The Office of Australian War Graves (OAWG), as an agent for the Commonwealth War Graves Commission, maintains more than 22,000 graves of casualties of the two world wars in over 1,000 sites in Australia and Papua New Guinea. The OAWG also provides and maintains official commemorations for veterans who died post-war of causes related to their war service. There are more than 322,000 official post-war commemorations within Australia.
A signwriter works on a cross at a war graves maintenance unit in Sydney, 1946. (AWM 129296)
Secretary’s report

One hundred years ago, the Repatriation Commission was created to care for veterans and their families and to honour their service and sacrifice.

A century on, we are as committed to that mission as ever. We are putting veterans and their families first.

I am proud of what the Department of Veterans’ Affairs (DVA), the Repatriation Commission and the Military Rehabilitation and Compensation Commission have achieved over the past year. It therefore gives me great pleasure to present their 2017–18 annual reports.

In doing so, I must acknowledge the contribution of my predecessor, Simon Lewis PSM, and thank him for his years of committed service to DVA and to the Australian Public Service more generally. My thanks go to DVA’s staff, too, for their dedication to the task of better serving veterans and their families over the past 12 months.

A key part of our efforts has been to ensure that DVA understands the unique nature of military service and the impact it can have on current and former service personnel and their families.

We continue to build on this understanding by working collaboratively with veterans, through events such as the Younger Veterans—Contemporary Needs Forum and the Female Veterans and Veterans’ Families Policy Forum, to develop improved programs and processes.

We want to ensure that our nation designs the best support and services to meet the needs of current and former service personnel and their families. We need to be the best that we can be in our second century.

I am proud to say that, during the past year, we have moved on from establishing our priorities for our transformation to implementing initiatives that are making a real difference.

We are processing claims much more quickly as a result of the launch of our web-based claims system, MyService, and the digitisation of paper files.

We have also undertaken work to ensure that veterans who submit a claim relating to one of 40 conditions we know are related to service will receive a response in an average of 20 days or less, rather than the previous average time frame of 100 days.

We are connecting with veterans earlier so that we can let them know how we can help them before they need us, rather than after the fact. Through information sharing with Defence, we are now in touch with new Australian Defence Force (ADF) members from the day they join up.

This early connection with our veterans means that we will know them personally rather than viewing just their claims or transactions. It will help us to shift our focus to the wellbeing of veterans and their families—to thinking proactively about, supporting, responding to and respecting their needs.
The past year also saw an intense period of commemoration as part of the Anzac Centenary Program. This work is helping us to achieve our goal of increasing national awareness about the importance of reflecting through commemoration, respecting all who have served or been touched by the service of a loved one and remembering through education and awareness.

The 2018–19 year will be pivotal in continuing this important work. I look forward to collaborating with DVA staff and veterans and their families over the coming year to implement initiatives that will build on the achievements of 2017–18.

The year ahead

In the most recent Budget, the Australian Government provided $112 million to continue DVA’s transformation to better serve veterans and their families.

As we enter the second full year of our transformation, we will:

• further expand MyService to add claim types and client groups, making it easier for veterans to get the help they need
• continue to make it easier for veterans to get information about DVA support and services, particularly through new face-to-face contact points and faster, more direct telephone access
• support the implementation of new foundational ICT, including new systems for managing education schemes, income support and data and analytics
• scope future compensation and rehabilitation service delivery, including complex case management
• embed analytics tools into our systems to help DVA identify and offer relevant services to veterans
• continue to digitise our records
• continue to build our capacity to manage change and develop a change-ready workforce.

The Veterans and Veterans Families Counselling Service is being rebranded, as Open Arms—Veterans and Families Counselling, to increase awareness of its services, and of expanded eligibility to access them, among the veteran community. As Open Arms, it will strengthen its delivery of mental and social health support and roll out new and improved group programs.

We will make sure that the right governance structures are in place so that our transformation work is integrated with the Department’s existing programs and processes.

As our services improve, we need to make sure veterans and their families know about how the changes affect them, from how they can benefit to how they can use our new systems and processes. We will get these messages across in innovative ways during 2018–19.

I am also committed to maintaining and building strong and productive partnerships with all our stakeholders—from ex-service organisations, community groups and service providers to our Australian Government partners, including Defence, and our state government counterparts.

Making it easier for currently serving ADF members to transition to civilian life will remain a major focus of DVA’s work during 2018–19. The majority of former ADF members go on to either an active retirement or a successful civilian career after they leave the Navy, Army or Air Force, but there are always challenges along the way, given the unique nature of military service.
In some cases, injury or illness can impact greatly on the transition. It is up to DVA to make sure that veterans get the support they need, when they need it.

In 2018–19, the Transition and Wellbeing Research Programme will complete its research, providing us with a new evidence base for designing and delivering services to support veterans during transition.

The Prime Minister’s Veterans’ Employment Program will continue to raise awareness of the valuable attributes that former ADF personnel bring to roles outside the service. In the 2018–19 Budget, the Government provided $4 million for DVA to continue the Prime Minister’s Veterans’ Employment Program and $4.3 million for additional services to help veterans into the civilian workforce.

Transition will be a major theme of the Invictus Games 2018, which will take place in Sydney in October. The games use the power of sport to motivate recovery and generate a wider understanding of the sacrifices made by the people who serve their country. They also recognise the significant contribution that family and friends make in supporting veterans.

As a major global event for the veteran community, the games provide a significant and relevant platform to discuss veterans’ issues with national and international partners. In association with the games, DVA will deliver a symposium to explore the themes of the transition of defence personnel from service and the wellbeing of serving personnel, and forums on families and employment. The Minister for Veterans’ Affairs will also host a conference on veterans’ issues with international counterparts and a ministerial roundtable with state and territory colleagues during the games period.

**Mental health and suicide prevention**

Mental health support and research will continue to be high priorities for DVA during 2018–19. We will begin to implement a suite of initiatives announced in the 2017–18 Budget to improve the delivery of mental health support to discharging ADF members from the earliest stage of their transition, to extend eligibility for free mental health services to reservists, and to provide counselling and assistance to the families of veterans.

Over the coming year, we will also:

- continue to follow up and implement recommendations from the Senate committee inquiry into suicide by veterans and ex-service personnel
- launch a pilot to support the prevention of suicide in the veteran and ex-ADF community in partnership with beyondblue
- implement a trial of the use of assistance dogs for veterans with posttraumatic stress disorder
- conduct consultation forums for veterans who took mefloquine while in service
- review our mental health and social health strategies to align with those of Defence and DVA’s transformation program
- deliver outcomes of research into homelessness in the veteran community.
Reviews of DVA

In June 2018, the Australian National Audit Office tabled its performance audit on the efficiency of service delivery to veterans by DVA. The report made six recommendations relating to the management, quality and timeliness of DVA’s veterans’ rehabilitation and compensation claims processes. Work to address the recommendations has begun and will continue throughout 2018–19.

The Australian Government has initiated two reviews into the delivery of services and support for veterans and their families, to be conducted in 2018–19.

