Environmental Scan: Rehabilitation Way Forward

Department of Veterans' Affairs

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nous

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Contents

Executive Summary

One function of the Department of Veterans' Affairs (DVA) is to enable rehabilitation programs which support veterans to navigate the complexities of building full and productive lives after a service-related illness or injury. The purpose of this environmental scan is to compare the scope and features of DVA's rehabilitation service offerings to those of other Five Eyes countries, and other comparable Australian schemes. This comparison will support an understanding of where there may be emerging best practice or alternative approaches which DVA may explore in future refinements of their offer.

This work is timely, in the context of the Productivity Commission Inquiry Report, *A Better Way to Support Veterans*, the current Royal Commission into Defence and Veteran Suicide, and the recent introduction of DVA's Veteran Wellbeing Model all providing policy impetus for such a review.

The environmental scan found that DVA's rehabilitation service offering, overall, is progressive in approach, generous in scope and eligibility, and comparable in delivery model to other Five Eyes countries rehabilitation schemes. From publicly available desktop sources, it also appears that the offering is largely accessible to the veteran community.

DVA's rehabilitation offering is aligned more closely to different Five Eyes countries when considering each element of the offering, though tends to be most like Canada and least like the United States (US) and the United Kingdom (UK). This is primarily due to the stark difference in the underlying government approaches to service delivery in both countries.

The key findings from the environmental scan are:

- There is a **broader shift** in the rehabilitation landscape toward strengths-based and recovery-focused language and approaches. DVA's *Veteran Wellbeing Model* is aligned to this movement.
- The differences in the **legislative and policy definitions** of DVA's rehabilitation aim are important, with DVA's policy definition more closely aligned to the strengths-based and recovery-focused approaches taken by all Five Eyes countries.
- The **scope of services** Australian veterans have access to is generous in comparison to most Five Eyes countries, when the full suite of DVA services is considered.
- There may be an **opportunity to further expand the scope of services**, with the move toward wellbeing. The role of family and the need for culturally appropriate approaches and considerations could be further explored by DVA.
- **Eligibility for rehabilitation** in Australia and the UK is not related to length of service, but requirements are otherwise comparable to the other Five Eyes countries.
- DVA's **approach to outsourcing** most service delivery is common among Five Eyes countries but makes the coordination of services more important. DVA may consider moving from what is currently a case coordination approach to a case management approach, in line with New Zealand (NZ) and Canada.
- DVA's service offering appears to be **accessible** to veterans.

These findings are further summarised in Figure 1 (overleaf).

Figure 1 | Overview of key findings

Definition and aim of rehabilitation

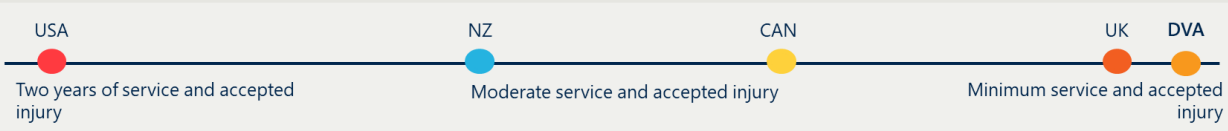
- DVA's definitions of rehabilitation differs between legislation, policy and practice which makes it challenging to clearly communicate the intent of rehabilitation.
- There is a shift in the definition and aims of rehabilitation, both in Australia and in comparable veteran schemes, toward recovery, whole-of-person wellbeing, and strengths-based approaches and language.
- DVA's legislative definition is somewhat 'behind' others in this regard, but the policy definition and introduction of the 'wellbeing model' demonstrates DVA's move toward this approach. Direct comparisons cannot be made with the UK.

Scope of rehabilitation services

- Most rehabilitation schemes include medical management, vocational and psychosocial rehabilitation. Five Eyes countries have varying levels of emphasis across the three types of services, with Australia largely balanced between the three.
- Australian veterans have access to a range of services within DVA's rehabilitation program, and the offering is comparable to Five Eyes countries comparators.
- Australian veterans have access to a generous range of services when DVA's full-service offering is taken into consideration.
- Due to the shift in rehabilitation aim, the scope of rehabilitation services is broadening, particularly in NZ and Canada.

Eligibility for rehabilitation

- Across Five Eyes, to access rehabilitation individuals must be considered a veteran and have a service-related injury or illness.
- In Australia and the UK length of service does not impact eligibility for rehabilitation. Other Five Eyes countries require a more significant length of service.
- Across all Five Eyes countries, once deemed eligible for rehabilitation veterans do not have differential access to services, rather services are access based on need.



Service model approach

- Most Five Eyes countries outsource the delivery of the rehabilitation offer.
- DVA provides veterans access to a large list of registered service provider organisations, and mainstream services.
- DVA provides good care coordination, but other comparable Five Eyes countries are moving towards case management for all veterans.
- DVA draws on both needs-based and person-centred models of care to deliver the rehabilitation offer.

The US is not included in the below scale. Significant differences in the US approach to service delivery mean it is not appropriate to directly compare the US approach to other Five Eyes countries.

Accessibility of rehabilitation

- DVA's rehabilitation offer is accessible to most veterans.
- Several barriers may impact the approachability and availability of the services.
- DVA's rehabilitation offering does not consider the unique needs of some cohorts of veterans, and this could impact service accessibility.

Due to the significant difference in operating environment, cohort and social perceptions of accessibility between Five Eyes countries the report does not directly compare the accessibility of DVA services to international comparators.

DVA in the broader landscape

- DVA offers a broad range of financial compensation and needs-based support services when compared to Comcare and NDIS. This is to be expected, due to the unique nature of military service of DVA clients and the various pieces of legislation governing the compensation and support services.
- DVA, Comcare and NDIS needs-based support services are generally aligned.
- DVA income support, while larger in number of products, aligns with Comcare in providing impairment payments, permanent incapacity payments and compensation following death. NDIS does not offer income support.

1 Introduction

1.1 Veterans' rehabilitation in Australia and abroad

During 2020-21 the Department of Veterans' Affairs (DVA) provided support to approximately 240, 231 veterans with the overarching aim to enhance the physical wellbeing and quality of life of veterans through health and other care services.[1] A key component of DVA's offering is access to rehabilitation services, which support veterans to navigate the complexities of building full and productive lives after illness or injury. The rehabilitation offer primarily includes medical management, psychosocial rehabilitation and return to work supports (see Section 3).

The delivery of veterans' services in Australia is governed by three main Acts:

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

All veterans who are incapacitated for service or work and have an accepted impairment because of a service-related injury or disease can access rehabilitation services under one or more pieces of the legislation. However, each of the three Acts have different eligibility requirements and offer veterans different levels of support. Under the DRCA and MRCA veterans who have experienced injury or illness because of their service are offered access to, or in certain circumstances are required to engage with, a wide scope of rehabilitation services.[2] Comparatively, under the older VEA, veterans have the option of participating in the *Veterans' Vocational Rehabilitation Scheme (VVRS)*, a voluntary scheme that is tailored to help veterans obtain and maintain employment.[3] In addition to the three Acts, Veterans' access to rehabilitation services is also impacted by other legislation, such as the MRCA Treatment Principles and the veterans eligibility to broader DVA benefits, such as the Rehabilitation Appliances Program (RAP).

A veteran's eligibility under the legislation is primarily determined by the dates of the veteran's service. The VEA and DRCA apply to impairments relating to service on or before 30 June 2004 and the MRCA covers impairments relating to service after 30 June 2004.[4]

DVA's veterans' rehabilitation offer is separate from, and is generally considered more generous than, workers compensation available to civilian workers.[5] This separation is required because for many veterans return to work after an injury involves returning to a different employer and transitioning to civilian work. As such, DVA's rehabilitation approach has a strong transition to civilian life overtone and is based around an acceptance that those who completed military service have complex and unique needs.[6] Such an understanding of need is adopted to varying extents in the veteran rehabilitation offer of the other Five

[1] Department of Veterans' Affairs (2021). *Annual Report: Who we support.* Available at: https://www.transparency.gov.au/annual-reports/department-veterans-affairs/reporting-year/2020-21-4

[2] Rehabilitation participation is a condition of continuing to receive incapacity payments from DVA, if the veteran is assessed as having the capacity for rehabilitation. Veterans with accepted conditions under MRCA & DRCA, but not receiving incapacity payments, may choose to request DVA rehabilitation assistance. Reference: Department of Veterans' Affairs (2019) *DVA Rehabilitation Program.* Available at: https://www.dva.gov.au/health-and-treatment/injury-or-health-treatments/rehabilitation-0

[3] Veterans' Entitlements Act 1986

[4] Veterans' Entitlements Act 1986; The Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988; Military Rehabilitation and Compensation Act 2004.

[5] Productivity Commission (2019) *Inquiry Report – A better way to support veterans.* Available at: https://www.pc.gov.au/inquiries/completed/veterans/report

[6] Ibid.

Eyes countries, including New Zealand (NZ), United Kingdom (UK), United States of America (US) and Canada (CAN).

It is also important to note that DVA rehabilitation benefits and services exist within, and complement, a broader service offering within DVA – for instance, the RAP - and the broader Australian service landscape including: government welfare payments through Services Australia, disability support through the National Disability Insurance Scheme (NDIS), access to healthcare via Medicare and access to discounted education through HECS-HELP schemes. Veterans may access services from DVA rehabilitation, DVA more broadly, and the broader Australian service offering concurrently depending on their needs, although are not eligible to receive duplicate services. For example, a veteran may have access to a walking frame from the RAP and a mobility scooter from the NDIS but not a frame or scooter from both services. While this review is focused on DVA's rehabilitation offer, the broader service landscape is referenced where relevant.

1.2 Project background and approach

1.2.1 There is an opportunity to take stock of DVA's rehabilitation offer

The policy and social contexts in which DVA provides rehabilitation services are rapidly changing. Not only is the nature and tenure of military service changing, which leads to changes in the veteran profile, their needs and expectations, but the introduction of DVA's *Veteran Wellbeing Model* has resulted in a shift in DVA's approach to service provision.[7] The combination of these factors has increased the focus on providing services that support veteran's whole of life wellbeing. More broadly, these factors have been coupled with a change to social insurance and the availability of high-quality person-centred care in mainstream health and community services.[8]

The changing landscape, the 2019 Productivity Commission inquiry into compensation and rehabilitation for veterans and the current Royal Commission into Defence and Veteran Suicide creates a timely opportunity to take stock of DVA's rehabilitation service.

DVA contracted Nous Group (Nous) to compile an environmental scan and literature review (this document) that outlines DVA's approach to rehabilitation services and considers DVA's service offering against comparable schemes. The **purpose** of this work is to support DVA to better understand the scope and features of best practice rehabilitation and conceptualise how Australia's model compares.

The environmental scan is to consider the role of DVA in veteran rehabilitation and better understand how DVA's rehabilitation offer sits in comparison to:

- other veteran services
- DVA's broader offering
- changing expectations of rehabilitation and service delivery.

[7] Productivity Commission (2019) *Inquiry Report – A better way to support veterans.* Available at: https://www.pc.gov.au/inquiries/completed/veterans/report
[8] Ibid.

A NOTE ON PROJECT SCOPE

Nous completed a desktop review of comparable rehabilitation and veteran services schemes. As such, this report does not provide an assessment of the effectiveness of DVA's rehabilitation offer, an assessment of veteran satisfaction or recommendations regarding the future of the rehabilitation offer. Instead, this report outlines areas of similarity and difference between DVA's offer and other schemes and highlights approaches to service delivery that DVA might consider for further exploration.

1.2.2 Our robust research methodology allows for evidence-based insights

Nous worked closely with DVA from 28 March 2022 to develop a robust methodology and ensure the research was fit for purpose to deliver evidence-based insights. This report is informed by an extensive environmental scan completed by Nous, and ongoing guidance from the DVA project team.

Nous developed a comprehensive research framework and detailed project plan which included key lines of enquiry (KLEs) and a search methodology. Following the research framework, Nous reviewed literature provided by DVA and conducted a literature search against the KLEs. Through this process Nous identified and reviewed more than 200 documents, including government web pages, government reports, brochures, media statements, legislation and external policy documents. Research was synthesised and organised thematically, to develop the insights presented in this report.

DVA's approach to delivering rehabilitation services was compared to national and international schemes to explore best practice.

DVA identified several national and international organisations to be included in the environmental scan as comparators, including **comparable international veteran organisations** (veteran rehabilitation schemes available in the US, UK, CAN and NZ) and **national insurance, compensation and rehabilitation schemes** (including the National Disability Insurance Scheme (NDIS), Comcare and the Transport Accident Commission (TAC)).

The purpose of including these organisations was threefold:

- determine how the DVA rehabilitation offer compared to other veteran organisations in relation to scope, accessibility, service delivery and approach
- comment on if DVA was following best practice
- identify areas of emerging practice in rehabilitation and return to work services.

This report uses Five Eyes countries veteran departments to make direct comparisons to DVA and build a deeper understanding of best approaches to veteran services. Contextual differences, largely in the delivery of government health, welfare and employment support services in each country, do impact the extent to which appropriate comparisons can be made. Contextual differences that impact direct comparison between organisations are highlighted in text. In some instances, contextual differences are so great that comparisons cannot be made. For example, differences in the quality and availability of public health care between the UK and US mean that veterans are provided significantly different health care benefits. Where this occurs the report only draws comparisons with the appropriately similar organisations.

The report also uses other national insurance, compensation and rehabilitation schemes, including the NDIS, Comcare and TAC, as comparator organisations. These schemes exist under different legislative, social and operating environments to DVA so are not used to make direct comparisons about service offering or delivery. Instead, other national insurance, compensation and rehabilitation schemes are used as case studies, particularly where they present interesting approaches to service delivery or offering.

2 Definitions of the aim of rehabilitation

SECTION 2 | KEY FINDINGS

- DVA's definitions of rehabilitation differs between legislation, policy and practice which makes it challenging to clearly communicate the intent of rehabilitation.
- There is a shift in the definition and aims of rehabilitation, both in Australia and in comparable veteran schemes, toward recovery, whole-of-person wellbeing, and strengths-based approaches and language.
- DVA's legislative definition is somewhat 'behind' others in this regard, but the policy definition and introduction of the 'wellbeing model' demonstrates DVA's move toward this approach. Direct comparisons cannot be made with the UK.

2.1 DVA must balance multiple definitions of rehabilitation

The definition of rehabilitation in DVA differs between the legislative, policy and delivery context. There are three Acts that are the primary pieces of legislation governing the delivery of rehabilitation services providing the primary definition for rehabilitation, its aim and the offering:

- ***Veterans' Entitlements Act 1986*** **(VEA)**. Section 115B of the VEA provides the legislative authority for the Repatriation Commission to establish the Veterans' Vocational Rehabilitation Scheme (VVRS). Rehabilitation is defined as a voluntary and solely vocational program for veterans with eligible service, irrespective of whether they have an accepted injury.
- ***Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988*** **(DRCA).** Rehabilitation services under the DRCA have traditionally had a return to work focus for veterans who had suffered a service-related injury or disease. The DRCA defines a rehabilitation program by the types of services offered, which includes medical, dental, psychiatric and hospital services, physical training and exercise, physiotherapy, occupational therapy and vocational training.[9]
- ***Military Rehabilitation and Compensation Act 2004*** **(MRCA)**. The aim of rehabilitation under MRCA Section 38 "is to maximise the potential to restore a person who has an impairment, or an incapacity for service or work, as a result of a service injury or disease to at least the same physical and psychological state, and at least the same social, vocational and educational status, as he or she had before the injury or disease." Allowing for a holistic approach to screening, assessment, service provision and monitoring of rehabilitation activities, the approach under MRCA aims to address the full range of issues that potentially impact on a veteran achieving successful rehabilitation outcomes.

Across all three pieces of legislation, at its core, rehabilitation is a suite of services offered to veterans who have experienced service-related injury or illness with the intent of improving health, wellbeing and/or vocational outcomes. The definition of rehabilitation in legislation has progressed over time. The most significant difference in how the three Acts define rehabilitation is the formalisation of the aim of

[9] Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988, Section 4.

rehabilitation in the MRCA to focus on maximising the potential to restore a veteran to their condition pre-injury or illness.[10]

In practice, the definition of rehabilitation services, particularly relating to medical rehabilitation, differs from legislative definitions of rehabilitation. For example, the MRCA and DRCA define rehabilitation to include medical services and other clinical therapies; however, in practice DVA rehabilitation offers medical management services while veterans' access medical treatment services via other DVA schemes (such as the Veteran Health Card). The term medical management was recently expanded for rehabilitation services related to the VVRS, to align with the MRCA, DRCA and current practice. Another significant difference between practice and the legislation is that some individuals will not be restored to the same physical or psychological state as pre-injury, due to the nature of the injury (which might be permanent and significant), or some veterans may experience a suboptimal response to treatment.[11] Shifts in broader understandings of injury, disability, and illness (see Section 2.2) also mean that service users and providers do not see restoration as the aim of rehabilitation services. Consequently, in practice, definitions of rehabilitation instead focus on supporting veterans adapt, manage and recover from their injury or illness.

Policy is used by DVA to bridge the gap between legislative and in-practice definitions of rehabilitation. It does this by speaking to both definitions and caveating where legislative definitions may be unachievable or outdated. For example, in an online overview of DVA benefits and services published in 2020, rehabilitation is defined as services that support veterans adapt, manage and recover with an overall aim of *wherever possible*, restoring them the same physical and psychological state, and the same social, vocational and educational status before the injury or illness.[12]

The three slightly different definitions of rehabilitation make it difficult for DVA to develop a succinct yet comprehensive definition for users that captures the legislative intent of the rehabilitation program and explains in practical terms what rehabilitation means. From publicly available material it is clear DVA has been grappling with the best way to combine the three definitions of rehabilitation, and that this work is evolving. For example, pamphlets from 2018 detailed DVA's approach to rehabilitation and how rehabilitation is assessed but did not provide an overarching definition. [13] The absence of an overarching statement makes the material confusing to follow and digest. Comparatively, materials published in 2021[14] put forward a much more sophisticated definition of rehabilitation. The materials first describe rehabilitation as a suite of services offered, outlines the aim of delivering the services and details examples of the services provided. The structure, and content, of this definition is mirrored by both TAC and Comcare who face similar challenges defining the abstract nature of rehabilitation to their clients.

