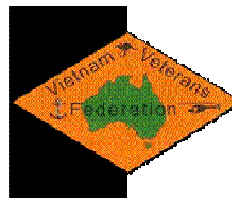




Defence Advocacy & Ex-Service Organisations

Issues Paper



This document has been compiled as a collection of current issues raised by the various Defence Service Organisations, Ex- Service Organisations and Family Advocate Groups listed.

It must be noted that not all of the organisations listed may have issue with all of the specific cases recorded; however, the need to recognise the unique nature of military life is supported by all.

The sponsoring organisation(s) for each issue is noted at the end of each.

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Major Issues Paper

Introduction

The Organisations¹ listed on the previous page are concerned that the community's appreciation of the special and unique nature of Defence Service has been allowed to deteriorate. There is a grave concern at the progressive move to see service conditions for Australian Defence Force members benchmarked against community standards and veterans support as welfare. Service in the ADF comes with a cost not just to the individual service member but their dependants as well. Government and Departments have a leadership role in ensuring that the community clearly appreciates that servicemen and women and their families deserve special recognition reflecting their contribution to the service of our Nation.

ADF serving and former members expect that the conditions under which they enlist and serve will be honoured. Serving ADF members expect that there will be no reduction of benefits, and that Government's clear obligation to servicemen and women will be met. There is a growing understanding that over time, successive Governments have fallen well short of meeting their responsibility to the individual members of the Australian Defence Force and their dependants.

The serving and former ADF Members and Veteran communities' principal concerns are outlined in the following sections of this paper, noting that there are several particular elements to each. Many of the issues listed are examples where the "unique nature of military service" rather than being recognised and compensated for is in fact being used to create an additional detriment and burden for ADF personnel.

As well as the organisations listed as contributors to this paper, the Australian Veterans and Defence Services Council (AVADSC) has been closely involved in its development and is supportive of the proposals contained in it. We are also cognisant and supportive of the issues contained in the Legacy "Wish List" forwarded to the Department of Veteran Affairs on the 10th September.

We believe some issues warrant attention in the short term whilst there are those that may require a longer term to fully develop an appropriate government response. In formulating this paper, we have been mindful of the existing economic conditions and their consequent effect on the Commonwealth Government financial outlook over the next four years. However, we also note the recent spending programs of the Government and the absence of any initiative to address the long standing deficiencies in ADF service conditions that are the principle concerns of the veterans and wider ex-service communities. Members of the ADF rely on the Government for fair and equitable treatment in their service conditions in a way that is unique within the Australian community. We are firmly of the opinion that this expectation is not being matched by government policies and decisions. By its continued neglect of its responsibilities, the Government is placing an unfair burden on former ADF members to bear the consequences of its policy decisions in a way not imposed on other sections of the Australian community.

¹ APPVA; Australian Federation of TPI's; Australian SAS Assn; DFVA; DRA; DFA; Naval Assn of Australia; Partners of Veterans Australia; RAAF Assn; RAR Corporation; VVAA; VVFA; War Widows Guild.

ISSUES

Military Superannuation

Membership of the military retirement, death and disability schemes is compulsory for ADF personnel.

Indexation

The present military superannuation payment represents an unacceptable minimal level. Governments must maintain the real value of these payments by adopting an appropriate method of indexation.

Military pensions were originally indexed at CPI to maintain their value relative to national wages. In the last 15-20 years, national standards of living have increased in real terms, which are not reflected if relying on the CPI. Acknowledging this, in 1997 the then-Government changed the method of indexing the Aged and Service Pensions from CPI to a combination of CPI and Male Total Average Weekly Earnings (MTAWE) and the present Government further extended this formula to include the "Pensioner and Beneficiaries Living Cost Index" to keep pace with increase in prices and improvements in community living standards.

Military retirement and disability pensions now stand out as being more harshly treated than almost every other long-term Commonwealth payment that is subject to regular indexing to maintain its value. The same formula used for Age/Service pensions should be adopted for all components of Military retirement pensions (DFRB/DFRDB/MSBS) including the total reversionary pension for partners of deceased military superannuation pensioners.

Table 7 of the Department of Finance and Deregulation's (DOFD) submission to the Matthews Review of Indexation Arrangements in Australian Government Civilian and Military Superannuation Schemes provided an estimate of the gross budgetary costs before "claw back" (acknowledged by the Department of Finance and Deregulation to be 30% and estimated to be in the range of 37– 58% by the National Centre for Economic and Social Modelling) due to consequent increased tax revenue and reduction of support payments. Based on this data and calculations by the DFWA Retirements Benefits Team, the total estimated cost for this initiative for FY 2011-2012 is estimated not to exceed \$16M and an additional \$176M over the forward estimate period.

