

## 2022 Report on Department of Veterans' Affairs (DVA) actions relevant to the findings of the Independent Study into the mental health impacts of compensation claim assessment processes

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This report provides an overview of DVA actions as at 30 June 2022 relevant to the areas of potential action identified by Professor Alex Collie's 2019 *Independent study into the mental health impacts of compensation claim assessment processes on veterans*, supplemented with relevant updates from the Federal Budget 2022-23.

### Background and context for the Independent Study

The Senate Foreign Affairs, Defence and Trade References Committee tabled the report of its inquiry into suicide by veterans and ex-service personnel, *The Constant Battle: Suicide by Veterans* (The Constant Battle), in August 2017.

Recommendation 2 of The Constant Battle report recommended that:

*The Australian Government commission an independent study into the mental health impacts of compensation claim assessment processes on veterans engaging with the Department of Veterans' Affairs and the Commonwealth Superannuation Corporation. The results of this research should be utilised to improve compensation claim processes.*

In the Government response, tabled in October 2017, the Government agreed to this recommendation in full and outlined that the results of the study, once completed, together with the considerable amount of existing evidence gathered through the Veteran Centric Reform – Putting Veterans and Families First (VCR) program, would be used to inform future improvements to DVA.

In May 2018, DVA commissioned Phoenix Australia to conduct a literature review and desktop study on a range of public and DVA material regarding the mental health impacts of compensation claim assessment processes on claimants and their families (Phoenix Australia report). This review was completed in September 2018. The Phoenix Australia report was a preliminary exercise designed to draw together key studies and analysis from published research on the topic.

In December 2018, DVA commissioned Professor Alex Collie of Monash University to undertake an independent study into the mental health impacts of compensation claim assessment processes on veterans. Professor Collie was asked to complete an independent study which:

- critically reviewed and annotated the Phoenix Australia report;
- identified and summarised major findings and gaps in the literature review;
- distilled current research and DVA material into key messages;
- understood broadly the DVA claims assessment processes, including proposed reforms; and
- provided advice to DVA on actions it could take to help mitigate any potential mental health impacts of compensation claims processes, based on leading practice, including for claimants with mental health conditions.

### Report of Professor Collie's Independent Study

The report of Professor Collie's independent study (Collie report) was completed on 5 March 2019, and publicly released on 10 April 2019. The Collie report concluded that there is strong evidence that compensation claims management processes affect the mental health of people making claims, and

the particular factors identified in the academic literature as being potentially problematic for mental health were present in DVA's compensation processes.

The Collie report also found that the design and operation of DVA's compensation claims model is influenced by important contextual factors. Professor Collie identified five factors that significantly impact claims operations and performance, as well as potentially impacting the ability to reform:

- i. DVA's legislative framework;
- ii. Unique demographic profile of DVA's client population;
- iii. DVA's claims workforce challenges;
- iv. Availability and use of data about DVA clients; and
- v. Veteran advocacy and DVA client representation.

The Collie report noted that some of these factors were subject to recent and existing inquiries and reviews, including on compensation and rehabilitation for veterans and on advocacy, which informed his approach.

Although the Collie report did not contain formal recommendations, it identified eleven 'areas of potential action', where DVA could act to adopt emerging best practices in claims management, as well as address aspects of the key contextual factors also identified in the report:

1. Expand MyService;
2. Client segmentation (*iv. Availability and use of data*);
3. Biopsychosocial screening (*ii. Client population*);
4. Expand 'combined benefits processing' (*ii. Claims workforce*);
5. Upgrade claims information systems (*iv. Availability and use of data*);
6. Client outcome measurement (*iv. Availability and use of data*);
7. Employer engagement;
8. Reform independent medical assessment processes;
9. Enhanced data analytics (*iv. Availability and use of data*);
10. Investing in claims teams (*iii. Claims workforce*); and
11. Legislative reform (*i. Legislative framework*).

Professor Collie considered that action in these areas could help mitigate potential negative impacts of claims processes on the mental health of veterans.

Some of the areas for action were broadly consistent with work already in progress to improve how DVA supports veterans and their families, work that was informed by the Collie report but was not a direct response to it.

Given the eleven areas of potential action were advice and not formal recommendations, there was no Government decision or response prepared or published in relation to them. Further, as broad areas of action, they encompass a range of initiatives and ongoing work that continues to be reviewed and explored to ensure the best possible outcome for veterans and families.

DVA published an update on its website on the progress of DVA actions related to the eleven areas of potential action, as at 30 June 2020. Within DVA's authority and resourcing, DVA has continued to progress and develop practical improvements, as part of existing work programs, which were consistent with the areas of action.

This report provides a further update on relevant DVA actions as at 30 June 2022, as well as relevant initiatives from the Federal Budget 2022-23. It sets out the eleven areas of potential action, provides

a brief outline of Professor Collie's findings, and provides information on relevant work being progressed by DVA in relation to these areas.

## **DVA actions relevant to the Collie Report**

### ***Area of Action 1: Expand MyService***

Professor Collie identified DVA's MyService portal as a positive development that appears to address multiple factors that are reported to influence a veteran's experience and mental health. Professor Collie noted that MyService appears to improve and simplify the initial engagement and communication between DVA and the veteran.

Professor Collie considered that there was potential to expand MyService to ensure that these benefits are experienced more broadly across the veteran community. He made several specific suggestions, including:

- adding the capability to lodge Permanent Impairment (PI) through the MyService portal;
- increasing the range of claims that can be automatically determined without the need for a claims assessor's interpretation; and
- growing the use of the portal by reducing or removing access to other, generally slower methods of claim lodgement, noting that this would require substantial engagement with the veteran and Ex-Service Organisation (ESO) community.

When describing the principles of good-practice claims models, Professor Collie noted that as organisations move to digital lodgement of claims (through platforms like MyService), many seek to use data analytics to allocate claims to case managers with appropriate expertise, experience and caseload. He noted that this requires well-developed ICT infrastructure and substantial internal analytical capability supported by good access to claims data, and that a 'manual' version of this process is also common.

### DVA actions

#### **MyService**

DVA's MyService allows veterans and their families to quickly and easily lodge claims for the support they need and is the primary online portal for veterans and families to engage and access DVA services.