2.2 The aim of rehabilitation is shifting towards whole of person wellbeing

Traditionally, the definition and aim of rehabilitation has been to support veterans return to their pre-injury condition and find, and maintain, employment.[15] However, across Five Eyes countries, rehabilitation is beginning to focus on veterans' strengths and be proposed as a tool for recovery. This transition has been promoted by a shift across the broader care sector, particularly in disability support and mental

[10] Military Rehabilitation and Compensation Act 2004, Section 38.
[11] Besemann et al. (2018). Reflections on recovery, rehabilitation and reintegration of injured service members and veterans from a bio-psychosocial-spiritual perspective. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6281470/
[12] Department of Veterans' Affairs CLIK (2016). *1.2. What are the aims of rehabilitation?* Available at: https://clik.dva.gov.au/rehabilitation-policy-library/1-introduction-rehabilitation/12-what-are-aims-rehabilitation
[13] Department of Veterans' Affairs (2018). *Rehabilitation for DVA Clients.* Available at: https://www.dva.gov.au/sites/default/files/files/health%20and%20wellbeing/rehabilitation/p03265rehab.pdf
[14] Department of Veterans' Affairs (2021). *Overview of DVA benefits and services.* Available at: https://www.dva.gov.au/about-us/overview/overview-dva-benefits-and-services
[15] Veterans' Entitlements Act 1986

health care, towards the emerging social work theory *strengths-based practice*. Strengths-based practice emphasises the self-determination and strength of a client and positions them as resourceful and resilient beings.[16] Strengths-based practice facilitates recovery models of care, which focus on the process of change through which individuals improve their health and wellness and live a self-directed life, despite the presence of symptoms.[17] The recovery model of care contrasts the medical model of care which sees a client as either well or unwell, with the main goal of treatment being to eliminate the symptoms or restoration of the individual to their state pre-injury or illness.[18]

Strengths-based practice and recovery models of care have been adopted into the legislative definitions of rehabilitation across Five Eyes countries but are not yet reflected in DVA's legislation (see Table 1). The definition of rehabilitation as outlined in the MRCA, DRCA and VEA perpetuates deficit understandings of injury and illness by focusing on fixing symptoms and restoring veterans to at least their pre-injury physical or psychological condition. For many veterans, restoration to this level is unlikely to occur.[19] This definition implies that pre-injury or illness is what is best for the veteran and the community and does not recognise the current strengths of the person, their ability to live a productive life or their contribution, despite their injury or illness.

Comparatively, New Zealand and Canadian veteran rehabilitation services adopt strengths-based language, and the focus is on recovery, not restoration. Both services do this by noting the aim of rehabilitation is to *restore independence* to the *maximum extent practicable* considering the extent of the veteran's injury or illness (see Table 1).[20] This definition is reflected both in relevant legislation and policy documents. Similarly, the US definitions of vocational rehabilitation and medical management focus on achieving maximum independence and quality of life. In the UK it is difficult to find a legislative definition of rehabilitation, with the *Armed Forces Act 2021* only recently passed and yet to be fully available online. The purpose of the *Armed Forces Act 2021* is to enshrine the UK Armed Forces Covenant in law. As the UK Armed Forces Covenant does not offer a definition of rehabilitation the UK cannot be directly compared to DVA, or other Five Eyes countries, in this instance.

Table 1 | Definitions of the aims and purpose of rehabilitation across the Five Eyes countries

Jurisdiction	Definition
DVA	*MRCA Section 38* states the aim of rehabilitation is "to maximise the potential to restore a person who has an impairment, or an incapacity for service or work, as a result of a service injury or disease, to at least the same physical or psychological state, and at least the same social, vocational and educational status, as he or she had before the injury or disease"[21] The DRCA does not provide a definition of the aims and purpose of rehabilitation, rather it defines what services should and should not be included in a rehabilitation program.

[16] Department of Health & Social Care (2019). *Strengths-based approach: Practice Framework and Practice Handbook.* Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/778134/stengths-based-approach-practice-framework-and-handbook.pdf
[17] Jacob (2015). *Recovery Model of Mental illness: A complementary approach to psychiatric care.* Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4418239/
[18] Huda, A. (2019). *The Medical Model in Mental Health: An Explanation and Evaluation.* Available at: https://oxfordmedicine.com/view/10.1093/med/9780198807254.001.0001/med-9780198807254
[19] Besemann et al. (2018). Reflections on recovery, rehabilitation and reintegration of injured service members and veterans from a bio-psychosocial-spiritual perspective. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6281470/
[20] Veterans' Affairs New Zealand (2018). *Veteran Rehabilitation Strategy 2018-2021.* Available at: https://www.veteransaffairs.mil.nz/assets/Corporate/ce8a5db85a/The-Veteran-Rehabilitation-Strategy-2018-2021.pdf; and
[21] Military Rehabilitation and Compensation Act 2004.

Jurisdiction	Definition
New Zealand	The *Veterans' Support Act 2014* defines the purpose of social and vocational rehabilitation as:[22] • Social rehabilitation (Section 120) – the purpose of social rehabilitation is to assist in restoring a veteran's independence to the maximum extent practicable. • Vocational rehabilitation (Section 125) – help a veteran (as appropriate) to maintain employment, obtain employment or regain or acquire vocational independence. Section 115 (1) of the *Veterans' Support Act 2014* also notes that Veteran Affairs New Zealand must take all reasonable and practicable steps to assist a veteran to achieve the maximum level of rehabilitation having regard to the nature and extent of the veteran's disablement.[23] *Veteran Rehabilitation Strategy 2018-2021* synthesises the legislative definition of rehabilitation and states that rehabilitation is "to give practical support and assistance to the men and women who need it, so they can be well and independent, and achieve the best that they can for themselves, their whanau [families], and their communities"[24]
Canada	The definition of rehabilitation in the *Veterans Well-being Act Section 2 (2005)* has four components:[25] • Medical rehabilitation – includes any physical or psychological treatment whose object is to stabilize and restore the basic physical and psychological functions of a person. • Psycho-social rehabilitation- includes any psychological or social intervention whose object is to restore a person to a state of independent functioning and to facilitate their social adjustment. • Rehabilitation services – means all services related to the medical rehabilitation, psycho-social rehabilitation, or vocational rehabilitation of a person. • Vocational rehabilitation - includes any process designed to identify and achieve an appropriate occupational goal for a person with a physical or a mental health problem, given their state of health and the extent of their education, skills and experience. *Definitions for VAC Rehabilitation and Vocational Services* brings together the multiple components of the legislative definition to describe rehabilitation as "a process to restore a client's physical, psychological, social and vocational abilities to an optimal level that will result in a Veteran's ability to integrate and actively participate in their community'[26]
United Kingdom	The *Armed Forces Act 2021* or the *UK Armed Forces Covenant* has no specific rehabilitation offering, instead outlining that "Those who serve in the Armed Forces, whether Regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration is appropriate in some cases, especially for those who have given most such as the injured and bereaved."[27]

[22] Veterans' Support Act 2014. Section 120 and Section 125. Available at: https://www.legislation.govt.nz/act/public/2014/0056/latest/whole.html#DLM5602219
[23] Veterans' Support Act 2014. Section 115 (1). Available at: https://www.legislation.govt.nz/act/public/2014/0056/latest/whole.html#DLM5602219
[24] Veterans' Affairs New Zealand (2018). *Veteran Rehabilitation Strategy 2018-2021.* Available at: https://www.veteransaffairs.mil.nz/assets/Corporate/ce8a5db85a/The-Veteran-Rehabilitation-Strategy-2018-2021.pdf
[25] Veterans Well-being Act (2005). Section 2. Available at: https://laws-lois.justice.gc.ca/Search/Search.aspx?txtS3archA11=rehabilitation+&txtT1tl3=%22Veterans+Well-being+Act%22&h1ts0n1y=0&ddC0nt3ntTyp3=Acts
[26] Government of Canada (2012). *Definitions for VAC Rehabilitation and Vocational Services and related compensation benefits.* Available at: https://www.veterans.gc.ca/eng/about-vac/legislation-policies/policies/document/995#rehab
[27] House of Commons Library (2021) *Support for UK Veterans.* Available at: https://researchbriefings.files.parliament.uk/documents/CBP-7693/CBP-7693.pdf

Jurisdiction	Definition
United States	In the US, the definition of rehabilitation is divided into vocational and medical rehabilitation. Under the US Title 38 in the Code of Federal Regulations, the purpose of vocational rehabilitation as delivered by *Veteran Readiness and Employment* is "to provide to eligible veterans with compensable service-connected disabilities all services and assistance necessary to enable them to achieve maximum independence in daily living and, to the maximum extent feasible, to become employable and to obtain and maintain suitable employment"[28] The US Title 38, Chapter 1 Part 21 in the Code of Federal Regulations also states that a rehabilitation program (where appropriate) includes: a vocational rehabilitation program, a program of independent living services and assistance for a veteran for whom a vocational goal has been determined not to be currently reasonably feasible, or a program of employment services for employable veterans who are prior participants in Department of Veterans Affairs or state-federal vocational rehabilitation programs. It is difficult to locate a legislative definition of medical rehabilitation in the US. Medical rehabilitation is delivered by the *Rehabilitation and Prosthetic Services* which in policy documents aims to provide "medical rehabilitation, prosthetic and sensory aids services that promote the health, independence and quality of life for veterans with disabilities"[29]

Strengths based practice and recovery focused approaches have also been adopted by national schemes, including NDIS, TAC, and Comcare.

STRENGTHS BASED REHABILITATION AT THE TRANSPORT ACCIDENT COMMISSION

Like DVA, TAC points to definitions of rehabilitation that focus on increasing independence and function to pre-injury levels. However, unlike DVA, TAC provides a pathway, and hope, for those who may not achieve restoration to their pre-injury condition. The hope offered to all clients is a key factor that makes TAC's approach strength-based and recovery focused:

'Rehabilitation services aim to increase your independence and physical function after injury and to return you to as much of your previous ability as possible. ***Where it is not possible for you to return to doing things as you used to, the rehabilitation process will help you explore new ways of doing things.*** *'* – TAC[30]

While DVA's legislative definition of rehabilitation has not kept pace with the shift towards strength-based practice and recovery, as seen in New Zealand's and Canada's legislative definitions of rehabilitation and to some extent the US definition, DVA's policy definition of rehabilitation has. This is particularly evident in DVA's public description of their rehabilitation offer where a move away from symptom focused services is observed by the inclusion of phrases such as: "*DVA uses a whole of person approach to rehabilitation*"[31], "*we focus on improving your health and getting your independence back*"[32], and that rehabilitation is to "*maximise quality of life*".[33] Additionally, in several documents DVA refers to a whole of person approach to rehabilitation and emphasises the recovery focused definition of rehabilitation used by the Australian Faculty of Rehabilitation Medicine:

[28] US Title 38, Chapter 1, Part 21 in the Code of Federal Regulations
[29] US Department of Veterans' Affairs. (n.d.) Rehabilitation and Prosthetic Services. Available at: https://www.rehab.va.gov
[30] Better Health Channel (2021). *Rehabilitation after major trauma.* Available at: https://www.betterhealth.vic.gov.au/health/servicesandsupport/rehabilitation-after-a-major-trauma-incident
[31] Department of Veterans' Affairs CLIK (2014). *Rehabilitation Policy Library. 1.1. What is rehabilitation?* Available at: https://clik.dva.gov.au/rehabilitation-library/1-introduction-rehabilitation/11-what-rehabilitation
[32] Department of Veterans' Affairs (2019). *Rehabilitation.* Available at: https://www.dva.gov.au/health-and-treatment/injury-or-health-treatments/rehabilitation-0
[33] Department of Veterans' Affairs CLIK (2014). *Rehabilitation Policy Library. 1.1. What is rehabilitation?* Available at: https://clik.dva.gov.au/rehabilitation-library/1-introduction-rehabilitation/11-what-rehabilitation

> *"The combined and coordinated use of medical, psychological, social, educational and vocational measures to restore function or achieve the highest possible level of function of persons physically, psychologically, socially and economically; to maximise quality of life and to minimise the person's long term health care needs and community support needs."*[34]

While having a policy and legislative definition of rehabilitation allows DVA to adopt emerging practice, ultimately differences in the focus of rehabilitation is confusing for both clients and service providers. Best practice rehabilitation approaches will continue to develop, and DVA might consider striving for a legislative definition that recognises, and accounts for, the dynamic nature of this space.

SECTION 2 CONSIDERATION FOR DVA

DVA might consider developing a clear definition of rehabilitation that combines legislative requirements and policy intent and highlights the value of rehabilitation to veterans. This includes adopting strengths base language and a recovery focus into the definition of rehabilitation. Due to the dynamic nature of this space DVA should, where possible, consider future proofing any potential proposed legislative changes to the definition of rehabilitation.

DVA's use of term the rehabilitation keeps pace with other Five Eyes countries, but DVA could adopt a clearer definition in service branding that captures the intent of rehabilitation services and aligns to strengths-based approaches.

Currently, all Five Eyes countries use the term *rehabilitation* to define the provision of medical management, psychosocial supports and vocational supports to veterans who have experienced service-related injury or illness. In the US, vocational rehabilitation has been re-branded as *Veteran Readiness and Employment Services* to articulate the purpose of vocational services more clearly.[35] The widespread use of the term *rehabilitation* indicates that DVA's branding of the term rehabilitation is appropriate and keeps pace with international comparators.

While the term *rehabilitation* remains appropriate, DVA's definition of rehabilitation could be rebranded to better describe the services available and the intent of DVA's model. This is seen across the Five Eyes countries with the increased use of strengths-based language to describe the purpose of rehabilitation – including phrases such as *recovery* and *independence*. This is evident in New Zealand and Canadian veteran rehabilitation services as well as national schemes, such as Comcare and TAC (see Figure 2). This shift can also be seen broadly across DVA with a shift towards the notion of *serving well, living well and ageing well.*[36]

[34] Department of Veterans' Affairs CLIK (2016) *Rehabilitation Policy Library. 1.1. What is rehabilitation?* Available at: https://clik.dva.gov.au/rehabilitation-policy-library

[35] US Department of Veterans' Affairs. (2022) *Agency Financial Report, Fiscal year 2021*. Available at: https://www.va.gov/finance/afr/index.asp#one

[36] Department of Veterans' Affairs (2019). *DVA research to improve veteran health & wellbeing.* Available at: https://www.dva.gov.au/newsroom/vetaffairs/vetaffairs-vol-35-no4-summer-2019/dva-research-improve-veteran-health-wellbeing

Figure 2 | Recovery and independence to describe rehabilitation

DVA may consider adopting a clearer definition of rehabilitation that combines legislative and policy requirements, outlines what rehabilitation is and clearly states what it is not, would better support veterans build an accurate understanding of rehabilitation and align with best practice (see Section 2.1).

SECTION 2 CONSIDERATION FOR DVA

DVA's use of the term rehabilitation is in line with other Five Eyes countries, and national schemes such as Comcare. While DVA does not need to re-brand rehabilitation, a clearer definition of the rehabilitation offer may help improve clients understanding of the service available.

2.3 DVA's wellbeing model demonstrates the policy move toward strengths-based, and recovery focused rehabilitation

The introduction of DVA's *Mental Health and Wellbeing Strategy National Action Plan 2020-2030* and DVA's wellbeing model reinforces DVA's policy move towards strengths-based and recovery focused rehabilitation. The DVA wellbeing model and National Action Plan align to emerging understandings of recovery focused rehabilitation (see Section 2.2) as they step away from the medicalisation of a veteran's injury or illness and recognise the interplay between physical, psychosocial and emotional wellbeing.

The implementation of the wellbeing model and National Action Plan publicly announces that DVA understands wellness is multifaceted and that delivering services in a way that aligns to this model is DVA's priority. The ongoing implementation of this model within DVA will continue to shift the landscape towards recovery focused rehabilitation and provide grounds for DVA to offer services across the seven domains (see Section 3.3).

SECTION 2 CONSIDERATION FOR DVA

DVA could consider continuing to transition the aim of rehabilitation towards whole of person wellbeing, in line with the DVA wellbeing model.

3 Scope of rehabilitation services

SECTION 3 | KEY FINDINGS

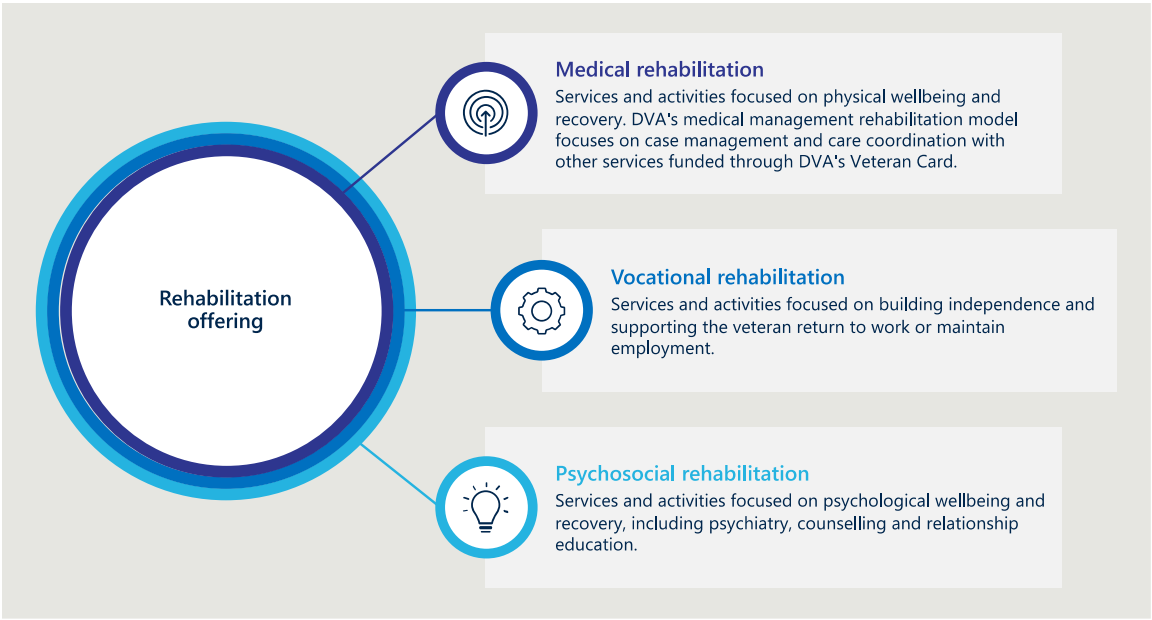
- Most rehabilitation schemes include medical management, vocational and psychosocial rehabilitation. Five Eyes countries have varying levels of emphasis across the three types of services, with Australia largely balanced between the three.
- Australian veterans have access to a range of services within DVA's rehabilitation program, and the offering is comparable to Five Eyes countries comparators.
- Australian veterans have access to a generous range of services when DVA's full-service offering is taken into consideration.
- Due to the shift in rehabilitation aim, the scope of rehabilitation services is broadening, particularly in New Zealand and Canada.

