Over the last 100 years we have used technology to transform how we support veterans and their families.
DVA staff use the latest in computer technology to manage client records and administer support programs, c. 1985.
The Sir John Monash Centre was officially opened in April 2018, adjacent to the Australian National Memorial near Villers-Bretonneux in France. The centre interprets the story of Australian service on the Western Front during the First World War.
Lucy Turnbull AO, the Hon Darren Chester MP, the Hon Malcolm Turnbull MP and French Prime Minister Édouard Philippe attend the opening of the Sir John Monash Centre.
The Transition Taskforce engaged with **600** transitioning and recently transitioned veterans and their families.

**10,300** current or former ADF members registered with DVA through the Early Engagement Model.

Two mobile service centres travelled to **132** locations across Australia in 2017–18.

**5,500+** veterans and their families registered for MyService, and nearly **6,000** claims were lodged, between the launch of the portal on 3 April 2017 and 30 June 2018.

Transformation

Transforming DVA’s business process and culture, identifying and implementing government-endorsed best practice service options and continuing a targeted ICT redevelopment.
Achievements in 2017–18

The Veteran Centric Reform program is designed to transform the way the Department of Veterans' Affairs (DVA) does business, to put veterans and their families first. The program has substantial Budget support from the Government and a high level of commitment from DVA staff.

In 2017–18, the first year of the program, DVA’s transformation focused on connecting with veterans, expanding service delivery and transforming ICT.

Connecting with veterans

Understanding the experiences and needs of veterans and their families is at the heart of our transformation.

Consultation

In 2017–18, the Department created a range of opportunities for veterans and their families, and members of the broader veteran community, to contribute to its transformation. They included one-on-one interviews, group consultations, and collaborations to design innovative solutions to service delivery issues.

During the year, around 2,000 veterans and family members met with DVA to co-design veteran-focused programs and services for the future. Sessions were held around Australia in a mix of metropolitan and regional areas and a variety of venues, such as DVA offices, military bases, public spaces and veterans’ homes. The participants included stakeholders across a wide range of age groups and circumstances.

In addition, more than 30 DVA staff members and 36 veterans attended workshops designed to help staff understand the veteran experience.

Early engagement

Early engagement with Australian Defence Force (ADF) members helps DVA to understand their individual needs, provide information and support, and identify potential problems quickly so that the right intervention can be offered when needed.

DVA’s digital transformation includes developing models for the use of basic personal information shared by Defence to connect and deliver services earlier and more effectively. The Early Engagement Model was launched in 2017–18 to establish relationships between DVA and ADF members early in their careers and to increase the number of members known to DVA.

Under the model, members who joined the ADF after 1 January 2016 and members who separated after 27 July 2016 are automatically registered with DVA. Over 10,300 current or former ADF members who have not made a claim with DVA were registered in 2017–18.

DVA also piloted two new processes to support ADF members during their transition:

• The Transition Health Assessment Pilot is testing a process designed to streamline transition by consolidating Defence, DVA and Commonwealth Superannuation Corporation requirements into a single medical assessment undertaken before a member leaves the ADF.
• The Special Operations Forces (SOF) Pilot is testing a more holistic, veteran-focused way of providing services to members and their families as they transition to civilian life. The approach was developed with Defence and current and former SOF members and their families. Based on a theme of ‘wellness’, the pilot includes a face-to-face approach to service delivery and support through a single contact in DVA.

Both processes will be evaluated once pilot activities are completed.

**Transition**

Leaving the military is a significant, life-changing event for many ADF members and their families. Defence and DVA have a particular focus on improving the support that they receive before, during and after that transition.

The Transition Taskforce was established in February 2017 and continued to work throughout 2017–18 to identify barriers to successful transition and develop options to address them. The taskforce included current and former ADF members; representatives from key areas within Defence, DVA and the Commonwealth Superannuation Corporation; and representatives from the ex-service community.

The taskforce engaged with 600 transitioning and recently transitioned veterans and their families to better understand the transition experience and sought the views of ex-service organisations, government and relevant professional organisations. It identified five key streams of focus:

• improving transition service provision
• enhancing preparation and support before transition
• increasing the probability of securing employment
• providing better and more accessible transition information
• improving support for families and carers.

The taskforce’s findings and recommendations have been provided to the Australian Government for consideration.

**Female veterans and veterans’ families forum**

The Department established the Female Veterans and Veterans’ Families Policy Forum in 2016 to create new channels of communication between DVA and the veteran community and enable female veterans and veteran family members to directly raise issues with DVA.

The forum met for the second time in Canberra in October 2017, to discuss the particular needs of female veterans and the levels of recognition and respect that female veterans receive from the broader Australian community. In June 2018, more than 30 representatives from the forum met with DVA to provide direct input to current projects.
Expanding service delivery
Veteran Centric Reform is providing simpler, better, digitally enhanced options for interacting with the Department.

Claims processing
In its first year, DVA’s transformation has improved the ease and speed with which current and former serving members can submit claims and have liability for conditions assessed, through computer-based decision-making and streamlined processing.

DVA’s MyService portal allows any veteran with an electronic Defence service record to register with DVA and submit initial liability claims under the Veterans’ Entitlements Act 1986 (VEA), the Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (DRCA) or the Military Rehabilitation and Compensation Act 2004 (MRCA). Over 5,500 veterans registered, and nearly 6,000 claims were lodged, between the launch of the portal on 3 April 2017 and 30 June 2018.

MyService also allows veterans and eligible members of their families to access Non-Liability Health Care (NLHC), complete a needs assessment online, and be advised whether they have qualifying service without making a claim. All veterans and members of their families who register with MyService can use a digital DVA health card to access services for their accepted conditions.

DVA has also streamlined the processing of claims by using data provided by Defence to assess whether a claimant satisfies DVA’s specified Statements of Principles requirements for certain medical conditions. Currently, 40 conditions are automatically assessed under the streamlining rules, and other conditions are being investigated for possible inclusion.

Many claims made through MyService and assessed under the streamlining rules can be accepted, and the claimant notified, within seconds of the claim’s submission.

Access to services
Veteran Centric Reform includes expanding opportunities for veterans to connect with DVA in ways that suit them, in their preferred locations.

Face-to-face access to the Department is now available in more locations than ever before, including in rural and regional Australia. For example:

• A network of over 120 agents, based in businesses such as visitor information centres, delivers services on behalf of the Department of Human Services (DHS) around Australia. Seventeen of the agents are participating in a DVA pilot to provide assisted access to information about veterans services.

• Staff of DHS mobile service centres have been trained and equipped to provide personalised information on DVA services and entitlements to veterans and their families. The two mobile service centres travelled to 132 locations across Australia in 2017–18.

DVA also conducted a trial of providing DVA information through Australia Post self-service kiosks in the Australian Capital Territory, Queensland and South Australia.

DVA commenced work to improve access to the Department by redeveloping its website and consolidating its telephone contacts. The number of inbound telephone numbers was reduced from 170 to 60 in 2017–18 and is expected to decrease further.
Transforming ICT

DVA envisions a future in which veterans and their families can access services across a range of communication channels. Most veterans and their families will be able to self-manage their affairs through online facilities while staff focus on veterans with complex and multiple needs, supported by a contemporary case management system. The use of data analytics and veteran and family insights will inform policy and services.

The Student Payment System Pilot is an important step in DVA’s journey to replace its ageing ICT infrastructure. The pilot is testing a new staff portal to allow for quicker processing of claims under DVA education schemes. It also provides new online functionality to enable students and their families to request assistance. The results of the pilot will inform broader ICT modernisation to improve services to veterans and veterans’ family members who access DVA income support.

The ability to access client information electronically is fundamental to improving claims processing time frames and enabling a range of digital processes. DVA’s achievements in digitising information were commended in the 2018 National Archives Awards for Digital Excellence.

DVA also initiated a new data model which will make DVA’s rich data holdings more accessible and available to support a data-driven approach to policy development. The use of the model data will assist DVA to better understand the needs and circumstances of veterans and their families and develop evidence-based policy interventions to improve services in accordance with their individual needs.

Priorities for 2018–19

The priorities for transformation in 2018–19 are:

- reaching out to veterans and members of their families who are not currently in contact with DVA
- continuing to engage with veterans and their families in designing services to better meet their needs
- expanding MyService to include greater coverage and more features, including the ability to handle permanent impairment and incapacity claims
- streamlining the assessment rules for additional impairment types to support faster decision-making
- improving DVA’s letters and fact sheets and releasing the prototype of a new website
- improving telephone services, with the aim of establishing a single number for incoming calls, 1800VETERAN, to improve access and enable automated queueing
- building ICT capabilities to develop and deliver better services for veterans and family members who receive income support
- strengthening the positive and change-ready culture of DVA, and developing the capability of emerging leaders through the Leading Transformation Program.
$7.4 billion was spent on compensation and income support services.

44,400 liability conditions were determined.

53,641 homes were protected by Defence Service Homes Insurance.

161,184 veterans and veterans’ family members received income support.

Compensation and support

Maintaining and enhancing the quality of life of clients by improving their financial wellbeing and self-sufficiency.
### Program 1.1: Deliver income support and allowances

Income support provides a regular means-tested payment for eligible veterans and their dependants with limited means. While the veteran population is reducing in size, the activities undertaken within the program are becoming more complex due to the increasing sophistication of clients’ personal financial arrangements and circumstances, which are reviewed regularly.

### Program 1.2: Deliver disability support

Provides compensation in the form of disability pensions and ancillary benefits to clients for the tangible effects of war or defence service.

### Program 1.3: Deliver assistance to Defence widow/ers and their dependants

The war widow/ers pension is part of a compensation package made in recognition of the special circumstances to compensate a widowed partner of a veteran, where there was a connection between the veteran’s death and service, and eligible children are provided with financial support.

### Program 1.4: Deliver other compensation

Delivers other allowances and assistance to clients under the Veterans’ Entitlements Act 1986 (VEA) and related legislation including home support loans, funeral benefits, prisoner of war ex gratia payments and payments on behalf of Commonwealth and allied countries. Assistance is also provided to the ex-service community via Building Excellence in Support and Training (BEST) grants and the Advocacy Training and Development Program (ATDP).

### Program 1.5: Deliver the children’s education scheme

Under the Veterans’ Children Education Scheme and the Military Rehabilitation and Compensation Act Education and Training Scheme (MRCAETS), education allowances are paid to eligible children of ADF members who have died or been severely injured as a result of service. The schemes provide financial assistance, student support services, guidance and counselling for eligible students undertaking primary, secondary and tertiary full time study within Australia.

### Program 1.6: Deliver income support and compensation under DRCA and MRCA

Provides compensation to clients under the Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (DRCA), the Military Rehabilitation and Compensation Act 2004 (MRCA) and related legislation. The DRCA (and MRCA for injuries since 1 July 2004) provides coverage for injured ADF members to support their return to health, work and independence. There is also compensation for eligible dependants, and MRCA health care and other ancillary benefits.

## Achievements in 2017–18

### Expanded entitlements

The extension of Gold Card eligibility and expansion of the health conditions covered by NLHC have helped to remove obstacles to veterans accessing the health care treatment they need.

### Gold Card

On 1 July 2017, eligibility for a DVA Gold Card, which provides eligible persons with access to health services for all medical conditions, was extended to include:

- Australian participants in the British nuclear tests conducted in Australia in the 1950s and 1960s, or civilians present at the test sites
- Australians who were part of the British Commonwealth Occupation Force in Japan after the Second World War.
In 2017–18, 1,299 Gold Card claims were granted under the new entitlements.

**Non-Liability Health Care**

Through the NLHC program, DVA can pay for the treatment of certain physical and mental health conditions without the need for the conditions to be accepted as service related. The scope of NLHC has recently been expanded:

- From 1 July 2017, as part of the 2017–18 Budget, the mental health coverage of NLHC was expanded to cover all mental health conditions. Previously, only five specific conditions were covered.
- From 1 July 2018, as part of the 2018–19 Budget, NLHC will be expanded to include reservists who have rendered border protection or disaster relief service or have been involved in or witnessed a serious training accident.

