

Strengthening the health and wellbeing of Australia's Veterans and their families: 2024-25 Pre-Budget Submission

Introduction

The Returned and Services League (RSL) advocates for benefits, treatment and the welfare of ex-serving and serving members of the Australian Defence Force (ADF) and leads the nation in commemoration of their service. Established in 1916, the RSL is present across metropolitan, regional, and rural Australia with seven state and territory branches, almost 1,200 sub-branches and 150,000 members.

The RSL supports veterans and their families in many ways, seeking to best respond as their needs evolve and change. Our sub-branches provide focal points for communities to gather, reflect and commemorate as well as provide social connection. Pragmatic services are delivered across the domains of wellbeing, including employment and education, urgent financial aid, and veteran homelessness services, as well as the cornerstone offering of navigating the Department of Veterans' Affairs (DVA) claims and appeals processes. These services are based on ongoing veteran clinical health and social research, as well as Census data. The RSL nationally has an extensive network of partners that deliver physical rehabilitation services and peer led complementary programs.

2024 will be a landmark year for the veteran community with the final report of the Royal Commission into Defence and Veteran Suicide due to be handed to the Government in September. It will also be a public test of the Australian Government's regard for, and treatment of, our defence and veteran community as it responds to that final report and the recommendations made by the Royal Commission.

The RSL welcomed the Government's response to the Commission's interim report and of the funding commitments made in both the October 2022 and May 2023 Budgets to support implementation of the recommendations made in the report. The 2024-25 Budget must build on these commitments by including comprehensive budgetary measures that will enable effective, timely and sustained implementation of the Royal Commission's final recommendations and permanent on-going action to uphold the health and wellbeing of veterans and their families.

The RSL asks that the Government's response includes measures to establish an appropriately resourced and structured entity to lead, monitor and report on implementation. The RSL advocates that this entity must be independent from Government, established by an Act of Parliament as the National Commissioner for Defence and Veteran Wellbeing to keep a permanent watch on the health and wellbeing of current serving ADF members, veterans and their families.

The 2024-25 Budget is an opportunity for the Government to strengthen the health and wellbeing of veterans and their families by including budgetary measures to enable:

- Implementation of the recommendations of the Royal Commission, including the establishment of an appropriately funded and resourced National Commissioner for Defence and Veteran Wellbeing
- Continuation of efforts to permanently reduce the DVA claims backlog
- Improvements in the Advocacy Training and Development Program and a sustained lift in training content, delivery and support for advocates

- Better access to healthcare for veterans and their families, and greater veteran literacy across Australia’s healthcare systems

The RSL offers the following commentary for consideration in the planning of the 2024-25 Budget.

Budget priorities

1. Implementation of the recommendations of the Royal Commission into Defence and Veteran Suicide

The Royal Commission into Defence and Veteran Suicide is considering recommending that *the Australian Government establish a new oversight body focused on holding government agencies to account for the wellbeing of Defence members and veterans and to support them to improve the wellbeing of Defence members and veterans—through continued research and other work.*¹

The RSL believes that an effective implementation body must be independent of Government and be established by an Act of Parliament. We have provided a detailed submission to the Royal Commission proposing the establishment, role and functions of a National Commissioner for Defence and Veteran Wellbeing supported by a National Office for Defence and Veteran Wellbeing to guide and advise implementation of the recommendations of the Royal Commission.

The RSL asks that the Government’s response includes budgetary measures to establish an appropriately resourced National Commissioner for Defence and Veteran Wellbeing to lead, monitor and report on implementation of the Royal Commission’s recommendations and to keep a permanent watch on the health and wellbeing of current serving ADF members, veterans and their families.

Call to Action 1: We ask the Government to make provisions within the 2024-25 Budget to appropriately fund the establishment of a National Commissioner for Defence and Veteran Wellbeing to oversee and guide delivery of the recommendations of the Royal Commission into Defence and Veteran Suicide, by June 2024, and for funding to be allocated over the forward estimates to support its ongoing operations in support of the wellbeing of Defence members, veterans and their families.

The terms of reference for the Royal Commission into Defence and Veteran Suicide include that the Commissioners inquire into *“the role of non-government organisations, including ex-service organisations, in providing relevant services and support for defence members, veterans, their families and others”*². The ex-service organisation (ESO) sector has proactively sought to collectively address the current and future challenges identified by the Royal Commission.