3.1 The scope of DVA's rehabilitation offer is comparable to other international veteran organisations

Rehabilitation includes medical management, return to work and psychosocial supports.

Rehabilitation is a suite of services that collectively aims to establish a sense of normality in the lives of those injured in service. To achieve this, rehabilitation programs offered by DVA, and other Five Eyes countries are comprised of three domains – medical, vocational, and psychosocial supports (see Figure 3).

Figure 3 | Three domains of rehabilitation



All Five Eyes countries offer veteran rehabilitation services across the three domains, however legislative, policy and operational mechanisms influence the extent to which each domain is prioritised. DVA's rehabilitation offer balances all three domains. The DRCA describes medical and vocational rehabilitation, stating that a *rehabilitation program* includes medical, dental, psychiatric and hospital services, physical training and exercise, physiotherapy, occupational therapy and vocational training.[37] The scope of services described under the MRCA is broader – in addition to services available in the DRCA veterans can access counselling, psycho-social training and extensive vocational rehabilitation services.[38] In policy[39] and practice,[40] DVA's rehabilitation program provides clients with medical case management and care coordination services while DVA's Veteran Card – a separate program – funds approved medical treatment services. Like DVA, the rehabilitation offer provided by Veterans' Affairs Canada balances the provision of psychosocial, medical and vocational services both in its legislation and in service offering. Part 2 of Canada's *Veterans Well-being Act 2005* sets out the scope of rehabilitation, where rehabilitation includes all services related to the medical rehabilitation, psychosocial rehabilitation, or vocational rehabilitation of a person.[41] Like DVA, Veterans Affairs Canada uses case managers who work with eligible veterans to develop a tailored rehabilitation plan that may include medical, psychosocial and vocational services,[42] and these approved services and treatments are funded through Veterans Affairs Canada's Health Care Identification Card.[43]

Compared to DVA and Canada, New Zealand emphasises psychosocial[44] and vocational[45] services as part of its rehabilitation offer. While Veterans' Affairs New Zealand's (VANZ) *Veterans Rehabilitation Strategy 2018–21* states, "*the full range of veteran's needs – physical, psychological, spiritual and cultural – should be recognised*"[46] access to physical health services is largely provided through the mainstream system. Consequently, the rehabilitation offer focuses on providing other services needed to support recovery and build independence and wellbeing.

In the UK[47] and US[48] the scope of veteran rehabilitation services remains primarily focused on medical and vocational services. This is due to differences in both governments' approach to providing care to veteran and civilian populations, and the administrative structures overseeing service provision. For example, the absence of a quality public health system in the US means that the rehabilitation offer is more focused on ensuring veterans have access to the medical services they may need.

The scope of DVA's rehabilitation service offering is comparable to other Five Eyes countries.

DVA's rehabilitation program provides eligible veterans' access to a range of medical management, psychosocial and vocational services, including medical assessment relating to rehabilitation capacity,

[37] Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988, Section 4 Interpretation.
[38] Military Rehabilitation and Compensation Act 2004, Section 41 Rehabilitation program and vocational assessment and rehabilitation.
[39] Department of Veterans' Affairs (2014). *CLIK Rehabilitation Policy Library 1.1 What is rehabilitation?* Available at: https://clik.dva.gov.au/rehabilitation-library/1-introduction-rehabilitation/11-what-rehabilitation
[40] Department of Veterans' Affairs (2019). *Rehabilitation*. Available at: https://www.dva.gov.au/health-and-treatment/injury-or-health-treatments/rehabilitation-0
[41] Government of Canada. (2022) *Veterans Well-being Act (S.C. 2005, c.21)*. Available at: https://laws-lois.justice.gc.ca/eng/acts/C-16.8/
[42] Veterans Affairs Canada (2019). *Rehabilitation services*. Available at: https://www.veterans.gc.ca/eng/health-support/physical-health-and-wellness/rehabilitation-services
[43] Veterans Affairs Canada (2019). *Health Care Identification Card*. Available at: https://www.veterans.gc.ca/eng/services/health/treatment-benefits/tb-health-card
[44] Veterans' Affairs New Zealand, *Social Rehabilitation Policy Guidance*: https://www.veteransaffairs.mil.nz/assets/Policy/Social-Rehabilitation-policy.pdf
[45] Veterans' Affairs New Zealand, *Vocational Rehabilitation Policy Guidance*: https://www.veteransaffairs.mil.nz/assets/Policy/Vocational-Rehabilitation-policy.pdf
[46] Veterans' Affairs New Zealand. (2019) *The Veteran Rehabilitation Strategy, 2018-2021*. p. 7 Available at: https://www.veteransaffairs.mil.nz/about-veterans-affairs/our-programmes/the-veteran-rehabilitation-strategy/strategy/
[47] UK House of Commons Library. (2021) *Support for UK veterans 2021*. Available at: https://researchbriefings.files.parliament.uk/documents/CBP-7693/CBP-7693.pdf
[48] US Department of Veterans Affairs. (2022) *Agency Financial Report, Fiscal year 2021*. Available at: https://www.va.gov/finance/afr/index.asp#one

medical management, access to aids and equipment and access to programs that support life skills and social functioning and open employment pathways.

DVA's rehabilitation program provides veterans access to a comparable number of services to other Five Eyes countries, namely New Zealand and Canada (see Table 2).There is some misalignment across the Five Eyes countries as to what services are included within the rehabilitation offer - some Five Eyes countries consider services to be part of rehabilitation while DVA includes the service in their broader offering. For example, New Zealand provides attendant care through the rehabilitation while DVA supports veterans to access this service through other mechanisms. When differences in the 'scope' of rehabilitation is taken into account, and DVA's rehabilitation offer is considered alongside DVA's broader service offering, veterans have access to all services available through the rehabilitation offer of other Five Eyes countries.[49]

The structure of veteran service delivery makes the scope of the rehabilitation offering in the UK and US appear very limited. Currently, the UK does not provide a rehabilitation offer in line with Five Eyes countries comparators through a dedicated veterans' department or agency.[50] Rather veterans are able to access what would be classified as rehabilitation services through mainstream UK and devolved government services in health care, housing, pensions, and social security.[51] For example, the National Health Service (NHS) is primarily responsible for veteran health care, including recovering from physical injuries, specialist prosthetic and medical rehabilitation services.[52] The UK Minister of Defence works with other departments to provide what could be considered vocational rehabilitation and financial supports.[53,54] While the number of services provided by the UK may be limited, services that are delivered appear to be comprehensive. For example, the UK recognises the important role that employers play in veterans' pathway back to work. As part of the vocational rehabilitation offer, employers are provided access to several programs that focus on providing the additional supports they might need to employ a veteran. Vocational support is provided primarily through Jobcentre Plus, part of the Department for Work and Pensions. The vocational support services they provide alongside employers include:

- *Defence Employer Recognition Scheme* which encourages and recognises employers who support veterans, such as being open to employing reservists, veterans including wounded, injured and sick, cadet instructors and military spouses and partners.
- *Armed forces champion,* where a veteran is employed in every Jobcentre Plus district to ensure that veterans needs are heard and understood, and that they are supported with consideration of their needs.
- The UK Civil Service is piloting a *Veteran Confident Employment Initiative* to assist veterans to join the civil service.
- Introduction of the *National Insurance Holiday* for veterans in their first year of civilian employment.

[49] Department of Veterans' Affairs. (2021) *Overview of DVA benefits and services*. Available at: https://www.dva.gov.au/about-us/overview/overview-dva-benefits-and-services
[50] NHS. (2021) *Step-by-step guide for service leavers*. Available at: https://www.nhs.uk/nhs-services/armed-forces-community/service-leavers-guide/
[51] UK House of Commons Library. (2021) *Support for UK veterans 2021*. Available at: https://researchbriefings.files.parliament.uk/documents/CBP-7693/CBP-7693.pdf
[52] NHS. (2021) *Veterans, services leavers and non-mobilised reservists' healthcare and welfare support*. Available at: https://www.nhs.uk/nhs-services/armed-forces-community/veterans-service-leavers-non-mobilised-reservists/
[53] UK Government. (2021) *The Armed Forces Covenant and Veterans Annual Report 2021*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1040571/Armed_Forces_Covenant_annual_report_2021.pdf
[54] Office for Veterans' Affairs. (2020) *Veterans Factsheet 2020*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874821/6.6409_CO_Armed-Forces_Veterans-Factsheet_v9_web.pdf

The DVA also acknowledges the importance of employer assistance in vocational rehabilitation and works to support employers through the *Employer Incentive Scheme*.[55] The Employer Incentive Scheme is part of DVA's rehabilitation offering and can offer incentive payments to employers that employ DVA's rehabilitation clients. DVA's broader service offering includes the *Veterans Employment Commitment*,[56] while the *Prime Minister's Veterans' Employment Program*[57] and the Australian Public Service's *Veteran Employment Pathway*[58] are other federal programs.

Similarly, in the US, veterans and their families receive a range of medical, psychosocial and vocational services. Examples include various financial benefits, compensation, educational opportunities, a broad range of primary care, specialised care and related medical and social support services. [59] However, the administrative structure of veterans' services mean only two programs are strictly seen as rehabilitation – the Veteran Readiness and Employment Services[60] and Rehabilitation and Prosthetic Services.[61] The Veteran Readiness and Employment Services program facilitates access to a large scope of education and training supports. The program provides vocational rehabilitation by helping eligible veterans explore employment options and address education and training needs through five tracks. For example, the Self-Employment track[62] provides funding for training in small-business operations, marketing and finances, while the Employment Through Long-Term Services track[63] provides help to get the education or training needed to find work in a different field that better suits the veteran's current abilities and interests. This track is separate from the GI Bill[64] and may be used to pay for education needed to train the veteran for suitable employment. Outside of the Veteran Readiness and Employment program, US Veterans Affairs offers a broad range of education benefits,[65] which includes GI Bill benefits.

In Australia access to educational support is less defined. A comprehensive vocational assessment informs the determination that further training or education is needed for a client participating in rehabilitation to return to the workforce. Further education and training options[66] will be considered for DVA clients, as part of their rehabilitation program, which may include on-the-job training and/or short courses, secondary education or tertiary education courses within the Australian Qualifications Framework.

A summary of rehabilitation services provided by all Five Eyes countries, including DVA, is provided in Table 2 (overleaf). Table 2 includes services available through DVA's rehabilitation program (**orange**) *and* DVA's broader service offering (**blue**). The intent of this visualisation is to demonstrate that:

- when the rehabilitation offer is considered in isolation Australia veterans have access to a comparable range of services as other Five Eyes countries

[55] Department of Veterans' Affairs CLIK (2018). *Rehabilitation Policy Library – 9.10 Employer Incentives.* Available at: https://clik.dva.gov.au/rehabilitation-policy-library/9-vocational-rehabilitation/910-employer-incentives
[56] Prime Minister's Veterans' Employment Program (n.d.). *Show your commitment*. Available at: https://www.veteransemployment.gov.au/show-your-commitment/show-your-commitment
[57] Prime Minister's Veterans' Employment Program (n.d.). Support for Employment. Available at: https://www.veteransemployment.gov.au/veterans/support-employment
[58] Department of Veterans' Affairs (2022). *Continuing to service: Launch of the APS Veteran Employment Pathway*. Available at: https://www.dva.gov.au/newsroom/latest-news-veterans/continuing-serve-launch-aps-veteran-employment-pathway
[59] US Department of Veterans Affairs. (2022) *Agency Financial Report, Fiscal year 2021*. Available at: https://www.va.gov/finance/afr/index.asp#one
[60] US Department of Veterans Affairs. (2022) *Veterans Readiness and Employment (VR&E)*. Available at: https://www.benefits.va.gov/vocrehab/
[61] US Department of Veterans Affairs. (n.d.) *Rehabilitation and Prosthetic Services*. Available at: https://www.rehab.va.gov
[62] US Department of Veterans Affairs (2021). *VR&E Self-Employment track*. Available at: https://www.va.gov/careers-employment/vocational-rehabilitation/programs/self-employment/
[63] US Department of Veterans Affairs (2021). *VR&E Employment Through Long-Term Services track*. Available at: https://www.va.gov/careers-employment/vocational-rehabilitation/programs/long-term-services/
[64] US Department of Veterans Affairs (2022). *About GI Bill benefits*. Available at: https://www.va.gov/education/about-gi-bill-benefits/
[65] US Department of Veterans Affairs (2022). *Other VA education benefits*. Available at: https://www.va.gov/education/other-va-education-benefits/
[66] Department of Veterans' Affairs CLIK (2018). *Rehabilitation policy library 9.8 Retraining and further education*. Available at: https://clik.dva.gov.au/rehabilitation-policy-library/9-vocational-rehabilitation/98-retraining-and-further-education

- when the broader DVA offer is considered, Australian veterans have access to **all** services identified across Five Eyes countries as components of rehabilitation.

Table 2 only includes services available through New Zealand, Canada, UK and US veteran *rehabilitation* programs. This is important to note when interpreting the results as, like in Australia, veterans may have access to services that appear to be 'missing' through their countries' broader veteran service offer.

Across all Five Eyes countries, access to many of the services outlined in Table 2 are capped. For instance, DVA's compensation for Household Services and Attendant Care Services stipulate a maximum weekly payment set by legislation and differs between DRCA and MRCA – the amount payable may also vary depending on the veteran's assessed need for services. However, if a veteran has a catastrophic injury determination they are "entitled to receive all household and attendant care services reasonably required, without regard to the statutory limits that would ordinarily apply."[67] Similarly in New Zealand Home Help is offered inside a maximum of two hours per week and Attendant Care Services, which are delivered in partnership with Accident Compensation Corporation (ACC) and local District Health Boards, are only offered by Veterans' Affairs New Zealand as a top-up for up to six weeks. Equally, Canada places frequency and dollar limits for the range of health treatments and benefits available to veterans. The US Department of Veterans' Affairs (US VA) states the length of a rehabilitation program depends on the length of program needed, veterans may be provided up to 48 months of full-time services or their part-time equivalent.[68] Rehabilitation plans that only provide services to improve independence in daily living are limited to 30 months.[69]

[67] Department of Veterans' Affairs (2020). *Catastrophic injury or disease*. Available at: https://www.dva.gov.au/financial-support/compensation-claims/catastrophic-injury-or-disease

[68] US Department of Veterans Affairs (2015). *Federal Benefits for Veterans, Dependents and Survivors, Chapter 3 Vocational Rehabilitation and Employment.* Available at: https://www.va.gov/opa/publications/benefits_book/benefits_chap03.asp

[69] Ibid.

Table 2 | DVA rehabilitation and broader service offering in contrast to relevant comparators' rehabilitation offering

	Services	DVA: Rehabilitation offer / Broader DVA services	CAN	UK	NZ	US
Medical	Medical assessments	●	●		●	●
	Manage medicines and treatments	●				
	Access aids and equipment	●	●		●	
	Diagnostic services	●	●			
	Examinations and treatments	●	●			
	Prosthetics and sensory aids	●				●
	Blind and low vision rehabilitation	●				●
	Audiology and speech pathology	●				●
Psychosocial	Develop life management skills	●	●		●	
	Assist self-management of health conditions	●	●		●	
	Help develop social functioning and engagement	●			●	
	Develop skills to support independence	●	●		●	
	Attendant care	●			●	
	Childcare	●			●	
	Education support	●			●	
	Home help	●			●	
	Modifications	●			●	
Vocational	Vocational assessments	●	●			●
	Guidance services	●	●		●	●
	Counselling, psychology and psychiatry services	●	●			●
	Functional capacity assessments	●	●			●
	Work experience placements	●	●			●
	Job seeking assistance	●	●	●		
	Income replacement benefit	●	●			
	Education and training	●	●			●
	Employer incentive schemes	●	●	●		●
	Remove employment barriers to civil service roles	●		●		●
	Self-employment assistance	●				●

3.2 The scope of rehabilitation services is broadening to align with changing aim of rehabilitation

The shift in the aim of rehabilitation towards recovery (see Section 2.2) has been coupled with an increase in the scope of rehabilitation to services that support whole of person wellbeing, for both the client and their family. Among Five Eyes countries this shift is most notable in New Zealand.

New Zealand recognises the importance of spiritual health, cultural health and family health to rehabilitation and has based the veteran rehabilitation strategy around three principles:

- the needs and views of veterans
- the health and wellbeing of veterans' families
- the full range of veterans' needs should be recognised.