Proposal

- We seek the same community standard of indexation, as adopted for the Age and Service pensions to be applied to all components of DFRB/DFRDB/MSBS military superannuation pensions.

MSBS Maximum Benefit Limits (MBL)

MBL's in MSBS are limits on the maximum amount that the military superannuation fund will pay out. They should not to be confused with Reasonable Benefit Limits which limited the amount that could be contributed and accumulated at concessional tax rates. RBL's were abolished in "Better Super" changes but MBL's were not. MBL's include the sum of both Employer and Employee benefits. There are two MBL's;

- a. All pension MBL at which the member **must stop** contributing because the member's total payout has peaked; and
- b. Lower Lump Sum MBL at which the member **may stop** contributing because the member is getting close but is urged to seek specific advice.

The effect of the application of this measure is that many long serving ADF personnel are receiving no retirement income benefit for their final years of service.

The Report of the Review of Military Superannuation recommended that MBLs be scrapped for the MSBS. The combined Ex-Service Organisations response supported that particular recommendation.

Proposal

- We seek the immediate removal of MBLs in the MSBS superannuation scheme.

DFRB/DFRDB Commutation Issues

The option to commute a lump sum was an early manifestation of a reward for the unique nature of military service. The Jess Report refers to military personnel being compulsorily retired at relatively early ages having been frequently moved and having not had the opportunity to establish a home. The need for a lump sum payment being a pre payment of future entitlements was justified against this background. It was not expected that retiring members would be able to invest the lump sum to provide an income stream and there was never any mention of a conversion factor. Furthermore in other Commonwealth funded superannuation schemes the lump sum is provided without any repayment or conversion factor. It is believed that it was an oversight that the DFRDB Act did not provide for the periodic updating of the life factors. Any other explanation requires us to believe that the Parliament intended the repayment of the lump sum should become progressively more disadvantageous as time passed and life expectancy increased. We have now reached the ridiculous situation that a DFRDB member retiring at age 60 with a notional life expectancy of just 15.6 years must earn 6.4% on the lump sum to offset the amount by which his pension has been reduced.

The continued use of out of date life tables means that the amount of money deducted from each fortnightly pension payment to repay the lump sum far exceeds the amount that would apply if the latest life tables had been used.

Proposal

- We seek the immediate adoption of up to date life tables in calculating commutation and fortnightly payments for all new DFRDB superannuants; and
- Rectification of injustices associated with the application of inappropriate life tables.

Extension of Military Superannuation to ADF Reserve Members

Membership of the military superannuation scheme for the ADF reserve is restricted to members on continuous full time service with most therefore not eligible.

Proposal

We seek:

- More flexible MSBS membership for all ADF reserve members; and;
- Commonwealth employer contribution of 9% under the Superannuation Guarantee (Administration) Act 1992 to all reserve service not presently covered.

Taxation Aspects of Military Superannuation under “Better Super”

Military pensions are paid from what are defined as “untaxed” superannuation funds and, under the taxation changes introduced by the *Better Super* changes, those pensions are not only taxed but also included in pensioners’ total income for tax purposes.

The only reason why the military schemes were “untaxed” was because of a Government convention that it did not pay tax to itself. Had it done so, the net cost to the Government would have been exactly the same. The *Better Super* distinction between “taxed” and “untaxed” schemes is artificial but it leads to distinct disadvantages for military pensioners.

The most obvious disadvantage is that military retirement pensions are taxed.

The present provisions although including a 10% rebate, are not equitable with the treatment given to most other superannuants in the community. They also include an additional effect of taxing military pensions at the taxpayers’ marginal rate, which puts them at a significant disadvantage when compared with taxpayers receiving pensions from “taxed” funds.

Proposal

- We seek the removal of income tax on DFRB/DFRDB/MSBS military superannuation pensions, including death and invalidity, in line with the most of the remainder of the Australian community but, at the very least if that is not agreed, we ask for a separation of taxed military superannuation pensions from other taxed income on the taxpayers' tax return.

(DFWA)

Adjustment of the Veterans Disability Pension Rates

The Government has stated it understands the impact of rising costs of living and the importance of ensuring that entitlements do not erode in value and is committed to making sure that our disabled war veterans have their pensions adjusted to take account of ***“not just of the cost of living but also the standard of living”***.

