



1. A Message from the Chair

Welcome to the 9th edition of the *Advocacy News*. Once again I am pleased to be able to report the great strides being made by the Advocacy Training and Development Program (ATDP) and highlight activities that will impact on the delivery of advocacy services.

I would first like to applaud those advocates who have worked long and hard helping veterans in the Training and Information Program (TIP) for their continuing efforts in helping to establish the ATDP and working within it.

As you may be aware, further reviews and investigations have occurred which have the potential to herald further changes to the way we deliver advocacy support. Any such changes will most likely take some time to put into effect and there may be some changes to the governance structure moving forward. In the meantime all advocates are encouraged to stay focussed and continue to deliver their usual high-level of support.

By way of a summary of these reviews, enquiries and studies and their relevance to the ATDP, the following sections of this newsletter contain a brief commentary which I trust will be of interest to readers. You will also find useful updates on a number of veterans and families programs and benefits from DVA.

Separately, ATDP has recently launched an <http://www.atdp.org.au/cpd/> for the CPD. This portal aims to maintain professional advocacy knowledge to Level 2 and above advocates. I would like to thank the ATDP team who were involved this project. We welcome comments and feedback from our advocates so we can continue to improve our service.

Finally, I would like to welcome two new members to the ATDP family: [Graham Jacob](#) (CPD representative) and [Ian Thompson](#) (Acting Manager for Region 2). I would also like to farewell Terry Payne and thank him for his support as IT Manager in Region 1 and wish him all the best in future.

I would once again like to acknowledge all those that are providing advocacy support, and those assisting them in this critical work, in what will continue to be a dynamic and challenging environment.



Jenny Walker
Chair, Strategic Governance Board
Advocacy Training and Development Program

2. Continuing Professional Development (CPD) went live on July 1

On 1 July 2018, the ATDP introduced its Continuing Professional Development (CPD) module. It replaces the TIP refresher training requirements used to demonstrate currency for professional indemnity purposes. The CPD requirement is one which is common to many professional environments. The ATDP believes that it has great potential to enhance the abilities of advocates to deliver high-quality services to the veteran community.

All Level 1 - 4 advocates who have completed Recognition of Prior Learning (RPL) and who are not on a learning pathway should undertake CPD to ensure continuity of VITA Professional Indemnity Insurance coverage. To date, more than 210 Advocates or 55 per cent of all advocates with a CPD obligation have formally enrolled. More pleasing is the fact that more than 150 advocates have commenced earning CPD points.

A fundamental premise of CPD is that advocacy training and development is both continuing and self-directed. Continuing means that advocates who have a CPD obligation should earn no less than 15 CPD points annually and 45 CPD points over any three-year period. In the first CPD year advocates are especially requested to also complete the 'update' modules which specifically address the unique challenges facing younger veterans identified during the Younger Veteran workshops conducted in 2018.

Feedback on the CPD module has been positive. However, some advocates are still experiencing log-in difficulties because their contact details haven't been updated, or they are using an incorrect user-name, or password. Authorising ex-service organisations (ESOs) need to work with advocates to make sure that advocates' details have been updated in a timely manner.

The current CPD delivery platform is mainly IT-based. To this end the CPD team is currently developing additional CPD activities such as on-line case studies and the inclusion of specialist webinars. Advocates also have the opportunity to complete non IT-based activities.

The CPD team recognizes that learning also occurs in a variety of learning environments. In this regard, the CPD team has had considerable interest from advocates seeking to have non-ATDP learning based activities recognised for CPD points.

The most urgent task facing the CPD team is to make contact with those advocates who still may not be aware that they have a CPD obligation. Please contact the CPD team at cpd@atdp.org.au to update your contact details, or get yourself registered for CPD, so you can begin your CPD journey.

Further information about CPD please visit: <http://www.atdp.org.au/cpd/>

3. Veteran Related Government Reviews



Rob Cornall AO and Kerrie-Anne Luscombe meeting with Adelaide couple Simon and Julie

The Veterans' Advocacy and Support Services Scoping Study has finished its travels around Australia, having consulted with over 350 people over 16 weeks on a wide range of veterans' issues.

The study team has gathered information from many organisations including Defence, state and territory governments, ex-service organisations and legal, health and community bodies.

More importantly, the team has spoken to as many veterans and their partners, children and parents as possible.

While ATDP made no formal submission as a body, Strategic Governance Board members, Jenny Walker and Ken Foster together with CFMG Chair, Roger Greene and National Training Manager, Greg Hoving were consulted on ATDP operations and planning and several ATDP accredited advocates were also interviewed or made individual submissions.

