



**Australian Government**  
**Department of Veterans' Affairs**

**Joint Inquiry into the management of Jesse Bird's case (2017) Recommendations**  
**Progress of Implementation as at 31 December 2018**

No	Recommendation	Actions in response to the recommendation	Other related work underway
<b>Priority Recommendations (9):</b>			
<b>1</b>	The Secretary to examine the areas of potential non-compliance with current legislation and policy to provide the Minister advice regarding any redress action/s.	<p>The review was completed on 30 October 2017. The Minister has been briefed.</p> <p>The review determined that the relevant legislation, policies and practices lacked the necessary detail to assist the decision-makers in making a beneficial decision in Jesse's case. It determined that whilst the staff were largely working within parameters, the intent of these policies and practices was either inconsistent with the beneficial nature of the relevant legislation, or there was an absence of policy to support the circumstance. This impeded the ability of staff to provide appropriate support.</p> <p>The Inquiry recommendations are intended to address these deficiencies.</p>	<p>DVA is looking to better support its delegates in their decision-making responsibilities, by:</p> <ul style="list-style-type: none"><li>• reviewing training and competencies for delegates;</li><li>• implementing a framework to strengthen competencies and culture in decision-making; and</li><li>• providing decision support tools to delegates, including clear guidance on the application of the principles of beneficial legislation.</li></ul>
<b>2</b>	Provide delegates with a clear statement of the policy and processes when considering an interim payment of compensation for permanent impairment to ensure that interim	<p>Additional guidance has been provided to delegates to make it clear that where an impairment is permanent but not yet stable, payment of interim Permanent Impairment compensation should be considered.</p> <p>The guidance clarified that "stable" means unlikely to improve to any major degree. In cases where the stability of</p>	DVA is committed to ongoing education and training for its staff – see response to recommendation 8 below.

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	<p>compensation payments are being provided in all cases where appropriate.</p>	<p>an impairment is unclear, delegates can seek the advice of a DVA Contracted Medical Advisor (CMA) to provide an opinion based on existing medical evidence, or they can liaise with the client's medical practitioner for clarification via a supplementary report.</p> <p>Amendments have also been made to the policy – see response to recommendation 17 below. As at 31 December 2018, DVA has made 1,262 interim PI payments since December 2017.</p>	
<p><b>3</b></p>	<p>Put in place controls to ensure process of registration of claims is consistently followed when needs assessment is received and not delayed by other information that is not yet provided.</p>	<p>Procedural changes have been implemented with immediate effect to ensure the registration of Incapacity Payments claims occurs promptly upon completion of a Needs Assessment.</p> <p>In particular, once a Needs Assessment has been completed, claims are automatically registered for those benefits case types and incapacity claims identified during the Needs Assessment.</p> <p>System tasking has also been introduced to flag where clients have exceeded expected timeframes in the claims investigation process.</p>	<p>The online claims processing portal MyService has continued to be developed to allow streamlined claims under all three Acts administered by DVA. Initially claimants were required to have a PMKeyS number, but since July 2018 MyService has been opened to all claimants.</p> <p>MyService includes an online Needs Assessment module that is completed during the claim, or can be completed as a separate activity. From January 2019 MyService will be expanded to allow incapacity payment claims to be lodged online.</p> <p>DVA has also implemented improvements in the workflow management and reporting tools of its Rehabilitation and Compensation (R&amp;C) processing ICT system.</p>
<p><b>4</b></p>	<p>Enhance reporting and risk factor escalation between Open Arms (formerly VVCS) and DVA through an offering to clients that includes an 'opt-out' model of information sharing, so that all support services are integrated for clients with diagnosed mental health issues.</p>	<p>Changes to the Open Arms – (formerly Veterans and Veterans Families Counselling Service) informed consent form and process have been developed and subsequently endorsed by the Open Arms National Advisory Committee. This process allows for communication between Open Arms and DVA in the event of duty of care provisions relating to clients' safety, or where a client consents to the sharing of information. Clients are able to opt out of this arrangement. The updated process and related training for clinicians has been implemented. All existing Open Arms clients are presently being channelled through the new consent process.</p>	<p>A Triage process is being implemented for clients identified as at risk during any stage of their post-service journey.</p> <p>Information about triggers and behaviours has been provided to staff to help them identify clients who should be referred to the Triage team. The Triage service is currently being rolled out in a staged approach.</p>