Analysis undertaken as part of the Harmer Review confirmed that at certain times, the rates of change in the out of pocket living costs experienced by age pensioner households have moved faster than the rate of changes in the living costs of households as measured by the CPI. In 2007 the Parliament recognised this in relation to Veteran Disability Pensioners and provided a “one off” catch up increase and also brought their indexation arrangements into line with the other pensions. The September 2007 Legislative changes to the indexation arrangements for DVA disability pensions have gone some way to ensuring that the veterans' benefits did not suffer further erosion but the Government's failure to adjust the rate of the veterans disability pensions in line with the adjustments made to other government pensions in the 2009/10 Budget, has meant that the relative value between Veterans' Disability Pensions and the other pensions has diminished.

Proposal

- That all rates for Veterans' Disability Pensions be adjusted by the same increment that was granted at the time for the Single Rate of Service Pension in the 2009 Budget which was by 2.7% increase of MTAW (Male Total Average Weekly Earnings).

(TPI Federation)

Integrated People Support System

Transition from Service life to post-Service life is regarded as a critical step in the maintenance of well being of ex-service personnel and their families.

Proposal

The Government conduct a thorough review in conjunction with selected ESOs who are stakeholders in the transition process to ensure that this process is comprehensively managed to ensure that deficiencies in the following processes have been eliminated:

- Appropriate invalidity and other financial entitlements are in place to ensure discharging personnel can access these without delay.
- Members records of service be more comprehensive and include full details of postings and particularly deployments to operational zones, overseas and to remote localities.
- Any adverse service related medical conditions identified during the member's service have been fully identified and adequately recorded in ADF service documents.

- Appropriate treatment and rehabilitation programs have been instituted and will continue without interruption.
- Servicemen and women are offered comprehensive relevant financial advice, vocational support, and family assistance to ensure a smooth transition from the Service.
- Servicemen and women are provided with comprehensive advice on how they may access medical and other support services including those provided by ESOs, post separation when the need arises;
- Provision of timely follow-up by the Services to ensure that any residual issues are quickly resolved.

(APPVA & VVFA)

Unfair Balance of Legal Resources at the Administrative Appeals Tribunal

Veterans, when appealing to the Administrative Appeals Tribunal against the rejection of a claim for compensation (or the Department is appealing against the acceptance of one) are entitled to Legal Aid funding. This funding covers the preparation of the case, one medical report, the appearance of the author of the medical report at the Tribunal to defend it, and a barrister to argue the case before the Tribunal for one day. But more and more cases are not conforming to these limits. More and more cases are lasting two, three and four days and require more than one medical report. However Departmental legal representatives do not operate within these limits and can take as many days as they like. Neither are they limited in the number of medical reports they commission nor the number of medical specialist appearances at the Tribunal hearing. To make matters worse, the best qualified doctors are reluctant to provide reports for veterans because Legal Aid funding does not cover their usual fees. They have no such reluctance to provide reports for the Department which pays the higher fees. To make matters even worse, many law firms simply refuse to take on veterans' cases citing inadequacy of remuneration but exercise no such reluctance in working for the Department which pays higher fees.

Proposal

- In the interest of fairness, the Department of Veteran Affairs must restrict itself to employing similar legal resources to those available to the veteran and observe the Model Litigant Rules.

(VVFA)

Pharmaceuticals Co-Payments

Pharmaceuticals prescribed to entitled ex-service personnel should be available at no cost and at the 2007 election the Government committed to address the cost of pharmaceuticals for war caused disabilities. To fulfil this, a consultation process was initiated to explore the issues involved and how the commitment might be met. The public consultation process showed a strong preference for a single retrospective annual reimbursement to affected veterans, and the Government has stated it will implement that preferred approach. The annual reimbursement will be calculated on the basis of the gap between prescription co-payment costs covered by the Pharmaceutical Allowance and co-payment costs for pharmaceuticals incurred before the safety net is reached. Reimbursement will be based on individual usage and will apply on a calendar year basis from 2012, with payments occurring in the following year.

We appreciate this positive initiative but there remains a discriminatory application of the Pharmaceutical Allowance between single and married recipients. A single disabled veteran receives the allowance at the full rate of approximately \$6 per fortnight whereas a married disabled veteran and spouse receive half of the allowance each, approximately \$3 per fortnight. We believe that the

allowance for married disabled veterans should be the full rate (\$6) and half rate (\$3) provided for the spouse.