In addition to expanding the ability to lodge claims in MyService to include income support claims (Service Pension, Veteran Payment, Income Support Supplement), DVA has broadened the scope of MyService to now include the following functions and services:

- Clients can manage their income support payments by updating their income and assets, reporting overseas travel, or requesting a lump sum advance on their pension;
- Clients can apply for a Commonwealth Seniors Health Card;
- Eligible age pension clients can request their age pension be transferred from Centrelink to DVA for ongoing management;
- Clients can request a review of a decision online;
- Clients can book transport for travelling to medical appointments, or claim a reimbursement related to travelling for their medical conditions;
- Clients can download a range of concession and payment letters themselves rather than having to contact DVA to send one out to them;

- Clients can request a replacement concession or veteran card;
- Clients who would rather receive mail via post can update their preference in MyService;
- MyService was updated on 26 March 2022 to add a text box to better explain the content of the Service History screen to clients; and
- DVA has also moved to making DVA correspondence available in clients' myGov inboxes. An initial 19 letters have been implemented in myGov, with a further 142 letters to be transitioned over the next 12 months.

As at 30 June 2022, there are 214,230 DVA clients with a MyService account.

From 10 December 2021, MyAccount was closed, making MyService the primary portal for veterans and families to engage and access services online with DVA.

Work is underway to implement the use of computer-based decisions and straight through processing in MyService, along with further back-end system integration to improve the efficiency of the claims process. This work is expected to be completed by the end of 2022.

DVA recognises that the experience is not just influenced by the simplicity and ease of use of MyService but also the associated back-end systems and claims processes that facilitate the efficient delivery of services and support.

To continue to deliver a better experience and more efficient business processes for veterans and families, the following activities are underway:

- expand computer-based decisions for claims in MyService;
- improve the information available to veterans and families regarding the status of claims processing, client data and service history;
- improve information and data exchanges with Defence;
- continue to decommission at risk ICT legacy systems;
- continue ongoing integration with backend systems to improve efficiency through improvements in 'No Manual Intervention' and automation processes to support features in MyService; and
- exploration of additional claims types and the extent of information available to veterans in MyService.

There are a number of barriers and constraints to the expansion of MyService, such as:

- the availability of resources for each new improvement and expansion of MyService, which involves considerable cost as well as time and effort of resources that are often shared across all ICT development work;
- the need for interoperability of DVA's systems with the systems of other government agencies such as Services Australia and the Department of Defence;
- DVA's complex legacy ICT environment which makes improvements costly and complex, and which have to take into account de-commissioning activities, upgrades to data warehousing and modernisation requirements; and
- the complexity of the claims process preventing claims types such as the PI claim type being available through MyService, as well as limiting the expansion of automated decision-making.

Nevertheless, DVA is committed to the ongoing expansion of MyService to support and enhance the user experience of veterans and families when communicating with DVA.

## **Federal Budget 2022-23 Update**

In the Federal Budget 2022-23 released on 25 October 2022, the Australian Government provided \$87 million over two years for work packages to modernise DVA's ICT ecosystem. This will ensure DVA's technology and digital channel delivery functions can support and further improve the administration of the claims processing system and veterans' services.

Part of this funding is dedicated to supporting more complete claim form lodgement and providing greater transparency on the status of claims and services through MyService, enabling more streamlined claims processing and a better user experience.

### ***Area of Action 2: Client segmentation***

Professor Collie noted that there were a number of ways in which DVA delegates could escalate a claim from routine management to a range of additional claims support teams. These processes were supported by prompts at registration to consider risk flags, and by training provided to delegates in complex case identification during an ongoing claim. With few exceptions, these additional support teams supplement - but did not replace - the role of the delegate, and so the vast majority of claims were processed through the same pathway, with or without additional support.

Professor Collie discussed client segmentation as an alternative model to this approach. Client segmentation could allow vulnerable veterans, or those with complex claims, to be streamed into tailored claims management pathways with bespoke services and supports. Veterans with less complex claims would be streamed into a 'light-touch' pathway.

Professor Collie suggested the following approach to more effectively apply client segmentation to claims processing:

- case management teams could be organised to match claim complexity with delegate expertise and experience;
- potential automatic triage of claims using data provided at claim lodgement; and
- establish mental health condition claims teams, focusing on mental health, that adopt the Combined Benefits Processing model of a single point of contact approach.

Professor Collie noted that under the VCR program, DVA had already identified and described fifteen distinct client segments. He considered that this work could underpin a future segmentation model that could be integrated into day-to-day claims management.

#### DVA actions

##### **Client segmentation**

As part of the VCR program, DVA developed a client segmentation model that described 15 distinct client segments using a data-driven approach.

The client segmentation model has been refreshed twice (in 2020 and 2021). The results of each refresh included 15 client segments across high, medium and low needs for DVA's services through various life stages. Profile analysis was undertaken for different client segments to gain insights into their needs and provide a data-driven evidence base for policy development and program delivery.

In February 2022, the Department engaged KPMG to review and enhance client segmentation as part of the broader Defence/DVA Data Sharing and Analytics Solution (DSAS) project. DVA is considering the recommendations of the report, noting that DVA has already implemented a

number of initiatives that significantly progress the intent of Professor Collie's suggested area of action as outlined below.

### **Case management**

DVA's Client Support Program (CSP) continues to provide support to vulnerable veterans via case management, service coordination and offering a single or primary point of contact.

There are 10 client 'streams' of case management services, designed to meet the specific needs of particular veteran cohorts as follows:

- transitioning veterans (medical & administrative);
- mental health;
- acquired brain injury;
- complex claims;
- catastrophic injury/Wellbeing And Support Program (WASP);
- health (other);
- mefloquine exposure;
- challenging and complex client behaviour;
- sensitive and high profile client streams; and
- service coordination/family support.

Service delivery is provided by a combination of clinically trained case managers and generalist staff. Clinically trained case managers use a clinical lens to support their risk assessment, management and broader case management practices, whilst generalist case managers specialise in navigating departmental processes.

Case management is conducted from a person-centred, strengths-based perspective and uses evidence-informed practices. Case managers work collaboratively with internal and external stakeholders to support clients to achieve their wellbeing goals.

### **Specialised Claims Team**

To further support vulnerable veterans, DVA has a Specialised Claims team which is responsive to emerging case requirements and client groups. It is staffed with experienced delegates who manage liability claims related to:

- the use of mefloquine (an antimalarial drug);
- alleged sexual and/or physical abuse; or
- the Inspector-General of the Australian Defence Force Afghanistan Inquiry Report.

### **Provisional Access to Medical Treatment**

The Provisional Access to Medical Treatment (PAMT) program has been extended annually since its inception in 2017. PAMT provides veterans with access to medical treatment for 20 specified conditions while their *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA) or *Military Rehabilitation and Compensation Act 2004* (MRCA) claim for liability is being processed. It caters to clients that require treatment while they wait for their claims to be processed and determined.

