COMPENSATION SUPPORT OFFICER’S HANDBOOK
INTRODUCTION

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

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

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

- compensation claims, or
- wellbeing support.

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

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

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

Note:

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

Information on National Police Certificates is provided in Chapter 1 of this Handbook.
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CHAPTER 1 - GENERAL INFORMATION

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

Volunteering can be:
- satisfying,
- uplifting,
- helpful with your self-esteem and feelings of being valued, and
- helpful to others.

It can also be:
- demanding and time consuming,
- expensive in time not spent on relationships with family and friends,
- sad and sometimes can leave you feeling depressed, and
- financially impacting.

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

The following are some strategies that you can use to avoid that happening, or if it has happened, to allow you time-out to restore your wellbeing:
- Have realistic expectations of your volunteer work.
- Schedule "time out" from giving time to the community.
- Maintain interests away from volunteer work.
- Understand when you are under stress and what to do to limit it.
- Make sure you say "NO" to being overtasked.
- Distribute the workload fairly.
- Develop a ‘buddy’ system with other volunteers.
- Have a debrief system in place for your own relief and confirmation about your actions.

Telephone Etiquette

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

Your ESO may have some existing telephone procedures that you should follow. Some additional guidance includes:
- Answer in a friendly, approachable and professional manner.
- Provide the caller with the name of the ESO and your name.
- Ask for their name, and how they wish to be addressed.
- Ask how you may be able to assist them.
- Depending on the circumstances, you may:
- redirect their call to the appropriate person,
- record a message from the caller to pass to the appropriate person,
- make an appointment for the caller to come in to the ESO, or for someone to call them to make other arrangements.

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

**Indemnity Insurance**

The Veterans’ Indemnity and Training Association Inc. (VITA) provides access to professional indemnity insurance at an affordable cost for members of ex-service organisations (ESOs) and incorporated groups who provide advice and advocacy services to members of the ex-service community about government pensions, benefits and community support services.

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

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

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

**National Police Checks**

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

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

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

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

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

**Note.** There is a cost associated with gaining a National Police Certificate. You should negotiate with your ESO to meet that cost.
A National Police Certificate that satisfies requirements under the Act is a nationwide assessment of a person’s criminal history prepared by the Australian Federal Police (AFP) or a State or Territory police service.

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

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

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

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

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

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

**Community Visitors Scheme (CVS) Volunteers**

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

More information is available at:


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

- **Australia Post (National)**

- **AFP/Australian Capital Territory**

- **New South Wales**

- **Queensland**
Privacy and Confidentiality

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

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

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

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

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

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

In the context of reporting back to ESO members, you should obtain the veteran’s permission to disclose information, what information can be disclosed and to whom. Additionally, you should ascertain if there is any information the veteran does not want disclosed. An example Information Disclosure Permission Form is provided overleaf.

With the veteran’s or widow’s/ers permission, you should provide a written report back to your ESO listing the following:

- who you visited;
- in what location eg, ESO, home, aged care facility; etc
- topic’s that were discussed.

• Victoria  

• South Australia  

• Western Australia  

• Northern Territory  

• Tasmania  
**Code of Conduct**

Advocates and Support Officers perform a vital role in representing the interests of members of the Defence and ex-Defence community and their dependants. Advocates and Support Officers are therefore expected to conform to the highest ethical standards.

In performing their duties, Advocates and Support Officers are expected to comply with both their own ESO’s Code of Conduct and the ATDP Code of Ethics. Copies of example ESO Code of Conduct and the ATDP Code of Ethics are at Attachments 4 and 5 to this Chapter.

**Proof of Identity (POI)**

Before a claim can be finalised, DVA’s Proof of Identity (POI) requirements must be complied with. In some cases, POI can be established by providing original documents or certified copies from DVA’s approved list. The approved list is contained in DVA Factsheet DVA06 Proof of Identity Requirements available at: [http://www.dva.gov.au/factsheet-dva06-proof-identity-requirements](http://www.dva.gov.au/factsheet-dva06-proof-identity-requirements).

If the client has previously satisfied the POI requirements with DVA, it may not be necessary to provide all the same information a second time. In some cases the client will only need to provide one document from Category B. If that document does not provide evidence of the client’s current residential address, then he or she must also produce a document from Category C.

Note that since 17 February 2009, the ADF Identification Card is an acceptable Category B document for DVA POI purposes. The ADF ID Card must be presented at a DVA Office, VAN or OBAS for certification.

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

Under Non-Liability Health Care (NLHC) treatment of any mental health condition is available without the need to link the condition to service, nor a diagnosis.