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	(Continued...)	<p>A similar process has been implemented for DVA case coordinated clients, to ensure their consent is sought for DVA to communicate with Open Arms to assist with access to supports and care.</p> <p>Protocols to facilitate case conferencing between DVA and Open Arms on individual clients have also been developed and implemented. This provides for a collaborative approach to supporting clients with mental health conditions.</p>	
5	Put in place controls to ensure that complex case management is initiated for complex or high risk clients.	<p>Implementation of the new Client Support Framework, including the Triage and Connect function, has occurred. This provides a single front door for all staff to escalate complex and high risk clients for assessment and tailored response to their needs. It also includes consideration for inclusion in Coordinated Client Support (CCS), and a case management pilot called the Wellbeing and Support Program.</p> <p>The CCS service provides assistance and tailored support to complex and high needs clients. It enables them to access critical benefits and services in a timely and professional manner.</p> <p>As well as accepting referrals from DVA, CCS also accepts referrals from Open Arms and the Australian Defence Force.</p> <p>Open Arms has engaged additional clinical capability to deliver mental health case management. Open Arms has strengthened its ability to track the use of this mental health case management in its client management system.</p> <p>Open Arms clinical policy has been updated to include a process for contacting clients identified as high risk, referred to as 'reach out calls'. This initiative is different to welfare checks, which have been undertaken by Open Arms since inception. Reach out calls are a softer approach, aimed at ensuring support and building on Open Arms' ability to provide crisis intervention where necessary.</p>	<p>A two-year, \$4 million case management pilot, called the Wellbeing and Support Program, has commenced to provide support to veterans with complex needs transitioning from the Australian Defence Force (ADF), and to former members who are experiencing crisis. The Program is anticipated to include up to 100 veterans in the first year, increasing to 200 veterans in the second year. Please see recommendation 10.</p> <p>The Triage process mentioned in relation to recommendation 4 will minimise the complexity of the process by which staff refer clients for additional supports, and ensure clients are quickly streamed to supports appropriate to their needs.</p> <p>DVA is exploring system changes to better identify complex or high risk clients and that complex case management is initiated when appropriate.</p>

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6	<p>Service Level Agreement Key Performance Indicators for information sharing with partner agencies (such as Defence and the Commonwealth Superannuation Corporation), including timeframes for DVA to request information as soon as possible after claim registration and timeframes for partner agencies to respond.</p>	<p>DVA is working with Defence to ensure all information needs are satisfied to facilitate timely claim registration and processing for all clients, as well as improving DVA processes.</p> <p>Where a member does not have an electronic service history that DVA can access, DVA accepts the service history as stated by the member, processes the claim without delay and pursues the necessary supporting paperwork later.</p> <p>DVA is working with the Commonwealth Superannuation Corporation (CSC) to improve the exchange of information between DVA and CSC.</p>	<p>Several process improvement workshops have been conducted with DVA and Defence including a combined agency workshop to identify issues and opportunities to improve the Single Access Mechanism (SAM) process. An action plan was developed and has been implemented.</p> <p>This included the introduction of procedural guidelines for claims assessors to assist with better quality and timely requests including appropriate categorisation of the degree of urgency. A training module has been developed to better inform claims assessors how to request information from Defence.</p> <p>Online claims processing portal MyService has continued to be developed to allow streamlined claims under all three Acts administered by DVA, and from January 2019 incapacity payment claims may also be lodged online.</p>
7	<p>Review existing Service Coordination processes that provide coordinated, tailored and empathetic response to families, for relevancy in the case of the death of non-serving clients.</p>	<p>Service Coordination was first introduced to support the partners and families of members killed on deployment. Processes have been reviewed to ensure their timely and appropriate application to all deaths that are service-related. This includes early contact with the dependants where the death occurs post-discharge, and the involvement of clinical staff in initial contacts.</p> <p>Service Coordination guidelines have been updated to include additional information to support families of non-serving clients. The updates include early engagement with Open Arms to provide support for families, Indigenous Sorry Business and Family Support Package information.</p> <p>Service Coordination are also responsible for identifying families who may be potentially eligible for support through the Family Support Package, and completing a Service Assessment form to explore tailored support options within the package guidelines.</p>	<p><i>The Veterans' Affairs Legislation Amendment (Veteran-centric Reforms No. 1) Act 2018</i> inserted a new Chapter 5A – Family Support into the MRCA to establish the legislative framework for providing support to eligible members, former members and their families. The new family support measures introduced on 1 May 2018, with a budget commitment of \$7.1m over four years, will provide further support to families with access to counselling, child care and home help.</p> <p>These measures provide additional support for MRCA veterans who have rendered warlike service post 1 July 2004, and for the partners of veterans with post 1 July 2004 warlike service who may have died while rendering such service, or whose death was a death by suicide and is related to their service.</p> <p>Veterans and their nominated family members may access:</p> <ul style="list-style-type: none"> <li>• <u>Additional child care support</u> for pre and primary school aged children to reduce barriers to a veteran's rehabilitation.</li> </ul>