These principles recognise the important role of family in supporting a veteran's pathway to recovery. The New Zealand service offer practically reflects the shift towards whole of person wellbeing, and the role family plays in this, by offering services such as communication training, training for independence, funding for the spouse or carer, childcare and other child supports. Moreover, spouses, children, partners, dependants, or other support people's needs relating to supporting the veteran are considered in rehabilitation planning and assessment, particularly for social rehabilitation.[70] A veterans' spouse or partner can also access vocational rehabilitation services if the veteran cannot work because of a service-related condition or if the veteran lost their life in Qualifying Operational Service.[71]

RECOGNISING THE ROLE OF FAMILY MEMBERS IN RECOVERY

Other national schemes also recognise the important role of family in recovery. The NDIS does this by seeking to include family members and carers in planning and care discussions, and in some instances can provide funding for family education and respite.[72,73] Similarly, TAC can offer practical and financial supports to client's families including income support, counselling and travel and accommodation.[74] DVA similarly acknowledges the role of the veteran's family in their rehabilitation process, though there is no explicit linkage to supporting a veteran's rehabilitation process. Support for families is primarily in the form of financial compensation, with several different pensions, education schemes and payments available to support eligible families, such as through the broader DVA offering of the Family Support Package.[75,76]

The New Zealand rehabilitation strategy recognises the role of spiritual and cultural health in recovery and whole of person wellbeing.[77] While the New Zealand rehabilitation offer does not include services directly related to spiritual or cultural health, across New Zealand understanding of, and respect for, spiritual and

[70] Veterans' Affairs New Zealand (2020). *Social Rehabilitation.* Available at: https://www.veteransaffairs.mil.nz/a-z/social-rehabilitation/

[71] Veterans' Affairs New Zealand (2020). *Vocational Rehabilitation.* Available at: https://www.veteransaffairs.mil.nz/a-z/vocational-rehabilitation/

[72] NDIS. (2021) *For families and carers*. Available at: https://www.ndis.gov.au/understanding/families-and-carers

[73] NDIS. (2022) *How we can help carers*. Available at: https://www.ndis.gov.au/understanding/families-and-carers/how-we-can-help-carers

[74] Transport Accident Commission (n.d.) *Support for Family Members.* Available at: https://www.tac.vic.gov.au/clients/how-we-can-help/support-for-family-members?drop=1

[75] Department of Veterans' Affairs (2021). *Budget 2021-22 information sheet: Enhanced Family Support Package*. Available at: https://www.dva.gov.au/sites/default/files/files/about%20dva/budgets/2021-22/enhanced-family-support-package.pdf

[76] Department of Veterans' Affairs (2022). *Budget 2022-23 information sheet: Enhanced Family Support Package*. Available at: https://www.dva.gov.au/sites/default/files/2022-03/budget22-23-information-sheet-enhanced-family-support-package.pdf

[77] Veterans' Affairs New Zealand (2018). *Veterans' rehabilitation strategy*. Available at: https://www.veteransaffairs.mil.nz/assets/Corporate/ce8a5db85a/The-Veteran-Rehabilitation-Strategy-2018-2021.pdf

cultural health is embedded in good service delivery, particularly in the health service.[78] This means that mainstream rehabilitation services support spiritual and cultural wellbeing even if this is not the focus of the care.

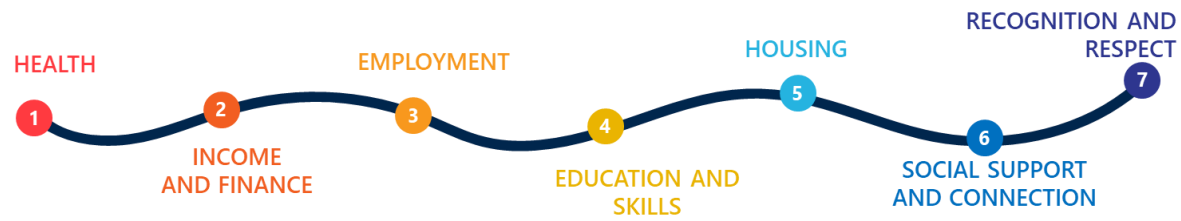
SECTION 3 CONSIDERATION FOR DVA

DVA might consider the extent to which it is appropriate to broaden the scope of rehabilitation services to align with whole of person wellbeing.

3.3 DVA's wellbeing model supports broadening the scope of rehabilitation services

DVA's wellbeing model[79] aims to provide veterans and their families with whole-of-life support needed to live and age well in civilian life by enabling access to appropriate, integrated and effective services. The wellbeing model recognises that whole of person wellbeing is multifaceted and that to support veteran whole of life wellbeing DVA should provide supports across seven domains (see Figure 4).

Figure 4 | Seven domains of wellbeing[80]



The large scope of services included in the comprehensive DVA offer, which includes the specific rehabilitation offer and other DVA schemes and services, promotes the notion that wellbeing is multifaceted and recognises that while employment gives purpose, return to work is only one part of wellbeing.[81] The scope of services within the comprehensive offer is most aligned to five of the seven domains of the wellbeing model – **health, income and finance, employment, education and skills and social support and connection** (for full scope of services see Table 2).

DVA, both within the rehabilitation offer and more broadly, provide veterans limited **housing** supports.[82] Beyond access, in some instances, to crisis housing, DVA does not directly offer veterans housing support.[83] Instead, veterans are provided information about ex-service organisations or civilian programs for homeless and housing support. [84] DVA does provide income support to veterans waiting to have a

[78] Medical Council of New Zealand (2019). *Statement on Cultural Safety.* Available at: https://www.mcnz.org.nz/assets/standards/b71d139dca/Statement-on-cultural-safety.pdf
[79] Department of Veterans' Affairs. (2020) *Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020–2023.* p16 Available at: https://www.dva.gov.au/sites/default/files/veteran_mh_wb_2020-2023.pdf
[80] Ibid.
[81] Department of Veterans' Affairs. (2018) *Rehabilitation for DVA clients*. p7. Available at: https://www.dva.gov.au/documents-and-publications/rehabilitation-dva-clients-booklet
[82] Department of Veterans' Affairs (2020). *Housing and accommodation*. Available at: https://www.dva.gov.au/financial-support/income-support/help-buy-property-or-find-accommodation/housing-and-accommodation
[83] Ibid.
[84] Department of Veterans' Affairs (2021). *Homelessness Support Services.* Available at: https://www.dva.gov.au/financial-support/income-support/help-buy-property-or-find-accommodation/homelessness-support

mental health claim approved under the DRCA or MRCA through an interim Veteran Payment (VP).[85] Veterans receiving the VP are required to participate in rehabilitation. While this payment is not specifically related to veteran homelessness, it may provide a pathway for veterans who experience housing pressures and mental ill-health to receive interim financial support. This approach differs significantly from Canada who have a policy that *'one homeless veteran is one too many'* and actively work to support veterans at risk of homelessness.[86] Canadian veterans at risk of homelessness are encouraged to contact Veteran Affairs and have access to an emergency fund, designed to help cover the expenses required to maintain shelter.[87] Veteran Affairs Canada also host a website called *Veterans Homeless Support* which lists organisations by location who provide services to veterans who experience homelessness, or who are at risk of experiencing homelessness.[88]

While the rehabilitation offer does not directly speak to **recognition and respect**, there are a host of DVA services that work to improve recognition of veterans in Australia. This includes the availability of psychosocial rehabilitation services to support a veteran's notions of identity and belonging, *the Australian Defence Veterans' Covenant*[89] and a range of war memorials,[90] commemorative events and services.[91] DVA also requires contracted rehabilitation service providers and their consultants to undertake training to better understand and provide services to veteran clients.[92]

As DVA's comprehensive rehabilitation offer relies on veterans accessing services from other DVA schemes and programs effective coordination of the broad range of DVA benefits and services, as part of a rehabilitation plan, is key to ensuring the services available represent the entire scope of the wellbeing model.

SECTION 3 CONSIDERATION FOR DVA

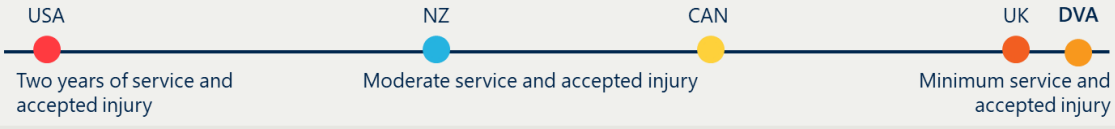
DVA might consider the extent to which veterans accessing rehabilitation are offered services that span the entire wellbeing model, particularly access to housing supports.

[85] Department of Veterans' Affairs (2021). *Veteran Payment.* Available at: https://www.dva.gov.au/financial-support/income-support/support-when-you-cannot-work/veteran-payment
[86] Government of Canada (2021). *Understanding veteran homelessness.* Available at: https://www.veterans.gc.ca/eng/housing-and-home-life/at-risk-housing/homeless
[87] Government of Canada (2019). *Veteran emergency fund.* Available at: https://www.veterans.gc.ca/eng/financial-support/emergency-funds/veterans-emergency-fund
[88] Government of Canada (2019). *Veteran homelessness support.* Available at: https://www.veterans.gc.ca/eng/services/health/homeless/map
[89] Department of Veterans' Affairs (2019). *Australian Defence Veterans' Covenant.* Available at: https://www.dva.gov.au/recognition/australian-defence-veterans-covenant
[90] Department of Veterans' Affairs (2022). *War memorials.* Available at: https://www.dva.gov.au/recognition/commemorating-all-who-served/memorials/war-memorials
[91] Department of Veterans' Affairs (n.d.) *Commemorating all who served.* Available at: https://www.dva.gov.au/recognition/commemorating-all-who-served
[92] Department of Veterans' Affairs (n.d.) *DVA Rehabilitation Consultant Registration*. Available at: https://www.dva.gov.au/sites/default/files/dvaforms/d9255.pdf

4 Eligibility for rehabilitation

SECTION 4 | KEY FINDINGS

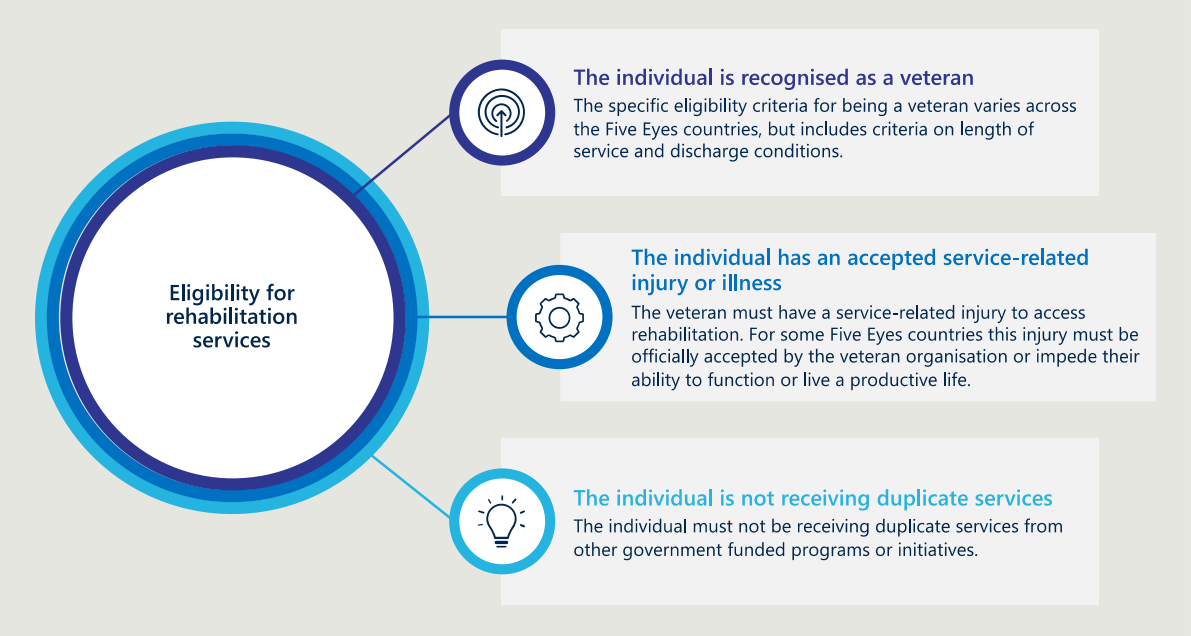
- Across Five Eyes countries, to access rehabilitation individuals must be considered a veteran and have a service-related injury or illness.
- In Australia and the UK length of service does not impact eligibility for rehabilitation. Other Five Eyes countries require a more significant length of service.
- Across all Five Eyes countries, once deemed eligible for rehabilitation veterans do not have differential access to services, rather services are access based on need.



4.1 In most Five Eyes countries veterans must meet minimum requirements to access rehabilitation

Across most Five Eyes countries there are three common principles that underpin veteran eligibility for rehabilitation services (see Figure 5). Firstly, the person must be a veteran; secondly, they must have an accepted service-related injury or illness; and thirdly, they must not be receiving duplicate services from another organisation.

Figure 5 | Principles that underpin eligibility for rehabilitation services



These three principles also apply in the Australian context. For DVA's purposes, as long as a veteran has an accepted illness or injury, and is not receiving duplicate services from another pathway, they are eligible

for rehabilitation regardless of their length or type of service. There are two exceptions to this rule under the VEA:

- eligibility criteria for the VVRS under VEA is determined by specific types of military service that the VEA veteran has rendered and usually this will have occurred before 1 July 2004.
- In some instances, under the VEA 1986, length of service conditions is applicable. For example, Defence Service benefits require veterans to have served a 3-year continuous full time service requirement within a specific time period.

This section provides a comparison of how eligibility for rehabilitation varies across Five Eyes countries. It is important to note that when considering eligibility criteria, the UK does not provide a good comparator. As veterans largely access rehabilitation services through mainstream services, such as the NHS, Jobcentre Plus and other UK and devolved government services, they are subject to the same eligibility criteria as the civilian population. Although this model is changing, and in recent years, the UK has considered how it might better support veterans through veteran specific services.[93,94]

Veteran participation in rehabilitation may be required or voluntary.

Participation in a rehabilitation program is a *requirement* for MRCA and DRCA clients who are receiving incapacity payments and are assessed as having the capacity for rehabilitation.[95] Veterans not receiving incapacity payments may also choose to request access to the service. However, outside of DVA's non-liability rehabilitation pilot program, all veterans, including those that volunteer for rehabilitation, require a determination from the delegate that rehabilitation is appropriate.

In other Five Eyes countries, namely New Zealand and Canada, veterans receiving financial compensation or payments are also required to participate in a rehabilitation plan. For instance, in New Zealand veterans are not entitled to a temporary disablement pension unless participating in a rehabilitation plan or have a good reason not to.[96] Similarly, in Canada veterans receiving the income replacement benefit must be engaged, where feasible, in a rehabilitation plan.[97] From publicly available information it is unclear if rehabilitation is also a requirement for financial supports in the US.

In some instance, DVA and the US provide incentives that encourage veterans to participate in vocational rehabilitation activities. DVA is currently running a pilot for education as part of a program called *Incapacity Step Up*.[98] Under this program eligible veterans will have access to 100 per cent of their incapacity payment while undertaking a full time, and approved, education as part of their rehabilitation program. The pilot of this program is planned to end 30 June 2022. Similarly, in the US some veterans participating in Veteran Readiness and Employment programs may receive a monthly substance allowance based on their rate of program attendance.[99]

[93] UK Government. (2021) *Press release: New Armed Forces Bill passed in Parliament*. Available at: https://www.gov.uk/government/news/new-armed-forces-bill-passed-in-parliament

[94] Veterans Covenant Healthcare Alliance. (n.d.) *Veterans Rehabilitation Project.* Available at: https://veteranaware.nhs.uk/veterans-rehabilitation-project/

[95] Department of Veterans' Affairs (2019) *DVA Rehabilitation Program.* Available at: https://www.dva.gov.au/health-and-treatment/injury-or-health-treatments/rehabilitation-0

[96] Veterans' Support Act 2014. Section 47(2(a)) and Section 59 (1).

[97] Government of Canada (2019). *Income replacement benefit.* Available at: https://www.veterans.gc.ca/eng/financial-support/income-support/income-replacement-benefit

[98] Department of Veterans' Affairs CLIK (2019). *Chapter 16: Step-up to incapacity payments for veterans studying.* Available at: https://clik.dva.gov.au/rehabilitation-policy-library/16-step-incapacity-payments-veterans-studying

[99] US Department of Veterans Affairs (2021). *Subsistence Allowance Rates.* Available at: https://benefits.va.gov/VOCREHAB/subsistence_allowance_rates.asp?_ga=2.203704281.836500684.1545080344-1582256389.1508352376

Length of service is a key component of defining who can access rehabilitation services across Five Eyes, however, eligibility for DVA's rehabilitation offering does not consider this factor.

In the Australian context, eligibility for rehabilitation services is based on if a veteran has an accepted condition (injury or disease) caused due to service, rather than being related to length of service. As previously discussed, in some instances under the VEA 1986 length of service conditions are applicable. Outside of the rehabilitation offer Australia has adopted a 'one-day of service' policy, where veterans are issued a White Veteran Card to cover treatment of any mental health condition if the person has at least one day of service. [100]

Across Five Eyes countries a key component of determining *who* is eligible for rehabilitation relates to the veterans' length of service. Across Five Eyes countries the length of service required to be considered a veteran varies. The UK has adopted a 'one-day of service' policy.'[101] This definition is generous when compared to other Five Eyes countries. For instance, in Canada,[102] legislation requires a veteran to have successfully completed basic training and be honourably discharged from service. Similarly, in New Zealand[103] a veteran is required to have participated in the New Zealand armed forces before 1 April 1974, and/or have qualifying operational service[104] after that date.[105] In New Zealand, veterans who do not have operational service are able to receive support through the country wide Accident Compensation Scheme.[106] At the other end of the spectrum, the US requires a longer period of service. While there are slight variations dependent on whether accessing medical or vocational rehabilitation, the US requires an individual to complete 24 months of service and/or completion of active duty to be classified as a veteran and thus eligible for veterans' rehabilitation.[107]

Discharge conditions may exclude veterans from access to rehabilitation services.