Those eligible are current and former:

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

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

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

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

- DVA Factsheet HSV109 - Non-Liability Health Care

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

Please read the following instructions prior to completing this form

What this form is for?
This form is to be used by ex-members of the ADF or their next of kin, advocate or other third party to request information held on Service Records (Personal and Health) in the custody of the Department of Defence.

Please note: No information will be provided to anyone other than the ex-member unless written authorisation has been provided by that person. If the ex-member is deceased, proof of death and proof of relationship must be provided including identity documents.

Proof of identification of the requester
Identification of the requester must be provided. Acceptable forms of identification include a copy of one of the following: an official identity document which includes a signature or signature and photo, e.g. passport, driver’s licence, pension card, tertiary institution ID card. Do not provide credit card information as a form of identification.

Proof of relationship
For anyone other than the ex-member, proof of relationship must be established through documents such as: marriage certificate, birth certificate, death certificate, power of attorney or statutory declaration.

Proof of name change
Where necessary, proof of name change is required to establish proof of identification and/or proof of relationship, e.g. marriage certificate, deed poll, etc.

Products available
- Service Report - computer generated report containing data entered into various Personnel Management Systems. Sufficient to apply for membership of an RSL or obtain entitled discounts e.g. cruises.
  Includes: Full name, date of birth, service number, date of enlistment, date of discharge and rank on discharge.

- Other - please specify particular documents e.g. performance reports, training/qualifications and discharge documentation. Note that the only particular health records that can be provided are the inoculation booklet, or final/discharge medical.

- Full copy of Personal Records - full copy of Personal Records, including Unit and any electronic only records.

- Full copy of Health Records - full copy of Health Records, including Unit and any electronic only records.

Timeframes for completion
Timeframes for the completion of requests for information vary according to the complexity of the task. Less complex tasks such as Service Reports require less processing time and can be provided in a shorter timeframe. Full copies are more complex and require the redaction of personal information relating to other individuals. Requesting a full copy of documents will result in a longer turnaround time. If you have an urgent requirement to access records please specify this on the request form.

How products will be provided
Defence Archives provides access to most records, including full copy of records, electronically on disc to the nominated postal address. Large files are unable to be emailed due to Defence network limitations. However, Service Reports can be emailed and provided in a short timeframe.

Submission of this form
The preferred method for Defence Archives to receive this completed form plus identity documents is via e-mail to:
ADF.Records@defence.gov.au

Alternatively, this completed form and identity documents can be sent via mail to:
Defence Archives
PO Box 225
Queenscliff VIC 3225
Australia

More information
More information can be found at our website: www.defence.gov.au/Records or by contacting the Defence Service Centre on 1800 333 362 or +61 2 6455 1440 from outside Australia.

Version 2 July 2016
# Request for Records

**Department of Defence**  
**Defence Archives Directorate**

**Ex-member details**
- **Given names**
- **Surname**
- **Former surnames (if applicable)**

**Service/PM/KeyS number(s)**
- **Navy**
- **Army**
- **Air Force**
- **Reservist**  
  - yes / no

**Date of Birth**
**Date of Enlistment**
**Date of Discharge**
**Date of Death (if applicable)**

**Applicant/Advocate/Third Party details (if not the ex-member)**
- **Name**
- **Relationship to the ex-member**

**Contact details - Applicant**
- **Unit/Number:**
- **Street:**
- **City:**
- **State & Postcode:**
- **Telephone:**
- **E-mail address:**

**Contact details - Member (if not the applicant)**
- **Unit/Number:**
- **Street:**
- **City:**
- **State & Postcode:**
- **Telephone:**
- **E-mail address:**

**Products requested (see instruction page for details)**
- **Product requested**
- **Reason for request (including reason for urgency)**

**Authorisation**
- **Ex-member signature**
  
  [Signature]
  
  / / Date

- **Applicant/Advocate/Third Party signature**
  
  [Signature]
  
  / / Date

**Applicant checklist prior to submission**
- **Form complete**  
  - Yes

- **Identification provided**  
  - Yes

- **Proof of relationship**  
  - Yes  
  - N/A

**Note that requests cannot be actioned until identification and proof of relationship have been provided**

Version 2 July 2016
Information Access Application Form

Access to information and documents held by the Department of Veterans’ Affairs (DVA)
Proof of identity may be required when requesting personal information.
Proof of relationship may be required when requesting personal information relating to another individual.

What documents are held by DVA?
If a veteran has lodged a claim with DVA then DVA will hold a file and the service records. The file will generally also hold the service medical records; however, in some cases these records may have been returned to the Department of Defence.