As part of DVA’s collaboration with Defence to improve support for ADF members transitioning to civilian life, the White Card on Discharge initiative was implemented in mid-2018. Under the initiative, transitioning members are issued a White Card, which entitles them to treatment for all mental health conditions under NLHC arrangements. The changes are aimed at making access to mental health treatment as easy as possible for former ADF members.

**Claims processing**

As part of its commitment to providing services to veterans and their families in a more strategic, sustainable and efficient manner, the Department improved the efficiency and timeliness of claims processing in 2017–18.

**Streamlined processing**

The Department is streamlining processing to expedite new liability claims as part of the Veteran Centric Reform program. In 2017–18, streamlining was applied to claims for 40 health conditions that have high historical acceptance rates or can be accepted on the basis of known physical training activities in the ADF. Such claims are now processed with little or no investigation by delegates.

**System improvements**

Under the Improving Processing Systems Program, commenced in 2016–17, DVA has designed and built a single rehabilitation and compensation processing system to reduce the critical risk of failure for 18 heritage ICT systems.

The final major systems release occurred in June 2018. Around 85 per cent of rehabilitation and compensation claims types can now be processed in one system; the remaining 15 per cent are expected to be included in 2018–19.

In addition to improving claims processing times, the new system has added functionality, including integration with MyService and other initiatives under the Veteran Centric Reform program. For example, it has allowed DVA to move to automated correspondence which is more user-friendly and consistent, and easier to produce.
**Timeliness**

The Department’s improved processes and systems have dramatically reduced claims processing times. For example:

- the median time taken to process permanent impairment claims under the DRCA has decreased by 48 per cent, from 137 days to 71 days
- the median time taken to process permanent impairment claims under the MRCA has decreased by 49 per cent, from 152 days to 78 days
- the typical time taken to process NLHC claims has decreased by 93 per cent, from 18 days to 1.3 days.

Timeliness targets for all compensation and income support claims processing were achieved in 2017–18. More details are available in the annual performance statements and Appendix C.

**Rehabilitation**

DVA implemented four new initiatives linked to rehabilitation support for veterans and their families in 2017–18:

- the Family Support Package, commencing on 1 May 2018
- the veteran payment, commencing on 1 May 2018
- streamlined access to incapacity payments
- the Accelerated Access to Rehabilitation pilot.

Work continued throughout the year on improvements to the rehabilitation operational model and communication with rehabilitation providers.

**Family Support Package**

The Family Support Package was developed in response to recommendation 19 of the Senate Foreign Affairs, Defence and Trade References Committee’s 2017 report *The constant battle: suicide by veterans*.

The package assists veterans with warlike service on or after 1 July 2004 who meet the eligibility criteria under the MRCA, and their families, by funding additional child care and counselling support while the veteran is participating in a DVA rehabilitation program.

The package also provides child care, counselling and home help support to an eligible spouse/partner of a deceased veteran, to provide practical support while they are managing grief and loss in addition to their family responsibilities.

**Veteran payment**

The veteran payment provides immediate assistance for eligible veterans who have lodged a liability claim under the MRCA or the DRCA for a mental health condition and are unable to work for more than eight hours per week, and for their families.

The veteran payment is short term, and continues until the person’s liability claims have been determined or incapacity payment (where eligible) has commenced.
DVA has also instituted safeguards to ensure that, in the event of liability not being accepted, the veteran is not left without support while seeking other forms of government assistance, such as payments from Centrelink, that they may be entitled to.

A total of 179 veterans and veterans’ partners were granted veteran payment entitlements in 2017–18. As at 30 June 2018, 159 recipients, comprising 132 veterans and 27 partners were receiving payments.

**Streamlined access to incapacity payments**

Streamlined access to incapacity payments ensures that veterans with mental health conditions accepted under the MRCA are provided with income replacement compensation as soon as possible, should they be unable to continue to work due to their mental health conditions. This includes ongoing access (for up to 12 months) to rehabilitation services, which enable a smoother transition when veterans find themselves in and out of employment.

**Accelerated Access to Rehabilitation pilot**

The Accelerated Access to Rehabilitation pilot was developed to allow for a professional rehabilitation assessment and, where appropriate, early commencement of identified rehabilitation activities to help veterans to minimise the effects of injuries and illness while waiting for their claims for initial liability to be determined by DVA.

The pilot focused on enabling veterans and their families to access rehabilitation support in a timely manner. Early intervention is regarded as a best practice approach, as it facilitates participation in employment and community activities, improves quality of life, and focuses on beginning recovery from the earliest opportunity.

The pilot commenced in September 2017 and closed at the end of March 2018, and participants were drawn from locations across Australia. DVA is considering the outcomes to determine whether the service model could be further extended.

**Employment**

The Prime Minister’s Veterans’ Employment Program was launched in November 2016 to raise awareness among employers of the value and experience that ex-service personnel have to offer.

Through the program, the Department supports the Industry Advisory Committee on Veterans’ Employment, which is developing initiatives to educate businesses about the value of employing veterans and to help them to recruit and retain veteran employees.

Two new measures were announced under the program in 2017–18:

- Under an initiative of the committee, the Department will invite businesses to make a public commitment to the employment of veterans.
- From 1 July 2020, additional support will be provided to veterans who are finding the transition to the civilian workforce challenging.

The inaugural Prime Minister’s Veterans’ Employment Awards were held on 28 March 2018, to recognise organisations and individuals that have supported veterans’ transition into the civilian workforce. A website has been established to provide information on the program and awards (www.veteranemployment.gov.au).
Advocacy
The Advocacy Training and Development Program was developed by DVA in partnership with the ex-service organisation community and Defence to provide nationally accredited training for veterans’ advocates.

The program enables advocates to learn on the job, under the guidance and support of a mentor. Additional online and face-to-face training is provided to assist advocates to consolidate their learning. Recognition of prior learning is available for practitioners who were trained under the Department’s previous advocacy program.

Between the program’s commencement, on 1 July 2016, and 30 June 2018, 496 advocates were accredited under the program. A further 121 people are studying under the program, and 168 people are awaiting accreditation through recognition of prior learning. A total of 424 advocates have undertaken mentoring training.

In December 2017, the Department published an online directory of ex-service organisations that offer accredited welfare and/or compensation advocates. In 2018–19, the directory will be replaced by a register with enhanced functionality.

Defence Service Homes Insurance
Defence Service Homes Insurance (DSHI) improved its methodology for calculating premiums to ensure that they accurately reflect the insurance risk based on the geographical location of the property and how the home is constructed. This improved methodology matches premiums to risk and reduces cross-subsidisation.

In October 2017, a dedicated sales team with specialist training in sales was engaged to supplement existing staff, who handle policies and claims. The approach successfully increased uptake of DSHI coverage—30 per cent more policies were sold in 2017–18 than in 2016–17—and enhanced the client experience.

DSHI also improved the experience by:
- undertaking market research to better understand the needs of current and potential policyholders
- streamlining its online interface to assist veterans and their families to estimate the appropriate sum insured for their property and reduce the time taken to process new policy applications.

In 2017–18, the DSHI monthly mail survey of 100 stakeholders achieved an average satisfaction level higher than 90 per cent, with a 65 per cent response rate. The survey was also made available online.

Children’s education schemes
The Department administers schemes that provide education allowances, special assistance, student support services, guidance and counselling for eligible children of veterans undertaking primary, secondary and tertiary full-time study within Australia.

In 2017–18, the Department conducted a formal survey to assess the quality of its education schemes. Feedback from respondents in relation to service delivery was positive, with a high percentage indicating that the assistance provided through the education schemes had been effective in assisting students to reach their full academic potential.
Online lodgement capability and a new processing platform were introduced for education payments for veterans’ children as part of DVA’s Veteran Centric Reform in 2017–18.

**Priorities for 2018–19**

In the year ahead:

- The Department will introduce changes to ensure that incapacity payment is calculated on 100 per cent of the veteran’s normal earnings, for veterans undertaking full-time study as part of their rehabilitation plan.
- The Department will aim to add further health conditions to its streamlined processing arrangements, and will continue to improve the claims process and timeliness of claims processing.
- The Department will commence a strategic review of grants programs to address recommendation 20 of *The constant battle: suicide by veterans*.
- The Department will assist the Productivity Commission with its inquiry into the system of compensation and rehabilitation for military veterans (serving and ex-serving ADF members).
- The Department will conduct a review of the use of medico-legal firms for compensation claim assessments.
- An independent review will be conducted into the mental health impacts of claims assessment processes on veterans and their families.
- The Veterans’ Advocacy and Support Services Scoping Study, which is independently investigating how veterans and their families are assisted to access entitlements and services, is expected to recommend a model to the Australian Government in December 2018.
- DSHI will develop a marketing strategy to position it as the insurer of choice for eligible serving and former ADF personnel and their families.
- DSHI will continue to improve its pricing methodology to ensure that policyholders pay a fair and correct premium for their risk, and will enhance its communication with veterans and their families by offering the option of electronic delivery of renewal notices and correspondence.
Awards showcase the valuable skills of veterans

The Prime Minister’s Veterans’ Employment Awards reward outstanding efforts to raise awareness of the unique and valuable skills that veterans bring to the civilian workplace and create employment opportunities for veterans and spouses of Australian Defence Force (ADF) members.

More than 90 nominations were received for the inaugural awards, which were presented by then Prime Minister, the Hon Malcolm Turnbull MP, on 28 March 2018.

The Veteran Employee of the Year award honours individual achievements in areas such as mentoring or recruiting other veterans, introducing better ways to do business, displaying high-level leadership skills and having a positive impact on organisational culture.

The winner of the award was Rachel Ranton, Group Inclusion and Diversity Consultant for Westpac Group. Mr Turnbull highlighted Ms Ranton’s achievements as an example of how valuable the skills gained in the ADF can be to employers of veterans.

‘Rachel Ranton served in the Australian Army for 11 years before becoming a branch manager at a St George Bank in southern Queensland’, Mr Turnbull said.

‘She had not a day’s experience in banking when she started the role. Yet she turned an underperforming branch into one of the highest performing in southern Queensland.’

Ms Ranton believes that her military background has played a big part in her success at Westpac.

‘Knowing how to lead teams, knowing how to influence people, knowing how to encourage people to be their best … that’s going to be valuable no matter where you work’, she said.

Glen Ferrarotto, who served for over 10 years in the Army, received the Award for Outstanding Contribution by an Individual to Veterans’ Employment. He was honoured for his work as the founder of Ironside Recruitment, one of Australia’s first dedicated recruitment agencies for veterans.

Mr Ferrarotto praised the awards for raising awareness of ‘just how bloody good our Australian ex-service men and women are’.

That view was echoed by the Minister for Veterans’ Affairs, the Hon Darren Chester MP, who also attended the ceremony. ‘We are hoping that, by sharing these incredible stories, we can encourage more businesses to hire veterans, knowing these employees will bring a range of skills and experience which will support their organisation’, he said.

The awards are part of the Prime Minister’s Veterans’ Employment Program, which recognises the skills and talents of Australian veterans and encourages employers to take advantage of their expertise.
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Health and wellbeing

Maintaining and enhancing the quality of life of clients by improving their physical and mental wellbeing.
### Program 2.1: Provide access to general medical consultations and services

Provide access to general and specialist medical and dental services to clients. DVA has arrangements in place with medical and dental practitioners in both the public and private sectors to deliver a comprehensive range of services throughout Australia, provided in hospitals, providers’ rooms and clients’ homes. To ensure that DVA clients are able to access necessary services, DVA will either pay for clients to travel to the nearest service provider or pay a provider to travel to other locations to provide services to DVA clients.

### Program 2.2: Provide access to hospital services

Provide access to inpatient and outpatient hospital services for DVA clients through arrangements with private hospitals, day procedure centres and mental health hospitals, as well as all public hospitals operated by the state and territory governments.

