with Veterans: A toolkit for Community Housing Organisations* (Toolkit), which includes training materials and an industry standard to improve outcomes for veterans and their families living in community housing.
 - In addition, CHIA will undertake a range of services including creating a cross-sector advisory group, establishing a community of practice to inform the Toolkit refresh and increase the capacity of community housing providers to better support veterans.

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- The Toolkit will assist housing providers working with veterans to better understand and support veteran tenancies and equip providers with a better awareness of appropriate referral pathways including income support and mental health services.
- As of 14 April 2024, CHIA has advised that there have been 165 downloads of the Toolkit.
- In partnership with RSL Care SA, DVA is trialling ‘an assertive in-reach program pilot’ supporting veterans residing in the Andrew Russell Veteran Living Centre in Adelaide. The pilot aims to deliver specialised community nursing to support veterans residing in the Andrew Russell Veteran Living Centre with their physical and mental health needs, underpinned by ready access to entitlements and DVA and Open Arms services.
- Since commencement approximately 41 veterans have received nursing support visits and linkages with health services coordination, care planning, and medication management. The pilot is scheduled to conclude on 30 June 2024 and an evaluation of the pilot was completed in November 2023.
- DVA is currently taking steps to extend the in-reach support for the Andrew Russell Veteran Living Centre in Adelaide from 1 July 2024 for one year. In this period decisions will be made regarding an ongoing in-reach program for the Andrew Russell Veteran Living Centre in Adelaide and other veteran homelessness programs in Australia.

Attachments:

Attachment A – The Government’s Veteran Acute Housing Program media release

Attachment B – Minister Collins HAFF media release

Clearance

Contact Officer:	Cath Haffner, Assistant Secretary, Health & Wellbeing Policy Branch.	Phone:	s 47F
Clearance Officer:	Luke Brown, First Assistant Secretary, Policy Division.	Phone:	s 47F
Last cleared on:	27 June 2024		

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THE HON JULIE COLLINS MP
MINISTER FOR HOUSING
MINISTER FOR HOMELESSNESS
MINISTER FOR SMALL BUSINESS

THE HON MATT KEOGH MP
MINISTER FOR VETERANS' AFFAIRS
MINISTER FOR DEFENCE PERSONNEL

MEDIA RELEASE

20 JUNE 2024

ALBANESE LABOR GOVERNMENT TACKLING VETERAN HOMELESSNESS

The Albanese Labor Government is delivering on our election commitment to address veteran homelessness with today's launch of the Veterans' Acute Housing Program.

This Program is funded by the Housing Australia Future Fund, the single biggest investment in social and affordable housing in more than a decade, and forms part of the Government's \$32 billion Homes for Australia plan.

This new \$30 million Program is intended to support veterans and their families experiencing, or at risk of, homelessness.

Every year, about 6,000 veterans are at risk of homelessness.

On census night in 2021, there were about 1,500 Australian veterans who were homeless.

Applications for grant funding are now open to eligible organisations to not only build more crisis and transitional housing for veterans, but also provide wrap around specialist services for veterans and their families.

Veteran-aware Community Housing Providers and Ex-Service Organisations are invited to apply for one or both of the Programs two grant streams:

- \$24 million is available under the *Veterans' Acute Housing Program – Capital Works Grant* to make more crisis and transitional housing available for veterans and their families.
- \$6 million is available under the *Veterans' Acute Housing Program – Specialist Services Grant* to fund organisations to deliver access to specialist support services that address risk factors for homelessness.

Any veteran who is homeless or at risk of homelessness is encouraged to reach out to the Department of Veterans' Affairs on 1800 VETERAN (1800 838 372) or Open Arms – Veterans & Families Counselling on 1800 011 046 to be connected to appropriate supports.

Quotes attributable to Minister for Housing and Homelessness, Julie Collins:

“We know that sadly veterans experience homelessness at far greater rates than the general population, which is why this new program is so important.

“This critical new investment underscores why our Government fought so hard for the \$10 billion Housing Australia Future Fund, which was opposed by the Liberals and Nationals, and delayed by the Greens.

“I look forward to making further announcements over the coming months about how the Fund will deliver more homes and more support for Australians.

“The Fund is one part of our Government’s \$32 billion Homes for Australia plan which is working across the board - with more help for homebuyers, more help for renters and more help for Australians needing a safe place for the night.”

Quotes attributable to Minister for Veterans' Affairs and Defence Personnel, Matt Keogh:

“Veterans are three times more likely to experience homelessness than the general population. Frankly, that's not good enough. We have an obligation to look after those who have put on our uniform to protect Australia.”

“Through these grants we are providing veterans and their families experiencing, or at risk of, homelessness with pathways to access safe and secure accommodation tailored to their specific needs.”

“The Veterans' Acute Housing Program provides the necessary stability and security of accommodation to ensure the effectiveness of other necessary supports for veterans.

“A vital component of this program is funding to provide wraparound supports to veterans and their families facing homelessness. These supports can include health and mental health treatment, as well as linkage to other community services.”

MEDIA CONTACT:

Stephanie Anderson (Minister Collins' office): 0431 344 056

Stephanie Mathews (Minister Keogh's Office): 0407 034 485

DVA Media: media.team@dva.gov.au

To view the Grant Opportunity Guidelines and find out more, visit the [GrantConnect](#) portal and search 'GO6968'. Applications close on 13 September 2024.

For more information visit the [DVA website](#).



15 January 2024

Applications open for historic new housing investment

Applications open today for the first round of funding for social and affordable homes under the \$10 billion Housing Australia Future Fund (HAFF) and the National Housing Accord.

Today's opening of applications kickstarts the single biggest investment in social and affordable rental housing in more than a decade.

This will be a transformational investment – helping to give thousands of Australians a safe and affordable place to call home.

The HAFF and the Accord are important parts of the Albanese Government's ambitious housing reform agenda, supporting an ongoing pipeline of funding for new homes for Australians who need them.

Together, the investments will fund 40,000 social and affordable rental homes.

The investments will also provide a new opportunity for institutional investors, including superannuation funds, to partner with government to fund homes.

The program is delivered through Housing Australia which already administers the Affordable Housing Bond Aggregator and National Housing Infrastructure Facility.

Applications will be considered in accordance with Housing Australia's Investment Mandate which was updated last year.

The Investment Mandate will help ensure that no state or territory misses out on rental homes supported by Housing Australia, and that regional, rural and remote Australia benefit from homes that are delivered.

More than 300 organisations have already registered to participate in the public consultation on the draft funding documents.

In its first five years, the HAFF will also provide housing support to remote Indigenous communities, women and children leaving or experiencing domestic and family violence, and older women and veterans experiencing or at risk of homelessness.

This will mean more homes for more Australians, right across the country.

More information can be found on [Housing Australia's website](#).

Quotes attributable to Minister for Housing, Julie Collins MP:

"After a decade of little action from the former Liberal Government, we're not wasting time getting more homes on the ground.

The opening of applications for the Housing Australia Future Fund and National Housing Accord marks a huge step forward.

We're kickstarting the single biggest investment in social and affordable rental housing in more than a decade.

These new homes are a critical part of our ambitious housing reform agenda which is working across the board - with more help for homebuyers, more help for renters and more help for Australians needing a safe place for the night."



The Hon Julie Collins MP
Minister for Housing, Minister for Homelessness, Minister for Small Business

Subscribe





HUBS - VETERANS' AND FAMILIES' HUBS PROGRAM

ANY KEY ISSUES

- As part of the October 2022-23 Federal Budget, the Australian Government committed \$46.7 million to expand the Veterans' and Families' Hubs (Hubs) network.
- The Hubs network aims to provide coordinated support for veterans, including current serving Australian Defence Force (ADF) members, reservists and families across the country.
- Eight new hubs are being established in areas with significant veteran populations.
- Following business case approvals, the following organisations have been awarded \$5 million (GST exclusive) in grant funding to establish and operate a hub in each location:
 - Northern Adelaide, South Australia – Lives Lived Well
 - Southwest Perth, Western Australia – RSL WA
 - Ipswich, Queensland – RSL Queensland
 - Queanbeyan, New South Wales – RSL LifeCare
 - Hawkesbury region, New South Wales – RSL LifeCare
 - Hunter region, New South Wales – RSL LifeCare
 - Tweed/North Coast region, New South Wales – RSL LifeCare
 - Surf Coast/Geelong region, Victoria – RSL Victoria.
- Of this amount, grants of \$50,000 (GST exclusive) were awarded to the lead organisations to develop a business case toward the establishment and operation of a hub.
- These new hubs are expected to be open by mid-2026. However, it is likely that service delivery in some locations will commence before this time.

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- The Department of Veterans' Affairs is working with each of these lead organisations to establish the new hubs, which will provide important support and community connection for veterans and families both locally and in the surrounding regions.
- The new hubs will complement the eight established hubs that are already delivering support to veterans and families in Perth, Townsville, Adelaide, Darwin, Wodonga, Nowra, Caboolture and Burnie.
- The Burnie Hub, established by the North West Tasmanian Veteran Welfare Board with \$2.2 million (GST exclusive) in grant funding, was officially opened by the Minister for Veterans' Affairs on 13 June 2024.
- RSL Tasmania has commenced work to develop the Tasmania hub and spoke network, which will provide access to services for veterans across the state.

BACKGROUND

Aim of the Hubs program

- Hubs enhance access for veterans and families to a range of local, state and national services and support, where they need it. Hub services may include mental and physical health services, wellbeing support, advocacy, employment and housing advice, and social connection.
- Veterans' and Families' Hubs are open to all current and former serving ADF members (including reservists) and families and have a key role in assisting ADF members and families as they transition from military to civilian life.

Consultation on new Hubs

- Initial consultation sessions for the new Hubs were conducted from 14 November to 1 December 2022. These sessions informed ex-service organisations, veteran and family service providers, veterans and other interested parties on the Veterans' and Families' Hubs Program and expansion plans.
- Detailed consultation sessions were held from 6 February to 14 March 2023. These sessions were focused on organisations which were likely to apply for grant funding, form part of a consortium, or intended to be part of a hub service model.

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They covered the grant applications process, eligibility criteria and expenditure, the business case process and the Grant Opportunity Guidelines.

- Hub lead organisations are also required to consult with veterans and families, service providers, businesses and government service providers to understand local needs, opportunities, and gaps. This consultation is an important part of the development of the business case for each hub as well as being an ongoing requirement to ensure each hub adapts as local needs change.

Funding for the Hubs Program

- The Government committed a total of \$82.5 million across four grant funding tranches to develop the network of Veterans' and Families' Hubs across Australia in partnership with ex-service organisations, veteran focussed and other community organisations and state and territory governments.
- **Initial six hubs, \$30 million (December Mid -Year Economic and Fiscal Outlook (MYEFO) 2019-20):**
 - Townsville, Perth, Adelaide, Nowra, Wodonga and Darwin
 - All six hubs are delivering services to veterans and families.
- **Expansion into Southeast Queensland, \$5 million (May Budget 2021-22):**
 - The Caboolture (Southeast Queensland) Hub was officially opened by the Minister on 11 October 2023 and is delivering services to veterans and families.
- **Expansion into Tasmania, \$5 million (May Budget 2021-22):**
 - 17 September 2022 – The Minister approved RSL Tasmania as the preferred organisation to develop a business case. A \$50,000 (GST exclusive) grant (part of the overall \$5 million available for this hub) was provided to support this work.
 - 8 March 2023 – The business case was submitted to the Department.
 - 11 May 2023 – The business case assessment panel recommendation was provided to the Minister's Office.
 - 30 May 2023 – The Minister approved a grant of \$4.95 million (GST exclusive) to RSL Tasmania to establish the Tasmania Hub.
 - 28 June 2023 – Ministerial announcement.
 - Development of the Tasmania hub and spoke network is underway.