As part of this response, representatives of ex-service organisations have participated in a series of National Forums in answer to the Royal Commission’s call to the ESO sector to make it simpler and easier for veterans and their families to navigate the service environment. These Forums clearly

¹ https://defenceveteransuicide.royalcommission.gov.au/publications/proposed-new-entity-support-wellbeing-defence-members-and-veterans?utm_source=newsletter-consultation&utm_medium=email&utm_campaign=newsletter-consultation&utm_id=nwsltr-cnslt&utm_content=nwsltr-cnslt-03

² <https://defenceveteransuicide.royalcommission.gov.au/about/terms-reference>

identified the need, and strong sector support, for an ESO Peak Body to provide a collective and amplified voice from the ESO sector.

Forum participants identified the need for an independent business case to be developed, to build on the initial settings agreed through the forum process, as a blueprint to establish the ESO Peak Body. Participants also agreed the benefits of asking the Australian Government to invest in an ESO Peak Body through the provision of funding for the business case.

As such, the RSL calls on the Government to fund the development of the business case informing the establishment of an ESO Peak Body. The establishment of such a body will play a key role in empowering ESOs to respond to the findings and recommendations of the Final Report of the Royal Commission into Defence and Veteran Suicide and enabling veterans and their families to reach their full economic and social potential.

Call to Action 2: We ask the Government to make provisions in the 2024-25 Budget to fund the development of an independent business case to develop a detailed framework for establishing an ESO Peak Body.

2.Sustained action to reduce the DVA’s claims backlog

(i) Legislative reform

The RSL is supportive of the Government’s efforts to move to a single legislative framework for veterans’ entitlements. We have long advocated the need to simplify both the legislative framework and delivery of veterans’ compensation, rehabilitation, and other entitlements. The RSL welcomes the Government’s intention to release an exposure draft of the revised legislative for consultation early in 2024.

The proposed new single act will not, in and of itself, reduce the DVA claims backlog or reduce the likelihood of future backlogs occurring without an appropriately funded implementation plan to enable the veteran community to understand and interact with the changed legislative and operating environment. The RSL suggests that to deliver the intended outcomes of the legislative reform the Government must sustain the increased DVA claims processing workforce, invest in the Advocacy Training and Development Program (ATDP) to enable advocates to work with the new legislative framework, and clearly communicate the changes to the defence and veteran community.

The RSL suggests that the Government takes a veteran-centred approach to benefits previously considered under the *Veterans’ Entitlements Act (1986)* and the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act (1988)*, which will now be considered under the *Military Rehabilitation and Compensation Act (2004)*.

Call to Action 3: We ask the Government to make provisions in the 2024-25 Budget to:

- Ensure implementation of the new harmonised legislation is clearly communicated to the veteran community and does not negatively impact on veterans and their families.
- Sustain an appropriately skilled and staffed DVA claims processing workforce.
- Strengthen and improve the Advocacy Training and Development Program

(ii) Increase support for claims and wellbeing advocates

The RSL suggests that despite legislative reform it will continue to be necessary for many veterans to engage the support of a trained advocate to help them navigate the DVA claims process. The benefits of having an appropriately skilled network of paid and volunteer advocates is multi-faceted; advocates represent administrative savings to DVA, while providing practical support and signposting to veterans and their families. An appropriately trained and skilled advocate helps to ensure complete claims are presented to DVA following the correct procedure, reduce the inherent stress that the claim process can cause for many veterans, and direct veterans and their families to other services and supports to enhance their health and wellbeing both during and after the claims process.

Accessing an appropriately trained and skilled advocate is likely a protective factor in the health and wellbeing of veterans and their families. As the needs of veterans change over time, so too must the training and information provided to those who advocate for them.

All veterans should be able to access no-fee advocacy services, when and where they need them. Research shows the pool of advocates available to veterans is shrinking, particularly the number of volunteer advocates. While ESOs can provide paid advocates for veterans, they cannot meet the demand for the service with their current funding and resourcing levels.

Additionally, feedback provided to the RSL through its accredited advocates indicates that the ATDP as currently constituted may no longer be fit for purpose and can act as a barrier for potential trainee advocates seeking accreditation. We call on the Government to address this issue in the Budgetary process.

Call to Action 4: We ask the Government to make provisions in the 2024-25 Budget to:

- Fund the provision of claims and wellbeing advocacy to meet demand for the service.
- Make new provisions to enable DVA to work in collaboration with ESOs to enhance the ATDP, including improvements to training content and materials, training delivery and on-going support for volunteer and paid advocates.

3.Improve access to healthcare for veterans and their families

All Australians, including veterans and their families, require timely access to safe, affordable and high-quality healthcare across their lives. The RSL continues to hear about the lived experience of too many veterans who face too many barriers in securing the healthcare they need; this is particularly true for the 45 per cent of veterans who live outside of the major metropolitan areas³.

While the recent tripling of the Veteran Access Payment is welcome, significant work remains to be done to improve the health and wellbeing of Australia's veteran population, including when veterans enter the aged care space.