The Government asked the Productivity Commission to conduct a significant and broad-ranging review into the compensation and rehabilitation system of support for veterans and their families, and to establish whether the system is ‘fit for purpose’ now and into the future. The inquiry will also have specific focuses on DVA’s governance arrangements, administrative processes and service delivery and the use of Statements of Principles in compensation claims.

The Government allocated $1.7 million over 12 months to fund the Veterans’ Advocacy and Support Services Scoping Study. The study is being led by the former Chair of the Defence Abuse Response Taskforce, Robert Cornall AO. Mr Cornall will talk to younger veterans, female veterans, veterans’ families, ex-service organisations and the broader Defence community in coming months. The latest research will be reviewed, veterans’ advocacy services in other countries will be examined, and advocacy models in other areas—such as the legal services, community and disability sectors—will be looked at.

DVA will also conduct reviews in areas such as:

- the mental health impacts of compensation claim assessment processes
- veteran-specific online training programs for health professionals
- training programs for DVA staff
- DVA’s use of medico-legal firms for compensation claims assessment.

These and other upcoming reviews will provide invaluable insights into how we can continue to improve and expand the services we provide.

A note to veterans and their families

As we reflect on what has been achieved over the past year and on the work that lies ahead for DVA, I would like to take the opportunity to thank the people we serve—Australia’s former and serving ADF personnel, and their families.

I know that DVA has not always met your expectations. I acknowledge that sometimes we have not made the right decisions or been the best we can be.

Our greatest challenge is to rebuild the trust between us. You are the reason we are here, and the reason we will continue to strive to do better.

Thank you for your service.

Liz Cosson
Secretary, Department of Veterans’ Affairs
President, Repatriation Commission
Chair, Military Rehabilitation and Compensation Commission
Chief Operating Officer’s report

As we mark 100 years of repatriation in Australia, DVA is refocusing its efforts to put veterans and their families first.

Through our transformation, we are adapting our operating model, changing the way we deliver services and working out better ways to communicate about what we do.

These technological and organisational reforms have begun to deliver tangible improvements to the way DVA will provide services and support in its second century. Significant work has already been done to update the Department’s outdated information technology, reform legislation, improve processes and services, and better connect with veterans and their families.

I look forward to working with our Secretary, Liz Cosson AM CSC, and the DVA leadership team as we build on that work to ensure that the Department is prepared for the next hundred years.

Transforming DVA

Transformation is about putting veterans and their families first, delivering the services they need where and when they need them. We aim to rebuild trust in the help and services we provide, restoring confidence that the wellbeing of veterans and their families is our true focus and that we are genuinely here to help.

Veterans can now tell us about what they need up front and start accessing services much more quickly, without needing to wait around 100 days for claims to be processed.

Since the beginning of 2017–18, DVA has consulted around 2,000 members of the veteran community about how we can make our systems better. DVA staff have provided their input, too.

We are making information about DVA’s services more easily available to veterans and their families. We are offering a call back service, and providing information in rural and regional areas through partnerships with other departments that provide government services to those communities. This means that veterans who may otherwise have missed out on help are now getting opportunities to connect.

We are making help available online so that busy people can use their mobile devices to access what they need and do not have to fill in forms or deal with complex paperwork. A telephony consolidation project, pilot activities to make it easier for veterans and their families to learn about DVA’s programs, and a departmental website relaunch are among the many other initiatives underway.

Improving the claims process

During 2017–18, we saw a significant reduction in claims processing times. Until recently, making a claim was a lengthy and complicated process involving a 36-question form.

Now, through our online claims processing system MyService, most veterans and currently serving ADF members can submit a DVA claim online at any time. They need only answer a handful of questions after establishing their identity, and their claim is determined much more quickly.
In a change that will make it easier for DVA to connect with veterans, all ADF members who have joined the services since 2016 are now registered with DVA, and new members will be automatically registered when they join. This important development has come about through information sharing between DVA and Defence.

We have also streamlined our claims processing for 40 conditions. Under these arrangements, claims for conditions that have high historical acceptance rates or that can be accepted on the basis of known physical training activities in the ADF are processed with little or no investigation by delegates.

The ongoing implementation of our Improving Processing Systems Program has delivered a single rehabilitation and compensation processing system that will enable the future decommissioning of 18 separate legacy systems. This has improved claims processing times, as has the digitisation of records and correspondence. Moving from paper files to digital records is enabling us to provide support to veterans more quickly.

**Mental health and suicide prevention**

Supporting the mental health needs of our veterans continues to be a significant focus for DVA.

Through our Non-Liability Health Care (NLHC) program, free treatment for mental health conditions is available for eligible former and serving ADF members without the need to provide a formal medical diagnosis. They can apply for this support online at any time, day or night.

The expansion of NLHC eligibility was a key measure of the 2017–18 Budget. NLHC now offers treatment for all mental health conditions for people with just one day of continuous full-time service in the ADF. Families of those eligible for NLHC now also have access to the range of counselling and support services offered through the Veterans and Veterans Families Counselling Service (VVCS).

The 2018–19 Budget further extended NLHC eligibility to reservists who have service in domestic or international disaster relief or border protection or who have been involved in a serious service-related training accident.

The 2017–18 financial year saw the release of the Government’s responses to the Senate Foreign Affairs, Defence and Trade References Committee’s 2017 report *The constant battle: suicide by veterans* and recommendations tabled following the joint DVA–Defence review into the management of Mr Jesse Bird’s case.

In the 2017–18 Budget, an additional $31 million was allocated to support veterans’ mental health, covering five measures:

- $16.1 million over four years to fund the veteran payment, a new payment for veterans who have mental health conditions that prevent them from working while waiting for liability claims to be processed
- $7.1 million over four years to extend support to families of veterans
- $2.1 million over four years to provide annual health assessments for former ADF members in the first five years after their discharge
- $4 million over two years to pilot a case management service for transitioning and recently discharged ADF members, and veterans requiring additional support
- $1.7 million over one year to undertake a scoping study to professionalise veterans’ advocacy.
The veteran payment took effect on 1 May 2018 and means that veterans and their families can now access an interim income support payment while awaiting a liability decision on mental health.

The measure to further support families also commenced on 1 May 2018, and includes:

- expanded childcare arrangements for
  - veterans who have returned from warlike service since 1 July 2004 and are in receipt of incapacity payments and participating in a DVA rehabilitation program under the Military Rehabilitation and Compensation Act 2004 (MRCA)
  - the spouses or partners of veterans who were killed in recent conflicts or committed suicide after returning from warlike service
- counselling support for the immediate family members of MRCA veterans, along with assistance to enable the family to maintain its connections to community, employment and social interactions, and assistance to manage within a budget
- home assistance and counselling support to assist spouses and partners to adjust to life after the loss of their partner.