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- **Expansion into Tasmania, additional \$2.5 million (announced 23 December 2021 as part of MYEFO 2021-22):**

Launceston

- 23 March 2022 – A grant agreement for \$0.25 million (GST exclusive) was executed with Launceston RSL, to uplift their existing premises.
- 31 March 2023 – Officially opened by the Minister.
- This site is expected to operate as a hub as part of the future RSL Tasmania hub and spoke network.

Burnie

- 9 January 2023 – The Minister approved a grant of \$2.2 million (GST exclusive) to the North West Tasmanian Veteran Welfare Board to establish the Burnie Hub.
- 16 January 2023 – Ministerial announcement.
- 13 June 2024 – The Minister officially opened the Burnie Hub.

Clearance

Contact Officer:	Kirrily Magill Assistant Secretary, Hubs Branch	Phone:	s 47F	
Clearance Officer:	Mark Brewer A/g Deputy President, Repatriation Commission	Phone:	s 47F	
Last cleared on:	17 June 2024			

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SENATE ESTIMATES BRIEF

PROVIDER FRAUD

KEY ISSUES

- In 2022-23 the Department of Veterans' Affairs (DVA) spent \$3.9 billion on medical and wellbeing services for veterans and their families.
- There are specific protections built into programs to mitigate against fraud. For example, health programs have business rules built into the Medicare system for the fee items and include restrictions around frequency of claiming of items.
- Concerns around claiming raised through an enquiry or complaint from a provider or a client are investigated, with input from DVA's dedicated integrity team.
- DVA has a layered approach to provider non-compliance or fraud. Based on the nature and severity of any identified non-compliant or fraudulent activity, DVA will educate, engage, disrupt and/or investigate providers.

OPERATIONAL ACTIVITIES

- For the period 1 January 2024 – 31 May 2024, the department received 96 allegations of fraud or non-compliance relating to providers.
- From 1 January 2024 – 31 May 2024 the following actions have occurred in relation to provider fraud. This includes cases carried over from the previous period.

Assessment	Ongoing	Closed	Closed with Education	Closed with Debt Recovery	Closed with NFA	Closed with Referral	Progressed to Court
Intelligence	80	78	12	1	52	13	NA
Investigations	22	5	0	3	2	0	0

Assessing provider fraud risks and allegation

- DVA's approach to addressing potential provider fraud is based upon the whole of Government Community Compliance Model. The core principle of this model is, as non-compliance behaviours increase, so do the actions taken to address behaviours.

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- These actions include:
 - provision of education to providers – this includes writing to individuals when there is unusual patterns of behaviours or feedback from the veteran community and working with relevant peak bodies;
 - increased scrutiny of payments and audits;
 - interagency engagement, including referrals to the Australian Competition and Consumer Commission (ACCC), the Australian Security and Investments Commission (ASIC) and the Department of Health and Aged Care (DOHAC);
 - referral of criminal matters to the Commonwealth Director of Public Prosecutions (DPP), the Australian Federal Police (AFP) and the National Anti-Corruption Commission (NACC). Due to privacy reasons the department does not comment on individual matters being managed by the Integrity Operations Unit, the AFP or the NACC.
- Compliance outcomes are also achieved administratively through education, debt recovery and referrals to relevant external stakeholders such as medical peak bodies.
- The debts recovered from providers as a result of identified fraud or non-compliance.

Timeframe	Total Debts raised	Debt Amount Recovered
2022-23	260	\$428,984.90
2023-24 (to 31 December)	82	\$159,603.87
2024 (1 January to 31 May 2024)	119	\$198,392.47

Support for clients or service providers affected by fraudulent activities

- There may be instances where a client’s annual limit for a service has been reached due to fraudulent claiming actions.
- In these instances, the client may initially be unable to receive a DVA funded service, or the compliant provider may be unable to receive payment for the service they have provided.

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- In these situations, DVA actively works with the client and/or the compliant provider to investigate the situation and identify options for the service to be delivered.
- To ensure veterans receive the services to which they are entitled in these cases, DVA can provide prior financial authorisation to the legitimate service provider whilst the investigation continues.
- This aims to enable the client to continue to receive treatment, or the provider can be paid, without any further delay and minimise the impact of any fraudulent activity on the client or service provider.

Fraud Fusion Taskforce

- The department is a member of the National Disability Insurance Agency led Fraud Fusion Taskforce, which aims to strengthen the Commonwealth's fraud detection and response capability. The department contributes to the intelligence and operational aspects of the Taskforce via the Fraud Fusion Centre, which is led by the Australian Criminal Intelligence Commission.
- The department referred three allied health providers (podiatry) to the Fraud Fusion Centre with the referral accepted as Operation HELIXROCK.

BACKGROUND

- Section 10 of the Public Governance, Performance and Accountability Rule 2014 mandates for non-corporate commonwealth entities, the minimum standard for managing the risks and incidents of fraud.
- The department conducts an annual Enterprise Fraud Risk Assessment (EFRA) to identify any significant fraud risks and/or control weaknesses, relevant to business operations. Fraud associated to the provision or receipt of health and wellbeing services is captured in the EFRA.
- A dedicated Fraud Control and Analytics Team helps build and maintain the structures necessary to ensure compliance with the legislative requirements of fraud control, focusing on prevention, strategy, awareness, communication and engagement.
- The services provided through the department have internal mechanisms in place to mitigate against fraud. This includes the Performance Assurance Strategy (PAS),

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Health Programs Risk and Controls Assurance, along with specific mechanisms for the delivery of health programs.

- The PAS is a monitoring mechanism for managing the risks and internal controls for Outcome 2: Health. The PAS provides an internal reassurance monitoring mechanism, monitoring transactions and identifying issues and is signed off every quarter at the First Assistant Secretary level.
- Program level fraud risk assessments are also performed for each high priority functions or program. These assessments enable business areas to identify fraud risks in their operations, existing controls and their effectiveness and any risk treatment opportunities.
- Following the conclusion of each fraud risk assessment, fraud detection profiles are developed through the use of data analytics. Fraud selections are then referred for assessment by business, compliance, intelligence and/or investigations staff.
- A dedicated Integrity Operations Section detects and responds to serious non-compliance and fraud, focusing on analytics, intelligence, investigations, education and debt management best practice.
- Compliance outcomes and recommendations are used by the department for closure reporting, integrity referrals for business action and statistics to inform program risk assessments. This strengthen the department’s fraud control environment of prevention, disruption and deterrence.

Clearance

Contact Officer:	Rodger McNally Assistant Secretary Chief People Officer Integrity Security and Property Branch.	Phone:	s 47F	
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Last cleared on:	18 June 2024			

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NATIONAL STRATEGY FOR THE CARE AND SUPPORT ECONOMY

KEY ISSUES

- The Care and Support Economy Taskforce (Taskforce) was established in the Department of the Prime Minister and Cabinet (PM&C) in 2022. It was tasked with developing the *National Strategy for the Care and Support Economy* (Strategy).
- PM&C, as the responsible lead agency, has been consulting with relevant Commonwealth portfolios on the development of the Strategy, including the Department of Veterans' Affairs (DVA).
- Questions on the Strategy itself should be referred to the Care and Support Economy Taskforce in PM&C.

DVA engagement with the Taskforce

- DVA has been working closely with PM&C on matters relevant to the veterans' care and support programs, including consideration on how to minimise the impact of common challenges being faced across sectors with regard to workforce, quality of care, pricing and digital innovation.

Impact on DVA/veterans' services

- There is considerable crossover in the workforces that support veterans' care programs with the aged care and disability sectors.
- It is estimated that 70 per cent of DVA-funded service providers (Veterans' Home Care (VHC) and Community Nursing (CN)) also provide services under mainstream aged care programs, with 16 per cent providing services under the National Disability Insurance Scheme.
- This means it is critical that DVA works with the Taskforce to address inconsistencies across the sectors, particularly in relation to pricing (fees for in-home care and support services), thin markets (workforce) and regulation of providers.

Budget measures and funding

- In the 2023-24 Mid-Year Economic and Fiscal Outlook (MYEFO), the Government announced \$2.0 million of departmental funding for DVA under the *ICT Harmonisation* measure. This funding will support DVA to work with the Department of Health and Aged Care (DHAC) on a pilot of reuse of Government Provider Management System capabilities, including registration and reporting. This is aimed at providing a more streamlined and efficient whole of government experience for businesses providing services across aged care, disability and veterans' care.
- DVA has successfully completed a proof of concept (PoC) with the DHAC on the reuse of Government Provider Management System capabilities. This PoC forms part of the broader pilot which will include assisting DHAC in developing their Whole of Government reference architecture and Operating Model. This work is still ongoing.

BACKGROUND

- The draft Strategy focused on paid caregiving and support to the veteran community, the aged, people with disability and children. These sectors are a major and growing source of economic activity and employment and they attract significant government expenditure.
- These specific sectors face similar emerging and long term challenges, including:
 - significant projected growth in demand due to demographic changes (including an ageing population), the increase in women's workforce participation, a transition from informal to formal care and heightened community expectations around the standard of care; and
 - significant workforce shortages and similar workforce demographics, with a predominantly female workforce and a high proportion of workers from migrant backgrounds.
- The Government released a draft Strategy for public consultation on 28 May 2023. Consultation closed on 26 June 2023. Questions on the Strategy should be directed to the Taskforce in PM&C.

KEY FACTS & FIGURES

- DVA administers a number of care and support programs, including the VHC Program and the CN Program.
- DVA funds VHC services to approximately 34,601 clients each year at a cost of about \$110 million.
 - Since 2020, 51 VHC providers have chosen to withdraw their services, impacting 11,327 clients (~33 per cent) which required transition to a new provider.
- DVA funds CN services to approximately 9,500 clients each year at a cost of approximately \$156 million.
 - Since 2020, 46 nursing providers have chosen to withdraw their services, impacting 433 clients (~5 per cent) which required transition to a new provider.

