



Australian Government

Department of Veterans' Affairs

**Joint Inquiry into the management of Jesse Bird's case (2017) Recommendations
Progress of Implementation as at 31 May 2020**

The recommendations of the *Joint Inquiry into the facts surrounding the management of Mr Jesse Bird's case* (Joint Inquiry) were tabled in Parliament on 24 October 2017. The Government accepted all of the recommendations, and also committed to an independent review of the implementation of the recommendations of the Joint Inquiry after 12 months (Independent Review).

In October 2018, the Minister for Veterans' Affairs appointed Emeritus Professor Robin Creyke to undertake the Independent Review. Professor Creyke's review was completed in March 2019 and found that 14 of the 19 recommendations of the Joint Inquiry were complete or substantially complete. In relation to a number of recommendations, including some assessed as complete, Professor Creyke suggested actions for further consideration.

The following progress report incorporates the findings of the Independent Review, including both Professor Creyke's assessment of the implementation of the recommendations, and actions taken in response to Professor Creyke's suggestions to further fulfil and embed the intent of the Joint Inquiry's recommendations.

For example, in relation to recommendation 3, Professor Creyke suggested that Department of Veterans' Affairs' (DVA) compensation claims processing system be updated to remove the requirement to complete the paperwork for an incapacity payment claim prior to a claim being processed. Action has been taken on this suggestion and this is incorporated in the progress report below. Similarly, in relation to recommendation 4, Professor Creyke suggested that Open Arms encourage all its clinicians to prepare a Risk Assessment Management Plan (RAMP) for clients at the commencement of counselling and, as set out in the actions in response to the recommendation below, all clinicians are required to do this.

The Independent Review recognised that actions in response to a number of recommendations were underway and ongoing, as they related to longer term projects and DVA's Transformation program, for example recommendation 10 to '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'. Professor Creyke's assessment of the implementation of these recommendations has been incorporated in the report below, updated to reflect the status of relevant actions as at 31 May 2020.

No	Recommendation	Actions in response to the recommendation
1	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>This recommendation has been completed. The review was completed on 30 October 2017 and the Minister was 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 Bird’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>DVA now takes a far more proactive approach to ensuring that policy is understood by staff and correctly applied:</p> <ul style="list-style-type: none"> • Where policy changes occur, these are now disseminated to staff through mandatory quarterly training sessions as well as through traditional means like internal messages to staff – this ensures that all relevant staff are aware of changes. • Training sessions include ‘myth-busting’ to clarify what correct policy is, where trends have been identified in policy being mis-applied. • Policy clarifications are being regularly provided to relevant staff to provide guidance on the correct application of the policy. • There is ongoing liaison between policy and claims processing areas to discuss more difficult cases where application of policy is not straightforward. • Policy forums provide an opportunity for ‘two-way’ feedback outside these settings. <p>These measures help ensure that there is compliance with current policy, and that areas where policy is unclear are being addressed. They also help to facilitate new policy where areas of misalignment are identified. These are progressed through DVA’s peak policy bodies, the Repatriation Commission and the Military Rehabilitation and Compensation Commission, as well as Government Budget processes.</p>
2	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 compensation payments are being provided in all cases where appropriate.	<p>This recommendation has been completed. Improved procedures and guidelines have been bedded down and are now business as usual.</p> <p>Additional guidance has been provided to staff to make it clear that where an impairment is permanent but not yet stable, payment of interim Permanent Impairment compensation should be considered.</p>

No	Recommendation	Actions in response to the recommendation
	(...continued)	<p>The guidance clarifies that ‘stable’ means unlikely to improve to any major degree. In cases where the stability of an impairment is unclear, staff can seek the advice of a DVA Contracted Medical Advisor 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 policy – see response to Recommendation 17 below. As at 22 May 2020, DVA had made interim Permanent Impairment payments to 2,809 clients since December 2017.</p>
3	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>This recommendation has been completed.</p> <p>Controls are in place to ensure incapacity payment claims are processed immediately upon the determination of the claim, and that a Needs Assessment discussion occurs with the client to determine what services and support they may need. This ensures that once a claim for liability is determined, other benefits are already in the system and can be assessed.</p> <p>System tasking has also been introduced to flag where clients have exceeded expected timeframes in the claims investigation process.</p> <p>The compensation claims processing system has been updated to remove the requirement to complete the paperwork formerly required prior to a claim being processed. This means a client can now have their claims for benefits registered without the immediate administrative burden of providing the information. Contact is then made with the client to gather the required information. The benefit is that there is consistency in claims being lodged, and the Department is aware of clients’ needs.</p> <p>Training on claims’ registration was held in Melbourne, Sydney, Adelaide, Perth and Brisbane in November 2018. The revised registration procedures have been adopted and the Needs Assessment step-by-step instructional guide has been updated.</p> <p>Needs Assessment training is available and is delivered through the Department’s Learning and Development schedule.</p>