In September 2017, the Government announced a new centre for research into posttraumatic stress disorder. The $6 million Centenary of Anzac Centre will be operated by Phoenix Australia – Centre for Posttraumatic Mental Health. The Centenary of Anzac Centre provides an opportunity for strong national collaboration—between researchers, clinicians, ex-service organisations and all agencies caring for veterans—to find new solutions and improve care.

VVCS, our nationally accredited mental health service, continued to deliver its 24-hour, seven-day-a-week mental health support service to current and former ADF personnel and their families across Australia. In addition, VVCS:

- extended access to counselling services to current or former ADF members' partners, dependants and immediate family members
- developed and implemented an escalation service to enhance the management of support for individuals who have complex clinical needs or who are at risk of suicide
- engaged additional senior mental health professionals across Australia to enhance the ability for VVCS to provide clinical case management
- updated and simplified privacy and consent forms, with the assistance of the VVCS National Advisory Committee
- piloted community engagement teams that included lived experience mental health peers in the northern Queensland and New South Wales – Australian Capital Territory regions
- significantly upgraded the client management system that supports and networks the 1,300 mental health professionals working for VVCS
- developed new satellite centres across Australia.

Transition from the ADF

In 2017–18, DVA and Defence continued to work together to better support transitioning ADF members.

The Prime Minister’s Veterans’ Employment Program has maintained its momentum. The inaugural Prime Minister’s Veterans’ Employment Awards were held in March 2018 and were a great success. The awards recognise organisations that employ or support veterans, as well as the significant contributions being made by veterans in the civilian workplace.
All eligible transitioning ADF members are now being issued with DVA White Cards, which will give them access to mental health treatment paid for by DVA through NLHC.

During 2017–18, the Transition and Wellbeing Research Programme—jointly funded by DVA and Defence—completed the first stages of its research examining the health and wellbeing of ADF personnel during service and following their transition back into civilian life. The first two reports, *Mental health prevalence* and *Pathways to care*, were released in April 2018.

**Commemorations**

The Sir John Monash Centre, near Villers-Bretonneux, France, was officially opened on 24 April 2018. The centre honours more than 295,000 Australian soldiers who served on the Western Front, and 46,000 who died there, in the First World War. The centre was officially opened by the then Prime Minister of Australia, the Hon Malcolm Turnbull MP, and the Prime Minister of France, Édouard Philippe.

During 2017–18, DVA held international commemorative events for the centenaries of:

- the Battle of Polygon Wood, in September 2017
- the Battle of Beersheba, Sinai–Palestine Campaign, in October 2017
- the Battle of Villers-Bretonneux, in April 2018.

DVA was also involved in domestic commemorations of:

- the 75th anniversaries of the Battle of Milne Bay; the Battle of El Alamein and the culmination of the North Africa Campaigns; the Battle of Kokoda and the Battle of the Beachheads; and the Battle of the Atlantic
- the 70th anniversary of Australian peacekeeping
- the 50th anniversary of the Battles at Fire Support Bases Coral and Balmoral.

Looking back on the final year of the Anzac Centenary commemorative period, I would like to thank the many staff involved, past and present, for their contribution to its success.

**Century of repatriation**

Following the First World War, the then Prime Minister, the Rt Hon William Morris Hughes, made a promise that the Commonwealth Government would look after the interests of Australia’s returned soldiers.

Australia’s Repatriation Commission was created on 8 April 1918, marking the beginning of the important work that DVA continues today.

Just as the Commission’s ability to fulfil its mission depended on the contribution of its staff in that first year, what we were able to achieve in 2017–18 is a reflection of the dedication and enthusiasm of the men and women who work for the Department today.

I am proud to be among them, as we strive to improve services for veterans and their families for the next century.

**Mark Cormack**
Deputy Secretary, Chief Operating Officer
Department of Veterans’ Affairs
Portfolio

The Veterans’ Affairs portfolio is responsible for providing a range of programs of care, compensation, income support and commemoration for the veteran and defence force communities and their families.

Department and statutory commissions

This annual report covers the work of three entities in the Veterans’ Affairs portfolio:

- Department of Veterans’ Affairs—the primary agency responsible for developing and delivering programs and services that assist the veteran and defence force communities, in accordance with the Veterans’ Entitlements Act 1986 (VEA), the Military Rehabilitation and Compensation Act 2004 (MRCA), the Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (DRCA), the Defence Service Homes Act 1918 and the War Graves Act 1980
- Repatriation Commission—the policy body responsible for the administration of the VEA and its range of compensation and income support pensions, allowances and other health care services
- Military Rehabilitation and Compensation Commission (MRCC)—the policy body responsible for the administration of the MRCA and the DRCA (as it relates to current and future ADF members and their families); the assistance provided under these Acts includes permanent impairment payments, incapacity payments, and health care and rehabilitation programs.

The Repatriation Commission and the MRCC are vested with broad powers to enable them to carry out their functions and duties. The Commissions also have specific powers to enter into contracts, deal with real or personal property, undertake building works and engage persons to perform services. The Commissions have no staff of their own; DVA staff are provided by the Secretary of the Department in order for the Commissions to perform their roles.

The provision of financial support in the form of pensions, allowances, benefits and treatment to veterans and their families is a responsibility of the Department but is overseen by the Commissions. The Commissions also assist in determining policy, identifying anomalies, considering whether matters should be appealed, advising the Minister for Veterans’ Affairs and the Parliament, liaising with the veteran community, and collaborating with Defence, Comcare and other government agencies.

Under the VEA, the Secretary of DVA may be appointed as the President of the Repatriation Commission. By convention, the Secretary of the Department is appointed to this statutory role to ensure alignment of the functions and objectives of the Commissions and the Department. By virtue of the appointment as the President of the Repatriation Commission, the Secretary is also the Chair of the MRCC.

The Deputy President of the Repatriation Commission performs several roles for the Commissions and the Department. First, as a full-time member of the Repatriation Commission, the Deputy President participates in and contributes to all Repatriation Commission meetings. Under the provisions of the MRCA, the Deputy President is also a member of the MRCC. In addition, the Deputy President assists the Secretary in managing the Department.
The Services member, also known as the Repatriation Commissioner, is appointed by the Governor-General (on advice from the Minister for Veterans’ Affairs) from a list of names provided by the ex-service community. As Services member, the Commissioner has special responsibility for representing the views of that community in the Commission’s considerations. By convention the Commissioner is also appointed as a member of the MRCC.

The Repatriation Commissioner is a member of the executive management team of DVA and has a key role in managing the Veterans and Veterans Families Counselling Service, the Applied Research Program, the National Consultative Forums, commemorative grants and commemorative activities.

Other portfolio entities

Several independent entities provide specialist oversight to assist in administering veterans’ entitlements, while the Australian War Memorial plays a unique role in commemorations. More information on these separate entities, including annual reports on performance, is available from their websites.

Repatriation Medical Authority

The Repatriation Medical Authority (RMA) is an independent statutory authority. Its role is to determine Statements of Principles (SOPs) for any disease, injury or death that could be related to military service, based on sound medical–scientific evidence. SOPs are binding on decision-makers or review bodies determining liability for compensation under the VEA or MRCA.