Clearance

Contact Officer:	Sarah Kennedy Assistant Secretary.	Phone:	s 47F
Clearance Officer:	Leanne Cameron First Assistant Secretary.	Phone:	s 47F
Last cleared on:	01 May 2024		



OPEN ARMS PROGRAM OUTREACH COUNSELLORS (OPCS) REVIEW

KEY ISSUES

- As at 31 March Open Arms 2024 (Veterans and Families Counselling) Program Outreach Counsellors (OPCs) constitute 64 per cent of the Open Arms' clinical capacity.
- Open Arms currently has approximately 980 OPCs; 267 in-centre Open Arms clinicians; 72 Lived Experience/Peers and 411 external providers, contracted through Bupa and Relationships Australia.
- The Department of Veterans' Affairs (DVA) is establishing a new Panel arrangement for Outreach Program Counsellors (Outreach providers) which will run from June 2024 to 30 June 2027, with two extension options of one year.
- The procurement is being undertaken in three tranches given the complexity and large numbers of tenders received.
- Given the procurement process is currently underway, including tender evaluation and clarification, data is unable to be shared at this time – however, this data can be provided following completion of the procurement process.
- As at 1 July 2024, 652 tenderers have been appointed to the OPC Panel and this number will increase almost daily as new Deeds are executed.
- The panel replaces the statutory registration process used to engage Outreach providers since 2012 as this process was found to be in breach of Finance Law. This breach was reported in the DVA 2022-23 Annual Report.
- Veterans will continue to be supported throughout the procurement process.
- There is no limit on the number of Outreach providers that can be appointed to the Panel, but each tenderer must meet the professional and other eligibility criteria as set out in the tender documents.

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- Clients of Outreach providers who did not apply for the new Panel have been transitioned to new counsellors in accordance with usual business processes prior to 30 June 2024.
- Open Arms has contingencies in place for any shortfall of supply from OPCs such as increased in-centre capacity and utilising the contract with BUPA.
- In addition, Open Arms is implementing an additional short-term contract for OPCs to support continuity of care for clients, in a manner which complies with the Commonwealth Procurement Rules (CPRs).
- This interim contract arrangement covers the period from the end of the outgoing Statutory Registration arrangements (1 July 2024) to 30 September 2024 and applies to those current OPCs who already support Open Arms clients who have been found unsuccessful or non-compliant and several OPCs whose Panel Deeds will not be executed nor work orders issued by 30 June 2024.
- 169 OPCs, supporting up to 2,435 current clients have been offered the opportunity to enter into this interim arrangement.
 - 87 OPCs have subsequently responded and their interim contracts have been executed by DVA (as at 1 July 2024).
- On 26 June 2024 DVA became aware that a significant number of tenderers hadn't returned their signed Deed and an email was subsequently sent to those providers on 27 June 2024 requesting written assurance that they would adhere to the terms and conditions set out in the Deed from 1 July 2024 and return a signed copy of the Deed as soon as possible.
- The Terms and Conditions of the Request for Tender (RFT) allow for the Panel to be refreshed at regular intervals during its term to provide opportunities for new OPC's to provide services for Open Arms clients.
 - Future refreshes will be published on AusTender in accordance with government procurement practices.
- It is anticipated that each additional procurement refresh will have approximately 150 applicants. This is based on historical Outreach Provider on-boarding data which averages 300 new providers each year from 2020-21 to 2022-23.

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BACKGROUND

- The Panel RFT was released on 27 November 2023 and closed at 2pm (EST) on 5 February 2024. The tender documents permit future processes to refresh the panel and add new providers as necessary.
- This RFT will change the method of engagement of service providers only, from a statutory registration process to a panel arrangement. There are no changes to:
 - The type of services available under the program.
 - The type of clinicians providing services. Services will continue to be provided by psychologists, clinical psychologists or accredited mental health social workers.
 - The method of service delivery.
 - The pricing and fee structure.
 - Appointment of new service providers under the Statutory Registration process ceased on 27 November 2023.
- On 26 June 2024 DVA became aware that a significant number of tenderers hadn't returned their signed Deed so an email was sent to those providers on 27 June 2024 requesting written assurance that they would adhere to the terms and conditions set out in the Deed from 1 July 2024, and return a signed copy of the Deed immediately as soon as possible.

COMMUNICATION WITH SECTOR

- DVA wrote to existing Outreach providers on 27 November 2023, 15 December 2023, 16 January 2024 and 1 February 2024 to inform them of the RFT process:
- The letter of 16 January included an attachment for providers to share with their clients. The attachment's information centred on our concern for the wellbeing of Open Arms' clients, how Open Arms' services are not changing and transition procedures for clients to change providers if this is required.
- On 14 December 2023, updates to the Open Arms website were made to provide clear information to prospective tenderers on the procurement process. The updated information centred on why the procurement process was being

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conducted, the requirement to participate to continue to deliver services and advice on the closure date of 5 February 2024.

- Three Industry Briefings were conducted on 30 November 2023, 7 December 2023 and 23 January 2024.
- DVA also wrote to the Australian Psychological Society and Australian Association of Social Workers on 7 December 2023 and met with the Australian Psychological Society on 3 January 2024.
- Additional communication with the sector has occurred through a news article and updates to the Open Arms website for providers and clients and through LinkedIn posts/article.
- As at 31 March 2024, 77 Outreach Providers (6.5 per cent of current Outreach Providers) advised they will not be participating in the tender process. Two have ceased providing services specifically as a result of not participating in the tender.
- A total of seven Addenda were published on AusTender during the RFT open period, with an additional email sent on 8 May 2024, updating tenderers on the RFT evaluation process.
- On 26 June 2024 DVA became aware that a significant number of tenderers hadn't returned their signed Deed so an email was sent to those providers on 27 June 2024 requesting written assurance that they would adhere to the terms and conditions set out in the Deed from 1 July 2024 and return a signed copy of the Deed immediately as soon as possible.

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**INADVERTENT DISCLOSURE OF MANAGEMENT ADVISORY SERVICES
PANEL SUPPLIER MATRIX AND PRICE LIST**

All questions regarding this matter should be referred to the Department of Finance.

Clearance

Contact Officer:	Ben Isaacs A/g Assistant Secretary, Business Operations Open Arms Division	Phone:	s 47F
Clearance Officer:	Leonie Nowland First Assistant Secretary Open Arms Division	Phone:	s 47F
Last cleared on:	01 July 2024		



OPEN ARMS SUPPORT

KEY ISSUES

- Open Arms – Veterans & Families Counselling (Open Arms) experienced a **34 per cent increase** in services provided from 2019-20 to 2020-21, a **10 per cent increase** in services from 2020-21 to 2021-22, and a **three per cent increase** in services from 2021-22 to 2022-23.
- In the 2022-23 financial year, Open Arms provided support to **43,173*** clients. This was a **six per cent increase** in clients who accessed Open Arms services from the previous financial year.
- In 2022-23, a total of **325,351* services** were delivered, an **increase of three per cent** from the previous financial year.
- As at 31 May 2024, there have been **311,010 services** delivered to **40,814 clients** in the 2023-2024 financial year to date (financial year to date (FYTD)).
- **88 per cent** of Open Arms clients who request counselling services are allocated to a clinician within **14 days** of intake (2023-24 FYTD).
- **447 per cent** of Open Arms clients who present for counselling services are seen by a clinician within **14 days** of intake (2023-24 FYTD).
- * Please note client and service numbers for 2022/23 may vary from previously quoted figures as the information provided is based on point-in-time data.
- **In a crisis situation, the Open Arms response is immediate and there is no wait time.**
- Wherever possible, Open Arms ensures the most complex and at risk clients are seen in an Open Arms dedicated centre rather than being referred to a clinician in private practice through the Outreach Program.

BACKGROUND

- **OPEN ARMS – VETERANS & FAMILIES COUNSELLING– 1800 011 046**
- Free and confidential support is available 24/7 for current and former serving Australian Defence Force (ADF) personnel and their families.
- Open Arms is Australia’s leading provider of mental health support and clinical counselling services for Australian veterans and their families.
- Open Arms offers face-to-face, telephone and online counselling, as well as self-help tools on the website to enable clients to have timely access to high quality mental health care and family and relationship counselling.
- **SAFE ZONE SUPPORT – 1800 142 072**
- Safe Zone Support is a 24-hour free and anonymous counselling line for veterans and their families.
- Safe Zone Support offers help, without needing to know who you are.
- It is an anonymous and confidential service provided by professional clinicians with an understanding of military culture and experience.
- When you call Safe Zone Support, it is up to you how much or how little personal information you share. Calls to Safe Zone Support are not recorded.
- Current and former members of the ADF and their families can access Safe Zone Support 24 hours a day, seven days a week.

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WAITING LIST NUMBERS – AS AT 31 MAY 2024

Region	Average wait time (days)	Median wait time (days)	No services awaiting alloc.
ACT/Southern NSW	36	27	235
Greater NSW	24	16	112
VIC/TAS	20	13	93
SA	22	15	19
NT	19	12	16
NQLD	20	13	49
SQLD	24	16	93
WA	28	22	102
NATIONAL	24	16	719

- Following intake, clients are allocated to a clinician or peer worker in regional teams who have local knowledge of individual providers and match services to client needs. Clients are allocated to be seen in order of priority of clinical need.

STAFFING – AS AT 31 MAY 2024

- Open Arms centres and satellite offices are staffed by multi-disciplinary teams including:
 - Social Workers (Generalist and Mental Health Accredited)
 - Psychologists (Generalist and Clinical)
 - Occupational Therapists
 - Registered nurses with mental health experience
 - Lived Experience Peer Workers.

Clinical Staff	Peer Workers	Support Staff	Total Staff
272	68	123	463

REGISTERED SERVICE PROVIDERS AS AT 31 MAY 2024

- The Open Arms Outreach Program is a network of mental health clinicians engaged through statutory registration to support service delivery on behalf of Open Arms.
- Providers can be active for more than one type of service.

Outreach Program Counsellors (OPC)	Group Program Facilitators	Clinical Supervisors
1,109	130	159

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Clearance

Contact Officer:	Leonie Nowland First Assistant Secretary	Phone:	s 47F	
Clearance Officer:	Andrew Kefford Deputy Secretary Policy & Programs	Phone:	s 47F	
Last cleared on:	24/04/2024			



ROYAL COMMISSION INTO DEFENCE AND VETERAN SUICIDE

KEY ISSUES

Headline figures (at 25 June 2024)

Notices

- The Department of Veterans' Affairs (DVA) has responded to 321 compulsory notices.
 - DVA has produced over 55,000 documents, comprising over 445,000 pages.
 - For 78 per cent of DVA's responses, a first tranche has been filed by the due date, with responses completed in subsequent tranches.
 - DVA has provided 64 per cent of its responses, in full, by the due date.
- DVA made privilege claims over 2.2 per cent (1,225) of the documents produced:
 - public interest immunity: 0.06 per cent (35 documents).
 - legal professional privilege: 2 per cent (1,139 documents).
 - parliamentary privilege: 0.09 per cent (51 documents).
- **Witnesses:** 31 DVA officials appeared as witnesses over 12 public hearing blocks.

Royal Commission reporting dates

- The final report is due to the Governor-General on 9 September 2024. It will include recommendations about a permanent oversight body.
- The Royal Commission delivered a Lived Experience Report on 20 June 2024. The Report tells the stories of individuals who shared their experiences.
- A Ceremonial Closing will be held in Sydney, on 28 August 2024.

Procedural fairness

- DVA has contributed to 24 sets of Commonwealth submissions to the Royal Commission, in response to procedural fairness notices setting out potential findings that the Royal Commission may make.

[If asked to provide details of the proposed findings in these notices:

The Royal Commission provided these notices under embargo. Questions about whether the Government can disclose the contents of these notices should be directed to the Attorney-General's Department.]

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Funding

- DVA received \$44.3 million over three years to engage with the inquiry:
2021-22: \$19.3 million 2022-23: \$9.5 million 2023-24: \$15.5 million
- Funding received to support DVA’s engagement with the Royal Commission funding has been fully expended.

