

A New Institute of Veterans' Advocates.

Submission by:

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It is not my intention to provide reference material or support my arguments with a bibliography. I draw on my own academic qualifications, and in particular my training and development skills, as a training provider, my qualifications and understanding of performance management and organisational behaviour (the psychology and culture of work places) and as a volunteer pensions and welfare advocate.

Many may disagree and deny my contentions however in doing so will need to present evidence to support their denial. It wont be acceptable to state that I am incorrect.

I point out that the ESO's must shoulder much of the blame for delays in claims processing caused by the lack of training and skills of their advocates that compounds the psycho-social stress placed on veterans and their families. The impact of this is further compounded by DVA claims management caused by incorrect decisions, bias, in particular confirmation bias, that leads to an unwillingness to admit mistakes that further causes stress to veterans and their families.

Overview:

The current Advocacy Training and Development Program (ATDP) and the previous Training Information Program (TIP) are the major cause of delays in claims management. That this is caused by an unskilled poorly trained and mostly incompetent *advocacy*, many of who have an inflated view of their qualification and importance, that lack the support of their ESO's due to the lack of management skills within the ESO'S. That this leads to the “blame game” as advocates, when a claim fails, will blame DVA.

Advocacy is a partnership between the ESO's and DVA. Nationally there are about 620 compensation advocates trained under the TIP and ADTP who provide expert assistance to veterans. Only 13 are level 4, five in Victoria, five in NSW and three in Queensland. (ATDP'S Advocacy News, March 2023). DVA states “**The Advocacy Training and Development program (ATDP) offers nationally accredited training in military compensation and support. It ensures that advocates meet national standards before they give advice to the veteran community**”. This is incorrect and I shall address this issue further in this submission.

Training and development skills:

My skills in training were developed whilst in the RAN having completed my first instructors course in 1964. As a result of this I was posted to instructional duties at the Recruit Training School at HMAS Cerberus. Subsequently, after a number of training roles, during 1971, I was selected for the staff of the newly formed RAN School of Training Technology. This expanded role included, but not limited to, gaining a high level of skills in areas such as establishing training needs, assessment methods, training methods and the development of skills for instructors. This led to my involvement in HRM and industry training, firstly in manufacturing and secondly in retail before setting up as a Management and OH&S Consultant. This role involved recruitment and training at senior management level. In addition to industry clients, I was contracted to conduct training and management development for the Queensland Department of Corrective Services, Division of Workplace Health and Safety, Department of Child Safety, Brisbane Transport and three TAFE Colleges. With the exception of TAFE where there is in place strict guidelines on Competency Based Training (CBT) with most other cases I found that these organisations had very little understanding of exactly what training was required, therefore I needed to conduct a training needs analysis prior to preparing the course and the assessment criteria. In most cases the client required CBT so as to comply with legislated industry standards under **National Training Reform Agenda (NTRA) that was the requirement from the late 1980's**.

My Experience and Concerns with TIP:

My first involvement with TIP was over 20 years ago. Although it was very low level course I was surprised that there was no assessment. Subsequently I attended further TIP training and expressed my concerns to the TIP Co-coordinator who advised me that the RSL did not want assessments as this would reduce attendance and that her position could be downgraded. I wrote to DVA for clarification pointing to the obvious and was stunned when the response clearly showed that the responsible person in DVA was totally unaware of NTRA and stated that assessment meant different things to different people as if that was a valid response. I attended a three day TIP for those who had completed previous training to find that most were there to get together for drinks with mates and as soon as training for the day finished, off to the bar. On the final day we were split into three groups of five to prepare a basic claim. Given that all attendees had been sub branch pension and welfare officers for some years this was a simple task. NO! Three of the group I was with could not complete a claim at the primary level without assistance.

Some years ago (2013?) I attended advocacy training and on arrival we were advised that there would be an assessment and this would entail presenting a case for Special Rate Pension to a delegate of DVA. There was an up- roar with many stating that if they had been aware of an assessment they would not have attended and some did not know what Special Rate was. To compound the situation, the competency of the trainers was deplorable. There were 22 participants and only myself and one other successfully fulfilled the training objective. All were given certificate stating that they had completed training as an advocate. Since that day I have not attended a time wasting sole destroying waste of my time. 20 people let loose on an unsuspecting veterans' community to completely stuff claims that DVA will be blamed for.

During 1988 I was asked to present a paper titled "Making use of your Claims Commission Agent" by the Victorian Employers Federation. In Victoria, under Workcover, the insurance companies act as agents for claims management. Employers were adamant that fraudulent claims were being accepted thereby increasing employer costs. My own experience led me to believe the fault lay with the employers. I exampled a number of incidents and included one fraud claim and lead the attendees to the conclusion that the common thread was that each claim had been thoroughly investigate and all relevant information was lodged with claim. I then asked the question "How many of you think the claims assessor has a crystal ball?" The session continued with discussion on the employers providing full disclosure to the agent.

