

# Baseline study of current and future availability of ex-service organisation advocacy services

Final Report

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# Abbreviations

ADF	Australian Defence Force
ASQA	Australian Skills Quality Authority
ATDP	Advocacy Training and Development Program
BEST	Building Excellence in Support and Training
CPD	Continuing Professional Development
DRCA	Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988
DVA	The Australian Government Department of Veterans' Affairs
ESO	Ex-service organisation
MRCA	Military Rehabilitation and Compensation Act 2004
RTO	Registered Training Organisation
TIP	Training and Information Program
RPL	Recognised Prior Learning
SAS	Special Air Service
SOP	Statement of Principles
SRCA	Safety, Rehabilitation and Compensation Act 1988
VEA	Veterans' Entitlements Act 1986
VITA	Veterans' Indemnity and Training Association
VRB	Veterans' Review Board

# Definitions

The following summarise the definitions used in this report:

Veteran	<p>Throughout this report the term veteran is used consistent with DVA's definition – a person who has served one day of fulltime service in the ADF (Interview 2). See <a href="http://www.dva.gov.au/health-and-treatment/veteran-healthcare-cards/veteran-card">www.dva.gov.au/health-and-treatment/veteran-healthcare-cards/veteran-card</a>. Therefore, veteran includes serving and ex-serving members of the ADF. However, not all ex-serving members who participated in this study identify as veterans. As one participant said:</p> <p style="padding-left: 40px;">I am not a war veteran. I am an ex-service member. ... I still hold the accolade for those who went to war, rather than those who practiced. (Interview 10)</p> <p>Prior to the Vietnam conflict, earlier cohorts identified as returned servicemen/women (Interview 8). This distinction between ex-service member and veteran was often a factor in whether someone joined an ESO which many perceived were for those who had seen 'active service'; older cohorts were also perceived to be more likely to join an ESO 'just as a matter of course... to be connected' (Interview 5).</p>
Advocate	<p>Where the term advocacy is used, it is used in terms of trained, experienced wellbeing and compensation advocates who trained and qualified under ATDP or its predecessor TIP and who do not charge more than a nominal fee to cover administrative expenses for this service. Note that this role may be undertaken by a volunteer or paid member of staff associated with an ESO.</p> <p>We recognise that informal advocacy may also be provided by family members, friends and colleagues, and advocacy may be sourced and paid for from lawyers or consultants on a fee basis; however, neither are included in this report.</p>
Client	<p>In relation to both ESOs and DVA, a client refers to a veteran (serving, transitioning or ex-serving) or family member (including spouse, widow/er or dependant).</p>
Ex-service organisation (ESO)	<p>Any organisation providing support to veterans and/or their families. An ESO may comprise of a mix of volunteers and paid staff. Further explanation of the role of ESOs is available at <a href="https://www.defence.gov.au/DCO/Transition/Family/ESO.asp">https://www.defence.gov.au/DCO/Transition/Family/ESO.asp</a> and is defined in the VITA constitution at <a href="https://web.atdp.org.au/docs/vita/VITAconstitution.pdf">https://web.atdp.org.au/docs/vita/VITAconstitution.pdf</a>.</p>



# Executive summary

The Australian Government Department of Veterans' Affairs (DVA) has contracted a research team from the Social Policy Research Centre (SPRC) at UNSW Sydney to undertake a baseline study of current and future availability of ex-service organisations (ESO) advocacy services.

Advocacy services – including wellbeing advocates and compensation advocates – were established by ESOs to **support ex-serving members and their families** to navigate the DVA claims processes under different compensation regimes. Over time, DVA has increased its support for advocacy services, working with ESOs to provide a training program for advocates to support different types and levels of claims processes, and providing advocacy for wellbeing.

A number of recent studies have highlighted a potential shortfall of advocates due to the age of existing advocates and problems in recruiting new advocates. However, these reports are anecdotal. The purpose of this study is therefore **to understand the current ESO advocacy workforce, and what is required to better support veterans and their families, and advocates, now and in the future to make the model sustainable**. The report also provides information to ESOs about how to potentially strengthen advocacy services.

The research included a desk top review; interviews with advocates, ESO representatives and other stakeholders (n=25), and surveys of ESOs (n=58) and advocates (n=593), to answer the following:

- Can the existing advocacy model cope with current demand?
- Can the model continue as it stands? If not, how long can it be sustained based on current workforce?

The report provides a descriptive analysis of the need for advocacy services, why people become advocates, how they become advocates, and what advocacy involves. This provides insights for DVA and ESOs about how to better support veterans and their families, and advocates, now and in the future to make the model sustainable.

## Caveats

There are inherent limitations in the research resulting from decisions taken to both protect participants' privacy and to encourage participation. Some examples are:

- Not all ESOs with advocacy services participated in the survey
- Every effort was taken to avoid double counting caused by ESO head offices and subsidiary bodies responding with the same information
- Some advocates work for more than one ESO
- A number of non ATDP-accredited and non-ESO advocates responded to the survey – which may not directly match DVA and ATDP data

- Data available from ESOs and DVA/ATDP are not comprehensive and so this research provides a basis for future data collection.

The following sections provide summary answers to the key research questions using survey data. Note that further explanation is provided in the body of the report using interview data.

## What is the current workforce of ESO advocates?

### **How many hours are current advocates working to support veterans and their families?**

- Survey respondents work about 15.4 hours per week – Section 6.1.2, Tables 18 and 20. Volunteers work an average of 12 hours per week, while paid advocates work 25 hours per week.
- Of all advocates, around 40% work fewer than 10 hours per week, about 40% work 10–30 hours, and just under 20% work more than 30 hours per week – Section 6.1.2, Table 20.
- About one-third of volunteer and paid advocates intend to reduce the number of hours they work – Section 6.3.1, Figure 7.
- Advocates provide considerable periods of time supporting veterans and their families. More than half of the advocates surveyed said they provide support for more than 12 months. Further, 30% of advocates spend up to 4 months with a veteran before a claim is submitted, and 10% spend more than 6 months with a veteran preparing a claim.

### **How will the current workforce of advocates change in the next 5 to 10 years (based on age and willingness to continue)?**

- Wellbeing and compensation advocates have two distinct skill sets. Compensation advocacy is more likely to be episodic, while wellbeing advocacy may be ongoing. Some advocates are trained in both areas of advocacy. Compensation advocates and wellbeing advocates complement each other in supporting the needs of veterans and their families.
- Of the advocates surveyed, 19% of compensation advocates and 15% of wellbeing advocates are likely to retire in the next 2 years. This increases to nearly a third of compensation advocates and a quarter of wellbeing advocates in 4 years. Approximately half of the ESO advocacy workforce expects to continue for more than 5 years – Section 6.3.1, Figure 6, Tables 24–26.
- Paid advocates assist around three times as many veterans or family members each than volunteer advocates. This is likely to reflect the hours worked and different ways of working – Section 6.1.2 Table 17.
- A total of 593 advocates responded to the survey. This included ATDP-accredited advocates (from Level 1 to Level 4) and TIP-trained advocates. Some advocates had undertaken internal training programs in parallel to or in advance of completing the ATDP training. The vast majority of advocates were associated with ESOs.

- ATDP has accredited about 850 advocates since April 2017, with about 700 advocates currently available for work. ATDP training is required for VITA insurance. ESOs may also have other insurance.

### **What is the size of any shortfall and the locations and advocacy skills impacted?**

- Some ESOs are not able to meet demand, which means that not all veterans and their families receive immediate support. ESOs reported that over 35% of veterans and their families had to wait more than a month for an advocate, and nearly 10% for over 3 months. ESOs often referred those who required immediate help to another ESO or service – Section 6.1.1 and Table 14, and Section 5.2.
- On average, ESOs offering advocacy services support 6 advocates – Appendix E. However, many advocates surveyed work with more than one ESO and indicated some ESOs only had a part-time advocate or accessed advocates associated with other ESOs.
- Just over half of ESOs still expect to be delivering advocacy services more than 5 years from now, but 7% will probably stop within 2 years, and 19% do not expect to continue at all – Section 6.3.1, Table 23.
- There is a reasonable diversity in the location of advocates and ESOs with around half of the current ATDP advocate workforce and two-thirds of the surveyed ESOs in regional, rural, or remote areas – Section 5.1, Table 11. However, some survey and interview participants highlighted a lack of services in some areas.
- The majority of current advocates gained their ATDP accreditation through Recognition of Prior Learning (RPL), with less than 24% of current ATDP advocates gaining their qualifications through the ATDP training – Section 4.4.5, Table 9.
- 43% of advocates are over the age of 70. However, 53% of advocates enrolled in ATDP training are under 60 years of age (includes those who are currently trained and advocates seeking additional levels of accreditation). While it is expected that the ESO advocate workforce will lose experience as advocates stop work, younger advocates will be trained under all of the Acts and are more likely to have more contemporary ADF experience – Section 6.3.2, Table 27.
- ESOs help share knowledge within the advocacy workforce through the ATDP mentoring requirements and through local and broader communities of practice – Section 4.6.

### **Are advocates satisfied in their current role?**

- The main reasons people become advocates are to help veterans and the families get the help they need, to help others, to support the veteran community, and to share their knowledge, experience and skills – Section 4.1, Tables 6 and 7.
- Advocates need to be accredited under ATDP and associated with an ESO in order to be insured under VITA and for the ESO to be able to access BEST funding. Less than half of advocates surveyed were happy with the training they had received under ATDP. Most

mentors had received ATDP accreditation through recognised prior learning and therefore had not gone through the courses themselves – Section 4.4, including Section 4.4.6.

- While mentoring was recognised as a core component of ATDP, advocates surveyed also highlighted that this was onerous on the mentor. As a result, trainees found it difficult to find an experienced advocate willing to become their mentor – Section 4.4.3.
- Advocates indicated a range of reasons why they might leave their role, including the impact on their own wellbeing; age and health, family reasons; insufficient support from the ESO; ongoing training requirements; and increasing complexity of preparing claims – Section 6.3.2.

### **What is required to support advocates now and in the future? What strategies could support retention of existing advocates?**

- Respondents suggested a range of additional supports that ESOs could provide – Section 7.3 (see Sections 4.4.3 and 7.4 for mentoring), including:
  - providing support to help advocates' wellbeing
  - ensuring that ESOs understand what advocacy is
  - providing additional support for mentors
  - recognise the differences in managing volunteer and paid staff
  - creating succession plans for all parts of the workforce, including ATDP.
- Respondents also suggested ways in which DVA could help – Section 7.5, including:
  - streamlining DVA processes and reducing the time it takes to process a claim
  - accommodating the way advocacy services are provided in the Veteran-Centric Reforms
  - valuing the contribution of advocates and ESOs providing advocacy services
  - making online supports more accessible and meaningful.

### **What strategies could be used to attract new advocates? In particular, female and younger advocates?**

- While recognising ADF experience was beneficial to the advocacy role, direct experience was not always considered essential. A good understanding of the needs of veterans and their families could also be demonstrated by family members of serving and ex-service ADF personnel, as well as other affiliates, or learning on the job to understand the culture and language but not necessarily the trauma associated with Service.
- Some ESOs encourage new staff to transition from wellbeing support, to wellbeing advocacy and then to compensation advocacy – Sections 5.3, 6.3.2 and 7.1.
- While some ESOs struggled to find volunteers, others said they turned volunteers away either because they did not meet the ESOs selection criteria (for example, concerns about their wellbeing) or they did not have enough mentors to support them through the ATDP training pathway – Section 6.3.2.

- ESOs highlighted the need to **recruit both serving and ex-ADF members** from across the different services with a range of different experiences, highlighting that serving advocates received mixed levels of support from the ADF – Sections 4.1 and 4.2.
- There are currently far fewer **female** than male advocates (women account for 27% of ATDP accredited advocates, and 37% of those enrolled in the training program), although women were more likely to be working in paid advocacy roles (29% of female advocates work in paid positions compared to 7% of their male counterparts). Interview participants highlighted the need for more female advocates to support the growing number of female veterans. Some female advocates who participated in the survey highlighted that creating a more female friendly work environment could help attract and retain more female advocates – Section 6.1.2 Tables 15 and 16, Appendix D, Figures 8, 11, and 12, Tables 28 and 33.
- There were **challenges in recruiting younger advocates**, particularly to volunteer roles. While serving and ex-serving ADF members want to contribute, many need financial stability and are not in a position to volunteer until they reached retirement age.
- **Paid positions may be better suited to increase the number of younger advocates;** people with ADF experience could be recruited during transition seminars or within reservist cohorts. Training options may need to be developed to better meet the needs of younger advocates – Sections 4.1, 6.3.2, 7.4, and 7.7.
- ESOs' recruitment and retention of advocates depend on active engagement with new and younger cohorts of veterans, the training options provided, the availability of appropriate mentors, and continuing wellbeing support for advocates.

## Sustainability of the advocacy workforce

Workforces naturally fluctuate. The sustainability of any workforce is contingent on there being a balance between the need which the workforce is addressing and the changes to the workforce (number and skills). **Due to the data available, estimates of the sustainability of the ESO advocacy workforce are based on the compensation advocacy role.** Issues of sustainability are also likely to affect wellbeing advocates.

To determine the sustainability of the current workforce, the research considered a number of factors (as well as their limitations):

- The number of claims and appeals supported by an advocate (recognising this data reflects the capacity of DVA and the VRB to process claims rather than the number of claims and appeals prepared). Currently, 20% of primary claims assessed and 80–90% of applications to the VRB area supported by an advocate.
- The number and qualifications of trained advocates (acknowledging that not all currently available advocates may be practising). Current records show there are 448 advocates accredited by ATDP for compensation advocacy, which includes those who have both compensation and wellbeing qualifications.

- The average number of claims submitted by advocates surveyed each year (based on advocates surveyed). Survey responses indicated approximately 50 claims are submitted by advocates per year.
- The relatively short wait times experienced by veterans and families when seeking advocacy services (60% waited less than one month; based on self-reported data from a small sample of ESOs who responded to the survey).

Considering the overall data available, the number and qualifications of trained advocates, and the general lack of wait times, suggests the existing workforce is currently just meeting demand – although this conclusion has a number of caveats outlined above.

Recognising that both the need for and changes to the work force are likely to vary naturally over time, the research then considered the sustainability of the work force in the future by considering a number of additional factors (again, as well as their limitations):

- The expected decline in the existing advocacy workforce (based on the intention to continue practising, advocates surveyed)
- The expected increase in advocates recruited and trained (unknown)
- Expected change in demand (unknown).

Survey data indicate the current advocacy workforce is likely to decline by 19% in the next 1–2 years and a further 11% in the following 3–5 years, or 30% over 5 years. The estimates are based on existing advocates leaving rather than their work rate. High level data about advocates in training indicates this age group is younger than the qualified cohort, suggesting concerns about the age of the workforce reported in earlier studies are being mitigated. However, the rate at which trainees are qualifying and achieving different levels of competency is unknown – interview data suggests this process is taking longer than ESOs, mentors and advocates had anticipated. Additional survey data shows that many advocates are also looking to reduce their workload, suggesting that workforce capacity is likely to reduce more than indicated above. **In considering the overall data available, and the anticipated loss to the workforce over the next 5 years, attention must be given to the recruitment, training and mentoring of new advocates to ensure the sustainability of the workforce; further, the competency of advocates needs to increase to compensate for the likely decline in overall skills lost by those leaving.**

While the current ESO advocacy workforce appears to be meeting the needs of most veterans who ask for advocacy support, there is a risk the ESO advocacy workforce becomes unsustainable if the need for services continues to rise, and the workforce is not being replenished quickly enough with the equivalent level of skills and capacity. While there seems to be a natural progression of ESOs starting to work together, this report highlights additional factors DVA and ESOs may consider in improving the sustainability of the ESO advocacy workforce.

Policy makers (Defence, DVA and ESOs) need to be aware of the need to **maintain the balance** between need and staffing to ensure the workforce remains sustainable. Key factors likely to affect the sustainability of the ESO advocacy workforce are:

- Significant changes to the number of veterans requiring support

- Significant changes to the determination of claims
- Attracting new advocates (paid or volunteer)
- The time taken to train new advocates to the level of competency required (for the trainee and also the mentor and ESO)
- Length of time advocates work after training
- Proportion of paid vs volunteer advocates, hours worked, and models of service
- Resources available to provide advocacy services.

The current model relies heavily on volunteers who tend to have financial independence, whether through veteran compensation or having reached retirement age – therefore, without more paid positions, the cohort of advocates is likely to remain older, although there is evidence showing the age of advocates is decreasing slightly. With greater access to training and assessment, as well as other improvements, the ESO advocacy workforce could be more sustainable.

## Improving the sustainability of the ESO advocacy workforce

This research study identified a number of broader considerations to improve the sustainability of the advocacy workforce, relating to the need for services and providing enough advocates with the necessary skills and training to meet those needs. They include:

- Making advocacy services more accessible to veterans and their families rather than just word of mouth
- Increasing the breadth and quality of the advocacy workforce
- Supporting advocates in the workplace
- Improving ATDP to ensure it meets the needs of ESOs, advocates and veterans
- Improving the systems, processes and relationships between Defence, DVA, veterans, ESOs and advocates

Without addressing ongoing need for advocacy and the likely reduction in the ESO advocacy workforce, the workforce is likely to be unsustainable. This may impact both the wellbeing of veterans and their families, their access to rehabilitation and compensation, as well as the quality of claims and reviews lodged with DVA and the VRB. While the focus of analysis has been on compensation advocates given the data available, the improvements also relate to wellbeing advocates who are integral to the ongoing support of veterans.

## Conclusion

This research was an in-depth study of advocacy services, drawing on data from surveys and interviews, and other supplementary data. The breadth of data demonstrates the difficulty in being able to accurately predict whether the ESO advocacy model is sustainable. Sustainability is

dependent on both the need for advocacy and the supply of advocacy services. With regard to need, this will depend on a range of factors including the number of serving personnel who transition to civilian life, the number and complexity of claims, the claims process itself (acknowledging DVA's efforts to simplify this process), and the time it takes to process claims. The supply of advocates will depend on the ability to recruit new volunteers, the willingness and capacity of existing advocates to mentor trainees, the responsiveness of the training program, and the willingness of current advocates to continue in the job. Retention of existing advocates also depends on ongoing training, workload, support and wellbeing.

In brief, the findings from this research indicate that advocates will be needed for the foreseeable future, the present system is sustainable but only just, and it needs to change to remain sustainable. There are suggestions that the need for advocates is growing following the introduction of MyService, in particular supporting applications to appeal decisions from veterans making claims directly; however, at this point in time, there are no data available to substantiate this claim other than an anticipated 25% increase in applications to the VRB for 2020/2021. The need for advocates may increase, at least in the short term. The current system is working but is under considerable pressure and it will require some significant changes to remain sustainable over the medium (1–2 years) and longer term (3+ years).

While the ESO workforce appears currently sustainable at a macro level (services are required, advocates are trained, veterans access support), it may not be sustainable at a micro level, that is, some advocacy services are likely to discontinue. It was clear from interviews with a range of ESOs that some ESOs were more sustainable than others; some were struggling to find volunteers across their organisation and others were closing, while other ESOs were growing and providing supports to both veterans and to advocates. There are some models of advocacy that have evolved from the grassroots that may address concerns of sustainability in the overall model. There is also variation; some provide only advocacy services, while others provide more holistic supports and outreach programs. Concerns about the sustainability of the model may appear in some places to have been addressed as organisations respond to change in need and workforce.

There are clear benefits to veterans and their families, to the ADF and DVA, and to the broader community to support advocacy services.

As indicated in a number of places in this report, there is a lack of accurate information about the number of active advocates and mentors, their current caseload, the quality of advocacy provided, the time it takes to prepare and assess claims, and the impact of advocacy on these timelines. It is important for future monitoring and quality assurance of the system that better data are collected about the advocacy workforce, processes and claims. This could include surveying recently accredited ATDP trained advocates about whether they are practising, and if not why not.



# 1 Introduction

The Australian Government Department of Veterans' Affairs (DVA) has contracted a research team from the Social Policy Research Centre (SPRC) at UNSW Sydney to undertake a baseline study of current and future availability of ex-service organisations (ESO) Advocacy Services.

## 1.1 Background to the study

Advocacy services – including wellbeing advocates and compensation advocates – were established by ESOs to **support ex-serving members and their families** to navigate the DVA claims processes under different compensation Acts (described in Section 3.1). Over time, DVA has increased its support for advocacy services, working with ESOs to provide a training program for advocates to support different types and levels of claims processes, for supporting the review of decisions, as well as providing advocacy for wellbeing.

A number of recent studies have highlighted a potential shortfall of advocates – both now and increasingly so in the future – due to the age of existing advocates and problems in recruiting new advocates. However, these reports are anecdotal. Many new advocates are receiving training through the advocacy training program; however, it is unclear how many then go on to provide advocacy services, at what capacity they undertake advocacy work (paid or unpaid, full-time or part-time), or how long they remain advocates for.

## 1.2 Purpose of this study

The DVA provides advocacy training for ESOs to provide support to individuals (and their families) who have transitioned from the Australian Defence Force (ADF), both in terms of accessing compensation and supporting their wellbeing. ESO advocacy services have been subject to a number of reviews, including the Veterans' Advocacy and Support Services Scoping Study (referred to as the Cornall Report, reporting in December 2018) and the Productivity Commission Inquiry into Compensation and Rehabilitation for Veterans (reporting in July 2019). Both reports refer to the advocacy services provided by ESOs. The reports cite anecdotal evidence of an ageing workforce of volunteers and a possible decline in the number of volunteers coming through as contemporary veterans that are rehabilitated to enable them to re-enter the workforce and as training requirements become more burdensome. Both reports express concern that the current model of advocacy is unsustainable.

While ESOs deliver training in partnership with DVA (over 700 advocates have been trained in the program since 2017), it is unclear as to what extent those trained and accredited go on to provide advocacy services. The concern is that the number of people being trained is not necessarily translating into additional services being delivered. An additional concern is that there is a demographic mismatch between the advocates, many of whom are older veterans, and those accessing compensation and requiring support, who are recently transitioned veterans.

The purpose of this study is therefore to understand the current ESO advocacy workforce, and to understand what is required to better support veterans and their families, and advocates, now and in the future to make the model sustainable.

### 1.3 Structure of this report

This report first describes the approach and methodology used in this study and a summary of research participants (Section 2). The remainder of the report presents the findings from the interviews, surveys, and secondary data analysis. Due to the extensive data collected, the findings have been broken down into 5 sections.

The context of the ESO advocate workforce is first described in terms of:

- Why advocacy services are needed (Section 3)
- Why and how people become advocates (Section 4), and
- What advocacy involves (Section 5).

The research questions are then answered, informed also by the data from Sections 3–5, in the final two chapters to determine.

- The current workforce of ESO advocates (Section 6), and
- What is required to support advocacy services now and in the future (Section 7).

## 2 Approach and methodology

This section presents the methodology and approach used to examine the current volunteer workforce and its capacity, and to understand what is required to better support veterans and their families, and advocates, now and in the future.

The approach used was mindful of participant burden as well as the implications of the COVID-19 pandemic. The research had ethics approval from the Defence-DVA Human Research Ethics Committee (ref DDVA HREC 270-20).

### 2.1 Research questions

Given the need for advocacy services is likely to continue, despite improvements being made to claims processes, DVA would like to find out:

- Can the existing advocacy model cope with current demand?
- Can the model continue as it stands? If not, how long can it be sustained based on current workforce?

Detailed research questions and data sources are presented in Table 1 below.

**Table 1 Research questions and data sources**

Research question	Data sources
<b><i>What is the current workforce of ESO advocates?</i></b>	
How many hours are current advocates working to support veterans and their families?	Advocate Survey
How will the current workforce of advocates change in the next 5 to 10 years (based on age and willingness to continue) – and in particular, the size of any shortfall and the locations and advocacy skills impacted?	Advocate Survey ESO Survey Interviews DVA data
Are advocates satisfied in their current role (fulfillment and sense of purpose)?	Advocate Survey Interviews
<b><i>What is required to support advocates now and in the future?</i></b>	
What strategies could support retention of existing advocates?	Advocate Survey ESO Survey Interviews
What strategies could attract ex-ADF members to the role? In particular, female and younger advocates?	Advocate Survey ESO Survey Interviews

No one dataset provides complete and reliable information about the number of advocates, their demographic profile, length of service, number of clients they advocate for, and the time that they spend advocating for clients. This study, informed by a desk top review, uses two surveys (ESO Survey, Advocate Survey), and interviews to answer the research questions above.

## 2.2 Desk top review

A desk top review was conducted to establish what was already known about the volunteer advocacy workforce and the needs of the veteran community. The review focused on relevant inquiries, policy documents and service reports, as well as documents relating to programs funded by DVA to support the work of advocates (for example, Building Excellence in Support and Training or BEST), and reports by ESOs that include information about advocacy services. This clarified what was already known in relation to the volunteer advocacy workforce and the needs of the veteran community and informed the development of survey instruments and interview guides.

## 2.3 Data collection

The research team developed an interview discussion guide (Appendix A), an ESO Survey (Appendix B) and an Advocate Survey (Appendix C), based on the research questions and the insights from the desk top review. All of the instruments were reviewed by the DVA project management team and the surveys were piloted by two ESOs who were also invited to complete the final survey.

DVA provided information to key stakeholders about the scope of the study, and how to participate in the study, through existing communication channels; for example, to the ESO roundtable (ESORT; attended by national presidents of ESOs), through the ATDP newsletter, and the advocacy newsletter. Information was also made available to stakeholders on the DVA's website (see <https://www.dva.gov.au/about-us/overview/research/veterans-advocacy-research-project>).

### 2.3.1 Summary of participants

The table below provides a summary of the participants by stakeholder group and method.

**Table 2 Summary of participants, by stakeholder group and method**

Informant	Survey	Interview
ESOs	58	3
Advocates	593	16*
Other stakeholders	0	6
Total	651	25

Note: \* 4 advocates were also speaking on behalf of the ESO

The following sections provide more detail about the different data collections.

### 2.3.2 Surveys

Two surveys were developed and administered using the Qualtrics survey platform:

The ESO Survey (Appendix B) sought information about current advocacy services provided, staffing levels (including age and qualifications of advocates), whether advocacy needs of current members could be met, and future workforce planning. This survey was distributed to all ESOs in receipt of a BEST Grant in the last funding period. This was to ensure that ESOs with an active advocate workforce – determined by the fact that they received funding for advocacy services from

DVA – were invited to participate in the survey and that each organisation responded only once. DVA identified a list of contacts that the survey was to be sent to and each of these contacts were sent a unique survey link that was generated using Qualtrics. Additional links were generated and issued to ESOs who expressed an interest in participating and also provided advocacy services but were not on the original contact list provided by DVA. In total, 180 links were generated over the study period, with a response rate of 32.2%.

The Advocate Survey (Appendix C) sought information from individual advocates, about their background, training, workload, and future plans. To provide a full understanding of the cohort, both compensation and wellbeing advocates were within the scope of the study, including advocates with different levels of training and experience. A generic link to this survey was distributed to ESOs in receipt of a BEST Grant in the last funding period to distribute to advocates. The survey was also promoted by DVA via newsletters and the DVA advocacy research webpage. All inquiries received by the research team were responded to and the appropriate survey link distributed. The advocate survey sample when compared with DVA's ATDP accredited data and data about those in training slightly over-represented males. In terms of age, the advocate sample and the ATDP accredited data was very similar; however, the training data showed that there had been an increase in those undergoing training aged 40 years and younger. Further information about the sample and the representativeness of the sample is presented in Appendix D (advocate survey) and Appendix E (ESO Survey). For both surveys, respondents could answer many questions with more than one option.

The two surveys were announced by DVA to broad ESO networks (3000+ mailing list) and launched on 9 November 2020. Response rates were monitored; the survey was subject to further promotion (20 November and 11 December) with the deadline for completion subsequently extended to December and then 18 January 2021. The survey was closed on 31 January 2021.

### 2.3.3 Interviews

The research team worked with DVA to develop the selection criteria used to identify a representative sample of stakeholders to invite to participate in the study. This included representatives from DVA, the Veterans Review Board (VRB), and the stakeholders associated with the training program (ATDP). DVA provided introductions and each stakeholder was then contacted by the research team to seek consent and arrange a suitable time to be interviewed. In addition, all of the survey participants (ESOs and advocates) were asked if they would like to be interviewed as part of the study. A sample of ESOs and advocates were invited to participate in interviews. Due to resource and time constraints, not all those who offered to be interviewed could be interviewed for this study. All potential interview participants will be contacted at the end of the study to thank them for their interest in the research and let them know that all of the interviews have been completed. Interviews commenced on 19 November 2020 and finished on 15 February 2021.

Twenty-five individuals participated in interviews, either individually or in groups (at their request). Six participants were identified by DVA and related to key roles in DVA, VRB and ATDP that supported the claims and advocacy process. The remainder self-selected for interview when they completed the ESO or advocate survey. Across both surveys, 306 individuals welcomed the opportunity to be interviewed 28 ESOs and 278 advocates. Participants were selected randomly

from this group. While not necessarily representative, this sample included a variety of different stakeholders in terms of age, state, advocate and organisation.

Of the ESO/advocate group, three participants were speaking on behalf of the ESO and were not advocates themselves (although had direct responsibility for a team of advocates), four were speaking on behalf of the ESO and were also practicing advocates, and the remainder were advocates only. Participants ranged in age from 32 to 84 years old (average, 62 years old); were located in the ACT, NSW, QLD, SA, and WA; four were female; included wellbeing and compensation advocates, trainees, different levels of ATDP training including advocates with recognised prior learning (RPL) and with different levels of experience; included advocates from a range of different organisations, including national, regional, local organisations, and well-established and new organisations; and included a selection of paid and voluntary, full and part-time advocates. Many of the participants were associated with more than one ESO. Some advocates interviewed were still serving members of the ADF or had recently separated.

The interviews were semi-structured, included demographics and questions about veterans' needs, the advocacy process, advocates available within the ESO, the recruitment of advocates, insurance, training, workforce changes, quality of advocacy and funding. The discussion guide is presented in full in Appendix A.

## 2.4 Secondary data analysis

The research team were also provided with data from DVA and ATDP which included:

1. Recent summary data from the ATDP operational management system (source: ATDP) <sup>1</sup>
2. Detailed data for advocates enrolled in ATDP training – includes data for advocates registered for Recognition for Prior Learning (RPL), assessment, or on the training pathway (source: DVA), and
3. Detailed data for advocates who have completed ATDP training and are accredited – includes data for advocates that have received a Statement of Attainment for a unit of competency (source: DVA).
4. Claims assisted by ESOs (source: DVA).

This data was used to support the data from the surveys and interviews. There are limitations in the use of this data due to the nature of the veteran population often moving around (particularly while still in service) and the fact that advocacy services, while often initially face to face, may be provided remotely. The provision of remote services has also grown due to COVID limiting face-to-face service delivery.

## 2.5 Analysis of data

The interview and survey data were analysed separately and then triangulated to inform the findings. The interview data and the open-ended responses from the two surveys were coded

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<sup>1</sup> Data is only for available advocates.

thematically and analysed using NVivo. The quantitative survey data was analysed using Qualtrics. As mentioned in the previous section, the secondary data provided by DVA and ATDP were used to support the findings from the surveys and interviews.

## 2.6 Research limitations

There are a number of potential limitations to this study. First and foremost, this study focuses on the workforce and the continuation of the provision of advocacy services by ESOs and advocates rather than whether this meets the need of veterans now or in the future. While participants were asked about what veterans needed from advocates and ESOs and advocates were asked whether they could meet current demand, data was not available to identify current demand or predict future demand. For example, the need for an advocate may vary depending on the veteran, the type of claim (for primary claim), and whether a veteran was seeking to appeal a determination. Similarly, the study did not include the perspectives of veterans seeking support from advocates.

