



RSL AUSTRALIA

ADVOCACY & ADVOCATES

BRIEFING PAPER

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Executive Summary

This paper has been prepared by the Returned & Services League Australia (RSL) to further the Royal Commission into Defence and Veteran Suicide's understanding of the criticality of appropriately trained and resourced advocates in enabling veterans and their families to access funding and other supports designed to further veterans' health and wellbeing. It is also intended to inform the thinking of Government and the ESO sector, providing a basis for future discussion and potential reform.

The Federal government provides a range of services and benefits specifically for veterans, including financial assistance, healthcare, and counselling through the Department of Veterans' Affairs (DVA). Navigating this system of different government and community offerings is often challenging for veterans, and many are not aware of all the resources available to them.

For the purpose of this paper, an advocate is as defined by DVA:

Advocates are people who are trained to help veterans access DVA services and payments. They are generally volunteers and work for one of more ex-service organisations (ESOs). They tend to be members of the veteran community, such as veterans and partners of veterans. They are not DVA staff members.¹

RSL engages paid and un-paid (volunteer) advocates across its network who assist veterans and their families to:

- Lodge claims under the *Veterans' Entitlements Act 1986* (VEA), the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA) and the *Military Rehabilitation and Compensation Act 2004* (MRCA)
- Access a wide array of Federal, State and Local government and community services, including those that are available from DVA which support wellbeing.

Multiple studies have demonstrated the ongoing and urgent need for veteran advocates in Australia². In 2018, the DVA commissioned UNSW *Baseline study of current and future availability of ex-service organisation advocacy services* report that³ outlined³:

- *'There is an ongoing need for advocacy services for veterans and their families, given the complexity of the legislation and claims process, and the diversity of needs in accessing advocacy services;*
- *The existing advocate workforce is currently just meeting demand; and*
- *The workforce is expected to decline 30 per cent in the next five years.'*

The Minister for Veterans' Affairs has stated that, "Having advocates who are Advocacy Training and Development Program qualified, providing support to veterans means claims can be submitted at a faster rate, and to a high standard. When claims are submitted with all required documentation, it ultimately means veterans get the help they need faster⁴."

¹ [Find an advocate | Department of Veterans' Affairs \(dva.gov.au\)](https://dva.gov.au) accessed 22 March 2023

² Cornall, R, 2018, *Veterans' Advocacy and Support Services Scoping Study*

³ UNSW, 2021, *Baseline study of current and future availability of ex-service organisation advocacy services* report, p. 16

⁴ [4.551 million in grant funding available for advocacy services | Minister for Veterans' Affairs \(dva.gov.au\)](https://dva.gov.au)

This underscores the critical importance of having an Advocacy Training and Development Program that demonstrably results in high-quality advocates. It is the RSL's experience that offering ATDP accreditation does not automatically link to the provision of high-quality advocacy for veterans and their families, despite the high quality of the ATDP courses themselves.

Advocacy may be impaired due to a lack of underlying principles, inadequate provision or access to contemporary training and mentoring, poor program administration and communications, non-compliance by ESOs or individual advocates, and shortfalls in funding. It is also notable that there is no formal quality assurance framework for advocacy. These challenges are systemic and multi-faceted. Finding solutions for these challenges is a shared responsibility between Government, the ex-service organisation sector, and the wider veteran community.

This paper seeks to inform the work of the Royal Commission, Governments, the ESO sector and other stakeholders by:

- Clarifying the role and function of an advocate in the context of the Australian veterans' entitlements system
- Identifying the critical and necessary support that is provided by advocates to veterans and their families
- Proposing principles to better support the provision of high-quality advocacy
- Identifying opportunities to improve the Advocacy Training and Development Program (ATDP)
- Proposing changes to the way in which advocacy is funded to increase transparency and accountability in the delivery of advocacy.