As at 30 June 2022, over 32,000 veterans have been able to access medical treatment while awaiting the outcome of their claims. Early access to treatment, particularly for mental health conditions, facilitates quicker recovery. The PAMT program has been extended for two years from 2022-23.

Registration to participate has now been extended to 30 June 2024. Veterans who register their claim with DVA before that date can continue to receive treatment under the program until 31 December 2024.

### ***Area of Action 3: Biopsychosocial screening***

Professor Collie identified that research evidence has consistently demonstrated that biopsychosocial factors are key predictors of outcomes in personal injury compensation schemes, including in relation to client health, claim cost and duration. Professor Collie considered effective capturing and use of biopsychosocial data to be a key aspect of good-practice claims schemes. Professor Collie made a number of suggestions to optimise biopsychosocial screening:

- establishing processes and training to enable delegates to more routinely screen claims for biopsychosocial risks;
- using online screening questionnaires through technology providers;
- making the screening process more flexible so that risks could be identified at any point during the claims process; and
- capturing information gained throughout the screening process in a structured database.

#### DVA Actions

DVA has continued to incorporate the use of biopsychosocial screening to appropriately prioritise and manage risk, as outlined below.

#### **Screening**

In 2021, DVA developed a standardised Claims Prioritisation Screening Tool and provided training for delegates to assist in assessing vulnerability and risk for veterans for the purposes of both claims prioritisation and referral for more intensive wellbeing-focused case management.

DVA uses the Claims Prioritisation Screening Tool to monitor all initial liability claims at the point of registration, to ensure at risk clients receive immediate support. The Tool has assisted with streamlining processes and combining work efforts.

DVA will continue to monitor opportunities to improve and refine the screening process and reporting functions for all referrals to the Client Support Program (see *Area of Action 2* above). Continuing improvements to DVA's ICT ecosystem and legacy environment will allow for greater opportunities to improve and refine the screening process.

#### **Case management tool**

In 2021, DVA developed an ICT case management system that operates within DVA's Single View of Person (SVoP) platform, and which currently supports DVA Coordinated Client Support staff in engaging with clients.

The case management system pulls together client-related data from various DVA systems to provide a comprehensive overview of client case histories. Access to this information supports the biopsychosocial screening undertaken by DVA and provides a means of capturing data related to the screening outcomes.

Barriers to implementing a fully comprehensive client management system include limited resources, as well as DVA's complex ICT environment and legacy systems as referenced in relation to

*Area of Action 1* above. In particular, this complex environment creates barriers to collecting, storing and reviewing data to make a correct assessment of an individual's risk and accurately screen historical biopsychosocial factors.

Further enhancements are in progress to support the case management system within SVoP for:

- DVA Australian Defence Force (ADF) Support Section including Veteran Support Officers;
- Service Co-ordination; and
- Wellbeing & Support Program / Disability Support pathway.

### **Proactive client engagement**

DVA established a Proactive Claims Outreach service in mid-June 2021 which commenced SMS and proactive calls to clients impacted by the claims backlog. These communications keep clients informed of the progress of their claims and alert them to other available supports.

SMS messages are sent at regular intervals following claim lodgement, at 30, 60 and 90 days (post lodgement), to remind clients to provide information requested to support their claim and to invite contact if their circumstances have changed.

Outbound calls are made to clients who are waiting for their claims to be allocated to a delegate in order to keep them informed of progress and to provide an opportunity for them to report any change of circumstances that might trigger prioritisation of their claims. The service is organised into two streams:

- initial contact to clients at approximately 45 days and a follow up call at approximately 90 to 180 days after original lodgement of claim. There is also the possibility for a third call at approximately 225 days; and
- contacting clients with claims in the claims backlog.

The Proactive Claims Outreach Service aims to improve a veteran's experience and outcomes with the initial liability claims process, by providing proactive welfare check-ins to clients with claims awaiting allocation. This service was established as a result of client feedback that communication provides reassurance as they await their initial liability claims outcome.

The service ensures the veteran understands their entitlements and services available, such as Provisional Access to Medical Treatment (see *Area of Action 2* above), Non-Liability Healthcare, DVA funded healthcare for accepted conditions, Open Arms services for the veteran and their family, and the Veterans' Health Check. The follow-up call is an opportunity to ask whether the veteran has sought treatment or there have been any changes in the veteran's circumstances.

### ***Area of Action 4: Expand combined benefits processing***

Professor Collie considered that DVA's trial of combined benefits processing (CBP) appears to have delivered positive results in terms of:

- the veteran experience, by addressing multiple factors that impact veteran experience and mental health;
- reducing claims 'hand-over' between delegates;
- enabling better development of better communication between the veteran and the DVA delegate; and

- potentially reducing the time taken to process claims.

Professor Collie suggested expanding the CBP model, noting the substantial implications for the current claims operational model. He also suggested a formal evaluation of the CBP trial to confirm indicative impacts on claims processes, delegate workload and the veteran experience.

Professor Collie described the early triage of claims and targeted service delivery as key aspects of good-practice claims models, and suggested that CBP could be combined with a client segmentation approach. This would support a two-tier triage model that allowed:

- CBP to be applied to more complex cases, such as those involving a mental health condition; and
- Simpler cases to be dealt with through the standard claims management model.

### DVA Actions

#### **Combined Benefits Processing**

DVA continues to build its CBP capabilities, including a commitment to train and develop delegates with the required technical abilities to undertake CBP.

In December 2019, DVA diverted dedicated CBP resources to assist in managing the increased number of Initial Liability (IL) and Permanent Impairment (PI) claims received by DVA under the *Military Rehabilitation and Compensation Act 2004* (MRCA) and *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1998* (DRCA). This diversion of resources continued until June 2020.

CBP teams were recommenced in Perth and Brisbane from July 2020, as these were the main PI processing locations, however, CBP has not resumed in Sydney and Melbourne due to the commitment of resources to the claims backlog.

Expanding CBP into additional sites, across Acts and on a broader scale requires:

- skilling staff into technical application of different aspects of the legislation, including systems training;
- maintaining productivity during the change, recognising:
  - staff productivity will decline for a period while they adjust; and
  - DVA's need to concurrently continue to deal with business as usual claims.