### Program 2.3: Provide access to pharmaceutical benefits

The Repatriation Pharmaceutical Benefits Scheme provides clients with access to a comprehensive range of pharmaceuticals and wound dressings for the treatment of their health care needs, including items available to the broader Australian community under the Pharmaceutical Benefits Scheme.

### Program 2.4: Provide access to community care and support

Manages community support and residential care programs for clients, including the Veterans’ Home Care program and the Community Nursing program, which aim to support people to remain independent in their homes and improve their quality of life and health. The program also provides subsidies and supplements for DVA clients living in residential care facilities.

### Program 2.5: Provide counselling and other health services

Provide a wide range of mental and allied health care services, including counselling and referral services for clients. The program also supports DVA clients with funding for aids and appliances, and travel for treatment.

### Program 2.6: Provide access to health and other care services under DRCA and MRCA

Arranges for the provision of rehabilitation, medical and other related services under DRCA, the MRCA and related legislation. The services include payment for medical treatment, rehabilitation services, attendant care and household services.

### Achievements in 2017–18

#### More effective relationships

**Australian Government partners**

As requests for hearing services continued to increase in numbers and complexity in 2017–18, DVA worked closely with the Department of Health, which provides many such services for veterans and their families and the wider population. DVA also worked closely with Health on aged care services, including residential aged care. The departments cooperate to ensure that members of the veteran community are able to understand how to access services through the aged care system, particularly where the services offered by DVA and Health may overlap.

DVA worked with the National Disability Insurance Scheme to identify overlaps in services and ensure that no duplication of services occurs. DVA has provided the National Disability Insurance Agency with information on its health care arrangements to help in the development of similar arrangements through the National Disability Insurance Scheme.
DVA worked with the National Aged Care Advocacy Program and ex-service organisations to improve access to advocacy programs by members of the veteran community who are entering into, or residing in, permanent residential aged care. The advocacy services cover a range of issues, from helping to find a residential aged care facility to ensuring that the resident receives all of the services they clinically require.

On 1 July 2017, the Department of Veterans’ Affairs Human Research Ethics Committee merged with the Australian Defence Human Research Ethics Committee to form the Departments of Defence and Veterans’ Affairs Human Research Ethics Committee. The new committee is registered with the National Health and Medical Research Council.

Also in July 2017, DVA and the Australian Institute of Health and Welfare began a four-year research partnership to build understanding of the health, welfare and future needs of Australia’s veterans, with a particular emphasis on contemporary veterans.

**The veteran community**

DVA partners with ex-service organisations and other community organisations to deliver programs that promote opportunities for wellbeing and healthy lifestyle actions, with a focus on social connectedness, healthy eating and physical activity. In 2017–18, the Department:

- partnered with ex-service and community organisations to hold Veterans’ Health Week 2017—approximately 15,000 people attended 220 health week events
- contracted community support advisers to provide support to social initiatives and day clubs, focusing on social connection for isolated, frail and aged veterans
- supported the Men’s Health Peer Education program, through which over 250 volunteers provided health information to members of the veteran community
- coordinated the National 10,000 Steps Challenge to strengthen social connections and encourage physical activity—273 teams totalling 1,360 participants enrolled in the challenge
- delivered Heart Health, a 12-month physical activity and health education program aimed at improving the general wellbeing of participants—1,104 participants enrolled in the program.

Eligible people often receive advice on DVA entitlements from veterans’ pensions and welfare officers who work, in many cases voluntarily, for ex-service organisations. The Department provides funding to support the work of pensions and welfare officers through the Building Excellence in Support and Training (BEST) annual grants program. As part of a whole-of-government initiative, DVA has a partnership agreement with the Department of Social Services in place that transitioned responsibility for the administration of grants under the program to the Australian Government Community Grants Hub. More information on grants programs is provided in the Management and Accountability section of this annual report.

**Hospitals and day procedure centres**

Agreements on the arrangements for the provision of public hospital services to veterans have now been signed with the governments of all states and territories; the final four arrangements were signed in 2017–18. These arrangements will ensure that veterans and eligible members of veterans’ families have access to all public hospital services at over 750 facilities around Australia.

DVA manages contracts with private hospitals and day procedure centres. To ensure that the contracts deliver value for money, the Department annually reviews the prices of the services provided. The 2018 reviews commenced in March 2018 for private hospitals and June 2018 for day procedure centres.
In 2017–18, DVA streamlined its contracting arrangements for private day procedure centres, significantly reducing administrative requirements for both DVA and providers. The new arrangements commenced on 1 October 2017 and mirror closely the changes that were implemented to private hospital arrangements in 2016. The overall objective is to maximise numbers of participating providers to achieve wide access to private hospital services for veterans and members of veterans’ families. All eligible providers can now apply to contract with DVA at any time through a standard service agreement.

DVA also manages contracts for the provision of Veterans’ Medicines Advice and Therapeutics Education Services (Veterans’ MATES) and the patient satisfaction surveys for private hospital overnight admissions. A contract management team undertakes quality checks and relationship meetings to ensure that the providers are meeting DVA’s requirements.

**Transport contractors**

All transport contractors must adhere to DVA’s guidelines, which include specific requirements for the contractor and those who drive the vehicle. Most of DVA’s transport contractors have specialised in-house training programs which drivers must undertake before transporting veterans and members of veterans’ families. Such programs may include training modules and videos with DVA content.

DVA works with transport contractors to find ways to improve service and seek feedback from those who use DVA-funded transport. DVA also monitors the journey requests and trips undertaken by the contractors. If the proportion of trips that are unable to be undertaken exceeds DVA’s guidelines, the contract management team takes appropriate steps to improve responsiveness.

In mid-2018, the contract management team extended transport contracts for an additional 12 months.

**Rehabilitation Appliances Program providers**

Demand is increasing for the products and services of the Rehabilitation Appliances Program, such as mobility and functional support, continence aids, personal response systems, low vision aids, home medical oxygen therapy, continuous positive airway pressure devices and medical grade footwear.

DVA’s contract management team undertakes regular quality and contract compliance audits with the contractors that deliver those products and services, to ensure that DVA’s requirements are being met. The audit process also provides an opportunity for DVA and contractors to raise issues of concern and discuss changes in the industry, including the latest technology or products that may be suitable for veterans and their families. DVA also oversees annual price reviews of more than 35,000 products and services provided through contractual arrangements under the program.

**Improved planning and oversight of health care**

**Health program performance assurance**

DVA developed the Health Programs Performance Assurance Strategy to provide assurance that documented processes and strong controls have been established to support the reliability of DVA’s annual financial statements. The strategy covers five material health programs: Public Hospitals, Private Hospitals, Medical Services, Pharmaceutical, and Residential Care. It includes a two-year approach to reforming assurance processes for health programs, and includes a sign-off on the effectiveness of financial controls at the end of each financial year.
**Hospital services**

DVA implemented a new quality initiative to identify, analyse and assess all private hospital and day procedure centre episodes for admissions where clinical coding indicates that a sentinel event may have occurred. The process uses the eight sentinel events agreed by the Council of Australian Governments Health Council. Contemporary research shows that while these sentinel events are rare, they are preventable and reflect poor hospital processes. The initiative will allow DVA to seek reimbursement of hospital costs related to such events.

DVA also reviewed the survey used to gauge and report on how veterans and members of veterans’ families experience private hospital admission. A series of workshops were held, in Canberra, Brisbane and Adelaide, with clients who had had one or more overnight private hospital admissions within the previous 12 months. The workshops were very well attended and provided valuable insights that will inform DVA’s development of tools and systems for a new survey.

**Nursing services**

The Nursing Approvals and Advisory Centre was established in February 2018 to be a centre of professional excellence for the provision of nursing services to veterans and their families. The centre will drive innovation and service improvement to ensure that veterans receive services of the highest quality, in line with evidence-based best practice, to meet their needs and aspirations.

DVA conducted regular clinical reviews of community nursing providers to:

- ensure compliance with nursing standards and DVA’s *Notes for community nursing providers*
- provide increased support through education and access to specialist nursing services
- increase the capability of community nursing providers.

**Hearing services**

DVA developed a communication and awareness-raising strategy for the provision of hearing services to veterans and their families, using key messages drafted to cater for a variety of stakeholders, including hearing services providers and veterans. Messages have been distributed through email communication, articles and fact sheets, and are now being expanded to include social media channels.

**Support for carers and volunteers**

DVA developed and adopted a revised program model for contracted services delivered under the Carer and Volunteer Support program. In line with Veteran Centric Reform and DVA’s future needs, the revised model delivers improved, more flexible panel arrangements for engaging contractors to meet operational and location specific requirements.
More efficient service delivery

**Planned Support Unit**

DVA established the Planned Support Unit to assist veterans with high and complex needs, including long-term accepted conditions, to access appropriate health and social services. The principles of the unit are underpinned by a model of care driven by inclusive, holistic practice.

**Veterans’ Home Care services**

New contracts for the delivery of Veterans’ Home Care services were awarded in November 2017 through an open tender process. The number of service providers increased from 160 to 185 to ensure adequate coverage across Australia, including in rural and remote areas.

Some existing providers chose not to tender for new contracts. As a result, approximately 2,700 veterans and eligible members of their families were transferred to alternative providers. DVA’s communications strategy ensured that veterans and their families were informed of the changes, and the Department worked with the providers to ensure continuity of services.

The Department also ensured that Veterans’ Home Care services were accessible to rural and remote veterans and their families by funding special arrangements in some locations. DVA made arrangements with service providers to ensure that veterans and their families were not disadvantaged, and resources were quickly and efficiently identified and engaged to cater for each person’s needs.

**Clinical advice services**

Contracted medical and health advisers assist DVA in determining the financial and health entitlements of veterans and their family members. The Department is committed to reducing the time taken to process claims by ensuring that there is sufficient medical adviser capacity to help inform decisions.

All advisers are sourced from private companies through an open tender process and are contracted under a standard agreement and fee schedule. These arrangements enable DVA to ensure that the services are equitably managed and targeted to meet the needs of business areas.

Clinical advisers play a critical role in assisting DVA to put veterans and families first through Veteran Centric Reform. To help them understand and enhance their contribution, DVA held several workshops for clinical advisers in 2017–18, explaining the context for Veteran Centric Reform and their role in the delivery of pilots and program initiatives.

**Reimbursements for medical expenses privately incurred**

DVA improved its business processes for reimbursement of privately incurred medical expenses to reduce the number of claims on hand and the time taken to process such claims. The number of claims on hand was reduced by 66 per cent, from 861 at 30 June 2017 to 297 at 30 June 2018. The proportion of claims processed within the Service Charter time frame of 28 days improved significantly, from 32 per cent at 30 June 2017 to 87 per cent at 30 June 2018.
New and improved services

**Veterans and Veterans Families Counselling Service**

The Veterans and Veterans Families Counselling Service (VVCS) is a nationally accredited mental health service which has been providing counselling and mental health support for more than 35 years. Through its 24-hour service delivery system, VVCS provides:

- counselling for individuals, couples and families
- proactive, coordinated case management of complex individual needs
- mental health education for the veteran community.

VVCS also provides initial assessment and referral to mental health support, as a duty of care, to any individual from the veteran community. These services are delivered from 28 VVCS locations and through a network of over 1,300 outreach providers around Australia.

Eligibility for VVCS was expanded in 2017–18 through the expansion of NLHC arrangements. VVCS can now be accessed by:

- all current and former ADF personnel with at least one day’s continuous full-time service, and their families
- reservists who are eligible for a non-liability White Card, and their families.

VVCS was expanded to meet the demand of increased eligibility and to build capability to manage veterans and members of veterans’ families who have complex needs or are at risk of suicide. The service established new satellite offices, and expanded its outpost model, whereby VVCS clinicians are co-located in existing serviced offices such as medical centres. Six additional senior clinician roles were established in regional areas to assist in coordinating services.