Summary of Recommendations

1. The ESO sector in collaboration with Government develops and implements principles to underpin the provision of advocacy to act as a guiding framework for all organisations and individuals involved, as outlined at Paragraph 25 (p. 10), and which emphasise a focus on veteran wellbeing rather than the current transactional approach.
2. The Government review and clarify the governance arrangements underpinning the ATDP and effectively communicate these arrangements to all program participants.
3. DVA review the supports and resourcing provided to ATDP, to identify if the current settings are enabling the intended functioning and effectiveness of the training and accreditation program.
4. DVA should consider a separation of powers between the content and delivery of the military advocacy training package, with DVA as content owner of the training package, and any RTO able to design and deliver the training.
5. DVA implement the recommendations on page 85 of the UNSW *Baseline study of current and future availability of ex-service organisation advocacy services*⁵.
6. DVA take immediate action to improve communications and provision of data to advocates to inform their advocacy.
7. The Government provides long-term, and sustainable needs-based funding to facilitate the delivery of advocacy services and to support continuous improvement and delivery of advocate training and mentoring.
8. DVA re-establishes and implements a mechanism to provide feedback and guidance about the quality of claims being submitted to identify advocacy and claims issues in a timelier manner, reduce administration across all stages of the advocacy process, help the ESO sector continuously improve the quality of advocacy, and improve outcomes for veterans and their families.

When DVA and the Government more widely deliver the above, it is then inherent upon ESOs to work collaboratively across the sector, and with DVA, to ensure advocacy is delivered effectively and efficiently to improve the overall wellbeing of veterans and their families. Advocacy is not delivered by Government - it is a collaboration between the sector, Government, and the community.

⁵ UNSW, 2021, *Baseline study of current and future availability of ex-service organisation advocacy services* report, p. 85

Introduction

The provision of advocacy to help veterans access entitlements and wellbeing supports for ex-serving members of the Australian Defence Force continues to be vitally important for veterans and their families. It also benefits the wider Australian community when veterans and their families are appropriately supported, enabling them to reach their full economic and social potential.

In recent decades, the training and support of advocates has been delivered in partnership between volunteer-led ex-service organisations (ESOs) and the Department of Veterans' Affairs (DVA), through schemes such as the Training and Information Program (TIP) and its successor the Advocacy Training and Development Program (ATDP).

The RSL has provided military advocacy since its inception in 1916 and currently acts as an umbrella organisation for most of the ATDP accredited advocates. As such, the RSL has a unique and central role in assessing systemic arrangements governing the conduct of advocates.

The RSL endorses more than 400 advocates across the country, in both paid and volunteer roles. The RSL has seen a steady decline in the number of volunteer advocates since the introduction of the ATDP in 2016, which has, like other volunteer sectors, been further exacerbated by the COVID-19 pandemic.

While some of this decline can be attributed to the pandemic and an ageing volunteer cohort, the RSL is seeing the systemic issues facing advocates that are deterring people from both volunteering and working as veteran advocates. These systemic issues need to be urgently addressed and include:

- program administration by Government
- service standards
- quality assurance
- program funding
- the ATDP training program
- performance of ESO service providers.

This paper proposes potential solutions to each of the challenges identified and is focused on further developing the existing advocacy system to enable delivery of better outcomes for veterans and their families. These proposals are intended to be implemented collaboratively between ESOs, DVA and the ATDP. To be successful, cultural change in the veteran and ex-service organisation space is fundamental – shifting our collective approach to be genuinely focussed on the holistic wellbeing of veterans, rather than the current transactional approach centered on dollars in and dollars out.

The Royal Commission into Defence and Veteran Suicide continues to grow our collective understanding of the importance of focusing on wellbeing as both a protective and preventative factor. The lessons emerging from the Royal Commission have informed the development of this paper. The RSL stands ready to work with all stakeholders, to expand upon the issues and proposals outlined and to play our part to ensure that the advocates who support veterans and their families are best equipped to do so.