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	(Continued...)	Updated protocols for use by staff who receive notifications of client deaths over the phone have been issued to staff.	<ul style="list-style-type: none"> <li>• <u>Counselling support</u> to enable the family unit to maintain its connections to community, employment and social interaction and manage within its budget. A family can access four counselling services each year for a consecutive five year period while the veteran is participating in a rehabilitation plan. Over the course of a five year rehabilitation plan, a family can access up to 20 counselling sessions.</li> </ul> <p>Widowed partners may also be able to access:</p> <ul style="list-style-type: none"> <li>• <u>Home help</u> within and around the home to assist the proper functioning or maintenance of the environment of the residence for a 2 year period from the date of death of the veteran.</li> <li>• <u>Counselling support</u> to assist widowed partners in managing challenging life circumstances following the death of their partner. 4 sessions per year for a 2 year period following the death of the veteran may be accessed.</li> <li>• <u>Additional childcare support</u> for pre and primary school aged children to assist widowed partners.</li> </ul>
8	Educate staff and monitor implementation of the inquiry recommendations above.	<p>The implementation of the inquiry recommendations is reported and monitored monthly under the Chief Operating Officer's oversight.</p> <p>The education of staff on implementation of the inquiry recommendations is an ongoing task.</p> <p>DVA is looking at further opportunities to educate and train staff to embed policy and procedural changes. Forums for DVA R&amp;C managers and all staff are held regularly. Since the review seven forums for team leaders and two for all staff have been held. The forums are used to reinforce changes to policy and process and the need for staff to develop relationships with clients at the start of the claims process</p>	<p>DVA is delivering all-staff training on the Client Support Framework (please see recommendation 10), which is expected to be completed by February 2019.</p> <p>In response to the Senate Inquiry into suicide by veterans and ex-service personnel, DVA commissioned Health Management Australia (HMA) to review DVA's training programs and advise whether they are appropriate for DVA staff dealing with veterans and their families. HMA has completed its review and DVA is developing a project plan to implement the recommendations of the review.</p> <p>As mentioned in relation to recommendation 1, DVA has established a Tactical Communication and Engagement Steering Committee for DVA delegates. The Steering Committee will coordinate and</p>