More information about the RMA and the SOPs is available at www.rma.gov.au.

Specialist Medical Review Council

The Specialist Medical Review Council (SMRC) reviews the RMA’s decisions on SOPs and directs or recommends that the RMA amend the SOPs. The SMRC consists of eminent medical practitioners and medical scientists appointed as councillors by the Minister for Veterans’ Affairs and selected by the Convenor of the SMRC on the basis of their expertise in the injury or disease relevant to the SOPs being reviewed. More information about current and past reviews is available at www.smrc.gov.au.

Veterans’ Review Board

The Veterans’ Review Board reviews certain decisions made under the VEA and the MRCA. More information on the board is available at www.vrb.gov.au.

Australian War Memorial

The Australian War Memorial maintains and develops the national memorial to Australians who have died in wars or warlike operations. It also develops, maintains and exhibits a national collection of historical material, and conducts and fosters research into Australian military history.

More information on the Australian War Memorial is available at www.awm.gov.au.
**Portfolio ministers**
The portfolio is administered by the Minister for Veterans’ Affairs.
The Hon Darren Chester MP was appointed to the position of Minister for Veterans’ Affairs on 5 March 2018.
During 2017–18, the position was also held by:
- the Hon Michael McCormack MP, from 20 December 2017 to 5 March 2018
- the Hon Dan Tehan MP, from 18 February 2016 to 20 December 2017.

**Department**
The Department’s role is to support those who serve or have served in the defence of our nation and commemorate their service and sacrifice.

**Legislation**
Most of the Department’s work in 2017–18 was related to the administration of the following Acts and their related instruments:
- Anzac Day Act 1995
- Australian War Memorial Act 1980
- Defence Service Homes Act 1918
- Military Memorials of National Significance Act 2008
- Military Rehabilitation and Compensation Act 2004, except to the extent administered by the Minister for Defence
- Safety, Rehabilitation and Compensation Act 1988, Part XI except for sections 143(2) and (3), 144(4), 149, 150, 153(2), 156, 158 and 159—until 12 October 2017
- Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988—from 12 October 2017
- Veterans’ Entitlements Act 1986


**Performance framework**
In 2017–18, DVA achieved the three purposes set out in the DVA Corporate Plan 2017–2021 through the corresponding outcomes set out in the DVA Portfolio Budget Statements 2017–18, as shown in Figure 1.

**Organisation**
DVA’s organisational structure was refreshed in 2017–18 as part of the Department’s ongoing program of transformation to better meet the needs of veterans and their families. Figure 2 outlines the organisational structure of the Department at 30 June 2018.
### OUTCOME 1: Compensation and Support

Maintain and enhance the financial wellbeing and self-sufficiency of eligible persons and their dependants through access to income support, compensation, and other support services, including advice and information about entitlements.

- **Program 1.1**: Veterans’ Income Support and Allowances
- **Program 1.2**: Veterans’ Disability Support
- **Program 1.3**: Assistance to Defence Widow/ers and Dependents
- **Program 1.4**: Assistance and Other Compensation for Veterans and Dependents
- **Program 1.5**: Veterans’ Children Education Scheme
- **Program 1.6**: Military Rehabilitation and Compensation Acts Payments—Income Support and Compensation
- **Program 1.7**: Adjustment to the Military Rehabilitation and Compensation Acts Liability Provision—Income Support and Compensation

### OUTCOME 2: Health

Maintain and enhance the physical wellbeing and quality of life of eligible persons and their dependants through health and other care services that promote early intervention, prevention and treatment, including advice and information about health service entitlements.

- **Program 2.1**: General Medical Consultations and Services
- **Program 2.2**: Veterans’ Hospital Services
- **Program 2.3**: Veterans’ Pharmaceuticals Benefits
- **Program 2.4**: Veterans’ Community Care and Support
- **Program 2.5**: Veterans’ Counselling and Other Health Services
- **Program 2.6**: Military Rehabilitation and Compensation Acts—Health and Other Care Services
- **Program 2.7**: Adjustment to the Military Rehabilitation and Compensation Acts Liability Provision—Health and Other Care Services

### OUTCOME 3: Commissions

Acknowledgement and commemoration of those who served Australia and its allies in wars, conflicts and peace operations through promoting recognition of service and sacrifice, preservation of Australia’s wartime heritage, and official commemorations.

- **Program 3.1**: War Graves
- **Program 3.2**: Commemorative Activities

### CORPORATE PLAN

**PURPOSE 1: Compensation and Support**

Maintain and enhance the quality of life of clients by improving their financial wellbeing and self-sufficiency through access to income support, compensation and other support services, including advice and information about entitlements.

**PURPOSE 2: Health and Wellbeing**

Maintain and enhance the physical wellbeing and quality of life for clients through health and other care services that promote early intervention, prevention and treatment, including advice and information about health service entitlements.

**PURPOSE 3: Commissions**

Acknowledgement and commemoration of those who served Australia and its allies in wars, conflicts and peace operations through promoting recognition of service, preservation of Australia’s wartime heritage and official commemorations.

**ENABLING SERVICES**

Facilitate the delivery of services to business lines through innovative, seamless, efficient and effective use of resources to support organisational capability.

Our mission: Support those who serve or have served in the defence of our nation and commemorate their service and sacrifice.
Relationships with Commonwealth agencies

DVA enjoys strong relationships with many other Commonwealth entities, managed by clear governance arrangements and focused on the achievement of planned outcomes.

The Department has a longstanding relationship with Defence, which shares responsibility for providing care and support to Australian Defence Force members. To deliver its services to veterans and their families effectively, DVA also works with the departments of Human Services, Health, Social Services, and the Prime Minister and Cabinet; the Digital Transformation Agency; the Australian Government Actuary; and the Australian Institute of Health and Welfare.

DVA’s digital transformation process is supported by cross-government bodies, including the Veteran Centric Reform Interdepartmental Committee, which provides advice about the design and implementation of DVA’s transformation, and the Transformation Program Board, which ensures its successful implementation.

Defence

DVA and Defence work together as the core providers of care and support for ADF members at all stages during and after their careers.

Defence has the lead in caring for and supporting current ADF members, while DVA has the lead in caring for and supporting widows, widowers, dependants and wounded, injured or ill former ADF members. DVA is also responsible for providing compensation and other support to eligible current and former members.

Those roles are detailed in a memorandum of understanding (MOU), which also sets out:

- governing principles for cross-agency processes, funding arrangements, information sharing and communication protocols
- provisions for monitoring the performance of the Support Continuum—a coordinated and integrated support system that extends across Defence and DVA to deliver the required level of care and support to wounded, injured or ill current and former members.

Cooperation between DVA and Defence is managed through two joint committees. The Defence DVA Executive Committee is the principal governing body, and the Defence Links Steering Committee implements the strategic direction set by the executive committee.

Defence and DVA continue to work collaboratively on a range of strategic and operational initiatives to deliver improvements to veteran services and family support.

