

**2024-01 – R Waller**

The ATDP program covers all needs and is appropriate. I don't see a need for another organisation.

**2024-02 – D Hadfield**

At face value this would seem to be an excellent idea.

I am however very new to the DVA Advocacy process and being a former UK Forces member I am also a little removed from the ADF/DVA process, hence my desire to become involved with the process.

**2024-04 – J Fenton**

The establishment of this entity is long overdue.

Volunteer advocates at all ATDP levels have shouldered the burden of assisting veterans & veteran families dealing with DVA.

It is imperative that the Institute of Veterans' Advocates has a representative on the ESORT as the ESORT currently is "association specific" & does not represent the ADF nor the current veteran cohort.

**2024-05 – Australian Army Aviation Association**

I have read the proposal for the establishment of an Institute of Veterans' Advocates and the consultation paper. I commend the author/ s.

As a volunteer advocate of 32 years I fully agree with the proposal as outlined, the like of which is long overdue.

K J Moss OAM  
Honorary Compensation and Wellbeing Advocate  
Australian Army Aviation Assn Inc.

**2024-06 – W Kearney**

I read with interest the "A new Institute of Veterans' Advocacy" document that I received as an e mail attachment today.

I really wonder what difference there is between this and many other documents that I have read over the last 20 or so years.

I note the statement at paragraph 2 identifies shortcomings in Advocacy management and training similar to a number of past reviews.

The Institute's Board.

The composition of the Institute's Board is quite interesting. I note the similarities between the current recommendations and the ATDP Strategic Governance Board.

It is my recommendation that the Board also comprise of

1. A person with a Law Degree and sound experience in Veterans' Law.
2. There be a cross section of representation of YOUNGER Veterans from more recent service
3. There be a gender equity
4. there be a formal review of this process written into the plan to be conducted prior to the end date of the first term (Institute)
5. ESO membership be reviewed on a yearly basis to assess relevance.

**2024-08 – Naval Association of Australia Queensland**

Support for a National Advocacy Institute.

**2024-12**

That training be offered in several ways: face-to-face, online or mix of both and in several locations: not only cities.

That members be advised if their contact details are accessed.

That ongoing training allows members to gain new knowledge without having to progress to a new level.

**2024-14 – S McGill**

I welcome the initiative of the Institute of Veterans Advocates. Mostly to enable more effective and efficient management, training and advocacy to assist veterans. To have a centre of excellence will enable advocates to share information and precedent cases when it comes to working with individual veterans. There are many paid advocacy organisations assisting veterans for a fee; in some cases, these fees are a substantial sum of a veteran's compensation claim.

**2024-18 – SD**

I agree in principle with the proposed items in the paper.

I would note that prior to MyService being activated through the MyGov portal, the individual's MyAccount allowed for practicing Advocates/Pension Officers to be able to draft and lodge claims and look up an individual clients information within DVA regarding accepted and rejected conditions, dates of PI assessments and determinations, and rate of pension/impairment points information at a glance.

Using the MyService site does not allow for this information to be readily accessible to the client or the Advocate, especially details of PI/Rate of pension. Nor can you see rejected conditions.

The PRODA portal is only useful if you can access it, which we currently at my ESO cannot. Feedback from other advocates using PRODA indicates that if a PI claim is active then lodging additional IL claims is problematic.

While this may seem a trivial and potentially irrelevant issue to the current topic at hand, it forms part of the problems within the Advocacy world; with no consistency between lodgement of claims, with some still using paper and snail mail, others using online via Proda, and some lodging directly through the client's own MyService portal. I believe this type of situation is something that needs to become part of the future "high quality support" that we willingly provide.

**2024-20 – S Monteath**

Introducing this agenda to the ATDP advocates will possibly enliven other volunteers to take up the challenge in assisting our veteran community. By having National recognition for advocates as a Team via this agenda will notably enhance the prestige and community awareness of Veterans advocacy.