The process of accessing rehabilitation in Australia – where rehabilitation is available to all veterans with an accepted claim – means DVA does not differentiate rehabilitation services based on the circumstances of a member's discharge. Rather, any exclusion of services would arise from a liability decision being prevented rather than a decision specifically about rehabilitation coverage.[108]

Comparatively, in the US and Canada any person is who dishonourably discharged from service does not meet eligibility criteria for a 'veteran' and as such is excluded from accessing rehabilitation services.[109,110] This condition is a key aspect of the eligibility criteria placed on both components for the US rehabilitation offer, for example:

- **Rehabilitation and Prosthetic Services** are provided through the US Veterans Health Administration's health care system and are available to all who served in active military, naval or air service, did not

[100] Department of Veterans' Affairs (2019) *DVA Rehabilitation Program.* Available at: https://www.dva.gov.au/health-and-treatment/injury-or-health-treatments/rehabilitation-0
[101] Office for Veterans' Affairs. (2020) *Veterans Factsheet 2020*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874821/6.6409_CO_Armed-Forces_Veterans-Factsheet_v9_web.pdf
[102] Government of Canada. (2022) *Veterans Well-being Act (S.C. 2005, c.21)*. Available at: https://laws-lois.justice.gc.ca/eng/acts/C-16.8/
[103] New Zealand Parliamentary Counsel Office. (2021) *Veterans' Support Act 2004*. Available at: https://www.legislation.govt.nz/act/public/2014/0056/latest/whole.html#DLM5537777
[104] New Zealand Government has provided a comprehensive list of service events that fit into this category, which is available at: https://www.veteransaffairs.mil.nz/eligibility/qualifying-service/list-of-qualifying-operations/?Sort=StartDate&Dir=DESC
[105] New Zealand Veterans' Affairs. (2020) *Qualifying Service*. Available at: https://www.veteransaffairs.mil.nz/eligibility/qualifying-service/
[106] Ibid.
[107] US Department of Veterans Affairs. (2022) *Eligibility for VA health care*. Available at: https://www.va.gov/health-care/eligibility/
[108] The Military Rehabilitation and Compensation Act 2004, Section 32
[109] United States (n.d.) *Definitions.* Available https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title38-section101&num=0&edition=prelim#sourcecredit
[110] Government of Canada (2019). *Mandate, Mission, Vision, Values and Ethics.* Available at: https://www.veterans.gc.ca/eng/about-vac/what-we-do/mandate

receive a *dishonourable discharge* and serviced 24 continuous months or the full period called to active duty unless discharged for a duty-related disability or discharged for a hardship or "early out" or served before 7 September 1980.[111]

- **Veteran Readiness and Employment Services**[112], provided through the Veterans Benefits Administration, are available to veterans who have a disability that was caused – or made worse – by active-duty service that limits an ability to work or prevents work, was not *dishonourably discharged* and has a service-connected disability rating of at least 10% from US VA.[113]

Most Five Eyes countries only offer rehabilitation to veterans with an accepted impairment, injury or illness.

Across all Five Eyes countries (except the UK, due to their different model of support) veterans must have a service-related injury or illness to access rehabilitation services. In New Zealand veterans only need to demonstrate that their injury is service related. [114] Comparatively, in Australia and Canada the injury or illness must mean they are incapacitated for service or work, or that their injury prevents full participation at work, at home or in the community.[115] Australia and Canada are closely related to the US model which only provides rehabilitation services to veterans who meet an assessed disability threshold.[116]

As of 1 January 2022, DVA's voluntary Non-Liability Rehabilitation program,[117] a two-year pilot, provides veterans access to social wellbeing and employment support without the need to lodge a claim. In practice this means that there is no need for an 'accepted' injury. To access this pilot, veterans must be separated or transitioning from the ADF, live in Australia, have not had liability accepted for a service caused injury or disease, not be already participating in a DVA rehabilitation program and are covered under MRCA or DRCA. Non-liability rehabilitation offers veterans access to a reduced scope of rehabilitation services that are centred on building social connections, connecting to the community, becoming job ready, changing careers or adjusting to the civilian workforce.[118] Non-liability rehabilitation plans also tend to be shorter in duration.[119] On an international stage, Nous was unable to identify other non-liability rehabilitation programs across the Five Eyes countries, and as such the DVA non-liability rehabilitation program is an impressive and progressive model that recognises a broader understanding of wellbeing. That being said, other Five Eyes countries may provide what is essentially non-liability rehabilitation services or parallel pathways to rehabilitation through their broader offering. For example, in Canada veterans have access to Education and Training Benefits outside of the rehabilitation offer.[120] This benefit provides income support to cover any mandatory education costs and incidental living costs to veterans enrolled in eligible education programs and provides a parallel pathway into a service that aligns with the intent of vocational

[111] US Department of Veterans' Affairs. (2022) *Eligibility for VA health care*. Available at: https://www.va.gov/health-care/eligibility/
[112] US Department of Veterans' Affairs. (2022) *Veterans Readiness and Employment (VR&E)*. Available at: https://www.benefits.va.gov/vocrehab/
[113] US Department of Veterans' Affairs. (2022) *Eligibility for Veterans Readiness and Employment*. Available at: https://www.va.gov/careers-employment/vocational-rehabilitation/eligibility/
[114] Veterans' Affairs New Zealand. (2019) *The Veteran Rehabilitation Strategy, 2018-2021*. Available at: https://www.veteransaffairs.mil.nz/about-veterans-affairs/our-programmes/the-veteran-rehabilitation-strategy/strategy/
[115] Government of Canada (2019). *Rehabilitation services.* Available at: https://www.veterans.gc.ca/eng/health-support/physical-health-and-wellness/rehabilitation-services
[116] US Department of Veterans' Affairs (2022). *Eligibility for Veteran Readiness and Employment.* Available at: https://www.va.gov/careers-employment/vocational-rehabilitation/eligibility/
[117] Department of Veterans' Affairs. (2021) *Non-Liability Rehabilitation*. Available at: https://www.dva.gov.au/health-and-treatment/work-and-social-life-programs/non-liability-rehabilitation
[118] Ibid.
[119] Ibid.
[120] Government of Canada (2021). *Education and Training Benefit.* Available at: https://www.veterans.gc.ca/eng/about-vac/legislation-policies/policies/document/2685

rehabilitation.[121] Reviewing programs under the broader offer of all Five Eyes countries is out of scope of this piece of work so has not been considered.

Figure 6 summarises the eligibility criteria for veteran rehabilitation services across Five Eyes veteran rehabilitation offerings.

Figure 6 | Eligibility criteria for rehabilitation services

Organisation	Eligibility criteria to access rehabilitation
DVA	Veteran is incapacitated for service or work and has an accepted impairment because of a service injury or disease.
NZ	A veteran who has become injured or become ill because of their service.
CAN	Veterans with a mental or physical health problem resulting primarily from service in the CAF that is creating a barrier to re-establishment and veterans released on medical grounds with a mental or physical problem not resulting primarily from service in the CAF.
UK	NHS and specialist veteran services are available to all veterans. Veterans whose health problems are caused by service are usually given priority on treatment waiting lists (not guaranteed).
US	Different eligibility criteria for each service offering. For the 'Veteran Readiness and Employment service' eligibility requirements are; person did not receive a dishonorable discharge and has a service-connected disability rating of at least 10% as assessed by Veterans' Affairs.

Veterans are not able to receive duplicate services, including third-party compensation.

Across all Five Eyes countries there are mechanisms in place to ensure veterans do not receive duplicate services. In the Australian context this includes services that could be duplicated by DVA rehabilitation, the broader DVA offer and the broader Australian landscape. For instance, veterans *cannot* receive VVRS support at the same time as support from *any* other rehabilitation programs.[122] However, veterans receiving services under the DRCA and VEA, who are also eligible for rehabilitation under MRCA, may transition their rehabilitation to be under MRCA following a determination of the client's rehabilitation authority.[123] Similarly, in New Zealand veterans are not entitled to rehabilitation if he or she is already receiving rehabilitation from another organisation – for example through the Accident Compensation Corporation.[124]

In several countries third party damages are seen as duplicate services. For instance, Australia[125] and Canada[126] consider third party compensation and damages awarded to a client as potentially resulting in

[121] Ibid.
[122] Department of Veterans' Affairs (2019) *Rehabilitation.* Available at: https://www.dva.gov.au/health-and-treatment/injury-or-health-treatments/rehabilitation-0
[123] Federal Register of Legislation (2017). *Military Rehabilitation and Compensation (Consequential and Transitional Provisions) Act 2004, Section 18*. Available at: https://www.legislation.gov.au/Details/C2017C00337
[124] Veterans' Affairs New Zealand. (2020) *Rehabilitation Services Eligibility 2020*. Available at: https://www.veteransaffairs.mil.nz/assets/Policy/Rehabilitation-Services-Eligibility-policy.pdf
[125] Department of Veterans' Affairs (2022). *When to notify us if you receive a compensation payment.* Available at: https://www.dva.gov.au/financial-support/compensation-claims/what-know-about-multiple-claims/when-notify-us-if-you-receive
[126] Veterans Affairs Canada (2019). *Pain and Suffering Compensation*. Available at: https://www.veterans.gc.ca/eng/about-vac/legislation-policies/policies/document/2826

an overpayment of benefits and require repayment or deduction from future payments. US Department of Veterans Affairs[127] states a change in income may affect income-based veteran payments.

4.2 None of the Five Eyes countries provide veterans' differential access to rehabilitation services

Publicly available documents did not indicate that any of the Five Eyes countries, excluding DVA's non-liability rehabilitation pilot, have adopted a differential model to providing veterans rehabilitation services. In practice this means that under all programs, once eligible for rehabilitation, all veterans were provided access to the same scope of services to meet their needs. This approach to service delivery promotes equity by not differentiating veterans based on their rank or length of service. It also recognises that despite a veteran's rank or length of service if they have a service-related injury or illness they may need support to live a full and productive life after service.

SECTION 4 CONSIDERATION FOR DVA

If the Non-Liability Rehabilitation pilot is successful, DVA might consider implementing non-liability rehabilitation. This model is progressive and aligns with the increasing focus of whole of person-wellbeing and veterans' changing needs.

[127] US Department of Veterans Affairs (n.d.). *How to Avoid VA Overpayments*. Available at: https://benefits.va.gov/BENEFITS/factsheets/financial-literacy/VA-overpayment.pdf

5 Delivery of rehabilitation services

SECTION 5 | KEY FINDINGS

- Most Five Eyes countries outsource the delivery of the rehabilitation offer.
- DVA provides veterans access to a large list of registered service provider organisations, and mainstream services.
- DVA provides good care coordination, but other comparable Five Eyes countries are moving towards case management for all veterans.
- DVA draws on both needs-based and person-centred models of care to deliver the rehabilitation offer.

5.1 Outsourcing the rehabilitation offer is common across most Five Eyes counties, but requires strong case management

5.1.1 The rehabilitation offer is largely delivered using outsourcing and contractor arrangements

The delivery of DVA's rehabilitation offer is mostly outsourced to service provider organisations. DVA provides approval of funding and proposed activities, case management and coordination, but the majority of plan management and service delivery is outsourced. Day to day rehabilitation planning and plan management is delivered via 35 main services provider organisations and their 800 rehabilitation consultants, while the services related to the activities under the plan are delivered by mainstream services and community groups.[128,129]

New Zealand and Canada also utilise existing external structures to provide rehabilitation services or enter into contracted arrangements for service provision. New Zealand clearly states it is not a service provider and its goal is to facilitate the provision of services alongside other government and non-government organisations.[130] In this way New Zealand emphasises their care coordination function and the importance of providing seamless and effective support for veterans that will improve their health and wellbeing (see Section 5.1.3).[131] To achieve this, New Zealand has to rely heavily on existing government services, such as health care and education services.[132] A similar approach is taken in Canada, where services provided through a rehabilitation plan use external service providers, professionally registered within their province

[128] Department of Veterans' Affairs Project Team (2022). Personal communication.
[129] Department of Veterans' Affairs. (2019) *Become a DVA health care provider*. Available at: https://www.dva.gov.au/providers/become-dva-health-care-provider
[130] Veterans' Affairs New Zealand. (2019) The Veteran Rehabilitation Strategy, 2018-2021. Available at: https://www.veteransaffairs.mil.nz/about-veterans-affairs/our-programmes/the-veteran-rehabilitation-strategy/strategy/
[131] Ibid.
[132] Ibid.

of operation, with costs covered by VAC.[133,134] In Canada, however, case management is also contracted to out to a third-party.[135,136]

The UK similarly relies on other government and non-government services, where responsibility for service delivery is spread over multiple national, devolved and charitable entities.[137] To ensure veterans have access to 'safe' services, contracted and mainstream services are accredited as *veteran aware* or *veteran friendly*.[138]

The US model is different from other Five Eyes countries and delivers most services through Veteran Affairs organisations. US VA's Veterans Health is America's largest integrated health care system[139] and provides dedicated services to service members, veterans and their families. While this approach provides veterans access to comprehensive health care (including mental healthcare), a model like this is not reasonable in Australia due to the structure and quality of our health system. From publicly available data it appears that vocational rehabilitation is both provided by US Veteran's Affairs and outsourced to other education institutions, depending on the type of benefit being provided. For example, it seems Veterans' Affairs US personalised career planning and guidance draws[140] on internal providers while access to short course providers and formal education is provided through Veterans' Affairs approved institutions.[141]

A DEVOLVED MODEL PROVIDES ALTERNATIVE PATHWAYS FOR VETERANS

The separation of responsibility for veteran care in the UK allows for veterans to access services through several different pathways, with very low eligibility requirements. One of these pathways is accessing rehabilitation using the NHS (similar to a civilian), but through hospitals and GP practices which are sensitive to the specific needs of veterans. The UK achieves this by accrediting 104 'Veteran Aware' NHS trusts and over 1,000 GP practices which have the tools to identify, understand and support veterans in a way which is responsive to their specific needs which set them apart from the civilian population.[142]

While outsourcing is line with other Five Eyes countries, to be effective services must be cognisant of ensuring veterans have options, or the scope to exercise autonomy over their care, and that care is well coordinated across service providers.

[133] Veterans' Affairs Canada. (2019) *Policies: Medical Services (POC 6)*. Available at: https://www.veterans.gc.ca/eng/about-vac/legislation-policies/policies/document/1215
[134] Veterans' Affairs Canada. (2014) *Policies: Health Professionals*. Available at: https://www.veterans.gc.ca/eng/about-vac/legislation-policies/policies/document/2075
[135] Veterans' Affairs Canada. (2021) *Rehabilitation services contract award June 2021*. Available at: https://www.veterans.gc.ca/eng/health-support/physical-health-and-wellness/rehabilitation-services/contract-award-2021
[136] Veterans' Affairs Canada. (2019) *Case management*. Available at: https://www.veterans.gc.ca/eng/health-support/case-management
[137] UK Government. (2021) *The Armed Forces Covenant and Veterans Annual Report 2021*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1040571/Armed_Forces_Covenant_annual_report_2021.pdf
[138] NHS (n.d.) *Veteran Aware NHS trusts.* Available at: https://www.england.nhs.uk/personalisedcare/upc/ipc-for-veterans/veteran-aware-nhs-trusts/
[139] US Department of Veterans' Affairs. (2022) *Veterans Health Administration, Homepage*. Available at: https://www.va.gov/health/
[140] US Department of Veterans' Affairs (2020) *Personalized Career Planning and Guidance.* Available at: https://www.youtube.com/watch?v=644P2XaGo-0
[141] US Department of Veterans' Affairs. (2022) *Education and Training: Choose a School.* Available at: https://benefits.va.gov/gibill/
[142] NHS (n.d.) *Veteran Aware NHS trusts.* Available at: https://www.england.nhs.uk/personalisedcare/upc/ipc-for-veterans/veteran-aware-nhs-trusts/

5.1.2 DVA provides veterans access to a large list of potential service providers and facilitates access to mainstream services

A key benefit of outsourcing the delivery of rehabilitation services is that it increases the number of service providers available to rehabilitation participants and allows them to decide who they would like to receive services from and in what way.

DVA currently contracts 35 provider organisations[143] to deliver veteran rehabilitation services. Under this arrangement these provider organisations contract approximately 800 individual rehabilitation consultants who deliver services to a wide range of geographic locations in Australia. Rehabilitation consultants and provider organisations fill the role of *rehabilitation provider* whose primary responsibility is the day-to-day management of the rehabilitation plan and supporting veterans access organisations or groups that deliver activities under the veteran's rehabilitation plan (see Section 5.1.3). When accessing rehabilitation, a veteran will be assigned to the provider organisation 'next in line' unless they specifically request otherwise.

Approved provider organisations and their consultants are required to satisfy DVA requirements, including:[144]

- Experience in working with DVA clients or other workers from a similar environment such as police or emergency services personnel.
- Experience in assisting clients with complex medical conditions to move to a new job with a new employer, to change careers and/or move into a new industry.
- Experience in translating specific skills and qualifications to other industries.
- Completion of DVA e-learning courses demonstrating a knowledge of military culture and DVA services.
- Minimum of two years hands on experience working with clients in medical management, vocational and/or psychosocial areas. These three areas constitute DVA's 'whole of person' rehabilitation approach.

The registration criteria, and contractual agreements,[145] ensure providers are familiar with working with veterans and understand their needs. This level of understanding is important as the rehabilitation providers works with the veteran to design and implement a rehabilitation plan that fits their needs (see Section 5.1.3). The registered rehabilitation provider then supports the veteran to connect to service providers, including mainstream services that are not DVA registered, who can provide the activities listed under the rehabilitation plan. This approach to service delivery means that while DVA clients often do not choose their provider organisation (i.e. rehabilitation provider) they do have access to the same level of choice and autonomy as the civilian population when deciding which service, they would like to use to fulfil activities under their plan.

[143] Department of Veterans' Affairs Project Team (11 May 2022). Personal correspondence.

[144] Department of Veterans' Affairs CLIK (2021). *11.2 DVA-Specific requirements for approved rehabilitation service providers.* Available at: https://clik.dva.gov.au/rehabilitation-policy-library/11-rehabilitation-service-providers/112-dva-specific-requirements-approved-rehabilitation-service-providers

[145] As part of the Administration of Rehabilitation Services under the Military Rehabilitation and Compensation Act 2004 it was recommended that DVA introduce service level agreements for all rehabilitation providers that outline expectations of the Department in the delivery of rehabilitation services, document reasons for selecting providers, introduce an objective performance assessment and re-test the market for service providers. Report available: https://www.anao.gov.au/work/performance-audit/admin-rehab-services-under-military-rehabilitation-compensation-act

USING UNREGISTERED PROVIDERS IN THE NDIS

In the NDIS, participants who have plans that are self-managed or plan managed are able to use unregistered NDIS providers in most circumstances.[146] This dramatically increases the range of service providers available to participants and allows participants to decide who they want to receive services from, and in what way. Unregistered providers are required to comply with the NDIS Code of Conduct.[147]

5.1.3 Effective case management is key to successfully delivering a distributed rehabilitation offer

Effective and ongoing case management that reaches across all eligible services, including veteran specific services and various levels of government, is key for a seamless veteran experience. Case management is particularly important in dispersed or complex models of service delivery where veterans may not be able to navigate the system and understand, or access, the full scope of services available to them. Effective case management also allows the suite of services to be tailored to the veteran's needs.