No	Recommendation	Actions in response to the recommendation
4	<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>This recommendation is <u>substantially complete</u>.</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 Minister's independent National Advisory Committee on Open Arms.</p> <p>This process allows for communication between Open Arms and DVA where a client is deemed to be at-risk, or where a client consents to the sharing of information. Open Arms has consulted extensively with DVA Legal Services to implement these changes in order to highlight for the client, the benefits of information sharing, and providing an informed choice to 'opt out', rather than 'opt in', for information sharing to assist with holistic client care. The updated process and related training for clinicians is ongoing and all existing Open Arms clients are presently being channelled through the new consent process. Based on ongoing consultation with DVA Legal Services, further refinement of the consent process is nearing finalisation.</p> <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 are in place to facilitate weekly case conferencing between DVA and Open Arms on individual clients. This provides for a collaborative approach to supporting clients with mental health conditions.</p> <p>As part of current policy, all clinicians are required to complete a Risk Assessment Management Plan (RAMP) for clients at the commencement of counselling. Open Arms policy also supports all clinicians to complete additional RAMP assessments when the risk status of a client changes during a period of care, to ensure safety planning and complex needs are identified for appropriate early intervention.</p> <p>In 2019, following a review of existing risk management policy, Open Arms contracted Safeside CARE to deliver an internationally accredited, best practice, recovery-oriented suicide and violence prevention framework. Known as the <i>SafeSide Recovery-Oriented Suicide Prevention Framework (SafeSide)</i>, this program has been designed to equip all Open Arms staff and providers with a common understanding of best practices in recovery-oriented risk management and suicide prevention, and the role that all staff play in helping understand and support our veteran community and keep them safe. Training in the new framework has begun and all senior leaders, clinicians and in-centre staff will be trained by mid-2020. Open Arms outreach provider clinicians will be trained by the end of 2020.</p>

No	Recommendation	Actions in response to the recommendation
	(...continued)	<p>Once fully implemented, Open Arms policy and risk management procedures will be altered to reflect the change from existing use of the RAMP to application of the SafeSide Framework service wide.</p> <p>In addition, DVA is exploring possible legislative amendments, in consultation with relevant agencies, that could augment the above actions.</p>
5	Put in place controls to ensure that complex case management is initiated for complex or high risk clients.	<p>This recommendation is <u>substantially complete</u>.</p> <p>The development of the Client Support Framework has been informed by a range of independent reviews/inquiries of DVA processes and performance. Clients' psychosocial and vulnerability factors are assessed so DVA can assist them with their DVA entitlements and avoid risk of harm to clients and staff.</p> <p>Recruitment of additional staff with qualifications and/or accreditation in social work and mental health nursing is ongoing. The employment of health workers across the Client Support Framework is assisting with the assessment and provision of support to veterans and families who are identified as complex or high risk, and is augmenting the existing case coordination skills within these programs. Staff in these programs are located in most service delivery sites and provide an accessible point of referral and support for client escalations being managed by all client facing staff, regardless of their business function.</p> <p>DVA's Triage and Connect function has been implemented. The role of Triage and Connect is to identify and coordinate appropriate actions in collaboration with relevant business areas, by providing a single 'front door' for staff to escalate complex and high risk clients for assessment and tailored response to their needs. The team operates in conjunction with existing DVA functions such as Coordinated Client Support, Open Arms, and DVA Security.</p> <ul style="list-style-type: none"> • The Coordinated Client Support (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. As well as accepting referrals from DVA, CCS also accepts referrals from Open Arms and the Australian Defence Force. From 1 July 2020, a dedicated team of Case Managers will also provide case management support to medically and administratively transitioning members aged under 30 with complex conditions. • A two year case management pilot, the Wellbeing and Support program, is discussed at recommendation 10. Case management of this client cohort will continue beyond 30 June 2020, when the pilot is due to cease.