Each person has generously shared their experiences and ideas, all of which have been listened to and documented. These stories, along with every submission received, will be carefully considered before the report of the study is written.

As well as consultations, 224 submissions were made online or sent in by email and post. Fifty-one of the submissions are from organisations and 173 from individuals. The longest submission was 126 pages in two parts and the shortest was a 57 word email. Some people and organisations have agreed to have their submissions made public. These can be read on the website: www.dva.gov.au/advocacystudy.

The study is due to report to the Australian Government by the end of the year, and the findings are expected to be publicly available early next year.

The 2017 Senate Inquiry into *Suicide by Veterans and Ex-Service Personnel* made wide-ranging recommendations, three of which led directly to inquiries into the efficiency of Department of Veterans' Affairs' (DVA's) processes, veterans' legislation, delivery of advocacy services and the transition of ADF personnel into the broader community.

On 27 June 2018, the Australian National Audit Office Review (ANAO) published its report *Efficiency of Veterans Service Delivery by the Department of Veterans' Affairs*. This report concluded that the majority of DVA rehabilitation and compensation services are being delivered to veterans and their dependents within DVA's time-based performance targets. A minority of claims, however, were taking a longer period to process.

The Productivity Commission Inquiry into the *Compensation and Rehabilitation for Veterans* will undoubtedly prove to be a crucial marker for the future support of veteran and their dependants. This inquiry is reviewing veterans' legislation, the effectiveness of governance and service delivery arrangements. A draft report is expected in December and public consultations in February 2019.

The Senate's Defence Sub-Committee of the Joint Standing Committee on Foreign Affairs, Defence and Trade is inquiring into transition from the ADF.

These reviews will not only give rise to changes in DVA but will also impact the way that veterans' advocacy is delivered. A careful implementation approach will be needed to ensure that veterans continue to receive access to quality advocacy support.

4. VITA Information

Some VITA members have received unsolicited emails stating that VITA's Professional Indemnity policy does not cover volunteers, only paid workers. This statement is incorrect. The policy wording is quite clear and VITA's broker has confirmed in writing that volunteer workers under the Professional Indemnity policy are covered.

In 2016, DVA referred the policy arrangements to their Legal Branch which advised that volunteer practitioners, who are certified by a member ESO listed as an "Insured" in the Professional Indemnity Policy Schedule, are entitled to receive coverage under the Professional Indemnity Policy on the basis that they are providing services to members of the ADF community in accordance with the "Professional Services" listed in the Professional Indemnity Policy Schedule.

In 2016, DVA received an FOI request from the author of these unsolicited emails to obtain a copy of VITA's Professional Indemnity insurance policy from 2014-2015 and its attachments. DVA refused the FOI request (with VITA's strong support) on the basis that DVA owed an obligation of confidence to VITA with respect to this document. On 8 August 2018, the Administrative Appeals Tribunal, on merits review of this FOI request, accepted that policies of insurance are generally confidential, and that DVA owed an obligation of confidence to VITA. However, given the age of the document, the Tribunal did not accept that VITA (or anyone else) would suffer detriment if it was released. Accordingly, the Tribunal ordered that DVA release the document.

In supporting DVA's FOI decision, VITA was simply following good commercial practice by limiting access to insurance documents. VITA requests that member ESOs refrain from disseminating VITA insurance policy documents and that they be considered strictly confidential.

5. DVA's NEW Rehabilitation Publication



Rehabilitation for DVA Clients is a new publication about rehabilitation for veterans and their families. The booklet provides an overview of the rehabilitation process and some examples of supports and strategies that have helped others make the most of their rehabilitation.

It provides a starting point to a range of rehabilitation and complementary services available as part of a DVA rehabilitation plan.

At DVA our rehabilitation approach looks at the veteran's physical, social and vocational needs to maximise their recovery following injury or illness sustained in the Australian Defence Force. We understand that each person's journey is personal and unique and that recovery is an ongoing process.

Engaging in a rehabilitation program can happen at any time in the recovery journey, straight away, following transition, or later if needed.

In DVA rehabilitation, a rehabilitation provider will talk with the veteran to find out what is important to them. A personal plan will be tailored, taking into account individual circumstances and match them with suitable supports and services to meet the veterans' needs.

The booklet *Rehabilitation for DVA Clients* is available at www.dva.gov.au/rehabilitationbooklet

6. Award Recognition to ATDP Trained Advocate – Nadia Titley and her team - RSL Launceston Sub-branch: Australian Defence Force Welfare Team

Nadia Titley, the Chairman of RSL Launceston Sub-branch ADF Welfare Team, is currently undertaking ATDP training. Nadia is qualified in the field and is recognised by her professional network for her advocacy work. Nadia is currently being mentored by an experienced ATDP qualified advocate.

