Submission

on "Transition, Rehabilitation and Compensation, and Advocacy and Support Services"



Transition | Connection | Integration

There are currently three related inquiries underway to which this one-page summary is submitted. The inadequate transition of ADF personnel (**JSCFADT Inquiry**) from Service to civilian street is one of the main causes of the symptoms that are the focus of significant attention in relation to the ex-ADF community. Poor preparation for transition in part causes the elevated demand for compensation and rehabilitation services (**Productivity Commission Inquiry**) by veterans which in turn increases the demand for advocacy and support services (**DVA Scoping Study**). The suggestions made in this submission relate to the system of which these three are components.

Two of the most significant aspect of the perception and reality of the problem are: ex-ADF members feeling like they are not trusted as they were while Serving, especially on operations; and the expectation by Government that those men and women who served are as equipped to manage the relatively complex bureaucratic processes as their civilian counterparts, when they have been largely protected from that in Service by a hierarchy with an acute understanding of their command responsibility for their subordinates.

The following are macro level suggestions for improvement in the system and are largely mutually dependent:

- 1. Establish a 'Supported Veteran' ('Smart Cities'-like) collaboration between Federal, State and Local government for the benefit of veterans and their families. For example, Commonwealth Departments of Veterans Affairs, Defence, Health, Jobs and Small Business, Social Services; the state Departments of Communities, Health, Employment; and local government work as one team, collaborating to provide for the efficient and effective management of veterans and their families as they transition from Defence and integrate into their local community. This concept implies greater management decentralised to a local level and more of a 'case navigation' approach, focussed at the site of the veteran and family. It would also require incentivisation for ESOs to work closely together. The ATDP Community of Practice may be able to be developed to achieve this.
- 2. Decentralise decision making of claims for compensation. This would require a system more akin to the Complaints Resolution Agency (CRA) process in Defence combined with the team approach described above. It would involve any claim rejected by DVA staff being passed to a CRA-like organisation with appropriately qualified staff who utilise legal services to present the cases 'for' and 'against' and allow a command experienced ex-ADF officer to read and assess the claim on behalf of DVA, possibly in lieu of the VRB process. This puts a lawyer on both sides of the case and allows someone familiar with command responsibilities and dealing with natural justice to decide the case.
- 3. Commence the process to merge the three pieces of legislation (VEA, DRCA and MRCA) to create a single Act, like the NZ "Veterans' Support Act 2014". There would be significant savings in staff numbers and training, and the need for less advocates, beyond helping ex-ADF and ADF members completing 'MyService' claims. This is not only 'the right thing to do', it will simplify the claims and advocacy environment and decrease dependence on the letter of the law and place more emphasis on natural justice. It's likely to take some time, but needs to be committed to, to demonstrate good faith.
- 4. Undertake a review of the cost v benefit of issuing a Gold Card to all veterans that meet specific criteria, at least to a point where the cost is breakeven between administration costs and medical costs of veterans. This is likely to reduce the angst of many veterans feeling like they are not trusted, being dealt with by someone who doesn't understand and quite likely avoid the gaming of the system a few advocates have been responsible for.
- 5. Take every opportunity to reach out to those potentially affected when an apparent issue is brewing in the veteran community. Don't allow the perception of hiding behind the need for 'sufficient evidence' and lawyers to affect the first stated priority of ensuring the wellbeing of veterans and their families. This is by necessity the practice of the command chain on ADF operations and an expectation by subordinates that the system can be trusted to look after them. Pro-active risk management is the culture with which veterans are familiar.

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