There are also limitations due to the approach taken, including:

- Interviews: The original research design included interviewing 12 key stakeholders, ESOs and advocates to explore the research questions in more depth. Six interviews were conducted with DVA staff, ATDP staff and the Veterans' Review Board. Given the breadth and diversity of ESOs and the advocate workforce, it was agreed with DVA that six interviews with ESOs and advocates was insufficient and that additional interviews should be included to add to the diversity of ESOs and advocates participating. While providing greater breadth to the study, this sample is still unlikely to be fully representative of the diversity of ESOs and advocates across Australia.
- ESO Survey: Links were sent to the individual identified as the contact for the BEST Grant held. This was either a generic email address (for example, treasurer, secretary of the organisation) or an individual (a number had moved on). The links may not have been directed to the most appropriate person, evidenced by the research team responding to a number of inquiries from ESOs who claimed not to have received the invitation and link.
- Advocate Survey: A generic link was sent to ESOs to forward to advocates. This relied on the individual in the ESO to forward the survey link to the right people in their organisation. Given the number of inquiries received from advocates who had not received the link, despite being associated with ESOs who had been sent the link, this method of distribution was not reliable. However, given the number of inquiries received from individual advocates, they received the communication from DVA about the study and were active in following up.
- For both surveys, the research team received a number of inquiries to ask for more time to complete the survey (due to workload), or assistance due to using the technology (a paper version was provided to two respondents to enable them to participate in the survey – one in order to collaborate input with another member of staff in another location). Through correspondence with both ESOs and advocates, it was clear that ESOs vary in size considerably and many are run by volunteers alone. The response rate therefore reflects capacity to respond.

- Overall participation in the study. There was evidence of 'scepticism' (Interview 2) in this study in many of the survey responses; this may have deterred some from participating in the study. Many participants expressed concern about the 'ongoing', 'repetitive' and 'distracting' reviews and the lack of action in response to those reviews. Some mistrusted DVA and their intentions, were concerned about jeopardising BEST funding, and that information sought through this study was already held by DVA/ATDP (Interview 2, Interview 22, Advocate Survey).
- Availability of current secondary data. Some of the data provided by DVA and ATDP was dated. While it was still recent for the last 12 months, more recent data would have provided an even more accurate picture of veterans and their claims and the number of claims.
- Impact of COVID 19. COVID-19 had affected both veterans and advocacy services – particularly face-to-face services provided by ESOs. Many participants highlighted issues that had been made worse by COVID-19 but made the distinction that the issues had also pre-existed the pandemic.
- The opinion of veterans and their families accessing advocacy services was out of scope for this study.

The remainder of this report presents the analysis and answers to the research questions.



## 3 Why are advocacy services needed?

This section presents the findings related to the ongoing need for advocacy services for veterans and their families, drawing on interview and survey data, and supported by document analysis and secondary data provided by DVA and ATDP. This includes an overview of the cohorts seeking advocacy services (Section 3.1), the need to help veterans engage with DVA (Section 3.2), the diversity of advocacy needs (Section 3.3), and the different types of support provided by advocates (Section 3.4). This helps provide an understanding of the nature of advocacy services provided.

### 3.1 Cohorts seeking advocacy services

Advocacy is not new and has a long history in Australia – ‘probably grounded in the fact that, the old cannon fodder, soldier, was probably barely literate’ (Interview 22). However, the nature of service has changed from being ‘an Australian Imperial Force, raised and demobilised, to a Standing Military Arrangement’ where like in any other job, people expected to be ‘rewarded’ for their work and ‘compensated for any harm done’ (Interview 22).

At the same time, the nature of ESOs has changed, from those supporting returned soldiers (from World War I and II), to those supporting the needs of specific cohorts of veterans such as Vietnam veterans, or particular services such as Special Air Service (SAS), and more recently those supporting more ‘contemporary’ veterans. In addition, the legislation providing for compensation and rehabilitation for different periods of service has also changed, along with the services and supports available.

Injury or illness arising from service can lead to the immediate transitioning from service, impacting both the individual and their family. While discharge is initiated by the ADF, supports are provided by DVA. DVA recognises veterans may be highly vulnerable at this point and require immediate assistance (Interview 22). Injury or illness arising from service can also occur long after a veteran has transitioned out of the ADF. In both scenarios, veterans may require the assistance of advocates to assist with their ‘DVA business’, in order to access rehabilitation and compensation for their injury.

Advocacy services are provided to a range of serving, transitioning and ex-serving members of the ADF (veterans) and their families. The period of service affects the veteran’s eligibility and access to rehabilitation and compensation under the:

- Veterans’ Entitlements Act (1986) (VEA)
- Safety, Rehabilitation and Compensation Act 1988 (SRCA)
- Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (DRCA) replacing Section XI of SRCA in 2017
- Military Rehabilitation and Compensation Act 2004 (MRCA).

Veterans may be eligible to claim under more than one Act, and many may have tri-eligible claims.

The table below describes the veteran cohorts that participants in the advocate survey said that they are currently supporting in their advocacy role. This table is important to help understand what support advocates need in order to support veterans and their families. Each of these population groups will have different eligibility and access to rehabilitation and compensation, and advocates need to be able to match those needs. Training can also be tailored for advocates depending on the veteran groups and families that they are supporting.

**Table 3 Cohorts of veterans supported by advocates surveyed**

<b>Veteran population supported by advocates</b>	<b>% of advocates surveyed supporting each cohort</b>
Second World War	61.4
Korean War	62.9
Vietnam War	75.7
Cambodia, Gulf War, Namibia, Somalia, Yugoslavia, Rwanda and Bougainville	68.0
Post-1999 conflicts	72.8
Peacetime Defence Force	70.5
Reservists	66.3
Other	18.9
Not sure	1.0

Note: N=593, participants could select more than one response. Participants could select more than one. 'Other' cohorts supported included Commonwealth and other ex-servicemen that had transferred to Australia (in particular the UK and Thailand); first responders such as police, fire and ambulance (where they had ADF experience), United Nations peacekeepers, and Cadets.

Survey participants (advocates) also reported that they provided supports to partners and spouses (33.5%), widows and widowers (33.1%), and children of veterans (28.3%).

The data from the interviews also found that different cohorts had different experiences with both the ADF and DVA over time. For example, experiences that may have been adversarial in the past may still shape their relationship with Defence/DVA today and in some cases, created a barrier in accessing services and entitlements:

Because of what the ADF service did to him, and the way that he had to get out .... He resented anything to do with being military. He looked at going back to making a claim as bowing into the military and the DVA policy makers. (Interview 7)

The joining date can dictate what legislation they are going to be governed by, and the entitlements of that legislation compared to their mate, that joined two days earlier. The day that they sign on that dotted line is a disgrace (Interview 7)

## 3.2 Helping veterans engage with DVA

The purpose of DVA is to support veterans – acknowledging their service (including organising medals they are entitled to), providing rehabilitation and support, and providing compensation (Interview 1, Interview 2). However, different cohorts of veterans have had different levels of contact with DVA, and many veterans may need assistance engaging with DVA (Interview 1).

Prior to 2016, the ADF did not tell DVA who had joined the ADF and therefore, a large cohort of veterans are unknown to DVA unless they actively approached DVA. The majority of veterans have had no contact with DVA and may not be aware of the supports available to them; 'when they left the Defence Force, they just left' (Interview 2). However, since 2016, arrangements were introduced to automatically connect anyone joining the ADF with DVA (Interview 2) and then on separation from full-time service (Interview 6).

Many interview participants felt that since this happened that there has been a better sharing of information between the ADF and DVA, such as through transition seminars and Veteran Support Officers (VSOs) 'to better prepare them [veterans] for transition and help them navigate their DVA business' (ATDP News April 2020). However, veterans did not always know when to contact DVA.

I left the services in 2018. ... those who are in service right now... they wouldn't know to be engaged with DVA. They're not told to engage with DVA. There's no mention of that. There's no training in regard to that and if you do know of DVA, the consensus is that you had to have been operational and deployed to be able to talk to DVA, otherwise they won't recognise you. ... There's not a lot of communication and I think that's where things need to start, in service. (Interview 20)

From mid-2018, veterans also receive a 'white card' on transition, providing non-liability health care (Interview 1, ATDP newsletter Nov 2018). More recently, the VSO program is working with service ADF members to seek determination on their injuries and illness while in service, so that 'when they get to a point of transition, they actually have all their DVA business done' (Interview 6).

Some ESOs are also now going onto bases to provide information to members of the ADF to provide information about how to engage with DVA, or are located in close proximity to bases and promote their services. As a result, more recent members have a greater understanding of services and supports available from DVA. Although for some, this information is not always heard as 'all you want to go is get out' (Interview 17), or the information was not necessarily needed at the time but needed later on.

One participant highlighted the real benefit of advocates was to help veterans contact DVA:

It's whether the client would not have come to the DVA themselves, and so that's really where I say the value of the advocates, they are making sure that people who won't come to us themselves are claiming their entitlement. That's a huge value add as far as far as I'm concerned. (Interview 1)

Some veterans then needed assistance due to the complexity of the claims process, or due to their circumstances.

The average veteran finds it very difficult to navigate the labyrinth of the Acts and the DVA system with no previous experience. There is nothing intuitive about DVA, its systems or its processes. (Advocate Survey)

[There are] some more high-needs clients. Their needs are such that they find the whole process perhaps of dealing with DVA, or just dealing with processes generally – not even necessarily just with us but just dealing with government to try to get where they need to get – very taxing and very frustrating and very challenging and they just need that help to guide them through it. (Interview 2)

The assistance of an advocate is sometimes called upon by DVA (Interview 3), despite expressing concern that it was ‘a very interesting situation in that we need advocates to deal with the government organisation’ (Interview 5).

The needs for advocacy are diverse within and across cohorts. As noted in Chapter 5, not all serving and ex-serving members identify as veterans and realise the services provided are for them.

### 3.3 Diversity of advocacy needs across and within cohorts

The needs of veterans vary; as one participant said, ‘not one case is the same, not one veteran is the same’ (Advocate Survey). Not all ex-serving members who participated in this study identified as veterans which may be a barrier to accessing services targeting veterans.

I am not a war veteran. I am an ex-service member. ... I still hold the accolade for those who went to war, rather than those who practiced. (Interview 10)

Service and injury (both physical and mental) could be current/recent or could have occurred a long time ago, therefore there are diverse needs across and within cohorts. There are also clear ‘generational and technological variation between cohorts – and it’s really important DVA actually provides services that spans all of those cohorts’ (Interview 2). For older cohorts, many have ‘never asked for assistance [and] now find it difficult to ask for help as they age’ (Advocate Survey, Interview 2). Others suffer ill-health and require assistance to ensure that their wives were provided for, and for others, their first contact with DVA was when they entered aged care facilities (Interview 3).

Many participants suggested that younger veterans ‘text before they talk’, had ‘higher expectations’ and were ‘more demanding’ (Advocate Survey). They also experienced higher ‘operational tempos’ compared to earlier cohorts who may have had single deployments (Interview 3). There was also a perception that more recent cohorts or younger veterans were less likely to approach an advocate prior to making a claim – only contacting an advocate after an adverse decision (Interview 5).

Consistent with the findings of the Cornall report, the needs of some female veterans may also be different to their male counterparts as some claims related to sexual harassment (Advocate Survey). One ESO reported supporting equal numbers of men and women, suggesting (given the proportion of women in the ADF) women were overrepresented in the advocacy service (Interview 20). In addition, there was also the issue of location. Many veterans and their families live in regional and remote areas where access to technology, services (ESOs, health and other government services) and advocates may be limited (Advocate Survey); this may result in conditions being untreated. Participants also spoke about ex-serving members moving around, particularly when transitioning out of the ADF (Interview 20).

It was also recognised that serving and ex-serving members have ‘different requirements’ and that some were worried about sharing or ‘admitting’ to any injuries or health issues while serving (Advocate Survey):

If you go to DVA, a lot of serving personnel are scared that the ADF will find out that there’s something wrong with you but they haven’t realised yet that if you are claiming for an injury,

it's actually already in your medical file. So, they're not finding out anything that's not already there and there's a bit of a scare process there I think. (Interview 20)

Very few will admit to mental disabilities, most are physical related to remaining fit so that they can go on operations. ... I guess there is still a fear amongst serving veterans, and I hope it's ill-founded, that if they admit to disabilities by submitting a claim, (a), they'll miss out on promotion, and (b), they'll miss out on operational deployment. That is not correct, but I suspect it might still be. (Interview 8)

I get a lot of people who are on their transition 12 months out from leaving and they just want to get it done. Like all of us, we don't put in any claims while we're serving because it goes in your med file, so it's a bit of a double-edged sword. (Interview 16)

Needs also varied depending on the reason for transition, such as whether it was voluntary, medical or involuntary in nature (Interview 6). Those facing medical or involuntary discharge due to substance abuse were considered vulnerable and were provided assistance on-base and just after separation by VSOs (Interview 6).

### 3.4 Different types of support provided by advocates

Veterans had diverse needs across their life course and the level of support required for each individual varied. Advocacy often started with ensuring a client's wellbeing and addressing immediate needs, before providing assistance with claims and, if claims were unsuccessful, appeals. Each type of advocacy service is described in detail in Chapter 5.

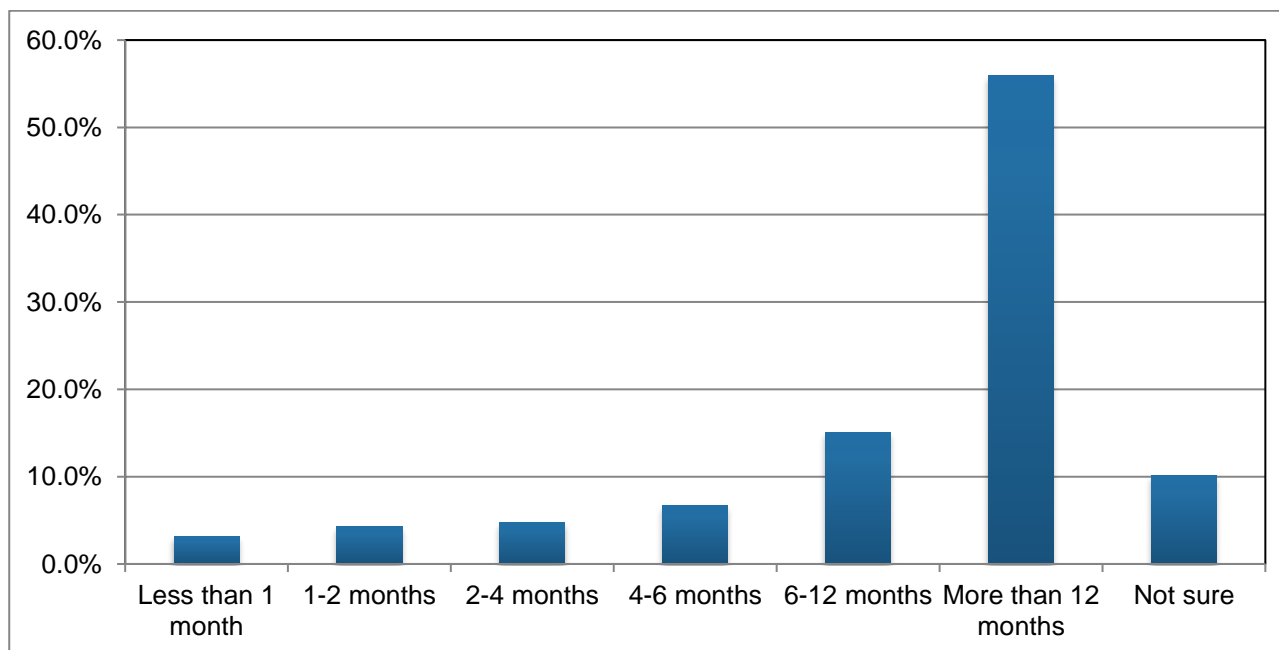
Advocate Survey participants were asked the tasks that they performed in their role as advocate (Table 4). Participants included Level 1 (trainee) to Level 4 Advocates and Tip-trained advocates at equivalent levels who had not yet transitioned to ATDP accreditation through RPL or additional training. Participants had to select from a list all of the responses that applied to them. The key tasks for advocates in the survey was providing advice to veterans and their families (60.6%) and helping clients access the supports and services they needed (57.8 %), assisting in the preparation and lodgement of claims (57.0%), providing information about what benefits were available and how claims were made (56.8%), and promoting the use of advocates (50.4%). Just over one-third of advocates said that one of their main tasks was mentoring less experienced advocates (35.2 %).

**Table 4 Tasks performed by advocates surveyed**

Types of tasks performed	% of advocates surveyed who performed each task
Provide advice to veterans and their families on supports and services available that meet their needs	60.6
Assist veterans and their families to access necessary supports and services that meet their needs	57.8
Assist in the preparation and lodgment of claims	57.0
Provide information to veterans and their families relating to compensation benefits as well as details of how claims are made	56.8
Promote the use of advocates to support veterans and their families	50.4
Mentor less experienced advocates	35.2
Assist in the preparation of cases for review by the Veterans' Review Board and Administrative Appeals Tribunal	32.7
Represent veterans at VRB or AAT	20.9
Provide practical assistance to veterans and their families such as helping with shopping and driving	19.6
Other	14.5
Not sure	0.8

Note: N=593, participants could select more than one response.

In terms of the total length of time spent supporting a client, more than half of advocates surveyed said that they provide ongoing support to veterans for more than 12 months (56.0%; Figure 1). This was supported by findings from the interviews where many advocates said that they provided support for veterans for subsequent claims and hence one of the reasons why they often provided support for a number of years.

**Figure 1 Average time spent supporting veterans, based on advocates surveyed**

Note: N= 445

Advocates surveyed were also asked about time spent supporting veterans *prior* to a claim being submitted (Table 5), with an average being 4.3 months.

**Table 5 Average time spent supporting veterans prior to claim being submitted**

Length of support prior to claim	% of advocates
Less than 1 month	16.7
1-2 months	19.0
2-4 months	11.8
4-6 months	6.3
6-12 months	4.2
More than 12 months	6.0
Other	27.8
Not sure	8.1
Total	100.0

Note: N= 431. Of those that were 'not sure' about the length of support provided prior to a claim (8.1%), 34.3% were undergoing training and were not yet ATDP accredited, or they had selected 'other' when asked about training because they were not ATDP or TIP-trained and were not undergoing any training (20.0%).

Survey participants who selected 'other' commented that it was difficult to estimate due to the number of factors that impact on how much time was spent with a veteran before making a claim. These included:

- how long it takes for a veteran to decide to make a claim
- how prepared each veteran is with their information and evidence when they decide to make a claim
- how much additional information (for example, medical files or service history) or evidence is needed (including attending additional medical appointments), which took time to access or obtain, and
- how complex the claim is.

This was further compounded by:

- when the veteran served (both in terms of records and eligibility under different Acts)
- which part of the ADF they served (for example, Navy personnel have their medical documents and also the Ships Medical Documents; these documents may not combine when personnel change ships), and
- their access to medical specialists where needed.

A couple of advocates said:

A claim has to be thoroughly researched and prepared to ensure success and avoid the appeals process, which can be stressful and fail to apply the beneficial intent of the repatriation legislation. (Advocate Survey)

It is impossible to put a timeframe around claims. It may take some time to gain the veterans confidence, obtain all the information necessary to support a claim, provide support to the veteran and his/her family and process the claim. Some claims are simple and straightforward, most are complex and involve information collection, consultation, research, analysis and assessment before you can start making a claim. (Advocate Survey)

ESOs also vary in the cohorts they support; some are defined by service (including allied forces), theatre of war, or veteran/family; others support any individual seeking their assistance. In term of meeting the needs of veterans, 42.1% of participants in the ESO Survey felt that their ESO was 'always' able to meet the needs of veterans and their families and a further 49.1% said that they were 'sometimes' able to meet their needs. Just under 9% said that they were 'seldom' or 'never' able to meet the needs of veterans and their families.

Many advocates highlighted the greatest impact ESOs could have was at the point where members transitioned back to civilian life (Interview 12). Despite many promises to improve the transition process, many members were separating and becoming vulnerable or disadvantaged:

These poor buggers getting out of the system, particularly the medically discharging ones, don't have all their claims fulfilled. They don't have these sort of things sorted out so that there's a seamless – as Angus Houston said, we'll have a seamless system. So, you get out of the system and, if you can't work, we'll make sure that you get your incapacity payment straight away. They leave it up to people like [us] to make sure that these people have all their things in place so that their families don't get disadvantaged, and they don't get disadvantaged. (Interview 12)

One ESO was actively providing supports that targeted veterans who were being medically discharged (Interview 20), recognising that only 27% of veterans access DVA services at transition and around 1000 members are medically separated each year (ESO Annual report, 2019-20).

### 3.5 Summary

This chapter highlights the ongoing need for advocacy services for veterans and their families given the complexity of the legislation and process of submitting a claim. In addition, this chapter highlights the diversity in both veterans and their families accessing advocacy services, and the diversity in their needs during service, at transition, and ex-service, as well as over their life course. These insights help explain the breadth of advocacy services required as well as the complexity for advocates in meeting these needs. Advocates need to be trained to meet the diverse needs of veterans, including the serving and recently transitioned cohorts, and to understand the legislative requirements and claims processes. In addition, it is important that advocacy standards are maintained, both for the veterans and for the efficiency of the claims process.



## 4 Why and how do people become advocates?

Advocates include wellbeing advocates (sometimes referred to by stakeholders as welfare officers) and compensation advocates. However, most of the participants in this study were compensation advocates (only one interview participant was a wellbeing advocate only, although some were both wellbeing and compensation advocates). Taking on the role of a trained advocate was recognised as being a huge commitment in time – both in terms of completing the training and then supporting clients.

This section describes the reasons why people became advocates (Section 4.1), key skills required (Section 4.2), and the training and support required to practice as an advocate (Sections 4.3–4.6), based on survey and interview data. This is intended to provide insights to aid recruitment of advocates in the future, as well as insights into the operation and sustainability of the ESO advocate workforce.

### 4.1 Reasons why people became advocates

People became advocates for a variety of reasons including because they have had experience in the ADF, had experience with DVA due to their own service and want to help other veterans. The table below shows some of the reasons why the advocate survey participants became advocates. Advocates were asked to select all of the responses that applied to them.

**Table 6 Reasons why people become advocates**

Reasons for becoming an advocate	% of advocates surveyed
I have experience and want to share it	39.8
I really like to sort out problems for veterans	39.0
I want to help my ex-service organisation	49.7
I need something to do	7.4
I want to be useful	24.5
I want to become a professional advocate or support worker	11.0
I am a veteran and want to help other veterans	56.3
I am a relative of a veteran and want to help the veteran community	12.3
I want to learn how I can get support for myself and others in my family	5.4
I really like to help veterans and families get the supports they need	50.1
I want to make sure every veteran receives the compensation and services they are entitled to	57.2
Other	11.0

Note: N=593. Participants could select more than one response.

The advocates surveyed identified many positive aspects to the role, as identified in Table 7 below. Like the previous question, advocates were asked to select all of the responses that applied to them.

**Table 7 Best things about working as an advocate for veterans and their families**

Best thing about working as an advocate	% of advocates surveyed
Helping my ex-service organisation	46.2
Helping people	64.2
Solving problems	49.1
Learning new skills and knowledge	42.7
Being connected in the veteran community	48.4
Staying connected with people with similar service experiences	39.6
Being useful in the veteran community	56.5
Helping veterans and families get the specific help they need	64.2
Being around people	21.9
Sharing my knowledge, experience, and skills	52.3
Other	5.7

Notes: N=592, participants could select more than one response.

The qualitative data from the surveys and interviews also gave many examples of why individuals decided to become advocates. Some wanted to 'help mates', were 'sick of hearing about our finest taking their lives' (Advocate Survey), while others wanted to contribute after they retired (Interview 17).

Many had taken on the role either due to the poor experience they had with Defence, DVA, an advocate that had assisted them, or due to absence of assistance when they needed help themselves (Interview 3, Interview 10, Interview 12, Interview 16). Others were inspired by those who had helped them (Advocate Survey).

Some became advocates or started the advocate training while still in service, recognising those in uniform need to also get good advice (Interview 8); however, they received mixed levels of support.

When the unit found out that I was doing the courses, they then gave me leave and provided the money for me to go and do the courses ... and the next unit I went to, I got told if I did a claim for anyone, they would charge me and jail me. It depends on your boss as to what you can do. (Interview 11)

Not all advocates had a military background, but either had connections with service, veterans, or had other relevant skills (Interview 14). Those with service experience came from a range of backgrounds including health and safety, medical, rehabilitation, legal and human resources, as well as from across the different services (army, navy and air force).

Despite the time commitment, in both training and supporting clients, many saw the role as being 'deeply therapeutic' to help others (Interview 4) and had become passionate about their role (Interview 7), which continued to offer a 'sense of service' (Interview 9):

[I] have assisted a few people in my time and it has been a pleasure to see veterans getting what they are entitled to. No more, no less. (Advocate Survey)

One participant had used the skills gained through advocacy to gain other employment, while continuing their advocacy role (Interview 11).

## 4.2 Key skills

The role of an advocate is unique, it ‘takes a special sort of person’ (Interview 21) with a range of skills. ATDP provides *Guidelines for selecting trainee advocates* (available at <https://web.atdp.org.au/docs/pdf/guidelines.pdf>). Participants in this study were asked about the skills they thought were required to be an advocate. One said:

Advocates need to not only be competent in understanding and applying the technical skills of veterans’ law, but also have the requisite people skills in dealing with a diverse cohort of clients. (Advocate Survey)

Given the complexities of many of the claims, and how long they may take to resolve, it was recognised that it was ‘not an easy job’ and a level of ‘resilience’ and ‘perseverance’ was required (Interview 20). Another highlighted the importance of ‘sheer persistence to achieve the qualification’ (Advocate Survey). Both the training and the role were time consuming (Interview 21).

Table 8 below gives a summary of the key skills that survey advocates agreed were required to do the role. Again, advocates were asked to select all of the responses that applied to them.

**Table 8 Key skills required to be an advocate**

Key skills	% of advocates surveyed
A desire to provide advocacy services to any member of the serving/ex-service community	72.3
A commitment to continuous improvement in skills and knowledge	69.1
Understanding of mental health issues	71.7
Understanding of confidentiality and privacy	72.5
Willingness to follow procedures and policies	68.8
Willingness to be mentored/ supervised	65.3
Computer and internet skills	68.8
Interpersonal skills	72.0
Oral and written communication skills	71.3
Other	19.1

Notes: N=593, participants could select more than one response.

In terms of ‘other’ skills required, advocates also identified being able to work in a team, the ability to feel empathy and compassion for veterans and their families, and the need to be able to listen without being judgemental.

One participant suggested it may be beneficial to recruit new advocates based on skills rather than just ‘wanting to help’ (Advocate Survey); however, another suggested advocates needed ‘that unique desire to want to help another human being who is suffering’ (ESO Survey). Many highlighted the benefits of direct experience in the ADF as they were more likely to ‘understand the problems and the ethos of service’ and ‘veterans are more relaxed’ (Advocate Survey).

It was also beneficial for service experience to be recent:

The good side too about both our, so called younger [advocates], they are really up with the latest of what goes on in the service. For arguments sake, medical procedures and on discharge procedures and rehabilitation procedures. All those things, we’re aware of them

but we're not as up to date. There's about ten different sort of discharge procedures now which in my day there was only three different sorts you had. (Interview 21)

Advocates who continued to serve as reservists were also at an advantage:

For me personally, I find it excellent for that connection to the current Defence Force and the cultures that exist and just updates and practices and the like. Even though I discharged out of the fulltime force going on seven, eight years ago, there's still some pretty significant ... there's quite a few changes, especially when we look at it from a cultural perspective. So I find that to be quite beneficial to maintain that connection... (Interview 18)

It was also important to recruit from across the different services within the ADF as veterans from each group may 'all talk somewhat different' (Interview 10).

Others also highlighted the benefits of recruiting advocates who had indirect experience, such as spouses or other family members, who had connection to service but had not necessarily experienced trauma as a result of service (Interview 19).

[Spouses have good] knowledge of the Defence Force. ... They are looking for a job, whether it's a paid job or a volunteering job. They are I believe who we should be looking at. ... they don't come with baggage. (Interview 19)

Some of the people that we would class as pretty good advocates, quite often they are younger women who have never served but they may have had a husband who served. And so, they understand what advocacy is in that broader sense of looking after them. And bright women, they can put together a fantastic [claim]...they're a bit more meticulous ... when I see some of the female names as advocates, I go 'oh we'll get a good submission from her'. (Interview 22, female)

When recruiting paid advocates, one ESO said:

It's really word of mouth, who's trusted out there? Who has performed? Who responds? Who will pick up the phone and talk to you, rather than just sit behind the keyboard and be a keyboard warrior. Who's got that interpersonal skill, can communicate, willing to have a, not have a fight but, you know – you know what I mean? (Interview 20)

Due to the legal and casework nature of the role, due diligence was also important (Interview 20), along with some clinical understanding about injury and illness associated with service (Advocate Survey).

Another aspect of the human dimension of advocacy was the ability to look after your own wellbeing; acknowledging the emotional costs associated with the role (discussed further below). For this reason, some ESOs screened new recruits interested in advocacy to ensure they are well enough to do the role:

I have a lot of wastage through the first interview [due to applicants own psychological health] ... I'd say up to about 30-35% are people that sort of come in that try to be advocates, want to be advocates, and I basically say no. What I want you to do is go away and have a rest and come back in 3-4 years' time and as such. They'll give them a job somewhere else as welfare or something going in the hospital or whatever. But you're not suited to doing this sort of thing. (Interview 19)

In summary, advocates need a range of skills, some of which can be learned, including knowledge of the ADF, an understanding of the injuries and illness likely to result from service, an

understanding of the supports available, an understanding of the legislation and the claims process, research skills, and a range of interpersonal skills (as well as resilience) to work with and support potentially highly vulnerable clients.

### 4.3 Links with ESOs

Advocates have traditionally been associated with ESOs; this is now formalised through both training and insurance requirements (Sections 4.4 and 4.5 respectively). ESOs are pivotal to the advocacy model – both recruiting and training advocates, and providing services to veterans. Many ESOs were established to support the needs of specific cohorts of veterans; while most supported all serving and ex-serving members of the ADF (Interview 3), this was not always the case (Interview 8) or not perceived to be the case by veterans and their families (Interview 11). Some participants suggested veterans relied on advice from mates rather than formal sources of supports (Interview 4), and may not access ESOs – despite this being the main access point to advocacy services.

Advocacy services are organised differently across ESOs, ranging from those whose main business is to provide advocacy services (paid or voluntary staff), those where small teams of advocates are nested in with broader veteran supports, through to individual advocates supporting five or six ESOs in an area where advocacy is supplementary to services provided. Some ESOs only focus on wellbeing, others only on compensation, others both. Some have volunteers working in smaller officers supporting clients but leaving the claims process to a central team (Interview 14). In other organisations, volunteers and paid advocates work independently of each other (Interview 18) or side by side (Interview 20).

One interview participant suggested the ESO Advocacy model was not necessarily sustainable ‘because the critical mass of work [for ESOs] isn’t there anymore’ (Interview 22) – this is supported by data showing that one advocate may be attached to multiple ESOs, and that a large proportion of ESO BEST grants for advocacy are very small (reported in Chapter 6, Figure 3). Some of the smaller ESOs were consolidating due to falling membership and lack of volunteers (Interview 14; Interview 22). In response, some ESOs had implemented alternative advocacy service models to reduce reliance on volunteers and provide services through a central team of paid ‘professional’ staff. However, services provided were limited by the resources available, and they were not often able to extend mentoring services beyond their own paid staff (Interview 18).

Acknowledging ESOs vary in size, form and function, participants in the study identified several advantages and disadvantages for advocates being associated with ESOs.

Advantages included:

- Locating wellbeing advocates in ESOs to provide veterans and their families with a holistic and continuous service – wellbeing advocates often referred clients on to other services provided by other ESOs or in the broader community.
- Having compensation advocates within an ESO that allows the compensation advocate to be integrated into other services provided by the ESO.

- Having wellbeing and compensation advocates located within an ESO that allows them to be supported by an organisation.