Department of Human Services

DVA and the Department of Human Services (DHS) are working together to build the ICT infrastructure to support DVA’s future service delivery needs. The two departments are also trialling ways to expand DVA’s service footprint through technology and by leveraging the physical reach of DHS.
Online services

In partnership with DHS, DVA is developing a web service aligned with the Australian Government’s Digital Service Standard. Based on a successful trial of a service enabling children of veterans to submit their claims for education assistance online, the two departments are developing the ICT capability to deliver income payments to around 170,000 veterans.

MyService, a redesign of DVA’s initial claims process, commenced on 3 April 2017, providing veterans and their families with a simpler way to interact online. By 30 June 2018, more than 4,300 people had registered with the service, which is expanding to include all types of claims and enable computer-based decision-making.

Physical services

DVA is piloting new service delivery arrangements to use DHS and Australia Post staff and premises to increase access to services for veterans and their families, particularly those living in regional and rural areas, and to provide opportunities for those who are not yet known to DVA to connect. Work is underway to:

- improve training for DHS service centre staff who deliver services to veterans and their families
- support better services for veterans via the DHS mobile service centres operating in Queensland, New South Wales, Victoria, South Australia, Western Australia and Tasmania
- trial the use of DHS agents at 17 locations in rural, regional and remote areas to provide a basic level of information about DVA and services to veterans and their families.

In 22 locations, DHS provides the Veterans’ Information Service (VIS) for veterans and their families through a shared services arrangement. The VIS directs interested people to a DHS officer trained by DVA to provide general information about its services. DHS VIS officers can access DVA’s information system to respond to specific veteran entitlement enquiries. In 2017, 4,873 visits were made to DHS VIS sites.

Corporate services

During 2017–18, DVA transitioned its internal staff payroll services and human resources system to DHS’s shared services hub. A cross-agency team successfully delivered a complex project that directly impacted over 2,000 staff, involved multifaceted systems and diverse employee entitlements and arrangements, and took into consideration DVA’s agency culture and maturity.

The transition aligns with the Australian Government’s agenda for a smaller, smarter and more productive and sustainable public sector. It has enabled DVA to avoid unnecessary ICT upgrades and ensured that it is ready to comply with future reporting requirements. It enables DVA staff to benefit from greater online functionality and reporting for human resources functions.

A new schedule under the DVA–DHS statement of intent is in place to guide operational governance arrangements.

Department of Health

DVA engages with the Department of Health on policies and programs across the areas of health, aged care and community services. For health care, DVA has regular interactions that cover medical, dental and allied health policy and services, as well as pharmaceutical benefits arrangements. For aged and community care arrangements, DVA has regular interactions that cover joint responsibilities around residential aged care, the Government’s ongoing reforms to aged care, and the interactions between home care programs administered by the two departments.
The Department of Health manages the My Aged Care portal, a central source for Australian Government information on aged care for consumers, carers and service providers. The portal provides links to the DVA website and other information for veterans. DVA participates in joint Australian Government and state and territory government forums that discuss the implementation of the portal and other community and aged care service issues across jurisdictions.

A key pillar of DVA’s digital transformation is the development of an analytics capability that can be used to drive policy and program delivery. DVA is working with the Department of Health to develop an integrated DVA–Health dataset that will inform a whole-of-population view of issues, leading to better health outcomes for all Australians, including veterans.

**Department of Social Services**

DVA engages with the Department of Social Services (DSS) on a range of matters, including carers policy; disability policy, including interactions with the National Disability Insurance Scheme; and income support arrangements, particularly changes to aged care means testing. DVA attends two interdepartmental committees led by DSS: one on disability and the other on carers.

DSS hosts the Community Grants Hub (www.communitygrants.gov.au), an online facility designed to deliver a simpler and more consistent approach to the administration of Australian Government grants. As part of a shared services arrangement, DVA’s grant program was opened for online applications through the hub in early 2018.

**Department of the Prime Minister and Cabinet**

Under an MOU between the departments, DVA receives services from the Department of the Prime Minister and Cabinet’s Behavioural Economics Team of the Australian Government (BETA). DVA is working with BETA to evaluate behavioural approaches designed to provide veterans with earlier access to services better targeted to their needs.

**Digital Transformation Agency**

The Digital Transformation Agency (DTA) is the advisory and assurance body for the implementation of the Australian Government’s Digital Transformation Agenda, and has a role in analysing the impacts of new ICT proposals at the whole-of-government level.

The Department:

- works with the DTA to apply the Digital Service Standard to the design of online services
- seeks advice from the DTA on ICT proposals
- engages with the DTA on myGov work, through the member services forum and related cross-agency governance committees.

**Australian Government Actuary**

DVA has an MOU with the Australian Government Actuary to provide actuarial investigations of the costs associated with the MRCA and DRCA; actuarial investigations of DVA’s leave liabilities and other provisions; and data for DVA’s financial statements and budgeting processes.
The Australian Government Actuary also assists Proactive Interventions, an element of DVA’s digital transformation that includes a framework to enable DVA to understand and monitor the expected outcomes of veterans and their dependants over their lifetimes and, in doing so, identify groups who may benefit from decision-making more closely informed by their lifetime dynamics.

**Australian Institute of Health and Welfare**

DVA has an MOU with the Australian Institute of Health and Welfare to develop a comprehensive profile of the health and welfare of Australia’s ex-serving population.

While DVA has a client–provider relationship with around 20 per cent of today’s ex-serving population, the health and welfare status of the remaining 80 per cent is largely unknown to DVA. The collaboration draws on existing datasets to address the gap.

The data will provide population-level insights into domains such as experience, life course, family functioning, gender and risk factors. These insights could enable reporting on a range of outcomes, including homelessness and long-term unemployment, which will assist DVA to design and plan policy interventions to enhance health and wellbeing outcomes for the ex-service community.

**Approach to service delivery**

DVA is at an important juncture in its 100-year history as it seeks to transform itself into an organisation to meet the needs of the veteran community in the future. The Department is focused on ensuring that DVA serves all veterans and their families in the way that suits them and caters to their specific circumstances.

**Principles**

Our approach to service delivery is guided by the following principles.

**Putting veterans and veterans’ families first**

DVA ensures that processes, practices and methods of engagement are based on the needs of veterans and their families, and reflect the way that they want to access services and seek help from DVA.

**Co-designing policies and services with veterans and their families**

Through forums, surveys and other mechanisms, DVA ensures that veterans and key stakeholders are part of the design of new policies, programs and access arrangements.

**Focusing on wellness, not illness**

DVA’s focus on wellness in transition and rehabilitation builds veterans’ capabilities to engage productively in new employment and maintain their quality of life. A whole-of-life ‘wellbeing’ model provides engagement and reinforcement from the point of enlistment.
Developing the understanding of the impact of military service, including the impact on families

DVA is capturing information to build understanding of veterans’ experiences and the experiences of their families. Understanding these experiences puts DVA in a better position to improve its services. Sharing this information with Defence helps to ensure that strategies are in place to reduce risk and the impact of service, where appropriate.