DVA will continue to consider future changes as part of usual business processes and improvements. Specifically, DVA intends to increase the number of delegates in Brisbane and Perth, and build their capability. Increasing staffing across Brisbane and Perth will maintain staff productivity while undertaking training. DVA's prioritisation of reducing the claims backlog, once achieved, will ease competing priorities and allow a greater focus to be placed on expanding CBP.

#### ***Area of Action 5: Upgrade claims information systems***

Professor Collie found that the DVA claims information management system, the Rehabilitation and Compensation Integrated Support Hub (ISH), addressed shortcomings of the previous systems, but did not fully meet the needs of DVA.

Professor Collie made the following observations about the shortcomings of ISH:

1. the system is hosted by a third party and is challenging to change/update;
2. the workflow of claims was managed manually outside of ISH, increasing the risk of processing errors;
3. claims lodged prior to ISH were not transferred across, with legacy systems used to process these claims;
4. there was limited use of system-generated prompts/actions; and
5. accessing ISH data appears difficult, limiting DVA's ability to use claims data for strategic and operational purposes.

Professor Collie considered that while there could be technical solutions to these issues without significant reforms to ISH, an improved system would maximise the benefit of the other opportunities described, including "data-based claims triage that involves daily data feeds from claims information systems to segment clients into risk categories that are then streamed into tailored claims management pathways".

#### DVA Actions

DVA continues to improve its claims information systems to better support its clients and staff.

#### **Rehabilitation and Compensation Integrated Support Hub**

A number of upgrades to ISH have been undertaken recently to support improved claims workflow and efficiency, including:

- ADF Firefighters application processing was implemented in ISH in September 2021. This provides a streamlined application recording process that enables delegates to determine and record claim outcomes in a timely and consistent manner;
- Notes field improvement, delivered in December 2021 and January 2022, improved the capacity for claims delegates to engage with internal medical officers via an integrated systems workflow;
- Application for Increase (AFI) integration, delivered in January 2022, improved processing efficiency by digitally integrating MyService (client-facing portal) AFI claims with ISH. This removed the need for staff to manually access and register AFI claim details in the claims processing system. Clients are also able to view the processing status of their AFI claims and digitally upload additional information as required; and
- Initial Liability Claims Bundling, delivered in May 2022, improved processing efficiency by digitally integrating MyService initial liability claims with ISH. Processing efficiency will further improve as the system will automatically allocate related claims to a common delegate.

Key barriers to the improvement of ISH are similar to those set out under *Area of Action 1* above in relation to the expansion of MyService:

- DVA's complex ICT environment, including interoperability with other government agencies;
- DVA's legacy systems that support claims processing; and
- limited resourcing, in particular incremental funding preventing the ongoing engagement of developers, designers, business analysts, project managers and subject matter experts to make significant improvements to ISH.

A number of upgrades for R&C ISH are currently underway, with expected delivery by December 2022, including:

- the integration of incapacity payments by digitally integrating the MyService claims portal with ISH;

- the integration of ISH computer-based decisions for claims made on MyService;
- improvements to Straight-Through Processing, through improvements to the quality of claim data transferred from MyService to ISH; and
- consolidation of service history via the creation of a single source of truth for service history at client level and improvements to data quality.

### **Single View of Person**

As referenced in relation to *Area of Action 3* above, DVA's Single View of Person (SVoP) platform is now available to all of DVA's client-facing staff in its Veterans' Access Network and Coordinated Client Support (CCS) areas.

The SVoP platform is continually being improved, further reducing the number of systems staff have to navigate to address client enquiries and supporting improved client service. Further funding to expand SVoP is required.

### **Defence DVA Electronic Information Exchange**

In March 2021, Phase 1 of the Defence DVA Electronic Information Exchange (DDEIE) delivered a new system for requesting information from defence. This system was partially integrated with Defence and removed the need for manual emailing of requests.

In May 2022, Phase 2 of DDEIE delivered a full digital integrated request and response capability between Defence and DVA. This has enabled some data to be received by DVA in real time or near real time for large digitised files.

### **Robotic Process Automation**

DVA has implemented one instance of Robotic Process Automation (RPA) in its Invoice Processing team. This has afforded DVA the opportunity to test the applicability of RPA technology within DVA's ICT ecosystem, and testing is continuing with a limited set of invoice types.

The use of automation and information-sharing is highly complex due to the disconnected nature of DVA's legacy systems. Further detailed evaluation and planning would be required before any consideration of expanding RPA into other areas.

### **Federal Budget 2022-23 Update**

As referenced in *Area of Action 1*, in the Federal Budget 2022-23 released on 25 October 2022, the Australian Government provided \$87 million over two years to further improve the administration of the claims processing system and veterans' services.

Part of this funding will support the development of business cases to modernise at-risk legacy ICT systems, to support improved claims processing and position DVA's IT ecosystem for ongoing modernisation.

### ***Area of Action 6: Client outcome measurement***

Professor Collie found that DVA appears to assess its own performance using a mix of different metrics, including claims administration data and outputs, and an annual veteran experience survey.

Professor Collie suggested expanding this to a veteran health and wellbeing measurement approach to support claims strategy, operational delivery and provide an evidence base for future initiatives. He made the following specific suggestions:

- adoption of an approach used by the NSW State Insurance Regulatory Authority that uses a combination of claims data, third party data sources, and survey-based health and wellbeing data;
- the framework should include monitoring performance across three key domains – Health, Return to Work and Experience;
- establishment of a dedicated team to implement and monitor the framework; and
- regular reports and dashboards to provide insights and effectively communicate data.

### DVA Actions

DVA is undertaking a number of initiatives in relation to improved outcome measurement and understanding of client wellbeing.

### **Defence/DVA Data Sharing and Analytics Solution**

In partnership with Defence, DVA has progressed the Defence/DVA Data Sharing and Analytics Solution (DSAS). DSAS is an analytics platform which brings DVA and Defence datasets together with an analytics capability, in order to provide a comprehensive, linked, person-centric view of current and former ADF members.

In the 2021-22 financial year, as part of DSAS Stage 1, DVA developed a Refined Veteran-Centred Wellbeing Framework, building on the person-centred wellbeing model of the Australian Institute of Health and Welfare (AIHW) and supporting better measurement of client wellbeing outcomes. Using this refined framework, DVA developed an early iteration of a wellbeing measurement approach and has completed a trial evaluation of DVA's rehabilitation program using the wellbeing metrics.

DVA's Wellbeing Framework faces a number of barriers, including challenges in sharing information between multiple government agencies, limited data on veteran wellbeing outcomes, and achieving alignment with Defence's wellbeing frameworks.