STATISTICS – DVA NOTICE COMPLIANCE (25 JUNE 2024)

Notices	Completed (Final Notices)	Provided to the RC		Privilege claims (full or part)	Active notices		Responses completed with at least one tranche by due date	Responses completed, in full, by due date
		Pages	Docs		Draft	Final		
NTG	198	4,278	364	11	-	3	153 (77%)	138 (70%)
NTP	113	440,607	55,041	1,214	-	-	89 (79%)	60 (53%)
Witness statements	10	273	-	-	-	-	7 (70%)	7 (70%)
TOTAL	321	445,158	55,405	1,225 (2.2 %)	3		249 (78%)	205 (64%)

STAFFING – DVA ROYAL COMMISSION TASKFORCE (25 JUNE 2024)

Category	FTE		
	2021-22 (EOFY)	2022-23 (EOFY)	2023-24
DVA APS lawyers (SES B1 – APS 6)	6.90	6.89	5.48
AGS outposted lawyers (APS 5-6 in 2023-24; SES B1 in 2021-22–2022-23)	1	1	3
Non-legal staff (EL2 – APS 3)	8.82	8.17	3.2
Total (FTE)	16.72	16.06	11.68

Clearance

Contact Officer:	Christina Raymond, A/g General Counsel, Royal Commission Taskforce.	Phone:	s 47F
Clearance Officer:	Peta Langeveld, Portfolio Chief Counsel, Legal and Audit Division	Phone:	s 47F
Last cleared on:	26 June 2024		



ROYAL COMMISSION - GOVERNMENT RESPONSE TO THE INTERIM REPORT

KEY ISSUES

- In response to the Royal Commission into Defence and Veteran Suicide Interim Report, the Government agreed to nine recommendations, agreed in principle to one, noted two, and indicated one had already been implemented.
- The Department of Veterans' Affairs (DVA), Department of Defence (Defence) and the Attorney-General's Department have been working together to implement the recommendations in line with the Government's response.
- For the 10 recommendations involving DVA (recommendations 1 to 5 and 9 to 13), six have been implemented and four are progressing.
- To date the Government has:
 - implemented Recommendation 5 by removing the Average Staffing Level Cap, enabling the employment and retention of more permanent staff, with the right skills and capability, to assist with the compensation claims backlog (Recommendation 2);
 - implemented a further five recommendations (Recommendations 9-13) through changes to improve how members of the Australian Defence Force, veterans and their families access their information from Defence and DVA;
 - consulted on draft legislation to address longstanding complexities in the veteran support system and considering the feedback received (Recommendation 1 - see SB24-000040– Legislation Reform Pathway);
 - progressed multiple measures to eliminate the claims backlog (Recommendation 2 and 3 - see SB24-000065 – Claims Backlog & Productivity);

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- invested \$222 million over four years from 2024-25 for the harmonisation of veterans' compensation and rehabilitation legislation that will make it easier for veterans and families to access support. This is in addition to the \$40.1 million provided in the 2023-24 Mid-Year Economic and Fiscal Outlook and supports the response to Recommendation 1 of the Interim Report;
- provided \$186 million over four years from 2024-25 and \$20.6 million ongoing from 2028-29 to increase DVA's service delivery workforce by 141 ongoing. This is in addition to 500 ongoing claims processing staff in the 2022-23 Budget and ensures DVA is resourced to meet the continuing increase in demand for DVA's services (Recommendation 2);
- allocated \$87.0 million over two years in the 2022-23 Budget and \$254.1 million over four years in the 2023-24 Budget to improve the administration of the claims system (Recommendation 3) through progression of our ICT Modernisation program; and
- made an investment of \$11.1 million over four years (announced in the October 2022 Budget) to improve modelling capabilities to better forecast future demand for services and to support DVA's operations and an additional 108 staff to support critical services experiencing high demand (\$13.2 million) (Recommendation 4).

BACKGROUND

- The Royal Commission into Defence and Veteran Suicide (Royal Commission) tabled its Interim Report on 11 August 2022, making 13 recommendations on issues requiring '**urgent or immediate action**'.
- On 26 September 2022, the Government tabled its response.
- On 21 August 2023, the Minister for Veterans' Affairs provided the Chair of the Royal Commission with a progress report on implementation of the Government's response to the Interim Report at 30 June 2023.
- The Royal Commission's final report is now due to be released by 9 September 2024, after the Government granted a three month extension.

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Clearance

Contact Officer:	Susan Pullar AS Royal Commission Implementation Team	Phone:	s 47F
Clearance Officer:	Susan Pullar AS Royal Commission Implementation Team	Phone:	s 47F
Last cleared on:	01 July 2024		



TAX ON SUPERANNUATION INVALIDITY PENSIONS (DOUGLAS)

KEY ISSUES

- The Douglas decision changed the tax treatment of certain superannuation benefits paid to veterans under the Military Superannuation Benefits (MSB) and Defence Force Retirement and Death Benefits (DFRDB) schemes.
- It also had an additional implications for the way means testing was carried out for military superannuation schemes under the *Social Security Act 1991* and the *Veterans' Entitlements Act 1986*.
- While changes to the tax system and superannuation are a matter for the Australian Taxation Office, this case continues to highlight the ongoing concerns that exist in the veteran community about the way superannuation, taxation and veteran entitlements work together in practice.
- We recognise that this is a complex area of policy that can easily be misunderstood.
- The Government has worked quickly to address the legislative uncertainty created by this decision.
 - The Government passed the *Treasury Laws Amendment (2022 Measures No. 4) Act 2023* to confirm the Court's decision in relation to the DFRDB and MSBS,
 - The Government has introduced the Social Services and Other Legislation Amendment (Military Invalidity Payments Means Testing) Bill 2024, which has been supported by Senate Committee.
 - Collectively these Bills will ensure that no veterans affected by the Douglas decision would be made worse off as a result of the decision and that there is a sound legal basis for the assessment of veterans' income support payments going forward.
- As a Department we also working closely with our colleagues across the Commonwealth and with the veteran community to help explain the impact of these changes, and what this means for veterans.
 - Department of Veteran Affairs (DVA) is working closely with Department of Social Security (DSS) and Services Australia help communicate the impacts of the Douglas decision and the recent Bills on veterans entitlements.

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- We are also working to support the implementation of any procedural changes for veterans in these departments arising from the recent Bills.
- DVA has arranged briefings by Treasury, the Commonwealth Superannuation Corporation (CSC) and the Department of Defence (Defence) for Ex-Service Organisation Round Table and Younger Veterans Contemporary Needs Forum members about the Douglas decision and associated Bills.
- We are providing continued updates on the status of the legislative changes, including at the most recent update to Ex-Service Organisation Round Table (ESORT) on 14 May 2024.
- DVA has also established working group met to discuss the taxation, compensation and social security arrangements governing lump sum retrospective superannuation payments with the aim of developing strategies and products for educating the veteran community. This group has met twice (1 March, 7 May 2024)
- The working group is chaired by DVA and consisted of members of the veteran community as well as subject-matter experts invited from government agencies including the Australian Taxation Office (ATO), the CSC, Defence, DSS and Services Australia.

BACKGROUND

Estimated number of affected veterans

- The ATO estimates that around 15,908 veterans receiving military invalidity payments from the CSC are impacted by the Douglas decision.
- DVA estimates there are 500 veterans receiving a Douglas impacted invalidity pension who are also in receipt of a *Veterans' Entitlement Act 1986* (VEA) income support payment.
- Services Australia estimates there are 350 veterans receiving a Douglas impacted invalidity pension who are also in receipt of a social security pension or benefit.

Treasury Laws Amendment (2022 Measure No. 4) Bill 2022

- In December 2020, the Full Federal Court handed down its decision in *Commissioner of Taxation v Douglas* (Douglas). The decision has flow-on impacts to other Government entitlements. These non-tax consequences arise because taxable income is relevant in determining either eligibility for, or the amount of, payments such as Family Tax Benefit, Child Care Subsidy or Private Health Insurance Rebate, as well as child support assessments and Higher Education Loan Program repayments.

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- The decision also directed that military invalidity superannuation payments made after 20 September 2007 under the MSB and DFRDB schemes are to be taxed as superannuation lump sum benefits instead of superannuation income stream benefits.
- Amendments were introduced to Parliament on 23 November 2022 in Schedule 9 to the Treasury Laws Amendment (2022 Measure No. 4) Bill 2022 to ensure that no veteran is worse off from a taxation perspective as a result of the Douglas decision.
- The Bill received Royal Assent on 23 June 2023. The Act provides a non-refundable tax offset for recipients of invalidity benefits paid in accordance with the MSB and DFRDB schemes, to ensure they do not pay additional income tax or Medicare levy because of the Douglas decision.

Social Services and Other Legislation Amendment (Military Invalidity Payments Means Testing) Bill 2024

- On the 15 February 2024, the Social Services and Other Legislation Amendment (Military Invalidity Payments Means Testing) Bill 2024 was introduced in the House of Representatives by the Minister for Social Services, the Hon Amanda Rishworth MP.
- On 28 February 2024, the Bill was introduced to the Senate and on 29 February 2024, the Senate referred the Bill to the Community Affairs Legislation Committee for inquiry and report by 10 April 2024.
- Details of the inquiry were made available on the Committee's website. The Committee also contacted a number of organisations and individuals to invite written submissions by 15 March 2024.
- The Committee received eight submissions. The submissions were received from:
 - The Totally and Permanently Incapacitated (TPI) Federation of Australia
 - The Returned & Services League of Australia
 - The Defence Force Welfare Association
 - The Department of Social Services
 - The Department of Defence
 - Mr Peter Thornton and Mr Bradley Campbell
 - The Department of Veterans' Affairs

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- The Committee held a public hearing in Canberra on 27 March 2024. DVA attended these hearings, alongside representatives from several other Government departments and veteran advocates.
- The Committee finalised its report on 10 April 2024. The Committee Chair and members recommended the Senate pass the Bill.
- The Bill passed the Senate without amendment on 16 May 2024.
- The legislative amendments proposed in the Social Services and Other Legislation Amendment (Military Invalidation Payments Means Testing) Bill 2024 ensure the Douglas decision does not impact the assessment of veterans’ income support payments going forward. This Bill will:
 - Result in the same outcome for veterans (and partners) receiving a means tested income support payment as the pre-Douglas arrangement. It will also allow veterans to retain the taxation benefits flowing from the decision.
 - Provide a clear legal foundation for the classification of military invalidity pensions affected by the Douglas decision within the social security and veterans’ entitlements means test.
 - Preserve the validity of all relevant historical income and asset assessments relating to the affected payments.
 - Not result in any debts being raised.

Clearance

Contact Officer:	Wendy s 47F Director Benefits Policy Branch Policy and Research Division	Phone:	s 47F
Clearance Officer:	Adam Weiderman, Assistant Secretary Benefits Policy Branch Policy and Research Division	Phone:	s 47F
Last cleared on:	17 May 2024		

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SENATE ESTIMATES BRIEF

SB24-000062

VETERAN EMPLOYMENT

KEY ISSUES

- Employment plays a critical role in an individual's overall wellbeing and quality of life, and is a key domain in the Department of Veterans' Affairs (DVA) Veteran and Family Wellbeing Framework.
- We know Defence service provides individuals with highly employable skills and attributes, making them valuable assets to the civilian workforce.
- The 2021 Australian Census confirmed veteran employment rates are comparable and, in some cases, favourable to those who have never served; however, some groups are at risk of unemployment/under-employment.
- In its report on the ex-serving population, the Australian Institute of Health and Welfare confirmed most veterans transition successfully to new employment, but also reminds us it is not the case for everyone (*Understanding the wellbeing characteristics of ex-serving ADF members*, AIHW 2022).