The VVCS consent form was modified to facilitate communication between VVCS and other DVA areas, and referrals to VVCS if appropriate, when DVA staff receive information relating to the safety of a person that raises a duty of care. As part of a trial of suicide prevention approaches in Townsville, Queensland, led by the Department of Health, VVCS is piloting a community engagement team model. The team, which includes two lived experience peers and a clinician, is expected to enhance the coordination of internal and external services to best meet the needs of veterans and their families.

VVCS also increased its focus on co-designing service delivery with the people who use the services and delivering the most effective intervention for each person. VVCS upgraded its client management system to enhance its understanding of the demand for services and the needs of veterans and their families, while better supporting clinicians to provide the best possible care.

**Mental health webinars**

DVA’s professional development webinar series—Mental Health and the Military Experience—aims to assist health professionals to support veterans and their families. Three webinars took place in 2017–18 on the topics of understanding anger in veterans, supporting the families of veterans, and suicide prevention and the veteran community. This builds on the four webinars that took place in 2016–17.
The webinar series has been a success in terms of the high level of engagement of health professionals, positive feedback from external and internal stakeholders, and increased traffic to the At Ease online portal. Further webinars will take place in 2018–19 and 2019–20.

**Coordinated Veterans’ Care Mental Health Pilot**

The Coordinated Veterans’ Care Mental Health Pilot is built on the Coordinated Veterans’ Care (CVC) Program. The CVC Program is generally open only to DVA Gold Card holders; however, amendments were made to the VEA and MRCA so that White Card holders who might benefit from early clinical intervention could participate in the pilot.

The pilot is designed to support veterans and members of veterans’ families who live in rural and regional areas and have mild to moderate anxiety or depression and a chronic physical condition accompanied by pain, through a team-based model of care led by a GP and supported by a practice nurse. It will also trial the effectiveness of a ‘light touch cognitive behavioural therapy’ digital coaching app in improving mental health resilience and health outcomes.

Initial testing of pilot products and systems, with input from veterans and their families, GPs, nurses and ex-service organisation representatives, was undertaken in the central Queensland region in January 2018. Rollout will commence in 2018–19.

**Drug Review Safety and Pain Management Program**

DVA’s Veterans’ Affairs Pharmaceutical Advisory Centre is staffed by pharmacist advisers who are in a unique position to identify high-risk medication use within the veteran community, in particular the overuse or misuse of opioid analgesics and sedative/hypnotic medications.

A new program piloted in 2017–18, the Drug Review Safety and Pain Management Program, enables advisers to make contact with health professionals who prescribe pharmaceuticals for veterans and their family members, providing information, assistance and support in the management of their patients. It also includes the provision of pharmaceutical advice and support to health advisers, delegates and support officers within DVA.

The pilot demonstrated that timely, evidence-based liaison has significant benefits for veterans and their families and for health professionals. The program will be fully implemented in 2018–19.

**Veterans’ MATES**

Veterans’ MATES is a unique initiative that uses DVA’s health claims data to identify emerging problems with health care and medicine, and deliver targeted support, for veterans and their families. Up to four times each year, the program provides the latest evidence-based information to the veteran, the veteran’s GP and allied health care providers. The activities of the program are underpinned by the principles of Australia’s National Strategy for Quality Use of Medicines.

**Online resources**

DVA delivers a range of mental health websites and apps through its At Ease portal to increase mental health literacy and encourage veterans to seek help. These online resources are being modernised to enhance the user experience and improve engagement. In 2017–18, the websites and apps helped nearly 60,000 users and received over 340,000 page views.
The Operation Life initiative helps people to understand warning signs and provide information and resources to help keep people safe from suicide. During 2017–18, significant work was undertaken to redesign the Operation Life website and its associated mobile app to better align with contemporary approaches and integrate clinical support.

A major evaluation of the PTSD Coach Australia mobile app was conducted in 2017–18 to provide insight into how serving and former ADF personnel and clinicians use the app, and whether it is meeting their needs. The results will shape a redesign of the app in 2018–19.

**Milestones in research and policy development**

**Strategic review of the applied research model**

A strategic review of DVA’s model for funding applied research was completed in 2017–18. The review highlighted the successes of the Applied Research Program and identified opportunities to better harness the skills and expertise of key research bodies and academics and members of the ex-service community.

**Parliamentary inquiry on hearing health and wellbeing**

DVA provided input into the Australian Government response to *Still waiting to be heard* ..., the report of the House of Representatives Standing Committee on Health, Aged Care and Sport’s inquiry into the hearing health and wellbeing of Australia.

**Transition and Wellbeing Research Programme reports**

The Transition and Wellbeing Research Programme is the most comprehensive study on the impact of military service on the mental, physical and social health of current and transitioned ADF members and their families. In April 2018, the study released two reports:

- *Mental health prevalence*, which discussed the prevalence of mental disorders among ADF members who had transitioned from service between 2010 and 2014, and those who were currently serving
- *Pathways to care*, which focused on individuals who were experiencing mental health issues and their experience of care-seeking.

Among other things, the research showed that the transitioned ADF group had significantly higher rates of mental health issues than the serving ADF group, and that about 75 per cent of the transitioned and serving ADF individuals had received assistance for their mental health at some point. DVA is addressing some of the findings through programs to facilitate the transition process for ADF members.

**Australian Institute of Health and Welfare research**

Veterans and Veterans Families Counselling Service research

As part of its commitment to continually improve its services, VVCS supported four research projects in 2017–18:

- the Stepping Out: Attention Reset trial, which is testing whether computer-based attention training can facilitate better outcomes for transitioning ADF personnel
- the Synergy trial, which is testing an internet-based platform designed to bring together apps and e-mental health tools to empower veterans and their families to manage their mental health
- the development of a moral injury outcome scale to measure the impact of exposure to potentially morally injurious events
- the Rapid Exposure Supporting Trauma Recovery (RESTORE) trial, which is investigating whether the intensive delivery of exposure therapy will deliver outcomes comparable to the standard treatment protocol for posttraumatic stress disorder.

Dental and allied health review

In 2015–16, DVA commenced a review of its dental and allied health funding arrangements, looking for opportunities to re-balance the arrangements to ensure that services continue to best meet the current and future needs of the veteran community. The review was undertaken in consultation with clinical experts and representatives of the veteran community and peak provider associations.

The review was completed in 2017–18. Its report was published in May 2018 and informed the development of the 2018–19 Budget measure on improved dental and allied health.

Priorities for 2018–19

In the year ahead, the Department will:

- review several of its services and programs to ensure that they are meeting the needs of veterans and their families and to identify opportunities to improve administrative efficiencies—examples include the Rehabilitation Appliances Program, the Repatriation Transport Scheme, the Community Nursing Program and pharmaceutical programs
- continue to manage noncompliance by health providers, including by strengthening activities with the Department of Health, developing relationships with peak provider bodies, and conducting activities such as the Preventable Re-admissions Quality Initiative for private hospitals
- implement a system to better record and analyse trends in feedback from people who access services through DVA
- improve online services by expanding the At Ease portal to focus on wellness and integration within the wider health system, and redeveloping the PTSD Coach Australia app
- deliver more webinars to strengthen the capabilities of health professionals to deliver quality health care for veterans
- review its mental and social health programs and establish a national framework to guide the development, delivery and evaluation of such programs in future, including by testing new approaches through
  - the CVC Mental Health Pilot
  - a pilot of improved case management services for at-risk veterans and their families and those transitioning from the ADF who require additional support
  - a trial of psychiatric assistance dogs for veterans with posttraumatic stress disorder
  - a pilot of beyondblue’s The Way Back Support Service for veterans discharging from hospital
• respond to recommendations of *The constant battle: suicide by veterans*, including by
  - reviewing its veteran-specific online training programs for health professionals
  - reviewing the service delivery training of departmental staff
  - conducting consultation forums for veterans who are concerned about their use of mefloquine while in service
  - realigning its mental and social health strategies with Defence and whole-of-government strategies to enable a stronger focus on suicide prevention
  - delivering the outcomes of research into homelessness in the veteran community
• receive the final reports of the Transition and Wellbeing Research Programme
• begin consultations across government, the veteran community and the research community to co-design a strategic research framework to better understand the future needs of veterans.

The VVCS will:

• change its name to Open Arms—Veterans and Families Counselling, to increase awareness of its services and expanded eligibility to access them among the veteran community
• roll out updated and new group programs for current and former ADF personnel in areas such as posttraumatic stress disorder, anxiety, pain management and depression
• further strengthen the 24-hour support that it provides and its ability to provide support through different channels.
Assistance dog support is trialled for veterans with PTSD

DVA has engaged La Trobe University, in partnership with the Centre for Service and Therapy Dogs of Australia, to trial the potential for dogs to provide assistance to veterans with posttraumatic stress disorder (PTSD) as a supplement to clinical treatment.

The four-year, $2 million trial will make use of Australia’s first dedicated human–dog interaction laboratory, based at the university’s campus in Bendigo, Victoria.

The specialist in human–animal relationships who heads the laboratory, Dr Pauleen Bennett, observed that research from around the world has shown that dogs could have a profound impact on the lives of veterans with PTSD.

‘But the research is kind of patchy’, Dr Bennett said.

‘We think it’s all about matching up the right dogs with the right people, and so our research is very much focused on that.’

The research will establish best practice in the training, selection and monitoring of assistance dogs.

Unlike pets or companion dogs, assistance dogs are specially trained to perform tasks that contribute to the clinical recovery goals of their handlers. Such tasks may include waking a handler who is experiencing a night terror or nuzzling their handler to distract them from emotionally disabling symptoms.

The trial dogs will be purpose bred and raised. Their socialisation will begin as pups, in the care of a breeder, and continue for nine months while each dog is fostered by a university student or staff member.

‘We’re trying to make sure that they have positive experiences every single day of their life up until the point where they get placed with somebody’, Dr Bennett said. ‘They should be the most perfect, stable, sensible dog.’

The selection process for veterans to participate in the trial will start in 2019. Trial team members will work with each veteran for 12 months to train them to manage their future dog. This will include sessions with fully trained therapy dogs.

Each veteran will then be matched with their own dog and spend three months working closely with it under the supervision of the trial team. Less intensive monitoring of progress will take place over the remainder of the trial.

‘It’s about trying to follow them over a period of a few years to make sure that everything works out positively in the end,’ Dr Bennett said.
Commemorations

Acknowledging and commemorating veterans’ service and sacrifice, and promoting an increased understanding of Australia’s wartime history.

- 330,000+ official commemorations were maintained in Australia, Papua New Guinea and Solomon Islands.
- 8,000+ visitors attended the Anzac Day Dawn Service at Villers-Bretonneux, France.
- 440 commemorative grants were approved totalling more than $3 million.
- 8,700+ people visited the Sir John Monash Centre in its first 30 days of operation.
**Program 3.1: Provide and maintain war graves and post war commemorations**

Acknowledges and commemorates the service and sacrifice of the men and women who served Australia and its allies in wars, conflicts and peace operations by providing and maintaining official commemorations, maintaining existing national memorials overseas and constructing new overseas memorials as determined by Government.

**Program 3.2: Deliver commemorative services**

Acknowledge and commemorate the service and sacrifice of the men and women who served Australia and its allies in wars, conflicts and peace operations, through solemn and dignified commemorative services.

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**Achievements in 2017–18**

**Official commemorations**

The Office of Australian War Graves (OAWG) managed the ongoing care and maintenance of some 330,000 official commemorations, and provided more than 2,600 new official commemorations, in 2017–18.

The graves, plaques and niche placements that are part of the program of official commemorations are located in 2,000 commemorative sites around Australia, and within 75 war cemeteries and 10 gardens of remembrance in Australia, Papua New Guinea and Solomon Islands.

**Commemorations and war graves projects**

**Australia and the Pacific**

In 2017–18, significant renovations and improvements were undertaken in war cemeteries across Australia. For example, stone works undertaken at the Perth War Cemetery will culminate in the replacement of the Cross of Sacrifice in late 2018.

The work was not limited to Australia. Commemorative sites in Papua New Guinea underwent botanical and other renovations, including the replacement of more than 2,800 individual grave plaques and pedestals at the Lae War Cemetery.