The same applies with DVA. If the veteran's representative is not providing the relevant and correct detail it follows that the claims process is delayed. I am aware of cases where the delay has led to anxiety, depression and other psychos-social issues, financial strain, domestic violence and divorce. Additionally this increases the financial cost to DVA and impacts on the cost of Medicare for GP referrals to specialists for family members, children missing school, the cost to police attending domestic issues including the financial and emotional cost of psychological problems facing police when exposed to violence and to other costs for community services. **The prime cause being ESO advocates not having the training and skills to process a claim at the primary level.** This results in the BLAME GAME. There is nothing new in the blame game. Organisational behaviour studies clearly show that the blame game is part of all enterprises. The larger the organisation the more hydra-headed the organisation is and therefore it is easier to allocate blame.

Four examples of incompetence:

During the past 10 years my involvement with claims has been limited. I am not covered by any ESO and act as an independent advocate. This is due to age, family and choice life style.

I was at the gym when the EP asked if I could give advice to his mate as he thought he may have a claim. He did, but had been told by the RSL sub branch that as he self medicated he couldn't claim. He is an Afghan vet in his late 20's with major injuries to his low back, hips, knees and ankles. Pain also resulted in chronic depression. I lodged his claim and all disabilities were accepted.

About this time (2018) my wife was asked by a widow if I could give her some advice about her late husband's claim. He had seen the sub branch advocate and lodged the claim prior to his passing. On contacting DVA it was established that no claim had been lodged. The sub branch pension officer had neglected to forward the claim and had repeatedly told the widow that it was in hand and delays were caused by DVA. He also told her that as her late husband was a veteran with a gold card she would receive a widow pension. I explained to her that this was incorrect. He had not died from an accepted disability, that the cause of death was not related to his post military service. I then lodge a claim through WorkCover Queensland. This was accepted and she received a Terminal Benefit of \$409K. The claim process took about six weeks not the average of 14 months by DVA. What annoyed me most was that the pension officer spent about four hours a day most days in the

sub branch giving the impression of dedication whilst using the time to play computer games and socialise. He had a number of framed certificates (all TIP) on the wall behind his desk, all certificates of attendance not attainment. I had the misfortune of picking up another of his claims after he had passed. No assessment, no management follow-up, yet he was awarded an OAM.

An ex engineering Petty Officer living in Victoria contacted me. He stated that he had seen an RSL advocate who was an ex army captain who had trouble understanding the claim and navy service. This was October 2019. I had two lengthy phone conversations with the advocate and did not expect any further involvement. I was surprised when 10 months later I received a call from the claimant. He had received some questionnaires from DVA that I thought he should have received some six months earlier. The advocate had not lodged the claim until June 2020 (eight months) . When contacted the response was “having problems with DVA”. Now all contact was lost as the advocate had resigned. There was no over-site from the RSL or the Advocacy Training and Development Program Mentors (a system failure). No one asked the basics, that is, how many claims are you assisting with and what arrangements, if any, has been made to ensure the claims are finalised? It would appear that this basic management procedure does not exist within the ESO'S.

- This is not a random and rare event. I am aware of cases where the advocate has had a falling out with the sub branch management committee and walked out. Claims have remained untouched for months at a time. No ESO or management committee intervention. Meanwhile, the blame is shifted.

The final example was the incompetence of an ATDP level 4 advocate. I was asked by the claimant if I could find out what was happening with his claim as he had not had any contact for more than six months. I spoke with the advocate and she told me it was in process however she had been busy training under the ATDP. I later established that she did not have a training qualification as required under the National Training Reform Agenda. I was taken back when I received a text letter on RSL letterhead accusing me of questioning her qualifications and bullying. The letter further asked for my solicitor's contact details as they intended to act on behalf of their employee. I immediately contacted the sub branch and spoke with the secretary. I advised him that I intended to sue for slander that could not be denied as it was in a written statement. I told him that the committee had vicarious liability for the actions and omissions of their employee and asked how the committee was going to justify sitting on a veterans application for more than six months without lodging the claim. I asked for a copy of the key selection criteria, the recruitment and selection process, the qualifications of those who conducted the selection process and what performance management program the sub branch used to ensure their employee adhered to the selection criteria. Immediate back-down. As a result I took over the claim that because of COVID took considerable time before all the claimed disabilities were accepted.

So who is responsible? The ESO's and in particular the RSL for a training system that would not be allowed in the ADF; or DVA for not insisting that representatives of veterans be better qualified?

Given these examples (there many more) does one really believe that forming an Institute of Veterans' Advocacy will resolve these problems?

National Training Reform Agenda (NTRA):

This was developed in the late 1980's as a co-operative national resource to economic and industry restructuring with the aim to achieve a dynamic, coherent and efficient national vocational education and training system. This introduced national competency based training that is found in upper secondary school, TAFE, universities, private colleges and in-house workplace training.

As it is CBT it follows that the outcome must be 100% successful completion of the assessment of the training objects. Re-test is only done on incorrect responses. For example if there are 20 questions and two are incorrect only the incorrect are retested. If a participant fails after three attempts then the whole assessment must be redone. This has been standard practice since the late 1980's yet ESORT and DVA appear to be devoid of all knowledge of this requirement.