In relation to DSAS, ongoing weekly framework alignment meetings with Defence are underway, as well as targeted engagement throughout the DSAS project. Both departments have been working jointly to construct a roadmap to operationalise the wellbeing framework and early wellbeing measurement approach.

DVA is reviewing the current suite of performance measures to assess what progress can be made with the data that is currently available, noting the limitations outlined above. The performance measures will be further enhanced to better align with a wellbeing focus as the data capability expands. In addition, the DVA has been in discussions with Australian Bureau of Statistics (ABS) about integrating DVA data into the ABS Multi Agency Data Integration Project (MADIP) data to obtain a holistic view of veterans across various wellbeing domains.

### **Health Programs Office**

The Health Programs Office (HPO) was established in DVA on 5 July 2021 to support enhanced governance and evaluation of DVA's health programs.

The HPO has undertaken an Evaluation Readiness Assessment (ERA) of relevant DVA health and wellbeing programs and created an Evaluation Plan to outline its intended evaluations to 2024-25.

DVA identified two programs that would benefit from immediate action: the Diabetes Organisation Membership Program (Diabetes Program) and the Hearing Services Program (an adjunct to the Department of Health's Hearing Services Program). The evaluation of the Diabetes Program was completed in June 2022. DVA is currently undertaking a discovery review into the Hearing Services Program, which will feed into more comprehensive program evaluation.

DVA is building its internal capability to undertake health program evaluation, which, until established, is a barrier to developing a comprehensive understanding of client outcomes as they relate to DVA's health programs. Currently, work effort is targeted at continuity of service delivery to clients, and the focus on program evaluation through HPO work will enable evaluation and program governance improvements, informed by enhanced data analysis and reporting.

### **Program Management Framework**

DVA engaged KPMG to review DVA's Program Management Framework (PMF) to ensure that it is fit for purpose, is scalable and represents better practice program management. KPMG's final report was delivered in early June 2022.

DVA anticipates the PMF will support enhanced program governance and the measurement of outcomes. DVA is exploring opportunities to expand the data capability and identify priority areas for evaluation.

### **DVA Client Satisfaction Survey**

The annual DVA Client Satisfaction Survey (CSS) is designed to capture qualitative and quantitative client feedback on their interactions with DVA. The CSS aims to inform business improvement in DVA through enabling deeper analysis of the issues and opportunities raised.

While the CSS has remained consistent in its methodology and design since 2016 (collecting information on service access, usage and satisfaction), it also is able to include additional questions to gather client data and feedback relating to current or emerging issues and initiatives – such as wellbeing, impact of COVID-19 and digital service delivery. In the most recent CSS (completed in 2020), additional questions related to wellbeing, aged care, the COVID-19 pandemic, and family.

The CSS does have some limitations, in particular that the CSS only:

- represents a point in time, subjective measure of both satisfaction and wellbeing;
- surveys only DVA clients; and
- measures satisfaction and client experience, not the outcomes a client may achieve by engaging with services and supports.

The subjective wellbeing results captured in the CSS have been used to test:

- whether the Personal Wellbeing Index (PWI) tool is effective in creating a baseline of DVA client wellbeing within the broader Australian population;
- whether the PWI life domains can be used as subjective indicators of the domains in the DVA Wellbeing Model;
- hypotheses around average baseline subjective wellbeing across different demographics (gender, location, age, veteran client cohorts, family and dependents); and

- the environmental influences of subjective wellbeing over time (including client experience and satisfaction with engagement with DVA, and other environmental and societal factors impacting on all Australians).

DVA will be piloting an online CSS survey for DVA clients to measure subjective wellbeing, which would allow a larger number of clients to be engaged. If successful, DVA would consider expanding the survey to all veterans, and will continue piloting online data collection.

DVA is working with Defence to create a complementary approach to wellbeing and subjective measurement that will enhance the CSS and DSAS.

## **2021 ABS Census**

The 2021 Census on 10 August 2021 included for the first time the question: 'Has the person ever served in the Australian Defence Force?' The question also asked whether the respondent had served in the regular and/or reserve services and whether the person has current or previous service.

The first release of data took place on 28 June 2022 and coincided with the publication of an ABS Analytical Article on 29 June 2022. Full details on the data release and article can be found on the [ABS Website](#).

The Census question, together with the ABS Analytical Article, provide a better understanding of the veteran population (how many veterans there are, where they are located and their socio-economic characteristics). The newly available data will help DVA identify and appropriately respond to issues veterans are facing (e.g. health, housing and employment), while also guiding the development and delivery of support services.

## **Australian Institute of Health and Welfare - Strategic Research Partnership**

DVA has a Strategic Research Partnership with AIHW, which is now entering its sixth year.

Key pieces of work under the partnership which contribute to DVA's understanding of client wellbeing include, but are not limited to:

- annual monitoring of ADF serving and ex serving members deaths by suicide;
- inclusion of an ADF service question in various surveys providing insights on a diverse range of topics; and
- insights into veterans' wellbeing and their family circumstances through the ABS MADIP data asset (as referenced on p12 above). This provides data on ex-serving members' post-service employment, income, education, housing, health and social support etc.

Current and future work under the partnership will build both breadth and depth of information available about veterans, to build a comprehensive profile of those who have and are serving in the ADF.

## ***Area of Action 7: Employer engagement***

Professor Collie highlighted the strong connection between employment and health, noting that returning to work can support veterans' recovery. Some veterans experience a loss of identity after leaving the ADF which can have various negative impacts on their health and wellbeing, however, re-engaging in meaningful employment can reduce these impacts.

Professor Collie noted the work of DVA and Defence in this space, including:

- efforts to raise awareness of the skills of veterans through the Prime Minister's Veterans' Employment Program;
- the supports provided by DVA and Defence for veterans separating from Defence; and
- DVA's funding of occupational rehabilitation services to support job finding among the veteran population.

Noting that many veterans will have a relationship with an employer at the time of making a compensation claim, Professor Collie suggested expanding DVA supports to further support veterans' employers. In particular he suggested engaging the employers of working veterans to better support their health and recovery, for example ensuring that jobs are designed to minimise exacerbation of injuries and illnesses or promoting the value of mentally healthy workplaces. For unemployed veterans with complex health conditions, Professor Collie recommended the use of Individual Placement and Support programs.

#### DVA Actions

DVA continues to undertake a number of initiatives that aim to support veteran employment and improve engagement with employers.