Participants also identified a number of disadvantages or areas that could be improved:

- ESOs vary in size, resources and the supports that they offer. Some only provide wellbeing support, some are 'strictly pension advocacy work' (Interview 15, Interview 18), others provide a 'holistic' range of services (Interview 20). Many compensation advocates were associated with multiple ESOs – therefore it was unclear who provided authority, oversight and support (Advocate Survey). Some advocates were isolated and worked independently, whereas others were able to work as a team (even when working remotely), support each other and share learnings. Some advocates moved around until they found a better fit, as one advocate survey participant noted, 'the second [ESO] is not exactly progressive so I am considering my options'.
- Many advocates highlighted that 'more support is required from ESO management in terms of 'oversighting' nominated advocates in terms of support and training including CPD, mentoring and financial support for training and office equipment'. ESOs had 'a varying degree of understanding of their support role, which means inconsistent support for advocates' (Advocate Survey). One participant suggested: 'the average person in the ESO has got no idea of the complexities of being an advocate so the [compensation] officer is left to their own devices and has no support base because the people that they're relying on for support don't understand what they do' (Interview 22).
- Some advocates don't feel accepted in traditional ESOs – particularly younger advocates or those still serving (Interview 19). One interview participant said that they were 'sick and tired of the corruption within the organisations, the abuse of the advocacy service, and the quality of advocates they were allowing into the systems' (Interview 7). Some were concerned that their ESO was 'a bit of a men's club', while another added 'I don't feel comfortable being surrounded by men the age of my father whose language and culture is not in line with current workplace legislation and expectations ... They have good intentions but sadly, that is not enough.' (Advocate Survey)

Locating compensation advocates within ESOs also created potential barriers for those accessing services. For example, some ESOs provided services to specific cohorts (either their period of service or 'theatre of war', service type) as part of their organisational philosophy (Interview 12). While many were inclusive of all veterans who approached them or were happy to refer clients on, (Interview 12), they may not be perceived to be inclusive and accessible by veterans who were looking for support (Interview 10). The physical location of an advocate was also considered, by some, as irrelevant; current members of the ADF move around (Interview 16), while those transitioning from service may approach an ESO while still serving, move back with family, before resettling elsewhere (Interview 20). Some advocates suggested removing the need for an advocate to be linked to an ESO:

Advocates should not need to be tethered to an ESO for training or accreditation. The entire system should be decentralised so that any person may undertake online training and assessment (in their own time and at their own pace) so they can receive certification

and indemnity insurance so they can practice as an Advocate without needing to belong to an ESO. (Advocate Survey)

Others acknowledged the role and limitations of new, more 'agnostic veteran centres' (a different model of ESO):

[veterans' centres are] good, but they've still got their own local flavour in that regard and they don't necessarily step up to saying, 'well, we've got to think nationally about this' because veterans move around nationally. (Interview 22)

A new ESO had been created to provide advocacy services nationally, working as a national community of practice of 'wellbeing and compensation advocates, wellbeing and legal officers' (Interview 19); this provided a network of voluntary advocates across the country – some of which were independent, while others were also associated with traditional ESOs. This was established as a grassroots organisation, i.e. from the ground up, due to the lack of training and support provided by ESOs, and the lack of veterans joining ESOs. This ESO had operated remotely for 3-4 years – and was able to provide a continuous service to veterans who may themselves be moving around, especially while in service or transitioning out (Interview 19).

#### 4.4 ATDP training

The Advocacy Training and Development Program (ATDP), established in July 2016, is a partnership between DVA, ESOs and Defence (ATDP website). ATDP is funded by DVA and staffed by a team of DVA officers who work in conjunction with volunteers (who provide governance, training packages, face-to-face training, and maintain records of who is trained) in a 'three-tiered governance structure' (correspondence DVA). The training is conducted through a contracted Registered Training Organisation (RTO) that 'provides that expertise, knowledge and connectability into the Australian Skills Quality Authority (ASQA) system to actually accredit the courses' (Interview 22) and 'manages the training and assessment in conjunction with ATDP's volunteer National Training Manager' (correspondence DVA). ATDP encourages advocates to move online, highlighting:

Some aspects of the ATDP program can be delivered much more cost-effectively and conveniently through online learning

Submitting claims and accessing other government services is often much quicker using online tools, and

Technology means advocates can work with clients and support each other no matter where they live or work. (ATDP News Dec 2017)

ATDP provides national consistency in training and assessment for advocates – providing two levels of training for wellbeing advocates, and four levels of training for compensation advocates. ATDP accreditation is a requirement for ESOs to access Veterans Indemnity and Training Association (VITA) insurance (see Section 4.5 for more discussion about insurance), as well as BEST funding.<sup>2</sup>

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<sup>2</sup> [https://www.communitygrants.gov.au/sites/default/files/documents/01\\_2020/2019-2923-building-excellence-support-and-training-best-grant-opportunity-guidelines.pdf](https://www.communitygrants.gov.au/sites/default/files/documents/01_2020/2019-2923-building-excellence-support-and-training-best-grant-opportunity-guidelines.pdf) (see Sections 2, 4.2 and 5.1).

One interview participant said that ATDP ‘doesn’t have a tangible form’ (Interview 22), leading to confusion or a lack of clarity about what ATDP is and what it should be delivering. Survey participants suggested ATDP provide:

- More transparency about its role and governance, including short to long-term objectives,
- More details about how success is managed and reported, and
- The service level advocates could expect in terms of training, assessment, and ongoing support.

One advocate suggested it was ‘easier working with DVA delegates than ATDP’ due to the amount of administrative red tape (Advocate Survey). Further suggestions to improve the content and delivery of training are provided in Section 7.4.

ATDP has to meet a wide range of needs given the profile of veteran advocates (volunteer, paid, age and location). In the Advocate Survey, participants were asked whether they were happy with the training and support. Just under half of respondents said they were happy with the training that they had received (47.8%; ‘Agree’ or ‘Strongly agree’), and nearly a third were unhappy with the training they received (30%; disagreed or strongly disagreed). The remaining participants neither agreed nor disagreed. Participants in the study provided detailed insights about the training model and its delivery, including accessing ATDP, content, mentoring, continuing professional development, and recognition of prior learning, and identified several areas for improvement.

#### 4.4.1 Accessing ATDP

To access the ATDP, a trainee must be nominated by an ESO; ‘Ideally they will have been exposed to the role within an ESO prior to enrolment to ensure their ability and willingness to carry out the role’ (ATDP website). On the job training and mentoring then occurs at the ESO. The ESO registers trainees for courses on the ATDP ESO Portal where they are able to access the training material. However, this process was not always straightforward as one interview participant described:

It seems to be an old system. ... you don’t know if anything has been processed. We tried to enrol two of our new care coordinators to a course late last year. I’ll put my hand up, I don’t even know if they’re enrolled or not. (Interview 20)

A few barriers to completing the training were identified, including finding a mentor (discussed in detail in Section 4.4.3), and accessing training and assessment. Some ESOs reported that they are ‘losing potential advocates because of the length of time it takes to train them, and the fact they cannot be approved until they have completed a face-to-face course’ (ESO Survey).

While problems accessing courses pre-dated COVID, the pandemic has no doubt made accessing training more difficult and, in many cases impossible. Many trainees (including advocates pursuing higher levels of accreditation) have been unable to enrol in courses. Some had sought alternative forms of training:

To date, 3 full-time paid staff have not been successful in enrolling in the ATDP wellbeing courses since March 2020 due to COVID and also due to limited mentor availability.



Instead the team has relied on internal training methods and referring to DVA Train resources to get up to speed on the different Military legislation terminology and SOPs. (Advocate Survey)

Others could not enrol in the required face-to-face assessments required to complete level 1 and level 2 accreditation due to 'lack of numbers by the course providers' (Advocate Survey).

Many ESOs and other organisations (including VRB) have adjusted their operations to meet COVID requirements and many advocates and ESOs thought ATDP should do the same to find 'a way around this' (ESO Survey).

Many participants in the interviews and surveys felt that the lack of courses and lack of assessment opportunities was considered by some to be the 'biggest failing with ATDP' which many attributed to the reliance on volunteers rather than using 'a professional training organisation' to deliver the training (Interview 15; Advocate Survey, ESO Survey).

The availability of training and assessment was limited by the number of trainers available, the number of courses available, and the number of people seeking training. This ultimately affected the recruitment and retention of trainees, as well as the number of advocates becoming accredited. Many advocates reported waiting over 12 months for assessment (Advocate Survey).

Delays in assessments also created additional work for mentors who were responsible for the work of trainees until they completed their assessments. There is also a risk that some advocates who finish the training, but are awaiting accreditation, practice without proper authority (Advocate Survey) – given accreditation is required for VITA insurance, this may leave both the advocate and the ESO exposed. Ultimately, ATDP 'need to make it easier for someone to undertake the training' (Advocate Survey):

Something is very wrong if it takes 18-24 months to train an advocate. A 3-month course should be the maximum. (ESO Survey)

#### 4.4.2 Training content, delivery, and assessment

Participants in this study provided extensive feedback on the content, delivery and assessments required to become accredited under ATDP.

##### **Content**

Many advocates accessing ATDP had problems accessing training content and navigating through units. In addition, progress often relied upon ATDP providing additional access at different points; for example, one participant said:

You get to a certain spot and then you can't go any further until someone from ATDP comes in and gives you permission to access the next bar. It's so slow... you can't progress as much as you want to without ATDP doing anything in the background. (Interview 20)

Some advocates and ESOs did not believe that the current ATDP competencies 'reflect the skills, knowledge and experiences needed by an Advocate' (Advocate Survey) to support veterans (ESO Survey). Others highlighted the content was out of date, included errors, and ignored the

experience of the cohort undertaking the training – many of which had extensive training, ‘supervisory and management experience’ as part of their ADF service (Advocate Survey). Particular areas where content could be improved were mental health/substance abuse and dealing with multi-Act claims:

Basic training such as mental health, first aid and suicide prevention should be the starting point for advocate support. (Advocate Survey)

One client has committed suicide, one has attempted suicide. I have had two clients committed to hospital as involuntary patients.....there is no training for this. There is no training and never has been for dealing with clients who are suffering from substance abuse. (Advocate Survey)

In relation to multi-Act claims, one advocate suggested there was ‘a lack of willingness on the part of DVA and some advocates to acknowledge and address the chaos and complications associated with dual and tri-eligible claims and applications’ and the process of ‘offsetting’ (Advocate Survey). Further areas of improvement related to needs at transition (Advocate Survey). The content also needed to keep up with current DVA processes, including submitting claims online (Interview 19).

Some advocates found the workbooks ‘quite helpful’, but suggested the content may need to shift towards addressing the needs of younger cohorts of veterans. For example, a lot of the claim needs of Vietnam Veterans may have been (but not always) addressed, therefore training should be shifting towards the needs of the ‘new generation’ (Interview 16). Others advocates found the training to be a ‘waste of time’ and ‘disrespectful at minimum’ (Advocate Survey).

To date, Level 4 training courses (advocacy at AAT) have not yet been developed. However, one participant wondered whether this level was required:

If my son was going through a claim [and it was not resolved at the VRB] I’d probably say, “Let’s invest in a lawyer to take you to the AAT.” I wouldn’t say to the advocate, “You keep going.” If they couldn’t succeed at the VRB, why would I rely on them to succeed at the AAT...? (Interview 22)

One participant also said that all options should be made known to advocates (and therefore veterans) at the basic level of training:

ATDP training requires basic administrative law training, for example basic administrative law principles used in DVA claims process and decision making, for example Administrative Decisions Judicial Review Act 1977 training from Level 1 ATDP training, i.e. what constitutes a Commonwealth and Federal Court administrative decision and more importantly what doesn’t for advocates to provide improved services to clients. ATDP Training on Federal Court options that are open to all clients. Not providing this training can be perceived as a conflict of interest by DVA not providing this training through ATDP support and DVA client advice on all options available to the client. (Advocate Survey)

The currency of the content and difficulty accessing the training material potentially poses a threat to the sustainability of the advocacy model. In addition, ATDP provides only part of the training provided to advocates – most training is provided on-the-job by mentors who may have different skills, knowledge and access to cases to learn from (Interview 3).

## **Delivery**

The ATDP model relies on on-the-job training under the supervision of mentors. ATDP also provides online self-study modules, face-to-face training and face-to-face assessments at intervals. Face-to-face delivery had been affected by COVID and the requirement to stop travel (Interview 22). While there was still support for face-to-face training, particularly as it provided opportunities to meet other advocates, many advocates also suggested it could and should be moved online. This could help resolve the shortfall of courses and ensure continuity of the delivery of ATDP which had been affected by COVID:

To be honest, if they spent their money on a proper software package, I know the one on the internet is pretty good, but rather than having people fly here, there and everywhere at the cost of hundreds of thousands of dollars a year, have it a bit more user friendly on their website. And the fact that they do the whole assessment by invitation type thing... (Interview 16)

This would also overcome the funding constraints that many ESOs had in that they were 'not in the financial position to pay for [advocates] to attend the course' and candidates should not be expected to pay themselves (Advocate Survey, Interview 19):

## **Criteria for assessment and accreditation**

The benefits of assessment at the end of the training were recognised by many participants in the study and in some cases identified where further training was required (Interview 3). However, some questioned the process (face-to-face) and criteria for assessment, as well as the timing of the assessment (discussed earlier).

Participants highlighted that advocates were not always able to meet the criteria for assessment and therefore accreditation due to not having access to the right claims:

Success is reliant on having experience in processing claims under MRCA, VEA, SRCA/DRCA. We are seeing an influx of MRCA cases and a steady reduction in the number of claims associated with other legislations. There is simply not enough of the older cases to be shared. (ESO Survey)

I work with current serving ADF members (MRCA / DRCA) as a primary base of clients - therefore the ATDP training to advance my qualifications is almost unattainable. (Advocate Survey)

For many trainees, this made the process of training longer or completing the training impossible:

Whilst I finished the online training 2 years ago, I cannot get accreditation because I am not able to show experience in all three acts. (Advocate Survey)

Assessment was also contingent on claims being finalised and on having claims rejected:

I've not lost ... therefore I can't go to the next level ... because you've got to assess a claim as to why it failed and then talk to your mentor. (Interview 16)

I am still waiting for claims to be finalised so I can finish my level 1. (Advocate Survey)

Participants highlighted potential improvements related to the content, delivery and assessment requirements – in particular ensuring that assessment reflected current DVA processes – recognising training and assessment provided by ATDP trainers and assessors is only one part of the advocacy training model.

### 4.4.3 Mentoring

The ATDP model relies heavily on mentors to train and support new advocates (Advocate Survey). For examples, interview participants said:

The ATDP isn't just a straight-up chalk and talk, it's an experiential learning process and it requires a mentor for the advocate. You don't go, "Well, I passed an exam. Therefore, I can go out and do this stuff." It really requires somebody to coach you through as an advocate how to actually perform all those functions. (Interview 22)

It's a system where the volunteers do the mentoring and the people from ATDP and Major Training Solutions get paid for our work. (Interview 11)

According to DVA data, 517 advocates are 'qualified' as mentors (comprising of those who elected to be mentors, and those who automatically become mentors such as those qualifying for Level 2 and being able to mentor Level 1 comprising a mix of practising and non-practising mentors). Of those qualified, only 177 are actively mentoring a person in the training pathway (currently 533 trainees); the difference between qualified and active mentors being due to the 'automatic qualification' of mentors and the willingness of an advocate to be a mentor. The largest number of trainees for any one mentor is 20, with an average being three trainees (correspondence with DVA). As noted in Chapter 3, approximately one-third of advocates surveyed identified they mentored colleagues.

With an effective mentor, some saw this as a 'vast improvement' on the previous training program (Interview 8) and a reason to continue the training process (Advocate Survey). The mentoring relationship also provided benefits to the mentors when the trainee had more recent service:

It works two ways, because [my mentor] knows very little about current serving soldiers and where they've been, what they've done and what they're entitled to. (Interview 16)

The benefits of a good mentor were widely recognised; however, there needed to be some flexibility in how mentoring occurred:

I think everyone should have [a mentor]. I don't think that it needs to be as binding as what they make out in the book. ... they've really put the emphasis on being under supervision and in today's day and age, it's too difficult. I've got a full-time job, I'm not going to go sit at the RSL 'til 10 o'clock at night. (Interview 16)

The ATDP model's reliance on mentors also assumed that there were suitably qualified, and experienced advocates with the appropriate skills, experience, training and capacity to mentor across the country:

For professional organisations with organisational structure and seniority this [model] can work; however, as the majority of the sector is volunteer led and spread over a large area, the availability and quality of mentorship has raised significant concerns. A large number of the mentors received RPL from previous TIP qualifications. This at times has proven that

the previous levels of training and experience have not been sufficient to develop future Advocates. (Advocate Survey)

I'd have to be brutally honest to say that my mentoring has not been to the standard that I would have liked, and that therefore some of the VRBs that I'm doing are the result of people I have mentored not having been mentored to the extent that they should have been. (Interview 4)

The current pool of mentors appears to be unsustainable, with few ESOs providing mentors leaving 'the mentor burden to be carried by a few good persons' (ESO Survey). One advocate said it took 18 months to find a mentor (Advocate Survey). Another said 'most will struggle to find a willing mentor' leading them to give up becoming an advocate (ESO Survey). Given the duration of the training/mentoring process, and the age of experienced advocates/mentors, some inevitably retire leaving trainees searching for a replacement (Advocate Survey). One advocate participant suggested a nationally coordinated program of mentors might help overcome the difficulties in accessing mentors (Advocate Survey).

Further, for the mentoring model to work, mentors needed to understand the current curriculum, which is not necessarily the case for mentors who qualified under RPL and have access to a range of claims in order to ensure the trainee was able to complete the qualifications (Advocate Survey).

When asked what improvements could be made to the training program overall, many suggested 'mentoring should be the number one priority' (Advocate Survey). Participants in the advocate survey highlighted the need for both 'more effective training of mentors' and 'more mentors', to ensure mentors had the level of experience, knowledge and exposure to the legislation and the 'nuances and changes in/of the DVA system' (Advocate Survey).

It was also recognised that mentoring is an 'onerous task':

That slows you down I used to do three interviews a day and now because I've got someone sitting in the office with me ... I've got to say everything out loud and explain it. So it's slowed me down by a third and then I'm expected to go and fill out their online log. (Interview 11)

Participants suggested that reducing the administrative tasks associated with mentoring to reduce the burden associated with the role would help attract new and retain existing mentors (Advocate Survey). There was also evidence that experienced advocates turned down the role of mentoring as they had 'enough to do' (Interview 10).

Those who did provide mentoring often supervised multiple trainees (Interview 8), due to the lack of qualified and experienced advocates.

Some participants suggested paid advocates should also provide mentoring (Advocate Survey), while others acknowledged that paid advocates should focus on supporting veterans as mentoring 'just slows them down that much' (Interview 11). In addition, there were other ways paid advocates could support volunteers beyond mentoring. Other mentors were turning away potential advocates as they had no capacity to take on any more trainees (Interview 11).

So [the paid advocates] don't provide mentorship and oversight and everything else for the subbranches, although we will certainly ... we're always there for advice, so if anyone ever needs assistance, wants to talk through a case, we're always happy to do that. But from an

ATDP space, we don't currently have the capacity to provide that ongoing and high-level mentorship that is required under the program. (Interview 18)

Some suggested compensating mentors for their time would encourage them to take on the role (Advocate Survey). Others suggested improvements to the process, including providing examples of the types of information required to be recorded in the Work Experience Log (Advocate Survey), providing mentors feedback about their trainees in order to improve their mentoring of them (Interview 19), and improving the online registration and certification process (Advocate Survey).

One mentor highlighted that the high turnover in trainees meant that the time they spent with the trainee was potentially wasted:

I mentor advocates, but due to insufficient financial support to pay them a wage, the turnover is heartbreaking and reinforces my plan to walk away. (Advocate Survey)

Where ESOs had a team of paid advocates (sometimes including volunteers as well), having a mentor within the organisation contributed to the sustainability of the service. Where they did not have a mentor internally, this presented a risk to their service model:

From a resourcing point of view, it is a risk. ... We have to do a lot of work now to form relationships with those outside of the centre as well to be able to recruit new volunteers in to get them to that level that they can take on the mentor role because I mean, what we have right now is unsustainable. ... I've had to go offsite actually to get a mentor. (Interview 20)

Others suggested the training should be developed without the need for mentors (Advocate Survey), and that there should be a reduction in reliance on mentors from within an ESO:

70% is OJT [on the job training], 30% is mentoring, and 10% is face to face. Question, how does an ESO that has one advocate, which is in most cases, do OJT? Who checks the work? Mentoring is 90% and needs to be electronic. (ESO Survey)

While the mentoring component of the ATDP model had many benefits, it was perceived that despite the number of apparently qualified mentors, there were not sufficient numbers of advocates taking on the mentoring role to support this model of training. Reliance on mentors to provide the majority of training was also weakened by inconsistencies in skills and supervision. Many advocates were put off from either becoming or continuing as mentors due to the level of administration involved.

#### 4.4.4 Continuing professional development

Under ATDP, there is a requirement for advocates to maintain their competency through Continuing Professional Development (CPD), achieving 15 points each year or 45 points over a 3-year period.

It's taken them a little while to then work out what you get your points for ... [like other CPD schemes] at the very least, it says, "Stay involved enough to stay relevant...". (Interview 22)

The advocates were asked about their 'satisfaction with training' and just under half of the participants agreed or strongly agreed that they were 'happy' with their CPD (44.8%) compared with 25.1% that disagreed or strongly disagreed.

Many advocates recognised the benefits in principle of CPD to keep up to date, particularly with changes to the legislation and Statements of Principle. However, many suggested the requirements and content of CPD could be improved:

As a Wellbeing Advocate I concentrate strictly on welfare issues but I find that the CPD contains questions that sometimes concentrate on compensation questions beyond my ability. If asked by a client, I would refer them to a Compensation Advocate. (Advocate Survey)

Advocates made several suggestions as to how CPD could be improved including:

- Mentoring counting towards CPD
- Ongoing practice should qualify for CPD given that advocates have to 'to continually learn and research and never stop learning as no two claims are the same', and
- Recognising training outside of ATDP that benefits providing front line services (Advocate Survey).

Advocate Survey participants who were not supportive of CPD were concerned about:

- The availability of ongoing training (CPD points), and
- The time it took to complete the training – time they could be spending advocating for clients (Advocate Survey).

CPD requirements were identified as a reason for advocates to potentially stop practising, as well as a barrier to recruiting new advocates. (Interview 17).

#### 4.4.5 Recognition of prior learning

ATDP provides Recognition of Prior Learning (RPL) for those who trained as 'pensions officers' under TIP. This is not an automatic process and pensions officers do not automatically transfer, which was not well received by some participants. (ATDP Website, Interview 15). RPL also requires advocates to be assessed by ATDP over two days (Interview 9).

Some of the interview participants thought the process was 'fairly straight forward', showing examples of work to assessors and completing an open book exam that 'demonstrated that you knew where to look and how to find it'; however, a couple of interview participants felt that this process could have been done in one day (Interview 9, Interview 12). Other interview participants questioned the substance of the RPL process and whether it needed to be face-to-face; 'they asked me about four questions', 'they didn't even look at [the examples of work]', were 'given a workbook to work though' and provided 'a short course on mentoring' (Interview 12).

Some survey participants had difficulty accessing RPL and were instead told to complete the training:

The advice I received - "RPL would take too much paperwork. It would be easier for us all for you to do the training". (Advocate Survey)

When you apply for RCC/RPL they simply tell you to do all the competency modules with no assessment of prior experiences, training or real time management in particular welfare management. (Advocate Survey)

The requirement to “requalify” has left some feeling like they know nothing, and they need to retrain. (Advocate Survey)

RPL also appeared to be focused on advocates who were TIP-trained as it requires the advocate to have submitted a range of claims under the different Acts. Participants in this study said experience at the VRB, where claims are reviewed rather than submitted, does not qualify as RPL (Interview 20, Interview 22); neither does health related investigator experience within ADF, or ADF legal officers (Advocate Survey).

Some participants felt that little consideration had been given to how professional capacity can migrate from one profession to another, and that in many cases RPL failed to acknowledge other qualifications such as social work qualifications or other skill sets, or obvious experience and expertise, particularly in the wellbeing stream of advocacy (Advocate Survey, Interview 22). For example:

ATDP does not recognise professionals holding higher education relative to Human Services, Social Work such as Diploma or Bachelor degree and the level of professional development accessed through organisations such as Australian Community Workers Association, Australian Social Workers Association, Australian Council of Social Services. These organisations provide endorsed training programmes which provide points in maintaining continuous professional development. However, ATDP do not recognise the above training and request a mandatory two months written notice to approve any training not listed on ATDP CPD. (Advocate Survey)

There is no allowance for professionally trained people to be given credits for their experience. Doctors, lawyers and professional engineers who want to become Wellbeing and Compensation candidates and have conducted many consultation interviews in previous careers are required to sit in on three interviews and record what they have seen in order to pass early milestones in their training. (Advocate Survey)

While it was recognised that additional training may still be required, ‘there is no bridging course’ for those with other qualifications, skill sets or experience (Interview 19); this has resulted in some highly qualified health professionals with service experience deciding not to take up an advocacy role (other correspondence).

Some advocates had decided not to transition under RPL as they did not want to assist with claims under the new legislation and would not qualify for RPL or CPD given this requires practice under all three Acts (Interview 11). One ESO estimated that they lost about 60% of advocates due to this (Interview 15), and in doing so a substantial amount of intellectual knowledge (Interview 11). While assisting with claims under all Acts was ideal, one participant highlighted that advocates only trained in one Act could use their experience to support claims under that Act, taking the pressure off others who could focus on claims under other Acts or multi-Act claims (Interview 11).

Providing RPL was not always considered an advantage:

We are finding that we have to do a lot of work to fix claims, which have been submitted by advocates who are untrained in the latter streams of legislation and they are also providing incorrect advice to members regarding the claims process. (Advocate Survey)



The data shows that more than three-quarters of advocates registered with ATDP (76.4%) had received a level of attainment via Recognition of Prior Learning <sup>3</sup> rather than ATDP training. Only a small number (2.3%) had received their Statement of Attainment through a combination of RPL and ATDP training, and 21.3% through ATDP only.

**Table 9 Recognition of prior learning and ATDP training**

Training Type	DVA Data:	DVA Data:
	Advocates in training* (%)	Advocates Completed* (%)
<b>RPL* ONLY</b>	14.7	76.4
<b>RPL and training</b>	0.4	2.3
<b>Training ONLY</b>	84.9	21.3
<b>Total</b>	100.0	100.0

\*Recognition of Prior Learning (RPL)

#### 4.4.6 Meeting the needs of advocates, ESOs and veterans

Survey participants were asked about training provided. By the diversity of feedback provided it became clear that ATDP currently does not meet everyone's needs; however, this may be challenging due to the broad cohort of individuals accessing ATDP. There were also clear limitations on the remit of ATDP; for example, one interview participants said it 'cannot train a person to be a social worker, much as we might like to'.

Advocate participants that had completed the ATDP training were asked how 'happy' they felt with the training that they had received. Close to half (47.8%) agreed or strongly agreed that they felt 'happy' with the ATDP training received, while 29.9% disagreed or strongly disagreed. Just over one-fifth neither agreed nor disagreed (22.3%). Views about ATDP were diverse:

I started training under the Training Information Program and at the time it was very beneficial, but I found the training under ATDP is more beneficial as the training is set out to develop an advocate with more skills which will lead to better serve the veteran community. (Advocate Survey)

It's hard for me to overly criticise because the basic framework is standard training framework, and it works very well when you have the resources to support it effectively. In other words, you have a degree of leadership and you have structure. You have mentors. You have additional training. You have the time and resources allocated to provide that ongoing maintenance. For subbranches and volunteers, they don't have that. They're struggling. (Interview 18)

DVA and veterans deserve better, they deserve a competent, qualified and professional base that ensures quality, professionalism and authority. (Advocate Survey)

While many supported the model of ATDP, many highlighted problems in implementation including the loss of local knowledge and local networks (Interview 12).

ESOs were also hesitant to make formal complaints to ATDP or to others due to the potential impact on and access to advocacy training (ESO Survey). Some identified ATDP to be a barrier to

<sup>3</sup> Recognition of prior learning (RPL) is a process 'which recognises the prior experiences, skills and knowledge of individuals within a given context and against a standard' (source ATDP guidance). For an explanation of how RPL is implemented in the ATDP see <https://web.atdp.org.au/docs/pdf/WhatIsRPL.pdf>.

attracting and retaining advocates (ESO Survey), while others said 'the only reason people touch ATDP is for the VITA insurance' (Interview 11).

While many acknowledged the limitations to the previous training model (TIP), they also highlighted the limitations of relying on volunteers to train and mentor new advocates, validated by 'a 50- answer questionnaire tick and flick' assessment. Interview participants said:

Once they're qualified at level two, they then [automatically] become mentors ... an unqualified person is [then] teaching less qualified people. So it's a race to the bottom with the advocate system at the moment. (Interview 11)

Participants in the advocate survey were asked if improvements could be made to the training and support that they receive. Two-thirds of participants said that improvements could be made, making suggestions that highlighted that different participants had different needs. For example, participants requested:

- More face-to-face content (both in terms of preferred method of learning and in order to establish networks with other advocates)
- More online training to reflect nature and location of the workforce
- Updating the content to reflect DVA processes, and
- Considering the needs of younger veterans requiring advocacy.

## 4.5 Insurance

ATDP advises that any volunteer or paid advocate must have insurance. Some ESOs access the insurance subsidised by DVA (VITA), some ESOs have their own insurance (sometimes in addition to VITA), while other volunteers may be covered by other legislation relating to volunteer workforce in the state they volunteer in (may be more common for wellbeing advocates as opposed to compensation advocates).

### **Veterans' Indemnity and Training Association (VITA) insurance**

The Veterans' Indemnity and Training Association (VITA) insurance covers ESOs who are financial members of VITA (financial membership is subsidised by DVA). As of November 2020, there were 25 financial members of VITA (down from over 40). However, due to the way ESOs are structured, this still has the potential to cover the majority of ESOs (for example, RSL is one financial member which covers all districts and sub-branches). That said, some ESOs had multiple policies, others had alternative policies.

Membership of VITA is not open to individuals – only ESOs or groups providing similar functions (VITA Constitution). ESOs pay a flat fee irrespective of the number of advocates that they authorise to work with them (Interview 19).

VITA insurance provides both professional indemnity insurance in relation to advice provided, and accident insurance while providing advocacy services or attending training (ATDP Volunteer

Information Pack 2020). Insurance is only provided for ATDP accredited advocates providing advice – not those in training (ESO Survey) or who are not qualified at a level to provide advice. Trainees are only insured under VITA for accidents to and from face-to-face assessment activities.

ESOs (paid members of the VITA scheme) must provide a letter of authority to the advocate for individuals to be covered by the VITA insurance policy. A letter of authority can only be issued to an advocate who:

- is a member of their organisation
- is in good standing with the ESO
- is an accredited ATDP advocate or qualified TIP practitioner
- complies with the ATDP Code of Ethics
- maintains their currency through the ATDP Continuing Professional Development program
- only offers advocacy services consistent with their level of training and currency
- does not charge the client a fee (except for the recovery of minor administrative costs such as postage and photocopying) [up to \$50]
- does not provide legal advice or financial advice, and
- shows their letter of authority to the clients they are providing advice and/or advocacy services to. (VITA ESO Guidelines)

The letter of authority must be reviewed and renewed every 12 months to ensure that the advocate has achieved their CPD requirements. However, the advocate is required to achieve 15 CPD points each year or 45 points over 3 years (Interview 19); technically, a letter of authority could be issued without acquiring any CPD points in that year. It was not clear whether letters of authority were only issued by the VITA member (for example, the state branch member) or whether this was delegated to the local sub-branch.

Advocates who trained under TIP had transitional arrangements under VITA to ensure that they were still insured. However, the remaining arrangements for TIP Level 3 and 4 advocates will expire in December 2021, meaning that any TIP-trained advocates who had not completed the RPL or subsequent ATDP requirements would no longer be insured. One advocate survey participant suggested that there is benefit to maintaining TIP-trained advocates:

There may be some benefit to maintaining insurance for TIP [trained] advocates to take the pressure off the workload of ATDP trained advocates (Advocate Survey)

VITA also requires ESOs to maintain records of which advocates they are responsible for. Further, VITA requires advocates to maintain detailed case notes which are essential for assessing a claim made against an advocate of a VITA member, while each VITA member should maintain a database of clients and the progress of their claim (VITA Brochure).