After significant consultation with the Royal Thai Armed Forces and the Government of Thailand, the design phases associated with the refurbishment of the Hellfire Pass Interpretive Centre concluded in late 2017 and refurbishment works began in February 2018. Konyu Cutting and Hellfire Pass remain open, and temporary interpretation is in place during the refurbishment, which is expected to finish in November 2018.

Thirty new films based on new and historical interviews were developed as part of Australia’s contribution to the Vietnam Veterans Memorial Fund’s planned Education Center at the Wall, to be established on the National Mall in Washington DC. The films are available to anyone interested in the Australian experience of the Vietnam War and can be viewed on the Australia and the Vietnam War section of the Anzac Portal website.

**Europe**

Now more than 20 years old, the Australian War Memorial at Hyde Park Corner in London has recently undergone significant refurbishment. Central to the memorial is a water feature that washes water over the names of more than 3,000 Australian towns from which Australians enlisted to serve in the two world wars. The refurbishment included upgrades to the feature and plant and structural upgrades, all of which were completed prior to the 2018 Anzac Day service.
In 2017–18, the Naours caves were added to the French section of the Australian Remembrance Trail along the Western Front, with funding provided to protect the cave-wall signatures of more than 730 Australian soldiers who visited this tourist attraction during the First World War. Additional funding was provided to the nearby trail site of Vignacourt for further works to complete new visitor facilities at the Vignacourt 14–18 interpretive centre.

The Sir John Monash Centre near Villers-Bretonneux was officially opened on 24 April 2018. This cutting-edge multimedia centre reveals the Australian Western Front experience through a series of interactive media installations and immersive experiences. The SJMC App, downloaded on each visitor’s personal mobile device, is a virtual tour guide for visitors to the centre, the Villers-Bretonneux Military Cemetery and the Australian National Memorial.

Commemorative activities

Commemorative activities provide opportunities for the Australian community to appreciate and acknowledge the role played by Australians in wars and conflicts since Federation.

DVA’s commemorations program aims to increase the community’s understanding of and regard for the service and sacrifice of veterans, to ensure that veterans are afforded the respect and recognition they deserve. DVA also acknowledges the service of eligible war dead by maintaining graves, cemeteries and gardens of remembrance in Australia and Australian memorials overseas.

DVA continued to deliver the Anzac Centenary Program 2014–2018, which acknowledges significant military anniversaries for veterans of the First World War and all subsequent conflicts through its two themes: Centenary of the First World War and Century of Service. The Centenary of the First World War acknowledges the key centenary anniversaries of the First World War, which did so much to shape and define the Australian nation shortly after Federation. The Century of Service acknowledges significant anniversaries from all subsequent conflicts, wherever possible involving the surviving veterans of battles and campaigns.

A number of significant anniversaries of battles were commemorated as part of the Anzac Centenary Program 2014–2018 during 2017–18, including several international services and a series of national services and receptions.

Overseas services

The international services planned and delivered by DVA during 2017–18 were provided with ceremonial support by personnel from the ADF’s Federation Guard, which was responsible for providing the ceremonial catafalque party, band, bugler, and flag and wreath orderlies.

The Department of Foreign Affairs and Trade managed the official representation arrangements and consular support to all Australian citizens who attended the services. The Australian Federal Police provided close liaison and support to the relevant authorities on security matters, and the Department of Home Affairs provided advice and support on security and safety risk assessment policies and guidelines.
The international services included centenary commemorations of:

- the Battle of Polygon Wood, commemorated in Belgium with more than 800 attendees
- the Battle of Beersheba in the Sinai–Palestine campaign, commemorated in Israel with more than 2,000 attendees
- the Battle of Villers-Bretonneux, commemorated at an Anzac Day Dawn Service at the Australian National Memorial near Villers-Bretonneux in France with more than 8,000 attendees.

DVA also conducted Anzac Day dawn services at Gallipoli in Turkey and supported Anzac Day services at other locations, including Hellfire Pass in Thailand, Sandakan in Malaysia, and Isurava and Port Moresby (Bomana) War Cemetery in Papua New Guinea.

**Australian services**

DVA is responsible for planning and delivering services and receptions in Australia as part of the Century of Service program. In 2017–18, services and receptions were held in Canberra. During this period, DVA supported 50 veterans and 33 next of kin of those killed in action to attend commemorative services, and delivered six commemorative events recognising thousands of veterans for their service and sacrifice.

Services held in Canberra included:

- a series of 75th anniversaries marking the Battle of Milne Bay, the Battle of Kokoda and the Battle of the Beachheads, the Battle of El Alamein and the culmination of the North Africa campaigns, and the Battle of the Atlantic—DVA provided support to enable 50 veterans of these battles and their carers to attend commemorative events and receptions
- the 70th anniversary of Australian peacekeeping, with the dedication of the newly constructed Australian Peacekeeping Memorial on Anzac Parade, which recognises the service of more than 1,000 peacekeepers
- the 50th anniversary of the Battles at Fire Support Bases Coral and Balmoral—DVA provided support to enable 33 next of kin of the 26 service personnel killed in action to attend the service, and 1,000 veterans and their guests to attend a reception.

DVA also provided grants to ex-service organisations and foundations to support their commemorative activities, including a grant of $24,979 to the 1RAR Association to commemorate the 25th anniversary of the arrival of the 1RAR task group in Somalia; and four grants totalling $116,816 to ex-service organisations to support commemorative activities in addition to the national service in Canberra commemorating the 50th anniversary of the Battles at Fire Support Bases Coral and Balmoral.

**Grants programs**

In 2017–18, the Department funded grants to support memorials and commemorations of Australian military service and sacrifice through three programs:

- Armistice Centenary Grants Program
- Overseas Privately Constructed Memorial Restoration Program
- Saluting Their Service Commemorative Grants Program.

The Department also funded selected discretionary grants approved by the Minister.
During the year, responsibility for the administration of grants under the Saluting Their Service Commemorative Grants Program was transitioned to the Australian Government Community Grants Hub. More information on grants programs is provided in the Management and Accountability section of this annual report.

Community engagement
DVA produces educational resources and gathers and publishes stories and images of veterans’ service to educate the community about Australia’s wartime history.

In 2017–18, DVA undertook a number of community engagement projects, including the 2017 Remembrance Day and 2018 Anzac Day national mail-outs, the 2017 Anzac Day Schools’ Awards, the Veterans’ Stories oral history project, an animation of the large-format picture book *Here they come: a day to remember*, and a redesign of the Anzac Portal.

The following publications were added to the Anzac Portal:
- *Curiosity: stories of those who report during wartime*
- *Comradeship: stories of friendship and recreation in wartime*
- *Coming home: an investigation of the armistice and repatriation*
- *Keeping the peace: investigating Australia’s contribution to peacekeeping*
- *World wide effort: Australia’s peacekeepers.*

Priorities for 2018–19
In the year ahead:
- the OAWG will
  - finalise the refurbishment of the Hellfire Pass Interpretive Centre
  - upgrade memorials in Israel, Malaysia and Crete
  - continue to improve the process whereby recently accepted war dead of the two world wars are identified as eligible for official commemoration
  - bed down the operations of the Sir John Monash Centre
  - promote the Australian Remembrance Trail along the Western Front and the Sir John Monash Centre
- the Department will
  - commemorate anniversaries, including the centenary of the Battle of Hamel, France; the centenary of the First World War Armistice; the 75th anniversary of Australian prisoners of war working on Hellfire Pass and completing the Thai–Burma railway; and the 65th anniversary of the Korean War Armistice
  - support the Anzac Day Commemorative Service, Villers-Bretonneux, France, and the Anzac Day Dawn Service, Gallipoli, Turkey, in April 2019
  - scope the 2019–2020 Commemorations and War Graves Program
  - complete the delivery of the Armistice Centenary Grants Program and its transition to the Community Grants Hub.
Friends thought lost in battle are reunited

Friends John Hair and Frederick Maurer were wounded on the battlefield at El Alamein. Each believed that the other had been among the many killed in that campaign, until they were happily reunited, 75 years later.

The second battle of El Alamein, a strategic location in Egypt, was a decisive battle in the Second World War. It was part of a campaign led by the British 8th Army that lasted from July to November 1942. The second battle began on 23 October and continued to 4 November, when the Axis forces retreated, marking a turning point in the war.

The Australian 9th Division featured prominently in the El Alamein campaign, and suffered almost 6,000 casualties out of a force of 15,000.

After first arriving in Egypt in 1941, John Hair and Frederick Maurer were sent to Syria to join the 2/23rd Battalion of the 9th Division. The 2/23rd Battalion’s nickname, Albury’s Own, came from the high number of recruits who had joined from Albury and Wodonga.

From Syria, Mr Hair and Mr Maurer were deployed to El Alamein. Early in the second battle, Mr Hair sustained a shrapnel wound to his leg when a shell exploded nearby. Within hours, across the battlefield, Mr Maurer was shot through the eye. Neither knew the other’s fate.

Each of the friends spent several months in hospital in Egypt before being transported home to Australia, where they settled in Victoria. Their paths did not cross again for three-quarters of a century.

On 23 October 2017, DVA hosted a reception in Canberra to mark the 75th anniversary of the second battle of El Alamein. Mr Hair and Mr Maurer attended.

They recognised each other instantly. Mr Hair said of his friend after their joyful reunion, ‘I knew who he was immediately. He looks just the same, a little bit older and a little bit wiser.’

The reception was one of several hosted by DVA to mark the 75th anniversaries of landmark battles of the Second World War, including the Battle of Milne Bay, the Battle of Kokoda, the Battle of the Beachheads, and the Battle of the Atlantic. DVA provided support to enable 50 veterans of the battles and their carers to attend commemorations and receptions.
Annual performance statements

Statement by the accountable authority

I, as the accountable authority of the Department of Veterans’ Affairs, present the 2017–18 annual performance statements of the Department, as required under section 39(1)(a) of the Public Governance, Performance and Accountability Act 2013 (PGPA Act). In my opinion, these annual performance statements are based on properly maintained records, accurately reflect the performance of the Department, and comply with section 39(2) of the PGPA Act.

Liz Cosson
Secretary
Department of Veterans’ Affairs

7 September 2018
Our Purpose

To support those who serve or have served in the defence of our nation and commemorate their service and sacrifice, through:

1. **Compensation and Support**: Maintaining and enhancing the quality of life of clients by improving their financial wellbeing and self-sufficiency.

2. **Health and Wellbeing**: Maintaining and enhancing the quality of life of clients by improving their physical and mental wellbeing.

3. **Commemorations**: Acknowledging and commemorating veterans’ service and sacrifice, and promoting an increased understanding of Australia’s wartime history.

Overview of DVA’s purposes, programs and activities

There is a direct relationship between the three outcomes in the DVA Portfolio Budget Statements 2017–18 and three purposes in the DVA Corporate Plan 2017–2021. DVA achieves its purposes through the programs and activities shown below.

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<tr>
<td>1.5 Deliver the children’s education scheme</td>
<td>2.5 Provide counselling and other health services</td>
<td></td>
</tr>
<tr>
<td>1.6 Deliver income support and compensation under MRCA and DRCA</td>
<td>2.6 Provide access to health and other care services under MRCA and DRCA</td>
<td></td>
</tr>
</tbody>
</table>

**Enabling Services**

- 4.1 Provide a professional, engaged and flexible workforce
- 4.2 Deliver sound financial management
- 4.3 Provide reliable, responsive, accessible and cost-effective digital services
- 4.4 Partner with other Commonwealth agencies including Defence, Health and Human Services
- 4.5 Engage with stakeholders including ex-service organisations and Defence
- 4.6 Undertake a program of strategic research
# Purpose 1: Compensation and Support

Maintain and enhance the quality of life of clients by improving their financial wellbeing and self-sufficiency.