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	(Continued...)	<p>and maintain ongoing communication. These forums are now standard business practice.</p> <p>Training specific to improving R&amp;C communication with clients to address the recommendation at 14 was developed and implemented. Eighteen face to face training sessions have been conducted with 233 R&amp;C and Income Support staff attending. A leadership program for R&amp;C leaders and managers to ensure ongoing leadership in relation to the implementation of change in the R&amp;C workplace is well advanced.</p> <p>A second training package was issued on 4 December 2018, educating staff on complex case management and verbal withdrawal of claims. As at 31 December 2018, 235 staff have completed the training.</p> <p>Progress on the implementation of recommendations are discussed at the Open Arms National Manager Team meeting between the National Manager and Directors, which meets on average three times a year. The Directors routinely update their staff.</p>	<p>integrate DVA projects and initiatives to support delegates, including through improved education and training.</p> <p>Changes to R&amp;C process will be reflected in the ongoing face to face training courses and the on the job training workbooks being developed.</p>
9	Identify indicators for veterans at risk to develop best practice case management models.	<p>Existing client risk indicators utilised by the Department have been expanded to include a broader range of circumstances or factors which may indicate risk and a requirement to escalate that client for further support. These have been modelled from risk assessment tools developed for the Special Operations Forces Pilot, and the risk flags developed by DVA in consultation with Open Arms.</p> <p>The updated indicators are being communicated to staff as a part of the Client Support Framework national training. Staff will be able to refer clients who display behaviours and presentations that align with these risk factors to Triage and Connect for review. These risk indicators will also be promoted internally on the Intranet for visibility of all staff.</p>	<p>A Triage process has been implemented for clients identified as at risk during any stage of their post-service journey. Please see recommendation 4.</p> <p>Best practice case management models will be implemented in the expansion of Open Arms' case management capability, and the new Wellbeing and Support Program, the latter will involve identification of clients at risk who require case management. Please see recommendation 10.</p> <p>DVA is exploring providing complex and at risk clients with a single point of contact during the processing of a liability claim, as BAU.</p>

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	(Continued...)	<p>This includes indicators and protocols relating to uncontactable clients with mental health conditions. These protocols complement the screening of compensation claims to identify risk indicators, and social worker outreach calls as a part of the Initial Liability process.</p> <p>DVA Professional Support Workers or Open Arms counsellors made 65 successful reach-out calls to veterans who made submissions to the Senate Inquiry to offer additional support.</p>	<p>Further work in development of DVA's ICT systems will be considered as part of further updates of the R&amp;C Integrated Support Hub (ISH) for 'At-Risk Flags' to be more visible at a client level.</p> <p>DVA will also continue to roll-out staff training in client support, including identification of 'At Risk Flags' for clients.</p>
<b>Recommendations for DVA to continue as part of Veteran Centric Reform program:</b>			
10	<p>Continue to pilot an integrated and holistic case management approach, including a whole-of-person view, a holistic care model for veterans, and an increased focus on transition support and vocational assistance. Subject to the evaluation of this trial this will require further consideration by Government.</p>	<p>The Department has augmented its existing client supports, and is rolling-out a comprehensive Client Support Framework. The Framework encompasses lower level guided support, case coordination for veterans who require greater levels of assistance in navigating DVA processes and entitlements, and case management for more at-risk and vulnerable clients. The Framework is supported by the Triage process that will ensure veterans are streamed to the most appropriate level of assistance in a supported fashion.</p> <p>The Department's case management capability is also being expanded through the Open Arms complex clinical case management program, and a two-year, \$4 million case management pilot called the Wellbeing and Support Program.</p> <p>This Program aims to provide tailored support to two groups of veterans and their families who have complex medical and non-medical needs: veterans with complex needs transitioning from the Australian Defence Force to civilian life, and former members who are experiencing crisis.</p> <p>A dedicated case manager with a team of medical professionals will support the veteran and their family for up to 24 months. The Program is anticipated to include up to</p>	<p>Reforms and initiatives identified by the Transition Taskforce as a component of the Veteran Centric Reform (VCR) Program will focus on support in transition and vocational assistance.</p> <p>DVA, together with Defence, has been conducting a pilot with a case management component for a select group of veterans – the Special Operations Forces (SOF) pilot. This project introduced a holistic approach to managing veteran needs. It included a multidisciplinary team with initial needs assessment, claims and clinical expertise for a co-ordinated outcome. The SOF pilot concluded in November 2018, having successfully case managed approximately 450 veterans. The final report is currently being drafted. Although the pilot has concluded, the service provided by the pilot at Holsworthy continues until June 2019 while evaluation and next steps are being considered.</p> <p>Defence led the Transition Health Assessment (THA) Project, in collaboration with DVA and CSC. The THA Evaluation Report is currently being considered by Defence. The evaluation will determine the effectiveness and scalability of the pilot to other key Defence health facilities across Australia. This pilot tested collaboration between DVA, Defence and the Commonwealth Superannuation Corporation (CSC) to ensure members including those suffering from mental health conditions have certainty in relation to the care that they will receive once they separate from</p>