**2024-21 – M Quinn**

The outline of this Institute of advocates being put forward by ESORT is of concern for all advocates. To date ADTP has been destructive and has reduced the number of advocates practicing. Putting the responsibility to ESORT to establish on the basis of the outcome of the Royal Commission when all members opposed the Royal Commission will not be viewed well by the general veteran community and advocates.

Our organisation train and authorise our own advocates and insure outside of VITA. Joining a proposed group such as the Institute of Advocates would not be welcomed considering this group is the same group that destroyed the advocacy world and created the perfect storm for stand alone advocacy groups and fee for service.

I am sure that I won't be consulted as this move is seen to be designed to destroy advocacy services further.

The reality is unless this is done in a proper manner it will fail, and our advocates will remain independent and self-funded so that political and ESO interference will not impact our advocates.

#### **2024-22 – J Mandall**

1. Do not allow fee for service providers to access this course. They should not be profiting off of our veterans.
2. I understand that there may be a need for paid advocacy services, but they should be funded and regulated by DVA.
3. There are a lot of veterans who want to become advocates, but the workload is overwhelming. There is a need for the advocates to only handle a certain caseload.
4. If DVA recruits' members who are on pensions and provide a payment that won't affect pensions (CSC or DVA), There would be an incentive for more vets to help out as cost of living is affecting a lot of them.
5. A system needs to be implemented for the Advocates to log their hours and what they have been doing so that there can be oversight by ATDP and if the Advocate has to stop working with clients a new advocate can be assigned. Currently there is no oversight, and veterans are being dropped by advocates and the veterans have no idea of what is going on.

#### **2024-23 – K Cooper**

One issue I have is with fee for service advocate who are not subjected to the requirements of ATDP nor undergo the training that us volunteer Advocates are required to pass/complete before working our way to the level of our choosing.

I believe there is no place for fee for service advocates, I my option, as they are taking advantage of venerable veterans and have no place in the Advocate community.

As I understand the fee for service companies do not take on VEA clients unless they are able to claim under the DRCA. These "fee for service" do not need to be a member of a ESO. I believe they should be excluded completely from this proposal. If anyone should pay the fee for service, it should be the Federal Government.

I believe there is ample governance in the current system and to add another tier is making the entire system more bureaucratic which is not needed. There are approximately 666 volunteer advocates within the ATDP system all members a ESO as is required by ATDP.

If the intention is to have a professional body like the Australian Engineers, the AMA, Chartered Accountants, this will place extra requirements on the volunteer advocates, we volunteer for a reason to help veteran, ADF personnel and their families and do not require the extra layer of bureaucracy or professional requirements that may be introduced by such a professional body structure, and volunteer advocate will slowly disappear.

**2024-26 – K Winkleman**

Views on current shortcomings of claims being lodged and mentoring of ATDP

ATDP training has not achieved the required results it was implemented to do, following the winding up of the previous training advocates undertook under TIP.

The current situation of having mentors is not working, as in my experience in dealing with advocates that have been through this avenue under ATDP. Some of the errors I have encountered with ATDP trained advocates is their lack of understanding of veterans' entitlements based on their period of service. Either their mentors are not current or themselves understand how to read the current service entitlement chart that is available to everyone, thus misleading the mentee. This leads to claims submitted under the wrong legislation, lack of confirmed diagnosis & supporting medical evidence, resulting in waste of time through DVA investigating & even wasting time appealing the rejected conditions through to the VRB. These appeals are being raised in some case by ATDP mentored Level 3 Advocates.

I have had to explain to numerous veterans, of the reason why their claimed conditions have failed, even though they have been through to the VRB.

My experience with the above anomalies is that the mentors are not current, don 't know how or refer to CLIK, they do not research medical evidence or raise claims, keep up with any SOP changes or new released ones, what additional conditions are covered or not covered by SOP's, what is the confirming diagnostics required, if they refer to SOP's, is it only via the RMA site which does not cover all of the above information contained in CLIK for SOP's, and rely on how they did claims whether right or wrong, and passed on to their mentee.

Face to face training/refresher courses for advocates is not practiced under ATDP, as it was under TIP, which gave further enhancement to advocates if their OJT was lacking certain required areas applicable to advocates getting claims right the first time.