All advocates and ESOs interviewed spoke of the detailed case files they maintained for each veteran. Many had online systems, with some being provided by state branches (Interview 21).

Some questioned how useful VITA insurance is for veterans:

I've had veterans come to me from other ESOs, where they have been totally devastated through the incompetence, I said to them, okay, let's take it through VITA. VITA referred it back to the ESO, who referred it back to the legal team, who said we'll meet you in court. ... So, VITA is, in my view, a false entity, that isn't doing what it is designed to do, and it definitely isn't there to assist any veterans' problems or claims against an ex-service organisation. There's not actual protection for the advocate, because at the end of the day, the majority of the advocates that these issues come up against are being found to be incompetent, or not abiding by the ESO guidelines, or by the ATDP guidelines – or not guidelines, but policies. .... The advocate wasn't following policy, so you'll have to take it back to the advocate... until the veteran has actually taken the ESO and the advocate to court, and there's been a decision made by the court, will VITA become involved. (Interview 7)

While efforts have been made to further professionalise the advocacy services provided by ESOs through ATDP, there is no formal requirement for advocates to be accredited by ATDP. However, in order to access VITA insurance, a policy subsidised by DVA to provide professional indemnity cover to advocates, advocates must be trained and operate under a letter of authority from the insured ESO. If VITA is perceived to be insufficient or inadequate, there is little leverage to achieve ATDP accreditation. Similarly, if VITA costs increase to ESOs, there may be little benefit to invest in supporting advocates to go through ATDP.

## Different sources of insurance

ESOs were not limited to the VITA insurance policy. More than 80% of advocate survey participants were covered by professional indemnity insurance, with 71.6% covered by VITA insurance. Less than 4% reported they were not covered by any insurance. Of those that were 'not sure', this was mostly participants that were undergoing ATDP training and not yet accredited or had not undertaken ATDP or TIP training.

**Table 10 Professional indemnity insurance cover for advocates**

Insurance	% of advocates surveyed
Yes, VITA (Veterans' Indemnity and Training Association)	71.6
Yes, other provider	6.8
Yes, combination of above	9.9
No	3.8
Not sure	7.9
Total	100.0

Notes: N=443

The finding above was supported by the findings from the ESO Survey which showed similar figures with participants estimating that 70.9% of advocates, both paid and volunteer, were

covered by VITA, just under 10% were covered by another policy, while less than 10% were not covered by any insurance at all.

Some ESOs have their own insurance which does not require ATDP qualifications, yet ESOs wanted staff to still do the ATDP training to 'ensure there is a level playing field' (Interview 14).

## 4.6 Communities of practice and other sources of training

ATDP was not the only source of training for advocates. ESO Survey participants were asked if their organisation provided any additional training to the training provided by ATDP and just over 50% said that their ESO did. In addition to mentoring of trainees, other examples provided include:

- regular team workshops where advocate could discuss different cases and share knowledge
- presentations by external speakers to talk to different areas of interest to advocates
- other training, including IT, first aid, mental health training, and
- other external run courses such as those run by TAFE.

Many, but not all, advocates had access to some form of 'community of practice', ranging from working with a direct team where knowledge was transferred among the team, to informal and formal networks of advocates who developed their knowledge and shared best practice. The organisation of communities of practice appeared ad hoc.

### Informal communities of practice

Advocates were able to develop and learn within their local team daily (Interview 18) or weekly (Interview 21), or more broadly across the organisation (Interview 14, Interview 19). One interview participant said:

It's a bit of a fellowship amongst each other ... we'll talk between the three of us about cases during the last week or cases presently on... because each case is different. You can't sort of make a template of 'this is what you do'. (Interview 21)

Some advocates saw the 'lack of an easily accessible advocacy network' (Advocate Survey) as a challenge, they thought it would be useful – in particular to discuss claims in progress with their peers (Advocate Survey). Others were part of online internal communities of practice, necessary because of distance. (Interview 15)

### Formal communities of practice

More formal communities of practice are organised within ESOs and across ESOs working in a region, often at regular intervals to provide information and training to advocates to supplement ATDP (Interview 11).

I am lucky in that I attend Community of Practice meetings once a month and have access to great guest speakers and keep on top of current happenings. I don't believe this opportunity is open to enough advocates to meet with other advocates for discussion. (Advocate Survey)

Formal communities of practice required resources to organise and attend, and also required willing engagement from other stakeholders, including DVA and VRB (Interview 11). They offer opportunities to gain CPD points; convenors of communities of practice can apply for ATDP cognition of the event. Some had evolved from previous arrangements with TIP-trained pensions officers: (Interview 14).

[The community of practice] meet once a month and we have all ESOs come along whether they're ATDP qualified or not. It doesn't matter. I organise a guest speaker once a month. Everyone comes together to the local RSL and we all learn and if they're ATDP qualified, then they get two CPD points. If they don't, they just learn ... (Interview 14)

There was also evidence of a specialist community of practice, involving experienced advocates and invited representatives from Phoenix and Legal Aid among others, to discuss difficult cases (Interview 8).

The Australian Veterans Law Advocacy Network ... it was set up for experienced advocates, paid and volunteer, to come together and have a platform to discuss cases... Or perhaps you might have you know, Joe Bloggs advocate in Adelaide who is a submariner and has a lot of experience with submarines and you've got a case and you need that information. So that's what it was about. .... This is purely in its natural form. It has naturally progressed this way and what that does also is allows advocates to work together without our ESOs which you know, is quite interesting. (Interview 14)

Other specialist communities of practice were organised specifically for wellbeing advocates:

We get together once a year with a conference. And we bring in visitors from the other ex-service organisations that we liaise with. So, the pensions people, we'll bring in somebody from legacy, somebody from DVA, of course. And there's a veterans' centre down here that we're all our pension stuff, or most of our pension work is done. We make sure that they've got a couple of people at that meeting. (Interview 17)

However, some long-standing communities of practice had stopped meeting. Other communities of practice continued, but advocates were not active in their involvement in them:

I'm disappointed that in my geographical area nobody is coming up with subject matters they want to discuss and in a couple of instances the ESOs aren't even sending along their advocates. (Interview 8)

Some advocates missed the opportunity to network with other advocates, and some suggested an annual forum for advocates to attend (Advocate Survey). Consideration should also be given to organise forums with DVA staff, noting there is 'now less interaction between advocates and DVA staff that has ever been the case' (Advocate Survey). Others specifically sought 'more specifically targeted information / seminars provided by DVA' directly (Advocate Survey).

One of the ideas behind communities of practice is that cases and mentors 'would be shared around to meet workloads' (correspondence DVA). It was not clear whether this was happening at formal communities of practice (although this may have been occurring informally), or whether

communities of practice were focused on learning and sharing information, in part to provide CPD points.

## Other training

Some ESOs provided internal training for both paid staff and volunteers, some of which either mirrored and/or supplemented ATDP. One advocacy service that had its own insurance had developed its own training program:

It's a **very specialist area that requires extensive training and ongoing training as well**. Again, it's just about impossible to recruit anyone with even a base level of training in this space. Generally, the individuals who have any understanding of veterans' legislation have generally gone through it for themselves, more often than not, to try and manage their own claims, and generally aren't in the right position for employment, or aren't necessarily the right fit for the organisation. So, **we generally expect that we need to train from scratch** and hence the reason we do conduct our own training program and run all the way through. It's still in conjunction with ATDP but **we have our own internal training program** as well. ... it's similar to ATDP. It just **provides a bit more information, a bit more in depth, and again, allows us to do it a little bit more rapidly as well**. But it's important that all the teaching points, all the learning points of ATDP are all tied into ours, so when we're conducting it, we're able to tick off all the modules for ATDP... the time required to get trained under ATDP, even more so under COVID, is completely unattainable for us to provide a service. ... So **if we were reliant on ATDP from an insurance perspective to provide that service, we would be out of business**. (emphasis added, Interview 18)

Local training was also often in response to issues raised in team meetings, and in particular aspects not covered by ATDP (Interview 19). This also extended to non-DVA services:

We had a lot of people come in and talk to us about Centrelink. Because a lot of our veterans. What we can't do with DVA, especially the oldies, they can do it through Centrelink or Aged Care and DVA can't do it so, we do it through other means. (Interview 19)

ESOs had also provided training in local wellbeing programs for volunteers who were unable to enrol in ATDP:

In 2020, there has been interest from +30 people across the veterans community who have openly tried to engage with ATDP but in frustration of not being able to enrol in the ATDP wellbeing program, through word of mouth are being redirected to the Veterans Centre Wellbeing Program to become ambassadors and wellbeing volunteers. (ESO Survey)

## 4.7 Summary

This chapter described why and how people become advocates, providing useful insights for future recruitment and retention of advocates. The current provisions (ATDP, VITA insurance and BEST Grant funding) require advocates to be associated with ESOs who recommend individuals for training, mentor trainees, and provide ongoing support. This also enables advocates to be covered by insurance via the ESO. Given changes to the ESO landscape, and the closing of some smaller ESOs (and expansion of others), consideration needs to be given to how to recruit, mentor and support volunteers centrally – otherwise there is a risk this is no longer sustainable. This is consistent with findings presented in the Cornall Report.

Around half of advocates appear to value the training provided to them, but there was also widespread concern expressed about the training program (ATDP). The training was perceived by many stakeholders as difficult to access, took too long, and was not focused on the current needs of advocates. A range of other concerns about training were expressed by stakeholders including dissatisfaction with the link to VITA insurance, the coverage of the insurance, and the patchiness of the communities of practice. A particular challenge for the advocacy program is the role of mentors. Most stakeholders believe that mentors are an important part of the advocacy system, yet there are too few mentors and there is a lack of quality assurance of mentoring. Overall, the findings indicate that there is a need for a review of the training and support for advocates and a need to upgrade and modernise this aspect of the advocacy program.



## 5 What does advocacy involve?

This section presents data about what advocacy services involve, from a veteran finding an advocate through to lodging claims. This provides further insights into the operation and sustainability of the model overall.

### 5.1 Finding and accessing advocates

As one advocate said:

I can't stress how important it is to be able to contact advocates when the need arises and how much assistance the advocates are to veterans and their families. (Advocate Survey)

Veterans and their families accessed advocacy services in different ways. While information about finding an advocate is available on the ATDP website and the websites of different ESOs, many participants suggested that most veterans approached advocates or ESOs through word of mouth (Interview 20; Advocate Survey, ESO Survey).

What I've found is that if one member trusts that organisation, the rest will follow. (Interview 20)

Most of our referrals come from word of mouth from friends, neighbours, partners and even Police, followed by the welfare advocates door knocking and developing a rapport with the proposed clients. (Advocate Survey)

We obviously have a website that canvasses our availability, but I probably know of only two people in the time that we've had it open, which is now five years, that actually saw it on the website and came to see us for that reason. We do get a few who drop in as they walk by; but most people, it's word of mouth. And to be honest with you, we are run off our feet. (Interview 4)

Some veterans accessed services in person; others, either due to preference or due to their own location, sought services remotely. For example, some veterans continued seeking support from an advocate after they relocated. Others accessed services from advocates remotely after a positive referral through their network.

**Table 11 Location of advocates**

	<b>ESO Survey (%)</b>	<b>Advocates in training (%)</b>	<b>Advocates accredited (%)</b>
State capital	30.4	54.7	46.9
Regional centre	35.0	32.8	33.0
Other (regional, rural and remote)	33.5	12.5	20.1
Not sure	1.1	-	-
Total	100.0	100.0	100.0

Note: In the ESO Survey, participants were asked about the areas covered by their ESO. The responses to this question are compared with the DVA data that looks at the location of advocates in training and advocates that have completed training. Not surprisingly, DVA data shows that the just over half the advocates in training and just under half of trained advocates are in a city.

Advocates suggested more could be done to promote the advocates' role and the support they provided to the veteran community (Advocate Survey). While many ESOs and advocates targeted specific cohorts (Interview 16), they would generally help anyone who walked in the door (Interview 12).

Some ESOs provided outreach programs to regional and rural areas, regional centres (Interview 15) and to specific bases to help support veterans still serving or in the process of separating from service (Interview 18, Interview 20). Others who specialised in wellbeing proactively 'meet [people] personally in hospital ... and start helping there', or respond to calls for assistance (Interview 17).

Veterans were also referred to advocates, either from within ESOs or from other ESOs, for example where there is no internal capacity to help (either due to lack of advocates, workload, or level of advocacy required). Referrals also come from different areas within DVA, including on base staff, coordinate client support services, and others.

Staff on bases will refer to an advocate. So they have an ADF member that comes through, and they identify that their situation is quite complex, they will refer them through to an advocate; but specific advocates. And it may not be an individual, but it would be an organisation that we know is providing good service to the veteran community. (Interview 6)

Veterans may seek advocacy services directly, or via a family member such as a spouse (Interview 8). An increasing number of ESOs provided on-base outreach or support nearby (Interview 8, Interview 18, Interview 20).

## 5.2 Matching the veteran and their family to an advocate

Where veterans and their families approach an ESO for advocacy purposes, they were often triaged during the first point of contact – often by a wellbeing advocate (Interview 12). Basic details were taken, and they were then matched with the right advocate within the organisation – or referred elsewhere if necessary.

Because of ATDP, because everyone is theoretically trained under all legislations, it's whoever is in the office on the day they ring up – I try and do all initial interviews in our ESO because of my understanding of the three legislations ...and then I will give it to the person I think is most qualified in that area. But most ESOs don't have the luxury of more than one or two advocates. (Interview 11)

Not every veteran requires detailed support, 'a lot of them just walk in the door, come in and want advice' (Interview 12).

Some ESOs have large enough teams to also match veterans to advocates with experience in specific services, such as navy, air force and army, 'so we put the navy blokes with the navy guy...' (Interview 15). But matching is often based on workload, availability and particular skill sets required (Interview 15). Other advocates, particularly wellbeing advocates, 'work on geography' (Interview 17).

As advocacy services grow and professionalise, 'intake capabilities' are being developed to ensure that the veteran receives the assistance required, and that 'the same service is being provided' across the organisation (Interview 18). One organisation was setting up an online system where veterans approaching the ESO would be allocated to an advocate – this was considered critical to

manage workloads of staff working remotely across the country, and to look after wellbeing of advocates (Interview 19).

Some ESOs had 'a horrific backlog' meaning triage was also based on urgency, not just matching veterans and their families needs to advocates skills and experience (Interview 4).

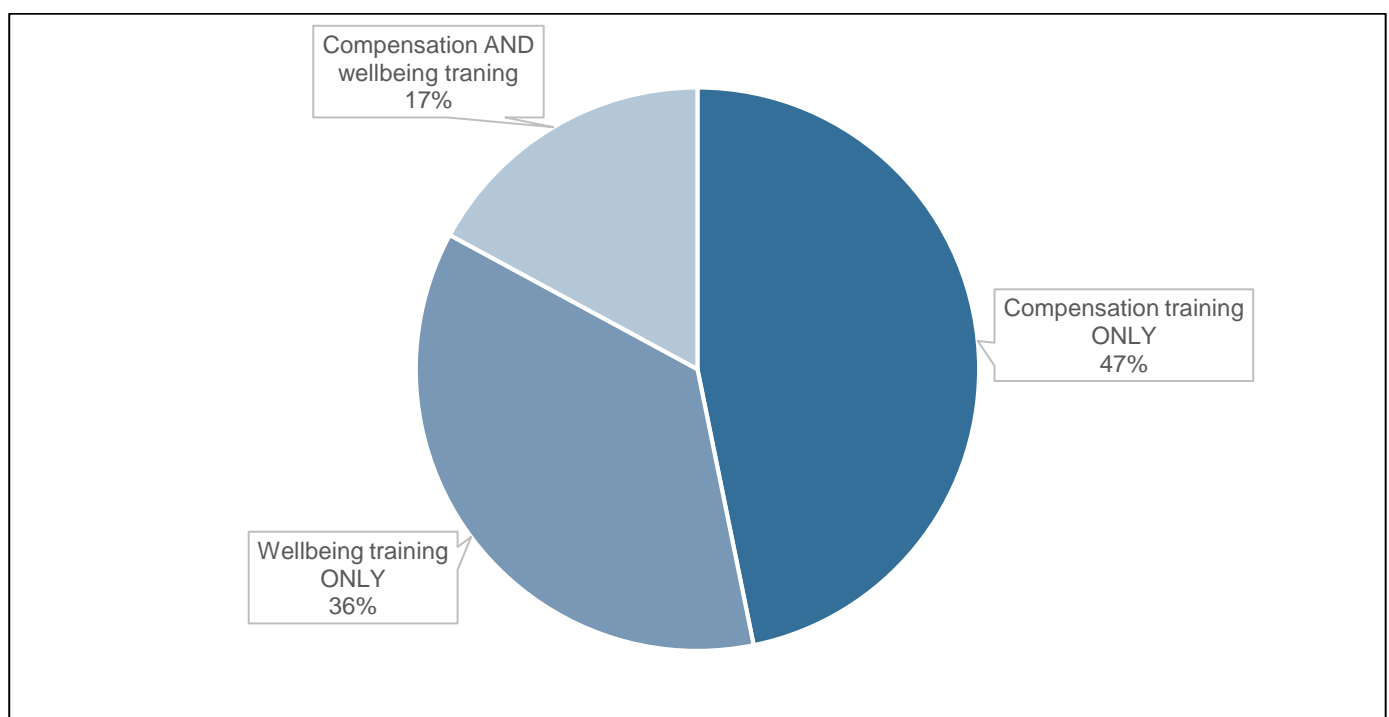
Fortunately, people are prepared to wait and give those who have a critical need priority; and the others unfortunately just have to wait their turn (Interview 4)

### 5.3 Support with wellbeing

Wellbeing supports may be provided through ESOs and other organisations, and also informally from friends and family. Wellbeing Officers (Level 1 and 2) are trained by ATDP and provide a range of assistance, around mental and physical health, both in or out of home, connecting people with the services they need (including state or commonwealth agencies, or local NGOs; ATDP website, Interview 2, Interview 17). This was often provided face-to-face (Interview 4, Interview 17).

Of those advocates that had become accredited under ATDP, more than half had completed the wellbeing training; 36% had completed wellbeing training only, and 17% had completed both compensation and wellbeing training.

**Figure 2 Proportion of wellbeing and/or compensation ATDP accredited advocates, total population**



Source: ATDP accredited advocates data (complete data for ATDP accredited advocates)

One participant highlighted that wellbeing support was available from many other organisations and was not the exclusive purview of ATDP trained advocates (Interview 22). That said, wellbeing advocacy training was still sought and provided. Wellbeing was often the first element of triage when veterans approached an ESO. If compensation advocacy was also sought, wellbeing and compensation officers worked together as a team (Interview 4).

Wellbeing advocates provide a range of support to clients. While one commented, ‘there’s nothing where we can’t help’, they added ‘the thing we stay away from is financial help, and aged care and end of life decisions’ (Interview 17). They referred clients on to compensation advocates as required (Ibid).

Normally and in the main, we meet them personally in hospital. So, we pick somebody up and then we start helping there. We more often than not run into their partner, their family, and then if there’s after-hours work to do, when they go home. Then, we keep the relationship up with them until we...well forever really. (Interview 17)

Many ESOs ‘see wellbeing as the primary focus’ and ‘compensation as episodic’, adding it is ‘wellbeing first, then compensation’ (Interview 4). For this reason, some ESOs prefer to focus on providing first line assistance with wellbeing and refer clients to other ESOs to provide assistance with claims (ESO Survey). Many clients seek assistance from ESOs after a crisis; the first step is often to triage their needs and check on their wellbeing, addressing those needs first before addressing any DVA claims for rehabilitation or compensation.

## 5.4 Support with compensation claims

The claims process is complex. When a veteran enrolled and how long they served determines what legislation applies (VEA, DRCA, and/or MRCA). DVA and the VRB recognise the benefit of advocates supporting the submission of claims:

[Advocates] are specialists in the claims process, and so they’re more likely to assist the person to create a claim, with all of the information that DVA are going to need so that it means that the claim can be processed quickly. It means that we’ve got everything that we need to make a rapid decision, which should speed up the decision process, because it means that when the claim arrives it should be complete. ... they’re very aware of what DVA needs .... (Interview 1)

It’s important to highlight that [DVA are] there to make a determination and it’s not always going to be the outcome the individual wants. That’s not always a bad thing, I’ll also point out. So the benefits of an external and essentially a third-party [advocacy] organisation like us is that we can advocate on behalf of the veteran and we’ll help with anyone with any claim as long as it’s not fraudulent. (Interview 18)

Advocates surveyed were asked about the types of claims they were able to assist, summarised Table 12 below, noting this does not differentiate multi-Act claims.

**Table 12 Claims that surveyed advocates assisted with**

Type of claim	% of advocates surveyed
Veterans’ Entitlements Act 1986 (VEA)	59.7
Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (DRCA)	58.0
Military Rehabilitation and Compensation Act 2004 (MRCA)	56.8
Other	16.0
Not sure	25.4

Notes: N=593, participants could select more than one.

Of those who selected 'not sure' (25.4%), 37.4% were undergoing ATDP training to become an advocate and were not yet accredited, while 34.4% of those who selected 'other' (16.0%) were generally not trained or may have been wellbeing rather than compensation advocates. This might explain why nearly a quarter of the advocate survey sample were not sure about the claims that they could assist with.

Compensation Officers Level 1 to 4 may help prepare and/or lodge claims, request DVA to review decisions, prepare appeals for review by VRB or AAT and provide representation at VRB and AAT hearings – depending on their level of accreditation. Only Compensation Officers Level 2 and above can submit a claim. The level of support provided to veterans in relation to rehabilitation and compensation claims will vary from general advice about how to submit a successful claim, to preparing and submitting the claim, and in some cases helping to organise medical assessments and referrals.

Since the introduction of MRCA in 2004, there is an increase in complexity of claims – linking injury to service, understanding the options available, selecting the option that does not disadvantage the veteran or their family, and then helping veterans understand subsequent choices (lump sum versus ongoing support; Interview 4, Interview 12).

The one thing I do emphasise with both MRCA and DRCA is that the second letter is “R”, so rehabilitation to me comes before compensation. (Interview 8)

There is a bit of a tactical game though in putting in a claim and quite often the young veterans don't quite know that, you know, what's the timing, make sure you've got your diagnosis right and the like. So an advocate will at least give them a few tips on how to lodge a successful or a more successful claim rather than truncating their approach too quickly by putting the wrong information forward. So they're a bit of a guide at that point. ... The majority of Legacy widows putting in for a claim are elderly women who have got no IT skills at all. So they're people whose husbands probably are dying from something to do with probably a heart condition that may have had its genesis 30 or 40 years ago ... So you've got both ends of the spectrum going on at the moment. So sometimes you need an advocate who can even tell them what they might be entitled to and fill out the form for them versus an advocate who might be just giving a bit of mentoring advice to a young fellow who's punching in his application online. (Interview 22)

One of the key aspects to a successful claim is linking injury to service and documenting this. The first step is getting a condition accepted, the second is seeking compensation in relation to that condition – the two steps often combined when a veteran had transitioned out of the ADF (Interview 6).

“What is my condition? Is it correctly diagnosed?” because quite often it's not. You might present some symptoms but what you've actually got might need a bit more medical review. Then if you pick up the Statement of Principles and you say, “All right. Is there a factor in there that can link it to my service? Where's all my service records to demonstrate ... whatever happened. So it's a very systematic approach, but there's all these little pitfalls along the way and a seasoned advocate can explain that to you. So it doesn't need to be a flash lawyer, it needs somebody who's got experience of working their way through the maze of entitlement or liability, depending on which Act you're dealing with. (Interview 22)

The first meeting between a veteran (and/or family member) and an advocate identifies the nature of support required and what the veteran may be eligible to claim under the legislation. The first meeting between the veteran and advocate may identify service and medical records that need to

be accessed or be provided, and potentially new more detailed evidence to be obtained such as medical assessments and the completion of DVA questionnaires (Interview 4, Interview 7). In many cases, the advocate may establish an 'authority to act' such that they can deal directly with DVA on the veteran's behalf. This allows the advocate to act as a 'pillow between the veteran and DVA' (Interview 10) and not have to keep repeating their story (and sometimes trauma) when contacting DVA (Interview 3). Where the veteran does not have one already, the advocate may facilitate access to a non-liability health care card (white card) where the veteran can access psychologist and psychiatrist care if needed. Advocates also flag that there are long delays in assessing claims (Interview 4, Interview 10). Advocates took a 'whole of person approach' and engaged with the 'veteran and their families' where possible as well (Interview 7).

A lot of information is easy to access either by submitting an FOI or accessing the information online.

If we know their service number, or their DVA number, we just go into their portal and just pull it out. (Interview 15)

While many veterans and advocates have preferred face-to-face contact (Interview 21), many advocacy services had moved online as a result of COVID, if they were not already provided online. Some temporarily, although some are likely to remain online. This had increased the reach of advocacy services to veterans in remote locations.

Veterans were very apprehensive to do anything in remote form. Everything had to be done face-to-face. But due to the fact there's been no other options, people have grasped it and grasped it quite well, which is actually a huge benefit for us because it means we've been able to provide services far more widespread.... (Interview 18)

Different ESOs had different approaches to advocacy, from compiling claims on behalf of veterans to empowering them to put together the claim themselves which the ESO then lodges on their behalf, which it does 'from an accountability perspective' (Interview 18). Others added, if veterans prefer to lodge the claim themselves, 'they encourage them ... to at least come in and sit with us, and we will help them as they enter it online' (Interview 4), maximising the independence of the individual while also recognising that many cases that had gone to appeal were attributed to veterans entering cases online themselves (Interview 4).

We work on the principle that it is their claim. They're serving themselves and their families if they inform themselves fully by allowing us to help them and guide them during the process ... we do encourage them to do as much as they possibly can [themselves] ... (Interview 4)

Other advocates wanted veterans to be encouraged 'to see an advocate prior to making a claim, and not after [at appeal]' (Advocate Survey). This was in order to help advise clients make better choices and also explain what is required for a claim to be successful as 'DVA falsely mislead veterans into thinking that it is easy, but it is not' (Advocate Survey).

The time it took to gather all the information and evidence, and then submit a claim, varied depending on the level of input from the veteran, time since injury/service, and the experience of the advocate (Interview 4). The claims process also benefitted from having good relationships with DVA who might quickly follow up about any missing information (Interview 19).

## More complex claims

In addition to multi-Act claims, other types of claims presented additional challenges in part due to the nature of the claim, but also due to the vulnerability of the veteran or family member, or the implications of choices made.

For current serving members of the ADF, veterans need to understand the implications of pursuing claims while still serving. Under earlier legislation (VEA), DVA does not share information with Defence. However, more information is now shared between DVA and Defence. Therefore, for serving members, it is important for the member to understand the implications of combining the acceptance of the claim (initial liability) with the compensation.

Get your claims accepted while serving, or your unit medical records, or your defence records. Don't go and have that compensation conversation unless you're going to have the same conversation with DVA as you are with your defence medical provider.

Many advocates highlighted issues where serving members were claiming compensation for tinnitus and then realising they were no longer 'employable by Defence' (Interview 6, Interview 21).

Members being medically discharged, in addition to possibly being more vulnerable, also had to consider implications on their superannuation (Interview 11).

At the moment, this [transition] can be a "No Man's Land" of dangerous and difficult pathways. At this time, veterans really need help. (Advocate Survey)

The claims process may be further complicated when dealing with a death.

We do not have a primary witness. Often the bereaved spouse did not know the veteran when they were conducting their operational service, so we are totally reliant on service documentation, DVA documentation, and service medical through freedom of information, and long detailed interviews with the widow. That can be very difficult and we can't do anything until we get a death certificate. (Interview 9)

## Lodging claims

Claims may be lodged by the veteran (using online using MyService, or by submission of forms or verbal claim), or by the advocate (PRODA defined in Table 13, or by submission of forms). One participant estimated 70% claims were made through MyService (Interview 2). There were advantages and disadvantages to each method of lodging claims (Table 13). Often the way a claim was lodged depended on preference (of the veteran or advocate) and their level of comfort with technology.

I use paper copy. ... I'd rather have a piece of paper in my hand to read than try and find it on a screen. It works. (Interview 3)

Always online. ... You can imagine with the number of people, we must have had... five years, I don't know, 500, 600 clients; something like that. So the paperwork would just be overwhelming. So to the maximum extent possible, we do everything online. ... now that they're used to it they would not go back to the paper process (Interview 4)

I find that dealing with today's veterans, if you cannot do it electronically, you shouldn't be doing the job. ... there is too much electronic communication between DVA and the application, doctors, specialists ... (Interview 7)

One advocate suggested it was critical to add functionality to MyService for advocates to support the lodgement of claims, otherwise ESOs would continue to rely on scanned paper submissions (Interview 18).

**Table 13 Perceived advantages and disadvantages of different forms of lodgement**

Method of submission	Advantage	Disadvantage
MyService (veteran online)	<ul style="list-style-type: none"> <li>• Simplified process and automated decisions (Advocate Survey)</li> <li>• With Advocates support, 'puts onus on veterans to begin self-help' (Advocate Survey)</li> <li>• Allows veteran to submit FOI (Interview 19)</li> </ul>	<ul style="list-style-type: none"> <li>• Oversimplified</li> <li>• Advocate unable to use portal on behalf of the veteran (Advocate Survey)</li> <li>• Unclear who has access to claims portal in MyService (Interview 16, Interview 18)</li> <li>• If outcome appealed, advocate has no access to original claim (Interview 3)</li> <li>• Some veterans need assistance accessing MyService (Interview 19)</li> </ul>
PRODA ESO online portal (PRODA is the identification tool which replaced AusKey in April 2020)	<ul style="list-style-type: none"> <li>• Secure access (Interview 19)</li> <li>• Eliminates paper copy, storage and privacy concerns (Interview 19)</li> <li>• 'If it was updated it would be a good system' (Interview 19)</li> <li>• Has 'CLIK and everything else' (Interview 19)</li> <li>• 'Everybody can see the current claims we've got and what's being worked on' and has the potential to link to mentoring and reporting (Interview 20)</li> </ul>	<ul style="list-style-type: none"> <li>• Cannot be used for widows claims (unless they have served) as widows are not known to DVA (Interview 9)</li> <li>• Requires IT skills (Interview 1)</li> <li>• Sometimes 'jams' (Interview 19)</li> <li>• Some considered it was difficult to use and was not clear about the lodging of multi-Act claims</li> <li>• Little updates/feedback once lodged (Interview 10)</li> <li>• Good IT support from DVA (Interview 7)</li> </ul>
Hard copies (scanning and sending online)	<ul style="list-style-type: none"> <li>• Advocates were able to give a hard copy of the submission to the veteran for their records (Interview 8)</li> </ul>	<ul style="list-style-type: none"> <li>• Forms may not have been updated</li> <li>• Pose risk to individuals and organisations due to privacy legislation, particularly when advocates do not have a suitable workplace with all the policies and systems that go with that to be compliant with the law' (Interview 19, Interview 22)</li> <li>• Does not collect statistics about claims submitted (Interview 1)</li> </ul>



Some advocates believed they should be encouraging veterans to complete their own claims, where possible, online through MyService.

Compensation Advocates of Level 1 and 2 should be encouraging veterans to submit their own claims through My Service for Initial Liability and provide guidance on the claim process. Doing this empowers the claimant in their knowledge of the claim process. (Advocate Survey)

However, many were concerned that the online platform had dumbed down the claims process meaning vital information supporting the claim was not submitted.

It is much better, there's no two ways about that, but it also lulls the veteran into a false sense of security. Because they've dumbed down the veterans interface to the lowest common denominator, the veterans ... don't have to think, they don't have to take into consideration how they answer questions, or what they have got to prove. (Interview 7)

Others were concerned that online services did not suit some parts of the veteran community.