What documents are NOT held by DVA?
Service Records (or dossiers) from World War 1 and World War 2 are available from the National Archives of Australia. All other service and medical records can be obtained from the Department of Defence by the person concerned, outside of the legislative framework (administrative access to information).

This form should not be used to seek records from the Department of Defence. A separate application form is available from the Department of Defence at www.defence.gov.au.

Please contact:
Post: Defence Archives
      PO Box 225
      QUEENSLAND VIC 3225
Phone: 1300 333 362
Email: ADFA.records@defence.gov.au

DVA Factsheets
For more information on accessing information held by DVA, and the privacy obligations of DVA, see the following factsheets:
FIP 01 Access to Information About You
FIP 02 Privacy
FIP 04 Confidentiality of Social Security (Centrelink) pension information.

Privacy Notice
Your personal information is protected by law, including the Privacy Act 1988 (The Privacy Act). Your personal information may be collected by DVA for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants. Read more: How DVA manages personal information.

Email: information.access@dva.gov.au
Post: Information Access
      Department of Veterans’ Affairs
      GPO Box 9998
      BRISBANE QLD 4001
Phone: 1800 555 254

Part A
Documents or Information requested
Please use BLOCK LETTERS if you are filling this form in by hand.

1. Please describe as clearly as possible the documents or information you are seeking to access

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
### Part B

**About the Applicant**

2. **Surname**

3. **Given name(s)**

4. **Please provide at least one method of contacting you in writing**
   - Email address

5. **Postal address (optional but must be an Australian address)**

6. **Phone (optional)**

7. **If you are requesting information about a DVA client, what is your relationship to the client (e.g. self, advocate, widow, next of kin)?**

8. **Applicant’s signature**

*If you are requesting non-personal information, the details at Questions 2, 3 and 6 are optional*

### Part C

**About the DVA Client**

7. **Surname**

8. **Given name(s)**

9. **Other name(s) by which the client may be known**

10. **DVA File number**

11. **Service number**

12. **Branch of service**

13. **Date of enlistment**

14. **Date of discharge**

15. **Date of birth**

16. **Date of death (if applicable)**

17. **Authority to request personal information**
   - I, the DVA client above (or a person with appropriate authority), authorise the applicant at **Part B** to request the information at **Part A** that relates to me. I authorise DVA to deal with the applicant with regard to my information.

18. **Signature**

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Part D  Access Request

METHOD OF ACCESS
You may select the method of access most appropriate to your circumstances. If you do not make a selection, DVA will process your request outside of the legislative framework.
Please tick one box

• You can ask for access outside of the legislative framework to documents and information held by DVA.
  I would like to request administrative access to information.

• If you have an active* claim under the Military Rehabilitation and Compensation Act 2004 (MRCA), you have a right to documents related to that claim.
  *An active claim is a claim that has not yet been ultimately determined.

  I would like to request access under s 331 of the MRCA.

• If you have an active* claim under the Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (DRCA), you have a right to documents related to that claim.

  *An active claim is a claim that has not yet been ultimately determined.

  I would like to request access under s 59 of the DRCA.

• If you are seeking information or documents about yourself, you have a right to access the information or documents under Australian Privacy Principle (APP) 12, as set out in the Privacy Act.
  I would like to request access under APP 12.

• You have a right to request documents from DVA under the Freedom of Information Act 1982 (the FOI Act)
  I would like to make a request under s 15 of the FOI Act.

Charges
Under the Freedom of Information Act 1982 (the FOI Act), individuals who make an application for their own personal information will not be subject to fees or charges. All other FOI Act requests may be subject to charges. Requests under other access mechanisms will not be subject to fees or charges.

You will be notified if charges are payable in relation to your request.

MODE OF ACCESS

Please forward a copy of the documents and information to me (the applicant)/my representative.
Please arrange for me to inspect the documents.

SUBMITTING AN APPLICATION
By email: information.access@dva.gov.au
By Post: Information Access
Department of Veterans’ Affairs
GPO Box 9996
BRISBANE QLD 4001

OFFICE USE ONLY

Date received: / / Ref: File Nos.
Comments:

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EXAMPLE PRIVACY POLICY

[NAME OF ESO] PRIVACY POLICY

This document outlines the [name of ESO] policy on handling the personal information that we collect for the purposes of completing client military compensation claims and the provision of wellbeing services to the veteran community.

Our [staff and] volunteers are committed to protecting the privacy of clients. When our Advocates request personal information from veterans, dependants or widows, we will explain why we need it and how it will be used solely for the purposes of Department of Veterans’ Affairs (DVA) claims processes. At all times we will comply with the Australian Privacy Principles when handling and storing the personal information of all clients.

For our clients:

Why do we need your personal information?