Proposal

- That the allowance for married disabled veterans should be the full rate (\$6) and half rate (\$3) provided for the spouse.

(DFWA)

Independence of the Veteran and Veterans' Families Counselling Service

Counselling centres should not be co-located with Department of Veterans' Affairs offices if privacy is to be guaranteed. For instance, co-location in Darwin has meant some Counselling Service interviews have been overheard in adjacent Departmental offices. This is, of course, totally unacceptable. To make matters worse, when a client visits this Darwin Counselling Centre he or she is met by only the *Department of Veterans Affairs* sign outside. Coming inside, the client is confronted by a Departmental receptionist and perhaps other service people or veterans waiting for departmental services. Only then does the client see a board showing the way to the Counselling offices. (As one serving member put it, in visiting the Counselling Service he might meet his sergeant there who is on a departmental matter in the common reception area---a meeting that, for the soldier, might be very embarrassing). The situation in Darwin is not unique and other Counselling Centres suffer similar problems.

What clients need is to be confident the Counselling Service is separate from the Department of Veterans Affairs. Confidence in this separation is vital for two reasons.

- The first reason is that many veterans have mixed feelings about the Department. This is hardly surprising as the Department has the adversarial role of judge of pension claims. Yet for counselling to be effective, there can be no hint of judgement.
- The second reason why the Counselling Service must be both independent and be seen to be independent is that clients must feel absolutely confident that their counselling conversations are secure. There cannot be the slightest suspicion that clients' files are available to officers of the Department or that their counselling sessions are overheard.

THE National Advisory Committee which oversees the operation of the Counselling Service membership includes veterans from a variety of backgrounds and an eminent medical professional as chairman. After taking advice from staff and clients, the National Advisory Committee has declared its opposition to co-location.

Co-location, however, is simply a symptom of the constant threat from the Department to the Counselling Service's independence. Whilst the recently changed makeup of the National Advisory Committee does provide that independence, in the long run only making the Counselling Service a statutory body will guarantee it.

Proposal

- That the Veteran and Veterans' Families_Counselling Service offices no longer be co-located with Department of Veterans Affairs offices; and
- That the Veteran and Veterans' Families_Counselling Service be constituted as a statutory body.

(VVFA)

FBT Reportable Issues Relating to Families of Serving ADF Personnel

Many entitlements for ADF members and their families designed to offset adverse effects of posting turbulence, remote area localities and other detrimental effects on the member and family of service in the ADF, are subject to payment of fringe benefits tax. As a consequence members have the “value” of these benefits added to their income recorded on the annual payment certificates. This has the effect of increasing their income levels for the purposes of assessing eligibility for a range of government provided benefits paid through Centrelink with the most significant impact on members paying child support. Many of the lower paid ADF members therefore find they cannot access these benefits without suffering adverse financial consequences which in turn adds stress and anxiety to their families, particularly when they are posted to remote localities distant from normal family and social support networks.

Proposal

- All conditions of service related benefits provided to members and their families be non FBT reportable.

(DFWA/DFA)

Support for Reservists Returning from Operational Deployment

There is no formal structure to “demobilise” Reservists back into their/our community. In fact until recently there has also been little informal support of them or structure to assist with their “normalisation”.

It is not a problem unless Reservists have had an experiential problem from their service or arrive home to a domestic or employment issue. The challenge is for Defence to develop processes to support a disparate group of individuals that are geographically scattered when they have completed their deployment. The answer to date has been their unit, but any support has depended on other priorities and even attitudes, especially when the reservist separates after the overseas deployment.

A related issue is the provision of support to families of deployed Reservists.

Proposal

- We note the considerable improvements the Department has recently made on this issue but seek a review of the effectiveness of the current policy and the development of a more robust process to support members and families of the ADF reserves on deployment and on return from operational deployments.

(AVADSC, APPVA, & DFWA-DRA)

Compensation & Support for ADF Members Exposed to Toxic Chemicals as a Result of Aircraft Maintenance Programs

The recent Parliamentary Committee Review recommendations to expand support to the RAAF F111 “pick & patch” workers is welcomed but does not go far enough. RAAF members who worked on similar tasks on other aircraft types (e.g. Hercules) were exposed to the same or similar but similarly toxic chemicals but were not offered the same support. In addition there has been cross contamination of family members of affected ADF members and they should be entitled to support from the Commonwealth.