The Welfare Team was created to support Australian Defence Force members and their families who were experiencing crises in their lives. In the past year, the Welfare Team comprising seven volunteers provided advocacy and support to 55 members facilitating access to information and services including housing support, financial assistance, mental health and relationship matters. The Launceston based Welfare Team is completely self-funded and has successfully extended its support to the veteran community across Tasmania.



Well-deserved recognition of the work of the Welfare Team came at the 2018 Southern Cross Television Tasmanian Volunteering Awards which were held on Monday 21 May at Government House. The prize giving ceremony and celebration was hosted by Volunteering Tasmania Patron, Her Excellency Professor the Honourable Kate Warner, Governor of Tasmania.

Nadia and her team were the winner of the CatholicCare Tasmania Volunteer Program of the Year Award.

Source from: *The Orderly Room*

Photo from the left: *Mr Tim Gourlay (CEO of CatholicCare), Ms Nadia Titley (President of RSL Launceston Sub-Branch: ADF Welfare Team) and Her Excellency Professor the Honourable Kate Warner AC (Governor of Tasmania)*

7. Will ATDP Training affect my Incapacity Payments?

The ATDP has been provided with the following advice from the DVA policy area in relation to concerns raised in regard to the possible impact on Incapacity Payments for DVA clients undertaking ATDP Training:

The policy under the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA) and the *Military Rehabilitation and Compensation Act 2004* (MRCA) in relation to volunteer work has not changed. DVA recognises that engaging in voluntary work can have significant medical and social rehabilitation advantages for a person. A training course in order to undertake volunteer work, such as those offered by the ATDP, is considered volunteer work. If a person does not have capacity for employment, and is not participating in a return to work rehabilitation plan, volunteer work **will not** affect their eligibility for payment nor impact the rate of payment.

Undertaking voluntary work (including the ATDP) alone does not indicate a person could return to employment. A person's payments may change only if their capacity for employment has changed (as indicated by the person's treating doctor) and subsequently a rehabilitation plan assists the person to return to paid employment.

Therefore participating in volunteer work alone, including a volunteer training course, **will not** affect a person's incapacity or Special Rate Disability Pension (SRDP) payments.

8. Wellbeing Services – Risk Management of the WSO Role

The acceptance of the RPL process by in excess of 500 TIP trained pension and welfare officers, together with the rapid take-up rate of CPD since its launch on 1 July 2018, and the active engagement of around 120 candidates on ATDP learning pathways, is testimony to the significant progress being made towards the professionalisation of advocacy services.

The ATDP has been heartened by informal feedback from various sources within the ex-service community in respect to ATDP achievements to date. Of course, we can reasonably expect that further enhancements of advocacy training and development and service delivery will occur on an on-going basis. The trend towards increasingly professional advocacy, which started under TIP, is now well established and there is no turning back.

One crucial element of veteran and family support has however, been waiting in the shadows. During several younger veteran wellbeing curriculum workshops conducted last year, a need was identified for recognition of those who make hospital and home visits and carry out the multitude of other wellbeing support roles undertaken by ESOs and/or Veteran Support Centres (VSCs). ATDP has coined the term Wellbeing Support Officer (WSO) for this important role.

The WSO knowledge and skills identified at Wellbeing Workshops have been translated into a WSOs' Handbook that will be placed on the DVA website once ready. Some younger veterans and ESOs have already identified that the WSO role is a useful way of introducing people to military advocacy and establishing their suitability for further development as wellbeing or compensation advocates.

Importantly, although a WSO must be authorised by their ESO and/or VSC, they do not require ATDP accreditation and do not have professional indemnity insurance cover under VITA. (NB: Police

checks, Working with Children checks and licensing are state government requirements which should be adhered to). This creates a risk management responsibility for their ESO and/or VSC. Although WSO induction should cover much of the knowledge needed by accredited advocates, WSOs will not give advice. If asked, they should know enough to be able to refer the question to the right advocate with the appropriate level of accreditation.

ESO and/or VSC executives and senior advocates will need to reinforce WSO responsibilities so that neither the WSO nor the ESO and/or VSC find themselves faced with litigation for negligence.