Yes, I was involved with TIP as a trainer and believe the current ATDP mentoring scheme is certainly lacking the expected professionalism and expertise it was implemented in Jul 2015 to achieve, to enhance the roles of advocates in providing much need assistance to veteran's in dealing with DVA.

**2024-31 – R Martin**

I believe it's a good way to stop veterans from having to pay fees to get assistance. We shouldn't have to lose compensation payments, which are needed for veterans to live some sort of a normal life.

**2024-35 – Bundaberg Legacy Inc**

As an organisation that relies upon the services of a qualified and competent advocate, we commend all efforts to improve the services available to veterans and their families. We believe that this institute is a step in the right direction.

We however have some concerns which may be addressed when the final detail of the proposed organisation occurs.

Where will the funding for this institute come from? Is it primarily funded through the membership or is there federal funding available? If it is solely from the membership will the cost be prohibitive for advocates that work alone or work for small ex-service organisations. How will the Institute ensure that individual advocate costs for training, insurance and accreditation do not grow to an extent where it is an organisation, or advocate cannot afford to join or continue to be a member.

It is noted in similar professional institutes that professional's accreditation is reviewed annually. How will this occur in this proposed institute?

We note that there is the possibility of extending the board when a new or future ESO peak body is formed. Is there a limit to the number of board members noting that an increased number of board members will increase costs. How will the nomination for a board member occur will it be through the current board or will the membership vote for the new board position.

Noting there are many ESOs within Australia how will the ESO board position be filled? Will it be with consensus of the current ESO organisations themselves?

How will the Institute ensure transparency and accountability to the members and general public? Will members be involved in the continual improvement of the institute, or will that be conducted solely through the board?

We note that one of the proposed responsibilities of the institute is to:  
Undertake education, communication, promotion and other activities to build awareness in the veteran community of the services provided by approved veterans' advocates.  
Will this occur across all regional areas and not be restricted to capital cities noting that there are significant veterans and their families in regional areas.

**2024-37 – G Bester**

I quite like this idea, and feel it is needed.

Under the Member Benefits on the consultation paper, in addition to what has been suggested I would like to see provisions for further enhanced MyService functionality to assist wellbeing advocacy in addition to compensation advocacy. As an example. the ability lodge and monitor all different types of form submissions (such as NLHC, appointing of a support person, and so forth, and not solely for compensation claims.

**2024-40 – Dr P Gregory**

I established Advocacy for the Aged Inc. in Queensland in 1989 and acted as Secretary of the Association and Advocate.

I would be happy to lend my experience to the project.

**2024-41- L Mann**

Over the years I have personally watched and observed preferential treatment been provide via the current and old advocate system, there are hundreds of men and women whom have been to ESO come RSI to find they do not get the support they need.

By changing names of the system and having the same old people still involved at the top will not help anyone.

Currently I am operating my support to these veterans and families who fall through the Cracks across all ESO systems and we do not support the Spouses of Ex Service people that well in fact we neglect them.

Finding three a week who have gone to ESO and never got support the large ones with the big social media attached telling everyone how good they all are, and no substance but all spin gloss and little action especially in remote country areas.

This has to change and ESO should be taken out of the picture and DVA itself should be the first point of contact as the ESO are failing on delivery all over, at the sad demise of the ex-service people and their families.

**2024-42 – R Waller**

I don't think another coord/management layer is necessary. Focus should go to financing regional hubs with a paid Compensation advocate in each (this has commenced thru RSL).

## **2024-46 – L Russell**

As a fairly new wellbeing advocate level 2, having been approved in April 2024, I have found that once you pass your training, you are basically left on your own to help manage veterans. There has been no contact from ATDP staff to see how you are progressing (apart from the trainers) and no support; we receive the regular DVA ATDP newsletter, but that's about it really.

You are basically left to 'fend for yourself' as far as continually trying to find suitable training courses that will allow for yearly accumulation of CPD points. I take on so much training as part of this role, both local, online and wherever I can find it, however if DVA wants to ensure consistency for all advocates, then they need to ensure that appropriate training and resources are provided for all advocates including regular online meetings.