Proposal

- Compensation and support be made available for all affected ADF members and their family members resulting from the ADF aircraft maintenance activities on the same basis as that applying to those involved in the F111 deseal/reseal program.

(DFWA)

Mental Health Disorders and Rehabilitation

Veterans

The veteran community requires mental health support at a significantly higher rate than the general community, and veterans often have general health problems and accommodation issues as well as mental health problems. There is likely to be an increase in the needs of veterans for mental health support in future, due to repeated operational deployments, and while the mental health support available to serving members and veterans alike has improved over recent years, there are still problems, particularly in the veterans' area.

Veterans' mental health care invariably requires a multi-disciplinary approach, which includes treatment of both mental and physical disorders, and often short and long-term accommodation and rehabilitation, including aged care accommodation for older veterans. To be effective, it must be based on a case management approach, which encompasses all the elements.

The 2006 report by the Council of Australian Governments (COAG) accurately sums up the requirement for veterans' mental health as follows: " people with mental illnesses are amongst the most socially disadvantaged and economically marginalised, who require a range of services, including stable housing, by linking them with other personal support service, and improving referral pathways between clinical accommodation, personal and vocational programs."

Proposal

- We seek the acceptance by DVA that veterans' mental health care policy requires the adoption of a national mental health case management approach to be coordinated by DVA.

(APPVA & RARC)

Residential Care-Younger Veterans

We are unaware of the availability of any facilities for long-term residential accommodation for mentally or physically disabled younger veterans, other than in aged care institutions. Such establishments are totally unsuitable for younger veterans, and while many may still be able to live with their families or in the community with the range of support currently available, the level of support needs to be maximised, so that as many as possible can do so. There is also likely to be a need for permanent accommodation for those who need full-time residential care, and for whom aged care facilities are unsuitable.

Proposal

- We seek a review of the accommodation support available for physically or mentally disabled veterans, to ensure that their ability to live with families or in the community is maximised, and for an investigation to be undertaken into the need for permanent accommodation for younger disabled veterans.

(APPVA & RARC)

Recognition by DVA of the Role of Partners Who are Carers of Disabled Veterans

The accountability for Partners who are carers of disabled veterans should be the direct responsibility of DVA and controlled by that department. More and more veterans are being diagnosed as High Care and many of these veterans are being cared for by their partner in their own home, having no wish to be placed in a care facility, particularly if they are of a younger age. Partners who become carers have to give up their employment and devote their lives to care for their disabled veteran. By no longer being employed these partners are not able to accrue superannuation to provide for their own old age. These carers are not asking for a Gold Card; but we believe they are in dire need and deserve support to continue their caring role. There are very few carers who do not suffer ill health and/or some disability brought about by the constant care they give to their disabled veteran and yet the DVA declines to help in any way.

When we consider the government's policy of keeping the disabled veteran in their home for as long as possible, one can only wonder just how much the DVA is committed to this policy. It appears to us that the government is steadfastly sitting back and watching the only means available to enable the veteran to stay in his home become so disabled themselves that they will no longer be able to care for the veteran. The outcomes for veterans are better with healthier caregivers.

The end result of this would be that the veteran would be forced into a full care facility earlier than necessary because the caregiver is not well enough to continue in her caring role. This situation could deteriorate even more where the Government may be forced into a situation where it could be faced with the job of caring for two instead of one.

Proposals

Health Management Plan:

There is great need for the establishment of a Health Plan/Programme for carers of veterans to enable them to continue in their caring role. Access to prompt medical and hospital treatment is vital to their well-being and this should include all medical conditions as well as spectacles.

Carer's Allowance Cut Offs:

We are concerned with the current system of cancelling the Carer's Allowance payment after their veteran has been hospitalized for six weeks. Centrelink advises they pay for 63 days in one year with an additional 63 days a total of 126 days if the Veteran is transferred into an approved Aged Care Facility after their hospital stay for respite or convalescent care. As soon as they are discharged, the carer must re-apply for payment. We suggest that it would be much more cost effective and less distressing to the veteran for the carer allowance to be suspended after 126 days. Once the veteran has been discharged and is home again the Dept can then be advised to re-start the Carer allowance from that date.

Transport Plan for carers while Veteran in Hospital:

There is an urgent need for a transport plan for carers while their Veteran is in hospital. Carers who accompany a veteran to hospital are left to find their own way home when the veteran is hospitalised and does not return with them. It is totally unacceptable for the partner/carer to be obliged to find their own way home.