#### **APS Veteran Employment Pathways Program**

The Australian Public Service (APS) Veteran Employment Pathway is a pilot Individual Placement and Support program to help transitioning and recently transitioned veterans establish a career in the APS.

The pilot program was launched in early 2022 and is administered by DVA in collaboration with Defence and the Australian Public Service Commission. The purpose of the program is to help veterans successfully transition into ongoing employment within participating Commonwealth departments. Following the pilot's completion in December 2022, the program will be evaluated for its capacity for further roll-out across the APS.

#### **Prime Minister's Veterans' Employment Program**

The Prime Minister's Veteran's Employment Program (PMVEP) was established in 2016 to raise employer awareness of the benefits of employing veterans. PMVEP provides links to employment resources and uses partnerships with industry and not-for-profit organisations to assist veterans in finding employment.

PMVEP includes the Veteran Employment Commitment (VEC), a non-binding commitment which allows Australian organisations to identify themselves as a veteran-friendly employer. Signing the commitment shows the business recognises the skills of ADF members and supports employment opportunities for this cohort.

VEC signatories are contacted regularly throughout the year and offered any new resources, opportunities to attend webinars, information about wider-DVA employment initiatives and given the opportunity to provide feedback on PMVEP.

Work is underway to provide organisations that sign up to the VEC information to help them implement and refine their own veteran employment programs. For example, VEC signatories have been made aware that Open Arms is available to support veteran staff with details on how to

contact these services. PMVEP does not offer personalised organisational creation of programs, but can provide advice and feedback on programs already in place or being planned if requested.

### **DVA's Rehabilitation Program**

To encourage employers to engage injured veterans who have found it difficult to compete in a tight labour market, there is a DVA Employer Incentive Scheme. The Scheme offers incentive payments to eligible employers who can provide a veteran participating in rehabilitation with ongoing full or part-time paid employment or an apprenticeship or traineeship.

In general, for veterans participating in a DVA rehabilitation program, DVA-contracted rehabilitation providers may engage with potential employers to identify appropriate work opportunities, such as work trials.

A new initiative, which was launched in February 2022, is currently being trialled to improve employer engagement as part of the rehabilitation process. The Rehabilitation Provider Employment and Work Trial Noticeboard is where job opportunities are placed on a private noticeboard for rehabilitation providers to assess and identify suitable roles for their veteran clients.

As at 30 June 2022, 16 businesses have reached out to inquire about the initiative, and 12 opportunities have been advertised on the noticeboard. To make this operational, DVA has contacted, and continues to contact employers who have expressed an interest in employing veterans either through their registration in PMVEP, by reaching out to a Rehabilitation Provider, or by contacting DVA directly. A flyer has also been developed for employers to give them an overview of DVA's rehabilitation program, and how they can advertise opportunities via DVA to reach job-seeking veterans. At the conclusion of the 12 month trial, an assessment of employer interest and provider usage of the noticeboard will be undertaken to determine demand for this initiative and where improvements can be made.

Engagement more broadly with employers regarding working with veterans is limited by DVA's ability to identify those employers for whom information on DVA's rehabilitation program and the assessments and modifications that can be made in the workplace would be valuable. Currently, DVA engages with employers which are known to employ veterans, or are looking to employ veterans following a work trial.

### **Non-Liability Rehabilitation Pilot**

In the 2021-22 Budget, the former Australian Government announced \$2.3 million for a two-year pilot to provide non-liability access to vocational and psychosocial rehabilitation for transitioning ADF members and veterans, without the requirement to have an accepted service-related injury or condition.

The Non-Liability Rehabilitation pilot commenced on 1 January 2022, though the conversion rate from inquiries to uptake has been low, with six participants enrolled as at 30 June 2022. The pilot aims to raise awareness of the benefits of early and voluntary engagement with rehabilitation. DVA is continuing efforts to promote this service offer through social media and contact points at Defence and veteran support organisations. DVA will evaluate the two-year Pilot at its conclusion to assess demand for this pathway and its impact on veterans' health and other wellbeing outcomes. Findings and outcomes from the evaluation will inform future policy and service offer design.

### **International research**

DVA is currently investigating good practice in education, training and employment initiatives for transitioning members within the Five Eyes countries (Australia, Canada, New Zealand, United Kingdom and the United States of America) to consider their costs and benefits, explore their relevance for the Australian context, and identify potential options for further consideration. DVA is seeking to identify opportunities to support veterans' civilian employability in fields they find personally engaging and meaningful.

As part of this work, DVA held a virtual meeting with Veterans Affairs Canada in January 2022, and is continuing to discuss learnings and obtain insights about the introduction, delivery and evaluation of Canada's Education and Training Benefit and how this intersects with Canada's programs of rehabilitation and vocational assistance. This will support an understanding of how a similar benefit program might complement DVA's rehabilitation program and promote a better sense of meaningful engagement and wellbeing for veterans. Any decision to implement a similar benefit for Australian veterans would need to be considered as part of a future Budget process.

### **Federal Budget 2022-23 Update**

In the Federal Budget 2022-23 released on 25 October 2022, the Australian Government provided \$24 million for the Veteran Employment Package in order to raise awareness and champion veteran employment, by ensuring veterans' skills and experience are understood and valued by the wider community.

The package includes recognition of prior learning (RPL) support provided through the Department of Defence, and grant funding to assist the tertiary sector to develop or enhance veteran RPL frameworks and support within institutions, to help businesses to adopt targeted veteran and partner recruitment and retention mechanisms.

### ***Area of Action 8: Reform independent medical assessment processes***

Professor Collie stated that independent medical assessment and examination processes can be stressful to compensation claimants and contribute to poor mental health. He acknowledged that DVA had recognised the opportunity to transform the way it engages with medico-legal service providers and its internal use of medico-legal evidence to improve the process and reduce the impact on veterans.

Professor Collie also considered there were learnings from the Victorian Transport Accident Commission (TAC) Joint Medical Examination (JME) process that aims to reduce the number of client medical examinations through agreements with TAC and the client's solicitor. The JME guidelines set clear expectations regarding the conduct of examiners, the TAC, clients and their solicitor, and have specific timeframes for steps in the process.

### **DVA Actions**

#### **Medical Assessment Processes**

DVA has undertaken procurement to improve its medico-legal processes, including the preparation and provision of independent medical examinations (IMEs). On 2 December 2021, DVA signed a

Deed with a sole IME provider, the Medico-Legal Consultants of Australia (MLCOA), and the delivery of contracted services commenced in March 2022.