No	Recommendation	Actions in response to the recommendation
	(...continued)	<p>Open Arms has engaged additional clinical capability to deliver mental health case management, and strengthened its ability to track the use of this service 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 differs from 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>
6	<p>Revise 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>This recommendation is in progress. A range of activities are underway to meet the requirements of this recommendation.</p> <p>DVA continues to work closely 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. A Memorandum of Understanding between Defence and DVA outlines Key Performance Indicators, including service standards and priority categories.</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. This allows for the provision of treatment when required. The client's service is confirmed before compensation is paid.</p> <p>Work with Defence and the Commonwealth Superannuation Corporation (CSC) is continuing. A cross agency initiative, the Department of Defence and DVA Electronic Information Exchange (DDEIE), will extend the existing electronic data exchanges between DVA, Defence, and CSC. DDEIE will allow system-to-system requests, search and retrieval of information. This work is being managed in tandem with the Request Management System (RMS) initiative by Defence, which is designed to improve the efficiency of information retrieval. Whilst the project deliverables will be implemented in a phased approach, the final DDEIE and RMS releases are scheduled to be completed by June 2021.</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>This recommendation has been completed.</p> <p>Service Coordination was first introduced in 2011 to support the partners and families of members who lost their lives 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>

No	Recommendation	Actions in response to the recommendation
	(...continued)	<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 is 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>Updated protocols for use by staff who receive notifications of client deaths over the phone have been issued to staff.</p>
8	Educate staff and monitor implementation of the inquiry recommendations above.	<p>This recommendation is <u>substantially complete</u>.</p> <p><u>Staff Education</u></p> <p>The education of staff on implementation of the inquiry recommendations is ongoing. DVA is looking at further opportunities to educate and train staff to embed policy and procedural changes. Recent and current initiatives include:</p> <ul style="list-style-type: none"> • Forums for DVA compensation claims 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, and maintain ongoing communication. These forums are now standard business practice. • Training specific to improving communication by compensation claims staff with clients (in response to Recommendation 14, below) has been developed and implemented. Eighteen face-to-face training sessions have been conducted with over 200 compensation claims and income support staff. A leadership program for compensation claims leaders and managers to ensure ongoing leadership in relation to the implementation of change in the compensation claims workplace is well advanced. • A second training package was issued in December 2018, educating staff on complex case management and verbal withdrawal of claims. Over 200 staff also participated in this training. • Relevant training is conducted on a quarterly basis, according to revisions to the client service delivery staff training framework. • A Learning Pathways training program for client service staff in DVA is in development. The model will contain four levels of training; Baseline, Technical, In-depth Technical and Complex Job. The modules will incorporate a combination of face-to-face, online and on the job learning and will deliver a consistent learning and development program for staff.

No	Recommendation	Actions in response to the recommendation
	(...continued)	<ul style="list-style-type: none"> • Progress on the implementation of recommendations are discussed at the Open Arms National Manager Team meeting between the National Manager and Directors, which occurs on a weekly basis. Directors routinely update their staff. • Within the Client Support Framework, staff have been provided with Trauma Informed Care training. This training builds staff skills to safely talk about trauma, introduces simple strategies we can teach our clients to help manage their distress, as well as how they can foster independence and recovery, and encourages connection with others. A further round of this training is anticipated to be offered to more recently employed staff within these programs, prior to the end of June 2020. • As discussed in Recommendation 5, DVA has been adding more mental health expertise to its staff skill mix to support the Client Support Framework. These mental health clinicians and social workers provide support and case management to veterans who are vulnerable or who are in complex circumstances. • Approximately 270 staff have completed the University of South Australia’s Care – Collaborate – Connect Psychological First Aid training program which has a specific focus on suicide prevention and was tailored to increase the knowledge, skills and confidence of staff to identify, understand and assist veterans and their families who are distressed; and improve staff coping self-efficacy. Additional Mental Health First Aid training will commence in June 2020 for staff working under the Client Support Framework, and is to be delivered by in house staff who have been accredited as trainers. <p><u>Implementation Monitoring</u> Considerable progress has been made in implementing the Government’s response to this review, and other reviews. Reporting and monitoring is ongoing, under the oversight of the Secretary.</p> <p>Emeritus Professor Robin Creyke AO was appointed to conduct an independent review of the implementation of the recommendations of the Jesse Bird Joint Inquiry. The review commenced on 12 November 2018 and was completed in March 2019.</p>
9	Identify indicators for veterans at risk to develop best practice case management models.	<p>This recommendation is <u>substantially complete</u>.</p> <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 a client for further support. These have been modelled on risk assessment tools developed for the Special Operations Forces Pilot, and the risk flags developed by DVA in consultation with Open Arms.</p>