Leveraging services and capabilities from other agencies

Many organisations provide services to veterans and their families. DVA is committed to working with other government entities and service providers to provide a holistic service offering to veterans and their families.

Tailoring and personalising services for individuals

Rather than relying on one-size-fits-all models and processes, DVA learns from its interactions with veterans and their families to adapt case management processes and customise and tailor its delivery to meet the unique needs of each veteran and their family.

Learning from others, including veterans and the veteran community

DVA is becoming a ‘learning agency’, where its initial position is to learn from others, including veterans and their families and members of the broader veteran community. New ways of engaging and delivering services are emerging as DVA learns more about veterans’ experiences.

Evolving and modernising services and streamlining processes

DVA’s service delivery model needs to change to reflect contemporary practices and the needs and expectations of veterans and their families. This work has started through the Veteran Centric Reform program, and more will happen in coming years to embed a culture that truly supports veterans’ needs.

Empowering staff to achieve the best possible outcomes for veterans and their families

DVA must move from a process-driven, risk-averse delivery framework to one which allows staff greater flexibility in achieving positive outcomes for veterans and their families. Processes which presently paralyse effective outcomes or encourage staff to reject claims need to be overhauled to improve DVA’s culture and outcomes for veterans and their families.

Re-engaging with stakeholders

Re-engaging with veterans and their families and other stakeholders—including ex-service organisations, other service providers and those veterans who do not seek DVA’s help—is critical. Central to this is finding ways that DVA can share its challenges, including those in the policy and legislative environment, and achieve broad agreement on key reforms. New ways to better communicate need to be grasped, and mutual trust will only be reached if DVA first trusts veterans and their families and the stakeholders who support them.
Service Charter

The DVA Service Charter:

• describes the service that people can expect from DVA, including the Department’s standards and service delivery commitments
• provides guidance about people’s rights in dealing with the Department
• outlines how people can provide feedback about their experiences with DVA to assist the Department to continuously improve service delivery.

The charter is available from the Department’s website.

Indigenous Veterans’ Strategy

Through the Indigenous Veterans’ Strategy, DVA identifies and connects with Indigenous veterans and their dependants to ensure that they know of and can access DVA services and benefits. The strategy also supports activities to commemorate and raise awareness of Indigenous veterans’ contribution to the nation through military service.

DVA developed the strategy with an understanding of the cultural impediments that may prevent Indigenous veterans from accessing their DVA entitlements, and with knowledge of the diversity of Aboriginal and Torres Strait Islander cultures.

Snapshot of the veteran community

At 30 June 2018, DVA supported more than 282,000 clients, some through health treatment card entitlements (Gold Card or White Card) and some through other benefits and services.

Overall, VEA client numbers have continued to decline; there has been a 27 per cent reduction in service pensioners over the past four years and a 15 per cent reduction in disability pensioners. This will continue: service pensioner numbers are forecast to decline by 41 per cent and disability pensioner numbers by 15 per cent over the next decade.

In contrast, the number of veterans with an accepted initial liability under the DRCA and MRCA continues to rise. Over the past four years, the number of veterans with an accepted initial liability under the DRCA or its predecessor, the Safety, Rehabilitation and Compensation Act 1988 (SRCA), has increased by 5 per cent, and the number of MRCA veterans has increased by 77 per cent. This overall increase is also shown in the increasing numbers of DRCA and MRCA payments and benefits being accessed, such as an increase of 178 per cent in the number of MRCA veterans who have received a permanent impairment payment.

Despite the significant growth in numbers of MRCA clients, the number of new clients from the VEA, MRCA or SRCA/DRCA has not significantly impacted the overall downward trend in DVA client numbers.

Detailed statistics about the veteran population are published on the DVA website each quarter at www.dva.gov.au/statistics.htm.

Tables 1 to 4 provide additional details of DVA clients, including those receiving certain payments, over time.
Table 1  Clients by age group and location at 30 June 2018

<table>
<thead>
<tr>
<th>Age</th>
<th>NSW</th>
<th>VIC</th>
<th>QLD</th>
<th>SA</th>
<th>WA</th>
<th>TAS</th>
<th>NT</th>
<th>ACT</th>
<th>Overseas</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 25</td>
<td>1,080</td>
<td>591</td>
<td>1,953</td>
<td>254</td>
<td>398</td>
<td>121</td>
<td>147</td>
<td>175</td>
<td>24</td>
<td>4,743</td>
</tr>
<tr>
<td>25–29</td>
<td>1,375</td>
<td>671</td>
<td>2,050</td>
<td>368</td>
<td>411</td>
<td>102</td>
<td>246</td>
<td>198</td>
<td>26</td>
<td>5,447</td>
</tr>
<tr>
<td>30–34</td>
<td>1,798</td>
<td>895</td>
<td>2,569</td>
<td>406</td>
<td>705</td>
<td>151</td>
<td>296</td>
<td>259</td>
<td>43</td>
<td>7,122</td>
</tr>
<tr>
<td>35–39</td>
<td>2,062</td>
<td>1,112</td>
<td>2,840</td>
<td>500</td>
<td>873</td>
<td>262</td>
<td>306</td>
<td>344</td>
<td>71</td>
<td>8,370</td>
</tr>
<tr>
<td>40–44</td>
<td>2,259</td>
<td>1,299</td>
<td>3,373</td>
<td>558</td>
<td>956</td>
<td>267</td>
<td>285</td>
<td>400</td>
<td>92</td>
<td>9,489</td>
</tr>
<tr>
<td>45–49</td>
<td>3,126</td>
<td>1,760</td>
<td>4,519</td>
<td>782</td>
<td>1,430</td>
<td>382</td>
<td>368</td>
<td>586</td>
<td>139</td>
<td>13,092</td>
</tr>
<tr>
<td>50–54</td>
<td>3,009</td>
<td>1,828</td>
<td>4,066</td>
<td>801</td>
<td>1,370</td>
<td>383</td>
<td>281</td>
<td>585</td>
<td>149</td>
<td>12,472</td>
</tr>
<tr>
<td>55–59</td>
<td>3,430</td>
<td>2,094</td>
<td>4,669</td>
<td>995</td>
<td>1,435</td>
<td>425</td>
<td>247</td>
<td>666</td>
<td>145</td>
<td>14,106</td>
</tr>
<tr>
<td>60–64</td>
<td>4,531</td>
<td>2,854</td>
<td>5,505</td>
<td>1,402</td>
<td>1,811</td>
<td>586</td>
<td>151</td>
<td>542</td>
<td>148</td>
<td>17,530</td>
</tr>
<tr>
<td>65–69</td>
<td>9,395</td>
<td>6,237</td>
<td>10,630</td>
<td>3,134</td>
<td>3,551</td>
<td>1,110</td>
<td>228</td>
<td>766</td>
<td>218</td>
<td>35,269</td>
</tr>
<tr>
<td>70–74</td>
<td>11,585</td>
<td>7,831</td>
<td>12,468</td>
<td>3,563</td>
<td>4,457</td>
<td>1,355</td>
<td>226</td>
<td>980</td>
<td>321</td>
<td>42,786</td>
</tr>
<tr>
<td>75–79</td>
<td>5,313</td>
<td>2,971</td>
<td>5,756</td>
<td>1,261</td>
<td>2,134</td>
<td>547</td>
<td>101</td>
<td>544</td>
<td>147</td>
<td>18,774</td>
</tr>
<tr>
<td>80–84</td>
<td>5,345</td>
<td>3,076</td>
<td>4,528</td>
<td>1,199</td>
<td>1,952</td>
<td>530</td>
<td>50</td>
<td>490</td>
<td>130</td>
<td>17,300</td>
</tr>
<tr>
<td>85–89</td>
<td>8,216</td>
<td>5,491</td>
<td>5,439</td>
<td>2,033</td>
<td>2,317</td>
<td>749</td>
<td>49</td>
<td>452</td>
<td>129</td>
<td>24,875</td>
</tr>
<tr>
<td>90 or over</td>
<td>17,122</td>
<td>12,396</td>
<td>9,645</td>
<td>4,798</td>
<td>4,476</td>
<td>1,412</td>
<td>45</td>
<td>696</td>
<td>265</td>
<td>50,855</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>79,666</td>
<td>51,129</td>
<td>80,022</td>
<td>22,063</td>
<td>28,288</td>
<td>8,384</td>
<td>3,027</td>
<td>7,687</td>
<td>2,048</td>
<td>282,314</td>
</tr>
</tbody>
</table>