Advocacy and Advocates

1. Advocacy is defined in the Cornall report as, '*representing, speaking up for, assisting or finding assistance for a veteran. It does not mean legal representation by practising lawyers.*'⁶

2. The report goes on to state that:

Compensation advocates assist veterans to access their benefits and entitlements. They can prepare, or assist in preparing, primary claims and obtaining supporting information to be lodged with DVA.

If a claim is not accepted, compensation advocates can represent the veteran at the Veterans' Review Board (depending on their level of training), and some may also appear for a veteran in a further appeal to the Administrative Appeals Tribunal.

Wellbeing advocates provide support and assistance for veterans dealing with health, personal and family problems including rehabilitation; medical treatment; accommodation; employment; addiction; financial difficulties; and domestic dysfunction.

3. The majority of ATDP accredited advocates are volunteers and many of them are Vietnam War veterans. A small number of paid advocates are engaged by the large ex-service organisations, principally the RSL and Legacy⁷.

Accessing an advocate

4. ESO advocates assist veterans and their families to access those services that are provided through DVA and through other government and non- government organisations. Within an ESO, the role of an advocate can include, but is not limited to, providing advice and support to lodge compensation claims, supporting a veteran and/or their family to access wellbeing and lifestyle services, accommodation and housing, financial assistance, assistance to find employment and scholarship programmes.
5. ESOs fulfil a particularly important role in assisting veterans who are transitioning from the ADF and are looking to establish roles in the civilian workforce and community.
6. Advocates who practice within ESOs are an important source of camaraderie and support for veterans and their families. Advocates can be veterans themselves; their own service and lived experience giving them a contemporary understanding of the challenges of transition and civilian reintegration, within a structure that is based on a deep understanding of the ADF culture.
7. ATDP-trained advocates working under the banner of accredited ESOs do not charge clients for these services. They are accredited by an independent Registered Training Organisation (RTO), they have ongoing training and continuous professional development (CPD) requirements and are obligated to abide by a Code of Conduct when dealing with clients and with DVA. These benefits are outlined in greater detail below.
8. There are private practitioners and solicitors who offer advocacy services. As independent practitioners they do not have access to the formal ATDP training, nor access to the CPD topics provided by DVA. Clients can be charged for these services, with fee structures that

⁶ Cornall, 2018, p.23

⁷ Cornall, 2018, p.24

include remuneration and a percentage of any lump-sum entitlement payments made by DVA to the veteran client.

Accreditation and ATDP

9. The intended accreditation process for advocates is undertaken through the ATDP. This is a national training program, accredited by the Australian Skills Quality Authority (ASQA). This accreditation means the Course in Military Advocacy is nationally recognised and meets an established industry, enterprise, educational, legislative or community need.
10. The ATDP Course in Military Advocacy has six units of competency (UoC), four of which are in the Compensation stream:
 - Compensation Level 1: Provide military rehabilitation and compensation advocacy services under supervision
 - Compensation Level 2: Provide military rehabilitation and compensation advocacy services
 - Compensation Level 3: Advocate on behalf of members of the military community for a merits review of a primary decision
 - Compensation Level 4: Advocate on behalf of members of the military community before the Administrative Appeals Tribunal
11. With two others in the Wellbeing Stream:
 - Wellbeing Level 1: Provide military wellbeing advocacy services under supervision
 - Wellbeing Level 2: Provide military wellbeing advocacy services
12. ATDP has a single learning pathway. This means trainee advocates must complete Level 1 before they can move to Level 2, complete Level 2 before they move to Level 3, and so on.
13. The program is funded by the Australian Government through the Department of Veterans' Affairs (DVA). The ATDP is managed by DVA in partnership with ex-service organisations with close involvement of a contracted Registered Training Organisation (RTO), Major Training Services.
14. Onboarding, training, and accreditation/currency of advocates falls predominantly on senior volunteer advocates, who themselves will have their own advocacy work, and the ESOs who accredit them.