Protecting your personal information is important to us and we will only collect the information necessary to enable us to submit claims to the DVA on your behalf or help you obtain wellbeing and/or welfare services. We understand some information is extremely sensitive, so we will be clear about its relevance to your claim and how we will protect this personal information.

What types of personal information do we ask for?

As part of your claims process, we may request a range of personal information, limited to what we need, to assist us in submitting your claim to DVA. The information we request could include (but is not limited to) your proof of identity documents, tax file number, bank account details and your service medical and personnel files.

How do we protect your personal information?

Whether your personal information is gathered through face-to-face meetings or by interacting with us via telephone, mail, email or other methods, we take steps to store your information securely. We hold your personal information on a secure computer storage facility with only limited paper-based files. We take a number of steps to protect personal information from misuse, loss, unauthorised access, modification or improper disclosure. These include training our [staff and] volunteers handling your personal information on the importance of maintaining the confidentiality of personal information and the privacy of individuals.

Once your claim is completed, we will delete or destroy any identity, bank account details, tax file numbers etc. We will retain your digital claim file for a period of seven (7) years in the event that you require further services from us.
In the unlikely event of a data breach we have measures in place to manage and respond to data breaches, which includes the notification to impacted individuals and the Office of the Information Commissioner if required.

**How can you contact us about privacy?**

You can contact the [name of ESO] by email [insert email address] should you wish to ask about accessing or correcting the personal information we hold about you or to make a privacy related complaint.

If in the event of a complaint, be assured we take privacy related complaints very seriously and consider all complaints carefully as part of our commitment to being open, honest and fair in dealing with your concerns. We will contact you within five working days of receiving your complaint to let you know what actions we are taking regarding the matter. If you are unhappy with our response about how we handled your personal information you can contact the Office of the Australian Information Commissioner by calling 1300 363 992 or find them online at [http://www.oaic.gov.au](http://www.oaic.gov.au).
EXAMPLE CODE OF CONDUCT

[NAME OF ESO] CODE OF CONDUCT

CODE STATEMENT

All volunteers and employees are required to behave in a manner that complies with the Code of Conduct, and uphold the fundamental values established by the ATDP Code of Ethics which is attached to this document.

RESPONSIBILITIES

The Code of Conduct requires that all volunteers and staff must:

• behave honestly and with integrity in the conduct of their voluntary or paid role;
• act with care and diligence whilst aiding veterans and their families during the claims process;
• perform all work in a safe, responsible and effective manner in accordance with ESO Work Health and Safety Guidelines;
• treat everyone with respect and courtesy and without any form of harassment in line with Equal Employment Opportunity and Anti-discrimination policy;
• comply with all applicable Australian and State/Territory Acts, Regulations and Standards;
• comply with the [name of ESO] Privacy Policy;
• maintain appropriate confidentiality about dealings with clients and documents.
ATDP Code of Ethics

The Capability Framework Management Group (CFMG) has endorsed this Code of Ethics to guide the principles, values and behaviours expected of advocates trained under the Advocacy Training and Development Program (ATDP).

1. General Principles
   a. The ATDP is a partnership between ex-service organisations (ESOs), the Department of Veterans’ Affairs (DVA), the Australian Defence Force and volunteer members of the CFMG and Regional Management Groups.
   b. Advocates are required to conform to high standards of personal and professional behaviour in their dealings with current and former members of the Australian Defence Force and their families, colleagues, DVA staff and staff of other departments or agencies.
   c. Advocates are accountable, that is, they are responsible to their clients and answerable to their ESO for the services and advice that they provide. When acting on a client’s behalf, advocates must understand and comply with all applicable legislation and ESO practices.

2. Personal and Professional Behaviour
   In all of their actions, advocates must:
   a. cooperate with DVA staff in any dealings with a client’s claim or issue
   b. not impose political opinions or religious beliefs on clients, colleagues or staff; and not discriminate on the basis of sex, race, ethnicity, religion or social status
   c. not provide services or advice while under the influence of alcohol, illicit drugs, or prescription medication that may affect their cognitive ability
   d. treat everyone with courtesy and respect; and refrain from swearing, abuse and offensive or threatening behaviour
   e. not use social media or other public forums to air grievances concerning their work
   f. comply with any complaints-handling procedures established by their ESO, and
   g. not charge a service fee or solicit donations for services they are providing, other than the permitted fee under Veteran Indemnity Training Association guidelines for administrative costs relating directly to the handling of a case.