CURRENT GOVERNMENT INITIATIVES

- As part of the 2024-25 Budget, the Supporting Veteran Owned Business Grant Program has been extended a further three years until 30 June 2027.
- On 13 June 2024 the second round of the Veteran Recognition of Prior Learning – Tertiary Grant Program opened for invited universities to apply.
- In the Budget in October 2022, the Australian Government announced a \$24 million **Veteran Employment Program** (VEP) to provide greater support to Australian Defence Force (ADF) personnel as they transition to civilian life, and to ensure veterans' skills and experiences are understood and valued by the wider community.
- The Program offers a range of initiatives, including the current national advertising campaign, the Veteran Employment Commitment (VEC), the Prime Minister's National Veteran Employment Awards and the Veteran Employment Program grants.

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- In April 2024, the Veteran Employment Program website was refreshed to improve access to information and resources for veterans, employers and partners. The updated website also aligns with new program branding and the 'Ex-service people' national advertising campaign.

EX-SERVICE PEOPLE EMPLOYMENT NATIONAL ADVERTISING CAMPAIGN

- A national advertising campaign was launched on 10 April 2024 to promote the many skills and attributes ADF personnel gain through their ADF experience. The campaign recognises the significant contribution that ex-service people make to civilian sectors.
- It aims to educate Australians on the diversity of skills ex-service people and how they can be an asset in any organisation.
- The campaign will run from April 2024 to June 2025 with the primary advertising channels being radio, print advertising, digital video and social media posts.
- The campaign directs people to the VEP website to learn how and where to connect with the veteran talent pool and access advice and resources on how to recruit and retain veterans.

VETERAN EMPLOYMENT COMMITMENT (VEC)

- Signing Veteran Employment Commitment (VEC) demonstrates an organisation's commitment to employing Australia's veterans and creating an environment where they can perform at their best.
- In an effort to encourage organisations to better recruit, support and retain veterans in their workplace, the VEC has been redesigned to create more accountability and provide improved resources for employers.
- The new VEC was launched in April 2024 and now enables organisations to be recognised at one of three levels – 'Veteran Employment Supporter', 'Veteran Friendly Employer' and 'Veteran Employer of Choice'.

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- Existing VEC signatories will have until 30 November 2024 to seek recognition under the new VEC. Over 1900 organisations had signed the original VEC and have been invited to re-apply.
- An organisations VEC level is determined by the veteran employment activities they have in place and actively demonstrate.
- Resources being developed through the Recruitment Advisory Service for Employers of Veterans Grant Program will provide guidance and practical resources to help organisations implement the VEC activities.
- Veterans can search for VEC signatory organisations via an enhanced search function. Along with filtering by size, location and industry type, Veterans can find organisations that are veteran owned, offer remote working, employ partners or provide veteran specific supports such as employment pathways, mentoring or employee networks. This aims to better connect veterans to employers who have demonstrated that they support veteran employment.

2024 PRIME MINISTER'S NATIONAL VETERAN EMPLOYMENT AWARDS

- The Prime Minister's National Veteran Employment Awards recognise the achievements of Australian organisations that make significant contributions to the employment of veterans and ADF partners, as well as celebrating individual veterans and partners who are succeeding as employees and entrepreneurs.
- A new Award category has been added in 2024 targeting regional Australia, resulting in a total of nine categories open for public nomination.
- Nominations for the 2024 Awards opened on 3 April 2024 and closed 31 May 2024. Judging has commenced and it is expected that finalists will be announced in August 2024 with winners being announced at a formal ceremony in Canberra on 26 November 2024.

VETERAN EMPLOYMENT PROGRAM GRANTS

- The Veteran Employment Program grants are designed to better support veterans to transition into employment or university education.

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- The Recruitment Advisory Service for Employers of Veterans Grant Program provides support to employers to better target and recruit veterans, and support and retain them in their workplaces. This program provides a single grant of up to \$800,000 over three years.
- The Veteran Recognition of Prior Learning – Tertiary Support Grant Program provides funding to universities. These grants aim to improve veteran pathways to tertiary education by establishing or enhancing recognition of prior learning frameworks to identify the skills and knowledge veterans gain during their service.
- The Supporting Veteran Owned business grant program provides funding for training and activities to assist veteran and family members considering self-employment or wanting to build the competitiveness of their existing business. Delivered through the King’s Trust Australia, the program will have an increased focus on veterans under the age of 35 over the next three years.

BACKGROUND

- The Veteran Employment Program was formally launched by the Minister for Veterans’ Affairs and the Assistant Minister for Veterans’ Affairs on 14 July 2023.

KEY FACTS AND FIGURES

Budget October 2024	
Supporting Veteran Owned Business grant (Budget 2020-21; 2024-25)	Budget 2024-25 extended the Support for Veteran Owned Business grant, with an additional \$400,000 over three years (\$300,000 to King’ Trust Australia). King’s Trust Australia (KTA, formerly Prince’s Trust Australia) was granted \$414,000 over 4 years (2021-22 to 2023-24) to deliver training and self-employment support. Between July 2021 to 31 December 2023, KTA delivered training to around 1,000 participants, and assisted over 2, 800 in broader enterprise activities like networking events.

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Previous Budgets	
Veteran Employment Value Proposition Campaign – ‘Ex Service people’ (Budget 2022-23)	\$11.231 million over 4 years (2022-23 to 2025-26).
Veteran Recognition of Prior Learning grant (Budget 2022-23)	<p>\$1.65 million over 3 years (2023-24 to 2025-26). Competitive grants of \$75,000 to \$150,000, restricted to universities.</p> <p>Five successful applicants from Round 1 were announced on 27 November 2023. Refer to Attachment A. Round 1 activity will cease on 31 August 2024, with an evaluation to follow by end of November 2024.</p> <p>Round 2 applications opened 13 June 2024 and will close 11 July 2024. Round 2 activity is expected to begin around November 2024.</p>
Recruitment Advisory Service grant (Budget 2022-23)	<p>\$800,000 over 3 years (2023-24 to 2025-26). Competitive grant to one organisation. Applications opened on 14 July 2023 and closed 16 August 2023.</p> <p>The Australian Catholic University was announced as the successful applicant on 27 November 2023.</p>
Enhanced Employment Support for Veterans grants program (Budget 2019-20)	<p>Commenced 2020, ended 30 June 2023</p> <p>Soldier On - \$7.2 million (continued activity until 30 June 2024 via unannounced Deed of Variation).</p> <p>RSL Australia - \$6 million, reduced to \$4.8 million due to underspends (continued activity until 30 June 2024 via unannounced Deed of Variation).</p> <p>Disaster Relief Australia - \$3 million.</p>

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Support for Employment (Budget 2018-19)	\$4.3 million over 4 years (2018-19 to 2021-22 (ongoing measure)) Commenced 29 March 2021 (legislation delayed due to COVID-19) @31 March 2024 – 221 claims for assistance
Prime Minister’s National Veterans’ Employment Awards (part of 2020-21 Budget measure)	Commenced 2018 – with further funding in Budget 2020-21. Recognises employers that have supported and employed veterans and ADF partners, and the individual contributions of veterans and partners in the civilian workforce.
Foundational support of Veteran Employment Program (formerly Prime Minister’s National Veteran’s Employment Program) (Budget 2017-18; Budget 2020-21)	Commenced November 2018. Now provides foundational support to Veteran Employment Program (Awards, VEC, website etc). Funding ceases 30 June 2025
Veterans employed at DVA (APS staff)	@31 May 2024 – 163 (4.4 per cent) (data provided by DVA Workforce Reporting / People Services Branch.)

Attachments:

Attachment A – Award Categories

Attachment B - Recipients - Veteran Recognition of Prior Learning grant

Clearance

Contact Officer:	Alison Hale Assistant Secretary, Transition Branch	Phone:	s 47F	
Clearance Officer:	Mark Brewer A/g Deputy President	Phone:	s 47F	
Last cleared on:	21 June 2024			

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Award Categories

2024 Award categories include:

- Veteran Employee of the Year
- Partner Employee of the Year
- Veteran Entrepreneur of the Year
- Partner Entrepreneur of the Year
- Employee of the Year – Large
- Employee of the Year – Medium
- Employee of the Year – Small
- Excellence in Supporting Veteran and/or Partner Employment – National
- Excellence in Supporting Veteran and/or Partner Employment – Regional

Recipients - Veteran Recognition of Prior Learning grant (Round 1)

Organisation name	Project name	Funding
Flinders University (in consortium with University of the Sunshine Coast)	Mapping Roles and Jobs – Recognising the skillsets of veterans to support more effective transition to employment	\$150,000
Australian Catholic University	Making All Learning Count – Building Higher Education Microcredentialing Framework for ADF Courses	\$145,000
University of Canberra	Connected – University of Canberra Veterans Tertiary Support Program	\$147,000
University of NSW	Veteran Pathways into Professional Education (VPIPE) Scheme	\$150,000
Charles Darwin University	CDU Veteran Recognition of Prior Learning Program	\$100,000



VETERAN WELLBEING GRANTS (VWG) ONE-OFF PROGRAM

KEY ISSUES

- The Veteran Wellbeing Grants (VWG) One-Off Program is a one-off, closed competitive grant opportunity offering up to \$20 million total funding to support larger, implementation-ready projects that improve the wellbeing of veterans and families.
- This program is complementary to other Department of Veterans' Affairs (DVA) grants programs that support veteran community wellbeing initiatives, such as the annual Veteran Wellbeing Grants Program and Veterans' and Families' Hubs Program.
- The VWG One-Off Program is funding projects to improve and expand infrastructure and enhance services that benefit the health and social wellbeing of veterans and families, as well as improving the reach and capacity of wellbeing initiatives offered by ex-service and veteran organisations.
- The program invited applications from organisations between 14 June and 9 August 2023, with 29 applications received from 26 organisations.
- An assessment panel undertook a competitive assessment of the applications and provided recommendations to the Minister for Veterans' Affairs, as the decision maker.
- On 21 November 2023, the Minister for Veterans' Affairs announced almost \$17 million funding across 21 projects.
- Funded projects are to be delivered by 30 June 2024. Some projects are now completed and delivering services to the veteran community, with others nearing completion.

BACKGROUND

- The program offered grants of between \$150,001 and \$5 million to support larger-scale projects that benefit the wellbeing of veterans and families.