As part of RSL Victoria, we have set up a community of practice for our wellbeing advocates that provides online and in person forums, discussions and training on topics of interest. Details are forwarded to CPD points team for allocation of points; for all the work that we have done, rarely do we receive any more than ONE CPD point per meeting. Trying to maintain 35 points per calendar year is difficult when you have already completed so much training over the past 3 years - it's a matter of rehashing old training into updated refreshers to keep abreast of relevant information.

We also need an advocates' login portal where we can store our training and CPD points rather than having to upload this all the time when requested; this way ATDP can access our file to see our progress; they can also leave us messages, post information on current training and resources, etc.

There needs to be consistency amongst advocates as far as providing a service to veterans. At the moment, my main source of information is through RSL Victoria mentors; I certainly don't have any regular contact with ATDP staff.

I believe an institute for advocates will be a step in the right direction, otherwise advocates, like myself, will become disillusioned and leave the sector if there is no consolidation and ongoing consultation, advice and monitoring of advocates, especially those who work in rural areas like myself. All advocates are busy and mentors doubly so, hence sometimes you feel awful asking questions, but you know you have to, to ensure the right help is provided for veterans.

I find accessing information via DVA website is getting better but there is so much information surrounding all the Acts that it can be confusing for our veterans, let alone advocates, so consolidating these Acts will also, I believe, help future new compensation & wellbeing advocates better understand how to help our veterans.

I am undertaking the wellbeing advocates mentor training in November, although I am not fully experienced, however am keen to assist new advocates coming into the system to ensure we have enough advocates for our veterans into the future.

I hope this information will be useful for the submission.



**2024-48 – Dr John Griffin**

I welcome the opportunity to provide a submission relating to a project to establish an "Institute of Veterans' Advocates".

I am a life member of the Returned and Services League of Australia and President of the Tweed Heads and Coolangatta RSL Sub-Branch Incorporated.

Our Sub-Branch has provided advocacy services to Veterans for many years with the use of volunteer members. This, whilst attending to needs by the best available skills and resources, fall short of providing a professional service. Training of advocates was limited. Opportunity has been taken by commercial providers which unfortunately for veterans using such services has the effect of reducing payouts/pensions due to cost.

The overview advises that ..."veteran advocacy services are not regulated and professional oversight of advocate's work standards and/or conduct, is limited", and it was within a similar framework of thought that the TH & C Sub-Branch enhanced volunteer advocates with a paid (part time) advocate of appropriate background. This has proved highly successful with veterans from Australia and overseas seeking this advocacy representation (by word of mouth).

However, to ensure that we are in compliance with legislation, meeting expectations of the RSL organisation, it requires significant monitoring. Should an Institute be formed as proposed or within the parameters of the discussion paper, this would be of immense aid to ESO's and advocates. I would be available should follow up be required relating to by submission or any other matters.

Yours faithfully  
Dr J Griffin  
President  
Tweed Heads and Coolangatta RSL Sub-Branch Inc

**2024-50**

From first-pass approximation I support this initiative. The structure as proposed seems like it would be an effective means of supporting veterans especially if coupled with advertising in service papers and through official lines of communication.

## **2024-51 – Australian Special Air Service Association**

The ASASA strongly supports the position paper that was presented to ESORT by the Advocacy Working Group.

The DVA briefing note regarding the proposal paper is shown at:

<https://www.dva.gov.au/sites/default/files/2024-08/consultation-paper-a-new-institute-of-veterans-advocates.pdf>

The advocacy system requires an overhaul and now is an excellent time to do so. ASASA position is that the changes articulated in the working group report, provided to ESORT, must be implemented. Failure to do so will see the advocate system continue to flounder. The collegiality between the ESORT working group and DVA, in the formulation of the paper was excellent, and with both parties having extensive input into the final paper, it augurs well for a most cooperative change and introduction to the proposed system, if it is approved.