No	Recommendation	Actions in response to the recommendation
	<p>(...continued)</p>	<p>The updated indicators have been communicated to staff as a part of the Client Support Framework national training. The Framework encompasses 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. Staff are able to refer clients who display behaviours and presentations that align with these risk factors to DVA's Triage and Connect function for review. These risk indicators are also promoted internally for visibility to all staff.</p> <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>A Risk Management Framework is in the final stages of finalisation and endorsement by the Chief Health Officer. Embedded in the framework are risk indicator and assessment tools to be used by non-clinical and clinical staff respectively. Training has been provided to all client facing staff in the Coordinated Client & Support branch in use of the risk management framework, which has now been implemented. Additional training is being offered to client facing areas outside of the branch to ensure a consistent approach to managing emerging risk across service delivery within DVA.</p> <p>The model for identifying risk and vulnerability factors will also be built into the Case Management ICT system, to support holistic client management for clients and their families being managed within, or assessed for entry into, Triage and Connect and Coordinated Case Support programs. Development and delivery of this new case management system is currently on hold.</p> <p>A first step towards this is the development of the Client Hub. The Client Hub is a new system that creates a single view of client to ensure staff are equipped with all relevant information without having to navigate the complexity of our systems. For the Triage and Connect and Coordinated Case Support teams, it brings together information from 20 systems into a single location, including health data and outstanding claims data. This helps staff to understand the client's situation easily so that they can serve them effectively.</p> <p>A priority claims report has been developed to monitor claims for clients identified as being at risk or a priority (for other reasons). This report identifies outstanding claims that have either been marked as 'priority' or 'at risk' and is provided to claims processing teams to assist in improving case management and responsiveness.</p> <p>At the liability stage of the claims process, all registered claims are screened to identify clients potentially at risk and where appropriate, allocate the claim for immediate action. A referral to a social worker is made for clients who are considered at risk and in need of further community supports and links.</p>

No	Recommendation	Actions in response to the recommendation
10	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>This recommendation is partially complete.</p> <p>The Department has augmented its existing client supports, and has implemented the 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. The Wellbeing and Support Program (previously known as the Case Management Pilot), aims to provide tailored, intensive and supportive case management 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 (ADF) to civilian life, and former members who are experiencing crisis. This program involves a broader and more holistic support service than offered through DVA prior to the pilot. The pilot model provides a dedicated health professional to act as a single point-of-contact for coordinating a veteran’s clinical care and helping to facilitate access to DVA support services via a Coordinated Client Support contact officer. Case managers are external to DVA and have specialised experience in supporting clients with complex needs. On the 26 June 2020 Minister Chester announced that the Wellbeing and Support Program has been extended for a further twelve months. The extension will allow time to fully evaluate the benefits of this program and provide recommendations on how to further improve services and support for veterans and their families.</p> <p>The goals of the pilot are to achieve greater coordination of veterans’ treatment and supports, greater communication between treating practitioners, earlier identification and intervention of support needs, enhanced oversight of veteran’s wellbeing, increased understanding of DVA claiming processes, and smoother access to eligible DVA and community support services.</p> <p>Case managers, with a team of medical professionals, provide support to the veteran and their family for up to 24 months. It was anticipated the pilot would include up to 100 veterans in the first year, increasing to 200 veterans in the second year. As at 30 April 2020, 313 veterans have been considered for the pilot, with 174 having completed the pilot.</p> <p>In February 2020, the Government announced a commitment of \$4.8 million over four years to support young, vulnerable veterans to transition from the Defence Force to civilian life by providing additional Case Managers within</p>