Subsidised Accommodation:

Many Carers are experiencing great difficulty in visiting their Veterans when hospitalised. Their visits are vital to the recovery and well being of the veteran. Subsidised accommodation is needed to enable carers to be available to veterans who are hospitalised away from their home.

Inadequate Respite Care:

The effect on the mental and physical health of many partners/carers of veterans has been profound and naturally if and when the condition of the veteran deteriorates the carer then has the added burden of insufficient respite care. A carer is allowed only 196 hours (3.76hrs per week) of respite care per annum. This is totally inadequate for a veteran when a carer is providing high level full time care in the home. Whilst palliative care in a hospice is available it needs to be remembered that those

veterans who also suffer from PTSD are often not amenable to leaving their homes. Respite care should be monitored by DVA with a dedicated Case Manager within DVA whose role is to tap in to any other community or government department to access additional respite care. The carer should not be left in the position of having to investigate themselves for additional respite care. We seek an increase of respite hours to 260 per annum.

Departmental Responsibility:

We seek a change of policy to designate DVA as the agency to administer the support provided to the carers of veterans.

(PVA)

Veteran Entitlement for the Defence Service Home Loan (DSHL)

The Veteran Entitlement of the Defence Service Home Loan (DSHL) was \$25,000 in 1972, which was able to pay for a three bedroom brick veneer home. Today, Australia is enduring a housing crisis. This has a severe effect on ex-service members who hold entitlement to the DSHL which has not been indexed for over 35 years.

Proposal

- We seek an increase of this loan amount to reflect the Australian Median Home Price Index.

(APPVA)

Health Initiative for Defence Families

Defence families repeatedly report of difficulties accessing medical care due to the frequency in which they move. In an attempt to overcome this, the Labour Government announced a program to extend free basic medical and dental care to 12,000 spouses and children of Australian Defence Force personnel. The Defence Health Trial, launched in 2009 commenced in several locations throughout Australia in an attempt to '*evaluate a model of healthcare that will benefit our ADF families*'. Following feedback given to the trial in 2010, a revised model of the scheme, commencing 1 April, will now allow families in the trial areas, to receive rebates when seeing any doctor of their choosing, and the ability to access a greater range of additional health services.

DFA welcomes the revisions, however would like to see the following areas addressed and see that the trial is extended throughout Australia to ensure all Defence Families have access to this.

Outcomes:

The 2010 DFA pre-conference survey revealed that whilst some families acknowledged that the trial offered some health and financial benefits to them, the majority reported little or no benefit, or in fact, no knowledge of the trial.

Barriers to success:

The FBT reportable component

Accessing the service attracts a reportable Fringe Benefit Tax, and therefore it had been largely criticised for not providing the 'free basic medical and dental' to all families in the ADF' as implied. Many families reported this as a factor for them not taking up the trial due to the implication a reportable fringe benefit has on their income – such as Child support payments and Family Tax Benefit;

No specialist services

It does not address the problems associated with accessing specialist services, and does not provide families with access to specialist services;

Paperwork is lengthy and confusing

Trial not available in all areas

Criticisms from families in localities without the trial reported feeling disadvantaged by not having access to this service. Another significant missing component is the provision of this support to families accompanying ADF members on overseas postings, often in areas in which there are specific health risks and sometimes limited health and medical support services, and therefore problems with access to health care

Does not collate health records for families

With high mobility and relocation, families potentially have health records scattered over Australia. It has been reported that is difficult to take records on relocation, and then difficult accessing previous records when at new locality with new GP. This creates a potential for adverse effects to individuals when compiling medical history and treatment if past history is unknown.

Inconsistencies in health systems

Existing Private Health Care

Those families with Private Health Insurance felt that their Health Fund gave the same or better service, and therefore did not access the trial.

Proposals

That the following options be considered.

Expanding the trial to all areas, so that all ADF families can access

Electronic Health Records for Families

A system that would allow transporting medical history with the patient would greatly assist in alleviating this difficulty for mobile families.

Private Health Insurance for Families

Provide all ADF families with private health insurance through the Navy or Defence Health Funds and with tailored Medicare “bulk billing” arrangements to provide basic medical care. Health Care entitlement remains a key factor in the decision to remain in the ADF – the success of this venture and its extension to their families will provide a key benefit for our service families.