CASE MANAGEMENT VERSUS CARE COORDINATION

Case management is a process, encompassing a culmination of consecutive collaborative phases, that assist clients to access available and relevant resources necessary for the client to attain their identified goals. Key phases within the case management process include client identification (screening), assessment, stratifying risk, planning, implementation (care coordination), monitoring, transitioning and evaluation. Within the case management process the Case Manager navigates each phase of the case management process (as applicable) with careful consideration of the client's individual, diverse and special needs, including aspirations, choices, expectations, motivations, preferences and values, and available resources, services and supports.[148]

In comparison, **care coordination** is the deliberate organisation of patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care.[149]

The DVA rehabilitation offer provides all eligible veterans access to a **rehabilitation delegate**[150] and a rehabilitation provider who help organise and coordinate access to services. The rehabilitation delegate refers clients to the contracted rehabilitation providers, links parties involved in care, ensures adherence to relevant policies and procedures, authorises the funding of the rehabilitation activities listed in the plan developed by the veteran and provider and reviews clients' progress.[151] The rehabilitation delegate is required to ensure activities in the plan are appropriate for the veteran's rehabilitation needs. In this way, the rehabilitation delegate performs a claim management role. The **rehabilitation provider** oversees the day-to-day management of the rehabilitation plan, coordinates the rehabilitation assessment, works with the veteran to develop the plan and helps the veteran access services.[152] Together these roles provide veterans with a quasi-case management function. When considered together, these roles cover the

[146] NDIS (n.d.) *Unregistered NDIS providers.* Available at: https://www.ndiscommission.gov.au/providers/unregistered-providers#:~:text=Who%20can%20engage%20an%20unregistered,NDIS%20supports%20and%20services%20themselves.
[147] Ibid.
[148] Marfleet, F., Trueman, S. & Barber, R. (2013). 3rd Edition, National Standards of Practice for Case Management, Case Management Society of Australia & New Zealand.
[149] Dealtry, N. (2019) *Is case management the same as care coordination?* Available at: https://www.elationhealth.com/blog/primary-care-innovation-blog/management-coordination/
[150] Historical documents from 2015 also reference a Rehabilitation Coordinator who is responsible for the overall progress of the plan, case correspondences, phone calls or conversations. As this role is not discussed in more modern documents it is assumed that this role is now played by the Rehabilitation Delegate.
[151] Department of Veterans' Affairs (2020). *Rehabilitation program information for providers.* Available at: https://www.dva.gov.au/providers/notes-fee-schedules-and-guidelines/notes-providers/dva-rehabilitation-services-and-1
[152] Department of Veterans' Affairs (2019). *Rehabilitation.* Available at: https://www.dva.gov.au/health-and-treatment/injury-or-health-treatments/rehabilitation-0

domains of *case management* but, in practice, the separation of these roles mean veterans are unlikely to experience the depth of service, and continuity, of a true case management system. This means veterans are more likely to experience *care coordination*. Separation of the roles may also be confusing for veterans and place additional administrative burden around the management of a veteran's plan.

Outside of the rehabilitation offer, DVA offers tailored case coordination to clients with complex and multiple needs under the Coordinated Client Support (CCS) program.[153] Under this program, eligible clients can access guided support or comprehensive support through dedicated members of the DVA team.[154] Clients can be referred to CCS through DVA staff, Open Arms, and the ADF.[155] Outside of the rehabilitation offer, DVA veterans also have access to the Wellbeing and Support Program (WASP), where a veteran is assigned a DVA case manager and community worker to support them and their family.[156]

CARE COORDINATION SUPPORTS CLIENTS NAVIGATE THE SYSTEM

Traditionally, worker compensation schemes provide care coordination rather than case management. In TAC, care coordination is delivered through an 'early support coordinator' who is the individual's key point of contact at TAC. The coordinator meets with the client and their family, manages the claim, connects clients to the required supports and service, and works with clients to help achieve the goals specified in their 'Independence Plan'. Similarly, within the Comcare system there is a 'Collaborative Partnership' which is a national system-wide collaboration between the public, private and not-for-profit sectors. One of the key aims of the partnership is to help support GP's and other medical stakeholders improve care coordination between the clinical environment, systems and workplaces. Comcare engagement in this partnership will help them improve their care coordination.

The NDIS similarly offers clients care coordination services. Care coordination is facilitated through the provision of a support coordinator. Support coordination is delivered at three levels: support connection (which builds the client ability to connect with supports), support coordination (build the skills to use and manage your plan) and specialist support coordination (for people whose situation is very complex).[157] Support coordination is not mandatory but can be built into a client's plan if requested.

Other Five Eyes countries prioritise case management to varying extents (see Table 3 overleaf). New Zealand and Canada emphasise the importance of comprehensive case management and veterans only needing to tell their story once. New Zealand and Canada provide all veterans one case manager who supports veterans' services to plan, manage and coordinate their rehabilitation services. In New Zealand, the case manager acts as the main point of contact between the veteran and Veterans' Affairs and helps to identify suitable treatments, services, or activities. They arrange treatments for the veteran, help the veteran make further claims, and speak with the veteran's family [whanau] to ensure the care is meeting the veteran's needs.[158]

Canada adopts a similar approach to New Zealand, and to improve coordination and care management for their veterans, Canada has employed a new national contractor 'Partners in Canadian Veterans Rehabilitation' to deliver their rehabilitation services. The veterans' case manager will have a single point of contact with one of the contractor's rehabilitation service specialists, which aims to improve ease of access to an all-encompassing range of services.[159]

[153] Department of Veterans' Affairs (2019). *Coordinated client support.* Available at: https://www.dva.gov.au/civilian-life/support-ex-service-organisations-and-advocates/coordinated-client-support
[154] Ibid.
[155] Ibid.
[156] Department of Veterans' Affairs (2022). *Wellbeing and Supported Program.* Available at: https://www.dva.gov.au/health-and-treatment/work-and-social-life-programs/wellbeing-and-support-program-wasp
[157] National Disability Insurance Agency (2021). *Support coordination.* Available at: https://www.ndis.gov.au/participants/using-your-plan/who-can-help-start-your-plan/support-coordination
[158]Veterans' Affairs New Zealand (2021). *How we'll work with you.* Available at: https://www.veteransaffairs.mil.nz/for-clients/how-well-work-with-you/
[159]Government of Canada (2021). *Rehabilitation services contract award June 2021.* Available at: https://www.veterans.gc.ca/eng/health-support/physical-health-and-wellness/rehabilitation-services/contract-award-2021

Coordination and management in the US and UK are not as established as other Five Eyes countries. In the US, case management is offered for particular services, rather than the rehabilitation offer. Since the introduction of the *Veterans Choice Act of 2014* the use of community health care services has grown rapidly, which has increased the need for a well-developed coordination function.[160] For instance, veterans living in rural areas have reported myriad of challenges navigating the system and carry the primary burden of coordinating their care.[161] It has been recommended that better structural solutions that facilitate interorganisational care coordination are required within US Department of Veterans' Affairs.[162] Similarly, this aspect of service is not well established in the UK. Veterans, like civilians, are left to navigate the mainstream services available to them or can access care coordination services through third party organisations. UK veteran policy, program and service coordination is gradually being considered in a more cohesive manner.[163]

A comparison of care coordination across all Five Eyes countries, including DVA, is provided in Table 3.

Table 3 | Care coordination offer across Five Eyes countries

Country	Eligibility	Care coordination offer
DVA	All participating veterans	No singular person responsible for coordination of a veteran's plan, facilitating access to all DVA services and linking services. This responsibility is shared between: **Rehabilitation delegate** manages the plan from DVA's end, including contracting, refer clients to contracted rehabilitation providers, link all parties involved in a client's rehabilitation, make sure all parties follow relevant legislation, departmental policies and procedures when delivering the rehabilitation plan, review client progress and participation against the goals. The rehabilitation delegate is required to make several determinations over the course of a veteran's rehabilitation program, including if the veteran is to have a rehabilitation assessment and a plan is to be developed, if the rehabilitation program is to proceed, subsequent variations to the plan and plan closure. These determinations are required to enable the plan to be funded within relevant legislative provisions. **Rehabilitation providers** are responsible for the day-to-day management of a veteran's plan. They coordinate rehabilitation assessment, work with the veteran to develop and manage the rehabilitation plan and help the veteran access all approved services and activities.
NZ	Veterans receiving an entitlement or rehabilitation	**Case managers** are the main point of contact between the veteran and veteran affairs. They talk to organisations on behalf of the veteran, arrange for treatment, facilitate services and support to be put in place and support veterans make further claims.[165]

[160] Miller et al (2022). *Veteran's perspectives on care coordination between veterans' affairs and community providers: a qualitative analysis.* Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8016698/
[161] Ibid.
[162] Ibid.
[163] UK Government. (2019) *Press release: PM creates new Office for Veterans' Affairs to provide lifelong support to military personnel.* Available at: https://www.gov.uk/government/news/pm-creates-new-office-for-veterans-affairs-to-provide-lifelong-support-to-military-personnel
[165] Ibid.

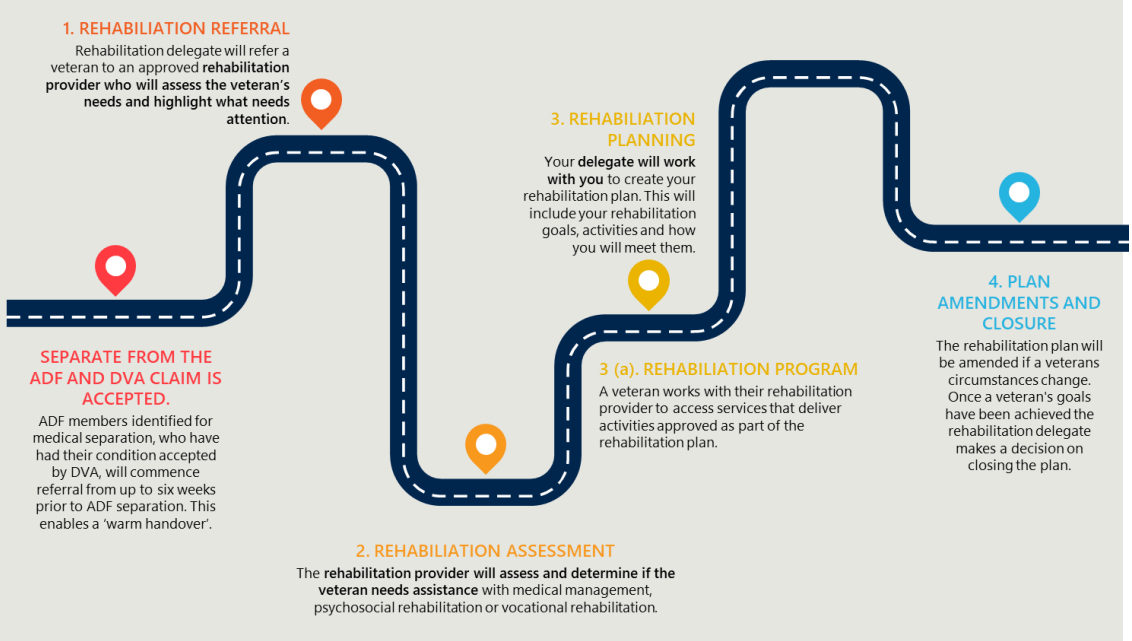
Country	Eligibility	Care coordination offer
	will likely receive a case manager.[164]	
Canada	All veterans approved for rehabilitation.[166]	**Case managers** work with veterans, and their families, to identify goals and build a rehabilitation plan. The Veterans' Affairs case manager will work closely with veterans and their family, respect veterans' privacy, help identify information and services need, help develop support networks, coordinate between veterans, health professionals and others, and monitor progress.[167]
USA	*Not comparable as largely delivered by Veterans Affairs. Limited need for coordination services.*	
UK	Veterans who seek coordination support.	No reference to care coordination through the Veterans Covenant. Care coordination is offered by external organisations such as *Walking Wounded.*[168]

5.2 DVA's rehabilitation offering implements needs-based and person-centred models of care across the rehabilitation pathway

Many different models of care are used to facilitate the delivery of rehabilitation, or similar, services. Traditionally, rehabilitation, disability and mental health services have been delivered using needs-based approaches, where the system focuses on meeting the needs, or symptoms, of the person, but does not necessarily empower them to take autonomy over their care journey or treat the underlying cause. Recently, however, there has been a significant shift, particularly in the health system, towards person-centred models of care, where the client is empowered to make decisions, and plan their care, in a way that meets their needs, preferences and diversity.[169] Person-centred care positions the client as a key member of the care team,[170] which has been shown to improve engagement with services and create positive health behaviours.[171] DVA uses both needs based and person-centred models to deliver rehabilitation service over the four part rehabilitation process (see Figure 7, see Section 5.1.3 for a definition of *rehabilitation delegate* and *rehabilitation provider*).

[164] Veterans' Affairs New Zealand (2021). *How we'll work with you.* Available at: https://www.veteransaffairs.mil.nz/for-clients/how-well-work-with-you/
[166] Government of Canada (2019). *Rehabilitation services.* Available at: https://www.veterans.gc.ca/eng/health-support/physical-health-and-wellness/rehabilitation-services
[167] Ibid.
[168] Walking with the wounded (2020). *Support care coordination.* Available at: https://walkingwiththewounded.org.uk/Home/Programmes/133
[169] Better Health Channel (2015) *Patient-centred care explained.* Available at: https://www.betterhealth.vic.gov.au/health/servicesandsupport/patient-centred-care-explained
[170] NEJM Catalyst (2017) *What is Patient-Centred Care?* Available at: https://catalyst.nejm.org/doi/full/10.1056/CAT.17.0559
[171] The Health Foundation (2016) *Person-centred care made simple: What everyone should know about person-centred care.* Available at: https://www.health.org.uk/sites/default/files/PersonCentredCareMadeSimple.pdf

Figure 7 | DVA rehabilitation process[172]



The first two steps of the pathway, **rehabilitation referral** and **rehabilitation assessment**, adopt a need-based approach to service delivery. Both steps are based around the work of the rehabilitation provider, with DVA website (see content in Figure 7) stating the provider will assess the needs of the veteran and determine if the veteran needs assistance with medical management, psychosocial rehabilitation and vocational rehabilitation.[173] While this approach responds to the legislative requirement where the rehabilitation delegate must decide if a person is able to undertake rehabilitation, it also takes the decision to engage in rehabilitation away from the veteran – even if they volunteer to undertake rehabilitation a determination is still required to providing the funding authority for them to do so. In practice it is likely that veterans have an opportunity to communicate their needs, and want to participate, to their rehabilitation delegate and provider, but it is unclear the extent to which this information is taken into consideration in the needs assessment. The current communication of rehabilitation referral and rehabilitation assessment does not actively place veterans, and their expert knowledge about their experience, as members of the care team. Current practice could be adjusted to meet this by more clearly communicating the role of the veteran in rehabilitation assessment, including acknowledging that veterans have an important role in assessing and identifying their own needs. In practice, DVA should consider how the veterans voice guides, and contributes to, the assessment process.

DVA's approach to **rehabilitation planning** is better aligned with the principles of person-centred care. DVA states that the rehabilitation delegate will "work with you to create your plan for rehabilitation".[174] The planning process relies on the individual, in collaboration with the rehabilitation provider, deciding what services best fit their need, which in turn empowers them to be active participants in their recovery journey. DVA respects the individual's ownership of their rehabilitation in the language used to describe rehabilitation planning – referring regularly to the role of the veteran in developing and owning the plan.

[172] Department of Veterans' Affairs (2019) *Rehabilitation.* Available at: https://www.dva.gov.au/health-and-treatment/injury-or-health-treatments/rehabilitation-0

[173] Current practice merges several of the legislative provisions. The MRCA Chapter 3, Part 2, Division 2 states that the capacity to undertake rehabilitation should first be established (and re-established as required). Separately, Division 3 sets out considerations as to whether a person is required to undertake rehabilitation and the potential activities appropriate for them.

[174] Department of Veterans' Affairs (2019) *Rehabilitation.* Available at: https://www.dva.gov.au/health-and-treatment/injury-or-health-treatments/rehabilitation-0

As discussed, DVA contracts approximately 35 provider organisations, who contract over 800 individual consultant rehabilitation providers, who support veterans develop their rehabilitation plan and manage the day-to-day of the plan.[175] DVA relies on a service provider assignment model where service providers are listed, and veterans are referred to the next appropriate service provider in the line by the Rehabilitation Delegate.[176] Veteran's can also request to access a specific service provider registered with DVA; however, this appears to be an exception rather than a key feature of the model. While the DVA service provider assignment model ensures veterans' needs are met and that work is fairly distributed between contractors, it provides veterans a limited level of autonomy over who they receive care from. This aspect of the pathway could be better aligned with person-centred models of care by re-designing the provider assignment process so that it is centred around veteran choice, rather than facilitating choice only upon the veteran's request. Veteran choice appears to be facilitated when accessing services to complete activities outlined in the plan, such as mainstream providers or community groups. However, there is little information is publicly available on how this process works.

DVA's approach to **rehabilitation closure** must balance individuals' preferences with mandates[177] that require them to complete rehabilitation services.[178] DVA has navigated this balance well and promoted the autonomy of veterans by encouraging plan amendments. While each plan is designed to be completed or achieved over a specified time period, DVA does offer veterans ongoing access to the rehabilitation offer if required. This means veterans may exit the rehabilitation program but later reengage with rehabilitation services. This policy follows person-centred approaches as it empower clients to access the care they need when they need it. This policy is also well in advance of other Five Eyes countries who offer time-bound access to the rehabilitation offer, such as New Zealand where rehabilitation support lasts for up to three years and the US where Veteran Readiness and Employment benefits may only be used up to 12 years following a veteran's date of separation.[179,180]

The NDIS is an interesting comparator to the DVA rehabilitation offer as they deliver similar services within similar program constraints – clients need to meet an eligibility criterion and services must be relevant to the client's disability or support needs.[181] However, unlike DVA, the NDIS draws on person-centred models across the entire service pathway.