No	Recommendation	Actions in response to the recommendation
	<p>(...continued)</p>	<p>the Coordinated Client Support program which delivers specialised Case Management for veterans with complex and multiple needs.</p> <p>The funding will provide medically or administratively transitioning veterans aged under 30 with mental or physical health challenges or complex social circumstances with a single Case Manager to improve wellbeing outcomes and ensure a seamless continuation of support as they leave the ADF.</p> <p>Case coordinators in the Client Coordination – Transitioning Members team will be a mix of Australian Public Service and contracted staff, ensuring those handling complex claim matters will have a detailed understanding of the governing legislation and those providing clinical support have the requisite skills and knowledge to support vulnerable veterans.</p> <p>In addition, Open Arms has now implemented a Community and Peer Program across 13 Open Arms locations. Each regional community and peer team consists of a clinician, up to three Veteran Community and Peer Advisors (Peers), and a dedicated Family Peer. Veteran Peers are representatives of the Navy, Army and Air Force ex-service communities. They bring lived experience of ADF service and of mental health issues and recovery. Family Peers bring lived experience of being a part of the military family and of being a family member of a Veteran affected by mental health issues. All Community and Peer Advisors are trained as Mental Health Peer Workers.</p> <p>The community and peer teams undertake the following activities within community regions:</p> <ul style="list-style-type: none"> • Work with veterans and their families to promote hope and offer a positive model of recovery, de-stigmatise mental health issues and build help seeking behaviours; • Help clinical staff and external organisations to understand the impact of being a Veteran or family member of a Veteran and the further impact of mental health issues; • Connect with Veterans and their families to promote early engagement and provide a bridge to clinical services for those who are hard to reach; • Engage with hospitals, health and community services and networks to break down barriers to care, supporting clients to access and transition between services; and • Support care coordination in areas such as homelessness, bereavement, family violence, alcohol and other drug abuse, family breakdown and gambling. <p>Five National Peers have also been integrated into Open Arms National Operations to support the continued delivery of the program at a regional level and to provide an internal lived experience advisory service for Open Arms and DVA</p>

No	Recommendation	Actions in response to the recommendation
	<p>(...continued)</p>	<p>staff on military service and culture, Defence transition, Defence family challenges, and the client experience of DVA and Open Arms.</p> <p>The Community and Peer Program evolved from a two year Community Engagement Pilot held initially in Townsville in 2017, and then expanded in 2018 to include additional locations in Sydney and Canberra. The Pilot aimed to enhance the identification and management of vulnerable and high risk clients, especially clients considered to be at risk of suicide. An independent evaluation of the pilot demonstrated that Open Arms Community and Peer Advisors facilitated the breaking down of barriers to care, improved relationships with key community groups, reduced stigma around mental health and help seeking, and improved the holistic mental health and wellbeing outcomes for veterans and their families.</p> <p>A post-implementation review of the Community and Peer Program will be undertaken shortly, with any recommendations built into a program of ongoing continuous improvement.</p> <p>In addition, two suicide prevention pilots were rolled out – one to support veterans discharging from hospital following a suicide attempt or crisis, and the other to test a new model of care for veterans with mild to moderate anxiety or depression. Independent evaluations of the pilots are due in May 2021 and October 2020, respectively.</p> <p>Under Early Engagement Model arrangements, Defence provides details of all enlistments and transitions to DVA. Approximately 26,000 new clients have been registered with DVA that would otherwise not have been known to the Department. This information facilitates an email on enlistment, and a letter on transition from the Secretary of DVA, that outlines services offered by DVA.</p> <p>Since 2017, Defence’s Transition Transformation Program has improved the process of transition, and includes an ADF Transition Coaching service which offers needs-based support to ADF members and their families during transition and for up to 24 months after leaving. The ADF transition coaches assist ADF members and their families through:</p> <ul style="list-style-type: none"> • development of a tailored Transition Plan; • advice and guidance to members in completing Transition Clearance requirements; • support to access documentation prior to leaving Defence (i.e. record of service, medical records, education and training attainments); • transition and career coaching, including referral to all aspects of the Defence Force Transition Program, including approved leave, funding for training and professional financial advice as well as specialist services delivered by Defence’s contracted provider; • support to engage with relevant internal and external agencies; and • referrals to Ex Service Organisation and community based support as appropriate.