Informed by the evidence identified through the Royal Commission into Defence about the disparity between the DVA fee schedule and the fees healthcare providers would otherwise charge clients through other Australian Government scheme or private healthcare⁴, the RSL has undertaken work

³ ABS, Census 2021, [Australian Defence Force Service](#), accessed 3 January 2023.

⁴ Interim Report, Royal Commission into Defence and Veteran Suicide, August 2022

to compare the different fee schedules between the DVA, NDIS and private health insurance. The findings illustrate that the DVA remuneration for healthcare providers for some of the most common types of appointments is anywhere between 45-175% less than remuneration for NDIS clients, and 15-115% less than for private patients.

Profession	DVA	NDIS	Private	DVA vs NDIS difference
General Practitioners	\$47.65[1][2]	Not Funded	\$102.00	\$54.35 (DVA vs Private)
Occupational Therapists	\$122.90[3]	\$193.99[4]	\$197.50[5]	\$71.09
Physiotherapists	\$70.40[6]	\$193.99[7]	\$81.30	\$123.59
Psychologists	\$147.85[8]	\$214.41	\$300[9]	\$66.56
Psychiatrists	\$297.10	Not Funded	\$500[10]	\$202.90 (DVA vs Private)

Health and allied healthcare providers have shared with the RSL that they struggle to refer their clients to specialist and clinical services because of the lesser remuneration from DVA. We are aware that this is particularly acute for veterans who need access to psychology and psychiatric services.

Further, the RSL is aware of the difficulties older veterans face in continuing to access their required level of healthcare when they enter a residential aged care facility. The complicated intersection between DVA and My Aged Care processes have been identified as confusing barriers to veterans, their families and their carers which can result in lesser support and care for the veteran themselves. The RSL advocates that at a time of increasing vulnerability, older veterans should not experience a step-down in their level of care nor a step-up in the complexity to access what they need.

These barriers to accessing healthcare are longstanding, identified in reports and inquiries prior to the Royal Commission into Defence and Veteran Suicide, which has also heard evidence that access to healthcare remains a persistent blocker to lifting the health and wellbeing of veterans and their families.

The RSL advocates that the Government cannot ignore the clear evidence that the DVA remuneration to healthcare providers needs to be comprehensively reviewed and substantially uplifted. The RSL called for this in the 2023-24 Budget and although some small-scale changes were made, they did not deliver the wholesale change that is required.

Call to Action 5: We ask the Government to make provisions in the 2024-25 Budget to:

- Promptly undertake a fulsome review and significantly uplift the DVA fee schedule to be indexed annually in line with CPI rises, along with a one-off rise to account for the Medicare Indexation Freezes that have been imposed over the past decade.
- Ensure that older veterans do not experience a step down in support when they enter an Aged Care Facility.

Further, the RSL advocates that legislative reform must be supported by budgetary measures to improve access for veterans and their families to supports and services. Specifically, we ask that in

light of the Royal Commission, all Reservists are able to access non-liability health care for mental health treatment, whether they have completed one day's continuous full-time service or not.

Additionally, we ask that DVA extends the Provisional Access to Medical Treatment (PAMT) program indefinitely. This program enables eligible veterans who are waiting for their claims to be considered by DVA, to receive medical and allied health treatment on a provisional basis for one or more of the 20 most commonly accepted conditions for ex-serving members of the Australian Defence Force. While improving, the average number of days between lodgement and claims being decided for all claim types is still far above DVA's KPIs. As such, the PAMT is an important proactive and preventative measure for veterans during this waiting period which can be a time when veterans and their families experience episodes of increased vulnerability and need.

Call to Action 6: We ask the Government to make provisions in the 2024-25 Budget to:

- Include provisions within the 2024-25 Budget to immediately extend eligibility for non-liability health care (NLHC) for mental health treatment to ADF reservists on completion of the enlistment process. This would require removal of the current requirement for veterans to have at least one day of continuous full-time service to qualify for NLHC.
- Extend the Provisional Access to Medical Treatment (PAMT) program indefinitely, beyond the current extension date of 31 June 2024.

Answering the call

In making this submission, the RSL recognises and welcomes the action that the Australian Government has taken in response to the Interim Report of the Royal Commission into Defence and Veteran Suicide. We are beginning to see the impact of some of that action on the ground across the veteran community, particularly in the reduction of the DVA claims backlog.

The calls to action listed in this submission are not new, they highlight issues and inequalities which have been evident to successive Australian Governments, identified in successive reports and inquiries and are once again being further evidenced by the Royal Commission. Investing in veterans and their families is a sound investment for all Australians and the RSL stands ready to support the Australian Government to better serve those who have served us.