Funding

15. The current funding arrangements for ESOs rely on government grants, programs, and public fundraising efforts. The 2021-22 Federal Budget included \$4.7 million over four years to support veterans' advocacy services. This amounts to approximately \$1,720 per year per ESO advocate.
16. As part of this work, the government is improving the Building Excellence in Support and Training (BEST) grants program by setting service standards for claims advocacy. DVA states that the new standards will help ensure veterans and families receive high quality claims advocacy services⁸. In theory, this sets a minimum standard for ESOs who offer claims advocacy services.

⁸<https://www.dva.gov.au/about-us/overview/consultations-and-grants/grants-and-bursaries/building-excellence->

Why have advocacy?

17. The DVA-commissioned UNSW *Baseline study of current and future availability of ex-service organisation advocacy services* report demonstrates the importance of advocates and ESOs in the DVA claims system. The report outlines 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 quicker⁹.”

Benefits for veterans and their families

18. The benefits of providing high-quality advocates and advocacy for veterans and their families include:

- Facilitating access to their entitlements
- Facilitating access to wellbeing supports and services
- Helping them be heard and effectively express their views
- Providing visibility of the range of services available, and guidance on the best available support options for the needs of the individual veteran and their family
- Providing advice where DVA is unable, or unwilling, to do so.

Benefits for DVA and Government

19. The benefits of providing high-quality advocates and advocacy for DVA and Government include:

- Submitting decision-ready claims to DVA, helping to reduce backlogs and improve client experience of
- Improving engagement between DVA, veterans and their families
- Improving advice given to veterans and their families about DVA and Government processes, including the proposed veterans’ legislation reforms
- Providing advice to improve Government and other stakeholders’ understanding of the challenges of the veterans’ entitlements system
- Providing expert advice to Government, and informing policy makers about how the claims process is working in practice.

Benefits for the community

20. The benefits of providing high-quality advocates and advocacy for the community include:

- Providing the community with information and support, to help them better understand veterans and their families, in accessible language and formats
- Increasing veteran literacy across the wider community
- Lifting and increasing engagement between veterans and the general community, benefitting both parties and countering the so-called “broken veteran” narrative.

[support-and-3](#)

⁹ UNSW, 2021, *Baseline study of current and future availability of ex-service organisation advocacy services*, p.78

Strengthening advocacy - Principles of advocacy

21. The policies, processes, systems, and training designed to support advocates, the organisations that support them, and the entire advocacy landscape linked to the DVA entitlements' system are intended to deliver the best possible outcomes for veterans and their families.
22. Currently the intended outcomes are not being achieved, as is evidence by the DVA's current backlog of claims and comments made by the Minister for Veterans' Affairs¹⁰, however, there are no foundational principles underpinning the advocacy landscape to guide participants. The current approach to advocacy is outputs-focussed, rather than outcomes informed.
23. The RSL recommends that the ESO and Government collaborate to develop and implement principles to underpin the provision of advocacy, to provide a guidance framework for all advocates, the organisations that support them, and mostly importantly, for veteran and their families.
24. The RSL suggests that to provide high-quality advocacy, the provision of advocacy must be based on the following principles:
 - **Veteran focussed** - a current and contemporary understanding of the needs of veterans and their families. All engagements and decision-making are informed by, and responsive to, those needs.
 - **Trauma informed** - all engagements and actions are appropriate to the health and wellbeing of veterans and their families, particularly engagement between advocates and their clients. Advocates do not operate beyond their capacity.
 - **System and process literate** - continuous professional development is made available to advocates to ensure that their knowledge across the full range of DVA offerings, including rehabilitation and wellbeing, and processes remains current. An up-to-date working knowledge of military superannuation, supported by the sustained ability to clearly articulate these in accessible language and formats to veterans and their families.
 - **Stakeholder management** - advocates, ESOs and DVA maintain effective working relationships and a commitment to working co-operatively to achieve the best outcomes for veterans and their families. Advocates have the capacity to actively pursue a claim or appeal when outcomes are less than optimal.
 - **Collaborative and evidence informed** - a sustained commitment to informing and enabling continuous improvement, including through the lived experience of advocates and their clients.
 - **No charge for veterans or their families** - advocates and ESOs cannot charge for advocacy services.