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	(Continued...)	<p>100 veterans in the first year, increasing to 200 veterans in the second year.</p> <p>In addition, Open Arms has implemented the Townsville Community Engagement Pilot to evaluate whether the establishment of a Care Coordination team within the region, comprising an Open Arms clinician and two lived experience peers, enhances the clinical care service offer to vulnerable, including at risk of suicide, clients. The two year pilot is almost complete. It was delivered in four phases, focusing on strengthening relationships with the community, building more effective transitions from hospital to community care, enhancing the provision of 24 hour care and undertaking an evaluation in preparation for national implementation. A focus of the pilot was to more fully engage and support complex and/or high risk clients in the region; in particular, clients considered to be at risk of suicide. Learnings from this Pilot will seek to enhance Open Arms' ability to support clients to access a more holistic model of care that promotes recovery than was previously available. An evaluation of the Townsville Community Engagement Pilot was undertaken in September – October 2018. The final report has been submitted and the project will be finalised in January 2019.</p> <p>Following finalisation of the Townsville Community Engagement Pilot, Open Arms will undertake a national rollout of the Community Engagement program, which includes a component of Peer Support. A National Peer Officer position will be established to implement recommendations from the evaluation, and coordinate and provide support to the Peers in the regions.</p>	<p>the military. Additionally, this process ensures they are informed as to the benefits that they will receive after they have separated.</p> <p>As referred to in the response to recommendation 9 above, DVA is exploring providing a single point of contact for complex and at risk clients, as BAU.</p> <p>Further work in ICT development to provide a whole of client view to support Case Management will need to be considered in the context of future capital expenditure.</p>
11	Implement better systems and processes to identify and alert staff in order to	Implementation of the new Client Support Framework, including the Triage and Connect function, has occurred. This provides a single front door for all staff to escalate complex	<p>DVA will examine utilising the existing ICT support available to record high risk and vulnerable veterans and alerting staff.</p> <p>The R&amp;C IT system has a flag to indicate when a client is managed through Coordinated Client Support (CCS). An alert to assist staff to</p>

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	support high risk and vulnerable veterans.	<p>and high risk clients for assessment and tailored response to their needs.</p> <p>Implementation of the Framework is being communicated to staff nationally by way of face-to-face training which is expected to be completed by end February 2019. This training also provides staff with an understanding of the expanded client risk indicators and how to identify these to prompt escalation of clients to Triage and Connect.</p> <p>Client protocols and information about triggers and behaviours have been developed to support staff in identifying high-risk and vulnerable clients. Please see recommendations 5 and 9.</p> <p>Screening of MRCA new claims and proactive contact with clients to conduct a Needs Assessment and psycho-social assessment at the commencement of the liability process provides an opportunity for early support and intervention where needed.</p> <p>Open Arms has provided guidance to various teams and divisions within DVA on clinical risk factors, for the awareness of non-clinical staff when working with DVA clients who may be at risk.</p>	identify clients with active or accepted mental health claims is under development.
12	Put in place wellness checks for uncontactable clients with mental health conditions and trigger additional support mechanisms for clients with mental health conditions who repeatedly submit incomplete documentation or exceed	<p>Information to help staff identify high risk clients and processes for staff to escalate cases has been developed and distributed to all staff. Please see recommendation 9.</p> <p>This includes the escalation of cases where a client has withdrawn from services and/or has disengaged from processes. Social workers can conduct wellness checks by phone and email to check on the wellbeing of clients and refer them to additional support if required.</p> <p>Open Arms is using its clinical case managers and pilot peer network to support veterans, and can provide 'reach out</p>	<p>The Client Support Framework Training encompasses education on client risk indicators and flags, including where there are indications that clients require further support to participate in and navigate claims processes, or where they are unable to access essential services or support.</p> <p>Training around the flags and wellness checks is also part of the training package for compensation staff, issued on 4 December 2018. Please see recommendation 8.</p>