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- The Grant Opportunity Guidelines state that the program's objectives are to:
 - maintain and improve the independence and quality of life for veterans and families by funding projects that sustain or enhance health and social wellbeing in a culturally appropriate context;
 - provide services to veterans and families that are not already delivered using Commonwealth, State or Territory funding that build community capacity for the future;
 - expand on existing services offered to veterans and families or assist in the development of new services; and
 - enhance integration, co-ordination or referral to other government and non-government services to support for the health and wellbeing of veterans and families.
- Delivery was through a targeted (closed) competitive program. Organisations with appropriate, implementation-ready projects were invited to lodge applications, and these applications were then competitively assessed.
- Invited organisations were identified based on DVA and Government knowledge of implementation-ready projects which would benefit the wellbeing of veterans and families, and which had the potential to be delivered by 30 June 2024. Consideration was given to projects supporting areas with significant veteran and Defence populations, other complementary DVA grants provided in the region, and the organisations' track record in managing similar projects and grant funds.
- In April 2024, the program was extended to 30 June 2025 to allow for appropriate management of grant funds.

KEY EVENTS

- Mid-Year Economical Fiscal Outlook (MYEFO) 2020-21 – measure originally announced - \$20 million over two years.
- 25 October 2022 – measure amended - \$20 million over one year to 30 June 2023.
- Early 2023 – policy authority amended to extend program to 30 June 2024.
- 14 June 2023 – Applications opened.
- 9 August 2023 – Applications closed.

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- 5 and 6 September 2023 – Assessment panel convened to provide recommendations for funding.
- 25 September 2023 – recommendations provided to Minister’s Office.
- 12 October 2023 – brief providing further information was provided to the Minister’s Office.
- 1 November 2023 – an additional brief containing further details of applications was provided to the Minister’s Office.
- 21 November 2023 – Minister for Veterans’ Affairs announced that 21 projects from 19 organisations would receive \$16,971,075.
- 10 April 2024 - the program termination date was extended to 30 June 2025.
- 30 June 2025 – termination of measure.

Attachments:

Attachment A – Veteran Wellbeing Grants Media Release

Clearance

Contact Officer:	Kirrily Magill Assistant Secretary, Hubs Branch	Phone:	s 47F	
Clearance Officer:	Mark Brewer A/g Deputy President, Repatriation Commission	Phone:	s 47F	
Last cleared on:	18 June 2024			

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Major funding boost for veteran services and support

Tuesday, 21 November 2023

The Albanese Government is further delivering on our commitment to improve access to services and supports for veterans and their families.

Today I'm proud to announce that almost \$17 million will go towards improving veteran and families services, supports and coordination where they're needed most.

The Veteran Wellbeing Grants One-Off Program was established to complement and build on the Government's existing Veterans' & Families' Hub program, in support of large scale projects that will benefit the health and wellbeing of veterans and families.

The Royal Commission into Defence and Veteran Suicide has made it clear there is no time to waste in improving services and supports to the veteran community.

This Program supports larger projects that can be implemented quickly to deliver the services that veterans and families need, in the areas they need it most.

Organisations were invited to apply for funding for projects based on factors such as the nature and maturity of the project, the project's ability to provide support to areas with significant Defence and veteran populations, local needs and the availability or access to existing services.

The Program demonstrates the Albanese Government's ongoing commitment to providing support to established and innovative ex-service organisations and veteran service providers in the communities where veterans live, to deliver a better future for veterans and families.

Media contacts

- Stephanie Mathews (Minister Keogh's Office): 0407 034 485
- DVA Media: media.team@dva.gov.au

For more information on the VWG One-Off Program, visit the Department of Veterans' Affairs website: [Veteran Wellbeing Grants One-Off Program | Department of Veterans' Affairs \(dva.gov.au\)](#)

The full list of successful applicants are in the table below.

The Veteran Wellbeing Grants One-Off Program		
Recipient	Funding description	Amount \$
4 Aussie Heroes	Allow uplift of Camp Courage, a live-in rural retreat facility to comprise of up 18 buildings	\$800,000
Australian Catholic University (ACU)	Expand its higher education support services for veterans and families through ACU Veterans and Families Education Unit	\$1,000,000
Australian Special Air Service Association WA (ASASAWA)	To refurbish the ASASAWA Wellbeing project facility including the upgrade, realign and weatherproofing of existing stairs and lift access	\$250,543
Largs Bay Returned and Services League (RSL) Sub-Branch	Train RSL accredited Welfare Support Officers to deliver wellbeing services to vulnerable and otherwise socially isolated veterans and their families	\$317,226
Plympton Glenelg RSL	Increasing connection and access for the South East Veteran Community.	\$298,000
Pro Patria Centre	Pro Patria Centre expansion for Riverina veteran community including training and workshop facilities.	\$1,263,344.38
RSL LifeCare	The planning phase of the Bardia Barracks Veterans' and Families' Hub Project to be completed	\$243,100
RSL LifeCare	Riverina Veterans' and Families' Hub Project	\$520,341
RSL LifeCare	To open a Veteran and Family Hub within the Central Coast region, to provide support to the local veterans and their families	\$1,754,335
RSL Qld / Mates4Mates	To support the physical and digital establishment of a Veteran and Family Wellbeing Hub on the Sunshine Coast	\$1,800,000
RSL Victoria	Uplift existing hub infrastructure located at Frankston RSL to provide an improved worker and visitor experience	\$721,166
Sale RSL & Community Sub-Branch (Gippsland Veterans Centre)	Refurbishment and upgrade of the Gippsland Veterans' Welfare Centre to provide a safe and welcoming environment to deliver wellbeing services	\$1,167,883
SMEAC	Refurbish the buildings and facilities at Camp SMEAC, a former sports and recreation camp	\$1,500,000
St John of God	A mental health wellbeing program tailored specifically for female veterans and female partners of veterans	\$641,027

Recovery and restoration – Veterans Transition Centre	Community based support group that collaborates with the Veteran Transition Centre to provide a network of assistance to veterans	\$171,070
Totally and Partially Disabled Veterans of WA	To refurbish their facility and bring it up to standard that will better meet the needs of veterans’ welfare	\$208,050
Vasey RSL Care	Individualised housing and support services for veterans experiencing or at risk of homelessness	\$1,200,000
Veterans Wellbeing Network Mid-North Coast	The Mid North Coast Veterans Community Wellbeing Enhancement Project to enhance the veteran community’s social connectedness, access to health and wellbeing support, and broader wellbeing	\$1,000,000
Vietnam Veterans Association of Australia – Tasmania	Fit out a multi-purpose education and training facility with modern equipment (including Wi-Fi capability) in a manner conducive to evidence-informed adult-learning principles for training/educational workshops, face to face and Team/Zoom meetings	\$290,022
Vietnam Veterans Federation of Australia	Upgrade Camp Andrew Russell to a safer level for use by both veterans and their families	\$695,841
Wounded Heroes	Upgrade Head Office to provide additional private spaces for veterans to access services and supports. Purchase a vehicle to assist with transporting veterans.	\$1,129,127
TOTAL		\$16,971,075

Open Arms – Veterans & Families Counselling provides 24/7 free confidential crisis support for current and ex-serving ADF personnel and their families on [1800 011 046](tel:1800011046) or the [Open Arms website](#). **Safe Zone Support** provides anonymous counselling on [1800 142 072](tel:1800142072). **Defence All-Hours Support Line** provides support for ADF personnel on [1800 628 036](tel:1800628036) or the [Defence Health Portal](#). **Defence Member and Family Helpline** provides support for Defence families on [1800 624 608](tel:1800624608)



SENATE ESTIMATES BRIEF

VETERANS' HOME CARE

KEY ISSUES

- Department of Veterans' Affairs (DVA) has recently refreshed its panel of Veterans' Home Care (VHC) Service Providers. A number of VHC Service Providers chose to not retender and withdrew services.
- DVA with assistance from VHC Assessment Agencies has completed the initial transition of clients to alternate VHC providers, and prioritised transition for clients requiring personal care or in-home respite.

Provider withdrawals and client impact

- Overall 53 providers have withdrawn since 2020, which has necessitated transition of over 11,000 clients to a new provider.

Financial Year	Provider Withdrawals	Clients Transitioned
2020-2021	10	3,671
2021-2022	11	1,446
2022-2023	7	714
2023-2024*	25	5,792
Total	53	11,623

*As at 30 May 2024

- Following the recent limited tender outcome, there are now eight providers identified as withdrawing services by 30 November 2024, impacting 118 DVA clients.
- A letter was sent to all impacted clients requiring transition advising of the change.
- Veterans can contact the VHC Assessment Agency if they have any questions or concerns on 1300 550 450.

BACKGROUND

- In 2022-23, DVA funded VHC services to 35,000 clients at a cost of \$110 million.

Tender

- A Request for Tender (RFT) for the provision of VHC Service Providers was released to the market and closed on 20 December 2022.
- As a result of low Service Provider participation in the RFT, a limited tender was released on 6 June 2023 and closed on 30 June 2023. A further limited tender was released on 20 December 2023 and closed on 29 February 2024.
- Eighty-four Service Providers were invited to participate in the limited tender. Thirty-eight submissions were received and evaluated and of these, 34 were identified as preferred tenderers.
- As the evaluations have been completed, notifications of the outcome were advised to the 38 Service Providers in the week ending 28 June 2024.

Providers

- Prior to the tender DVA had 160 VHC Service Providers and now has 172. This will increase pending the execution of contracts following the outcome of the further limited tender and some ongoing contract negotiations.
- The panel of VHC Service Providers available on the DVA website will be further updated once the contracts are executed as a result of the recent limited tender that closed on 29 February 2024.

Clearance

Contact Officer:	Sarah Kennedy Assistant Secretary	Phone:	s 47F
Clearance Officer:	Leanne Cameron First Assistant Secretary	Phone:	
Last cleared on:	30 June 2024		



CLAIMS BACKLOG AND PRODUCTIVITY

KEY ISSUES

The backlog of unallocated claims has been cleared

- Of the 41,799 claims in the original backlog identified by the Royal Commission into Defence and Veteran Suicide (Royal Commission) all claims have been allocated for processing and over 90 per cent (92.7 per cent) have been completed as at 31 May 2024.
- There is more work to do and the Department of Veterans' Affairs (DVA) is focused on reducing the time taken to process claims by employing more claims processing staff and making the application process easier for veterans and their families.

Table 1: Status of the 41,799 claims from the 15 May 2022 backlog

Status	As at 31 May 2024	(% of total)
Unallocated (backlog)	0	0%
Being processed	3,042	7.3%
Determined/completed	38,757	92.7%
Total	41,799	100%

'Business as usual' levels of unallocated claims are stable

- DVA continues to manage workloads across all claim types so that backlogs do not eventuate again.
- DVA aims to allocate new claims within two weeks of receipt to better meet its timeliness targets.
- As at 31 May 2024 over 95 per cent of initial liability (IL) claims were allocated to an officer for processing within two weeks.
- As at 31 May 2024 there were 3,003 unallocated claims.
 - 1,163 unallocated IL claims;

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- 71 unallocated Incapacity claims; and
- 1,769 unallocated PI claims.

Determinations are increasing

- Determinations are a lead indicator of productivity and improvements in time taken to process.
- In the 2023-24 financial year to 31 May 2024, 92,750 determinations were made, compared to 61,093 in the equivalent 2022-23 period.
 - This represents a 51.8 per cent increase on the previous year.
 - Determinations in the first 11 months of the 2023-24 financial year are already higher than any full financial year recorded (next highest was 64,953 determinations in the 2022-23 financial year).
- As more delegates are employed, we expect determinations to continue to rise.