## Performance criteria and results

<table>
<thead>
<tr>
<th>No.</th>
<th>Performance criteria</th>
<th>Target</th>
<th>2016–17 Actual result</th>
<th>2017–18 Actual result</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program 1.1: Deliver income support and allowances</td>
<td>Measurement: The number of days within which 50% of cases will be processed (days)</td>
<td>Claims: 30 PIRs: 10</td>
<td>9</td>
<td>4</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7</td>
<td>7</td>
<td>✓</td>
</tr>
<tr>
<td>1.1.2</td>
<td>Quality: Correctness rate</td>
<td>Claims: &gt;95% PIRs: &gt;95%</td>
<td>97.6%</td>
<td>98.1%</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>97.4%</td>
<td>98.0%</td>
<td>✓</td>
</tr>
<tr>
<td>Program 1.2: Deliver disability support</td>
<td>Measurement: The number of days within which 50% of claims will be finalised (days)</td>
<td>100</td>
<td>59</td>
<td>54</td>
<td>✓</td>
</tr>
<tr>
<td>1.2.2</td>
<td>Quality: Correctness rate</td>
<td>&gt;95%</td>
<td>96.0%</td>
<td>89.4%</td>
<td>✗</td>
</tr>
<tr>
<td>Program 1.3: Deliver assistance to Defence widow/ers and dependants</td>
<td>Measurement: The number of days within which 50% of claims will be finalised (days)</td>
<td>30</td>
<td>24</td>
<td>19</td>
<td>✓</td>
</tr>
<tr>
<td>1.3.2</td>
<td>Quality: Correctness rate</td>
<td>&gt;95%</td>
<td>93.3%</td>
<td>89.2%</td>
<td>✗</td>
</tr>
<tr>
<td>Program 1.4: Deliver other compensation</td>
<td>Funeral Benefits</td>
<td>Measurement: The number of days within which 50% of claims will be processed (days)</td>
<td>10</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>1.4.2</td>
<td>Quality: Correctness rate</td>
<td>&gt;95%</td>
<td>99.2%</td>
<td>100.0%</td>
<td>✓</td>
</tr>
<tr>
<td>Defence Home Loans</td>
<td>Measurement: The number of days within which 50% of claims will be finalised (days)</td>
<td>18</td>
<td>2</td>
<td>4</td>
<td>✓</td>
</tr>
<tr>
<td>1.4.4</td>
<td>Quality: Correctness rate</td>
<td>&gt;95%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>✓</td>
</tr>
<tr>
<td>Program 1.5: Deliver the children’s education scheme</td>
<td>Measurement: The number of days within which 50% of claims will be finalised (days)</td>
<td>28</td>
<td>9</td>
<td>10</td>
<td>✓</td>
</tr>
<tr>
<td>1.5.2</td>
<td>Quality: Correctness rate</td>
<td>&gt;95%</td>
<td>98.1%</td>
<td>100.0%</td>
<td>✓</td>
</tr>
<tr>
<td>1.5.3</td>
<td>Quality (Client satisfaction): Percentage of responses to the annual Education Schemes Satisfaction Survey indicating that clients thought the support provided helped the student reach their academic potential</td>
<td>&gt;75%</td>
<td>85.2%</td>
<td>82.6%</td>
<td>✓</td>
</tr>
</tbody>
</table>
### Performance criteria

<table>
<thead>
<tr>
<th>No.</th>
<th>Performance criteria</th>
<th>Target</th>
<th>2016–17 Actual result</th>
<th>2017–18 Actual result</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.5.4</td>
<td><strong>Quality (Achieving the schemes’ outcomes):</strong> Percentage of the education schemes’ clients progressing through each level of their education or career training</td>
<td>&gt;85%</td>
<td>99.0%</td>
<td>90.1%</td>
<td>✓</td>
</tr>
</tbody>
</table>

Program 1.6: Deliver income support and compensation under MRCA and DRCA

<table>
<thead>
<tr>
<th>Measurement: The number of days within which 50% of claims will be finalised (days)</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- MRCA liability claims</td>
<td>100</td>
<td>93</td>
<td>72</td>
<td>✓</td>
</tr>
<tr>
<td>- DRCA liability claims</td>
<td>100</td>
<td>88</td>
<td>77</td>
<td>✓</td>
</tr>
<tr>
<td>- MRCA permanent impairment claims</td>
<td>100</td>
<td>152</td>
<td>78</td>
<td>✓</td>
</tr>
<tr>
<td>- DRCA permanent impairment claims</td>
<td>100</td>
<td>137</td>
<td>71</td>
<td>✓</td>
</tr>
<tr>
<td>- MRCA incapacity claims</td>
<td>50</td>
<td>49</td>
<td>34</td>
<td>✓</td>
</tr>
<tr>
<td>- DRCA incapacity claims</td>
<td>50</td>
<td>57</td>
<td>36</td>
<td>✓</td>
</tr>
</tbody>
</table>

**Quality: Correctness rate**

| - All MRCA claims                                                                  | >95%   | 91.3%  | 91.9%  | ✗      |
| - All DRCA claims                                                                  | >95%   | 87.1%  | 93.6%  | ✗      |

**Quality: Correctness rate**

| - MRCA liability claims                                                            | >95%   | 95.0%  | 92.7%  | ✗      |
| - DRCA liability claims                                                            | >95%   | 85.7%  | 93.9%  | ✗      |
| - MRCA permanent impairment claims                                                | >95%   | 96.2%  | 90.4%  | ✗      |
| - DRCA permanent impairment claims                                                | >95%   | 90.9%  | 95.9%  | ✓      |
| - MRCA incapacity claims                                                           | >95%   | 80.7%  | 92.0%  | ✗      |
| - DRCA incapacity claims                                                           | >95%   | 86.2%  | 91.2%  | ✗      |

Achieved — Partially achieved ✗ Not achieved

Performance criteria source: PBS = DVA Portfolio Budget Statements 2017–18, CP = DVA Corporate Plan 2017–2021

DRCA = Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988, MRCA = Military Rehabilitation and Compensation Act 2004, PIR = pensioner initiated review

1. As of October 2017, the DRCA replaced the Safety, Rehabilitation and Compensation Act 1988 (SRCA) for current and former Australian Defence Force members who have injuries or illnesses arising from their service prior to 1 July 2004. Program 1.6 and related measures have been updated to reflect this legislative change.

2. Combined claims results in line with the 2017–18 PBS.

3. Individual claim results in line with the 2018–19 PBS.

### Analysis of performance against Purpose 1

<table>
<thead>
<tr>
<th>Performance criteria category</th>
<th>Performance criteria no.</th>
<th>Further information in the annual report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timeliness</td>
<td>1.1.1, 1.2.1, 1.3.1, 1.4.1, 1.4.3, 1.5.1, 1.6.1</td>
<td>Part 1 Performance — Compensation and support (p. 47 – p. 53)</td>
</tr>
<tr>
<td>Quality</td>
<td>1.1.2, 1.2.2, 1.3.2, 1.4.2, 1.4.4, 1.5.2, 1.5.3, 1.5.4, 1.6.2</td>
<td>Part 1 Performance — Compensation and support (p. 47 – p. 53)</td>
</tr>
</tbody>
</table>
Timeliness

The increased number of liability claims received under the MRCA and DRCA is a combination of the expected increase in claims received and a change to the way claims are registered due to the implementation of new systems.

In 2017–18, the Department continued efforts to improve the claims process, which resulted in the timeliness targets for all compensation and income support claims being achieved across Purpose 1 program areas.

The development of a single processing system under the Improving Processing Systems Program has assisted with improved claims processing times for rehabilitation and compensation claims (programs 1.2, 1.3 and 1.6). Around 85 per cent of rehabilitation and compensation claims—including liability, needs assessments, incapacity payments, permanent impairment claims, rehabilitation assistance, and Non-Liability Health Care (NLHC) claims—are now processed in one system. The remaining 15 per cent of rehabilitation and compensation claims are expected to be incorporated in future releases in 2018–19.

All Defence Service Homes loan subsidies (Program 1.4) were processed well within the target of 18 days. This is an indication that clients continue to receive an excellent level of service, which is reflected in the fact that no complaints were received in regard to processing timeliness. Half of the requests received were finalised within four days, greatly assisting the clients to proceed to meet their housing needs.

Children’s education scheme claims (Program 1.5) were processed well within their target of 28 days.

Quality

Program 1.1 achieved the quality rate, maintaining a high correctness rate throughout the year. Funeral benefits (Program 1.4) and children’s education scheme claims (Program 1.5) achieved 100 per cent correctness rates. Defence Service Homes loans also achieved a 100 per cent correctness rate, again maintaining the reputation of a well-administered scheme, ensuring that clients receive the highest standard of service.

The quality target for Program 1.4 continues to be achieved. No critical errors occurred in 2017–18 for Defence Service Homes loans, again maintaining the reputation of a well-administered scheme ensuring that clients receive the highest standard of service. Clients can be confident they are receiving their correct entitlements under the Defence Service Homes loans scheme.

DVA continues to improve the quality of work in Purpose 1 program areas by using information provided by the quality assurance program to manage resource allocation, improve training and development packages, target policy and procedural support, and engage in performance management. Improving information technology support through the implementation of new processing systems is also expected to improve the quality of decision-making under programs 1.2, 1.3 and 1.6.
Under the Veterans’ Children Education Scheme and the Military Rehabilitation and Compensation Act Education and Training Scheme, education allowances are paid to eligible children of ADF members who have died or been severely injured as a result of service. The schemes also provide for special assistance, student support services, guidance and counselling for eligible students undertaking primary, secondary and tertiary full-time study within Australia.

The results from the 2018 Education Schemes Satisfaction Survey (Program 1.5) demonstrate that a very high percentage of recipients believe that the support provided under the schemes was effective or very effective in helping students to reach their academic potential.

Summary

Significant improvements have been achieved against Purpose 1 in relation to timeliness, for which all targets were achieved in 2017–18. Improving the claims process continues to be a key strategy in the Department’s ongoing commitment to providing a more efficient service. Further improvements to business practices will enable efficiencies, and the continued focus on quality performance will ensure that clients are receiving the benefits and entitlements to which they are entitled.
**Purpose 2: Health and Wellbeing**

Maintain and enhance the quality of life of clients by improving their physical and mental wellbeing.