¹⁰ Press conference, Veterans' Legislation Reform Consultation Pathway

- <https://minister.dva.gov.au/news-and-media/minister/press-conference-veterans-legislation-reform-consultation-pathway#:~:text=MINISTER%20KEOGH%3A%20So%2C%20the%20backlog,to%20get%20through%20this%20backlog.>

Improving ATDP and DVA administration

Improving ATDP

25. On paper, the ATDP is an excellent concept that seeks to improve the training and hence quality of advice provided by advocates.
26. However, in its current form, ATDP is not delivering effective support for volunteer or paid advocates. While this is the case, from March 2023, ATDP has been consulting with ESOs and making some initial improvements to improve the functioning of the program.
27. The ATDP's issues include:
 - **Information** - in July 2021, the governance structure of ATDP was changed. Since the change, there has been limited information provided to ESOs regarding the new governance structure and the proposed way forward.
 - **Complexity** - the ATDP training/accreditation process has proven to be time consuming and difficult to navigate, slowing the accreditation of advocates.
 - **Mentoring** - it is difficult for prospective advocates to find mentors, while the workload for qualified mentors is large and growing.
 - **Communication** - despite repeated requests by the RSL, DVA has no process in place to routinely inform advocates of changes in DVA claims policies and procedures. A change in DVA policy can mean advocates are unknowingly providing veterans with outdated information.
 - **Clarity** - roles and responsibilities within the ATDP program are not clearly delineated.
 - **Administration** - DVA provides very limited administrative support for the ATDP program.
28. In summary, the delivery and administration of ATDP is not fit-for-purpose, with the support provided by DVA to ATDP insufficient to allow the program to function effectively.
29. The RSL recommends that Government review and clarify the governance arrangements underpinning the ATDP and communicate these arrangements to participants in the program.
30. The RSL also strongly recommends that the support and resourcing provided to ATDP by DVA is reviewed, with the goal to provide the resources required to support and improve the functioning and effectiveness of the training and accreditation program.
31. As part of this review, consideration should be given to:
 - a. Improving the ATDP training program to make it easier to access and quicker to achieve accreditation when advocate case numbers and work quality warrants this progression. It needs buy-in from ESOs.
 - b. Update training programs to meet the needs of both volunteer and paid advocates.
 - c. Expedient completion of training modules across all ATDP advocacy courses, particularly in circumstances where advocates are undergoing consolidation and/or accreditation training.

- d. Improved access to mentors to enable professional development as an advocate - consideration should be given to additional funding provisions under BEST to encourage advocates to become mentors, or Major Training Services providing funded mentors as part of its ATDP training package.
- e. Access to expert technical advice when issues arise that are beyond the knowledge of existing advocates/mentors.
- f. Clear guidelines regarding the ATDP governance model, and the roles and responsibilities within that model.
- g. Address the complexity of an Advocate having to obtain the appropriate "veteran", who has the required service (i.e. MRCA or DRCA) that covers the required legislation to complete ATDP workbooks. ATDP could base training on case studies, and not rely solely on real-life Veterans' claims.
- h. Expansion of the Communities of Practice (CoPs) facilitated by ATDP, which work collectively to assist and inform volunteers and enable them to meet the demands of younger veterans.
- i. Provision of face-to-face training following initial nominations by potential advocates, to provide basic and necessary knowledge and skills, and opportunities for questions, discussions, and networking.
- j. Provision of face-to-face training for continuous professional development, including providing opportunities for questions, discussions, and networking.
- k. Improved and sustained communication between DVA, ATDP, the RTO, and advocates and ESOs.