Establishment of a Veterans' Institute will see a detailed code of practice, strengthened advocate training, and stronger communication between DVA and advocates, which will result in a better claim process for all parties. With MRCA Mk 2 planned for introduction with effect 1 Jul 2026, now is the time to undertake this change. We also note that this change will assist with the transition to the new Act.

Michael Carlon JP  
Volunteer Level 3 Advocate  
ASASA OWP Representative

## **2024-53 – M Raison**

ATDP, since the introduction of this program we have lost most of our experienced advocates. My RSL Sub-Branch 6 years ago, had 6 level 3 advocates to level II advocates and two level I advocates (compensation). We also had two people qualified as well-being pension offices.

Many of these people did not complete recognise prior learning (RPL) and if they did not complete it to their previous highest level. Out of the six of us qualified at level 3 I was the only one to do this.

This system is fought with problems.

If someone walks into an Ex-Service Organisation (ESO) and says I would like to become an advocate this ESO must have an advocate qualified at level 2 if they do not they are unable to be helped I have had to turn many people away who wish to become advocates and help because of the Mentor system. With most advocates being volunteers and part-time this system does not work in this work environment. (It is possible it would work in an environment where you had full-time mentors and full-time mentoree's) Many people wish to work in one or the other field of compensation or well-being advocacy. I have had several people drop out that I have been mentoring because they did not wish to do the well-being advocate part of the program.

Throughout our military career we are taught face-to-face by instructors who are highly qualified, and we work on a system of been shown how to do a task practising the task and then been tested on that qualification. This is the way we have been taught this is the way we understand it

I was told that the ESO's asked for a proficiency course as opposed to an attendance course. I fully agree with this, but the previous government introduce this system to save money not to produce a higher quality of advocacy or representation for our veterans. This has meant that we now have a far lower number of qualified advocates, it is taking far too long to train advocates through the mentors system and our dropout rate is extensive.

Currently advocates are now trained to a level where they are only as knowledgeable as their Mentor and usually to a slightly lesser level as it is not possible to pass on all your knowledge. This means every time someone is qualified and then passes their knowledge on a little bit more of this knowledge is lost. Many items that are needed to be taught to advocates particularly compensation advocates is not taught for example retrospective claims through ComSuper (CSC), diagnostic protocols the understanding of date of onset as opposed to other dates required throughout the legislation, the use of the advocate handbook and the complete understanding of the GARP (M) is minimal to previous qualifications and courses.

Even with the harmonisation bill these overall underlying problems with ATDP will still exist. When you look at the average age of advocates we were not born with a mobile phone in our hand and we learn far better by attending courses as opposed to e-learning.

**2024-56 – I Hildred**

The establishment of this organization will only work if the CSO's and delegates at DVA complete the same training. The number of times these members argue about entitlements and which legislation the veteran falls under is ridiculous.

DVA need to stop paying some of these paid advocate organization who charge by each diagnosed condition report as the money could be better spent on advocates who submit full claims with supporting documents.

A review of the current training standards needs to be conducted as the current courses are repetitive and draconian. The use of the current mentor system lacks any merit as the mentors' notes are often not utilized when assessing suitability of new advocates.

Submissions by mentors should be utilized instead of either redacted report or written permission from veterans to use their information. This is time and resource consuming that could be better spent conducting business with veterans.

Welfare and pension should go back to individual courses as they are two separate areas both are sometimes not suitable to some members interested in taking up the spaces available.

**2024-63**

Regarding the plans for the Institute of Veterans' Advocates, it appears that DVA is rushing to a solution in order to "get the issue off its plate" and in time for the release of the Royal Commission findings and recommendations so that it can be seen to have done something about a pervasive issue that should have been addressed many years ago.

In doing so, it appears that the recommendations of the Rolfe Review and the Cornell review have been largely disregarded.

Both reviews in essence called for an independent advocacy "company" to be established to provide the much needed governance, quality assurance and support of advocates.

With reference to its draft TOR, the IVA is not that entity and it cannot fulfill the stated requirements. It is in effect somewhat akin to the Law Society. It has members and offers training and limited QA of advocates but that is about it. Moreover, the composition of the governing body/management committee is at this stage wrong. Simply put, if the organisation that the aspiring committee members belong to, do not provide advocacy or other veterans' services, then they do not have sufficient knowledge or "skin in the game" to be effective. Simply being the head of a membership organisation does not qualify one to be a SME on advocacy matters.