No	Recommendation	Actions in response to the recommendation
	<p>(...continued)</p>	<p>In January 2020, Defence launched the Defence Force Transition Program (DFTP), which includes the Career Transition Assistance Scheme. The DFTP is a suite of enhanced transition programs which facilitates tailored support for all ADF members and their families to transition to civilian life, based on their individual goals and needs. There is a strong focus on members attaining meaningful engagement, through employment, further study or retraining, or retirement.</p> <p>The DFTP is accessible for up to 24 months post-transition and comprises:</p> <ul style="list-style-type: none"> • ADF Transition Coaching, by a qualified career development coach • ADF Member and Family Transition Guide • ADF Member and Family Transition Seminar • Job Search Preparation workshops • 8 modules of Career Transition Coaching with a specialist provider, including Resume coaching • Support for vocational training and skilling • Personalised Career and Employment Program, which supports ‘at-risk’ ADF members to secure employment or meaningful engagement including those who are under 30 years of age, have served for less than four years and are transitioning administratively or medically (non-complex) • Transition for Employment Program, which supports medically transitioning ADF members with complex circumstances to secure employment or meaningful engagement and provides up to 2 years of ongoing support • A contribution towards professional financial advice • Up to 23 days approved absence for transition related activities • Post-transition follow up phone call • Post-transition survey for 24 months post-transition, which includes the ability to request additional support. <p>In February 2020, the Government announced a commitment of \$5.6 million over four years to expand the Personalised Career and Employment Program (PCEP) from transitioning members aged 18-24, to those aged under 30. PCEP provides intensive support to transitioning ADF members to achieve employment or commence a meaningful engagement such as study, retraining (including through apprenticeships) and volunteer work. The expansion was launched on 1 July 2020.</p> <p>DVA and Defence continue to work closely together to ensure current and former ADF members and their families are supported and cared for during and after their service. This includes ongoing collaboration between the two agencies through formal committees that set the strategic direction and oversee the cooperative development and delivery of joint programs and initiatives along a continuum of support.</p>

No	Recommendation	Actions in response to the recommendation
	(...continued)	<p>The Memorandum of Understanding between Defence and DVA sets out joint and respective responsibilities. This has been recently reviewed by the two agencies to ensure ongoing and effective collaboration in relation to data and information sharing, communications, and policy and program development. This includes new joint programs to assist transition and vocational support for veterans.</p> <p>Building on the DFTP, which provides services to newly transitioned members for up to 24 months post transition, a Support for Employment Program (SFE) was announced in the 2018 Budget. SFE will provide support to veterans who need additional services to secure appropriate employment from 12 months to five years post-transition. Aligned to the Prime Minister’s Veterans’ Employment Program, this additional transition support will deliver pre-and-post employment assistance. The program was scheduled to launch on 1 July 2020, subject to legislation passing Parliament. Due to COVID-19 there has been a delay in the passing of legislation, which is now expected to occur in the early part of the 2020-21 Financial Year.</p> <p>The Productivity Commission’s (PC’s) final report of its inquiry into compensation and rehabilitation for veterans, A Better Way to Support Veterans, was submitted to Government on 27 June 2019. The report was tabled in Parliament on 4 July 2019. The report proposed fundamental reform across structures, governance, legislation, policy, delivery and services. The PC proposed changes in the support arrangements for transition to civilian life after military service (Recommendations 7.1 to 7.3 inclusive). The PC report also recommended legislative changes to reduce disincentives to wellness for future veterans (for example Recommendation 14.7).</p> <p>The Government is considering the report. Updates on the Government’s response to the PC inquiry are available on the DVA website.</p>
11	Implement better systems and processes to identify and alert staff in order to support high risk and vulnerable veterans.	<p>This recommendation is partially complete.</p> <p>The Client Support Framework, including the Triage and Connect function, has been implemented. This provides a single front door for all staff to escalate complex and high risk clients for assessment and tailored response to their needs. Implementation of the Framework has been communicated to staff nationally by way of face-to-face training. This training has provided 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 also see responses to recommendations 5 and 9 above.</p>