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	<p>expected response timeframes.</p>	<p>calls' on the receipt of referrals from DVA. See recommendation 5.</p> <p>DVA and Open Arms:</p> <ul style="list-style-type: none"> <li>• triage clients who are identified as requiring additional supports;</li> <li>• assess clients who demonstrate behaviours that indicate they may be at-risk; and</li> <li>• support clients who are subject to an adverse claim decision, engaging treating health professionals where the client may be at risk.</li> </ul>	<p>Systems functionality to support the identification of clients who have submitted late or incomplete documentation is under development.</p>
<p><b>13</b></p>	<p>Implement action to ensure letters and emails are accurate, easy to understand and appropriate in tone.</p>	<p>DVA acknowledges that its written communication needs to be improved to provide simple, readable, succinct and accurate information to our clients and to reduce the volume and complexity of our communications.</p> <p>DVA recently delivered training to staff on applying behavioural insights to letters to improve client and departmental outcomes.</p> <p>A comprehensive Letters Improvement Project is currently under consideration.</p>	<p>DVA has developed a high-level DVA Communications Strategy. A communication plan will be developed ahead of the roll-out of a new DVA website, which is expected to be launched in June 2019.</p> <p>The new website will provide DVA clients with access to relevant, accurate, and easily understood information, written in plain English. The website will incorporate simpler navigation, with a focus on user-centred design, resulting in an improved digital channel experience for veterans and their families.</p> <p>Work is also currently underway to improve DVA's Consolidated Library of Information and Knowledge (CLIK).</p>
<p><b>14</b></p>	<p>Implement action to ensure liability and compensation rejection or claim denial correspondence occurs only after a DVA staff member phones to discuss the outcome with a client.</p>	<p>Protocols were developed for contacting clients in the case of an adverse claim decision in December 2017. Guidelines have been circulated which provide direction to staff in undertaking such conversations and provide a greater level of support to clients who may be affected by these decisions.</p> <p>The protocol also includes consultation with Open Arms or Coordinated Client Support where required, to support the appropriate delivery of adverse claims outcomes.</p> <p>Training specific to improving communication with clients in these instances was developed and implemented. 18 face to</p>	<p>Ensuring protocols are followed correctly is an ongoing activity for the Department.</p>

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	(Continued...)	<p>face training sessions have been conducted with 233 staff attending.</p> <p>Guidance and information to support staff with making a phone call to clients prior to providing advice on an adverse decision was included in the training package issued on 4 December 2018. As at 31 December 2018, 235 staff have completed the training.</p>	
15	Expand scope of reviewed circumstances to include services sought through other Government agencies and community services.	<p>DVA has implemented a web-based information tool providing links to support services for veterans and families in need. The <a href="#">webpage</a> has been developed with reference to Defence Engage and other community supports, and is available through the External Supports for At Risk Clients information on the <a href="#">Need Help Now</a> page (which is accessed from a prominent button in the top right-hand corner of the <a href="#">DVA website</a> homepage) and on the DVA Intranet for use of staff in providing support and assistance to veterans.</p> <p>The listed government and non-government service agencies can provide immediate, specialised advice, support and referral services – and many can be contacted 24 hours a day, 7 days a week. This initiative is part of broader department-wide changes underway.</p>	Revised learning and development processes for DVA involve regular training packages for staff on recent changes to policy, process, and information sources. Work to identify the other services will be conducted in early 2019 and it will be included in a training package during the year.
16	Introduce a case-response team with specified resources across public affairs, legal, strategic communications, executive and divisions to create a DVA response to emerging issues and messaging that is respectful and supportive in tone.	<p>Weekly case conferencing of high risk or complex cases is conducted by an interdepartmental team, including DVA Executive, Triage and Connect, Coordinated Client Support, DVA Security, and Open Arms. Where cases have not reached timely resolution following action by Triage and Connect or discussion in this forum, they are referred to the Problem Solving Forum.</p> <p>The Problem Solving Forum is a group of subject matter experts from across policy and operational teams who meet to discuss and manage sensitive, at-risk cases. The Forum is</p>	As part of the Triage and Connect process (please see recommendation 4), a quick assessment and response team (the Triage team) has been established to rapidly respond to critical client issues.