Additional staff are increasing determinations

- The additional 500 new Average Staffing Level (ASL) staff provided as part of the Government's 2022-23 Budget commitment is making a difference.
- At 31 May 2024, DVA's full time equivalent (FTE) claims processing staff level was 956.7 FTE staff, 412.4 (FTE) higher than at 30 June 2022.
- The Australian Government is investing \$186 million over four years from 2024-25 and \$20.6 million ongoing from 2028-29 to increase DVA's service delivery staffing levels by 141 staff ongoing.
 - New staff funded in the 2024-25 Budget will work to deliver our time taken to process benchmarks for IL by 30 June 2025 and PI by 30 June 2026.
- This investment will help meet the continuing increase in demand for DVA's services and assist veterans and their families to access the support they need faster.
- In line with this investment, recruitment action for 453 new staff is underway to address natural attrition and redirect staff to delegate roles.

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Productivity is improving

- Our staff are becoming more productive, as they continue to finalise their training, become accredited and build experience.
- The productivity of delegates has increased with the number of determinations made by delegates reaching a record high of 29.7 claims per trained delegate in May 2024.
- Business improvements are also advancing service delivery, including the introduction of the Claims Support Officer (CSO) model and reforms such as the medical forms review to make it simpler and easier for veterans and their families to lodge claims and quicker for decision makers to assess claims.
- The CSO model has reduced the time taken for delegates to make a decision.
 - Around 89 per cent of claims need additional information before being "investigation ready" for a delegate.
 - Our analysis shows that when CSOs first get claims 'investigation ready' for a delegate to then determine, it reduced the time taken to process by around 20 per cent compared to a delegate processing the entire claim themselves.

DVA is redirecting focus on reducing claims processing timeframes

- We acknowledge that time taken to process remains too high.
- The average time taken to process a *Military Rehabilitation and Compensation Act 2004* (MRCA) IL claim (our most common claim) has reduced from 448 days in July 2023, to 370 days for the FYTD (as at 31 May 2024). This is coming down, but well above our target of an average of 90 days.
- As we prioritise finalising the oldest claims, the time taken to process has been and will continue to be at high levels.
- The Royal Commission has identified that delays in claims processing is a key factor in health and wellbeing outcomes of veterans.

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- The recent announcement of ongoing funding from the Government will help DVA respond to the Royal Commission's recommendation to maintain funding levels to enable DVA to return to 'business as usual' (BAU) claims processing levels and timeliness standards.
- DVA aims to reduce the time taken to process claims to within key performance indicators for IL claims by 30 June 2025 and for PI (permanent impairment) claims by 30 June 2026.
- To address the flow-on from clearing the backlog of unallocated claims, we have commenced the recruitment of new staff as well as redeploying, retraining, and rebalancing the skills capabilities within our processing teams.

BACKGROUND

Unallocated claims

- The Royal Commission identified the claims backlog as any claim DVA has received that is yet to be allocated to a member of staff for processing. So, if a veteran were to lodge a claim today it would immediately become part of the backlog of unallocated claims.
- The number of unallocated claims in MRCA IL and Tri Act IL (MRCA / *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA) / *Veterans' Entitlements Act 1986* (VEA)), which had the largest volume of overall claims, have both reduced by more than 95 per cent respectively since the same time last year:
 - from 11,591 (May 2023) to 597 (May 2024) for MRCA IL; and
 - from 8,794 (May 2023) to 397 (May 2024) for Tri Act IL.

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Table 2: Reduction in IL Backlog (31 May 2023 and 31 May 2024)			
Claim type	30 April 2023	30 April 2024	% change
MRCA Initial Liability	11,591	597	-95.6% (-11,083)
Tri Act Initial Liability (MRCA/DRCA/VEA)	8,794	397	-101.7% (-8,944)
<u>Other Initial Liability</u> DRCA/VEA/Dual-Act DRCA/VEA/AFI & DPR	1,917	169	-91.2% (-1,748)
Total	22,302	1,163	-98.2% (-21,911)

- DVA is managing ‘business as usual’ levels of unallocated claims, where DVA aims to allocate greater than 95 per cent of claims to an officer within two weeks of receipt.
- As at 31 May 2024 over 99 per cent of initial liability claims were allocated within two weeks.

Number of Veterans

- As at 31 May 2024, 2,344 veterans had claims with DVA waiting to be allocated.
- A veteran can have multiple claims, including several IL claims, as well as PI and incapacity claims.
- Once liability is accepted, a veteran can receive access to treatment and supports while any claims for financial compensation are considered.

Table 3: Veterans with unallocated claims					
Date	30 Jun 2023	30 Sep 2023	31 Dec 2023	31 Mar 2024	31 May 2024
Number of veterans	21,164	14,369	5,979	1,413	2,344

Claims on hand and claims being processed

- At the end of May 2024, there were 76,207 claims on hand, with 96.1 per cent of these being processed and 3.9 per cent unallocated.

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- In the 12 months since 31 May 2023, claims being processed has increased by 33,230, whereas claims on hand has only grown by 1,437.

Table 4: Comparison of claims on hand				
Status	15 May 2022 (Royal Commission)	As at 31 May 2022	As at 31 May 2024	% change 31 May 2022 to 31 May 2024
Backlog (unallocated)	41,799	42,139	3,003	-92.9%
				(-39,136)
Being processed	Not reported	21,865	73,204	+234.8%
				(+51,339)
Total on hand	Not reported	64,004	76,207	+19.1%
				(+12,203)

- For 2022-23, the volume of subsequent claims lodged increased from the previous financial year – by 9.3 per cent.
- In the 2023-24 financial year to 31 May 2024, 80,931 claims have already been received compared to 62,015 for the same period last year.

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Table 5: Net claims received 2022-23 FYTD compared to 2023-24 FYTD			
Claim Type	1 July 2022 to 31 May 2023	1 July 2023 to 31 May 2024	% change from last FYTD
DRCA Initial Liability	1,928	1,659	16.2%
MRCA Initial Liability	21,276	17,089	24.5%
VEA Compensation Payment	1,609	1,881	-14.5%
Dual Act IL (VEA/DRCA)	1,950	1,435	35.9%
Tri Act IL (MRCA/DRCA/VEA)	13,680	11,578	18.2%
VEA Application for Increase	1,660	1,427	16.3%
Total Initial Liability	42,103	35,069	20.1%
MRCA Permanent Impairment	18,399	11,604	58.6%
DRCA Permanent Impairment	15,814	10,977	44.1%
Total Permanent Impairment	34,213	22,581	51.5%
MRCA/DRCA Incapacity	4,116	3,771	9.1%
VEA War Widow	349	473	-26.2%
MRCA/DRCA Death Compensation	150	121	24.0%
Total Compensation claims	80,931	62,015	30.5%

- While claims numbers have increased the complexity of claims has increased even more. As at 31 May 2024 there were on average 4.4 conditions per claim compared with 2.6 in May 2022.

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Staff

- As at 31 May 2024, the Paid FTE for compensation claims processing staff was 956.7, an increase of 412.4 (75.8 per cent) since 30 June 2022.

Table 6: Claims Processing Workforce Levels – Paid FTE					
Paid FTE	30 Jun 2022	31 Dec 2023	31 Jan 2024	31 May 2024	Net change (+/-) since Jun 2022
Senior Delegate	33.0	56.1	57.9	54.0	+21.0
Delegate	231.5	466.1	453.0	425.6	+194.0
Trainee Delegate	157.4	84.3	73.8	86.0	-71.4
Support Officer	83.1	409.1	385.7	302.8	+219.7
Sub-Total	505.0	1,015.7	970.4	868.3	+363.3
Team Leader	39.3	98.0	94.7	88.4	+49.1
Total	544.3	1,113.7	1,065.1	956.7	+412.4
<i>*Values presented are rounded to the nearest decimal place, resulting in slight variations.</i>					

- The FTE composition by employment type for May 2024 was 504.1 APS Ongoing (52.7 per cent), 375.6 APS Non-Ongoing (39.3 per cent), 9 Labour Hire (0.9 per cent) and 68 Services Australia secondee staff (7.1 per cent).

Table 7: Claims Processing Workforce by Employment Type			
Actual Staffing Mix by employment type (FTE)	Actual Staff May 2024	Percentage of Total Staff (FTE)	Net change (+/-) since June 2022
APS Ongoing	504.1	52.7%	+295.4
APS Non-Ongoing	375.6	39.3%	+185.0
Services Australia secondees	68.0	7.1%	+68.0
Labour Hire	9.0	0.9%	-136.0
Total Staff (FTE)	956.7	100%	+412.4

Permanent Impairment

- As at 31 January 2024, all of the 6,425 claims from the PI backlog of 15 May 2022, had been determined.
- As at 31 May 2024, there were 1,769 unallocated PI claims compared to 12,162 as at 31 May 2023.
- We have achieved this reduction despite a significant increase in new PI claims:
 - In 2022-23, there was a 27.1 per cent increase in PI claims received compared to 2021-22.
 - Between 1 July 2023 and 31 May 2024 (FYTD), 34,213 PI claims were received – a 51.5 per cent increase compared to the same 11-month period in 2022-23.

Table 8: Permanent Impairment Intakes	
Period	Claims received
2023-24 (1 July 2023 to 31 May 2024)	34,213
2022-23	26,111
2021-22	20,547
2020-21	20,986

Table 9: Permanent Impairment Determinations	
Period	Claims determined
2023-24 (1 July 2023 to 31 May 2024)	26,906
2022-23	16,883
2021-22	16,662
2020-21	20,861

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- To support the increase in PI claims processing, since late 2023 we have redeployed and re-trained a large proportion of the workforce to migrate our skill capability from IL claims to PI claims. Subsequently, all delegates have been training in DRCA and MRCA PI, and an additional 74 Claims Support Officer staff have been upskilled in PI.
- Further expansion of dedicated combined benefits teams, staffed with delegates able to process both IL and PI claims, has also been undertaken, so they can quickly finalise a PI claim once IL has been assessed.

Productivity

- Productivity of DVA's claims processing continues to improve.
- Determinations are a lead indicator of productivity and improvements in time taken to process.
- In the 2023-24 financial year to 31 May 2024, 92,750 claims were determined, compared to 61,093 in the equivalent 2022-23 period. This represents a 51.8 per cent increase on the previous year.
- Claim determinations made in May 2024 (9,976), were 34.6 per cent higher compared to May 2023 (7,412).
- Average output per trained delegate per month was a record 29.7 claims determined in May 2024, compared with 22.2 claims determined in May 2023 (33.8 per cent higher).
- As we prioritise finalising the oldest claims, the time taken to process has been and will continue to be at high levels.
- For new claims received from March 2024, DVA aims to allocate these to an officer for processing within two weeks. In contrast over the past 11 months, for MRCA IL claims time taken to allocate has averaged 213 days.

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Table 10: Average times for claims allocation and processing in days[^] (1 July 2023 to 31 May 2024)

Claim Type	Average number of days from lodgement to allocate to an officer for processing	Average number of days between allocation to an officer for processing and the decision being made	Average number of days between lodgement and the claim being decided
MRCA IL	213	158	370
DRCA IL	244	237	481
VEA*	257	263	520
MRCA PI	96	129	224
DRCA PI	173	132	305
MRCA/DRCA Incapacity	23	59	70

[^]Based on determined claims only – does not include withdrawn claims. Calculated in calendar days.