1 Clients of unknown age are included in the totals only; therefore, these totals are not the sums of the columns.

Note: Includes any person who is in receipt of a pension/allowance from DVA or who is eligible for treatment or pharmaceuticals paid for by DVA.
### Table 2  Numbers of benefit recipients by type of benefit 2013–14 to 2017–18

<table>
<thead>
<tr>
<th></th>
<th>30 June 2014</th>
<th>30 June 2015</th>
<th>30 June 2016</th>
<th>30 June 2017</th>
<th>30 June 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Treatment population</strong></td>
<td>217,562</td>
<td>208,181</td>
<td>200,245</td>
<td>193,968</td>
<td>190,967</td>
</tr>
<tr>
<td><strong>Gold Card</strong></td>
<td>163,578</td>
<td>153,033</td>
<td>143,635</td>
<td>135,263</td>
<td>128,517</td>
</tr>
<tr>
<td><strong>White Card</strong></td>
<td>53,984</td>
<td>55,148</td>
<td>56,610</td>
<td>58,705</td>
<td>62,450</td>
</tr>
<tr>
<td><strong>VEA pensions and allowances</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service pension total</td>
<td>136,138</td>
<td>126,647</td>
<td>118,174</td>
<td>106,970</td>
<td>99,939</td>
</tr>
<tr>
<td>• veterans</td>
<td>71,266</td>
<td>66,016</td>
<td>61,504</td>
<td>55,641</td>
<td>52,011</td>
</tr>
<tr>
<td>• partners</td>
<td>64,902</td>
<td>60,631</td>
<td>56,670</td>
<td>51,329</td>
<td>47,928</td>
</tr>
<tr>
<td>Income support supplement</td>
<td>61,463</td>
<td>56,725</td>
<td>52,292</td>
<td>47,036</td>
<td>42,464</td>
</tr>
<tr>
<td>SSA age pension</td>
<td>3,833</td>
<td>3,658</td>
<td>3,538</td>
<td>3,380</td>
<td>3,225</td>
</tr>
<tr>
<td>Veteran payment</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>159</td>
</tr>
<tr>
<td>Commonwealth Seniors Health Card</td>
<td>5,150</td>
<td>4,698</td>
<td>4,321</td>
<td>7,222</td>
<td>4,098</td>
</tr>
<tr>
<td>Disability pension</td>
<td>101,059</td>
<td>96,493</td>
<td>92,374</td>
<td>88,974</td>
<td>85,811</td>
</tr>
<tr>
<td>War widow/ers pension</td>
<td>81,531</td>
<td>75,536</td>
<td>69,960</td>
<td>64,500</td>
<td>59,001</td>
</tr>
<tr>
<td>POW Recognition Supplement</td>
<td>513</td>
<td>387</td>
<td>299</td>
<td>217</td>
<td>165</td>
</tr>
<tr>
<td>Orphan’s pension</td>
<td>177</td>
<td>173</td>
<td>150</td>
<td>157</td>
<td>155</td>
</tr>
<tr>
<td>Attendant allowance</td>
<td>457</td>
<td>403</td>
<td>353</td>
<td>304</td>
<td>273</td>
</tr>
<tr>
<td>Rent assistance</td>
<td>16,804</td>
<td>15,639</td>
<td>14,694</td>
<td>13,580</td>
<td>12,683</td>
</tr>
<tr>
<td>Remote area allowance</td>
<td>803</td>
<td>741</td>
<td>697</td>
<td>648</td>
<td>648</td>
</tr>
<tr>
<td>Decoration allowance</td>
<td>414</td>
<td>378</td>
<td>328</td>
<td>289</td>
<td>261</td>
</tr>
<tr>
<td>Recreation transport allowance</td>
<td>1,262</td>
<td>1,087</td>
<td>936</td>
<td>802</td>
<td>716</td>
</tr>
<tr>
<td>Vehicle Assistance Scheme</td>
<td>53</td>
<td>43</td>
<td>48</td>
<td>52</td>
<td>43</td>
</tr>
<tr>
<td>Funeral benefit</td>
<td>5,720</td>
<td>5,211</td>
<td>4,709</td>
<td>4,175</td>
<td>3,704</td>
</tr>
<tr>
<td>Veterans’ Children Education Scheme</td>
<td>2,443</td>
<td>2,331</td>
<td>2,288</td>
<td>2,243</td>
<td>2,229</td>
</tr>
<tr>
<td>Clothing allowance</td>
<td>511</td>
<td>449</td>
<td>398</td>
<td>348</td>
<td>322</td>
</tr>
<tr>
<td><strong>Military compensation payments</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permanent impairment (DRCA)</td>
<td>12,091</td>
<td>12,516</td>
<td>12,852</td>
<td>13,400</td>
<td>14,150</td>
</tr>
<tr>
<td>Permanent impairment (MRCA)</td>
<td>4,467</td>
<td>6,021</td>
<td>7,659</td>
<td>9,544</td>
<td>12,414</td>
</tr>
<tr>
<td>Incapacity payments (DRCA)</td>
<td>1,867</td>
<td>1,807</td>
<td>1,777</td>
<td>1,792</td>
<td>1,874</td>
</tr>
<tr>
<td>Incapacity payments (MRCA)</td>
<td>2,062</td>
<td>2,484</td>
<td>2,689</td>
<td>3,218</td>
<td>3,893</td>
</tr>
<tr>
<td>Wholly dependent partner (MRCA)</td>
<td>73</td>
<td>86</td>
<td>91</td>
<td>105</td>
<td>124</td>
</tr>
<tr>
<td>Eligible young person (MRCA)</td>
<td>85</td>
<td>91</td>
<td>97</td>
<td>114</td>
<td>128</td>
</tr>
<tr>
<td>MRCA Education and Training Scheme</td>
<td>100</td>
<td>153</td>
<td>203</td>
<td>246</td>
<td>390</td>
</tr>
<tr>
<td><strong>Defence Service Homes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homes insured</td>
<td>65,292</td>
<td>62,127</td>
<td>58,825</td>
<td>55,838</td>
<td>53,641</td>
</tr>
<tr>
<td>Housing loan subsidies</td>
<td>12,799</td>
<td>10,296</td>
<td>8,322</td>
<td>6,669</td>
<td>4,960</td>
</tr>
</tbody>
</table>