No	Recommendation	Actions in response to the recommendation
	(...continued)	<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> <p>Screening of new <i>Military Rehabilitation and Compensation Act 2004</i> 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>
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 expected response timeframes.	<p>This recommendation is <u>substantially complete</u>.</p> <p>Information to help staff identify high risk clients and processes for staff to escalate cases has been developed and distributed to all staff. 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. Please see response to Recommendation 9.</p> <p>Open Arms is using its clinical case managers and pilot peer network to support veterans, and can provide 'reach out calls' on the receipt of referrals from DVA. See response to Recommendation 5.</p> <p>DVA and Open Arms:</p> <ul style="list-style-type: none"> • triage clients who are identified as requiring additional supports; • assess clients who demonstrate behaviours that indicate they may be at-risk; and • support clients who are subject to an adverse claim decision, engaging treating health professionals where the client may be at risk. <p>DVA has established clearer pathways for referral and collaboration between DVA and Open Arms to ensure that a holistic support service can be provided to veterans who are vulnerable or in crisis. Weekly meetings are held between Open Arms, Triage and Connect, Coordinated Client Support and the Wellbeing and Support Program to ensure coordinated care and support for joint clients who are at risk or vulnerable.</p> <p>The December 2018 compensation processing system update provided improvements to assist staff, team leaders and managers to monitor and follow up requests to clients for overdue documentation.</p>
13	Implement action to ensure letters and emails are accurate, easy to understand and appropriate in tone.	<p>This recommendation is <u>partially complete</u>. A range of activities are underway to meet the requirements of this recommendation.</p>

No	Recommendation	Actions in response to the recommendation
	(...continued)	<p>An ongoing Letters Improvement project has been set up to redevelop letters and more broadly address systemic issues with our outbound correspondence. Over 180 letters have been reviewed, consolidated and improved to make them simple, readable and succinct with accurate information. This reduces the volume and complexity in our correspondence. The key changes have focused on:</p> <ul style="list-style-type: none"> • Broader wellbeing of the client; • Plain English writing; and • Contemporary and consistent structure and tone. <p>More recently we have worked in collaboration with medical health professionals to develop a trauma informed writing guide. This guide is now being applied and tested when reviewing sensitive letters, including those sent to vulnerable clients. The writing guide is also being socialised with key areas of the Department who are involved in developing correspondence to our clients.</p>
14	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>This recommendation is substantially complete.</p> <p>Protocols were developed in December 2017 for contacting clients in the case of an adverse claim decision. 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. 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 compensation claims staff communications with clients in these instances was developed and implemented. Eighteen face-to-face training sessions were conducted with over 200 compensation claims and income support staff attending.</p> <p>Relevant training has been incorporated under revisions to the client service delivery staff training framework.</p> <p>As of April 2020, the majority of the recommendations of Healthcare Management Advisers' (HMA) review into client service training have been implemented. Client service delivery job titles and descriptions have been incorporated into the DVA Job Family which allows for clear mapping of capabilities and training plans. Staff move through a four tier training program based on the Client Service Delivery Capability Framework and their particular role.</p> <p>The Employee Assistance Program provides confidential, professional and impartial assistance to DVA employees (those individuals covered by the Enterprise Agreement) and their immediate families who may be experiencing personal, emotional, health or behavioural issues. DVA recognises that experience of these issues may impact on employees work performance and job satisfaction and encourages staff to seek support as required.</p>