Improving DVA/ATDP training governance and processes

32. DVA should consider a separation of powers between the content and delivery of the military advocacy training package:
 - DVA should own the training package content and standards, allowing it to control the subject matter of the course, and the knowledge and service standards required of advocates to become accredited under the ATDP. DVA can seek accreditation under the Australian Industry and Skills Committee (AISC) to be the package owner for Military Advocacy. Given DVA must train staff on the same content that advocates learn, this seems reasonable and provides high-level quality assurance.
 - An advisory panel could be created, comprising qualified advocates, DVA and RTO representatives, and subject matter experts, to provide advice on course content.
 - DVA should then allow any Registered Training Organisation (RTO) to design how the training package is delivered, allowing for innovative, accessible modes of delivery to be delivered, and the ability for trainee advocates to choose the mode of delivery that best suits their requirements.
33. If training governance for Military Advocacy was organised in this way, DVA/ATDP could provide trainee advocates with greater flexibility in the mode of delivery of training, while maintaining the ability to dictate the quality and knowledge-based required of the advocates it wishes to accredit to provide a high-quality advocacy service to veterans and their families.

Improving DVA's administration of advocacy

34. DVA's administration of the advocacy space could also be improved in the domains of technology, communications, processes, and provision of information.

35. The RSL recommends that DVA implement the recommendations of the UNSW *Baseline Study*, which suggested DVA could support the sustainability of the advocacy model by¹¹:

- 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'.
- 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 and improving access to DVA for advocates, including day-to-day contact.
- Consulting advocates on changes to wellbeing supports and compensation systems and processes and notifying advocates of changes.

36. In addition to these improvements, the RSL recommends that DVA improve communications and the use of data to support the provision of advocacy and advocates.

37. To be effective and inform advocacy services, improved communication should include:

- Providing meaningful statistics regarding lodgement of claims, including:
 - The overall numbers of claims
 - Numbers of claims lodged with the assistance of an advocate
 - A comparison of times taken to process claims - with and without advocate assistance
 - Feedback to ESOs regarding the quality of the claims being lodged by advocates. This will enable ESOs to address any systemic problems via on-the-job training.
- Continuing work improving 'Times Taken to Process' for claims and additional initiatives such as Streamline Processing, Provisional Access to Medical Treatment (PAMT), MyAccount and Online claiming to improve the claiming process.
- Improving the 'ESO Portal' that is used by many advocates to lodge claims online to better integrate with the MyService platform.
- Regular updates on legislative and entitlement changes should consistently be provided to practising advocates and published on the DVA website.
- An effective framework to deliver an accurate and current database of ATDP accredited advocates.
- Consideration of using the Veterans' Review Board (VRB) model of communications between DVA and ESOs in relation to decision making at the primary level.
- Regular on-line information sessions would be invaluable for practising advocates and would improve the quality of the claims being lodged via advocates.

38. By actively supporting ESO advocacy via their website and through staff contact with veterans, DVA could build a more constructive partnership in this space.

¹¹ UNSW, 2021, *Baseline study of current and future availability of ex-service organisation advocacy services*, p.85

Quality Assurance of advocacy and advocates

39. As currently constituted, there is no national, DVA-supported quality assurance mechanism to provide advocates and ESOs with feedback regarding the quality of the advocacy services they provide. There is no feedback from DVA to benchmark. There is no measurement framework to measure the quality of advocacy delivered to veterans.
40. Without benchmarks, it is difficult for DVA, ESOs and clients to assess the performance of advocates, including average caseloads, outcomes achieved, and decision-ready claims. ESOs are expected to self-regulate the quality of advocacy services provided against their own developed or perceived understanding of what constitutes high quality provision.
41. Additionally, there is no information available to veterans who are seeking an advocate to help them understand the quality of an advocate. Effectively, there is no accountability for advocates to provide a high-quality service or enforcement of service standards. There is no benchmark for what constitutes 'high-quality advocacy', other than organisational reputation and word of mouth.
42. To secure funding and resources, ESOs and advocacy service providers rely on government grants, programs, and public fundraising efforts. In the absence of advocacy principles, a quality assurance framework and feedback process, RSL expects that government is likely to find it difficult to assess grant applications for advocacy services against the intended outcomes.
43. As such, the current funding arrangements for ESOs providing advocacy are ad hoc, and grants are allocated in a fashion that do not seem to correspond to the quantity and quality of advocacy services provided.

