



Annexure 1 - Supplementary Submission to the Senate Committee

Private Advocacy Services

Evidence shows that demand for advocacy services has consistently outstripped the capacity of volunteer Ex-Service Organisations (ESOs). Research conducted by UNSW in 2021 found that only one in five new DVA claims were lodged with the support of an advocate, meaning nearly 80 per cent of veterans attempted the process alone. Of those seeking urgent assistance, almost one in three could not be helped immediately by volunteers. In response, private advocates have emerged as an essential and integral positive addition to the sector, enabling more veterans to access timely and professional support.

NAVA's position is that private advocacy complements, rather than competes with, ESO volunteers. Paid advocates add much-needed critical capacity and specialist expertise, particularly in complex cases, and ensure continuity of support even when ESO offices are unavailable locally or forced to close their books due to long waitlists. By coordinating with medical, legal, financial and rehabilitation professionals, private advocates offer veterans a more holistic form of assistance that goes beyond what is typically available through volunteer channels.

Concerns regarding fees are often raised in this context. NAVA rejects exploitative practices such as commissions of 20 to 30 per cent on settlements. Typical fees charged by its members are transparent and modest, generally falling within the range of 5 to 9 per cent. Contingency arrangements, such as no-win-no-fee agreements, are commonly used to provide veterans with peace of mind. Importantly, all members are bound by the NAVA Code of Ethics, which requires that fees must never create a barrier to access. Veterans must be fully informed of all costs before engaging services and any breach of these principles is subject to disciplinary action, including removal from membership in serious cases.

NAVA also maintains that remuneration structures should reward timely and effective outcomes rather than encourage unnecessary claim churn. Veterans suffer when caught in cycles of repeated, low-value submissions and the DVA system becomes clogged by inefficiencies. Linking remuneration to results ensures that advocates are focused on securing all lawful entitlements as efficiently as possible, rather than on the volume of forms submitted.

Finally, paid advocacy is not intended to displace ESO services but to act as a safety net where volunteers cannot meet demand. NAVA members are further required to provide pro bono services in areas such as wellbeing claims, household services, and incapacity applications and these must be delivered at the same professional standard as paid work. Veterans should retain the right to choose who represents them and NAVA supports both strengthening ESO capacity and, via NAVA, introducing sensible regulation of private providers to guarantee that choice is exercised safely and fairly.



Representation at the Veterans' Review Board

The growth of private advocacy has also ensured greater representation for veterans appearing before the Veterans' Review Board (VRB). Where many once faced the review process alone, private advocates have stepped in to expand access and reduce the risk of unrepresented veterans at hearings.

The VRB was established as a remedial, veteran-friendly forum and was never intended to function as a courtroom. NAVA strongly supports preserving this non-adversarial character. Private advocates already provide competent representation and there is no need to alter the VRB into a legalistic environment dominated by lawyers. Ensuring that the process remains accessible and supportive is essential to maintaining confidence among veterans.

The issue at the VRB is one of competence rather than professional title. Poorly prepared or frivolous cases harm veterans and place unnecessary strain on the system. To address this, NAVA proposes the development of targeted training in VRB practice to ensure advocates maintain the skills needed to deliver high-quality representation. By lifting standards in this way, both veterans and the Board will benefit through greater fairness and efficiency.

Regulation, Training and Standards

The current advocacy environment is characterised by inconsistency and gaps in oversight. Private advocates remain excluded from ATDP training, leaving them without access to a nationally recognised program. The workforce is also ageing, with over 40 per cent of advocates aged over 70 and few clear succession pathways available. Most significantly, there is no independent body with authority to certify all advocates – volunteer or paid – which leaves quality uneven and exposes veterans to risk.

NAVA proposes a national accreditation framework with tiered training, formal examinations, and mandatory continuing professional development. This framework would include modern, modular courses covering veteran entitlements and legislation, mental health literacy, trauma-informed practice, and practical skills in claim preparation. It would also create structured career pathways into advocacy, with recognition of prior learning provided where appropriate but without compromising standards.

Oversight and discipline are equally important. NAVA already enforces a Code of Conduct requiring confidentiality, proper conflict management, and fair fee practices. As the peak body for private advocacy, NAVA is well positioned to certify organisations, accredit training, handle complaints, and enforce disciplinary measures. Introducing licensing and oversight, as is standard in other professions, will strengthen accountability, raise the standard of services and safeguard veterans from unethical or incompetent practice.