9. Employment Opportunity – CFMG Deputy Chair

The ATDP is currently looking for a talented individual to fill the Capability Framework Management Group (CFMG) Deputy Chair role. The ideal candidate would: have great leadership and management skills; be able to think strategically with a practical approach; enjoy challenges and problem solving; have excellent communications and relationships skills; and most importantly, be able to make a positive contribution to the lives of veterans and their families. Training and Assessment and military advocacy qualifications/experience would be well regarded.

The CFMG has been established as a key element of the ATDP. It is responsible for delivering the strategic objectives and meeting the goals set by the Strategic Governance Board (SGB) in transitioning from the former TIP training platform to the new ATDP model.

Central to this role is the development of the Capability Framework that aligns with the intent of the ATDP Blueprint to deliver consistent advocacy services through the development of nationally accredited training and mentoring programs.

For further information about this role please contact info@atdp.org.au.

The ATDP Blueprint can be located at:

www.dva.gov.au/sites/default/files/files/consultation%20and%20grants/reviews/atdp_blueprint.pdf

IMPORTANT CHANGES TO BENEFITS ADVISED BY THE DEPARTMENT

The following changes to benefits should be promulgated as widely as possible to wellbeing and compensation advocates and affected veterans/families, and are included here as a service to advocates.

10. Medical Reports for VRB and SMRC

As of 1 April 2017, clients can claim a reimbursement of up to \$1,000 for costs incurred in obtaining relevant documentary medical evidence to support a review or appeal by the Veterans' Review Board (VRB) or the Specialist Medical Review Council (SMRC).

The reimbursement amount applies to each medical condition. The maximum reimbursement amount available previously was \$467.50 per condition.

By assisting with costs associated with obtaining medical evidence, applicants will be more likely to obtain medical evidence to support their claim, and applications will be resolved sooner.

The VRB is an independent tribunal that exists to review certain decisions made by the Repatriation Commission under the *Veterans' Entitlements Act 1986*, and certain determinations under the MRCA. More information is available on the VRB's website www.vrb.gov.au

The SMRC is an independent statutory body responsible to the Minister for Veterans' Affairs. On request from an eligible person or organisation, the SMRC reviews certain decisions made by the Repatriation Medical Authority. The SMRC advises applicants to talk with the Secretariat before proceeding with any plans to obtain documentary medical evidence. More information is available on the SMRC's website www.smrc.gov.au.

11. Proposed Change of Veterans' Incapacity Payments

Currently, an eligible veteran's incapacity payments reduce to 75 per cent (or a higher percentage depending on weekly hours worked) of their normal earnings after a period of 45 weeks in receipt of incapacity payment.

Under this measure, an eligible veteran who is participating in a DVA rehabilitation plan, and studying full-time as part of their plan, will receive incapacity payments at 100 per cent of their normal earnings. Their payments will not be reduced after 45 weeks while they maintain full-time study as part of their rehabilitation plan.

This change aims to provide financial surety to veterans and their families, to facilitate ongoing meaningful employment and reduce future reliance on taxpayer funded support. It will benefit veterans who are studying full-time as part of an approved return to work DVA rehabilitation plan.

The change will take effect from 1 November 2018.

12. Proposed Change to include Oral Claims for Compensation under MRCA

Veterans covered under MRCA are now able to claim for compensation with respect to their service related conditions both orally and in writing.

Presently, veterans need to put a claim for compensation in writing in order for it to be treated as a valid claim by DVA. This is unnecessarily burdensome on veterans and creates administrative inefficiencies.

The amendment enables a veteran to indicate orally that he or she is seeking some form of compensation under the MRCA and for that oral indication to be treated as a valid claim under the MRCA. Should veterans prefer to do so, they can still continue to make a claim for compensation in writing and give it to the Commission.

This amendment supports the veteran-centric reforms being made by DVA and will lead to improvements for clients. The changes make it simpler for veterans to claim compensation.

This change took effect 25 July 2018.

13. White Card on Transition

From mid-2018, access to mental health care has become even easier for transitioning ADF personnel when they automatically receive a White Health Card to access mental health treatment, without the need for claiming.

The card can be presented to their general practitioner (GP), psychologists, psychiatrists, and other health professionals to receive treatment paid for by DVA.

All mental health conditions are covered by this initiative including PTSD, anxiety, sleep disorders, alcohol use disorder and substance dependencies. The condition does not need to be service-related.

Personnel who have already transitioned from the ADF, who do not have a White Card for mental health treatment, may still be able to access this treatment by contacting DVA via email nlhc@dva.gov.au or calling 1800 555 254. More information can be found at www.dva.gov.au/nlhc. Another way is to register as a DVA Client on the new DVA My Service Portal <https://www.dva.gov.au/my-service/#/>. A guide on how to register is at the YouTube video <https://youtu.be/Y9zJlC8A6W4?t=79>.