[175] Department of Veterans' Affairs (2022). Personal communication with Rehabilitation Policy Team.
[176] Department of Veterans' Affairs (2022). Personal community communication with Rehabilitation Policy Team.
[177] Under sections 50 and 52 of the MRCA and sections 36 and 37 of the DRCA, clients undertaking a rehabilitation program are obliged to: attend medical and other assessments of their capacity to undertake a rehabilitation program when DVA requests that they do so; and fully participate and genuinely cooperate in their agreed rehabilitation program. If the client fails to meet these obligations without reasonable excuse, their compensation payments may be suspended. The client's entitlements to medical treatment will not be affected, even if the compensation payments are suspended. Reference: Department of Veterans' Affairs CLIK (2016) *Rehabilitation Policy Library 13.1.2 What are a person's obligations?* Available at: https://clik.dva.gov.au/rehabilitation-policy-library
[178] This does not apply to veterans who opt to undertake rehabilitation under the VEA.
[179] Veterans' Affairs New Zealand (2021). *Vocational Rehabilitation.* Available at: https://www.veteransaffairs.mil.nz/a-z/vocational-rehabilitation/
[180] US Department of Veterans' Affairs (2022). *Eligibility for Veteran Readiness and Employment.* Available at: https://www.va.gov/careers-employment/vocational-rehabilitation/eligibility/
[181] National Disability Insurance Scheme (2021) *Support funded by the NDIS.* Available at: https://www.ndis.gov.au/understanding/supports-funded-ndis

PERSON-CENTRED CARE IN THE NDIS

Person-centred care is a holistic approach to health care that promotes self-determination, empowerment, and a commitment to providing health care that is responsive to the needs and preferences of the individual. The NDIS model of care is person-centred. Practically, this means that from the start, the client is involved in assessing their own needs and exercising choice over their different management options and providers. Similar to DVA, support plans which determine the individuals' goals and services required to meet those goals are developed by the individual with the help of a NDIA case manager, in what has come to be termed 'Person Centred Planning'.[182] For example, an individual who requires support in their place of work is able to choose between a number of registered or unregistered providers who may offer either training or counselling to ensure their specific needs is being met and they have the autonomy to drive their own care.

SECTION 5 CONSIDERATION FOR DVA

DVA might consider how to maximise veterans' choice and autonomy over their rehabilitation journey. This could include developing a specific case management function in line with New Zealand and Canada.

5.3 Monitoring and evaluation would provide robust evidence for rehabilitation design and implementation

Currently, DVA has limited mechanisms to understand if the substantial investment in rehabilitation services is achieving its intended outcomes, or if it represents value for money.[183] As we understand it, rehabilitation client (veteran) satisfaction surveys are conducted on a voluntary basis, and there is some tracking of progress toward the achievement of veteran goals outlined in their plan. While these pieces of information may provide insights regarding the individual experience of rehabilitation, it does not allow for a comprehensive analysis of the rehabilitation offer as a whole.

Without a fit-for-purpose monitoring and evaluation framework and approach, there is no way to know the extent to which the rehabilitation offering is appropriate, effective or efficient. DVA might consider establishing a program theory, with outcomes, indicators and associated data sources. Through regular monitoring of output-level indicators, DVA would understand the scale of service access, by demographic, and how this is trending over time. Through point-in-time evaluations, DVA would understand the extent to which veterans feel the service offering is meeting their needs, how the service offering is assisting them to meet their goals, and where there may need to be changes or improvements to the offering focus, scope, or delivery model. This would ensure a clear, robust evidence base on which to make policy and investment decisions, to best meet the needs of veterans.

[182] Baxter Lawley (2017). *Person Centred Planning within the NDIS, Current limitations – Prospective Opportunities.* Available at: https://www.uwa.edu.au/schools/-/media/Not-for-profits-UWA/NDIS-and-Disability-Services/2017-ICANR-Person-Centred-Planning-Report.pdf

[183] The Productivity Commission Inquiry into Compensation and Rehabilitation for Veterans strongly recommended DVA consider monitoring and evaluation around the rehabilitation offer.

EVALUATION IN COMCARE

Comcare regularly partners with public sector bodies and independent evaluators to assess and improve their rehabilitation programs and service providers. Recently, Comcare partnered with the Productivity Commission to test whether a structured and early intervention service they are offering was effective. One result of the evaluation was a better practice resource for implementing an effective early intervention program. The second resource developed from this evaluation was a monitoring and evaluation framework which will enable Comcare to independently assess their program moving forward.[184]

SECTION 5 CONSIDERATION FOR DVA

DVA might consider conducting a program evaluation on the rehabilitation offer as well as more comprehensively evaluating the progress and outcomes of veterans' plans.

[184] Comcare (n.d.). *Monitoring and evaluation framework for early intervention programs.* Available at: https://www.comcare.gov.au/about/forms-publications/documents/publications/research/monitoring-and-evaluation-framework-for-early-intervention-programs.pdf

6 Accessibility of rehabilitation

SECTION 6 | KEY FINDINGS

- DVA's rehabilitation offer is accessible to most veterans.
- Several barriers may impact the approachability and availability of the services.
- DVA's rehabilitation offering does not consider the unique needs of some cohorts of veterans, and this could impact service accessibility.

6.1 DVA'S rehabilitation offering is accessible to most veterans, but there are some barriers to access

The accessibility of the rehabilitation offering is key to ensuring DVA's investment in rehabilitation is both useful and effective. Service accessibility is multidimensional and dynamic, and perceptions of accessibility can vary significantly between individuals. This can make conceptualising the extent to which a service is accessible complex. As such, for the purpose of this report, accessibility will be considered against the five dimensions (seeFigure 8).

Figure 8 | Five dimensions of accessibility[185]

Due to the significant difference in operating environment, cohort and social perceptions of accessibility between Five Eyes countries, this section of the report does not directly compare DVA to international comparators. Instead, Section 7 deeply considers where DVA sits across the five dimensions of accessibility. Where appropriate, or interesting, the Five Eyes countries, and national insurance agencies, have been used to provide examples of different ways of delivering services to meet the five dimensions of accessibility.

[185] Levesque, J., Harris, M., Russell, G. (2013). *Patient-centred access to health care: conceptualising access at the interface of health systems and populations.* Available at: https://equityhealthj.biomedcentral.com/articles/10.1186/1475-9276-12-18; Dassah et al (2018) *Factors affecting access to primary health care services for persons with disabilities in rural areas: a "best-fit" framework synthesis.* Available at: https://ghrp.biomedcentral.com/articles/10.1186/s41256-018-0091-x

DVA's rehabilitation offer is clearly advertised, but there may be some barriers that stop veterans approaching the service.

Approachability is the extent to which people who need the service can identify that the service exists and can be reached. Information about DVA's rehabilitation is accessible online and relatively easy to navigate. The website clearly outlines the process for applying to participate in rehabilitation and what will happen once an application has been approved. Information on the DVA website complies with accessibility requirements in line with the Disability Discrimination Act 1992.[186] For instance, the website will work on all browsers, the pages can be printed, and the user can change the text size.[187] Contact details for DVA are also clearly displayed as is information on interpreter services and hearing or speech impairment assistance.[188] From an assessment of publicly available information it seems that while information about the rehabilitation offer is clear, it is not provided in a particularly inviting format. Much of the information provided by DVA is on a white webpage and there is limited access to engaging information pamphlets, videos or audio information about the offer. Comparatively, the NDIS makes the information feel inviting by using colour, inclusive visuals, infographics and video resources to explain key information such as what services are available and to whom. Further research to gain veterans' perspectives of the accessibility of the information is required to make a definitive conclusion, which is out of the scope of this review.

While extensive information provided by DVA supports approachability, external factors may impact veterans' ability or desire to access rehabilitation services. For instance:

- **The term rehabilitation has many definitions, some of which do not align with the DVA offer.** The DVA project team reported that some veterans are confused about what rehabilitation is, and do not feel the term is applicable to their circumstance. The DVA project team also noted that, anecdotally, there is a perception particularly amongst GPs that DVA rehabilitation is similar to other workers compensation schemes and focus largely on return to work. This is largely due to differences in social understandings of rehabilitation, which refer to physical rehabilitation or alcohol and other drugs, and the DVA offer. It can also be difficult for DVA to clearly define the rehabilitation offer due to differences in the legislative, policy and service delivery contexts (see Section 2).
- **There is stigma in the veteran community around receiving help, particularly mental health support.** All Five Eyes veteran services have reported that there is often a stigma amongst veterans about receiving help.[189] This stems from attitudes in the Australian Defence Force around seeking support, particularly the perception that employment progression and opportunities for deployment will not be made available to those with mental illness.[190] Defence forces in all Five Eyes countries are working on reducing stigma. In DVA mental health support is mainly provided through Open Arms and DVA non-liability heath care, with psychosocial support activities also possible via the rehabilitation offer. However, veterans without a clear understanding of the definition or scope of rehabilitation as defined by DVA (see Section 2) may mistakenly draw on social definitions of rehabilitation that include recovery from alcohol and drug misuse and severe mental illness.[191]
- **The entry pathways for veterans who do not have to complete required rehabilitation rely on self-identification and referral from mainstream health providers**. The challenges with defining rehabilitation, and a lack of clarity on the extent to which medical professionals in the general health care system can identify and do refer veterans to rehabilitation, create a potential gap in recruitment

[186] Department of Veterans' Affairs (2021). *Accessibility.* Available at: https://www.dva.gov.au/about-us/accessibility-our-site/accessibility
[187] Ibid.
[188] Ibid.
[189] Productivity Commission (2019) *Inquiry Report – A better way to support veterans.* Available at: https://www.pc.gov.au/inquiries/completed/veterans/report
[190] Ibid.
[191] For example, the American Psychological Association specifically highlights the experience of people with mental disorders in the online definition of social rehabilitation. For definition see: https://dictionary.apa.org/social-rehabilitation

and referral of veterans. This may be particularly problematic for two groups of veterans – those who separated from the services prior to the enactment of the DRCA and MRCA or veterans who, when on exiting the services, chose to not have contact with service-related organisations or agencies. Veterans in both groups may require, and want, rehabilitation services but may simply not know what is available to them. The UK decrease this risk by offering a 'veteran friendly practice accreditation' program to General Practice rooms. Accredited practices must meet criteria to ensure they know what veteran services are available and that they are supportive of veteran health care.[192]

DVA's rehabilitation offer does not account for cultural and social factors that impact the acceptability of care.

Service acceptability refers to the cultural and social factors that impact or influence access to care.[193] This can include providing services that consider the cultural or spiritual need of individuals as well as services that target the needs of cohorts, such as women and LGBTQI+. The current rehabilitation, and broader DVA, offer is acceptable for many veterans, however, the absence of references to the availability of culturally safe care[194], or tailored services, reduces the acceptability of the offer for Aboriginal and Torres Strait Islander veterans, culturally and linguistically diverse veterans.[195].

In comparison, the New Zealand rehabilitation offering draws directly on Te Whare Tapa Whā (Māori model of health care), and promotes providing holistic care that includes physical, social, emotional, cultural and spiritual wellbeing of the individual, family and community (see Section 3). Access to culturally safe and relevant services are not explicitly delivered by Veterans' Affairs New Zealand, but rather embedded in the broader government services and highlighted in the language used. This approach is reflected to some extent in the US. While in the US, the rehabilitation offer does not specifically recognise the unique needs of First Peoples but does recognise the different needs of minority cohorts, including women, culturally linguistically diverse peoples, and provides services[196] to these needs.

As demonstrated by New Zealand, in practice the DVA rehabilitation offer does not need to necessarily provide culturally safe or minority specific services. Rather, it would be appropriate for DVA rehabilitation to have the ability to connect Aboriginal and Torres Strait Islander veterans and culturally and linguistically diverse veterans to rehabilitation providers and service providers who are culturally safe, or at the least have undergone cultural safety training, and more explicitly highlight that doing so is a priority. DVA rehabilitation delegates should also undertake cultural safety training and be able to deliver against their role in a culturally safe way. From publicly available information it is unclear if DVA rehabilitation providers and delegates complete cultural safety training.

There are a range of education and employment services tailored to the needs of minority groups that DVA may consider offering as part of the broadening scope of rehabilitation services. This could include tailored vocational rehabilitation for women returning to work after having a child, access to country and learning on country programs for Aboriginal and Torres Strait Islander veterans, and connection to cohort specific training programs, such as Aboriginal Health Worker and Aboriginal health practitioner training or other programs. The inclusion of tailored services would support the DVA rehabilitation offering to better meet the needs of a more diverse cohort of veterans. It may also be appropriate for DVA to explore the

[192] Royal College of General Practitioners (2019) *The GP and the Veteran*. Available at: https://www.rcgp.org.uk/clinical-and-research/about/clinical-news/2019/september/the-gp-and-the-veteran.aspx

[193] Levesque, J., Harris, M., Russell, G. (2013). *Patient-centred access to health care: conceptualising access at the interface of health systems and populations.* Available at: https://equityhealthj.biomedcentral.com/articles/10.1186/1475-9276-12-18

[194] AHPRA. (2021) *Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025*. Available at: https://www.ahpra.gov.au/about-ahpra/aboriginal-and-torres-strait-islander-health-strategy.aspx

[195] DVA does provide a pamphlet called *Getting our mob back on track*, however, none of the information provided has been tailored to speak about the unique needs of Aboriginal or Torres Strait Islander peoples.

[196] Cohort specific services mainly focus on medical needs and include targeted health support groups. It is unclear how the needs of monitory cohorts are considered in psychosocial or vocational rehabilitation.

extent to which Aboriginal Community Controlled Health Organisations are aware of the rehabilitation offer.

SECTION 6 CONSIDERATION FOR DVA

DVA might consider how to best include cultural consideration, specifically for First Nations veterans, in their offer. DVA may also consider implementing a requirement that rehabilitation delegates and rehabilitation providers undertake cultural safety training.

DVA's rehabilitation offering is largely available, but veterans' experience of the timeliness and physical availability of services is varied.

Service availability considers if services are physically available and can be reached in a timely manner. Descriptions of the rehabilitation offer indicate there is good service availability. In publicly available material DVA does not warn clients of any significant waiting periods in the rehabilitation application process or detail any limitations on the geographic range of available services. However, in practice the lengthy DVA claims process, which veterans must go through prior being eligible for rehabilitation will impact the availability of rehabilitation services.

The DVA claims process is lengthy and veterans feel it as complex and difficult to navigate.[197] Veterans have reported that the length of time taken to lodge a claim and receive a claim outcome, lack of continuity, fragmented business lines and repeatedly having to prove injury or harm present barriers to access. While this feedback relates to DVA services more generally it impacts the rehabilitation offer in two ways. Firstly, as rehabilitation cannot be accessed until a liability claim is approved, lengthy claim times may increase the time veterans must wait for rehabilitation services. Secondly, this perception that DVA is complex and difficult to access may stop veterans from trying to access services at all. The DVA Non-Liability Rehabilitation pilot is an interesting approach to test these assumptions and propose a solution.

Veterans in rural and remote communities may not be able to access appropriate service providers to fulfil their rehabilitation plan. DVA offers veterans access to 35 rehabilitation provider organisations with over 800 associated consultants across a range of geographic locations. While this provides appropriate range for plan management and support, as seen in the NDIS, accessing appropriate service providers, community groups and organisations to deliver activities under the plan can be limited in rural and remote areas. Not only is there a limited number of rural and remote service providers available, but the large amount of work available to them, particularly through other schemes such as the NDIS, can inflate the cost of service exponentially. This can make it difficult for DVA to balance ensuring veterans' access to services with service cost. As seen in the NDIS, clients may also have trouble travelling the long distances required to access a provider or be required to leave their rural or remote community to access services.[198]. Currently, there is limited public information regarding the geographic range of DVA's rehabilitation offering and the location of DVA rehabilitation providers and consultants. While in practice the geographic range of DVA's rehabilitation offer is quite broad veterans may make the assumption that services are inaccessible in rural and remote areas as there is limited information available to suggest otherwise.

Telehealth services, as seen in the NDIS, may be a useful tool to bridge the gap in service availability for rural and remote clients and clients who cannot physically access services. DVA announced the permanent introduction of telehealth arrangements from 1 January 2022 for general practitioner, specialists, and

[197] The Guardian (2022) *'Delay, deny, wait till we die': injured veterans say they've been ignored by DVA as claims go unaddressed.* Available at: https://www.theguardian.com/australia-news/2022/apr/28/delay-deny-wait-till-we-die-injured-veterans-say-theyve-been-ignored-by-dva-as-claims-go-unaddressed

[198] ABC (2021) *Remote NDIS Struggles.* Available at: https://www.abc.net.au/news/2021-12-05/paulette-didnt-want-to-leave-her-remote-community-ndis-support/13662870?fbclid=IwAR2xlLxI9EOx8ManncHlKUh9PXoESGD2kK8M9AKzA-2-ym-l3bWgJapsxoE

allied health services.[199] This is a positive move towards increasing service accessibility and could be built upon by increasing the scope of DVA's telehealth offer to include other rehabilitation services, such as counselling and vocational support services. It is important to note that digital service provision (including video and telephone conferencing) may be exclusionary for some veterans – for instance, veterans who live in remote areas with limited access to internet connection speeds, veterans who do not have access to appropriate devices and veterans who do not have the skills to use the required device.

SECTION 6 CONSIDERATION FOR DVA

DVA might consider how to improve timely access to rehabilitation, and the extent to which services and activities are accessible to veterans in rural and remote areas.

DVA's rehabilitation offering is affordable.

Affordability reflects the economic capacity of clients to access the service. DVA's rehabilitation offering is free to eligible veterans, making it highly affordable. Research suggests that this is the same as the other Five Eyes countries.

DVA's rehabilitation offering appears to be appropriate, but this work does not allow for a comprehensive assessment.

Appropriateness is the extent to which services available match client's needs. DVA's rehabilitation offering is largely comparable to, if not more generous than, other Five Eyes comparators. This suggests that the current suite of services offered by DVA are appropriate to support veterans' physical and mental, psychosocial, and vocational rehabilitation. That being said, the appropriateness of services will change as the aim of rehabilitation continues to shift towards whole of person wellbeing and recovery.