DVA's engagement with MLCOA includes formal requirements for timeliness and quality and increased control for DVA in relation to requesting IMEs. This should reduce delays in obtaining medical reports essential to the claims process, that are otherwise unavailable from veterans' treating doctors or specialists.

Training sessions for delegates regarding the new arrangements for arranging IMEs were delivered through February and March 2022 and additional procedural support for delegates is available online. In addition, doctors engaged by MLCOA to undertake the work must complete DVA training on understanding the ADF and veterans.

DVA has continued to strengthen its practices for medical evidence more broadly, increase delegates' ability and confidence to collect and analyse medical evidence appropriately, and decrease reliance on DVA Medical Advisers – Compensation (MACs) by:

- designing and introducing a medical terminology course for delegates that includes outlining the structure and specialties of the medical and allied health professions;
- providing training in procedural fairness in relation to administrative decision-making;
- formulating and circulating to Senior Delegates a *Best Use of Medical Advisers* guide;
- commencing a program of rationalising and simplifying forms requesting information from medical practitioners; and
- issuing Businesslines on *Requesting independent medical examinations* on 2 March 2022, *Medical Examinations - medico-legal approval process* on 9 March 2020 and *Medical Examinations - medico-legal approval process* on 3 July 2020, which reinforced the hierarchy of different sources of medical evidence (i.e. veteran's general practitioner as the first preference, followed by the veteran's treating specialist, and then an independent provider only if the information sought cannot be provided by the general practitioner or specialist).

DVA has engaged allied health professionals to assist delegates with:

- understanding medical terminology;
- helping to clarify unclear information contained in medical reports;
- identifying medium complex issues related to Statements of Principles and clarifying issues related to International Classification of Disease codes;
- assisting with the diagnosis of conditions;
- assisting with the selection/clarification of IME forms;
- clarifying or advising on medium complex assessments related to the Guide to the assessment of rates of veterans' pensions under the *Veterans' Entitlements Act 1986* (VEA) and MRCA; and
- developing the knowledge, skills, and confidence to assess medical evidence, with only limited or no MAC support.

There are monthly contractor performance review meetings which provide an opportunity to reflect and review the arrangements. DVA's use of IMEs is subject to continuous business improvement activities.

Further work is underway to identify further opportunities to streamline the use of MACs in the claims determination process and establish business practices that effectively utilise the advice provided, while ensuring procedural fairness.

### ***Area of Action 9: Enhanced data analysis***

Professor Collie acknowledged that enhanced data analysis appears to be a current area of focus for DVA, with additional resources being allocated. While this was the case, he also found that there is an opportunity to better use data gathered by DVA to support strategy and claims operations.

Professor Collie acknowledged the work under VCR to:

- examine healthcare provider behaviour;
- evaluate the impact of policy or claims operating changes on client and employer outcomes; and
- characterise risk factors, outcomes and patterns of recovery in specific client cohorts.

In relation to further data analysis opportunities, Professor Collie identified the following:

- development of a veteran-specific evidence base;
- predictive analysis could be used to identify the range of claim factors that are associated with the onset of a mental health condition or a negative claims experience; and
- analysis to identify specific 'pain points' in claims processes that trigger a negative experience or outcome.

#### **DVA Actions**

DVA continues to further develop its data analysis capabilities and use of data through a number of projects outlined below. In general, progress on these projects is constrained by a lack of data relating to veteran wellbeing outcomes, and privacy and consent issues associated with linking data across the multiple agencies.

#### **Data Sharing and Analytics Solution**

As referenced above in relation to *Area of Action 6*, DVA continues to progress the Defence/DVA Data Sharing and Analytics Solution (DSAS) in collaboration with Defence. DSAS is an analytics platform which aims to bring DVA and Defence datasets together with an analytics capability, in order to provide a comprehensive, linked person-centric view of current and former ADF members. DSAS is expected to be delivered over 2022-25.

As part of DSAS, DVA is developing a veteran wellbeing measurement model. The work intends to deliver a longitudinal lifetime view and associated insights for veterans. Longitudinal analysis will be used to understand and measure the drivers of wellbeing outcomes, how wellbeing may fluctuate throughout a person's life, and to better understand how past wellbeing influences future wellbeing and future service needs.

During 2021, as part of DSAS Stage 1, DVA developed a Refined Veteran-Centred Wellbeing Framework, building on the AIHW's person-centred wellbeing model. The refinement included defining sub-domains and indicators within each domain, and the separation of Life and Moderating factors. A range of internal and external data sources has been scoped, and wellbeing metrics and measurements across various domains are under development.

Using this refined framework, DVA developed an early iteration of a wellbeing measurement approach to be used for policy and program evaluation.

#### **Priority Investment Approach – Veterans**

DVA has consolidated various administrative longitudinal data sources to build the Priority Investment Approach – Veterans (PIA-V) evidence-based platform.

DVA is enhancing the PIA-V to support key initiatives such as budget estimates, policy proposal evaluation and long-term cost projections, and is continuing to integrate evidence from the platform into its strategic objectives and service delivery.

### **Single View of Person**

As referenced above in relation to *Area of Action 3* and *Area of Action 5*, DVA is continuing to expand its Single View of Person (SVoP) platform, removing the need for staff to search across multiple systems to find the information they require to help clients, and supporting more personalised, proactive and data-driven services.

### **Data-sharing**

DVA is undertaking a number of initiatives in relation to data-sharing with other agencies. DVA is part of a ‘veterans’ health’ working group as part of the national data-sharing agreement. A key element of this working group is to explore opportunities to improve and increase data-sharing across the Commonwealth.

DVA has also been granted access to the ABS Multi Agency Data Integration Project (MADIP – see *Area of Action 6* above), which will expand the range of data available to measure veteran and family wellbeing.

### **Other data initiatives**

DVA has also a number of other data initiatives in train, including:

- Work on a Single Source of Truth (SSOT) for reporting and analytics. This includes building the new Enterprise Data Warehouse (EDW), to modernise DVA’s capability to store, curate and deliver data to support business areas. When completed, this will provide DVA with a consistent and quality source of data to support department-wide analysis and reporting activities and capabilities;
- Met with AIHW to undertake various research reports, including a report relating to wellbeing measurement using the ABS MADIP data set (see *Area of Action 6* above);
- Use of dashboards developed to provide information about services delivered to clients under the Coordinated Veterans’ Care Program, based on Medicare data on service provider claims for payment. As the focus of the Program is to assist clients with chronic disease management, the data will inform improvements to policy and program delivery.