### Performance criteria and results

<table>
<thead>
<tr>
<th>No.</th>
<th>Performance criteria</th>
<th>Target</th>
<th>2016–17 Actual result</th>
<th>2017–18 Actual result</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Program 2.1: Provide access to general medical consultations and services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 2.11| Ensure arrangements are in place for the access to and delivery of quality general and specialist medical and dental services for DVA Health Card holders.  
• Number of clients accessing services versus the number who have registered a complaint in relation to un-met access and/or quality. | >99%   | 99.9%                 | 100.0%                | ✓        |
|     | Maintain a schedule of general and specialist medical and dental services to meet the health care needs of DVA Health Card holders and maintain consistency with trends in the delivery of health care services.  
• Number of listed services assessed versus the number of approved unlisted services. | >97%   | 99.9%                 | 99.9%                 | ✓        |
|     | **Program 2.2: Provide access to hospital services** |        |                       |                       |          |
| 2.21| Ensure arrangements are in place for the access to and delivery of quality private and public hospital services for DVA Health Card holders.  
• Number of clients accessing services versus the number who have registered a complaint in relation to un-met access and/or quality. | >99%   | 99.8%                 | 99.8%                 | ✓        |
|     | **Program 2.3: Provide access to pharmaceutical benefits** |        |                       |                       |          |
| 2.31| Ensure arrangements are in place for the access to and delivery of quality pharmaceutical services for DVA Health Card holders.  
• Number of clients accessing services versus the number who have registered a complaint in relation to un-met access and/or quality. | >99%   | 100.0%                | 100.0%                | ✓        |
|     | **Program 2.4: Provide access to community care and support** |        |                       |                       |          |
| 2.41| Ensure arrangements are in place for the access to and delivery of quality community care services for DVA Health Card holders.  
• Number of clients accessing services versus the number who have registered a complaint in relation to un-met access and/or quality. | >99%   | 99.7%                 | 99.6%                 | ✓        |
<table>
<thead>
<tr>
<th>No.</th>
<th>Performance criteria</th>
<th>Target</th>
<th>2016–17 Actual result</th>
<th>2017–18 Actual result</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Program 2.5: Provide counselling and other health services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Access to Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ensure arrangements are in place for the access and delivery of quality mental and</td>
<td>&gt;99%</td>
<td>99.4%</td>
<td>99.3%</td>
<td>✓</td>
</tr>
<tr>
<td>2.5.1</td>
<td>allied health services for DVA Health Card holders.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Number of clients accessing services versus the number who have registered a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>complaint in relation to un-met access and/or quality.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maintain a schedule of services to meet the health care needs of DVA Health Card</td>
<td>&gt;97%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>✓</td>
</tr>
<tr>
<td>2.5.2</td>
<td>holders and maintain consistency with trends in the delivery of health care services.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Number of listed services accessed versus the number of approved unlisted services.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Travel</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Target percentage of claims for reimbursement processed within the Service Charter</td>
<td>100%</td>
<td>99.0%</td>
<td>99.5%</td>
<td>✗</td>
</tr>
<tr>
<td>2.5.3</td>
<td>timeframe (28 days)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Degree of complaints about arranged travel relative to the quantity of bookings</td>
<td>&lt;0.05%</td>
<td>0.03%</td>
<td>0.02%</td>
<td>✓</td>
</tr>
<tr>
<td>2.5.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Veterans and Veterans Families Counselling Service (VVCS)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Percentage of clients in receipt of an episode of care, who access a VVCS clinician</td>
<td>&gt;65%</td>
<td>71.2%</td>
<td>65.6%</td>
<td>✓</td>
</tr>
<tr>
<td>2.5.5</td>
<td>(centre based or outreach) within two weeks of intake and assessment occurring</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Client satisfaction</td>
<td>&gt;80%</td>
<td>93.3%</td>
<td>94.5%</td>
<td>✓</td>
</tr>
<tr>
<td>2.5.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Veterans’ Vocational Rehabilitation Scheme</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clients with successful return to work</td>
<td>&gt;50%</td>
<td>44.7%</td>
<td>51.3%</td>
<td>✓</td>
</tr>
<tr>
<td>2.5.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>**Program 2.6: Provide access to health and other care services under MRCA and DRCA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Timeliness:</strong> The percentage of rehabilitation assessments that were made within</td>
<td>90%</td>
<td>n.a</td>
<td>Not met(^1)</td>
<td>✗</td>
</tr>
<tr>
<td>2.6.1</td>
<td>30 days of referral for assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Quality/Quantity:</strong> Percentage of new incapacity payees who have undergone a</td>
<td>90%</td>
<td>n.a</td>
<td>Not met(^1)</td>
<td>✗</td>
</tr>
<tr>
<td>2.6.2</td>
<td>rehabilitation assessment within 30 days of the incapacity payment determination</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Quality/Quantity:</strong> Percentage of clients where rehabilitation goals were met or</td>
<td>90%</td>
<td>n.a</td>
<td>Not met(^1)</td>
<td>✗</td>
</tr>
<tr>
<td>2.6.3</td>
<td>exceeded</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^1\) Data quality issues, due in part to migrating data from DVA’s ageing ICT systems, have made accurate reporting on the rehabilitation program performance indicators (PIs) difficult during 2017–18. The rehabilitation PIs have been reviewed and revised for 2018–19, and DVA will be able to report on the rehabilitation PPI outcomes for 2018–19.
Analysis of performance against Purpose 2

<table>
<thead>
<tr>
<th>Performance criteria category</th>
<th>Performance criteria no.</th>
<th>Further information in the annual report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to health services</td>
<td>2.1.1, 2.1.2, 2.2.1, 2.3.1, 2.4.1, 2.5.1, 2.5.2</td>
<td>Part 1 Performance – Health and wellbeing (p. 56 – p. 66)</td>
</tr>
<tr>
<td>Travel</td>
<td>2.5.3, 2.5.4</td>
<td></td>
</tr>
<tr>
<td>Counselling</td>
<td>2.5.5, 2.5.6</td>
<td></td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>2.5.7, 2.6.1, 2.6.2, 2.6.3</td>
<td></td>
</tr>
</tbody>
</table>

Access to health services
The number of clients making a complaint in relation to un-met access or quality is very low when considered in the context of the overall number of health services accessed by DVA clients across all Purpose 2 programs. This is an indication that there is currently no widespread issue impacting DVA clients’ ability to access clinically necessary treatment.

Travel
DVA records all complaints and compliments in the complaints and feedback management system. This information provides a valuable tool to identify inconsistencies in service delivery and is used to target improvement activities.

In 2017–18, the number of complaints about arranged travel (Program 2.5) relative to the quantity of bookings was again less than the target of 0.05 per cent, which indicates a continuing high level of satisfaction with the program.

The performance target for reimbursement of travel claims within 28 days (Program 2.5) was not met. However, the processing figure of 99.5 per cent was higher than the processing figure of 99.0 per cent for 2016–17. This improvement follows the consolidation of responsibility for the processing of all client travel claims to a single processing team.

Counselling
The percentage of clients receiving attention from a Veterans and Veterans Counselling Service (VVCS) clinician within two weeks of intake continues to be above the target. Levels of client satisfaction with VVCS continue to be high and above the target.

Rehabilitation
Data quality issues, due in part to migrating data from DVA’s ageing ICT systems, made accurate reporting on the rehabilitation performance criteria difficult during 2017–18. The rehabilitation program performance indicators (PPIs) have been reviewed and revised for 2018–19, and DVA will be able to report on the rehabilitation PPI outcomes for 2018–19.

Summary
DVA remains committed to ensuring that clients have timely access to high-quality health care and rehabilitation services, in partnership with providers, and to maintaining and developing services that support a level of independence. DVA continues to review and improve business practices to ensure that programs are delivered efficiently and effectively.
Purpose 3: Commemorations

Acknowledge and commemorate veterans’ service and sacrifice, and promote an increased understanding of Australia’s wartime history.

Performance criteria and results

<table>
<thead>
<tr>
<th>No.</th>
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<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Program 3.1: Provide and maintain war graves</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.1.1 The condition of war graves that are the primary place of official commemoration and sites of collective official commemoration that are maintained by OAWG meets CWGC standards.</td>
<td>Complaints received relate to 10 or less graves or sites of collective commemoration</td>
<td>n.a¹ Achieved</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Program 3.2: Deliver commemorative activities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.2.1 Events are delivered safely, on schedule and within budget</td>
<td>The number of safety incidents reported is less than 1% of those in attendance</td>
<td>100% of events are delivered on time and with less than a 5% variation in actual expenditure compared to budget</td>
<td>Achieved Partially Achieved</td>
<td>—</td>
</tr>
<tr>
<td></td>
<td>3.2.2 Government is satisfied with quality</td>
<td>The Minister for Veterans’ Affairs confirms the Government's satisfaction with the quality of each event</td>
<td>Achieved Achieved</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

Performance criteria source: PBS = DVA Portfolio Budget Statements 2017–18, CP = DVA Corporate Plan 2017–2021

CWGC = Commonwealth War Graves Commission, OAWG = Office of Australian War Graves

¹ New measure as identified in the Corporate Plan 2017–2021. This measure has been established to be more representative of the activity undertaken.

Analysis of performance against Purpose 3

<table>
<thead>
<tr>
<th>Performance criteria category</th>
<th>Performance criteria no.</th>
<th>Further information in the annual report</th>
</tr>
</thead>
<tbody>
<tr>
<td>War graves</td>
<td>3.1.1</td>
<td>Part 1 Performance – Commemorations (p. 68 – p. 72)</td>
</tr>
<tr>
<td>Commemorations</td>
<td>3.2.1, 3.2.2</td>
<td></td>
</tr>
</tbody>
</table>
Office of Australian War Graves

DVA is responsible for managing the care and maintenance of over 330,000 official commemorations for war dead and post-war dead located in over 2,000 sites across Australia, including 75 war cemeteries and 10 gardens of remembrance, as well as the war cemeteries, isolated graves of eligible veterans and official Australian war memorials in Papua New Guinea and Solomon Islands. This activity is managed by the Office of Australian War Graves (OAWG).

The OAWG welcomes feedback from the public and the ex-service community on the standards of maintenance and presentation of war cemeteries, graves, official commemoration plaques and monuments. In 2017–18, the performance measure was changed from reporting on the number of commemorations cared for and maintained against the standard set by the Commonwealth War Graves Commission, to allow for reporting against the complaints and compliments about the care and maintenance of those commemorations recorded in DVA's client feedback management system. In 2017–18, no complaints were received regarding presentation or maintenance. The OAWG continues to maintain a consistent and high standard.

Commemorations

DVA successfully coordinated and managed the delivery of a number of international and domestic commemorative events during 2017–18. While a number of events were delivered within budget, four international and two domestic services were delivered with a variation in actual expenditure, compared to budget, of more than 5 per cent. Of those six services, three were delivered under budget and three were delivered over budget. The variations in expenditure were due to changes in the planning and delivery of the commemorative services, including changes to the infrastructure and the support required to deliver the events.

Positive media coverage, feedback and letters of appreciation received from stakeholders, including veterans and ex-service organisations, indicate that DVA conducted commemorative services in an appropriately dignified and professional way.

Education and awareness

DVA produces educational resources and gathers and publishes stories and images of veterans' service to educate the community about Australia's wartime history.

In 2017–18, DVA undertook a number of community engagement projects with the aim of increasing the Australian public's education and understanding of the effects of war and raising the profile of our veteran community. Specifically, DVA focused on the production of a number of resources to support teachers in the delivery of the national curriculum for primary and secondary school students. The Department continues to refine its education and awareness platform, the Anzac Portal: Beyond a Century of Service website, in order to provide a historically accurate online resource referencing Australia's wartime history.

Summary

Based on stakeholder feedback and other performance criteria, it is evident that in 2017–18 the Department continued to perform solidly in the areas of commemorations and educative activities. These activities serve to increase the community's understanding of Australia's wartime history and ensure that such knowledge is not lost to future generations, despite the growing generational divide. This, in turn, will enhance the quality of life of veterans and their families by ensuring the ongoing recognition of their service and sacrifice.
Enabling Services