3. Knowledge and Managing Information
   In providing services or advice, advocates must:
   a. only undertake work to the level at which they have been accredited under the ATDP
   b. act on their client’s instructions and, in doing so, act lawfully and in the best interests of the client; and request and/or disclose personal information of the client only in accordance with the Privacy Act 1988
   c. give full, accurate and truthful information to clients and DVA in relation to pensions, benefits and services
   d. create a client file and, as each case progresses, maintain a log of events and include any information or advice given to the client and any notes made relating to the case; the case notes should also clearly state the name and address of the client, the name of the ESO and of the advocate
   e. ensure client files are accessible to another advocate if the advocate is likely to be absent from the workplace for an extended period
   f. keep personal information secure and not disclose information to a third party without the expressed consent of the client, unless there is a legal duty to so, and
   g. commit to maintaining knowledge and skills by active engagement in a Community of Practice and continual professional development.
CHAPTER 2 – CONDUCTING INTERVIEWS

General
As a Compensation Support Officer, you may be tasked with conducting preliminary interviews of clients on behalf of a Compensation Advocate. The aim of this preliminary interview is to gather information from the client that will assist the Advocate in deciding what assistance the client requires.

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

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

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

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

- Don’t over commit yourself. Limit the number of interviews you schedule each day to preserve your health and to ensure that you are helping each client to the best of your ability.

- Are you in the right frame of mind? If you have personal issues that are worrying you or you are stressed, make sure you manage this so that you can give your full attention to the client. If you are not in the right frame of mind to interview the client, take a five-minute break and relax.

- Refresh your memory. At the very least you should make sure you know:
  - the purpose of the interview,
  - whether the client has been assisted by the ESO before,
  - the name of their support person or partner, and
  - the type of service they were involved in.

However, if the client has been interviewed before at the ESO, it will help if you refresh your memory about other details of the client's life, so that you can show them that the ESO is interested in them as a person. Examples include:

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

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

- **Time.** Allow sufficient time to conduct the interview. If you need to rush the interview, the client might feel as though their problem is not important to you.

- **Seating.** Consider the positioning of the chairs. Be careful not to create an atmosphere that feels as though you are formally interviewing or interrogating the client. The seating should allow for a free flow of conversation and should emphasise your concern for the client's welfare.

- **Tables.** If possible, use a low table or kitchen table. You need to be able to write notes and keep eye contact with the client during the interview. However, you should avoid sitting behind a desk because that can be intimidating. Think about how you would feel in the boss's office or in a school principal's office. It would be better to sit beside the client in front of the desk, or to use a coffee table.

- **Refreshments.** Check whether water, coffee or tea, sugar and milk are available.

- **Distractions.** Endeavour to remove any distractions that may interfere with the interview. This might include:
  - Turning off your mobile phone or putting it on silent.
  - Diverting the office phone.
  - Ask your colleagues not to interrupt you during the interview.
  - Move to a quiet place.

**Arrange Preliminary Matters**

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

- **Make your client/s comfortable.** Offer the client (and their partner or support person, if applicable) a chair in a comfortable position.

- **Offer refreshments.** Offer water or a cup of tea or coffee.

- **Build rapport.** Spend four or five minutes engaged in small talk, which you can use to establish common grounds and topics that are off limits. Do not rush the small talk. This is an important part of the interview because the interview will go well if the client is comfortable talking to you.

- **Ensure confidentiality.** Reassure the client that you will maintain confidentiality.

- **Establish and state the purpose of the interview.** Ensure that the client is aware of the purpose of the interview.

**Conduct the Interview**

Conducting the interview involves asking a series of structured questions to gather relevant information and recording the client's responses. The following are things you should do and should you should not do to help the flow of the interview and avoid issues:

- **Do.**
- **Respect the client.** Respect the client's interests and individuality. Do not impose your value system on them.

- **Inspire trust.** Inspire trust by being sincere and emphasising your commitment to confidentiality.

- **Ask appropriate questions.** Use open-ended questions that encourage the client to speak with you about their problems. Avoid questions that can be answered with a 'yes' or a 'no' (unless a yes or no response is appropriate).

- **Remain objective.** Be objective and do not prejudge the client or their problems.

- **Keep your opinions to yourself.** Keep your views and opinions to yourself. Remember that the interview is about the client. What you feel or think is irrelevant and will put the client off. The client came to the ESO with a problem and doesn't want to be judged.

- **Summarise the main points.** Summarise your understanding of what the veteran has said to ensure that you both have the same understanding of what has been said.

- **Record the interview as you proceed.** Ensure that the client's responses are recorded on an interview form. This will ensure that all required information has been gathered during the interview, and that client's responses are recorded accurately. Most ESOs have a proforma Interview Record, however an example proforma is provided at Attachment 1 to this Chapter.