### ***Area of Action 10: Investing in claims teams***

Professor Collie acknowledged that claims management in DVA is a complex task, and that claims staff can have a substantial impact on the experiences and health of clients (both positive and negative). As such, investment in the training and supports for DVA claims staff should be a critical component of any future claims model reform. There is also the opportunity to provide further skills training within the current claims model.

Professor Collie made a number of specific suggestions for further investment, including:

- training front-line staff in techniques such as motivational interviewing to enable staff to provide greater support to clients with complex conditions;
- using resources such as the SuperFriend Best Practice Framework for Managing Psychological Claims, which provides information regarding recruitment, structuring teams, training and rewarding staff and managers;
- utilising the Personal Injury Education Foundation that is a registered training provider and also provides a forum for engagement with other organisations that have similar claims management functions; and
- using the set of core capabilities for front-line staff and initiatives to embed these capabilities developed as part of VCR.

### DVA Actions

DVA continues to invest in its claims management staff via a number of training programs and other initiatives.

### **Training**

DVA delivers regular, dedicated training for its delegates and other service delivery staff via the Quarterly Update – Education, Support and Training (QUEST). QUEST informs service delivery staff of upcoming changes in policy and transformation, reinforces key corporate messages, and provides further education on tools and techniques, for example the March 2022 QUEST included a training session on trauma-informed care.

Since 2021, all DVA staff, including claims staff have access to monthly training on Administrative Law and Good Decision-making. In 2022, DVA commenced delivery of an ‘Empowering Excellence’ training program for claims staff, focussed on improving team performance. Other DVA business areas are managing additional specific ongoing training requirements for their staff.

DVA continues to evolve its staff training. Providers for further training in relation to Trauma Informed Care Training for claims staff have been identified. In particular, an Australian Public Service Commission course titled ‘Compassionate’ will be delivered at a foundation level and mandatory for all claims staff.

Further training for Team Leaders and Senior Delegates will be provided in Mental Health First Aid certification. A third of claims team leaders and senior delegates have completed Mental Health First Aid as at July 2022. The remaining staff will undertake the training throughout the 2022-23 Financial Year.

### **Other initiatives**

In the Federal Budget 2021-22, DVA was allocated \$98.5 million to substantially increase the number of DVA claims processing staff. Recruitment processes commenced in May 2021 with the initial recruitment of approximately 100 contractors to assist in clearing DVA’s claims backlog.

In September 2021, DVA established a bi-monthly National Compensation Senior Delegate Forum to provide an opportunity for key stakeholders to discuss changes to policies, procedures, and operational business practices, and to deliver training or awareness sessions to Senior Delegates for initiatives relevant to their work.

A quarterly Client Benefit Division National Team Leader Forum was established in 2022 to share subject matter expertise, create networks of support, and identify opportunities for development management, leadership and coaching skills.

From October 2021, social workers have been engaged to offer support to delegates in claims processing across DVA.

### **Healthcare Management Advisers Review**

The 2018 Healthcare Management Advisers (HMA) review of DVA client service training programs investigated how DVA might better support staff, particularly those working with veterans.

The HMA review set out 19 recommendations, all of which have since been implemented. DVA actions on the recommendations include:

- the creation of service delivery job profiles which include the capabilities described in the Service Delivery Capability Framework;
- the inclusion of the service delivery job titles and job profiles into the DVA Job Family Framework;
- the inclusion of job title codes into DVA training profiles for staff to assist the development of learning plans relevant to job roles; and
- the delivery of a course on medical terminology for client-facing staff.

### **Federal Budget 2022-23 Update**

- In the Federal Budget 2022-23 released on 25 October 2022, the Australian Government provided \$233.9 million over four years, including ongoing funding, for 500 additional Australian Public Service Staff to help eliminate DVA's compensation claims backlog and reduce wait times for veterans and families, improving health outcomes and wellbeing in the veteran community.

## ***Area of Action 11: Legislative reform***

Professor Collie noted that the overlapping eligibility and requirements of DVA's legislation adds multiple layers of complexity to the veteran rehabilitation and compensation system, which can ultimately impact the health and recovery of clients. He noted "that neither the process via which legislative reform is achieved, nor the outcome of such reform, is within the DVA's control. However, there is a clear rationale for legislative reform. As noted in the Productivity Commission (PC) draft report and the DVA submission to the issues paper for the PC inquiry".

Professor Collie suggested that simplifying DVA's legislative framework has the potential to substantially improve the mental health outcomes of veterans, and that without significant reform the outcomes of DVA actions across his other identified areas would be constrained in the benefits that would be delivered to veterans.

### DVA Actions

#### **Legislative Reform**

Since the release of the PC inquiry Report 'A Better Way to Support Veterans' in 2019, DVA has consulted extensively with the veteran community and other stakeholders about a range of recommendations, including those relating to legislative harmonisation and simplification.

In December 2020, the DVA Secretary sought feedback from Ex-Service Organisation Round Table (ESORT) members on specific recommendations in the PC Report. This feedback continues to inform work currently underway.

DVA has also held a series of policy workshops with claims processing and other staff within the Department to discuss issues relating to legislative simplification and harmonisation. The first of the workshops was held on 14 December 2021, with subsequent workshops held on 17 February, 15 March 2022, 24 June and 5 July 2022.

Issues relating to DVA's compensation framework have also been discussed in detail throughout the Royal Commission into Defence and Veteran Suicide. In the Royal Commission's Interim Report released on 11 August 2022, the Royal Commission recommended that the Australian Government develop and implement legislation to simplify and harmonise the framework for veterans' compensation, rehabilitation and other entitlements.

On 26 September 2022 the Government agreed to this recommendation.

The Minister for Veterans' Affairs, the Hon Matt Keogh MP, announced in Parliament on 28 November 2022 that work is currently underway on developing the pathway for simplification and harmonisation of veteran compensation and rehabilitation legislation, and that the pathway will be outlined in 2023.

#### **Federal Budget 2022-23 Update**

In the Federal Budget 2022-23 released on 25 October 2022, the Australian Government provided \$9.5 million over two years to create a pathway for legislation improvement to address longstanding complexities in the veteran support system.

The funding will also assist in establishing a governance and assurance framework to manage the implementation of the recommendations from the Royal Commission's Interim Report accepted by the Government.

DVA is continuing to work with the Minister for Veterans' Affairs to develop the preferred pathway for legislative reform. Once the preferred pathway is developed, a Government decision will be required to commence consultation with stakeholders.