There is a fundamental principle missing from the TOR and broader thinking. That is, no veteran should be required to pay or offer up a slice of their payouts to the increasing numbers of "fee for service" advocates.

A not for profit company limited, that receives block funding from the Commonwealth, grant funding and with additional revenue generated from membership fees is a far better option. All advocates become employees of the company on either a full time, part time or casual basis. As employees they must meet accreditation, performance and training requirement, but they are remunerated for the work they put in.

Veterans receive free and high quality advocacy and the fee for service entities are frozen out of the game.

Unless an advocate is an employee of the company, they cannot appear before the VRB or the AAT.

Blinkered thinking driven by some who seek to achieve personal gain from the current proposed offer will create problems that will persist for decades and will do little to alleviate the current situation.

## **2024-64 – A Pahl**

My first thoughts when I first read the paper was "here we go again" deja vu! I have been a trained Military Compensation Advocate since 2008 and have seen so many changes regarding how we receive our training and keep our unique skill set current so we deliver the best possible support and assistance as volunteers (not paid) for Current and Former Serving Members of the ADF, so members will receive what they are entitled to as a consequence of their service, injury, illness, disease or death.

Our Advocacy service has been onboard HMAS Cerberus for 14 years. We have been providing a free service regarding Military Compensation Advocacy, under an arrangement sponsored by Longbeach RSL and has permission from Command at HMAS Cerberus. Our team feels very privileged to be allowed access on base and the Health Centre. We are not DVA or Defence, we are independent, and our sole responsibility is to represent the member.

Every year my team has to provide evidence of our continual training and competency to our Executive Committee at Longbeach RSL, so we can provide our Advocacy Service. It is signed off by our President which covers us with Insurance to practice. Part of our service is to empower anyone who comes to seek our assistance with education about getting the best outcome of THEIR claim, not the Advocate. Many of the members we represent stay with us for years post their ADF service, until they are resilient and satisfied that they can stand on their own two feet regarding on going needs DVA should provide them.

I have over 15 years' experience as Military Compensation Advocate and also sat as a Service Member on the Veterans Review Board (VIC/TAS), and keen to observe what this proposal is looking at for in the future. In my time I have seen many years of change and challenges, still do within Defence or DVA, especially with referral to Advocacy services and the miss information provided by those "who think they are qualified" however are very not! They are usually the Advocacy services who seek payment from Members requiring them to submit their claims into DVA.

I support an Advocacy regulatory system which must be independent and properly managed, ensuring the best quality support and assistance will always be maintained for all ADF current and former members and families, if and when required. What I do not like reading in this paper under the heading of Member benefits is the statement referral to "DVA approved advocates". Why Military Compensation Advocates are needed, exist and the reason we take great pride in their ability to represent members is because of our Independency – putting it simply we represent the member, not DVA, not Defence or other internal/external agencies/stakeholders because it is their claim. It is also due to our ability to provide, advise and assist members navigate a highly complex DVA compensation system. Or if you look at this way, DVA keeps Military Compensation Advocates in a job because within their own organisation (all departments – liability, PI, Incap, Rehab) it is broken and not fit for purpose. No claim is the same or handled the same, and depending on which State/Delegate receives the claim it can have been processed in so many ways.

Members are still being continually asked by DVA Delegates to prove injuries, illness and or diseases based by their service. Having to always provide further evidence (pages to take to doctors), not read by the Delegate which is often that is contained within their own Service Medical/Personal files or submitted with the claim or provided in a written contention (causation) by the member. It calls into question a member's "unique nature of military service" and is insulting and is yet another delaying tactic. The definition of Hazardous service - why is it only referred to those who only serve in the Army, let's look at the broader

ADF types of service, for example those who serve at sea "Border protection", "Submarine" service etc.