- **Don't.**

  - **Dominate the conversation.** You are there to help the client with their problem. As stimulating as it might seem to you, the client has come to you seeking help, not to listen to your plans or your problems.

  - **Get side-tracked.** Avoid being side-tracked for long periods. The client might try to avoid discussing their problems with you because it's uncomfortable. If they get side-tracked, gently bring the client back to the issue at hand.

  - **Give unqualified advice.** Do not give unqualified advice. You are not a lawyer, doctor, scientist, financial advisor or trained Advocate. It's not your job to give advice; rather, you are there to gather information so that appropriate advice can be provided by someone who is qualified.

  - **Use jargon.** Do not use jargon because some people might not understand what you mean. Clients come from a range of backgrounds and age groups. This also includes the use of acronyms and abbreviations.

  - **Take everything at face value.** Do not take everything at face value. Use questions to gain a deeper understanding of the client’s needs.

**Conclude the Interview**

Concluding the interview might include:

- Making a formal agreement to demonstrate what you have discussed, and the actions required by both parties.

- Fill in your diary to reinforce that you are genuine.
• Close the interview on a positive note.
• Keep confidences.
• Follow up anything that you said you would do.
• Make an appointment with a Compensation Advocate to progress the client’s case.
# CLIENT INTERVIEW SHEET

Advocate's Name_____________________________

ESO Name ________________________________

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CHAPTER 3 – BASICS OF COMPENSATION

General

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

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

Note that all of the following topics are covered in much more detail in the Rehabilitation and Compensation Advocate’s Handbook available at: https://www.dva.gov.au/sites/default/files/files/health%20and%20wellbeing/rehabilitation/rchandbook.pdf

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

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

Acts Administered by DVA

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

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

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

PART 3A - VEA

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

As the name of the Act implies, the main focus of the Act is the provision of pensions to veterans, although it does provide other benefits such as medical treatment and other treatment, and it provides these benefits to eligible persons other than veterans.
The issue of eligibility for benefits under the VEA is very complex, using a number of terms that you may come across as a Compensation Support Officer assisting a client. These include:

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

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

**VEA Pensions**

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

- Service Pensions,
- Invalidity Service Pensions,
- Disability Pensions,
- War Widow’s/Widower’s Pensions, and
- Orphan’s Pensions.

**Service Pensions**

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

The Service Pension is equivalent of the Age Pension available to Australian citizens through Centrelink. The Age Pension is asset and income tested, and available to citizens who have reached retirement age and have actually retired from full time employment.

**Note.** The retirement age for Australians is increasing from 65. From 1 July 2017, it increased to 65.5, and will increase by 6 months every 2 years until reaching 67 on 1 July 2023.

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

**Note.** To be eligible for Service Pensions and Invalidity Service Pensions, clients must have VEA Qualifying Service.
More information on the Service Pension is available at:
  • DVA Factsheet IS01 - Service Pension Overview.
    https://www.dva.gov.au/factsheet-is01-service-pension-overview

Invalidity Service Pensions
The Invalidity Service Pension is similar to the Disability Support Pension available from Centrelink. Like the Disability Support Pension, it is designed to provide a regular income to someone who is permanently unable to work due to a physical or mental incapacity. Like the Service Pension, it is asset and income tested, but the Invalidity Service Pension is payable from when the veteran becomes permanently incapacitated from work, rather than age 60. Note that the injury or disease causing the incapacity for work does not need to be service related.

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

Eligibility for the Invalidity Service Pension ceases at age 60 – the veteran would then become eligible for the Service Pension.

More information on the Invalidity Service Pension is available at:
  • DVA Factsheet IS44 - Age/Invalidity Service Pension
    https://www.dva.gov.au/factsheet-is44-ageinvalidity-service-pension

Disability Pensions
The Disability Pension is designed to compensate a client for an impairment or disability cause by a VEA-service related injury or disease. The General Rate Disability Pension is payable whether or not that impacts on the client’s employment, while the Intermediate Rate and Special Rate Disability Pensions may be payable if the client’s ability to work is restricted by their impairments.

  Note. Diagnosis of a disease or injury alone does not entitle a client to a Disability Pension – that injury or disease must result in a physical or mental impairment to the client.

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

A Disability Pension:
  • is paid fortnightly for the life of the client,
  • is not income or asset tested,
  • is not paid from or to a certain age, and
  • is tax free.

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

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

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

Details on General Rate Disability Pensions is available at:

- DVA Factsheet DP28 - General Rate

Extreme Disablement Adjustment

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

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

Details on Extreme Disablement Adjustment is available at:

- DVA Factsheet DP30 - Extreme Disablement Adjustment

Intermediate Rate

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

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

Special Rate

The Special Rate Disability Pension is the highest rate of DP available. It is designed as compensation for those clients who, because of the impairment caused by injuries or diseases arising from their eligible VEA service, are not able to work in paid employment for more than 8 hour per week.