Improving service standards and funding

44. The RSL does not envisage that the need for advocates to support veterans to access Government provided entitlements and supports will reduce over the coming years. Advocacy will remain a central requirement for veterans and their families. The recently proposed legislative changes will be challenging for many veterans and advocates and ESOs are likely to be a major support for DVA, and indeed veterans and their families, in this changing environment.
45. The RSL recommends the Federal Government consider how the advocacy system, including the advocate paid and volunteer workforce, can be strengthened to meet current and future demand. Critical to this consideration is the provision of long-term and sustainable needs-based funding for advocate training, mentoring and service delivery.
46. The RSL recommends that advocacy funding must be supported by DVA guidance and information provided to ESOs about the quality of claims submitted.
47. DVA should consider tracking the number and type of claims lodged and the quality of those claims against individual advocates, and collectively within ESOs. This would allow DVA to work with individual advocates and ESOs to ensure veterans are receiving the quality of service required.

Improving wellbeing advocacy

48. One of the recommendations of the Cornall Report was for consideration to be given to training a cohort of wellbeing advocates who possess social work qualifications to handle complex cases, particularly where there is domestic dysfunction within the families¹².
49. ATDP/DVA have suggested that the qualifications for a Level 3 Wellbeing Advocate (not yet a qualification under the ATDP) could be a formal industry qualification, or a Certificate IV in Community Services. This proposal would go towards meeting the recommendation made in the Scoping Study and is worthy of support and further development.
50. However, the RSL raises the issue that this would need to be appropriately recognised via funding through either the existing Building Excellence in Support and Training (BEST) grants scheme, or the potential long-term, sustainable, needs-based funding scheme proposed in this paper. Current funding only acknowledges the time required to make referrals to appropriate professionals - it does not look to the time investment of ongoing professional support provided by an industry qualified social worker.

¹² Cornall, 2018, p.92

Improving the advocate experience

51. Numerous reports have shown that the number of qualified, volunteer, ESO-linked advocates are in decline¹³. This increases the workload of practising advocates and reduces the availability of mentors, affecting the quality of advocacy provided. It is the RSL's experience that advocate burnout is an increasing risk.
52. To counter the decrease in the number of volunteer advocates, some larger ESOs are recruiting paid advocates. These remunerated advocates are subject to workplace performance and behaviour requirements and their availability usually exceeds that of volunteer advocates. ESOs provide these employees with training, support, and information updates from DVA. Most of the larger ESOs provide high standard IT systems that adhere to IT security and privacy requirements.
53. This is not to down-play the exceptional contribution of volunteer advocates. These volunteers are the mainstay of the connection to veterans and families within their communities. They are the 'face' of ESOs and have direct insight into the needs of their communities, and the effects of service provision. ESOs and the wider advocacy system must effectively support both paid and volunteer advocates. To strengthen their ability to do so, RSL believes that some system changes need to be made to help ESOs improve their performance.