1. The population of veterans, war widows and widowers and dependants who have been determined to be eligible for medical treatment under DVA-administered legislation.
2. Veteran payment commenced in May 2018.
3. POW Recognition Supplement is a payment that provides special recognition of surviving former Australian prisoners of war, both veteran and civilian. The payment commenced in September 2011.
4. Clients who have received a commuted or periodic (MRCA only) payment.

Note: As veterans can have disabilities accepted under multiple Acts, these numbers cannot be summed.
### Table 3  Numbers of veterans with accepted disability by Act 2013–14 to 2017–18

<table>
<thead>
<tr>
<th>Act</th>
<th>30 June 2014</th>
<th>30 June 2015</th>
<th>30 June 2016</th>
<th>30 June 2017</th>
<th>30 June 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Veterans' Entitlements Act 1986</strong></td>
<td>104,874</td>
<td>100,135</td>
<td>95,983</td>
<td>92,328</td>
<td>89,452</td>
</tr>
<tr>
<td><strong>Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988</strong></td>
<td>50,153</td>
<td>50,689</td>
<td>51,320</td>
<td>51,956</td>
<td>52,528</td>
</tr>
<tr>
<td><strong>Military Rehabilitation and Compensation Act 2004</strong></td>
<td>16,710</td>
<td>19,538</td>
<td>22,305</td>
<td>25,551</td>
<td>29,577</td>
</tr>
</tbody>
</table>


### Table 4  Estimated numbers of living veterans 2013–14 to 2017–18

<table>
<thead>
<tr>
<th>Category</th>
<th>30 June 2014</th>
<th>30 June 2015</th>
<th>30 June 2016</th>
<th>30 June 2017</th>
<th>30 June 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Second World War</strong></td>
<td>48,300</td>
<td>39,500</td>
<td>31,700</td>
<td>25,000</td>
<td>19,300</td>
</tr>
<tr>
<td><strong>Korean War, Malayan Emergency and FESR</strong></td>
<td>13,000</td>
<td>12,300</td>
<td>11,700</td>
<td>11,000</td>
<td>10,300</td>
</tr>
<tr>
<td><strong>Vietnam War</strong></td>
<td>45,200</td>
<td>44,300</td>
<td>43,400</td>
<td>42,500</td>
<td>41,500</td>
</tr>
<tr>
<td><strong>Other pre-1972 conflicts</strong></td>
<td>6,000</td>
<td>5,700</td>
<td>5,400</td>
<td>5,000</td>
<td>4,700</td>
</tr>
<tr>
<td><strong>Cambodia, Gulf War, Namibia, Somalia, Yugoslavia, Rwanda, Bougainville</strong></td>
<td>10,500</td>
<td>10,400</td>
<td>10,400</td>
<td>10,300</td>
<td>10,300</td>
</tr>
<tr>
<td><strong>Post-1999 conflicts</strong></td>
<td>58,000</td>
<td>58,300</td>
<td>58,400</td>
<td>58,300</td>
<td>58,200</td>
</tr>
<tr>
<td><strong>Peacetime Defence Force</strong></td>
<td>151,800</td>
<td>150,400</td>
<td>149,000</td>
<td>147,400</td>
<td>145,800</td>
</tr>
<tr>
<td><strong>Total service with VEA eligibility</strong></td>
<td>331,200</td>
<td>319,500</td>
<td>308,600</td>
<td>298,200</td>
<td>288,700</td>
</tr>
<tr>
<td><strong>Other full-time service post-1945</strong></td>
<td>255,700</td>
<td>255,800</td>
<td>254,800</td>
<td>253,900</td>
<td>252,500</td>
</tr>
<tr>
<td><strong>Reserve</strong></td>
<td>96,100</td>
<td>96,800</td>
<td>97,700</td>
<td>98,900</td>
<td>100,000</td>
</tr>
<tr>
<td><strong>Total Australian service</strong></td>
<td>683,000</td>
<td>672,200</td>
<td>661,100</td>
<td>651,000</td>
<td>641,300</td>
</tr>
</tbody>
</table>


1 Based on nominal roll data.
2 Where the veteran has service in more than one conflict, they are recorded by most recent conflict.
3 Based on nominal roll data.
4 Includes East Timor, Solomon Islands, Afghanistan and Iraq.
5 Peacetime Defence Force from 1972 to 1994 only. Figures are based on amortised Department of Defence data.
6 Total Australian ex-service personnel eligible under the VEA. It is the sum of the preceding categories less any overlaps. This total excludes those who served in the ADF without service in a conflict and/or peacetime service not between 1972 and 1994. It also excludes British Commonwealth and Allied veterans.
7 The figures shown here are the balance not covered by the VEA. A research project was initiated to estimate all living persons with post-1945 full-time service in the ADF. By necessity, input data was obtained from different sources:
   • Age profile at recruitment is graphically estimated from Hoglin, Phillip J 2012, *Early separation in the Australian Defence Force*, p. 39.
   • National service recruitment data are sourced from the Australian Defence Association’s 2018 discussion paper *National Service—Have a debate but make sure it is an informed one*.
   • The full-time enlistments data for each year from 1975 to 1998 were measured graphically from Beaumont, J 2001, *The Australian centenary history of defence*, vol. 6, *Australian defence: sources and statistics*, p. 252.
   • The full-time enlistments data for each year from 1996 to 2017 were sourced from published Department of Defence annual reports obtained from the Department of Defence website.
   • Australian Bureau of Statistics (ABS) mortality rates are used. Numbers are calculated by amalgamating successive years of recruits from 1945 onwards and amortising the resulting population.
8 Includes all living persons who have ever served as reservists in the ADF with neither continuous full-time nor qualifying service. Reservists were not included in previous versions of this table as they were not eligible under the VEA. Figures are derived from Department. of Defence data and ABS mortality rates.
9 The growth in MRCA veterans and the expansion of benefits to the widest possible number of ex-service ADF personnel necessitated redefinition of the total to include those who were not otherwise eligible under the VEA. This figure includes all living persons who have ever served in the ADF either full time or as reservists.