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

Performance criteria and results

<table>
<thead>
<tr>
<th>No.</th>
<th>Performance criteria</th>
<th>Target</th>
<th>2016–17 Actual result</th>
<th>2017–18 Actual result</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>Provide a professional, engaged and flexible workforce</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1.1</td>
<td>APS workforce is affordable and within budget</td>
<td>Achieved</td>
<td>Partially achieved</td>
<td>Achieved</td>
<td>✔</td>
</tr>
<tr>
<td>4.1.2</td>
<td>Workforce strategy is in place and reviewed regularly to meet operational requirements</td>
<td>Achieved</td>
<td>Achieved</td>
<td>Achieved</td>
<td>✔</td>
</tr>
<tr>
<td>4.1.3</td>
<td>Workforce is engaged and actively participates with attendance rates consistent with like APS agencies</td>
<td>Achieved</td>
<td>Partially achieved</td>
<td>Partially achieved</td>
<td>✔</td>
</tr>
<tr>
<td>4.1.4</td>
<td>Workforce actively participates in Performance Agreements under the Performance Feedback Scheme</td>
<td>&gt;90%</td>
<td>94%</td>
<td>90.0%</td>
<td>✔</td>
</tr>
<tr>
<td>4.2</td>
<td>Deliver sound financial management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2.1</td>
<td>The Strategic Financial Plan is in place, and it is reviewed and updated regularly</td>
<td>Achieved</td>
<td>Achieved</td>
<td>Achieved</td>
<td>✔</td>
</tr>
<tr>
<td>4.2.2</td>
<td>Unqualified financial statements</td>
<td>Achieved</td>
<td>Achieved</td>
<td>Achieved</td>
<td>✔</td>
</tr>
<tr>
<td>4.2.3</td>
<td>Continue to monitor the financial performance of the Department to ensure sustainability</td>
<td>Achieved</td>
<td>Achieved</td>
<td>Achieved</td>
<td>✔</td>
</tr>
<tr>
<td>4.3</td>
<td>Provide reliable, responsive, accessible and cost effective digital services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3.1</td>
<td>ICT platform availability</td>
<td>&gt;98%</td>
<td>99.6%</td>
<td>99.8%</td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td>- Application</td>
<td>&gt;98%</td>
<td>99.2%</td>
<td>98.9%</td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td>- Network</td>
<td>&gt;98%</td>
<td>98.0%</td>
<td>99.8%</td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td>- Telephone</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.4</td>
<td>Partner with other Commonwealth agencies including Defence, Health and Human Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.4.1</td>
<td>Governance arrangements are established and reviewed in accordance with respective agency agreements</td>
<td>Achieved</td>
<td>Achieved</td>
<td>Achieved</td>
<td>✔</td>
</tr>
<tr>
<td>4.5</td>
<td>Engage with stakeholders including ex-service organisations and Defence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.5.1</td>
<td>Consultative fora are established with ESOs and Defence communities and reviewed in accordance with the NCF</td>
<td>Achieved</td>
<td>Achieved</td>
<td>Achieved</td>
<td>✔</td>
</tr>
<tr>
<td>4.6</td>
<td>Undertake a program of strategic research</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.6.1</td>
<td>Research has been undertaken in accordance with the Applied Research Program (ARP)</td>
<td>Achieved</td>
<td>Achieved</td>
<td>Achieved</td>
<td>✔</td>
</tr>
</tbody>
</table>

ESO = ex-service organisation, NCF = National Consultation Framework
Analysis of performance against purposes 1 to 3

**Workforce management**

DVA has achieved performance criterion 4.1.1 by maintaining an affordable workforce.

DVA achieved performance criteria 4.1.2 as the Workforce Strategy underwent a significant review in 2017–18 to ensure that it will continue to adapt as the Department continues its transformation program. The new Workforce Strategy will be updated biannually to reflect the fact that the Department is continually working towards attracting, retaining and developing a workforce capable of delivering high-quality and connected services to veterans and their families.

DVA partially achieved performance criteria 4.1.3. The 2017 Australian Public Service (APS) State of the Service employee census recorded a very high employee engagement index of 80 per cent for DVA, compared to the average for large operational agencies of 70 per cent. In the 2018 APS employee census results, the DVA employee engagement index fell to 74 per cent, due to the addition of new questions. However, DVA retained an employee engagement advantage when compared to the APS average (70 per cent) and the average for large operational agencies (69 per cent). The DVA unscheduled absence rate improved in 2017–18 to an average of 14 days, compared with an average of 14.6 days in the previous year. While DVA scored very well in relation to employee engagement, its unscheduled absence results only surpassed two of the three similar agencies (Department of Human Services, Department of Health and Department of Defence), so an overall performance rating of partially achieved for criteria 4.1.3 is appropriate.

DVA achieved performance criteria 4.1.4. This result reflects participation in performance agreements under the Performance Feedback Scheme as at 30 May 2018. Results are normally taken from reports produced in July; however, DVA changed its human resource management system in May 2018 and the new system does not currently have the facility to record participation in performance agreements. The facility will be implemented by 1 September 2018.

**Financial management**

The Strategic Financial Plan (SFP) was reviewed and updated in 2017–18. The plan outlines financial strategies to assist the Department in meeting the objectives identified in the DVA Corporate Plan 2018–2022. The SFP will also assist in meeting the Government’s commitment to maintain a separate and appropriately funded agency.

The audit of DVA’s 2017–18 financial statements by the Australian National Audit Office resulted in an unqualified audit report.

A financial summary (snapshot) was prepared and reviewed on monthly basis to help the Executive Management Board to monitor the financial performance of the Department. In addition, a biannual review of DVA’s five-year model was conducted. DVA has updated the model to articulate how the Department remains sustainable.
Digital services
Levels of stability were high across all of the Department’s digital platforms in 2017–18; in several months there was 100 per cent availability for all platforms.

The year-on-year totals show an increase in the overall stability of services, particularly for the application and telephone platforms.

Partnering with other agencies
As part of its transformation and its business-as-usual activities, DVA interacts with the Department of the Prime Minister and Cabinet, Defence, the Department of Human Services (DHS), the Department of Health, the Department of Social Services (DSS), the Digital Transformation Agency (DTA), the Australian Government Actuary and the Australian Institute of Health and Welfare (AIHW).

DVA’s collaboration with other agencies is set to increase over the short to medium term.

DVA’s partnership with Defence remains strong, with pilots underway to better position both organisations to improve the veteran experience—the Special Operations Forces Pilot is a key example. The Transition Taskforce and its work to improve the transition experience for members leaving the Australian Defence Force (ADF) is also a clear example. Mechanisms to evaluate pilot activity are also underway and will complement higher order arrangements under the established memorandum of understanding (MOU) in place between our agencies. Three formal committees sit under the MOU to govern and implement the strategic direction: the Defence DVA Executive Committee, the Defence Links Steering Committee and the Information Management Working Group.

The partnership with DHS is central to the success of DVA’s transformation. While the focus has been on building the foundation to transform DVA systems, there has been tangible success in leveraging digitisation to reduce processing times for key claims via the online service, MyService. DVA is trialling avenues to expand its service footprint not only through technological advancement but also by leveraging the physical reach of DHS. This work is informing the development of a service delivery strategy to meet the needs of all veteran cohorts into the future.

DVA and DHS signed a statement of intent in October 2017. The two departments are committed to strengthening collaboration, encouraging innovation and refining governance arrangements to meet the contemporary needs of both organisations. The DVA–DHS Partnership Committee and the Transformation Program Board are senior governance committees that facilitate the development and implementation of business transformation and the ongoing management of service schedules.

DVA is an active player in the broader reform agenda across the APS, and is involved in the Digital Transformation Agenda, the Shared and Common Services Programme, the Welfare Payment Infrastructure Transformation Programme and Streamlined Grants Administration. A senior DHS officer was seconded to DVA to drive the operating model for ICT services following the full transition of DVA’s ICT arrangements in 2017–18.
In addition to its core partnerships with Defence and DHS, DVA works with a range of other Commonwealth entities. DVA's business needs are typically measured through discrete cross-agency groups, MOUs and local management arrangements:

• DVA is working with the Department of Health to develop an integrated DVA–Health dataset and a partnership on analytics work. Building our analytics capability to drive DVA policy and program delivery is a key transformation priority as we move to a more proactive approach to service delivery. DVA engages with Health through formal and informal channels, from senior executive participation in interdepartmental committees to officer-level interaction on specific issues. DVA executives attend several interdepartmental committees led by Health.

• DVA and Health have also established a statement of intent to outline the commitment between the two departments to ensure the provision of high-quality aged care and hearing services. The governance arrangement with Health for aged care services will be reviewed and refreshed in 2018–19.

• In July 2016, DVA entered into a partnership agreement with DSS regarding the Community Grants Hub. A whole-of-government initiative under the DTa, the Community Grants Hub is intended to deliver a simpler and more consistent approach to the administration of grants across government. It aims to provide a better user experience for grant applicants and recipients, while enabling the Government to deliver grants programs more efficiently and effectively, at a lower cost. On 20 February 2018, the first of DVA's grant programs to transition to the hub was opened for online applications.

• The DTa acts as an advisory and assurance agency for the implementation of Digital Transformation Agenda government policy. This generates engagement with DVA on a number of levels. DVA engages with the DTa to seek advice on service design and Digital Service Standard assessments, processes and reports.

• On 1 July 2017, DVA entered into a three-year strategic partnership with the AIHW, in the form of a schedule to an existing MOU. The partnership builds on the successful relationship between DVA and the AIHW to develop a comprehensive profile of the health and welfare of Australia's veteran population. It takes a coordinated, whole-of-population approach to monitoring and reporting on the current status and future needs of veterans and their families, in support of DVA's strategic research and data needs.

• DVA has an MOU with the Department of the Prime Minister and Cabinet to provide services through the Behavioural Economics Team of the Australian Government (BETA). DVA is working with BETA to evaluate behavioural approaches to provide veterans with earlier access to services better targeted to meet their needs.

**Stakeholder engagement**

The Department's National Consultation Framework (NCF) facilitates communication between the veteran community, the Repatriation Commission, the Military Rehabilitation and Compensation Commission and DVA on issues that are significant to the veteran community.

The NCF is composed of five forums: the Ex-service Organisation Round Table, Operational Working Party, Younger Veterans—Contemporary Needs Forum, National Aged and Community Care Forum, and Female Veterans and Veterans' Families Policy Forum. Each forum has a different focus, such as strategic issues for the Department and veterans and their families; systemic issues and ways to maintain policy improvements; the needs of younger veterans and their families, with a focus on mental health support; ways to assist veterans to access aged care services; and the unique needs of female veterans.
The NCF is reviewed every three years to ensure its ongoing effectiveness and relevance. The next review will take place in 2019.

**Research**

The Applied Research Program (ARP) is the central mechanism of the DVA Strategic Research Model, which is designed to develop and manage best practice research into the health and wellbeing needs of Australia’s veterans and their families. Under the model, DVA business areas commission research projects that contribute to departmental outcomes; some of those projects are funded through the ARP. All ARP-funded research proposals approved by the Research Board were funded in accordance with the ARP requirements and governance.

**Summary**

DVA achieved or partially achieved all its enabling services targets in 2017–18. The Department delivers client services programs and achieves its purposes with the support of its professional and engaged workforce, sound financial management functions and reliable digital services platform. DVA’s partnerships with key Commonwealth and stakeholder organisations have been productive and beneficial. The Department continues to have a strong focus on research and analytics that enables the evolution of better client support and services.
Report on financial performance

The Department reported a consolidated operating surplus (excluding depreciation) of $3.46 million in 2017–18. This is against the budget of $2.55 million reported in the 2017–18 Portfolio Budget Statements. The Defence Service Homes Insurance Scheme (DSHIS) reported an operating surplus of $5.68 million (excluding depreciation).

DSHIS operates as a separate entity but, under the Commonwealth financial framework, is reported as part of DVA. For more details on DSHIS, see page 52 and DSHIS’s financial statements beginning on page 179.

DVA’s cash position increased by $1.56 million in 2017–18.

DVA’s net assets increased by $5.76 million in 2017–18 (from $76.94 million in 2016–17 to $82.70 million in 2017–18), mainly due to the increase in appropriations receivable.

Table 5 highlights the financial relationship between DVA and DSHIS. The table shows the entities separately, then amalgamates their finances to give the total which is used for reporting in the financial statements.

### Table 5  Financial performance and financial position for DVA and DSHIS 2015–16 to 2017–18

<table>
<thead>
<tr>
<th></th>
<th>2015–16</th>
<th>2016–17 ¹</th>
<th>2017–18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DVA ($m)</td>
<td>DSHIS ($m)</td>
<td>DVA total ($m)</td>
</tr>
<tr>
<td>Surplus/deficit after income tax</td>
<td>–13.47</td>
<td>7.03</td>
<td>–6.44</td>
</tr>
<tr>
<td>Non-appropriated expenses</td>
<td>25.37</td>
<td>0.07</td>
<td>25.44</td>
</tr>
<tr>
<td>Surplus/deficit attributable to the entity</td>
<td>11.90</td>
<td>7.10</td>
<td>19.00</td>
</tr>
<tr>
<td>Cash balance</td>
<td>5.54</td>
<td>2.17</td>
<td>7.71</td>
</tr>
<tr>
<td>Net assets</td>
<td>31.78</td>
<td>35.02</td>
<td>66.80</td>
</tr>
</tbody>
</table>

DSHIS = Defence Service Homes Insurance Scheme

¹ Restated 2016–17 to correct prior year DSHIS fire brigade levy recognition.