No	Recommendation	Actions in response to the recommendation
	(...continued)	Approximately 274 DVA staff completed the University of South Australia's Care – Collaborate – Connect <i>Psychological First Aid</i> training program to increase knowledge, skills and confidence of staff to identify, understand and assist veterans with coping problems; and enhance staff coping skills and coping self-efficacy.
15	Expand scope of reviewed circumstances to include services sought through other Government agencies and community services.	<p>This recommendation <u>has been completed</u>.</p> <p>A 'Need Urgent Help' button appears on the right hand side of the home page of the DVA website. After clicking on the button, the user is provided links and contact information for confidential and 24 hour services, including Open Arms, ADF Support Line, Lifeline and 1800RESPECT.</p> <p>A second option titled 'Receive Urgent Help and Support' is also available from the main landing page. This page provides various phone contacts and online links to services and supports, for veterans and families, such as counselling services, emergency and crisis support contacts and health support. This resource is also available internally, for use by DVA staff in referring vulnerable clients.</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.</p>
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>This recommendation <u>has been completed</u>.</p> <p>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.</p> <p>The Exceptional Needs Committee accepts referrals from across the Department to develop packages of care for veterans with highly complex needs whose requirements are not able to be met within existing policy and program settings.</p> <p>A capability is being established to address systemic issues through case reviews, deep dives and 'Adverse Events Analysis'. The purpose of these is to create and implement system changes across DVA to better support veterans and their families.</p> <p>The clinical and case management of sensitive, at-risk veterans and family members is coordinated between DVA and Open Arms at a weekly meeting. This meeting continues to occur each week, with the inclusion of a mutual 'clients of concern' list.</p>

No	Recommendation	Actions in response to the recommendation
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>This recommendation has been completed through the implementation of a range of measures aimed at providing financial and medical support, as well as expediting the claims process.</p> <p>In November 2017, DVA policy was amended to provide greater direction in providing interim Permanent Impairment (PI) compensation to veterans in circumstances where medical conditions have not yet stabilised.</p> <p>The updated 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. By close of business Friday, 22 May 2020, DVA has made Interim PI payments to 2,809 clients since December 2017. Staff have been briefed on these changes and the revised policy included in the Consolidated Library of Information and Knowledge (CLIK), which contains legislative, policy and reference material used by DVA staff in providing service to DVA clients. Expansion of this process to other conditions is under consideration.</p> <p>Further to this, the straight-through processing of claims for veterans with warlike service claiming certain mental health conditions has been implemented. This process uses a veteran’s profile and details of service as evidence that a relevant Statement of Principles factor for a diagnosed condition is met, enabling the claim to be accepted without the need for further investigation. This has been expanded to include additional medical conditions making in total 40 conditions for which streamlined or straight through processing occurs.</p>
18	<p>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.</p>	<p>This recommendation has been completed.</p> <p>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 22 May 2020, there were 563 veterans and 158 partners in an active Veteran Payment assessment. About half of Veteran Payment applications are processed within two business days.</p>

No	Recommendation	Actions in response to the recommendation
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 action in response to this recommendation has been completed.</p> <p>Under the current veterans' advocacy model, ex-service organisations provide independent advocates to assist veterans to prepare their claims. DVA assists ex-service organisations with the training of these advocates and by supplementing the cost of their professional indemnity insurance. It also helps fund the delivery of advocacy services by ex-service organisations through grants programs.</p> <p>DVA has been working with ex-service organisations to improve the training of advocates, helping them transition 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 under the ATDP are accredited by the Australian Skills Quality Authority.</p> <p>Improvements such as the requirement for Continuous Professional Development and development of Communities of Practice for advocates have also been implemented, along with more flexible delivery of courses.</p> <p>The key action undertaken as a result of this recommendation was the engagement of Mr Robert Cornall AO to undertake an independent scoping study on Veterans' Advocacy and Support Services (the Advocacy Study). The Advocacy Study received a total of 227 submissions from veterans, veterans' families, current advocates and ex-service organisations. The Advocacy Study found that the current model with its reliance on volunteers is unsustainable and made 12 recommendations, including the establishment of two independent bodies to manage training of advocates and deliver advocacy services. The Advocacy Study report was publicly released on 13 March 2019. Some of the Advocacy Study's recommendations were subsequently considered by the Productivity Commission (PC) in its report, A Better Way to Support Veterans.</p> <p>The PC submitted its report to Government on 27 June 2019. The report was tabled in Parliament on 4 July 2019. The report proposed fundamental reforms of the veteran support system, including proposals for changes in advocacy and wellbeing supports (Recommendations 12.1 to 12.7 inclusive). The Government is considering the report. Updates on the Government's response to the PC inquiry are available on the DVA website.</p> <p>Recommendations of the Advocacy Study and the Joint Senate Committee on Foreign Affairs, Defence and Trade's Inquiry Report into Transition from the Australian Defence Force will be considered by the Government alongside those of the PC report.</p>