Lessons from Previous Reviews

This need for reform has been recognised repeatedly. The 2018 Cornall Review called for a modern and sustainable advocacy service, stronger training, and a central support mechanism – effectively foreshadowing NAVA. The 2019 Productivity Commission report found the



volunteer funding model unstable, recommended expanded grants, and argued for national standards and direct funding of professional services. More recently, the Royal Commission into Defence and Veteran Suicide underscored the grave consequences of unresolved claims and bureaucratic delays, linking them directly to veteran distress and suicide risk. It called for the urgent professionalisation and resourcing of advocacy to protect veterans.

Despite these consistent findings, little progress has been made. The reliance on volunteer funding remains unsustainable. In 2024–25, BEST grants totalled just \$4.7 million across 102 ESOs – a figure less than the combined annual staff wages bill of NAVA member organisations.

Case Study 1 – Solidifying the need for private advocacy.

The private sector advocacy space fills an undeniable need and benefit to the veteran community, providing an option and choice for veterans to receive support.

In this case study you will find how a private advocate saved a veteran's life when he was going through the fee route for his compensation. This veteran summed his experience into a few words, but words felt throughout the chorus, “stability is all a veteran seeks, when you aren't in contact and guided through a process you feel lost in an already dark world.” These men and women served our country; it is our duty as advocates to ensure they receive the compensation; they deserve for the injuries incurred.

‘Steve’ served with the First Battalion in Townsville from 2007 to 2014 before being transferred to Wollongong. The transfer was prompted by recognition of emerging personal and mental health challenges. Following discharge, Steve faced significant instability and struggled with substance use, having attempted to manage these issues on his own multiple times. During this period, volunteer advocacy channels, including the local RSL sub-branch, were inconsistent and unable to provide the timely, ongoing support he required, leaving urgent needs unmet and his wellbeing at risk.

Steve experienced three years of delays in processing his claims and endured two suicide attempts. Volunteer-based support systems were unreliable, with advocates available only sporadically. Bureaucratic processes failed to address his immediate psychological and medical needs, and there was little coordination of care for him or his family. Seeking stability, Steve required a comprehensive, personalised approach that could respond immediately to both his health and administrative needs.

A private advocate with experience in veteran support, engaged directly with Steve, providing consistent, personalised guidance throughout the claims process. The advocate facilitated immediate access to psychological and medical services, navigated all necessary documentation, and advocated for comprehensive compensation for service-related injuries rather than settling for minimal outcomes. Weekly check-ins, ongoing support, and inclusion of Steve’s family ensured a holistic approach to care, focused entirely on results and wellbeing rather than organisational politics or ego.



As a result, Steve achieved access to all necessary medical, psychological, and social supports, stabilised his mental health and substance use challenges, and successfully received compensation for service-related injuries. His family relationships were strengthened, and he reconnected with broader community networks. This case demonstrates the critical value of consistent, professional private advocacy in complementing volunteer services, particularly for veterans with complex needs, and highlights the importance of personalised, results-focused intervention.

The lessons from Steve's experience underscore that timely, reliable advocacy can be lifesaving. Volunteer models, while valuable, may not always be sufficient for veterans facing complex challenges. Private advocacy can provide the consistency, accountability, and holistic support necessary to improve both health outcomes and claims success, benefiting veterans, their families, and the broader community.

Case Study 2 – Solidifying the need for private advocacy.

A veteran living with service-related injuries faced challenges common to many in the community being daily pain, difficulty maintaining full-time employment, and significant difficulty navigating the DVA system. Some days they are functional, while on others they could not get out of bed. Tackling the DVA claims process alone felt overwhelming and unmanageable.

Private advocacy provided the veteran with targeted, expert support from the outset. Rather than a generic approach, the process focused on the veteran's service history and current condition, ensuring that all actions were purposeful and evidence based. Medical documentation, including MRIs and assessments, revealed significant service-related injuries such as total spine degeneration and permanent knee and shoulder damage. Expert knowledge of DVA legislation and bureaucratic pathways, combined with proactive case management, ensured the veteran's claim was handled strategically rather than defensively.

Professional advocates understand how to navigate the DVA bureaucracy effectively, anticipating what evidence and approaches will yield results. In contrast, volunteer-based or free advocacy services may act more passively, leaving veterans at risk of delays and poor outcomes. Observations of other veterans who relied on free advocacy highlighted the limitations: claims often took four or more years to resolve, frequently resulted in initial rejections, and contributed to significant mental health impacts, sometimes requiring hospitalisation.

With professional advocacy, the veteran's entire claim process was completed in just six months, achieving a successful outcome far faster than peers reliant on volunteer support. Properly prepared claims also benefit the broader DVA system by reducing delays and improving efficiency, consistent with recommendations from the Royal Commission.

The results were significant. The veteran secured fair compensation for service-related injuries and gained stability, wellbeing, and confidence during a challenging period. This case illustrates



the critical value of professional advocacy in delivering timely, ethical, and effective outcomes for veterans.

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