I spend a lot of time assisting veterans with online information; for example, when the Veterans' Covenant rolled out, I created 38 MyGov accounts, then had to link a DVA MyService account to all of them. This was all before I could apply for the Covenant for them. Most of these veterans did not have an e-mail account or a computer so I had to create an e-mail address (of which they will never use again) for each veteran just to get them a MyGov account. (Advocate Survey)

Given VRB and AAT now also provided online portals, alongside MyService and PRODA, one advocate suggested:

The implementation of a single access database to capture all of the clients case management details for when the client requires assistance, or is transferred to a Level 3 or 4 advocate relating to a VRB hearing. This would assist with the transition. (Advocate Survey)

## **Time taken to determine claim**

Participants reported that the time taken for DVA to determine claims had increased substantially, although no data was available to support this. Advocates managed the expectations of veterans to ensure they were aware of the likely time taken to process claims. In some cases, ESOs deal with complaints from veterans who do not realise it is 'because DVA is not responding' (Interview 15). In other cases, DVA responded to complaints about perceived delays where the delay was in the advocate submitting the claim (Interview 2).

Due to the backlog and longer waiting times, DVA have prioritised different sorts of claims, particularly those with high levels of injury or higher vulnerability (Interview 9). DVA was responsive to addressing claims where there was real urgency (for example, end of life; Interview 10).

## **5.5 Support with appeals**

Whatever the outcome of the claims process, advocates sought more feedback from DVA about the claim lodged in order to improve their practice (discussed further in Section 5.7). Recognising

not all claims are successful, there are various routes for appeal. A 'Section 31' review can be lodged for a more senior member of DVA to review the claim (Interview 22). The veteran/advocate may then lodge an application for review with the Veterans' Review Board (VRB), and if still unsatisfied could take the matter to the Administrative Appeals Tribunal (AAT).

Advocates who participated in the study highlighted that in some cases 'the veteran will only come to an advocate once [a claim] has been rejected' (Interview 14), reinforcing the point that veterans should consider seeking advice prior to submitting a claim (Ibid.). Many thought the increase in veterans seeking to lodge an application to review could be attributed to the introduction of MyService where claims 'were submitted online with insufficient advice to get the claim accepted the first time round' (Advocate Survey).

### 5.5.1 Veterans' Review Board

The scope of the VRB is to review appeals of decisions made under the VEA and MRCA (not DRCA appeals which are the remit of the AAT). If multi-Act claims include DRCA, VRB may 'suggest the DRCA decision is revoked' to get a better outcome for the veteran (Interview 13).

Under the legislation, DVA as a respondent never appears before the VRB and do not contest applications – but do review the file first. No lawyers may present at the VRB; this stems from the *Repatriation Act 1927* and the ex-service community not wanting an adversarial process. This ensures the VRB is accessible to everyone – not just those who can afford lawyers.

VRB 'moved to remote operations' in March 2020 allowing it to continue to function through the COVID pandemic, and uses the VRB Justice Portal case management system to support the appeals process (VRB Annual Report).

The VRB Justice portal engages veterans and advocates with our case management processes allowing the provision of documents online, viewing application status, history and filed documents and receiving notification of events such as ADR or hearing dates. Plus, the VRB Justice Portal also allows group management for Ex Service Organisations with multiple practising advocates. (VRB Annual Report 2019-2020)

The VRB introduced an Alternative Dispute Resolution (ADR) process – a form of mediation – to reduce the backlog of appeals, expedite matters and seek the quickest possible resolution for veterans. Applications are triaged according to expertise (Acts and conditions) and are reviewed by the Registrar/Member within 4 weeks. After review, the VRB Registrar/Member has a conversation with the veteran and advocate and advise on next steps to get the application resolved.

It's best that the conversation is had with that advocate who can understand the nuance of what the person [at] the VRB is trying to tell them because that might require a little bit of a decision on the spot that might go, "Oh, let's just do a tactical withdrawal on this claim right now and we'll attack it from another angle." There's a lot of nuance in the conversation. (Interview 22)

Next steps might include seeking additional medical evidence, considering SoPs, rationalising the application, among other things. Once resolved, the application undergoes a legal check and the draft decision is sent to the veteran. If the decision is not favourable, the veteran may provide more evidence or take the case to the full VRB (only about 20% of cases go to a full hearing). In other

cases, the Registrar/Member might provide written guidance on what the veteran needs to do to progress the claim ('case appraisal'), helping to identify any weaknesses in the claim (Interview 22). In others, the Registrar/Member may support advice already provided by the advocate ('neutral evaluation') (Interview 13).

[The case may result in] a Dismiss by Consent. So [they] will come back and resubmit that claim using the right particular diagnosis ... if you're not tuned into knowing which step goes first, "What is my condition? Is it correctly diagnosed?" because quite often it's not. You might present some symptoms but what you've actually got might need a bit more medical review. (Interview 22)

At a full VRB hearing, the advocate would represent on behalf of the veteran (Interview 18). All decisions are reported back to the veteran and the Repatriation Commission (DVA).

The majority (80-90%) appeals have the support of an advocate, the bulk of which are paid advocates (Interview 13). Where they do not, the VRB suggests to the veteran seeking the support of an advocate; 'they don't always understand it is free' (Interview 13, VRB website). The VRB overturns about 50% of appeals, equating to about 2% of DVA decisions (Interview 13). In 2019-2020, the VRB finalised over 3,400 cases, with 76.5% resolved within 3 months (VRB Annual Report).

In addition to providing copies of all decisions to DVA, the VRB also meets regularly with DVA Review Team, and VRB and DVA work together regularly with a view to streamlining the claims process. For example, a recent review examined the top 10 conditions being appealed (Interview 13). VRB also holds advocate forums four times a year to provide updates of procedural changes, and recent case law, and any learnings that can help advocates in supporting applications at the VRB (i.e. relevant to Level 3 and Level 4 advocates).

Some advocates commented on the cases going to the VRB in general 'definitely [have] increased in recent times', some due to the introduction of MyService and veterans submitting claims 'without receiving adequate advice', others 'which are just not lodged accurately and correctly', and others due to the 'complex area of legislation' (Interview 18). Claims that went to the VRB often needed a lot more work and research, particularly in cases where the case law is a 'major determinant' (Interview 4)

Going to appeal can be beneficial to the veteran as the VRB 'are a lot more grey and DVA are very black and white' (Interview 14). Further, the VRB also allows veterans to seek the reimbursement of costs of providing additional medical evidence:

So it is unlikely that we would get medical evidence at the initial level if we have to pay for our own. We'll let it be rejected and then get that medical evidence at the VRB and have that invoice reimbursed. So things like hospital records and specialist opinions, we would request at the VRB. (Interview 14)

While the VRB is designed to be non-adversarial, it was recognised that some of the panel members may have had legal training at some point in their career and this may be intimidating; however, they are not there to represent DVA (Interview 22).

Since April 2017, veterans going to the VRB can claim up to \$1,000 for medical evidence for each medical condition that is appealed (ATDP Newsletter).

The number of DVA determinations that are forwarded to the VRB and are then accepted at the VRB identifies a problem in the DVA system and a problem with DVA delegates. (Advocate Survey)

Advocates play an integral role in the appeals process at the VRB; veterans are encouraged to seek the support of an advocate when lodging an appeal. Only Level 3 and above accredited compensation advocates can support appeals at the VRB and therefore the functioning of the VRB relies on a sustainable and highly trained advocacy workforce.

### 5.5.2 AAT

The AAT is a generic administrative tribunal dealing with over 50,000 cases a year. They do not have a specialist board and it can take 2–3 years to be heard. All DRCA<sup>4</sup> cases must go straight to AAT – they cannot be heard at VRB (Interview 13).

Support at the AAT was less common. The VRB reported 97 cases were referred to the AAT in their 2019-2020 Annual Report (note that this may not include DRCA cases). Veterans may seek the support of an advocate and/or seek legal representation. Only TIP-trained advocates are able to provide advocacy services at this level – this includes TIP-trained advocates who gained Level 4 ATDP-accreditation through RPL and maintained their accreditation through CPD, as well as TIP-trained advocates who are not-ATDP accredited who can continue to practice until the end of 2021 – given the ATDP Level 4 training package had not yet been developed. Claims can be lodged via a portal and all documentation is accessible from the portal. AAT had introduced a process similar to the alternative dispute resolution process at the VRB. One advocate reported that they support 8 to 10 cases a year through the AAT, but had only been to the AAT twice (in 7 years) (Interview 19).

The AAT process involves legal representation from both parties, and would benefit from having retired legal officers involvement from an advocacy perspective to be able to be 'on an equal footing to the respondents' (Interview 19).

### 5.5.3 Changes to DVA systems and staff

The context of advocacy is continually changing, requiring advocates to keep up to date with changes and how they impact veterans and potential claims. While complex, DVA had introduced a number of pre-approved conditions (Interview 3).

DVA had also led a number of veteran centric reforms to improve the way veterans access DVA. This includes automatically registering veterans on joining the ADF, issuing white cards, providing staff on base, having better access to Defence systems, and also making it easier for veterans to submit claims online themselves. Advocates need to keep abreast of changes to get the best outcomes for veterans; many survey participants suggested DVA should provide more information to advocates and veterans about those changes (Advocate Survey).

I have noted DVA's attempt to streamline the claims process with the introduction of the My Service portal providing veterans the ability to lodge claims online. the system is very simple, encouraging veterans to lodge their own claims. This is a problem because veteran

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<sup>4</sup> Note DRCA replaced Section XI of SRCA in 2017.

legislation is not simple, it is indeed very complex. In my opinion this has created a critical success for DVA, whilst the process is easier for members to submit a claim, they have clogged the system with submissions that don't have enough information to be processed, this requires delegates to stall during the investigation period whilst they wait for supplementary evidence. Our ESO were seeing claims determined within the 120 day period up until the introduction of the online portal, we are now seeing a delay of more than 365 days before a registered claim is assigned to a delegate, from this point there is a further 120 days at least before a claim is determined. In addition to this there is no scope for an ESO to assist with submitting through the MyService portal without physically sitting next to a veteran, this is not ideal for regional members, and less than ideal throughout the recent Covid-19 crisis. (Advocate Survey)

MyService may also encourage veterans to 'put in frivolous claims' that have 'still got to be processed' – potentially impacting the number of claims to be processed – whereas an advocate will say 'you don't have a chance... and I'll show you why' (Interview 9). There were some benefits to MyService, as one advocate said it allows veterans to lodge 'those more simplistic claims ... which free up [advocates] to provide that more complex and high-level advice where required' (Interview 18).

Advocates found it harder and harder to contact DVA and speak to the same person. In addition, they were concerned about the lack of information being provided to advocates about both changes to policy and processes, and also feedback on cases.

It is hard to represent the veteran, when DVA delegates neglect to communicate. (Advocate Survey)

I find the lack of recognition by DVA and the lack of acknowledgement really sad. They could be sending us our bulletins saying, this is a change in this. (Interview 12)

The veteran-centric reforms had a knock-on effect for advocates, especially when 'developing systems without considering the needs of ESOs' which was perceived to have resulted in veterans submitting claims without 'understanding the requirements of the legislation', and further when helping families of deceased veterans (Advocate Survey).

Some advocates commented that there was little opportunity to provide feedback to improve processes (Interview 3, Interview 18), or lack of response when issues were raised (Interview 12). Others were active members of veterans' forums but were not consulted on changes, making them question 'who are [DVA] reaching out to?' (Interview 18).

Some advocates were also concerned 'the training of DVA staff is obviously lacking' (Interview 12), and that DVA staff were often only trained in one Act whereas advocates were expected to be trained in all Acts.

## 5.6 Changes to advocacy

The role of advocacy was not static – veterans needs were continually changing, as were legislation and SoPs, and DVA processes and supports; for example, non-liability healthcare makes it easier and quicker for veterans to access services and potentially reduces 'the longevity of illnesses and injuries' (Interview 1). Further, there was increased engagement between Defence (where injuries occurred) and DVA (where rehabilitation and compensation were provided). At the

same time, ESOs are recognising that changes are required in the way they provided advocacy services.

Some organisations now employ a team of paid advocates to prepare and lodge claims centrally, funded by the ESO and supported in part by BEST grant funding (Interview 14, Interview 18). One organisation relied on volunteers to provide the personal support and gather information to prepare the claim which was then prepared centrally.

Some ESOs were implementing systems so that if there is a change to SOPs they are able to review claims that were previously rejected and see whether they might be accepted now (Interview 14).

## 5.7 Quality of advocacy

The introduction of ATDP was intended to improve the training and accreditation of veteran advocacy. While quality of advocacy is not the focus of this study, issues around quality were raised by study participants, ranging from whether advocates had key skills required, to quality of training and assessments, to quality of compensation claims and quality of claims processing, to quality of representation at the VRB – all of which affect the sustainability of the model (Advocate Survey; Interview 22). Many study participants made suggestions about how quality of advocacy could be assessed, often relating to receiving feedback from DVA on claims lodged – to individual advocates, to ESOs, and to ATDP.

Up until 2012, DVA had a fantastic, brilliant system. Every quarter, the ESOs – received a quality – basically what you'd call a quality assurance report. It listed all the claims made by that ESO, and by individual applicants. It covered the conditions that were claimed, and gave a brief rundown of how that claim had processed, whether the applicant had claimed the right conditions under the SRPs, whether the doctor's diagnostics were all correct, and whether the advocate allowed it to go through, or get it changed. It also covered if they had permanent impairment claims, and initial liability, the timeframes, whether they had been met by the applicant. It was a no holds barred, quality assurance – quality control of the ESO and the advocate. You could sit down and look at your claims – if you'd stuffed up, or DVA said this isn't quite right, in nice language, but they still said – it was, like, you need to pull your socks up in these areas. It was about 2010 that that ceased, and we could never figure out why, and who decided that it should be stopped. But I would be more than happy to see that type of quality control come into the situation. (Interview 7)

One ESO Survey participant suggested that a range of statistics should be collated about effectiveness (in terms of number of claims that go to appeal), not just about advocates compared to veterans submitting claims directly, but also about DVA delegates. Although one participant commented they had 'seen more mistakes made by advocates than delegates' (Interview 19). Some advocates raised issues about the level of knowledge of some advocates, particularly more complex issues relating to tri-eligible claims (Interview 12).

Some participants commented that the standard of advocacy had not changed considerably since the introduction of ATDP (Interview 22). Some put this down to the way advocates self-selected to take on the role (Interview 7). Others had started to notice better quality of specific cohorts of advocates (Interview 13). Quality did not appear to be contingent on age, service background, whether working alone or part of a team, full time/part time, or whether paid or otherwise. Quality of advocacy was considered to be inconsistent across all forms of advocacy – voluntary and paid.

Some suggested quality may be associated with the systems and processes in some workplaces – and lack thereof in others. Many highlighted that quality would remain an issue without feedback being provided from DVA as to the quality of claims being submitted (Advocate Survey).

A survey must be conducted within DVA, because they are the ones that see problems with [claims lodged], incorrect information told to veterans' etc. (Advocate Survey)

There are advocates who do more damage than good, and this can be identified from DVA claims once submitted, to assess the level of competency of the advocate. Give a 'show cause' to those not up to standard, and give space to those doing the right thing. (Advocate Survey)

Some ESOs had internal training programs, supports and quality assurance processes – incorporating any learning into internal discussion forums (Interview 14, Interview 18)

Once a month, we do an online pension discussion group and that's exactly when those things will be brought up. So if we find that there's training lacking, or there's a subject matter that needs to be discussed further, then that will become part of the pension discussion group. What we're finding is that people just don't want to be a part of it. (Interview 14)

Note that not all advocates are associated with ESOs and are ATDP-trained. One participant highlighted that there are commercial advocates charging veterans for advocacy services where 'claims were falling over' (Interview 15). As noted earlier – this is outside the scope of this study.

Some participants commented on the reputations of paid/volunteer advocate groups – 'some settling for any decision from DVA without appealing for the correct decision ... [others] not having the depth of knowledge ... due to the limited demographic they serve' (Advocate Survey); however, this was hearsay and could not be validated as veterans accessing services were outside of the scope of this study. While many ESOs had quality assurance processes in place, either through mentors or via teams of advocates, one advocate highlighted:

I guess that's the ultimate quality assurance, isn't it? If the primary claim fails, then quite clearly it needed to be done differently. (Interview 4)

One advocate highlighted the variation in quality of advocacy, and asked 'Is that the best service that can be provided? I would argue it's not' (Interview 18).

## 5.8 Summary

This chapter describes how veterans access advocacy services and what advocacy services entail. The data show advocacy is a complex process, due to the different legislation, policies and processes, and the idiosyncratic nature of claims. Further, advocacy is an ever-changing process. Changes include the nature of claims, changes in legislation and in the process of making claims, and structural changes in DVA and the VRB. This makes the task of advocacy challenging for the advocate, mentor and veteran.

Veterans access advocacy services in a number of different ways. Wellbeing was seen as a component of every claim, and many ESOs and advocates prioritise wellbeing. Claims are increasingly complex, and this requires advocates to have deep knowledge of the legislation, the processes and systems, and well-developed inter-personal skills. Advocates are often involved

when the case is reviewed by the VRB, and there was some evidence that clients are encouraged to go to review. There is a perception among advocates that claims are taking longer to resolve, but there is a lack of clear information about the time taken to process claims, and how this is affected by advocates; for example, advocates may spend more time prior to submitting the claim which may then make the claim easier to determine. Some concerns were expressed about the quality of advocates, but there is no objective measure of quality provided by either DVA or ESOs.



## 6 Sustainability of the ESO advocate workforce

This section considers the sustainability of the ESO advocacy workforce; specifically, estimating the current capacity of the ESO compensation advocate workforce (Section 6.1), how the workforce is expected to change over time (Section 6.2), and the factors likely to affect the sustainability of the workforce (Section 6.3). This chapter is intended to provide clarity and around the size and composition of the ESO advocate workforce to support government consideration of further support for advocacy services. This is limited to compensation advocates, due to the absence of data about the need for and services provided by wellbeing advocates. This may also provide useful insights for ESOs to support the ongoing provision of advocacy services.

Advocates are the workforce of multiple ESOs – not ATDP or DVA. Consequently, neither DVA or ATDP maintain records of the number of advocates currently providing services to veterans or their workload. Findings in this section are estimates based on data collected as part of this study, primarily data provided by individual advocates themselves (as ESO Survey data was often incomplete), supplemented by other datasets, data from interviews, as well as open questions in both the ESO and advocate surveys.

### 6.1 Current capacity of the ESO advocacy workforce

The current capacity of the ESO advocacy workforce can be estimated in terms of the demand for services and whether the number and skills of advocates meet that demand. In the absence of demand data for wellbeing advocates, the focus of analysis is on compensation advocacy.

#### 6.1.1 Demand for advocacy services

Demand is estimated using DVA/VRB data about compensation services provided and information from ESOs surveyed about whether they were able to meet the needs of the veterans who approach them.

#### **Service provided based on primary claims and VRB applications supported**

Both DVA and the VRB collect some data about whether a primary claim or application to appeal is supported by a compensation advocate. In 2019-2020, 95,677 primary compensation claims were determined by DVA (DVA Annual Report 2019-20), of which advocates supported 20,161 or one-fifth (DVA data). Further, veterans appeal 4% of DVA's determinations at the VRB (about 3,500), of which 80–90% are supported by an advocate (Interview data, VRB Annual Report). Therefore, based on the primary claims and VRB applications determined (not pending), over **20,000 primary claims** or 20% of all claims determined (requiring Level 2 and above advocate) and **3,500 VRB applications** or 4% of all applications to the VRB (requiring Level 3 and above advocate) were supported by an advocate. No data is available for wellbeing support.

This data is indicative only, with the focus being the capacity of DVA and the VRB to determine applications. While VRB has reduced its backlog of applications significantly over time, anecdotal evidence suggests that there is still a large backlog of claims pending determination by DVA. This

figure also does not capture whether there was unmet need – i.e. how many veterans submitted claims who sought but were unable to access the support of an advocate.

### Unmet need based on ESOs surveyed

ESO Survey participants were also asked if their organisation frequently found that there was more demand for services than their organisation could provide and whether those that were waiting were usually:

- Not in urgent need, and could wait until their organisation was able to provide services, or
- Need immediate support that your organisation was unable to provide.

**Not all veterans and their families could be immediately supported by their ESO.** While almost three-quarters of ESO participants (72.2%) said those waiting were not in urgent need and could wait until their organisation was able to provide services, just over a quarter (27.8%) said veterans and their families were usually in need of immediate support and that their organisation was unable to provide this support. In these circumstances, half of the ESO Survey participants said that they always referred veterans and families that needed support to another ESO, while a further 33.3% said that they sometimes referred veterans, and 15.8% said that they did not refer veterans to other ESOs even if their ESO could not meet their needs.

This was supported by qualitative responses from the ESO and the advocate surveys. A couple of participants said that where an ESO or advocate was unable to provide assistance directly, they often referred the veteran to another advocate or ESO; for example, many ESOs and advocates referred widows to Legacy who offered specialised services.

Of the veterans and families that did have to wait for support, the table below shows on average how long the ESO Survey participants estimated they had to wait to receive support. According to ESOs surveyed, almost 60% waited less than 1 month, and one-quarter waited 1–3 months – leaving **less than 10% of veterans had to wait longer than 3 months**. This wait time must be monitored by ESOs, particularly as older advocates start to retire.

**Table 14 Estimated wait time for support**

Average wait for support, estimated by ESO	% of ESOs surveyed
Less than 1 month	59.3
1-3 months	25.9
3-6 months	7.4
More than 6 months	1.9
Not sure	5.6
Total	100.0

This data suggests there most veterans approaching ESOs for advocacy services received support, and that some may have waited for support. However, ESOs and advocates interviewed highlighted that they, for the most part, did not advertise their services. Therefore, **the need for**

**advocacy services has the potential to be greater than the number of veterans recorded as supported.**

## 6.1.2 Number and skills of staff

The current number and skills of advocates are calculated using ATDP/DVA data and survey data, while caseload is estimated using advocate survey data.

### Number and skills of advocates

ATDP/DVA figures provide high level data about the number and skills of the compensation ESO advocacy workforce, based on number of advocates accredited at different levels, and the proportion of advocates undergoing training, broken down by age. Given Level 3 advocates (preparation/representation to VRB) also prepare primary claims (Level 2) and Level 4 advocates (preparation/representation at the AAT) also prepare/represent appeals to the VRB and submit primary claims (and lower levels can only assist with claims), the figures presented in Table 15 below show that 77% of advocates are qualified to submit primary claims, 17% are qualified to take applications to the VRB, and 3% are able to take applications to the AAT. Level 1 advocates are able to provide assistance. Given the lack of Level 4 training, and the reliance on TIP-trained advocates who gained ATDP qualifications through RPL, the number of advocates able to take applications to the AAT are expected to decline.

The ATDP data also show just under a quarter of compensation advocates are Level 1, just under half of which are under 60 years of age (75% under the age of 70). This may signal a healthy number of trainees coming through the program who have a number of years providing advocacy services ahead of them; however, interviews also suggested the training program may not be as quick to complete as anticipated (due to course availability and assessor availability). Assuming they continue their training and assessment and become Level 2 advocates, this is likely to boost the capacity and the sustainability of the compensation advocacy workforce – particularly important given the large number of Level 2 advocates 70 years or older. Further, the younger advocates may be working in paid positions, often full time, and combined with different forms of support, may be able to support a larger number of veterans through the claims process.

**Table 15 Age profile of ATDP accredited compensation advocates**

Level of compensation support	Under 40 years	41-50 years	51-60 years	61-70 years	70 years and older	Total
Level 1	12	20	14	28	27	101
Level 2	8	22	35	70	136	271
Level 3	5	6	8	23	22	64
Level 4	1	0	2	0	9	12
<b>Total</b>	<b>26</b>	<b>48</b>	<b>59</b>	<b>121</b>	<b>194</b>	<b>448</b>

As reported earlier, many advocates have achieved competencies in both wellbeing and compensation advocacy under ATDP, either directly or through RPL. Table 17 identifies the age of

ATDP accredited wellbeing advocates. Similar to compensation advocates, wellbeing advocates tend to be older (71% are over 60 years old), and more qualified. A smaller proportion are Level 1 (14%), over half of which are over 60, either suggesting a smaller number (14%) are advancing through the training program or it is easier/quicker to advance to Level 2.

**Table 16 Age profile of ATDP accredited wellbeing advocates**

Level of wellbeing support	Under 40 years	41-50 years	51-60 years	61-70 years	70 years and older	Total
Level 1	3	7	11	14	17	52
Level 2	15	23	48	95	141	322
<b>Total</b>	18	30	59	109	158	374

Source: DVA ATDP data.

According to ATDP data of accredited advocates, the average age of advocates is 65 years old, with 72% of the cohort of existing advocates aged over 60 years of age, while 43% are 70 years or older and only 15% are under 50 years of age. Of advocates surveyed, 64% were over 60; this difference may be representative of advocates still practising, or be a factor of this being an online survey communicated via email (assuming an association between age and technology). Nevertheless, both datasets show an ageing workforce substantiating anecdotal evidence to this effect. However, this is also likely to reflect the financial independence of this cohort and their financial capacity for volunteering. Many of those interviewed took on the role of an advocate after retiring so that they continue to provide service. However, there are signs that the workforce is changing (discussed in Section 6.2 below).

There are a number of limitations to ATDP data.

- ATDP data do not include TIP-trained advocates, other than those who have transitioned under RPL (correspondence, DVA). Survey data indicates that there are still a number of TIP-trained advocates who will stop practising once the transition period ends (end 2021). However, it is not clear how many TIP-trained advocates will be lost (see 'Intention to keep working as an advocate' below, and Table 28).
- The figures may not capture the real potential of the workforce given the reported delays in completing the accreditation process (reported in Section 4.4 above).
- ATDP do not maintain records of practising advocates, other than recording whether someone completes their CPD component over a 3-year period (Section 4.4.4). Thus, some of the advocates in this dataset could be accredited but not practicing.
- ATDP data does not maintain records of the form of advocates' employment, full/part-time, paid or voluntary, or the extent of support provided (for example, administrative support only).

Overall, **ATDP data is likely to provide an over-estimate of the future advocate workforce** given it records the number of advocates accredited or being trained and is not indicative of whether they are practising, or full/part time. However, it may also not capture TIP-trained advocates still practising but likely to stop at the end of 2021. While this indicates a possible under-

estimate, this is unlikely to affect long-term workforce planning. The data shows a continued interest in training but is not clear about the rate at which new advocates are achieving different levels of competency. Further, more insights may be provided over time as CPD is recorded which may be a stronger indicator of whether advocates are actually practising. No conclusions can be made for wellbeing advocates given the absence of data concerning veteran needs and the often ongoing nature of support provided.

## Workload of advocates, based on advocates surveyed

This study uses data from the advocate and ESO Surveys to estimate the workload of advocates.<sup>5</sup> Workload for individual advocates may vary by the type of service offered by their associated ESO (holistic to administrative checks), the nature of the claim, the individual requiring support, how prepared (in terms of medical assessments and required paperwork) the veteran was prior to seeking assistance, the advocate's own experience, and how long a claim takes to process as advocates often remain the point of contact for the veteran.

Advocates were asked about the average number of veterans they assist per month (caseload rather than claims submitted); the average number per month being 16.6 veterans, with the minimum being 1 and the maximum 160. This shows that workload varied significantly for the advocates who participated in the survey. ESOs were also asked a similar question about the average number of clients that their organisation handles each year; per year, the average number of veterans supported by ESOs was 405, with a minimum of 0 and a maximum of 5000. This reflects the variation in the number of advocates associated with each ESO (ranging from zero to 50 in ESOs surveyed, Reported in Appendix D).

The data provided by advocates showed that paid advocates were more likely to support a higher number of veterans per month with the average for paid advocates being 37.3 compared with 13 for volunteer advocates (Table 17). This may be a factor of the number of hours worked or the type of service offered by the ESO.

**Table 17 Number of veterans assisted each month, estimated by advocates surveyed**

Form of advocate employment / number of veterans supported	Mean	Median
Paid advocates	37.28	20.0
Volunteer advocates (not paid)	12.49	10.0
Other - please specify	20.05	6.0

Note: Other includes trainee advocates who are unable to lodge claims directly themselves.

The advocate survey participants, comprising both compensation and wellbeing advocates (see Section 6.3.1), estimated how many hours they felt they spent each week providing advocacy services. Of the compensation advocates, 30% spent 10-19 hours per week, 16% spent 20-29 hours and 19% spent over 30 hours per week working as a compensation advocate (Table 18).

<sup>5</sup> The ESO Survey seeking information about the ESO advocate workforce was distributed to all BEST Grant recipients. ESOs were asked to provide estimates of current and projected numbers of advocates associated with their ESO. However, this data was considered unreliable as questions about workforce (both current workforce and projections) were subject to missing data. Further, data provided may have contained errors as many volunteers are associated with more than one ESO leading to a risk of double counting (Interview 22).

Data from the advocate survey showed there was little variation in the hours worked or number of veterans supported when comparing Compensation and Wellbeing advocates (see Table 18, Table 19 below).

**Table 18 Hours worked per week, by advocacy stream**

	% of compensation advocates surveyed	% of wellbeing advocates surveyed
1 hour or less	3.1	4.6
2-3 hours	6.5	11.3
4-6 hours	12.6	10.5
7-9 hours	14.3	16.8
10-19 hours	29.6	20.6
20-29 hours	16.3	15.5
More than 30 hours	18.7	19.3
Not sure	1.7	1.3

Note: Compensation advocates (n=294), Wellbeing advocates (n=238) recognising some are accredited as both compensation and wellbeing advocates.

Using the mid-point, the average hours worked by compensation advocates is estimated at 15.7 hours/week, and wellbeing advocates is 15.0 hours/week (using 30 hours where advocates selected more than 30 hours).

**Table 19 Number of veterans supported, by advocacy stream**

	Average	Median
Compensation Support	16.5	10.0
Wellbeing Support	18.5	11.5

The variation in number of veterans supported by paid and volunteer advocates may vary depending on their FTE, organisation, individual, the form of advocacy, resourcing, and workload. For example, some advocates provided guidance and checks to ensure claims were complete, while others provided a more holistic and person-centred service. This also varied in terms of the complexity of the claim, primary claim or application to the VRB, and the preparedness of the individual veteran collating the necessary evidence.

Table 20 below shows the average hours worked by volunteer and paid advocates, confirming that paid advocates were more likely to work more hours than volunteer advocates, but that still almost 50% of volunteers worked more than 10 hours per week. Again, using the mid-point, paid advocates are estimated to work on average 24.8 hours/week, while volunteers work 12.3 hours per week (using 30 hours where advocates selected more than 30 hours).

**Table 20 Number of hours per week, by form of employment**

	% of volunteer advocates surveyed (not paid)	% of paid advocates surveyed
1 hour or less	6.3	0.0
2-3 hours	11.7	0.0
4-6 hours	16.0	3.3
7-9 hours	16.8	1.6
10-19 hours	25.1	21.3
20-29 hours	14.2	13.1
More than 30 hours	8.3	60.7
Not sure	1.7	0.0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>

Note: Volunteer (n=351), Paid (n=61)

Were the proportion of paid advocates to volunteer advocates to increase, the number of advocates required could decrease assuming they have the same work rates.

However, there were some indications that the workforce was not currently sufficient given the excessive workloads reported by some, the veterans reportedly waiting for support, and the time required to continue to support veterans while claims were being processed by DVA. The current ESO advocacy workforce could be improved to reduce wait times for advocacy support and also meet unmet need. While the proportion of veterans receiving support is high – particularly where needed such as when making an application to the VRB – there are indications that some veterans are waiting to receive support, others may not know that such support exists, and advocates may be overwhelmed by the workload and the process due to unequal distribution of workload (often driven by word of mouth referrals to highly skilled advocates; Interview data). This suggests that the ESO advocacy workforce may be sensitive to further shocks.

Both the need for advocacy services, and the capacity of the ESO advocacy workforce are unlikely to remain constant, and are likely to change over time, affecting the sustainability of the workforce.