Improving ESO performance

54. The RSL recommends ESOs work collaboratively together, and with DVA, to ensure advocacy is delivered effectively and efficiently to improve the overall wellbeing of veterans and their families.
55. Considerations for improving the performance of ESOs in providing advocacy services include:
 - **Measuring success** - traditionally, many advocates have measured their success by the rate of pension or amount of lump sum paid out to their clients. ESOs and DVA need to work constructively together to change the narrative and encourage a wellbeing focus as the measure of success.
 - **Informing sector collaboration** - ESOs with similar service offerings can usefully work together to ensure best use of resources to better meet demand. DVA can help such collaboration by providing information to enable ESOs to better identify similar service offerings across the sector.
 - **Improved training content** - ESOs must strive to ensure they are providing correct and consistent training packages and collaborate on the development of these packages with ATDP.
 - **Improved access to procedures** - ESOs must have access to up-to-date DVA claims procedures. This will be particularly relevant during the proposed reform of legislation.
 - **Transparency and accountability** - ESOs and their volunteer advocates need to work together to ensure quality and consistency in the provision of services, with advocates being open and accountable about their work practices.
 - **Expanding advocacy** - the full range of pension/compensation services on-line should be considered, given the improved accessibility and the additional choices these services offer.

¹³ Productivity Commission, 2019, *A Better Way to Support Veterans*, p.540

- **Leaving the door open** - ESOs should remain in contact with veterans who have transitioned, providing them with support required to consider engaging as volunteer advocates when they are able. The need for a welcoming environment within the RSL SubBranch structure is pivotal to this.
- **Veteran-focussed** - ESO advocates should be well versed in the basics of both advocacy types to ensure they are able to provide advice (or make appropriate referrals) across all aspects of available services.

56. The coordination of services, provision of support, and training can be assisted by the network of Veterans' and Families' Hubs (Hubs) being rolled out across Australia. The ESOs providing advocacy services in these Hubs could help coordinate the provision of advocacy to veterans outside the immediate hub area through a hub and spoke model.

Conclusion

In serving our country, veterans have served us all. In supporting their partner to serve, the families of veterans have supported the veteran. It is incumbent on everyone in the veteran advocacy space to ensure that we provide the best service to veterans and families.

Despite the demonstrated importance of advocates and advocacy in providing our best service to veterans and their families, the sustained provision of effective advocacy for veterans is under threat and the risk to their health and wellbeing is escalating.

There is currently no available alternative that exists, nor that is envisioned, to fulfil the tasks undertaken by advocates to meet the needs of veterans and their families. RSL suggests that the choice before us is simple, single, and imperative – we must all work together to strengthen the provision of advocacy for veterans.

At its best, advocacy offers veterans, and their families, access to vital services and information, in a supportive and empathetic manner, and at no cost to the client. Advocates can allow DVA to receive decision-ready claims, in turn reducing administrative effort and the claims backlog. Advocates can also facilitate engagement and understanding between communities and veterans which is important to health, wellbeing, and transition outcomes.

The combination of a lack of funding support and quality assurance mechanisms, a difficult and opaque training pathway and issues with program administration, and sustainability concerns for ex-service organisation are contributing to a decline in the numbers of volunteer and paid advocates. These factors are impacting on the quality and quantum of advocacy services available to veterans and their families.

Advocacy and its provision by advocates have developed organically in response to need in the veteran community. In the absence of a consistent approach from Government, ESOs and other stakeholders, this appears to have worked well to a point – it has served some veterans but not others. RSL believes it is imperative to reform both the system and the culture that underpins it to best serve our current and future veterans and their families.

Current reform of veterans' entitlements legislation provides an impetus to put the ATDP and advocacy on a new footing to best support the rollout of new legislation and associated work. It is imperative that DVA provides the funding and resources to ensure that all training modules are updated to reflect the changes to the legislation – from the time those changes are implemented. Trained advocates can form an important 'partnership' with DVA to assist in explaining the significant changes being proposed.

The proposals and recommendations in this paper are not about starting from scratch, but about building on the existing provision of the advocacy system, strengthening it to better enable Government, ESOs and advocates to meet the current and future needs of veterans and their families.

The time is now for the Department of Veterans' Affairs, the wider Government, ex-service organisations, and the community to take the right steps to allow veterans and their families to have access to advocates who are appropriately trained, resourced, and supported to provide high-quality advocacy. The RSL stands ready to further support and inform this work.