Immediate support is available through Open Arms – Veterans & Families Counselling (formerly VVCS) who provide a free and confidential 24-hour counselling service for eligible veterans and their families on 1800 011 046. <https://www.openarms.gov.au/>

14. Family Support Package



We recognise that upon return from conflicts, veterans and their families can struggle to cope. This initiative is designed to assist veterans maintain connections with their family, community and employment. Implemented on 1 May 2018, the following support will help alleviate some of the pressure when families need it the most:

Additional childcare arrangements in specific circumstances for:

- veterans who have rendered warlike service, post 1 July 2004 and are in receipt of incapacity payments and participating in a DVA Rehabilitation Program under the MRCA.
- the spouse/partner of veterans killed in recent conflicts or veterans who have taken their life after returning from warlike service.

Counselling support

- for the immediate family members of MRCA veterans, to enable the family unit to maintain its connections to community, employment and social interaction, and manage within its budget.

Home assistance and counselling support

- for the spouses/partners of veterans killed in recent conflict or veterans who have taken their life after returning from warlike service, to assist them to adjust to life after the death of their partner.

For further information please see the links below

- <https://www.dva.gov.au/factsheet-mrc52-family-support-package-veterans-and-their-families>
- <https://www.dva.gov.au/factsheet-mrc53-family-support-package-widowers>

If you have any questions about the Family Support Package, please send an email to: FAMILY.SUPPORT.PACKAGE@dva.gov.au

15. Veteran Payment



From 1 May 2018, Veteran Payment provides interim income support to veterans who have lodged a claim for a mental health condition under the Military, Rehabilitation and Compensation Act 2004 or the Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988, are under age pension age and are incapable of working more than eight hours per week. Partners will also be eligible for veteran payment whilst the veteran is receiving Veteran Payment.

Veteran Payment is an income and asset tested payment, paid fortnightly, with a maximum rate of \$981.30 per fortnight for single persons and \$764.30 (each) per fortnight for members of a couple. Eligible renters may also receive Rent Assistance and those will dependent children may apply to receive Family Tax Benefit Part A through the Department of Human Services without having to satisfy the means test.

While receiving the payment the veteran will participate in a DVA rehabilitation program if they are able to do so.

For veterans making a claim for a mental health condition following 1 May 2018, new sections have been added to the appropriate forms allowing the veteran to indicate they wish to receive Veteran Payment. For veterans who have already submitted a claim for a mental health condition, they may be contacted by the Department of Veterans' Affairs.

Further information can be found at:

<https://www.dva.gov.au/factsheet-is189-veteran-payment-overview>

16. Submitting Claims for Wholly Dependent Partner Compensation Under MRCA

Dependants of a member or former member of the ADF may claim compensation under MRCA if the member had service on or after 1 July 2004 and:

- the death is being claimed as related to that period of service; or
- he/she was entitled to maximum permanent impairment compensation for accepted conditions under MRCA immediately before their death; or
- he/she met the criteria for SRDP prior to their death.

Under MRCA a claim form must be submitted for assessment of compensation entitlements. The D2053 claim form is used for all MRCA death benefits, including compensation, funeral expenses and bereavement payments.

If a Coroner's investigation has been requested by a civilian authority, it is likely that this will need to be completed prior to a determination of the claim being made. These investigations often take in excess of 6-12 months. Bereavement payments are an exception as these are based on the veteran's MRCA entitlements prior to death.

Wholly dependent partners can receive either periodic payments for life equivalent to the rate of the war widow/ers' pension under VEA, or convert this payment to a lump sum conversion which is outlined in claim determination letters. Surviving partners have 2 years to elect which form of payment they wish to receive, during which time periodic payments will be made.

Surviving partners are encouraged to seek financial advice from a suitably qualified financial advisor prior to making their election. They may be eligible for reimbursement of the cost of this advice, up to the statutory limit.

A referral to Service Coordination should be considered if a family would benefit from a single point of contact within DVA to assist with streamlining claims processes, exploring potential entitlements and linkage into to relevant services.

For enquiries, please send an email to: SERVICE.COORDINATION@dva.gov.au

Reference Link:

<http://clik.dva.gov.au/military-compensation-mrca-manuals-and-resources-library/policy-manual/ch-7-compensation-death/710-continuing-permanent-impairment-and-incapacity-etc-payable-wholly-dependent-partners-and-eligible-young-persons-bereavement-payments>