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	(Continued...)	<p>supported by input from clinicians and ensures timely support and assistance is provided to individual clients.</p> <p>On 4 September 2018, DVA established the Portfolio Assurance Branch. The Branch's role includes working across DVA and the Executive to identify risks and issues that could either impede delivery of review outcomes, impact corporate reputation and delivery of reforms, or undermine safe delivery of services to clients.</p>	
<b>Recommendations for consideration by Government</b>			
17	<p>The provision of more timely compensation payment by using a current assessment of the service-related level of permanent impairment, instead of delaying compensation payments until the service-related level of permanent impairment has stabilised.</p>	<p>On 10 November 2017 the Military Rehabilitation and Compensation Commission (MRCC) agreed to policy changes which will provide greater direction in providing interim Permanent Impairment (PI) compensation to veterans in circumstances where medical conditions have not yet stabilised.</p> <p>The new policy applies to claims for specified mental health conditions (post-traumatic stress disorder, depressive disorder, anxiety disorder, substance use disorder or alcohol use disorder). Where the veteran meets the threshold level of impairment, but the impairment has not yet stabilised, an interim compensation payment must be offered at the base rate. An interim compensation payment may be offered at a higher degree if appropriate.</p> <p>Implementation of this policy change is complete, and supported by information resources and training for claims staff. As at 31 December 2018, DVA has made 1,262 interim PI payments since December 2017. Staff have been briefed on these changes and the revised policy included in the Consolidated Library of Information and Knowledge (<a href="#">CLIK</a>). Expansion of this process to other conditions is under consideration with further advice to be provided to the MRCC.</p>	<p>As referred to in response to recommendation 2 above, delegates have been given additional guidance to clarify that interim PI compensation should be considered where an impairment is permanent but not yet stable, where stable means unlikely to improve to any major degree. Delegates are advised to seek medical advice if required.</p>

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	(Continued...)	Further to this, the straight-through processing of claims for veterans with warlike service claiming certain mental health conditions has been implemented. This has been expanded to include additional medical conditions making in total 40 conditions for which streamlined or straight through processing occurs.	
18	The provision of more timely incapacity compensation payments for those former members of the ADF incapacitated for service or work by a mental health conditions, without the need for a determination that those mental health conditions are related to service.	In October 2017 the Government announced funding of \$16.1 million over four years for a new Veteran Payment for financially vulnerable veterans claiming mental health conditions. The <i>Veterans' Affairs Legislation Amendment (Veteran-centric Reforms No. 1) Act 2018</i> included provisions for this new Veteran Payment. This payment became available to veterans and their families from 1 May 2018. As at 31 December 2018, there were 228 veterans and 66 partners receiving the Veteran Payment.	
19	Funding for a trial of an independent legal advocacy service to assist veterans with claim preparation and lodgements to enable long-term improvement in the quality of claims and ensure that veterans receive their entitlements with minimum administrative burden.	<p>DVA is currently transitioning from state-based advocacy training (previously referred to as TIP) to a new advocacy training framework, the Advocacy Training and Development Program (ATDP). Training courses are now accredited by the Australian Skills Quality Authority.</p> <p>Mr Robert Cornall AO was engaged by DVA to complete an independent scoping study on veterans' advocacy and support services. The Study received a total of 227 submissions from veterans, veterans' families, current advocates, and ex-service organisations. The Report has been completed by Mr Cornall and provided to the Department and Productivity Commission to support their future deliberation. The Report will be considered alongside the draft recommendations of the Productivity Commission.</p>	