Potential benefits include:

- Access to health service to all Defence families around Australia;
- Improved access to specialist services;
- Choice of medical practitioners;
- Support for the growth of private health insurance designed for the ADF community; and therefore
- Provision of savings to Defence and Government.

(ADSO² [ASASA, DFWA, NAA, RAAFA, RARC] / DFA)

² Alliance of Defence Service Organisations

Requirement to Access Multiple Government Agencies for Support

Veterans are encountering problems because they are required to deal with multiple government agencies all with differing eligibility standards to access entitlements. The Government has taken some initial steps to ease this problem but these stop short of a “one stop shop”.

Proposal

- We propose that DVA coordinate a “one-stop shop” for ex-servicemen and women and their families requiring assistance to provide a consistent and beneficial interpretation of all the relevant pieces of legislation affecting their welfare and other entitlements

(TPI Federation)

Reform of Appeal System against RMA Decisions

The system of appeals against Repatriation Medical Authority decisions as expressed in Statements of Principle, to the Specialist Medical Review Council, is dysfunctional. Yet, as some recent successful appeals show, an appeal mechanism is needed.

Some appeals take inordinately long to be heard. For example, the VVFA appeal against the omission of smoking as a cause of prostate cancer has taken six years for a hearing to commence. When the Specialist Medical Review Council hears an appeal, it can only review the evidence that was before the Repatriation Medical Authority when it made its decision. That means in the case of the referenced appeal, any evidence that has arisen in the last six years is ignored by the Specialist Medical Review Council in its review.

If during the appeals process the Repatriation Medical Authority revokes the existing Statement of Principle and issues a new one, any appeal in process must be terminated. In the case of the referenced appeal, the Repatriation Medical Authority has announced it is again investigating the causes of Prostate Cancer. If it's new Statement of Principle is produced during the appeal process, no matter how well advanced, it must be terminated. If the Repatriation Medical Authority again omits 'smoking', the VVFA must re-start the appeals process from very beginning. This could be repeated over and over again. Indeed, a similar appeal was terminated in 2005 by a new SOP which again omitted 'smoking' which led to the VVFA beginning a new appeal which has taken six years for hearing to begin.

While the appeals system is dysfunctional, it need not, as the Repatriation Commission might suggest, be disbanded. Indeed, it must not be.

Attached is a detailed list of reforms, from an eminent barrister, that would fix the problem.

Proposal

- An RMA revocation of a SOP should not terminate a SMRC review.
- The SMRC should have regard to all the available evidence
- The RMA should have greater power to amend SOPs
- All RMA refusals to review SOPs should be subject to SMRC review
- Financial assistance should be provided for SOP reviews

(VVFA)

Coordination of State Education Systems

Education challenges are central to many Defence families (DFA 2010 Preconference survey). Currently, each State System has a unique schooling system and curriculum content. This imposes additional burdens on ADF families as they are moved between the various States on normal posting rotations. Many families with school aged children dread moving interstate because they know their child would not only have to confront a new school but also a new curriculum and learning style

Outcomes

A draft National Curriculum was launched in March 2010 by the Labour Government. This is viewed by DFA as a positive step in the right direction for children of serving members of the Australian Defence Force. DFA is monitoring the development via the Board's website: www.ncb.org.au. However, at this stage consistency in schooling is the key that will further impact positively on Defence children.

Barriers to Success

- *Inconsistent starting ages*
ADF families regularly report that not having a uniform school starting age has affected their child's education both academically and socially. Whilst the aim of national curriculum is to align the school years to teach the same levels, this will have no effect on children moving interstate and being required to enter a different school year (repeat or skip), due to the different starting ages of the states
- *Inconsistent handwriting styles*
- *Inconsistent naming of first year of schooling*
- *Inconsistent compulsory starting year of school*
- *Inconsistent transition from primary to high school*
- *Inconsistent leaving certificates and awards*

Proposal

Introduce consistency across all jurisdictions

In order for national curriculum to be effective on the mobile lifestyle of defence families, states and territories need to first agree on a consistent school starting age. This will be a strong step in reducing stress on Defence families and have positive benefit to the education of children of Defence members.

Effective change and benefit for Defence families also require consistency in preparatory schooling; consistent hand writing style; consistent transition from primary school to high school; consistent awarding of leaving certificates.

Consistency will ensure that the educational excellence deemed to be achievable through the implementation of a national curriculum will also extend to those families who experience the unique lifestyle of military life, and high mobility of which it affords.