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

The Temporary Special Rate is payable where a client is unable to work at all, but the medical opinion considers this as being only temporary (such as when recuperating from a surgical procedure for an accepted condition).
The TSR is payable for a specific period, after which the client reverts to their previous level of Disability Pension. If the impairment becomes permanent, the client can apply for the Intermediate Rate or Special Rate through an Application for Increase.

Details on Intermediate Rate and Special Rate Pensions is available at:

- DVA Factsheet DP28 - Special and Intermediate Rate

Additional Disability Pension for Specific Disabilities

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

Details of the Addition Disability Pension are available at:

- DVA Factsheet DP71 - Additional Disability Pension for Specific Disabilities

Calculation of Disability Pension Rates

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

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

War Widow’s/Widower’s Pensions

War Widow’s or Widower’s Pensions are payable to the surviving partner, widow or widower of an eligible client whose death was caused by, or contributed to, by a VEA-service related injury or disease.

The two important factors to keep in mind here are:

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

If either of these factors are not met, no Widow’s/Widower’s Pension is payable.

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

**Orphan’s Pensions**

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

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

A Double Orphan’s Pension is payable if both of the parents of the child are dead.

The same eligibility and automatic payment criteria as the War Widow’s/Widower’s Pension apply.

More information on War Widow’s/Widower’s Pensions and Orphan Pensions is available at:

- DVA Factsheet DP60 - War Widow(er)’s Pension and Orphan’s Pension

**Rates of VEA Pensions**

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

- DVA Factsheet DP43 - Disability Pension and War Widow’s/Widower’s Pension Rates and Allowances

**PART 3B - DRCA and MRCA**

The Safety, Rehabilitation and Compensation Act 1988 (SRCA) was introduced on 1 December 1988 to provide rehabilitation and compensation coverage for work-related injuries and diseases by Australian Government employees. This included military personnel undertaking peacetime service. In 2017, this coverage changed to the Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (DRCA). The provisions of SRCA remained the same, but the administrating authority officially changed from Comcare to the Military Rehabilitation and Compensation Commission (MRCC) in DVA.

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

As both the DRCA and MRCA have similar provisions, they will be discussed here together, but where differences exist these will be indicated.
Needs Assessments

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

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

**Note.** DVA is trialling a Combined Benefits Team approach, where a single Delegate will undertake Initial Liability, Needs Assessment and calculation of Permanent Impairment payments. The aim is to significantly reduce time taken to process claims under DRCA and MRCA.

This initial process is called a Needs Assessment.

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

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

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

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

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

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

More information on Needs Assessments is available at:

- DVA Factsheet MRC34 - Needs Assessment
Rehabilitation

The Australian Faculty of Rehabilitation Medicine describes rehabilitation as “The combined and coordinated use of medical, psychological, social, educational and vocational measures to restore function or achieve the highest possible level of function of a person physically, psychologically, socially and economically, to maximise quality of life, and to minimise the long term health care needs and community support needs of these people.”

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

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

More information on Rehabilitation is available at:

- DVA Factsheet MRC05 - Rehabilitation

- DVA Factsheet HSV108 - Veteran’s Vocational Rehabilitation Scheme (VVRS)

Incapacity Payments

Incapacity payments are payable under both DRCA and MRCA, although the methods used to calculate the amount payable are different. Incapacity payments are payable when a claimant has been financially affected by an accepted injury or disease. For a client who is still serving, this may involve topping them up for an allowance lost due to injury (for example Deployment Allowance). For a Reservist, this may involve lost Reserve pay, as well as their civilian income if they are unable to undertake their normal civilian work.

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

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

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

Eligibility for incapacity payments ceases at retirement age.
More information on Incapacity Payments is available at:

- **DVA Factsheet MRC08 - Incapacity for Work**
- **DVA Factsheet MRC51 - Streamlined Access to Incapacity Payments**

**Permanent Impairment**

Permanent Impairment is payable where an injury or disease caused by a claimant’s service has resulted in a physical or mental impairment. The impairment must be permanent (not temporary, such as a broken bone which is expected to return to full function given time) and stable (not likely to get any better). In many cases this will mean that the client has undergone all reasonable medical and rehabilitative treatments.