## 6.2 Potential changes to the need for advocacy services

Assuming the rate of injuries, and medical and administrative discharges, experienced by members of the ADF remains constant, and no significant changes to the legislation or DVA processes are made, the need for advocacy services is likely to continue.

The most recent DVA statistics also show that there has been a steady increase over the last two years in the need for support from DVA (based on treatment population; Table 21); this suggests that the need for advocates, all else being equal, is also likely to continue and potentially grow.



**Table 21 Veteran ‘treatment population’ change (2018 to 2020)**

Quarter	Total population	Percentage change
Mar-18	191,267	
Jun-18	190,967	-0.2
Sep-18	192,116	0.6
Dec-18	194,187	1.1
Mar-19	199,536	2.8
Jun-19	207,160	3.8
Sep-19	212,412	2.5
Dec-19	230,399	8.5
Mar-20	244,725	6.2

Source: DVA defines the treatment population as veterans and dependents entitled to treatment at departmental expense under VEA, MRCA, SRCA/DRCA. Treatment Population Statistics (March 2020): <https://www.dva.gov.au/about-us/overview/research/statistics-about-veteran-population>

The DVA treatment population statistics show there has been a 23% increase in the number of veterans and their families needing DVA support in just one year (Table 22). Of particular interest is that growth in those under 60 years old, suggesting the veteran population accessing supports is becoming significantly younger (jumping from 30% of the treatment population in 2019 to 42% in 2020; Table 22), while the size of the older cohorts have declined both in number and the proportion of the treatment population.

**Table 22 Veteran ‘treatment population’, change by age (March 2019 to 2020)**

	March 2019	March 2019 (%)	March 2020	March 2020 (%)	Percentage change
<60	59,829	30.0	102,203	41.8	70.8
60–69	29,389	14.7	32,387	13.2	10.2
70–79	45,569	22.8	51,265	20.9	12.5
80–89	27,041	13.6	25,304	10.3	-6.4
90>	37,706	18.9	33,564	13.7	-11.0
<b>Total</b>	<b>199,536</b>	<b>100.0</b>	<b>244,725</b>	<b>100.0</b>	<b>22.7</b>

Source: Treatment Population Statistics (March 2020): <https://www.dva.gov.au/about-us/overview/research/statistics-about-veteran-population>

Many advocates commented on the changes in needs over time – not just in terms of the types of support provided, but also the number and type of veterans seeking assistance. While many of the veteran cohorts were declining (Interview 17), there had been a large increase in requests from younger veterans (matched with an increase in time taken to process claims).

While the ideal may be that veterans ‘don’t need any support to engage with DVA’ (Interview 2), based on the size of the serving and ex-serving ADF population, the nature of a career in the ADF and likelihood of injury, and the complexity of the rehabilitation and compensation legislation, the need for advocates is likely to continue:

It still amazes me that both the government and DVA have set up a compensation scheme so complex that I get paid to help veterans navigate their way through the system to enable them to get the compensation they deserve. Until this system changes, unfortunately advocates will always be required. (Advocate Survey)



You can't really rely on an individual to understand this complex system and it's not fair to employees if you don't provide them with some help to do that. (Interview 22)

In addition to changes to the overall population needing supports, changes to policy, systems and processes may also affect the need for advocacy services. For example, the introduction of MyService may have increased the number of primary claims submitted and may also have increased the number of appeals due to incomplete/incorrect information being provided as part of that process. The introduction of MyService encourages veterans to lodge claims themselves 'without having any knowledge of the legislation' (Interview 14):

Early last year, DVA introduced a system called MyService. .... The idea was MyService would allow veterans to put in their own claims. Now that's fine. And in the first month or so DVA was deluged with about 15,000 claims that they didn't expect. (Interview 3)

Another ESO said:

As late as last month, DVA currently has 17,000 claims that haven't even been... that are more than 12 months old, that haven't been given to a delegate yet. ... that is a bigger wait currently for a claim to be determined than I have ever seen in five and a half years. (Interview 15)

Changes to DVA claims processes may help explain an anticipated 25% increase in applications made to the VRB in 2020/2021 compared to the previous year (correspondence with VRB). This trend may be further explored in the period of data collected.

## 6.3 Potential changes to ESO advocate workforce over time

The ESO advocacy workforce is, like any workforce, expected to fluctuate over time. Some ESOs and advocates are likely to reduce or stop providing advocacy services, while some ESOs are expected to grow and recruit new advocates. Fluctuations may be exacerbated by the characteristics of the current workforce, including age. Over time, the capability of the advocate workforce is likely to change as experienced staff retire and new staff are trained. The way services are provided may also change, particularly given new ways of working developed through the COVID-pandemic.

### 6.3.1 Reductions in the ESO advocate workforce

This study identified a number of ways the ESO advocate workforce was likely to decline over time, including potential reductions to the number of ESOs and advocates continuing to provide services, and potential reductions to the level of service they provide.

#### **Potential changes in ESOs providing advocacy services**

At an organisational level, ESO Survey participants were asked whether or not their ESO plans to continue providing advocacy services. More than half of ESOs who participated in the survey indicated their ESO plans to continue providing advocacy service for more than 5 years, while 16% indicated they were likely to stop providing advocacy services, and 10% were unsure (Table 23).

**Table 23 ESOs intention to continue providing advocacy services**

Length of time – ESOs	% of ESOs surveyed
Yes, for the next 1 to 2 years	7.3
Yes, for the next 2 to 5 years	9.1
Yes, for more than 5 years	56.4
No	16.4
Not sure	10.9
Total	100.0

Of those surveyed ESOs selecting ‘no’, they did not intend to continue providing advocacy services:

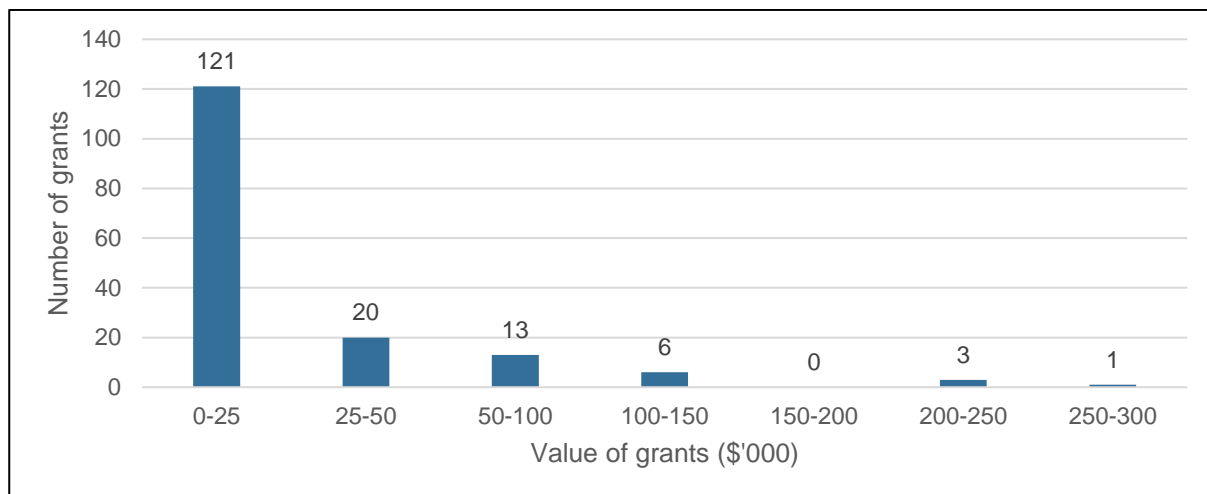
- two were a national organisation
- two were a state branch of a national organisation
- two were from an organisation based only in a single state, and
- three were from a sub-branch of a national organisation.

In terms of annual income, 70% of ESOs who identified they would like to continue providing advocacy services for the next 1-2 years had an annual income of less than \$250,000.

Additional insights about the capacity of the ESO advocate workforce are available from the BEST funding program data which provides funding for advocacy. Assuming BEST grant funding is proportional to advocacy services provided, of the 160 ESOs receiving funding in 2019-2020, grants varied between \$500 up to \$289,717 (mean of \$25,640, median of \$8,675), suggesting a large number of ESOs providing a small amount of advocacy services, while a small number of ESOs provide a larger advocacy service (see Figure 3; data sourced from Media Release BEST Grants).<sup>6</sup> Note that this data does not differentiate between wellbeing and compensation advocacy services, although more detailed data is reported to government as part of the Grants process. The size of an advocacy service may affect its long-term viability in terms of succession planning for advocates, as well as the longevity of advocates given surveyed and interviewed advocates identified isolation and lack of support being a factor of whether they continued in this role. While BEST grant data should be indicative of services provided, it was clear in this study that some ESOs are providing services without BEST grants, while others may be relying on other funds to support volunteers in delivering services.

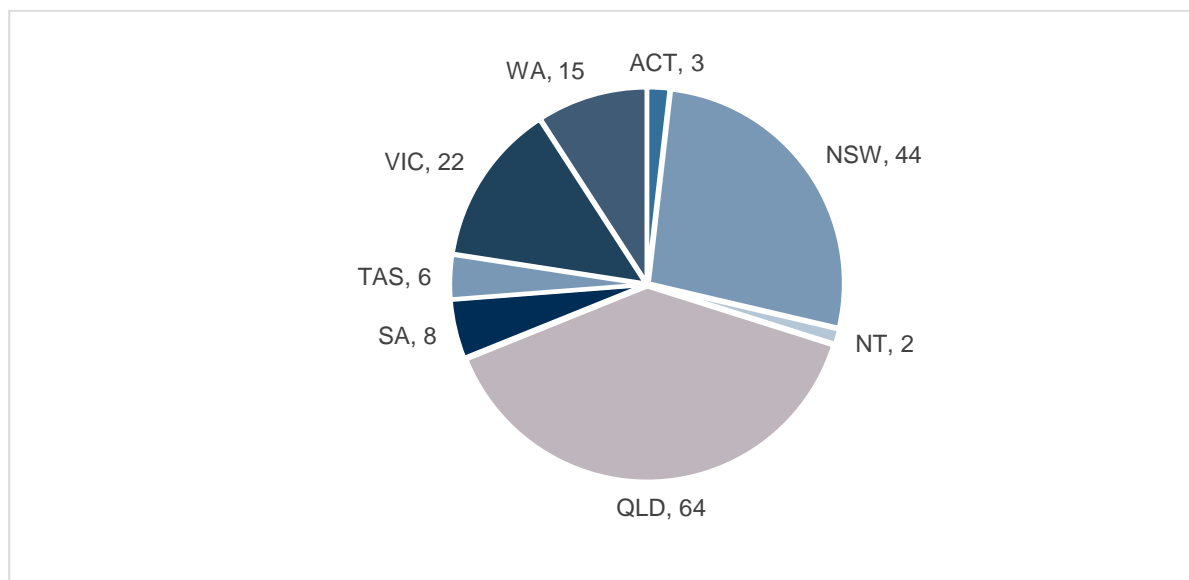
<sup>6</sup> BEST (Building Excellence in Support and Training) funding contributes funding to ESOs to support advocacy and welfare work. In 2020-2021, \$4.2m was provided to 160 ESOs (see [http://minister.dva.gov.au/media\\_releases/2020/jul/va070.htm](http://minister.dva.gov.au/media_releases/2020/jul/va070.htm)). For the financial year 2021-2022, \$4.351m is available under the program (Community Grants Hub). BEST grants are not available to organisations charging for services (Ibid.).

**Figure 3 Distribution of the number of BEST grants, by value (\$'000) 2020–2021**

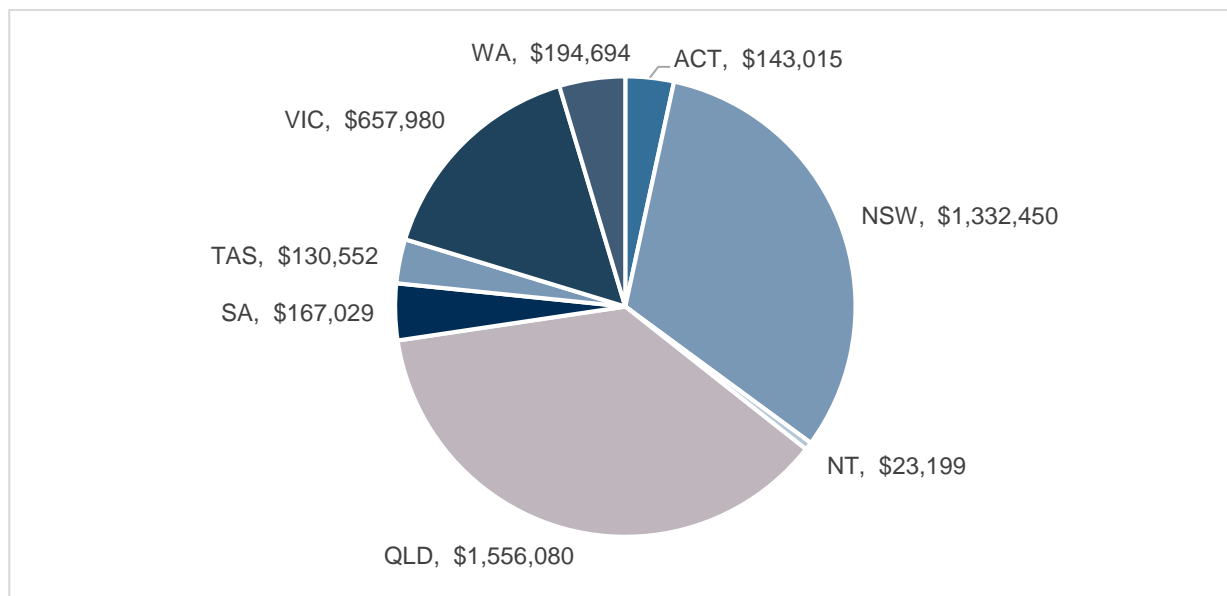


Advocacy services currently available through ESOs across Australia vary. Some study participants reported areas were being underserved, including Tasmania, South Australia, Western Australia and the Northern Territory (Advocate Survey). In one case, state/territory government and an ESO had co-funded a paid advocate position to try and address this gap (ATDP News March 2018). Some states and regions rely on ESOs or advocates from other states and areas for assistance (Interview 11), who may be unaware of local supports particularly for wellbeing. One advocate commented that they were the only advocate for a large area, despite a high veteran cohort in the area and there being three major Defence bases (Interview 8). At a state/territory level, the BEST Grant data supports these insights (see Figure 4 and Figure 5).

**Figure 4 Distribution of BEST grants by state and territory, by number of organisations receiving grants**



**Figure 5 Distribution of BEST grants by state and territory, by value (\$)**



BEST grant application data from the Community Grants Hub (external to DVA) have not included in this study

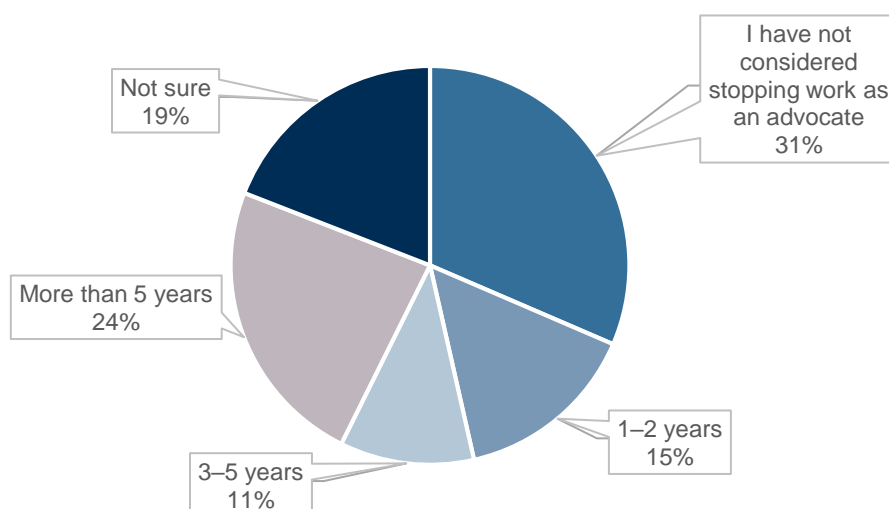
if you add up all those \$10,000, you could fund a decent system. So, that requires the collective will of every member of ESORT to say 'we will forgo the money that you currently give us, so that it is put into a consolidated bucket to do good things with'. (interview 22)

Analysis of detailed BEST Grant data over time may indicate trends in ESOs providing advocacy services. This may provide more insights into changes to and the consolidation of ESOs and ESO advocacy services suggested by interview participants. This data was not available for analysis.

### **Intention to keep working as an advocate**

Advocates surveyed were asked whether they were likely to continue in this role, and if so how long for. Figure 6 below shows that 15% of advocates surveyed are likely to stop practising in the next two years, and a further 11% in 3-5 years – a quarter of the workforce in 5 years. The data also shows that more than half would continue beyond 5 years or had not considered stopping work as an advocate (with one-fifth unsure). There was some variation by gender. Further, those under 60 years of age were slightly more likely to say that they would continue in their role for five or more plus years suggesting age was a consideration in continuing.

**Figure 6 Intention to keep working as an advocate, based on advocates surveyed**



Notes: N=441. This figure is for all advocates given many provide both compensation and wellbeing advocacy services.

There was little variation between compensation and wellbeing advocates in their intention to continue in the role; nearly one-third of both groups had not considered stopping, although a slightly higher percentage of compensation advocates indicated they may stop in 1-2 years (19% compared to 15%; Table 24).

**Table 24 Comparison between advocate type and continuing to practice in the future**

How long do you intend to keep working as an advocate?	% of compensation advocates surveyed	% of wellbeing advocates surveyed
1-2 years	18.8	14.8
3-5 years	11.3	12.2
More than 5 years	23.2	23.2
I have not considered stopping	30.7	32.1
Not sure	16.0	17.7
Total	100.0	100.0

Notes: Compensation advocates (n=293), Wellbeing advocates (n=237) recognising some are accredited as both compensation and wellbeing advocates.

As expected, there was some fluctuation across levels (Table 25, Table 26 respectively). This potential loss of advocates in the future may also result in a loss of skills and experience to the overall workforce. Of the surveyed advocates indicating they are likely to stop providing advocacy services, 47.9% of compensation advocates (31% Level 1,2; 17% Level 3,4) had considered stopping providing advocacy services while 50% of wellbeing advocates had considered stopping providing advocacy services (13.5% Level 1, 36.6% Level 2). However, as reported in Section 6.3.2, the skills and experience available to the workforce is likely to recover as more recruits are trained.

**Table 25 Percentage of compensation advocates surveyed likely to practice in the future**

How long do you intend to keep working as an advocate?	Level 1	Level 2	Level 3	Level 4	Total
I have not considered stopping	9.2	11.6	5.5	4.4	30.7
1-2 years	2.7	6.8	6.1	3.1	18.8
3-5 years	0.3	6.8	2.7	1.4	11.3
More than 5 years	6.8	7.8	1.4	2.0	23.2
Not sure	5.8	6.8	1.4	2.0	16.0
<b>Total</b>	<b>24.9</b>	<b>39.9</b>	<b>21.2</b>	<b>14.0</b>	<b>100.0</b>

Notes: N=293, with 73 Level 1, 117 Level 2, 62 Level 3 and 41 Level 4 advocates.

**Table 26 Percentage of wellbeing advocates surveyed likely to practice in the future**

How long do you intend to keep working as an advocate?	Level 1	Level 2	Total
I have not considered stopping	11.8	20.3	32.1
1-2 years	2.5	12.2	14.8
3-5 years	2.1	10.1	12.2
More than 5 years	8.9	14.3	23.2
Not sure	8.0	9.7	17.7
<b>Total</b>	<b>33.3</b>	<b>66.6</b>	<b>100.0</b>

Notes: N=237, with 79 Level 1 and 158 Level 2 advocates.

Some advocates planned to stop practising as they were not prepared to transition to ATDP training and reported others doing similar (Advocate Survey). Of the advocates surveyed, just under 10% were TIP-trained and had not gained a qualification through ATDP. Of the 10% that were TIP trained only, 23.7% had not considered stopping their advocate role; however, one-third of TIP trained only advocates said they only intended to keep working as an advocate for the next 1-2 years. This supports anecdotal evidence that the advocate workforce is likely to decline from December 2021 due to TIP-trained advocates not wishing to gain a qualification through ATDP.

While many advocates sought to continue to provide advocacy services while in good health, study participants identified a number of reasons for potentially leaving the role in the future, including:

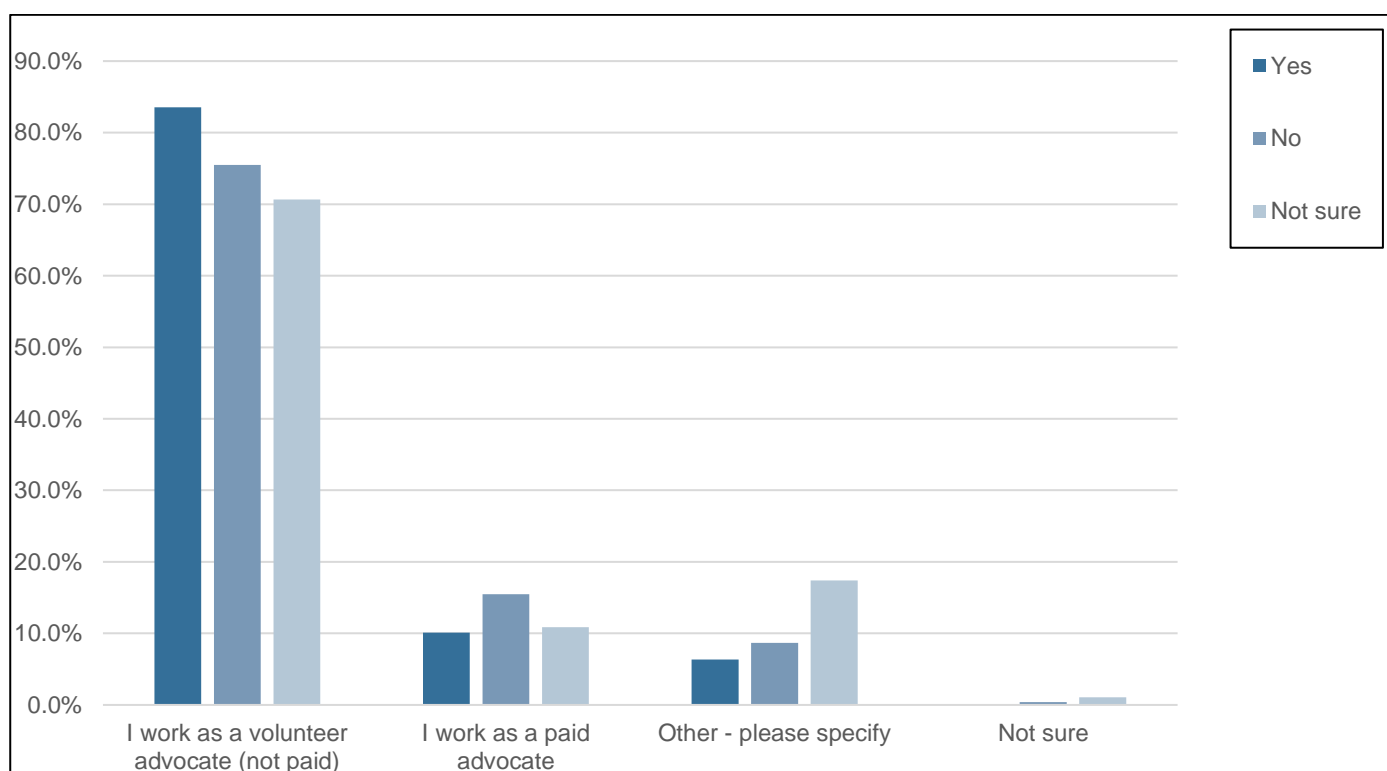
- The impact on their own wellbeing (mental health and vicarious trauma, dealing with difficult behaviours, high workload, frustration with process)<sup>7</sup>
- Age and health, and family reasons
- The level of responsibility
- Inadequate funding to support volunteers, remuneration for paid positions too low
- Insufficient support from ESO, including lack of support for the advocacy function (support, professional supervision, workload management) and unsuitable work environment
- Process of preparing claims had become harder, not easier

<sup>7</sup> While some advocates had access to professional supervision (Advocate Survey), many relied on accessing counselling either through their own care arrangements or at their own cost (Interview 14).

- The time it takes to complete training and CPD requirements, delays in ATDP assessments, lack of access to mentors
- The lack of respect and appreciation from DVA, the ESO or the veteran community
- The 'misinformation' in the veteran community about entitlements
- Due to lack of advocates, in full time rather than part time voluntary role
- Increase in time taken for DVA to assess claims and lack of communication from DVA.

Some advocates indicated they would like to reduce their hours (Figure 7). Of the 66 advocates who said that they would reduce their hours, 85.3% were volunteer advocates. Some spoke of reducing their workload, not taking on new clients, or focusing on the mentoring part of the role (Advocate Survey, Interview 19).

**Figure 7 Intention to reduce hours worked, by advocate type**



**Overall, there are strong indicators that the current workforce will start to leave or retire, 19% in the next 1–2 years, and a further 11% in 3–5 years, or 30% over the next 5 years.** Other advocates have signalled an intention to reduce their hours. To understand the impact on the overall workforce, consideration also needs to be given to how the ESO advocate workforce is increasing.

### 6.3.2 Increases to the ESO advocate workforce

As noted above, workforces do not remain constant – there is likely to be a continual change to the workforce over time. This study identified changes to some ESOs which may increase the ESO advocate workforce, as well as new recruits.

#### Changes to ESOs

While some ESOs are closing or consolidating, others are emerging or growing. ESOs are forming more veteran centres which are more inclusive of all veterans and provide more holistic services and sometimes outreach services. More traditional ESOs are also consolidating and expanding their compensation advocacy services, through a combination of paid and volunteer positions. Another ESO has emerged that has consolidated a number of previously isolated advocates (working alone for one or more ESO) under the umbrella of a community of practice, and is expanding services across the country. This suggests ESOs have recognised the need to change and have adapted services to become more sustainable. Further insights of these changes may be investigated by examining trends in more detailed BEST Grant data over time.

As one interview participant said:

I think there is an opportunity for advocates to reinvent themselves, to provide that bespoke support to those vulnerable veterans that require additional support with their DVA business. (Interview 6)

#### New recruits

Detailed data of both new recruits and those seeking to increase their level of competency over time were not available for analysis. However, summary data shows that the cohort of advocates in training (both new and those seeking to increase their competency level) is younger than those accredited (average age being 58 compared to 65 years old), with a higher proportion of females in training to those accredited (38% compared to 27%; Table 27). While there are more younger trainees, there are still many trainees over 60. This is likely to reflect the largely volunteer workforce and the time and financial stability of those volunteers.

**Table 27 Age comparison of advocates in training and advocates accredited**

Age bracket	Advocates in training (%) <sup>*</sup>	Advocates accredited (%) <sup>*</sup>
Under 40 years	11.7	5.5
41-50 years	17.7	9.0
51-60 years	23.5	13.9
61-70 years	28.3	28.2
70 years and older	18.8	43.4
I prefer not to say	-	-
Total	100.0	100.0

Note: <sup>\*</sup> Data sources 1-3 in Section 2.4.



The experience of recruiting trainees has been mixed. Some ESOs had actively tried and failed to recruit new advocates. Given the perceived need to recruit younger advocates, many advocates suggested identifying potential recruits at transition seminars, within reservist cohorts, or family members, given the importance for many veterans to talk to someone with service experience or an understanding of service. Many were recruiting through existing networks, or word of mouth, recognising that ‘happy clients not only recommend the ESO and its advocates to other veterans but encourage others to become advocates’ (Advocate Survey). Other ESOs were turning volunteers away as they were unable to support them through the training (Advocate Survey).

I’ve had to knock two people back this year because they came up and approached us, and I’ve had to send them to other ESOs. ...I cannot possibly take on another person to mentor when I can’t mentor the four I’ve got properly, I don’t have the time. (Interview 11)

Some participants also spoke of gradually exposing people to the role before enrolling in ATDP so as not to ‘scare them off’ (Interview 14, Interview 20)

Now we’re bringing in our own wellbeing program as well so we’re starting to get a bit of traction on that. That’s basically bringing volunteers and recruiting volunteers into the wellbeing space hoping then to recruit and introduce into the DVA system and DVA compensation and advocacy support that way. (Interview 20)

One advocate suggested there were two barriers to recruiting new advocates: (1) finding the appropriate willing candidate, (2) finding a mentor to help with the training (Interview 3). In addition to the finding a mentor, the time taken to complete the training – due to the availability of cases, courses and assessment – was prohibitive. Organisations were losing volunteers due to initial and ongoing ATDP requirements.

It is not easy work, and a lot of people are put off by what appears to be a very complicated procedure when dealing with DVA (Advocate Survey)

While there were new recruits, many raised concerns that they would not complete the training quickly enough to replace outgoing advocates. No data were available to the evaluation support or reject these concerns.

## 6.4 Sustainability of the ESO advocacy workforce

As noted above, workforces naturally fluctuate. The sustainability of any workforce is contingent on there being a balance between the need for a workforce and changes to that workforce (number and skills).

**Due to the data available, estimates of the sustainability of the ESO advocacy workforce is based on the compensation advocacy role.** Issues of sustainability are also likely to affect wellbeing advocates as noted above. The following table provides a summary of the figures in this chapter indicating the sustainability of the ESO compensation advocate data.

**Table 28 Sustainability of the ESO advocacy workforce**

Workforce considerations	Estimate	Source	Notes and caveats
ATDP accredited compensation advocates	448 compensation advocates	ATDP/DVA data	This data is for accredited compensation advocates. While the data source is reliable, it is unclear how many advocates are still practicing (over time, CPD data may provide greater insights) and to what extent they are practicing (full time, part time, paid or volunteer – all of which affects the number of veterans supported).
Caseload (number of primary claims and applications to VRB recorded as supported by advocates)	20,000 primary claims (20% primary claims) 3,500 VRB Less than 100 VRB decisions go to AAT; but it is not known how many are supported by advocates.	DVA VRB	Current workforce appears to be skilled to meet the different demands of primary claims and VRB applications (ref Table 15)  Data shows there has been a 27% increase in veterans requiring support over last 12 months. VRB Annual Report (2019-2020) states 97 (2.8% VRB decisions) go to AAT. However, it is unclear how many AAT appeals are supported by advocates (veterans make also seek legal representation). Further, appeals of decisions in relation to DRCA claims do not go to VRB and go directly to AAT.
Average number of claims submitted by an advocate each year	Approximately 50 claims per year	Survey data	Calculated by dividing number of claims supported by number of trained compensation advocates (includes Level 1 who are able to prepare claims under the supervision of advocates Level 2 and above).  This figure does not account for the varying complexity of claims, different types of support (primary claim, VRB), or the different models of service across paid and volunteer workforces, or the hours worked.
<b>Sustainability of current workforce</b>			Looking at the data available, the level of skills and relatively low wait times suggests the current workforce is meeting demand
Expected decline in advocates	19% over 1-2 years or 85 advocates 11% over 3-5 years or 49 advocates Total loss over 5 years is 30% of workforce or 134 advocates	Survey data	Survey data identified 19% advocates who responded intended to keep practicing for next 1-2 years. One-third of which were TIP-trained and had not undertaken ATDP accreditation.  Note this is not a direct relation to capacity. For example, the loss of 134 part time advocates will have a smaller impact than the loss of 134 full time advocates.
Expected increase in advocates (number of new advocates trained per year)	<i>Unknown</i>		While data provided showed the age of trainees, and that they are younger – leading to potential to increase in sustainability – the rate at which trainees are qualifying and progressing through different levels of competency was unknown. Interview and survey data suggested this was not as quick as anticipated.  <b>Data suggests 27 new advocates need to qualify per year over next 5 years assuming demand remains constant; in addition, the competency of existing advocates needs to increase to compensate for the likely decline in overall skills by those leaving.</b>

Workforce considerations	Estimate	Source	Notes and caveats
Expected change in demand	<i>Unknown</i>		Younger veterans are likely to be more able to submit claims online, but claims are also likely to be more complex. There is a current backlog of claims, but it is not known the extent to this backlog (only anecdotal information is available), whether this is temporary, or whether part of a longer trend. If the latter, then more advocates will be required.
<b>Sustainability of workforce in the future</b>			
1-2 years	<b>A higher number of advocates are likely to leave in the short-term, and therefore may leave a gap in service.</b>		
3-5 years	Over the medium term, the model appears sustainable as long as recruitment and training are sustained.		Numbers of new advocates appear to be achievable, but their skills, location and matching with claimants will need to be appropriate.