(DFWA/DFA)

Reversionary Pension Rate

The current military superannuation schemes have a reversionary component on the member's death. That is, in the event a member in receipt of an indexed pension dies, their surviving spouse would continue to receive percentage of the relevant pension. This rate is 67% for MSBS with the effective DFRDB rate slightly more. This is considerably less than the reversionary rate for the pre 2004 parliamentary scheme of 82.5%. We are also concerned that the proposal within the Report into Military Superannuation seeks to reduce this percentage to 62.5 % for the proposed new military

superannuation scheme and we firmly oppose such a suggestion. We can think of no valid reason why the reversionary rate of pension for a surviving spouse of a military superannuation pensioner should be less than that for the comparative parliamentary pension schemes.

Proposal

- We seek an assurance that in any future military superannuation scheme that the reversionary rate will not be reduced below that of the current MSBS rate and also that consideration be given to increase the reversionary rate to the level of the pre 2004 parliamentary scheme for the DFRB/DFRDB and MSBS schemes.

(DFWA)

Citizenship for Families Laterally Recruited from Overseas

All ADF members are required to be Australian Citizens. Currently, families who have been Laterally Recruited from overseas, have to qualify for permanent residency visas before the member can take up a position within the ADF and move to Australia. The Australian Citizenship Act 2007, S 21 (2c) and S 23, allows lateral transfer members to be eligible for citizenship after completing 90 days service with the Australian Defence Force. When the member applies for citizenship, any children within the family under the age of 16 also gain citizenship. The member's spouse and any children 16 yrs or older have to apply for citizenship under the Australian Citizenship Act 2007, S 22, which requires them to have resided in Australia for four years.

Barriers to success

DFA wishes to draw attention to the discord this process causes within the family group that results in significant hardship and disadvantage to the family members over the age of 16 years.

- Financial and social implications of the spouse's lack of citizenship that would occur in the event of the death of the member, or separation. As these family members are only given permanent resident status, they are unable to access most Centrelink benefits for their first two years of residency... in the event of death or injury of ADF member— where would these families stand financially?
- Significant hardship or disadvantage is incurred by children over 16 who are not granted citizenship at the same time as their serving member parent. The lack of citizenship means that children over 16 are unable to obtain HECS funding for higher education, unable to join the ADF and are excluded from most Federal and State Government jobs. [\(Full time Australian students are dependent on their parents until they are 25 in the tax system and the Centrelink system and legally dependant on their families; they are too young to leave without parental care in overseas country\),](#)
- Lack of citizenship prevents partners and children of eligible ages, joining the ADF
- The extended wait for Citizenship for spouses and older children presents major challenges for integration into new community and therefore the self reliance required to be a healthy, supportive family to the ADF
- These families are expressing that they do not feel valued or recognised by the ADF, as outlined in the Family Covenant.

- The message these families receive is that they are "inferior Defence Families' – they are expected to sacrifice themselves for Australia, yet Australia does not value their family.

Proposals

- That provision is made to allow the spouses and children 16yrs or over of ADF families who have been Laterally recruited from overseas, to gain Citizenship at the same time as the Australian Defence Force member, and younger children, thus ensuring equality for all ADF families.

(DFWA/DFA)

Extension of War Widow Status

War widows currently become war widows if their husbands have died as a result of their war caused death disability or disease. In addition, widows of veterans who are TPI, Intermediate rate, EDA and POW's automatically become war widows when their husbands die. It has been accepted by the Repatriation Commission that veterans with 70% or more disability pension have experienced physical or mental conditions, which inhibit their capacity for access to a level of remunerated employment to enable them to enjoy a quality of life and also to make effective provision for their old age. At this level of disability and higher veterans who are unable to work due to their war-caused disabilities can access TPI pensions. Once they die, their widows have automatic war widow status. However, if the veteran has not ceased work due to his disabilities, the widow cannot access the pension unless his death is war caused, despite having to have had to support and care for their spouses with substantial disabilities, together with having suffered a reduced lifestyle attributed to her spouse's war-related conditions. Often these spouses have been carers and had diminished lifestyles for many years before their spouses die. Experience shows that few of these people have access to military superannuation benefits. It is also noted that New Zealand veterans' widows have access to the surviving spouse pension if their spouse received a disability pension of more than 70% at the time of death.

Proposal

We propose that access to war widow/widower status and pension be extended to those whose spouse had 70% or more disability pension at the time of death.

WWG