I was not surprised to find that the ESORT meeting of 27 March 2013 that the ESORT lacked understanding of training needs and the meeting 15 August 2013 proposed a **10 year plan to move towards CBT. If this was suggested in industry one would be lining up for the dole.** As long as there are committees made up of people for who they are and not on merit, this incompetence will continue. Would you engage a plumber to maintain a computer? Just because a person has had a senior position in the ADF or is the president of and ESO does not follow that that person has the competency requirements to be a member of the ESORT. I point out that when on the staff at RANSTT during 1970/71 we were training instructors in this method. At that time we referred to this method as "Training by Objectives"

NTRA standards are:

ASF: Australian Standard Framework

AFQ: Australian Qualification Framework

Level 8: Competent senior professional or manager	Doctoral degree, Masters, Graduate Diploma.
Level 7: Competent professional or manager	Bachelors Degree, Graduate Certificate
Level 6: Competent senior administrator, specialist, technologist or para professional.	Advanced Diploma
Level 5: Competent administrator, specialist, technologist or para professional.	Diploma
Level 4: Advanced skilled autonomous worker.	Certificate 4
Level 3: Competent skilled autonomous worker.	Certificate 3
Level 2: Advanced operative or service sector worker.	Certificate 2
Level 1: Competent operator under supervision.	Certificate 1

I am advised that the ATDP training has National Accreditation. However ADTP does not have an ASF level. **Therefore it is not a qualification.**

CBT provides for recognition of prior learning (RPL) however only recognised authorities are designated as agencies under the National Framework for Recognition of Training (NFROT). I can find no evidence of any person engaged in ATDP having any training qualification. The requirement is a minimum of Certificate 4 which requires the completion of an eight week full-time course.

Conclusion:

The paper "A New Institute of Veteran's Advocates" shows a complete lack understanding of industry standards. There is no mention of the qualifications of board members or indeed if there is a requirement for a board member to have a qualification in training. Who on the ESORT has the skill set to determine levels of training and levels of membership. I can only say that this is yet another quango and waste of tax payer funding.

What level of qualification is required for Fellow?

Let me put it in industry context, whether it be a Fellow of the Institute of Risk Assessors, or the Safety Institute of Australia or the Human Resource Institute, one would require at least a Masters Degree or equivalent.

For example, one organisation that I am a member requires that an Associate has an academic level 5, that is, a Diploma, a Certificate IV with relevant industry experience and member recognition; that a Member must have a Bachelors Degree or Grad Certificate and a Fellow a Graduate Diploma or a Masters Degree. Is the intention then that ATPD Level 4 will require the academic standard for a MA or equivalent?

Has anyone taken the time and effort to conduct a training needs analysis so as to establish the assessment criteria and method? Or is it ad hoc? Surely the first step is to introduce training and development that centres on getting it right at lodgement, not at the AAT. Does DVA have a process that asks why a claim that proceeded to the AAT was accepted. Why did it proceed to that level? Why wasn't the claim accepted at the primary level? Was it because of the lack of training of the ESO advocate or was the decision to deny the claim made by the delegate and if so, for what reason? Why did it proceed to the AAT at a claims management cost of more than \$400K to be finally accepted?

How will fee-for-service be determined.? During 1990 The Safety Institute of Australia of which I was Queensland vice president decided to be accepted as a Fellow the requirement would be a Masters Degree or a Graduate Diploma that must include Corporate OH&S, Human Factors, Health and Hygiene, Law and Organisational Behaviour with all units from the Masters program. I completed my Grad dip end 1993. The cost of university fees and materials was in excess of \$12,000. The fee at the University of Technology Sydney for 2025 to study for a Graduate Diploma in Management cost per credit point is \$1042. The total credit points are 48. (\$50,000) Anyone with this level charges fees so as to get a return on investment. In 2000 I was charging \$1200 per participant for the five day accredited Workplace Health and Safety Officer course. I required a minimum of five participants just to cover my overheads. Given the industry standard for Fellow is normally a MA, what daily rate would an ATDP 4 Advocate require to run a business for fee-for-service?

If, which I doubt, we are truly working towards a system that provides fully trained advocates so as to ensure claims acceptance at the primary level that will reduce the cost of reviews, the VRB and AAT, then it is time to get fair dinkum. There are many considerations and questions to be addressed.

I, like many veterans, am sick and tired of the cronyism, the stench of hypocrisy and the sheer arrogance of those who state that they represent serving and past members of the ADF. This is particularly the case when committees are comprised of people who lack the skills and qualification who are out of touch, incompetent and deaf to the needs of veterans.

It is not much to expect that when a veteran needs the assistance of an advocate, the veteran is confident that the advocate is trained and capable of lodging a disability claim (or other service) that provides all the relevant details to enable the DVA delegate to reach a decision that is fair and just. Surely this is what we should be striving for, not a profession institution that those proposing do not appear to understand industry norms.

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