As noted in Section 6.1, it would appear that **the current ESO advocacy workforce is meeting the needs of most veterans** who ask for advocacy support, noting that some veterans are having to wait for support and veterans may not know this support exists. However, **the ESO advocacy workforce is at risk of becoming unsustainable** if the need for services continues to rise, and the retiring workforce is not being replaced quickly enough with the equivalent level of skills. Overall, ‘there seems to be a natural progression of ESOs starting to work together’ (Interview 14), an increase in younger advocates (ATDP data), and that ESOs had a ‘proven history’ and were likely to adapt to continue to support veterans (Advocate Survey).

Policy makers (Defence, DVA and ESOs) need to be aware of the need to **maintain the balance** between need and staffing to ensure the workforce remains sustainable. Key factors likely to affect the sustainability of the ESO advocacy workforce are:

- Significant changes to the number of veterans requiring supports
- Significant changes to the determination of claims
- Attracting new advocates (paid or volunteer)
- The time taken to train new advocates to the level of competency required (for the trainee and also the mentor and ESO)
- Resources available to provide advocacy services.

The current model relies heavily on volunteers who tend to have financial independence, whether through veteran compensation or having reached retirement age – therefore, without more paid

positions, the cohort of advocates was likely to remain older (Interview 22). Many participants highlighted that ‘advocates make DVA’s job easier, so therefore they should be remunerated by DVA accordingly’ (Advocate Survey). This is acknowledged to an extent by DVA given BEST funding aims to help ESOs:

- ‘improve the quality of claims received by the Department of Veterans’ Affairs (DVA) at the primary determining level’ – thereby potentially saving staff time in assessing and following up incomplete claims
- ‘reduce the rate of appeals to the Veterans’ Review Board (VRB) and the Administrative Appeals Tribunal (AAT)’ – thereby reducing costs of operating the VRB
- ‘promote the provision of welfare services to the veteran and defence community’ (Community Grants Hub) – thereby potentially improving wellbeing as well as economic and social participation.

Note that the intended outcomes of the BEST program, identified in program documents, are to ensure:

- ‘the veteran and defence communities are able to benefit from having better informed ESO practitioners who can ensure claims lodged with DVA are of a high standard and contain all required information to enable timely and quality decisions
- ESO practitioners will assist in improving claims assessment efficiency
- the veteran and defence communities will have access to appropriate compensation and wellbeing advocacy services’.<sup>8</sup>

With greater access to training and assessment, as well as other improvements, the ESO advocacy workforce could be more sustainable (discussed in Section 7 below).

## 6.5 Summary

While the current advocacy workforce appears to be meeting the needs of most veterans who approach them for support, there are inherent risks to the sustainability of the ESO advocacy workforce – particularly over the medium term, and further over the longer term if the workforce is not replaced. This is a factor of both the change in veteran needs as well as the change to the number and competency level of staff.

In terms of sustainability of the workforce, the indications are that many surveyed will keep going, others are frustrated and will either cut back or retire, and others have definite plans to stop providing services due to ATDP requirements. Some ESOs have problems recruiting new advocates, others are turning volunteers away as they are unable to support them in the training process. These insights may reflect the sustainability of individual organisations themselves rather than the advocacy service which for many is a small part of their operations.

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<sup>8</sup> See page 6 of the BEST Grant Opportunities Guidelines, available at <https://www.communitygrants.gov.au/grants/building-excellence-support-and-training-best> (accessed 15 June 2021).

Many acknowledged there will need to be more paid advocates but were unclear where the resources might come from. There is also risk to the sustainability of the model if there is not long-term secure funding to support a paid advocacy service. Most highlighted the importance of the ongoing role of volunteers in this model. Whether someone was remunerated (or not) did not make someone a better advocate.

The findings suggest that there is a clear and ongoing need for an independent service of this kind to support veterans given the injuries and illness resulting from service, and given the complexities of the legislation and the claims process. Many veterans may be vulnerable and need support; advocacy services benefit both veterans and DVA where more complete claims are submitted and processed quicker. The ESO Advocacy workforce needs to be replenished – particularly in the next 1–2 years where reductions are likely to be higher – to ensure it is sustainable. The next section identifies a number of considerations that could make the model more sustainable.

## 7 What is required to support advocates now and in the future?

Drawing on the data from both surveys and interviews, and analysis from previous sections, this chapter identifies what is required to support advocates now and in the future. When considering what is required to support advocates now and in the future it is important to recognise:

- the diversity of veterans and their needs
- the diversity of experiences veterans have and have had with DVA over time
- the diversity in how veterans access help
- the diversity of advocates and advocacy roles
- the diversity in ESOs, the services they provide and the support provided by ESOs to advocates
- the location of veterans and advocates
- the resources and longevity of funding available to organisations to increase the number of paid advocates.

In addition to these points above, the advocacy model is currently contingent on ESOs being sustainable organisations (financially and staffing), accessible to veterans and their families, knowledgeable of the advocacy model, and supportive of current advocates including mentoring trainees and looking after advocate wellbeing. The advocacy role relies on training and accreditation by ATDP as well as ongoing formal and informal support from DVA.

This section draws out the broader considerations to improve the sustainability of the current ESO advocacy workforce, as identified by the study participants, relating to need for services and providing enough advocates with the necessary skills and training to meet that need.

### 7.1 Making advocacy services more accessible

The primary goal of the advocacy service is to support veterans. One advocate summarises this by saying:

Any and all who have served in the Australian military are entitled to (and should be provided with) the most professional and competent assistance available in their quest for fair and just compensation for illness and injury. (Advocate Survey)

Given this, the provision of services (across the multiple providers) therefore needs to be accessible to all veterans as well as meet their needs by:

- Clearly identifying what veterans need

- Ensuring that services are accessible to and inclusive of all veterans, irrespective of age, gender, currency and type of service, and location
- Providing a mix of face-to-face and remote (phone/online) services, recognising veterans move around (particularly in service and during transition)
- Providing holistic, ongoing wellbeing services and access to rehabilitation, as well as episodic compensation services
- Empowering veterans to manage their own claims where possible – recognise the variation in support required and that some veterans may need guidance while others may need claims to be completed on their behalf
- Addressing misinformation in the veteran community on entitlements, and the ‘dash for cash’
- Recognising support is broader than DVA – includes Centrelink, health and other services, and
- Recognising the role of family in recovery and support, and the impact of service on family members.

Some participants suggested veteran support also needed to be more proactive – particularly when transitioning from the ADF – to make it easier for people to access services for veterans. Some participants went further and said:

All ex-service members should receive initial, and periodic assessment in on ALL entitlements and services. Should not find out about entitlements/services through mates and word of mouth. (Advocate Survey)

Well you know from my point of view, all people who served, it doesn't matter where they served, when they retire give them a gold card and forget about the pensions and payouts and all that sort of thing. Just give them a gold card because basically that's all people want and need is sort of the healthcare cover. (Interview 21)

Veterans should receive what they are entitled to and nothing more. It seems to me that a persons ADF record should go a good way to providing a starting point in the claims process, followed by a Doctors report, which should be sufficient to determine the outcome of a claim. Claiming should not be so difficult as it is today. There should not be a need for Advocates. (ESO Survey)

Others highlighted the need to improve the quality of service.

The service is free, professional and independent. Unfortunately, the ESO space is filled with varying level of experience and quality of service. It is important for us to work with DVA to assist the veteran receive their entitlements rather than work against. (Advocate Survey)



## 7.2 Increasing the breadth and quality of the advocacy workforce

Consideration should also be given to increasing the breadth and quality of the advocacy workforce, given many current advocates plan to retire. Considerations to make the advocacy workforce more sustainable include:

- Supporting a mix of volunteers and paid staff (acknowledging many advocates are not financially independent), provide them with equal opportunities for training and supervision in ESOs
- Creating a repository of knowledge as experienced advocates retire
- Providing a professional organisation to bring together disparate groups
- Recruiting advocates based on skillset required and screen advocates (wellbeing) to ensure that they are suited to the role before training
- Potentially recruiting and training advocates and then matching them to ESOs
- Recruiting a range of advocates (demographics and location), recognising the importance of service experience and recent service experience given that some veterans 'don't trust anybody that's not a veteran', and
- Supporting a mix of organisations to provide advocacy services. Many advocates highlighted the benefits of not attaching services to specific ESOs as this deterred some veterans from approaching an ESO, while others thought ESOs should be the organisations providing advocacy services.

ESOs commented on the impact COVID had had on how services were provided and how this may change the advocacy model in the future (Interview 18, Interview 20).

One advocate suggested an alternative model where volunteers with a more basic level of training provide 'face-to-face contact', while a central team supported the claims process:

From a welfare perspective, again, some of it can be quite traumatic bringing up some of these experiences. We may not pick up on the signs and symptoms over the phone, or if we do see something and it's going not too well, we don't know what other things are in place around them. So if there's someone with them, at least from a safety perspective, we know they can be there, to provide that immediate care and compassion and link them in with other providers as required... (Interview 18)

The needs of veterans are likely to be supported within service and at transition (through a combination of Defence, DVA, and ESOs/Advocates), and over the veteran's life after they have left service by DVA and ESO Advocates. Given the complexities of service, services and legislation, veterans are likely to continue to require supports – both wellbeing and compensation – and it is important for all parties to work together to ensure that all veterans are able to access supports.

### 7.3 Supporting advocates in a workplace

Recognising the complexity of the work and the impact on advocates' wellbeing, it is important to consider providing additional support to advocates (not necessarily by individual ESOs) to ensure safety of advocates and veterans. Considerations to support advocates in the work place contribute to the sustainability of the model include:

- Monitoring and where necessary reducing the workload of existing advocates (through increasing the number of advocates and mentors)
- Encouraging advocates to work as part of a team – either physically or virtually
- Recognising veterans (and advocates) require ongoing support with wellbeing
- Considering clinical (type) supervision for advocates – while not providing counselling services, advocates are exposed to situations and information that may cause distress
- Ensuring organisations 'understand[s] what advocacy work is and what is required' and provide a safe and supportive work environment for advocates, including resources, systems and processes to protect both the veteran (wellbeing and privacy) and the advocate 'in line with current workplace legislation and expectations' – irrespective of whether the advocate is paid
- Providing additional support for mentors; for example, a telephone helpline for claims support
- Establishing more communities of practice – consider a SharePoint page for advocates to share knowledge and practice, particularly those not working closely with a team of advocates
- Considering a 'dedicated centre which incorporates a collation of experienced and available advocates of all ages to assist our current veterans'
- Recognising the differences in managing volunteers compared to paid staff
- Considering working together rather, than competing for resources, and consolidating the advocacy workforce, and
- Creating a succession plan for ESOs, Advocates, ATDP trainers and veterans.

In addition to wellbeing concerns, advocates working alone also felt isolated, 'intellectually lonely' without someone locally 'to discuss claims strategies' with (Advocate Survey). As well as identifying issues of concern, participants in the study offered potential solutions such as 'some sort of debriefing process', 'a hot line that we can call into and have a specialised debrief', 'clinical supervision type support', 'regular coaching', 'regular counselling, to ensure 'these stories and experiences don't stick' (Advocate Survey, Interview 5). One ESO suggested providing access to DVA support systems (ESO Survey). Where advocates were located in teams, informal communities of practice provided support within teams as well as opportunities to improve practice.

One ESO was taking a proactive role in protecting the wellbeing of their volunteer advocates, screening volunteers (Interview 4, Interview 19), providing advocates with a separate phone, computer and email address to ensure they could switch off when not working (and providing privacy), ensuring advocates were not assisting people they knew, monitoring hours worked, managing workloads, monitoring for burn out and enforcing time off, and being in regular contact – staff looking out for each other (Interview 19). Advocates working as part of a team or network benefited from regular contact with each other, with many interviewed acknowledging they ‘look out for each other’ (Interview 20). Other ESOs recognised psychological support was lacking and were looking at options to engage outside parties to provide support (Interview 4).

Generally, participants were concerned about the continuity of services once Vietnam veterans retired, with one advocate suggesting a ‘veterans advisory service umbrella organisation’ that would include but ‘not be owned by the larger ESOs such as RSL or Legacy’.

## 7.4 Improving ATDP

The data from this study suggests there is a risk ATDP, as it currently stands, will not produce (train and accredit) enough advocates. There are also concerns that variations in the quality of advocacy remain and will continue. Several suggestions were made to improve the content of training contributing to the sustainability of the model. They include:

- Asking advocates what content was needed to support veterans in both wellbeing and compensation advocacy
- Reviewing existing content to remove errors
- Providing training that also meets younger advocates’ needs and younger veterans’ needs, including mental health, substance abuse and wellbeing
- Simplifying the training course, removing duplication in training and assessment across levels, and making the transition between steps and levels quicker – possibly introducing ‘smaller steps to qualify’
- Providing cross training with DVA Delegates to understand ‘what the Delegates need to make decisions correctly the first time’
- Including the online submission processes used by DVA either to support veterans making their own claims, or by submitting claims on their behalf through the ESO portal
- Providing more up to date and relevant training, including how benefits differ under the different Acts (multi-Act claims), law and supporting case law, providing content relevant to veterans transitioning out of the ADF, and ensuring training and assessment requirements are consistent with current practice (including accepting online rather than just paper submissions of claims), and
- Provision of additional optional modules to supplement information provided by mentors and cases available through the ESO. For example, some advocates do not have access to claims under all Acts, or may need reminding if they have more claims under one Act than another.

Accessing training and assessment was also an issue for many participants in the study, leading to recommendations about how training is provided and who provides the training. These include:

- Considering providing options for different forms of training and assessment (face to face or virtual) to ensure ATDP is accessible to advocates all over Australia in a timely way (acknowledging there are differences in internet services in rural areas)
- Providing opportunities to complete courses and assessments. This will also help meet the training needs for those who may be volunteering while also in other forms of employment or have other responsibilities, or for those who are unable to travel (logistics, cost or impairment)
- If the model relies on face-to-face delivery, making funds available to cover travel costs to enable participants to attend
- Ensuring trainers and assessors are 'credible' and 'consistent' and represent different cohorts of veteran advocates
- Ensuring trainers and assessors are up to date with current DVA systems and processes, including online systems
- Investing in full time professional trainers able to meet the different training needs of advocates providing services
- Ensuring the needs of both volunteers and paid advocates are met, and
- Considering broadening the scope of recognised prior learning to recognise other professional and academic qualifications, particularly but not exclusively in terms of wellbeing advocacy.

As reported in Section 4.4.3, many suggestions were made in relation to the mentoring component of the ATDP model. This included:

- Facilitating access to mentors
- Providing feedback to mentors during the training period
- Providing feedback to individuals on training progress, and
- Reducing reliance on mentors, as 'most organisations do not have the time or resources to spend mentoring new recruits and provide a service at the same time'.

More broadly, participants also sought better support from and improvements across ATDP to increase 'confidence in the ATDP' which underpins the advocacy model. This included:

- Providing clearer guidance for younger veterans transitioning from service about becoming an advocate, what is required and expected, and the time it is likely to take – including how to find a mentor

- Providing more updates on legislation and policy, DVA processes (especially changes to transition arrangements), and on entitlements and services available to veterans and their families
- Improving the ATDP website and online interaction, and the sequencing of courses
- Improving support when problems are encountered with ATDP, for example a help desk, and
- Providing an independent review of the effectiveness of ATDP.

While in principle many participants thought the ATDP is a 'great system of training' needed because there needs to be 'a professional way of doing things', as it stands, the training 'does not meet' the needs of ESOs and advocates, particularly getting 'new staff trained quickly and effectively as soon as possible after they are recruited'. This is likely to be an increasing issue if there is a greater shift towards paid advocates. Additional considerations to improve the sustainability of ATDP and therefore the advocacy model include:

- Providing support/incentives to mentors and trainees given the level of training required
- Establish equity in training requirements – including requiring DVA delegates to train across all three Acts, and
- Improving the level of training commensurate with a 'paid career path in veterans' advocacy', such as a Diploma – something that may also be transferable.

One DVA representative summarised this by saying: 'To me, [the advocacy service] has to be a professionalised organisation that understands DVA business, understands the legislation, and has access into the DVA system' (Interview 6).

## 7.5 Considerations for DVA

The relationship between advocates and DVA is critical to the success of supporting veterans and their families. The sustainability of the advocacy model could also be supported by DVA in:

- Improving 'the clunky systems [for lodging claims] the volunteers have to navigate through in order to do what they actually value, which is helping people' (Interview 1)
- Streamlining DVA processes and speeding up the time it takes to process a basic claim; the high number of current clients awaiting outcomes of claims adds to advocates workloads and stress for veterans
- Considering the role of the advocate when making veteran centric reforms given some veterans require assistance; provide advocates with access to MyService to assist with claims or lodge claims on behalf of veterans
- Providing a single DVA case manager per claimant regardless of what act applies
- Valuing the contributions of advocates

- Improving access to DVA for advocates, including day to day contact – consider a dedicated phonenumber for advocates to contact DVA
- Consulting advocates on changes to wellbeing supports and compensation systems and processes, and notify advocates of changes
- Making DVA more accessible to veterans in their local community and promoting services available – including ‘Open Arms’
- Making online supports more accessible and meaningful to veterans across the cohorts
- Improving the training of DVA staff. While there are some ‘very helpful and experienced people in DVA who do help when you know who to contact... there are far too many inadequately trained and experienced people’
- Further developing the connections between Defence and DVA for those discharged, and
- Providing longer-term financial support to the model – given it is potentially reducing the workload for DVA.

One advocate added:

If the Department (DVA) continue to encourage more online claims and maintain Delegates not conversing with Advocates, the system cannot be anything more than adversarial to the veterans detriment. (Advocate Survey)

## 7.6 Systems changes

The need for advocates was driven by injuries incurred while in the ADF and the complex legislation that provides rehabilitation and compensation. Therefore, while not in DVA’s purview and potentially aspirational, there are also some broader considerations for government that would reduce the need for the advocacy model. These include:

- Simplifying the legislation to reduce the complexity in receiving supports, and
- Ensuring no one who has served falls through the gaps in the legislation, including equal liability (not just for mental health but also for cancers and TB) for those who had served between 1947 and 1972.

Finally, veterans access a broader health and social service system. The advocacy model can also be supported by promotion of veterans’ services in other systems and services. For example,

- Encouraging health services to identify whether a person is a veteran and making link to veterans services and supports.

## 7.7 Summary

This research was an in-depth study of advocacy services, drawing on data from surveys and interviews, and other supplementary data. The breadth of data demonstrates the difficulty in being

able to predict whether the ESO advocacy model is sustainable (as reported in Section 7). Sustainability is dependent on both the need for advocacy and the supply of advocacy services. With regard to need, this will depend on a range of factors including the number of serving personnel who transition to civilian life, the number and complexity of claims, the claims process itself and the time it takes to process claims. The supply of advocates will depend on the ability to recruit new volunteers and the willingness of current advocates to continue in the job. Recruitment and retention in turn depend on engagement with new and younger cohorts, the training provided, the availability of mentors and support for the ongoing wellbeing of advocates.

In brief, the findings from this research indicate that the need for advocates is likely to increase, at least in the short term. The current system is working but is under considerable pressure and it will require some significant changes to remain sustainable over the medium (1–2 years) and longer term (3+ years).

This section identifies thematically what is required to support services, considering the accessibility of services to veterans, the breadth and quality of advocacy services, how advocates can be better supported, how training and professional development can be improved, and also what DVA might be able to do, as well as other systems changes, to make the model more sustainable. The priorities given to each would depend on those responsible and the resources available.

Given the findings throughout this report, it is clear that while the model is sustainable at a macro level (services are required, advocates can access training, veterans are accessing support), it may not be sustainable at a micro level; that is, some advocacy services are likely to discontinue. It was clear from interviews with a range of ESOs that some ESOs were more sustainable than others; some were struggling to find volunteers across their organisation and others were closing, while other ESOs were growing and providing supports to both veterans and to advocates. There are some models of advocacy that have evolved from the grassroots that may address concerns of sustainability in the model; some provide only claims advocacy services, while others provide more holistic supports and outreach programs. Concerns about the sustainability of the model may appear in some places to have been addressed as organisations respond to change in need and workforce.

There are clear benefits to veterans and their families, to the ADF and DVA, and to the broader community to support advocacy services. Given the model is likely to be more reliant on a larger proportion of paid advocates in the future, the model should be resourced appropriately.

## 8 References

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[www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Foreign\\_Affairs\\_Defence\\_and\\_Trade/VeteranSuicide/Report](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Foreign_Affairs_Defence_and_Trade/VeteranSuicide/Report)
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- Veterans Advocacy and Support Services Scoping Study Report (VASSSS, also known as the Cornall Report) (2019)  
<https://www.dva.gov.au/sites/default/files/files/consultation%20and%20grants/atdp/veterans-advocacy-support-services-scoping-study-report.pdf> and <https://www.dva.gov.au/veterans-advocacy-and-support-services-scoping-study>
- The Collie Report on Mental Health Impacts of Compensation Claim Assessment Processes (2019) <https://www.dva.gov.au/file/5233/download?token=GSPGkvHI>

### Other sources of information

- DVA Advocacy Training Program – see <https://www.dva.gov.au/about-us/overview/consultations-and-grants/grants-and-bursaries/advocacy-training-and-development> and <https://web.atdp.org.au/>
- Accredited Advocate Register <https://www.advocateregister.org.au/national.php>
- ATDP Newsletters <https://web.atdp.org.au/index.php>



# Appendix A: Advocate Survey

Q1 If you work for more than one ex-service organisation please only answer these questions in relation to your main role. In which states and/or territories does your ex-service organisation provide advocacy services? (select ALL that apply)

- ☐ New South Wales
- ☐ Queensland
- ☐ Victoria
- ☐ South Australia
- ☐ Western Australia
- ☐ Tasmania
- ☐ Northern Territory
- ☐ Australia Capital Territory
- ☐ Not sure

Q2 How would you describe the areas that are covered by your ex-service organisation? (select All that apply)

- ☐ State capital
- ☐ Regional centre (for example, Newcastle, Wollongong, Ballarat, Townsville)
- ☐ Other (all other regional rural and remote areas)
- ☐ Not sure

Q3 What veteran population does your ex-service organisation support? (select ALL that apply)

- ☐ Second World War
- ☐ Korean War
- ☐ Vietnam War
- ☐ Cambodia, Gulf War, Namibia, Somalia, Yugoslavia, Rwanda and Bougainville
- ☐ Post-1999 conflicts
- ☐ Peacetime Defence Force
- ☐ Reservists
- ☐ Other - please specify
- ☐ None
- ☐ Not sure

Q4 What family members does your ESO support? (select ALL that apply)

- ☐ Widows and widowers
- ☐ Partners and spouses
- ☐ Children of veterans
- ☐ Other, please specify
- ☐ None
- ☐ Not sure

Q5 Which category best describes your current advocacy work? (select ONE option)

- ☐ I work as a volunteer advocate (not paid)
- ☐ I work as a paid advocate
- ☐ Other - please specify
- ☐ Not sure

Q6 On average, how many hours do you work as an advocate per week? (select ONE option)

- ☐ 1 hour or less
- ☐ 2-3 hours
- ☐ 4-6 hours
- ☐ 7-9 hours
- ☐ 10-19 hours
- ☐ 20-29 hours
- ☐ More than 30 hours
- ☐ Not sure

Q7 What year did you first start working as an advocate (in your original role, voluntary or paid)? (select ONE option)

- ☐ Year, please specify
- ☐ Not sure
- ☐ Prefer not to say

Q8 Which category best describes the training you have received? (select ONE option)

- ☐ I have completed the Advocacy Training and Development Program (ATDP) and I am fully accredited
- ☐ I have completed ATDP training and I am accredited, but I am training for an additional level/ stream
- ☐ I have completed the Training and Information Program (TIP) BUT not ATDP
- ☐ I have completed TIP training, but I am training for accreditation through ATDP
- ☐ I am undergoing training to become an advocate
- ☐ Other - please specify
- ☐ Not sure

Q9 How satisfied are you with the training and support that you received for your role as an advocate?

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
I am happy with the ATDP training that I received	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am happy with the support that I received from my ESO	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am happy with Continuous Professional Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10 Are there any improvements that could be made to the training and support that advocates receive?

- ☐ Yes, please specify below
- ☐ No
- ☐ Not sure

Q11 Which level of wellbeing/ welfare support are you qualified to provide?

(select ONE option)

	Level 1	Level 2	None	Not sure
Wellbeing / welfare support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q12 Which level of compensation support are you qualified to provide? (select ONE option)

	Level 1	Level 2	Level 3	Level 4	None	Not sure
Compensation support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q13 What tasks do you perform as an advocate? (select ALL that apply)

- ☐ Provide advice to veterans and their families on supports and services available that meet their needs
- ☐ Assist veterans and their families to access necessary supports and services that meet their needs
- ☐ Provide practical assistance to veterans and their families such as helping with shopping and driving
- ☐ Provide information to veterans and their families relating to compensation benefits as well as details of how claims are made
- ☐ Assist in the preparation and lodgement of claims
- ☐ Assist in the preparation of cases for review by the Veterans' Review Board and Administrative Appeals Tribunal
- ☐ Represent veterans at VRB or AAT
- ☐ Mentor less experienced advocates
- ☐ Promote the use of advocates to support veterans and their families
- ☐ Other - please specify
- ☐ Not sure

Q14 Which claim/s are you able to assist with? (select ALL that apply)

- ☐ Veterans' Entitlements Act 1986 (VEA)
- ☐ Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (DRCA)
- ☐ Military Rehabilitation and Compensation Act 2004 (MRCA)
- ☐ Other - please specify
- ☐ Not sure

Q15 Do you provide advocacy services for more than one ex-service organisation? (select ONE option)

- ☐ Yes
- ☐ No

Q16 What key skills do you think that advocates need to support veterans? (select ALL that apply)

- ☐ A desire to provide advocacy services to any member of the serving/ex-service community
- ☐ A commitment to continuous improvement in skills and knowledge
- ☐ Understanding of mental health issues
- ☐ Understanding of confidentiality and privacy
- ☐ Willingness to follow procedures and policies
- ☐ Willingness to be mentored/ supervised
- ☐ Computer and internet skills
- ☐ Interpersonal skills
- ☐ Oral and written communication skills

- ☐ Other – please specify

Q17 On average, how many veterans would you assist per month?  
(please show as a number) \_\_\_\_\_

Q18 On average, how long do you provide ongoing support for a veteran? (*select ONE option*)

- ☐ Less than 1 month
- ☐ 1-2 months
- ☐ 2-4 months
- ☐ 4-6 months
- ☐ 6-12 months
- ☐ More than 12 months
- ☐ Not sure

Q19 Approximately how long do you provide advocacy support prior to a claim being made? (*select ONE option*)

- ☐ Less than 1 month
- ☐ 1-2 months
- ☐ 2-4 months
- ☐ 4-6 months
- ☐ 6-12 months
- ☐ More than 12 months
- ☐ Other - please specify
- ☐ Not sure

Q20 Is your advocacy work covered by professional indemnity insurance? (*select ONE option*)

- ☐ Yes, VITA (The Veterans' Indemnity and Training Association)
- ☐ Yes, other provider
- ☐ Yes, combination of above (please specify)
- ☐ No
- ☐ Not sure

Q21 Why did you decide to become an advocate? (*select ALL that apply*)

- ☐ I have experience and want to share it
- ☐ I really like to sort out problems for veterans
- ☐ I want to help my ex-service organisation
- ☐ I need something to do
- ☐ I want to be useful
- ☐ I want to become a professional advocate or support worker
- ☐ I am a veteran and want to help other veterans
- ☐ I am a relative of a veteran and want to help the veteran community
- ☐ I want to learn how I can get support for myself and others in my family
- ☐ I really like to help veterans and families get the supports they need
- ☐ I want to make sure every veteran receives the compensation and services they are entitled to
- ☐ Other, please specify

Q22 How long do you intend to keep working as an advocate? (*select ONE option*)

- ☐ I have not considered stopping work as an advocate
- ☐ 1-2 years
- ☐ 3-5 years
- ☐ More than 5 years
- ☐ Not sure

Q23 If you are planning to continue working as an advocate, do you intend to reduce the number of hours you work? (*select ONE option*)

- ☐ Yes
- ☐ No
- ☐ Not sure

Q24 If you are considering stopping work as an advocate, what are your reasons for discontinuing?

---

Q25 What is the best thing about working as an advocate for veterans and their families? (*select ALL that apply*)

- ☐ helping my ex-service organisation
- ☐ helping people
- ☐ solving problems
- ☐ learning new skills and knowledge
- ☐ being connected in the veteran community
- ☐ staying connected with people with similar service experiences
- ☐ being useful in the veteran community
- ☐ helping veterans and families get the specific help they need
- ☐ being around people
- ☐ sharing my knowledge, experience, and skills
- ☐ Other, please specify

Q26 Are there any challenges working as advocate for veterans and their families?

- ☐ Yes, please specify
- ☐ No
- ☐ Not sure

Q27 Do you have any comments about the future of advocacy services?

- ☐ Yes, please specify
- ☐ No
- ☐ Not sure

Q28 Do you have any suggestions about how ex-service organisations might be better able to recruit and retain new advocates?

- ☐ Yes, please specify below
- ☐ No
- ☐ Not sure

Q29 How old are you? (*select ONE option*)

- ☐ Under 40 years
- ☐ 41-50 years
- ☐ 51-60 years
- ☐ 61-70 years
- ☐ 70 years and older

Q30 What is your gender? (*select ONE option*)

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Prefer not to say

Q31 Do you identify as an Aboriginal and/or Torres Strait Islander? (*select ONE option*)

- ☐ Yes, Aboriginal
- ☐ Yes, Torres Strait Islander
- ☐ Yes, Aboriginal and Torres Strait Islander
- ☐ No
- ☐ Prefer not to say

Q32 Do you speak a language other than English at home? (*select ONE option*)

- ☐ Yes
- ☐ No

- ☐ Prefer not to say

Q33 Are you a: (select ALL that apply)

- ☐ Veteran  
☐ Partner of a veteran  
☐ Connected to someone in the ADF – please specify  
☐ No family connection to veteran community  
☐ Prefer not to say

Q34 Before the survey finishes, is there anything else that you would like to say?

---

Q35 If you would like us to send you a summary of the project report, please enter your email address below. Your details will be stored separately to the survey responses and will not be used to identify you in any report.

Q36 Finally, we would like to interview a small number of advocates following the survey. If you would like to be involved in an interview, please provide your email address and we will contact you if these go ahead. Again, this information will be stored separately from your responses.

## Appendix B: ESO Survey

Q1 What structure best describes your organisation?  
(select ONE option)

- ☐ National organisation
- ☐ State branch of a national organisation
- ☐ Sub-branch of a national organisation
- ☐ An organisation affiliated with organisations in other states, but without a national branch
- ☐ An organisation based in only a single state or location

Q2 If you are part of a national organisation, it is important that we do not collect information about your advocacy workforce more than once. We would prefer that you only provide information about those advocates directly employed by your part of the organisation, but if you are from a national organisation and you are responding on behalf of your state and/or sub-branches, please indicate below.