DVA states our backlog is decreasing and time taken to process is getting better. Realty, DVA has now put an additional layer, for example a Case Support Officer, who's role to screen submitted claims prior to them being allocated to IL Delegate for investigation of the claim which can still take months and years. The facts are DVA lacks consistency, interruption of policy and procedure and transparency depending where and when a Member submits a claim.

Previous Secretary of the Department of Veterans Affairs MAJ GEN Liz Cosson openly advocated that she wanted to develop a system and processes so as Military Compensation Advocates would not be required or needed in the future. Ironically this is when MyService can fully online, allowing anyone who served to lodge their own claims.

What happened, DVA did not employ enough people within the Department to handle the demand (backend) when claims were submitted. Or a system to support and assist Members lodging claims requiring support who were covered under three Acts of Compensation Legislation. Good DVA experienced Delegates left the Department because of the pressure placed upon them by middle management (so as to meet targets) and as a consequence simply they could not spend the time it required to get the best outcome providing the correct and full benefits to members claims.

The Department changed from system of how they would process claims, always acknowledging ADF members unique nature of military of service so as to apply a beneficial legislation to compensate - now it is more like an Insurance Company ran organisation with the philosophy, delay, question and deny, making it so difficult to get simple claims accepted. This is why Military Compensation Advocates are always needed.

#### **2024-66 – RSL NSW Cootamundra Sub-Branch**

We at the Cootamundra Sub Branch believe that the creation of a professional Institute Advocates from the ATDP would serve to only benefit the organisation as a whole, we think it is a fantastic idea.

It will ensure that Advocates are held accountable and only help to improve Advocacy services.

I personally feel that by authorising advocates to be able to arrange medical reports, paid for by DVA prior to submitting claims, would be a vast improvement on the current system.

#### **2024-67 – W Krause**

The need for the establishment of a professional organization is questionable. The competency standards have already been set and implemented. It is working why reinvent the wheel when it is not broken?

**2024-76 – Dr R Bain**

The Final Veterans' Suicide Report represents a once-in-a-generation opportunity for meaningful change and, along with Defence, make every effort to address suicide and suicidality among serving and ex-serving ADF personnel.

An independent body of ex-service personnel must be appointed to oversee the implementation of this report's recommendations.

This is not a job for the Veterans Advocate Group but a separate, well-qualified veteran group with the necessary knowledge to do the work and with experience in this area.

eg. Myself. A registered Medical Practitioner with ten years on the RSL (NSW) State Executive, currently a Funeral Company executive and medical referee for government-required funeral cremation documentation.

A Clinical Psychologist would be useful too.

Dr R Bain OAM  
MBBS FRCA FANZCA  
Member RACGP  
Veterans' Medical Advisor

**2024-82 – T Linnane**

Absolutely in total agreement with this proposal and feel it's a long way coming. I would suggest you also include first nation representative.



## 2024-88

I initially wrote to this idea in April 2024 and in a couple of my sentences highlighted the inevitable problems that may arise.

Points to note: No research methodology has even proffered, and no true objectives presented. No statistical data has been supplied that would even support "Institute of Veterans' Advocates". Currently there are volunteer advocates (non-paid) at ESOs, there are paid advocates at ESOs, there are individual advocates (not aligned with any ESO) who charge a % of DVA monetary outcome and there are other corporate organisations who charge a flat rate on DVA monetary outcome.

Within Victoria, there was an organisation named TIP who managed, tested and had complete oversight of all advocates. They organised training and mentors through the ESOs'. In 2017/2018 DVA along with an external training organisation (ATDP) cemented that role further and introduced mandatory training and advancement. This has also arisen with more claims relating to MRCA. The certificates which were issued mandated our responsibilities and skills.

It has always been a rule of thumb, that those who want the Directors throne eventually destroy the organisation.

The Appetite for change has presented itself due to differing groups of Advocates, but also the monetary compensation that is offered by DVA.

My proposal is to allow the ATDP to function as an organization that will also lift (no denigration intended to current advocates - this is the Overview statement) and deliver consistent training and professional development at a national level.