A comprehensive assessment of appropriateness is not possible under this piece of work. Further comment would require a service evaluation that considers the extent to which the services provided met the needs of the veterans' accessing services.

[199] Department of Veterans' Affairs (2021). *Permanent Telehealth information for clients.* Available at: https://www.dva.gov.au/health-and-treatment/permanent-telehealth-information-clients

7 Comparison of scope of service to other Australian schemes

SECTION 7 | KEY FINDINGS

- DVA offers a broad range of financial compensation and needs-based support services when compared to Comcare and NDIS. This is to be expected, due to the unique nature of military service of DVA clients and the various pieces of legislation governing the compensation and support services.
- DVA, Comcare and NDIS needs-based support services are generally aligned.
- DVA income support, while larger in number of products, aligns with Comcare in providing impairment payments, permanent incapacity payments and compensation following death. NDIS does not offer income support.

The focus of this review is the comparison of veteran rehabilitation offerings of the Five Eyes countries to understand where Australia's offering sits in terms of focus, scope of services and eligibility in relation to comparable schemes. However, there is also value in assessing how DVA's rehabilitation offering compares to that of other domestic worker compensation schemes for civilians, particularly in relation to scope of services and income support.

While veterans have access to a broad range of other government schemes, such as Services Australia income support and discounted education via HECS-HELP, the key civilian schemes for comparison are Comcare and the NDIS. This is because the NDIS and Comcare offer have relatively similar intent to that of the DVA rehabilitation offer. It important to note the unique nature of military service[200,201] underpins the service offering DVA provides to veterans and the different approach DVA's rehabilitation offering takes when compared to traditional worker compensation schemes.[202] While traditional worker compensation schemes, such as Comcare, focus on return to work, DVA states its rehabilitation offering recognises that returning to work is important but may only be one of its client's needs. And while traditional worker compensation schemes focus on a return to work with the same employer, DVA clients seeking to return to work are more likely to be seeking employment with a new employer and not a return to the ADF.

The NDIS is not a direct comparator to DVA's rehabilitation offer or Comcare because it is not a workers compensation scheme. However, similar to DVA, the NDIS provides clients with disabilities information and connections to disability support services as well as funding for services that are not covered through existing government programs.

Noting this nuance, it is a useful exercise to understand what is in and out of scope in each scheme, to highlight the extent to which the DVA rehabilitation offering is aligned to other Australian schemes.

[200] Department of Veterans' Affairs (2018). *Submission to the Productivity Commission Inquiry into Compensation and Rehabilitation for Veterans*. Available at: https://www.pc.gov.au/__data/assets/pdf_file/0015/230424/sub125-veterans.pdf
[201] Productivity Commission (2018). Issues Paper – Compensation and Rehabilitation for Veterans. Available at: https://www.pc.gov.au/inquiries/completed/veterans/issues/veterans-issues.pdf
[202] Department of Veterans' Affairs (2018). Rehabilitation for DVA clients. Available at: https://www.dva.gov.au/documents-and-publications/rehabilitation-dva-clients-booklet

7.1 DVA rehabilitation and needs-based support services are slightly more expansive than Comcare and NDIS

Comcare's needs-based support services generally aligns with DVA's broader offer, but focuses on employment outcomes.

Similar to DVA, Comcare works with clients to produce a rehabilitation program[203] designed to maintain or improve activities of daily living and health and/or to remain at, or return to, work following a work-related injury or illness. However, unlike DVA, Comcare's rehabilitation services[204] focus largely on identifying suitable employment[205] allowing clients to recover at work, return to their role, begin a new role in the current workplace, or secure new employment at a new workplace. Like DVA, Comcare's workplace rehabilitation services sit among a broader range of Comcare supports and benefits relating to income support, medical treatment, attendant care services, household services, aids, appliances and modifications, travel costs, long-term injury or impairment, and entitlements following a work-related death.[206]

Comcare workplace rehabilitation services[207] are linked to the rehabilitation goals of the client and informed by advice from treating medical practitioners and health providers. Employers are responsible for engaging workplace rehabilitation providers, and workplace rehabilitation services may include conducting specialised assessments of functional capacity and workplace environment; assessing work requirements and potential suitable duties for returning to work; identifying the need for job modifications or equipment; arranging work experience placements and identifying retraining needs; and designing and monitoring a rehabilitation program.

Subject to claim approval, Comcare may also offer reimbursement for reasonable medical treatment,[208] attendant care services,[209] household services,[210] approved aids, appliances and residence modifications[211] as well as travel costs to attend medical treatments.[212] This range of broader Comcare services are comparable to DVA's offer – however DVA does offer additional services in support of respite and families when Comcare does not.

The NDIS model is fundamentally different to DVA, but the scope of service is similar.

Like DVA, the NDIS will not fund supports or services in some instances – particularly when services are not directly related to an accepted injury or disability. Instance the NDIS will not fund services includes when services are:

- the responsibility of another government system or community service
- not related to the person's disability
- relates to day to day living costs that are not related to a participant's support needs

[203] Comcare (2020). *Rehabilitation programs*. Available at: https://www.comcare.gov.au/claims/getting-you-back-to-work/rehabilitation-programs
[204] Comcare (2021). *Workplace rehabilitation services*. Available at: https://www.comcare.gov.au/claims/supports-benefits/rehabilitation
[205] Comcare (2020). *Suitable employment*. Available at: https://www.comcare.gov.au/claims/getting-you-back-to-work/suitable-employment
[206] Comcare (n.d.). *Supports for your recovery and benefits*. Available at: https://www.comcare.gov.au/claims/supports-benefits
[207] Comcare (n.d.). *Workplace rehabilitation services*. Available at: https://www.comcare.gov.au/claims/supports-benefits/rehabilitation
[208] Comcare (2021). *Medical treatment*. Available at: https://www.comcare.gov.au/claims/supports-benefits/medical-treatment
[209] Comcare (2020). *Attendant care services*. Available at: https://www.comcare.gov.au/claims/supports-benefits/attendant-care
[210] Comcare (2020). *Household services*. Available at: https://www.comcare.gov.au/claims/supports-benefits/household-services
[211] Comcare (2020). *Aids, appliances and modifications*. Available at: https://www.comcare.gov.au/claims/supports-benefits/aids-applications
[212] Comcare (2019). *Travel costs*. Available at: https://www.comcare.gov.au/claims/supports-benefits/travel-costs

- likely to cause harm to the participant or pose a risk to others.[213]

The NDIS provides funds directly to clients with intellectual, physical, sensory, cognitive and psychosocial disability – including early intervention support to reduce the impacts of disability or developmental delay and to build their skills and independence.[214] The NDIS will fund services and supports to pursue goals, objectives and aspirations, to increase independence, to increase community and workplace participation and to develop capacity to actively take part in the community.[215] These supports may include daily personal activities, transport to enable participation in community, social, economic and daily life, workplace help to allow participants to successfully get or keep employment, therapeutic supports including behaviour supports, help with household tasks, help to a participant by skilled personnel in aids or equipment assessment, home modification design and construction, mobility equipment and vehicle modification.[216,217] The NDIS funding of needs-based support services is generally in line with the approaches of DVA and Comcare when considering the range of services.

7.2 Income support and other financial compensation is comparable between DVA and Comcare

As part of the broader DVA offering, Australian veterans can access income support and financial compensation.

DVA offers a number of benefits and payments[218] for economic loss due to the inability, or reduced ability, to work because of injury or disease that has been accepted as service related:

- **Incapacity benefits**.[219] Payments under the MRCA and the DRCA for economic loss due to the inability, or reduced ability, to work because of injury or disease that has been accepted as service related. Incapacity benefits represent the difference between normal earnings and actual earnings at the time of being incapacitated for service or work. Recipients are entitled to 100% of the difference between normal earnings and actual earnings for the first 45 weeks of incapacity. After 45 weeks payment is the difference between a percentage of normal earnings and actual earnings varying between 75% and 100%, depending on the number of hours worked each week.
- **Permanent impairment payments**. Payments under the MRCA[220] and the DRCA[221] as compensation for any permanent physical and/or mental impairment in combination with any lifestyle restrictions which the person may be suffering as a result of injuries or diseases which have been accepted by DVA. Clients under the MRCA are assessed by calculating their overall percentage of impairment using the *Guide to Determining Impairment and Compensation (GARP M)*, and payments are calculated by

[213] National Disability Insurance Scheme (2021). *Supports funded by the NDIS*. Available at: https://www.ndis.gov.au/understanding/supports-funded-ndis
[214] National Disability Insurance Scheme (2021). *How the NDIS works*. Available at: https://www.ndis.gov.au/understanding/how-ndis-works
[215] National Disability Insurance Scheme (2019). *Reasonable and necessary supports*. Available at: https://www.ndis.gov.au/understanding/supports-funded-ndis/reasonable-and-necessary-supports
[216] National Disability Insurance Scheme (2021). *Supports funded by the NDIS*. Available at: https://www.ndis.gov.au/understanding/supports-funded-ndis
[217] National Disability Insurance Scheme (2021). *Plan budget and rules*. Available at https://www.ndis.gov.au/participants/creating-your-plan/plan-budget-and-rules
[218] Department of Veterans' Affairs (2021). *Overview of DVA benefits and services*. Available at: https://www.dva.gov.au/about-us/overview/overview-dva-benefits-and-services#incapacity-benefits
[219] Department of Veterans' Affairs (2020). How we calculate incapacity payments. Available at: https://www.dva.gov.au/financial-support/income-support/support-when-you-cannot-work/how-we-calculate-incapacity-payments
[220] Department of Veterans' Affairs (2021). Benefits if you were permanently injured. Available at: https://www.dva.gov.au/financial-support/compensation-claims/claims-if-you-were-injured-after-30-june-2004/benefits-if-you
[221] Department of Veterans' Affairs (2022). Support under the DRCA. Available at: https://www.dva.gov.au/financial-support/compensation-claims/claims-if-you-were-injured-1-july-2004/drca/support-under

multiplying the maximum weekly rate of compensation by the relevant compensation factor. Additional tax-free lump sums may also be considered. Clients under the DRCA are assessed under Comcare's *Guide to the Assessment of the Degree of Permanent Impairment*, and payments are a tax-free lump sum – an additional Severe Injury Adjustment lump sum may also be payable if the assessed degree of impairment is at least 80%.

- **Veteran Payment**.[222] Short-term financial support to eligible veterans who have an undetermined claim for a mental health condition under either the DRCA or the MRCA and are incapable of working for more than eight hours per week. Veteran payment can also be paid to partners. The veteran payment is subject to an income and assets test.
- **Income support (service pension)**.[223] A service pension is regular income that can be paid to veterans with qualifying service on the grounds of age or invalidity, and to eligible partners, widows and widowers. The amount received is calculated subject to an income and assets test and whether the client is single or partnered.
- **Disability compensation**.[224] Paid under the VEA to compensate veterans for injuries or diseases caused or aggravated by war service or certain defence service rendered before 1 July 2004. The amount paid is non-taxable and is calculated on the level of incapacity – the more incapacitated the higher the amount of pension received.
- **War widow(er)s pension and orphan's pension**.[225] Paid under the VEA to compensate widowed partners and orphans of veterans who have died as a result of war service or eligible defence service.
- **Compensation following death**. Compensation may be paid under the MRCA[226] and similarly under the DRCA[227] to the dependants of a deceased member or former member of the ADF whose death relates to injuries and disease related to their service.
- **Housing and loan assistance**.[228] The Defence Home Ownership Assistance Scheme (DHOAS) assists current and former ADF members and their families to achieve home ownership, by providing eligible current and former serving members of the Permanent Force and the Reserves with a subsidy on the interest of their home loans.
- **Defence Service Homes Insurance Scheme**.[229] Provides home, contents and other personal insurance to current and former members of the ADF with at least one day of service.

[222] Department of Veterans' Affairs (2021). Veteran Payment overview. Available at: https://www.dva.gov.au/financial-support/income-support/support-when-you-cannot-work/veteran-payment-overview
[223] Department of Veterans' Affairs (2022). *Service pension overview*. Available at: https://www.dva.gov.au/financial-support/income-support/service-pension/service-pension-overview
[224] Department of Veterans' Affairs (2021). Overview of disability pensions and allowances. Available at: https://www.dva.gov.au/financial-support/income-support/support-when-you-cannot-work/pensions/disability-pensions-and-7
[225] Department of Veterans' Affairs (2021). *Pension for orphans and war widow(er)s*. Available at: https://www.dva.gov.au/financial-support/support-families/pension-orphans-and-war-widowers
[226] Department of Veterans' Affairs (2022). *Compensation for dependants under the MRCA*. Available at: https://www.dva.gov.au/financial-support/support-families/compensation-dependants-under-mrca
[227] Department of Veterans' Affairs (2020). *How to make a claim under the DRCA*. Available at: https://www.dva.gov.au/financial-support/compensation-claims/claims-if-you-were-injured-1-july-2004/drca/how-make-claim
[228] Department of Veterans' Affairs (2022) *Welcome to DHOAS.* Available at: https://www.dhoas.gov.au/; Department of Veterans' Affairs (n.d.) *About DHOAS.* Available at: https://www.dhoas.gov.au/step-1.-learn-about-dhoas.html
[229] Department of Veterans' Affairs (2022). *Defence Service Homes Insurance Scheme.* Available at: https://www.dva.gov.au/financial-support/income-support/help-buy-property-or-find-accommodation/defence-service-homes#how-you-can-access-dsh-insurance

DVA provides additional financial support when compared to Comcare, however the process to access financial support through Comcare, and the types and levels of support, are comparable.

The NDIS clearly states it does not provide income support[230] – a significant difference compared to DVA and Comcare – so is not used as a comparator here.

Comcare offers two key financial supports:

- **Incapacity payment**.[231] This is designed to compensate for loss of income until recovery from a work-related injury or illness while participating in a rehabilitation program. It provides a full benefit – 100% of normal weekly earnings in the first 45 weeks after an injury. Following 45 weeks, if the client is unable to work at pre-injury capacity, the incapacity payment is calculated based on the percentage of actual hours worked during the week. These payments are taxable based on individual income tax rates before the payment is processed.
- **Permanent impairment compensation**.[232] For a claimant of permanent impairment compensation, a claims manager will consider if the individual has experienced a permanent loss, loss of use, damage or malfunction of a part of their body, bodily system or function, or part of a bodily system or function. The degree of impairment is described as a percentage based on the concept of Whole Person Impairment and is assessed by a medical practitioner to determine if the degree of impairment meets the threshold for compensation. The amount of compensation is determined by the *Safety, Rehabilitation and Compensation Act 1988*.[233]

Both DVA and Comcare provide incapacity benefits/payments for loss of income and provide 100% of normal weekly earning up to 45 weeks, and the potential for reduced payment after 45 weeks. These payments are taxable when the income they are intended to replace is taxable.

DVA and Comcare also both require medical professionals make permanent impairment assessments using structured assessment guides with permanent impairment point systems determining levels of compensation, with DVA using Comcare's guide for clients under the DRCA.

Table 4 (overleaf) compares needs-based supports and income supports provided by DVA, NDIS and Comcare.

SECTION 7 CONSIDERATION FOR DVA

When considering domestic comparators, DVA should be cognisant that its client profile – Australian veterans – is unique due to their service as part of the ADF, and for many veterans return to work after an injury involves first transitioning to civilian life and then potential civilian employment, which is not the experience of Comcare or NDIS clients. Therefore, the breadth of DVA's services and income support options is likely appropriate.

[230] National Disability Insurance Scheme (2021). *What types of support can't be funded or provided under the NDIS*? Available at: https://ourguidelines.ndis.gov.au/how-ndis-supports-work-menu/reasonable-and-necessary-supports/how-we-work-out-if-support-meets-funding-criteria/what-types-supports-cant-be-funded-or-provided-under-ndis

[231] Comcare (2021). *Income support*. Available at: https://www.comcare.gov.au/claims/supports-benefits/income-support

[232] Comcare (2021). *Long-term injury or impairment*. Available at: https://www.comcare.gov.au/claims/supports-benefits/long-term-injury

[233] Federal Register of Legislation (2019). *Safety, Rehabilitation and Compensation Act 1988*. Available at: https://www.legislation.gov.au/Details/C2019C00158/Html/Text#_Toc7535738

Table 4 | DVA income support and other services in contrast to Comcare and NDIS

	Services	DVA: Rehabilitation offer / Broader DVA services	Comcare	NDIS
Income support	Incapacity Benefits	● *For economic loss due to inability to work*	●	*Beyond the scope of the NDIS purpose and service*
	Permanent Impairment payments	● *For physical and/or mental impairment with lifestyle restrictions*	●	
	Payments – Veteran Payment	● *Interim payment during claim determination*	*Not relevant to Comcare context*	
	Pensions – Income Support (service pension)	● *For people with limited means (age or invalidity)*		
	Pensions – Disability Compensation	● *Paid under VEA*		
	Pensions – War widow(er)s and orphans	● *Paid under VEA*	*Not relevant to Comcare context*	
	Compensation following death	●	●	
	Housing and Loans Assistance	●		
	Defence Service Homes Insurance Scheme	●		
Other services offered	Health care – facilitate access to services	● *Provides treatment for any eligible mental health condition (generous eligibility criteria and regardless of the cause) and treatment for any condition under the VEA and MRCA where a veteran, widower or child is eligible for a gold card.*	● *Provides treatment for accepted health conditions*	
	Transport	● *To fund transport to and from medical appointments*	● *To reimburse travel costs to and from medical treatments needed because of workplace injury or illness*	● *Transport to enable participation in community, social, economic and daily life*
	Mental Health	●		
	Household Services	●	●	●
	Community Nursing	●		● *If relevant to eligible disability*
	Attendant Care	●	●	●
	Respite Care and Carer Support	●		●

	Services	DVA: Rehabilitation offer / Broader DVA services	Comcare	NDIS
	Rehabilitation Appliances Program	●	●	●
	Vehicle assistance and modifications	●	●	●
	Rehabilitation	●	●	●
	Family Support Package for Veterans and their Families	●		*NDIS funds may be used for respite*
	Veteran Support Officers	●		*National Disability Insurance Agency offers support & information to disability community & service providers*

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