Are you responding on behalf of your entire organisation?  
(select ONE option)

- ☐ I am responding only about the advocates employed by my part of the organisation
- ☐ I am part of a national organisation and am responding about the advocates employed by all parts of my organisation, including state branches and sub-branches

Q3 Is your role in your organisation most similar to:  
(select ONE option)

- ☐ President / CEO
- ☐ Secretary
- ☐ Office Manager
- ☐ Other, please specify
- ☐ Prefer not to answer

Q4 Which of the following best describes the size of your organisation, in terms of annual income?  
(select ONE option)

- ☐ Annual income is up to \$50,000
- ☐ \$50,000 to \$250,000
- ☐ \$250,000 to \$500,000
- ☐ \$500,000 to \$1 million
- ☐ \$1 million to \$5 million
- ☐ Over \$5 million
- ☐ Other, please specify
- ☐ Not sure
- ☐ Prefer not to answer

Q5 Does your organisation currently receive BEST funding from the Department of Veterans' Affairs to provide advocacy services to veterans and their families?  
(select ONE option)

- ☐ Yes
- ☐ No
- ☐ Not sure

Q6 If you receive BEST funding, how much of this is used to employ paid advocates?  
(please show as a percentage)

---



Q7 How many clients would your organisation handle each year?  
(please show as a number)

---

Q8 The next set of questions relates to the advocacy services you provide

Is your organisation usually able to meet the demand for advocacy services from veterans and their families with your current workforce? (select ONE option)

- ☐ Always
- ☐ Sometimes
- ☐ Seldom
- ☐ Never

Q9 If your organisation frequently finds that there is more demand for services than you can provide, are those waiting usually: (select ONE option)

- ☐ Not in urgent need, and can wait until your organisation is able to provide services
- ☐ Need immediate support that you can't provide

Q10 Does your organisation refer veterans who need immediate support but who you cannot assist to another ESO? (select ONE option)

- ☐ Yes
- ☐ No
- ☐ Sometimes
- ☐ Not sure

Q11 For those veterans that your organisation is unable to assist immediately, how long would they wait, on average, to receive support? (select ONE option)

- ☐ Less than 1 month
- ☐ 1-3 months
- ☐ 3-6 months
- ☐ More than 6 months
- ☐ Not sure

Q12 How many people are working as advocates at your ESO? (please show as a number)

---

Q13 How many advocates work, on average, the following hours per week?  
(please specify the numbers in the boxes provided)

	Number of advocates
More than 35 hours	
25-35 hours	
8-25 hours	
Less than 8 hours	

Q14 How many advocates are working for your organisation in the following capacity?  
(please specify the numbers in the boxes provided)

	Number of paid advocates	Number of volunteer advocates
Wellbeing / welfare support		
Compensation support at level 1 or 2		
Compensation support at level 3 or 4		
Other, please specify		

Q15 Can you estimate how many advocates working for your organisation are aged: *(please specify the numbers in the boxes provided)*

	Number of advocates
Under 40 years	
41-50 years	
51-60 years	
61-70 years	
70 years and older	

Q16 How many advocates working for your organisation are:  
*(please specify the numbers in the boxes provided)*

- ☐ Male \_\_\_\_\_
- ☐ Female \_\_\_\_\_
- ☐ Not sure \_\_\_\_\_

Q17 Do you have any other comments about your advocate workforce?

\_\_\_\_\_

Q18 Are all of your paid and volunteer advocates covered by professional indemnity insurance? (select ONE option)

- ☐ Yes, VITA (The Veterans' Indemnity and Training Association)
- ☐ Yes , Other provider
- ☐ Yes, combination of above (please specify)
- ☐ No
- ☐ Not sure

Q19 Does your organisation provide additional training to the training provided under the Advocacy Training and Development Program (ATDP)? *(select ONE option)*

- ☐ Yes, please specify below \_\_\_\_\_
- ☐ No
- ☐ Not sure

Q20 Do you have any comments about the ATDP?

\_\_\_\_\_

Q21 Does your ESO plan to continue providing advocacy services? *(select ONE option)*

- ☐ Yes, for the next 1 to 2 years
- ☐ Yes, for the next 2 to 5 years
- ☐ Yes, for more than 5 years
- ☐ No, please specify
- ☐ Not sure

Q22 Is your ESO doing anything to recruit new advocates? *(select ONE option)*

- ☐ Yes, please specify
- ☐ No
- ☐ Not sure

Q23 Do you have any suggestions about how to increase the recruitment of new advocates? *(For example, younger advocates and female advocates)*

\_\_\_\_\_

Q24 Before the survey finishes, is there anything else you'd like to say about the provision of veterans advocacy services in Australia?

---

Q25 If you would like us to send you a summary report, please enter your email address below. Your details will be stored separately to the survey responses and will not be used to identify you in any report.

---

Q26 Finally, we would like to interview a small number of advocates and stakeholders from ESOs following the conduct of this survey. If you would like to be involved in an interview, please provide your name and email address and we will contact you if these go ahead. Again, this information will be stored separately to the survey responses and will not be used to identify you in any report.

---

# Appendix C: Interview Discussion Guide

## ***(Semi-structured Interview Guide)***

1. Basic demographics
  2. Description of current role
  3. Veteran needs: What types of supports do veterans need?  
(Prompts: personal support, legal support, social support, other)
  4. Advocacy:
    - What does 'advocacy' involve? (Prompts: advice negotiating the system? Representing the client to DVA?)
    - How does advocacy work in in this ESO?
    - How do people access advocacy services?
    - Can the advocacy model continue as it stands? If not, how long can it be sustained with the current workforce?
    - Are there any unmet advocacy needs?
  5. Advocates:
    - How many advocates does your ESO have?
    - Description of current advocates:
      - How many paid v volunteers?
      - Compensation advocates v wellbeing advocates?
      - Any unaccredited advocates?
      - Male v female advocates?
      - What records do they keep of advocates?
      - Hours per week of advocates?
      - Contact with advocates? If yes, how?
    - Do you match advocates with veterans? If yes, how do you predict what level of support will be required?
- (Prompts: gender matching)
6. Recruitment of Advocates:
    - Does your ESO have plans to recruit new advocates? If yes, how does your ESO recruit advocates?
    - Do you target recruitment? i.e. younger advocates, female advocates

- What qualities do you look for in advocates?
- What would help with the retention of advocates?

#### **6. Insurance:**

- Any issues with insurance for advocates?
- What happened last year in June when professional indemnity insurance cut off for those not accredited under the ATDP? (Levels 1 & 2?)
- What impact did this have on your workforce?
- What do you think will happen this year when the same thing happens for Level 3 and 4 advocates?

#### **7. Workforce changes:**

- It is estimated that there will be a shortfall of advocates in the coming years – does your ESO have any strategies or plans?
- Why are younger veterans not joining ESOs?

#### **8. Quality**

- Are there any internal QA or mentoring processes to ensure quality of advocacy service?

(Prompt: Are there any complaints processes?)

#### **9. Funding (for ESOs)**

- How much funding does your ESO receive from DVA?
- If you receive funding - Is funding for specific service delivery?
- Is it through the BEST grants program?

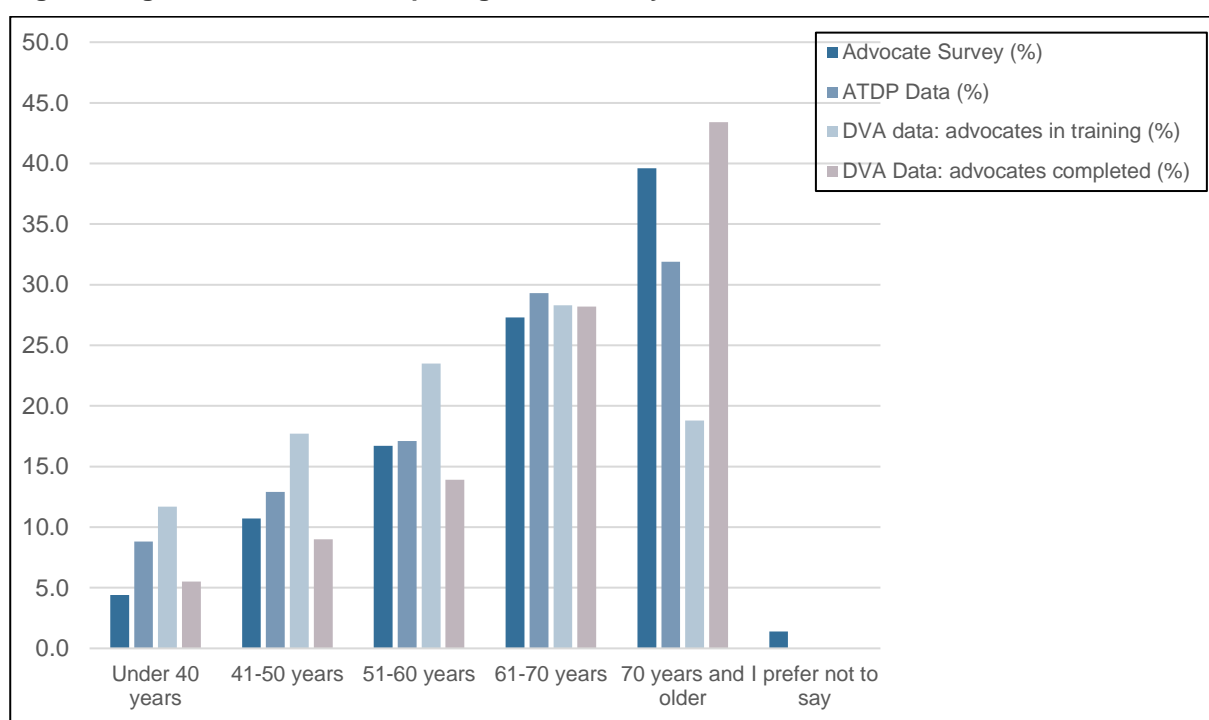
## Appendix D: Supplementary data (Advocate Survey)

This appendix provides additional information about participants in the Advocate Survey and the representativeness of the sample compared to other datasets available.

### Age of advocates surveyed

Of the advocates surveyed, 70% were aged 61 years and older with less than 5% aged under 40 (Figure 8).

**Figure 8 Age of advocates, comparing those surveyed with other data sources**



**Table 29 Age comparison**

Age bracket	Advocate Survey (%)	ATDP summary data (%)*	Advocates in training (%)*	Advocates accredited (%)*
Under 40 years	4.4	8.8	11.7	5.5
41-50 years	10.7	12.9	17.7	9.0
51-60 years	16.7	17.1	23.5	13.9
61-70 years	27.3	29.3	28.3	28.2
70 years and older	39.6	31.9	18.8	43.4
I prefer not to say	1.4	-	-	-
Total	100.0	100.0	100.0	100.0

Note: \* Data sources 1-3 in Section 2.4.

The advocate survey data is fairly representative of the advocates that have completed ATDP training and have received a Statement of Attainment for a unit of competency. However, when compared with the DVA data on advocates in training, the advocates in training data shows that

there has been an increase in advocates aged 60 years and younger participating in training, particularly those 40 years and younger, and a decrease in the number of advocates aged 70 years and older participating in training.

As expected, the average age for those in training was almost 10 years younger than those practising (Table 30).

**Table 30 Average age of advocates**

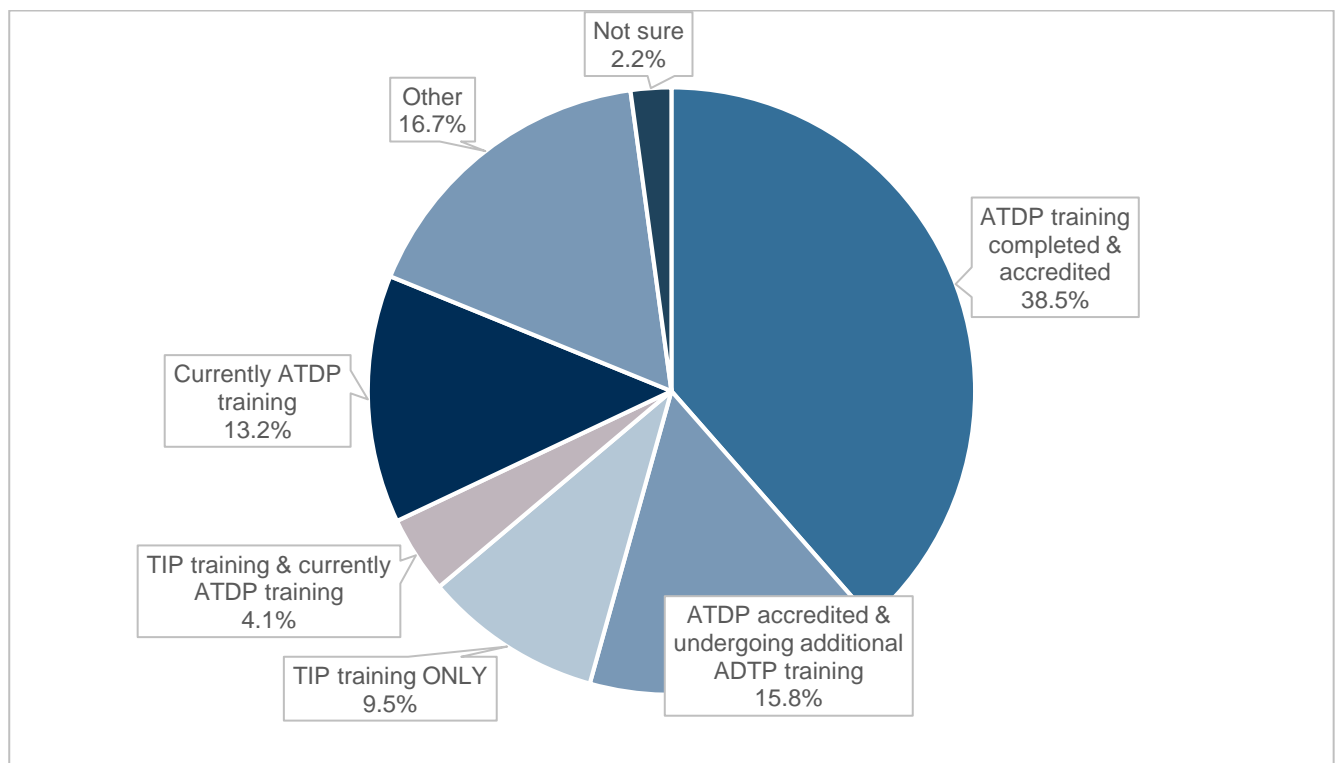
	Average Age
ATDP summary data*	66.0
Advocates in training*	57.8
Advocates accredited*	65.2

Note: \*Data sources 1-3 in Section 2.4.

## Training status of advocates surveyed

The pie graph below (Figure 9) shows that most of the advocate survey participants had completed or were completing ATDP training (71.6%). Only a small number had only completed the Training and Information Program (TIP) training (9.5%), while a further 4.1% had completed the TIP training and were also undertaking ATDP training.

**Figure 9 Training status of advocates surveyed**



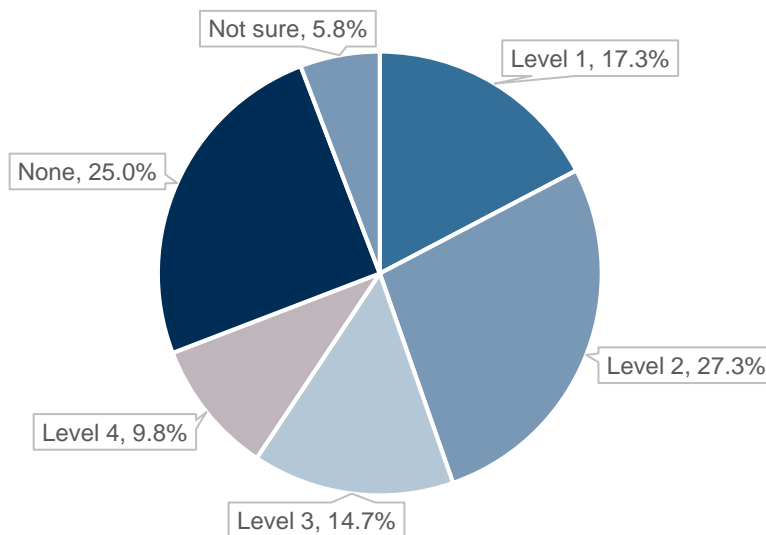
Notes: N=462

Just over half of respondents (56%) were **wellbeing advocates**. Of these, 18.9% were qualified at Level 1 and 37.5% were qualified at Level 2. There was no difference in terms of gender for surveyed advocates who had completed wellbeing training; however, those aged under 40 years

and 61-70 years were more likely to complete the Level 2 wellbeing training (74.3%). Paid advocates were slightly more likely to have completed wellbeing advocacy training than volunteers.

For **compensation advocates**, nearly 70% (n=287) of advocates surveyed said that they were qualified to provide compensation support to veterans; 17.3% had achieved Level 1 competency, 27.3% Level 2, 14.7% Level 3, and 9.8% Level 4.<sup>9</sup>

**Figure 10 Level of competency achieved by compensation advocates surveyed**



Notes: N=428. None may include trainees or those TIP-trained advocates who have not qualified under the ATDP.

For surveyed advocates who had completed compensation training, there was a slight difference in terms of gender; males were more likely to be qualified at Level 3 or 4 (17% males compared to 5% females at Level 3, 11% males compared to 5% of females at Level 4).

Table 31 below shows the breakdown of advocates surveyed that responded about their age and level of compensation support.

<sup>9</sup> Note, there are some discrepancies in the data. Some advocates identify as Level 4 advocates as they are currently qualified under TIP to take cases to the AAT; however, they may not be accredited under ATDP. The same is true for Level 3 advocates and applications to the VRB. Note that after 31 December 2021, advocates without ATDP accreditation will no longer be insured under VITA (see Section 4.4).



**Table 31 Age profile of ATDP accredited compensation advocates, by percentage of advocates surveyed**

	Level 1	Level 2	Level 3	Level 4	Total
Under 40 years	0.7	2.1	1.8	0.7	5.3
41-50 years	4.6	2.9	1.1	0.7	9.3
51-60 years	6.4	3.6	2.9	1.4	14.3
61-70 years	7.5	11.8	5.0	3.2	27.5
Over 70 years	4.3	20.7	10.4	8.2	43.6
Total	23.6	41.1	21.1	14.3	100.0

**Table 32 Units of competency achieved for whole advocate population**

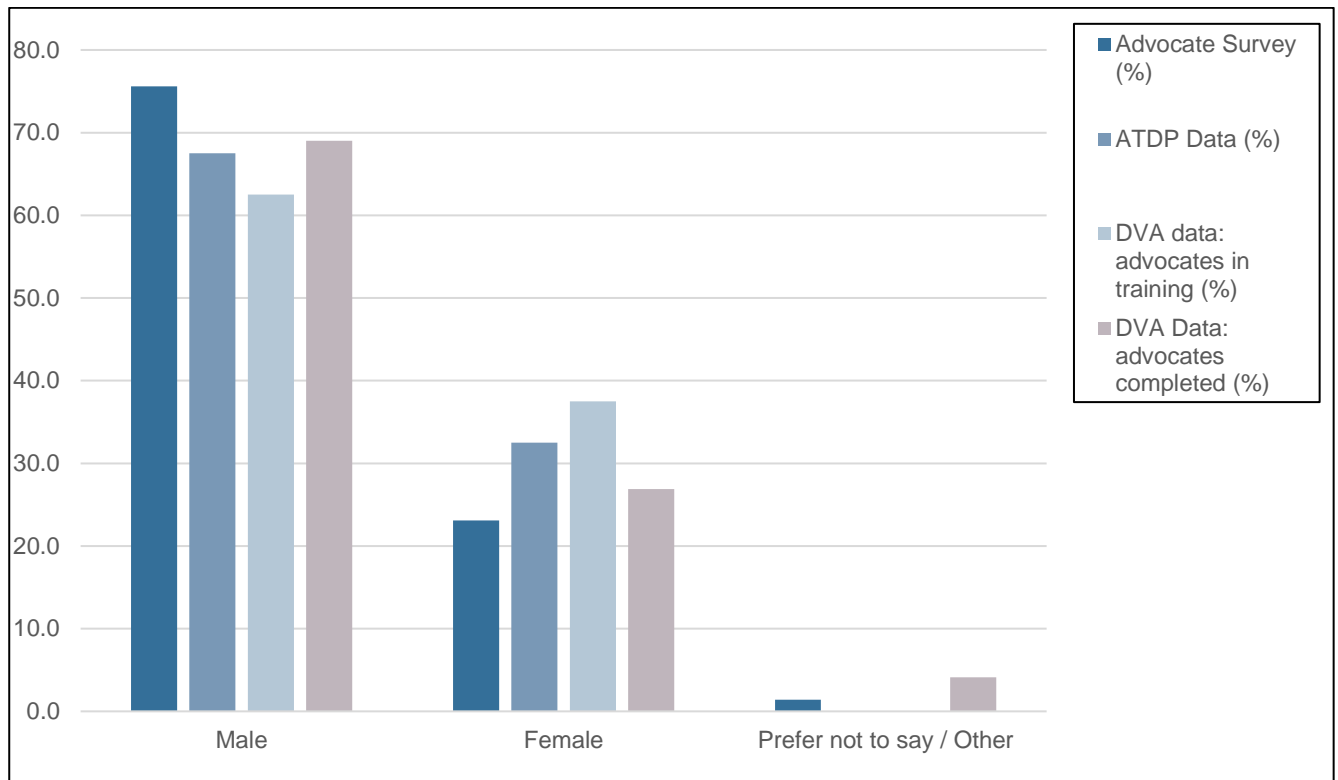
	DVA Data: Advocates in Training* (%)	DVA Data: Advocates Completed* (%)
Compensation training ONLY	54.9	46.8
Wellbeing Advocate training ONLY	37.7	36.1
Compensation and Wellbeing training	6.5	17.1
Other – PDAL3	1.0	-
Total	100.0	100.0

The advocate survey data is fairly representative of the DVA data on advocates that have completed training and have received a Statement of Attainment for a unit of competency. However, when compared the DVA data on advocates in training, the advocates in training data shows that there has been an increase in advocates aged 60 years and younger participating in training, particularly those 40 years and younger and a decrease in the number of advocates aged 70 years and old participating in training.

## Gender of advocates surveyed

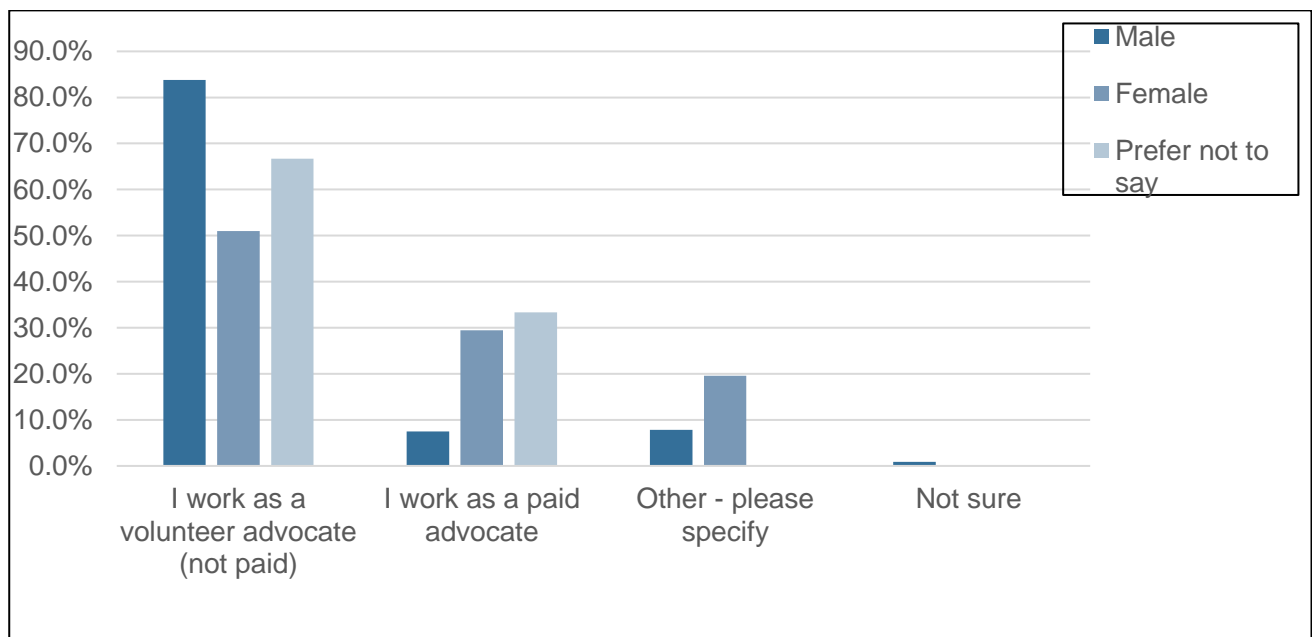
Most of the advocate survey participants were male with 75.6%. When compared with the ATDP and DVA data, males in the advocate survey are slightly over-represented. In 2019, ATDP reported that 47% of enrolments were women (ATDP News).

**Figure 11 Gender of advocates, comparing those surveyed with other data sources**



The figure below shows that males (83.8%) were more likely than female (51.0%) to be working as a volunteer, while females (29.4%) were more likely than males (7.5%) to working as a paid advocate.

**Figure 12 Form of employment by gender of advocates surveyed**



Most of the advocate survey participants were male (75.6%). Compared to the population of trained advocates, males in the advocate survey are slightly over-represented (Table 33).

**Table 33 Gender comparison**

Age bracket	Advocate Survey (%)	ATDP summary data* (%)	Advocates in training* (%)	Advocates accredited* (%)
Male	75.6	67.5	62.5	69.0
Female	23.1	32.5	37.5	26.9
Prefer not to say / Other	1.4	-	-	4.1
Total	100.0	100.0	100.0	100.0

Note: \*Data sources 1-3 in Section 2.4.

## Other

A small number of participants identified as Aboriginal or Aboriginal and Torres Strait Islander (less than 2%).<sup>10</sup>

Most participants spoke English at home (90.6%). The majority of advocates were veterans themselves (70.9%), just under 15% were connected to someone in the ADF (15.0%), and less than 10% were a partner of a veteran (8.3%). Only a small number had no connection to the veteran community (4.7%).

Just over three-quarters of participants were working as a volunteer advocate (75.1%) with just over 10% working as paid advocates. Several of those that selected 'other' were undertaking training and did not consider themselves to be an advocate.

More than a third of advocates were providing advocacy services to more than one ESO (35.8%).

As to be expected, paid advocates were more likely to work longer hours than their volunteer counterparts. For example, of those that estimated that they worked more than 30 hours per week, only 8.3% were volunteers compared with 60.7% of paid advocates.

Of the advocates participating in the survey, just over half (56%) were wellbeing advocates, and 70% were compensation advocates, with around 26% working as both wellbeing and compensation advocates.

<sup>10</sup> One participant did comment that there was no option for those participants that identified as Australian South Sea Islander (ASSI).

## Appendix E: Supplementary data (ESO Survey)

This appendix provides additional information about participants in the ESO Survey and the representativeness of the sample compared to other datasets available.

In total, 61 surveys were completed and 4 individuals that opened the link selected '*I do not agree, exit the survey*' and therefore did not complete the survey.

The ESO Survey participants were asked about the structure that best describes the organisation that they responded on behalf of. The table below summarises the responses and shows that nearly 40% of participants described their ESO as a sub-branch of a national organisation (Table 34).

**Table 34 Form of ESOs surveyed**

Structure of ESO	Percentage
National organisation	10.3
State branch of a national organisation	22.4
Sub-branch of a national organisation	39.7
An organisation affiliated with organisations in other states, but without a national branch	1.7
An organisation based in only a single state or location	25.9
Total	100.0

The survey participants were also asked about the states and territories that their ESO provides advocacy services for. The responses showed that many of the ESOs participants were involved in providing advocacy services in more than one state (Table 35).

**Table 35 States and territories advocate's ESO provides services**

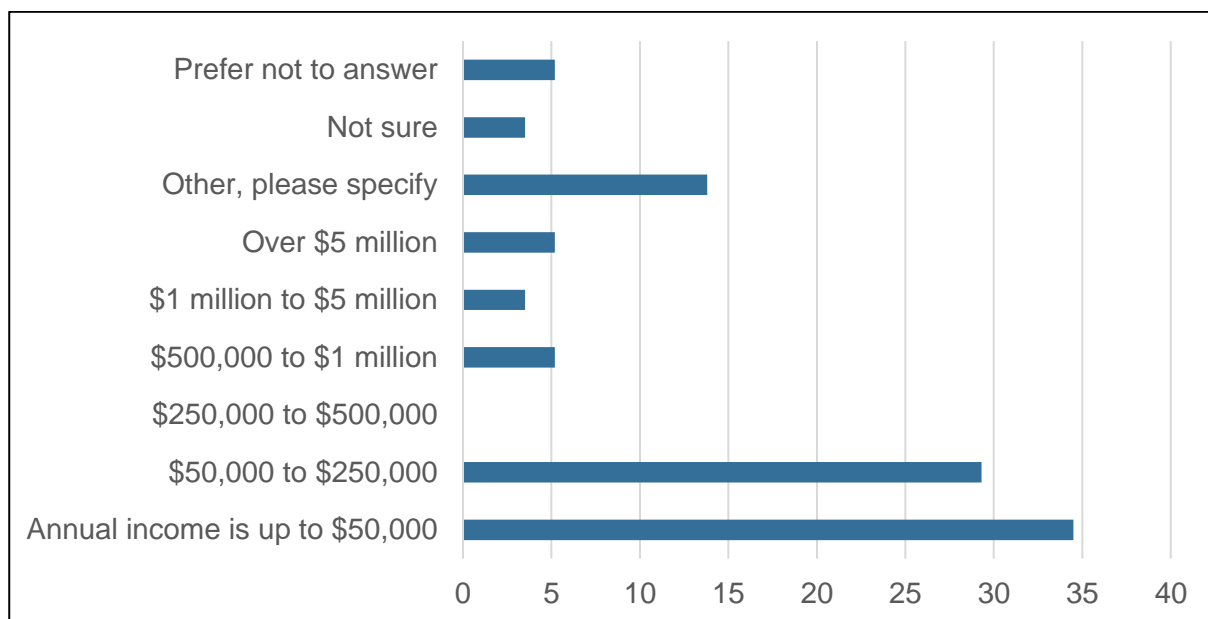
State or Territory	%
New South Wales	32.2
Queensland	35.4
Victoria	24.8
South Australia	18.2
Western Australia	17.2
Tasmania	13.2
Northern Territory	11.3
Australia Capital Territory	14.7
Not sure	0.5

When participants were asked to describe the areas that their ESO covered, the responses were evenly divided among capital cities (30.4%), regional centres (35.0%) and other areas which

included all regional, rural and remote areas (33.5%). A small number were unsure about the areas covered by their ESO (1.1%).

Sixty-three per cent of ESOs represented in the survey described their ESO as having an annual income of less than \$250,000 per year (63.8%) – 34.5% had an annual income of up to \$50,000, and 29.3% had an annual income between \$50,000 to \$250,000. Fourteen per cent had an income over \$500,000 (Figure 13).

**Figure 13 Annual income of ESOs surveyed**



Of those that selected 'Other', individuals said that they were a voluntary organisation that relied on grants such as the BEST grant to pay for their staff. Without grants, they had no funding.

Of the ESO Survey participants, 87.9% said that they were currently receiving a BEST grant, 10.3% were not, and 1.7% were not sure. On average, participants said that they spent 28.0% of their BEST grant on employing paid advocates. The range being 0 to 100%. During the interviews, most ESO participants said BEST grants were used to pay for admin support given the high-level administration associated with advocacy.

ESO respondents identified as being the President/CEO (24.1%), Secretary (25.9%), and Office Manager (8.6%). The majority of respondents identified as 'other' which included treasurer, advocate and welfare coordinator.

The majority of participants confirmed that they were only responding to the survey questions on behalf of the advocate employed in their part of the organisation (89.3%). The remaining participants said that they were part of a national organisation and were responding about the advocates employed by all parts of their organisation including state branches and sub-branches (10.7%).

ESOs were asked to estimate the number of advocates (paid or volunteer) that were providing advocacy support to veterans and their families at their ESO. The average per ESO of those that responded to this question (51) was 6 and responses ranged from 0 to 50. One ESO said that they did not have any advocates.

The ESO Survey asked how many advocates working for their ESO were male or female. Of the 49 ESOs that responded to this question, ESOs had 275 males compared with 199 females.