A national complaint handling process: Who is going to run this? If the Veteran has suffered financial ruin due to incompetence or theft, would it not be covered by the insurance policies of the ESO's. Unfortunately, it is the individual and corporate advocates (fee for service) who would expose the veteran to financial incompetence.

I cannot see other professional bodies i.e. Law societies, Actuaries, Valuers accepting complaints from an external body where they have no oversight. A more important issue is to reduce the advocacy rorting by advocates who overstate their advocacy experience. Maybe the individual and corporate advocates (fee for service) have access to ATDP training for a determined fee.

Recommendation: I would prefer to keep ATDP as the registered training authority, and beef up their oversight at a national level, there are many educational bodies who can assist ATDP with the next hierarchical training level. A working group between appropriate bodies e.g. ATDP, DVA some ESO's advocates (a possible 2 each from State and Territories) and (ESO's advocates should be on a rotation system, so that new ESO's advocates come on board every 2 (two) years ) that should ensure professionalism is maintained and key stakeholders are included.

I am saying NO to the "Institute Board" including the Chair, Deputy Chair, directors, ex-officio members. There is a cost to fund such Boards, and therefore the funding will have to come from other sources to the detriment of those who wish to offer advocacy services.

## **2024-91 - RSL NSW Cardiff Sub-Branch**

While the goal of professionalising veteran advocacy services is commendable, we have the following concerns:

1. **Advocate Availability:** The paper claims the Institute will enhance the standard and availability of advocacy services, but it fails to explain how it will increase the number of advocates. The critical issue is the declining number of advocates and mentors, which is more urgent than establishing an Institute.
2. **Prioritising Claims Processing Over Additional Data:** The Member Benefits listed are mostly already available, except for “data and feedback on the quality of claims.” Given DVA’s limited resources, we prefer they focus on processing our members’ claims rather than providing additional data. While we support obtaining quality data, it should not come at the expense of processing claims.
3. **Impact on DVA’s Capacity:** The paper states that staff support for the Institute would be provided by DVA. However, given DVA’s limited staff resources, this could further strain their capacity to process claims for veterans in a timely manner.
4. **Concerns About Fee-Based Service Advocates:** The new model allows fee-based service advocates to access ATDP training and may also require them to make their fee schedules clear and accessible to veterans and families. Recent reports indicate that some legal service providers and veteran lawyers have exploited veterans’ confusion over claims processes, signing them up for costly contracts with no added benefits, despite the availability of free advocates. Our concern is that this exploitation worsens the struggles of veterans, prioritising financial gain over their best interests.

We value professionalism, regulation, and training, but we need to simplify these processes to attract more volunteers. We recognise the challenges of ATDP training, including support, mentorship, and administration. Our focus should be on making welfare and wellbeing roles more appealing and manageable before adding a peak body that could increase governance and delays.

**2024-95 – C Davis**

Please take into consideration the following 4 Recommendations to enhance the ATDP system for Volunteer Advocates.

I am a competent, hardworking and conscientious volunteer and admit to being a novice computer operator with little experience in knowing how to move around a computer screen. The expectation to do modules on-line, quizzes, podcasts, webinars etc stressful and detrimental to my wellbeing. I learn best by talking things through, in seeing demonstrations, participating in practical sessions, listening to guest speakers, and all this is best done when having face to face contact.

It is worth noting that on-line responses are not a verifiable process of proving who is completing the ATDP assessment to gain their 15 points.

**RECOMMENDATION 1**

That a volunteer advocate should have an equal opportunity to meet their ATDP point obligation by offering similar guaranteed 'face to face' training opportunities as on-line choices.

**RECOMMENDATION 2**

Organise face to face professional development for volunteers that is either a full day twice a year or a two day program annually that meets the obligation to retain the ATDP VITA professional indemnity insurance.

**RECOMMENDATION 3**

On-line ATDP training to continue to offer the volunteer advocate an option that may best meet their learning style and comfort zone.

**RECOMMENDATION 4**

The volunteer advocate's day to day work experience (practical application) be recognised as part of the accreditation process. This can be validated by the volunteer advocate's monthly welfare report to the committee of management or board.