*VEA Compensation Payment only – does not include any VEA Application for Increase (AFIs).

- We expect processing times, while still too high, will decrease across IL during the remainder of 2024 and PI over the next 12 months to meet our aim of achieving processing benchmarks for IL by 30 June 2025 and PI by 30 June 2026.

Table 11: Average Time Taken to Process (TTTP) in days[^]

Claim Type	2022-23 FY	2023-24 FYTD (1 July 23 to 31 May 2024)
MRCA Initial Liability	441	370
DRCA Initial Liability	460	481
VEA Compensation Payment*	480	520
MRCA Permanent Impairment	262	224
DRCA Permanent Impairment	259	305
MRCA Incapacity Payment	99	80
DRCA Incapacity Payment	100	89
VEA War widow(er)'s Pension	88	114

[^]Based on determined claims only – does not include withdrawn claims. The average time taken to process is based on the number of calendar days between lodgement and the claim being decided.

*Does not include any VEA Application for Increase (AFIs).

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Table 12: Percentage of claims processed within target days[^]			
Claim Type	Target	2022-23 FY	2023-24 FYTD (1 July 2023 to 31 May 2024)
MRCA Initial Liability	≥50% within 90 days	20%	19%
DRCA Initial Liability	≥50% within 100 days	10%	10%
VEA Compensation Payment*	≥50% within 100 days	16%	14%
MRCA Permanent Impairment	≥50% within 90 days	13%	14%
DRCA Permanent Impairment	≥50% within 100 days	18%	14%
MRCA Incapacity Payment	≥50% within 50 days	33%	46%
DRCA Incapacity Payment	≥50% within 50 days	38%	45%
VEA War widow(er)'s Pension	≥50% within 30 days	40%	29%

[^]Target days process is based on the number of calendar days between lodgement and the claim being decided.

*Does not include any VEA Application for Increase (AFIs).

Business improvements are advancing service delivery

- A range of business improvements are also making it simpler and easier for veterans and families to lodge claims and quicker for decision makers to assess claims.
 - We are streamlining over 200 complex compensation medical forms through the Medical Forms Review Project to make it quicker for medical practitioners to complete reports. As at 31 March 2024, 73 forms had been consolidated into 29 forms, and reduced 156 pages to 69.
 - It takes around 72 days for medical report requests (70 days for a General Practitioner and 76 days for a specialist) to be received by the Department, delaying the finalisation of a claim.
 - Improvements to MyService continue to be made. This includes changes rolled out on 13 October 2023 for IL claims, and on 2 December 2023 for Disability Compensation Payment Application for Increase claims. MyService now allows clients to know the status of their claim, and be prompted if we require additional information to support assessment of their claim and to provide that information through MyService.

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- Ongoing investment in staff training and culture, including training on commencement, quarterly refresher training for existing staff, training our trainers, and access to a site-based staff wellbeing coordinator (social worker trained).

CSO model is working to improve time taken to process

- Over the month of **May** 2024, CSOs progressed **4,881** IL and PI claims to the 'investigation ready' stage.
 - Previous analysis has shown that around 89 per cent of claims need additional information before being "investigation ready" for a delegate.
 - Our analysis shows that when CSOs first get claims 'investigation ready' for a delegate to then determine, it reduced the time taken to process by around 20 per cent compared to a delegate processing the entire claim themselves.
 - Average output per trained delegate per month was **29.7** claims determined in **May** 2024, compared with **22.2** claims determined in **May** 2023 (**33.8** per cent higher).
- Analysis of claims processing data between 1 May 2023 and 31 December 2023 indicated the impact of CSOs on claims determined:
 - Claims allocated directly to a delegate took on average 385 days to complete;
 - Claims allocated via a CSO took on average 314 days to complete; and
 - This represents a reduction of 18 per cent in time taken to process.
- If time taken to allocate (days) is removed:
 - Claims allocated directly to a delegate took on average 150 days to complete.
 - Claims allocated via a CSO took on average 84 days to complete.
 - This represents a reduction of 44 per cent in time taken to process.
- It takes around three months to train CSOs to be fully operational. Training is a combination of formal online and on the job training with experienced delegates. Over time, a number of CSOs have also been promoted to delegate roles.

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- Once claims are assigned to a CSO, the time taken until they are ready to investigate can be up to 120 days.
- Overall time taken to process can depend on factors such as clients providing additional information to support their claim following a conversation with the delegate prior to finalising their decision.
- Contact with the client at this stage is a critical step in the process as it can identify a change in circumstances of the client, or in some cases, if the delegate has indicated a possible rejection of the application, the client may be able to provide additional supporting evidence.

Ready to Investigate Holding Bay

- The Ready to Investigate holding bay is not connected to the unallocated queue.
- The Ready to Investigate holding bay is a business process DVA uses to allocate claims to delegates.
 - Once a claim has been allocated and then been progressed by a CSO and deemed 'ready to investigate' it is allocated to the holding bay for allocation to a delegate for processing.
 - The time spent in the holding bay is included in the total time taken to process for the claim (in calendar days).
 - Historically, the time within the holding bay has been around one week. This has recently increased to around 4-5 weeks.
 - DVA is taking action to reduce the temporary increase in time in the holding bay back to one week, with delegate recruitment rounds underway.

Clearance

Contact Officer:	Natasha Cole	Phone:	S 47F
Clearance Officer:	Natasha Cole	Phone:	
Last cleared on:	25 June 2024		

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VETERANS' CHAPLAINCY PILOT PROGRAM

KEY ISSUES

- In the October 2022 Budget, the Australian Government provided \$1.9 million across two financial years (to 30 June 2024) for the Veterans' Chaplaincy Pilot Program (VCPP).
- The 2024-25 Budget committed to the continuation of the VCPP to 30 June 2025.
- The Department of Defence (Defence) has assisted the administration of the VCPP through identifying, supplying and assisting Department of Veterans' Affairs (DVA) with funding experienced chaplains. This has allowed DVA to administer the program more efficiently and at a lower cost.
- To early April 2024, approximately \$670,000 has been spent or committed on the VCPP.
- The Department is currently planning for delivery of the program into 2024-25, following the Budget announcement of the extension.

WHAT IS THE VCPP DELIVERING?

- Transitioning members of the Australian Defence Force (ADF), veterans and their families, are eligible to receive chaplaincy support through the VCPP.
- The VCPP is operating in Townsville, Brisbane and Perth.
- The program aligns closely with Defence Chaplaincy, providing continuity of pastoral care to veterans and families through and after transition from the ADF.
- It provides counselling and support in a non-clinical setting and provides pathways for veterans and their families to access mental health and wellbeing support and foster community connections.
- It is also enhancing existing community capacity by contributing to the development and delivery of suitable training for, and engagement with, community faith leaders.

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- As part of supporting and upskilling community faith leaders, seminars were delivered on 14 and 29 May. Faith leaders from across the country were provided with information on broad ranging topics including:
 - the lived experience of veterans, families and the chaplains that support them,
 - how community faith leaders can support veterans and families, and
 - other existing supports that faith leaders can promote to veterans and families.
- The seminars were delivered through a hybrid digital/ in-person model. Around 60 people registered to attend the first seminar, either face-to-face in Perth, Townsville and Brisbane or online across Australia.
- Attendees completed an evaluation following each seminar regarding delivery methods and potential future topics, and to inform the delivery of future seminars.

WHO AND HOW MANY PEOPLE HAVE BEEN ASSISTED?

- To March 2024 there were approximately 87 people accessing chaplaincy services through the VCPP and the VCPP chaplains recorded 308 client interactions

WHY IS THE VCPP UNDERSPENT?

- The VCPP underspend is a result of the significant support being provided by Defence to DVA for the Pilot. The salaries of a seconded full-time and a seconded part-time ADF Chaplain are being paid by Defence. This support has enabled the program to be delivered at a lower cost.

WHY HAS DEFENCE PROVIDED CHAPLAINS TO THE VCPP?

- Appropriately skilled chaplains with a strong understanding of the veteran experience are a scarce resource. To minimise the delay in standing up the Pilot, DVA has worked with Defence to identify suitable chaplains. This has been a crucial factor in the success of the VCPP.
- Noting the scarcity of suitable chaplains, the development of faith community capability is also being trialled in the Pilot.

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WHY DIDN'T ALL THREE VCPP CHAPLAINS COMMENCE AT THE SAME TIME?

- The VCPP is being delivered using a staged approach, with different modalities of operation in each location. Time was taken to find suitably skilled chaplains and to implement learnings as the pilot progresses.

IS THE VCPP ONLY FOR CHRISTIANS?

- The VCPP offers support to people of any, or indeed no, religious adherence or beliefs.
- VCPP chaplains offer pastoral care and counselling and spiritual health support. They can also provide religious support where this is appropriate.
- For example, faith leaders of many denominations including Sikh, Buddhist, Islamic, Hindu and Christian faiths were involved in the chaplaincy seminars.

ARE CHAPLAINS QUALIFIED TO PROVIDE MENTAL HEALTH SUPPORT?

- VCPP chaplains do not provide clinical mental health support. Chaplaincy is a unique addition to the broad range of non-clinical supports available for veteran wellbeing and offers another way to help veterans and their families find purpose and meaning.
- VCPP chaplains can connect veterans and their families with other supports including Open Arms – Veterans & Families Counselling and other community-based mental health services.

WHY DIDN'T THE EVALUATION OF THE VCPP COMMENCE EARLIER?

- The evaluation of the VCPP commenced at a time when the program was mature enough to enable the planning and delivery of an effective evaluation process.
- A contract for the formal evaluation of the program commenced in September. However, data have been collected since the inception of the program. This data is being used to inform the formal evaluation of the program.
- This evaluation process is being undertaken through to mid-2024, with the short timeframe reflecting the time-limited nature and duration of the VCPP.

WHEN WILL THE EVALUATION OF THE VCPP BE COMPLETED?

- The evaluation of the VCPP is due to be completed by mid-2024.
- DVA appreciates the veterans and families who are providing their input and insights to the evaluation.
- DVA will consider the next steps for the program in light of the results of the evaluation.

BACKGROUND

- The VCPP provides chaplaincy support for transitioning and at risk ADF members, veterans and families, providing another option for support for those who need it most.
- The program aims to support veterans and families through:
 - facilitating access to spiritual health support and other DVA support programs;
 - providing pastoral care, mentoring and education through transition and into civilian life;
 - providing pastoral care and spiritual health support during crisis, or other high intensity or acute events, in particular supporting adjustment, grief and recovery; and
 - developing, upskilling and supporting the faith based community to deliver this support to veterans.

KEY DATES

- October 2022 – Budget announcement.
- April 2023 – commencement of VCPP announced by the Minister.
- April 2023 – commencement of Perth Chaplain.
- July 2023 – commencement of Brisbane Chaplain.
- February 2024 – commencement of Townsville Chaplain.
- 14 May 2024 – delivery of initial Veterans’ Chaplaincy seminar.
- 14 May 2024 – Budget announcement of the extension of the Pilot to 30 June 2025.
- 29 May 2024 – delivery of second Veterans’ Chaplaincy seminar.

Clearance

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