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

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

More information on Permanent Impairment Payments is available at:

- **DRCA - DVA Factsheet MCS07 - Permanent Impairment**
- **MRCA - DVA Factsheet MRC07 - Permanent Impairment Compensation Payments**

**Household Services**

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

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

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

More information on Household Services is available at:

- **DVA Factsheet MRC42 - Household Services**
Attendant Care

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

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

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

More information on Attendant Care is available at:

- DVA Factsheet MRC41 - Attendant Care

Aids, Appliances and Modifications

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

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

More information on the RAP is available at:

- DVA Factsheet HSV107 - Clients - Rehabilitation Appliances Program

Vehicles and Vehicle Modifications

Clients may be eligible for vehicle modifications where:

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

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

For example, the MRCA Motor Vehicle Compensation Scheme (MVCS) may, depending on the client’s needs, provide something as simple as a knob on the steering wheel to assist steering, to a new vehicle with wheelchair lift.
More information on the vehicle schemes is available at:

- **MRCA - DVA Factsheet MRC10 - Motor Vehicle Compensation Scheme (MVCS)**

- **VEA - DVA Factsheet DP78 - Vehicle Assistance Scheme**

**Compensation Following Death**

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

Compensation may include:

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

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

- **DVA Factsheet MRC50 – Compensation for Dependants under the MRCA**

- **DVA Factsheet MRC18 – Bereavement Payments**

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

Compensation for dependants may include:

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

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

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

- DVA Factsheet MCS13 – How to Claim Compensation Under the DRCA

**PART 3C – STATEMENTS OF PRINCIPLES**

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

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

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

There are two SoPs for each condition:

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

This is because the different types of service attract different standards of proof for determining claims.

**Location of SOPs**

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

To locate an SOP, a Compensation Support Officer should:

- Check the name of the proper medical diagnosis for the client’s condition.
- Go to the RMA website homepage.
- Click on the Statement of Principles tab on the right of the screen.
• Click on the letter of the first letter of the medical diagnosis (for example, for sensorineural hearing loss, click on S).
• Click on the SoP in either the Reasonable Hypothesis or Balance of Probabilities column, depending on the type of service giving rise to the condition.

Using SOPs

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

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

Repatriation Medical Authority (RMA)

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

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

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

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

The RMA keeps the SoPs as up to date as possible by keeping abreast of current medical research. New and revised SoPs are generally issued every two months and SoPs are regularly reviewed.
## SERVICE ELIGIBILITY UNDER THE VEA, DRCA AND MRCA

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

## Peacetime Service – Part-time Service

<table>
<thead>
<tr>
<th>Citizen Forces, Reservists, Cadets, Officers and Instructors of Cadets</th>
<th>VEA</th>
<th>DRCA</th>
<th>DRCA</th>
<th>DRCA</th>
<th>DRCA</th>
<th>MRCA</th>
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</thead>
<tbody>
<tr>
<td>TYPE OF SERVICE</td>
<td>3 Sep 1939 to 2 Jan 1949</td>
<td>3 Jan 1949 to 6 Dec 1972</td>
<td>7 Dec 1972 to 21 May 1986</td>
<td>22 May 1986 to 6 Apr 1994</td>
<td>7 Apr 1994 to 30 Jun 2004</td>
<td>On or after 1 Jul 2004</td>
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<tr>
<td>Operational-type Service</td>
<td>VEA</td>
<td>VEA</td>
<td>(ended 30 Jun 1951)</td>
<td>VEA</td>
<td>VEA</td>
<td>DRCA and VEA</td>
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<tr>
<td>Eligible War Service (non-operational) Enlisted before 1 Jul 1947 or enlisted for 2 years in Interim Forces on or after 1 Jul 1947</td>
<td>VEA</td>
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<tr>
<td>Operational Service (Eligible War Service)</td>
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<td>VEA</td>
<td>DRCA and VEA</td>
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<td>Qualifying Service</td>
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<td>Hazardous Service</td>
<td>VEA</td>
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<td>VEA</td>
<td>DRCA and VEA</td>
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</tr>
<tr>
<td>Peacekeeping Service</td>
<td>VEA</td>
<td>SRCA¹, DRCA and VEA</td>
<td>SRCA¹, DRCA and VEA</td>
<td>SRCA¹, DRCA and VEA</td>
<td>SRCA¹ and VEA (civilians only)</td>
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<tr>
<td>British Nuclear Test Service</td>
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<tr>
<td>Warlike Service</td>
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<td>VEA</td>
<td>VEA</td>
<td>DRCA and VEA</td>
<td>MRCA</td>
</tr>
<tr>
<td>Non-warlike Service</td>
<td>VEA</td>
<td>VEA</td>
<td>VEA</td>
<td>VEA</td>
<td>DRCA and VEA</td>
<td>MRCA</td>
</tr>
</tbody>
</table>

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

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