

SECRETARY FRAME
OPENING STATEMENT
SENATE ESTIMATES – JUNE 2024
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Good evening Chair and Senators.

I wish to make a brief statement to update the Committee on key areas of progress since the February Senate Estimates.

As the Committee would be aware, the last of the unallocated claims backlog was cleared at the end of February, ahead of the Royal Commission into Defence and Veteran Suicide's 31 March 2024 deadline.

Of the 41,800 claims in the backlog originally identified in the Royal Commission's interim report, all have been allocated, with well over 90 per cent now finalised.

As at 31 May 2024, DVA had 73,204 claims being actively processed and a further 3,003 claims awaiting allocation.

In May, DVA made a record 9,976 determinations.

These numbers demonstrate that we are continuing to increase the rate at which claims are processed.

And I can also report the average time it takes to process some claims continues to trend downward.

As at 31 May 2024, more than half of all claims we had on hand had been received within the last 200 days, and around one third were received in the last 100 days.

While this highlights our commitment to process claims swiftly, I do appreciate that many veterans are still waiting for their longstanding claims to be determined and we continue to prioritise these older claims.

For MRCA Initial Liability claims received from 1 December 2023, which accounts for over half of new claims, and determined by 31 May 2024, the average time taken to process was 52 days and on average these claims were allocated for processing within 7 days of receipt.

In the recent May Budget, the Department was allocated an additional \$186 million over four years from 2024-25 to support the processing of claims and downstream service impacts, of which nearly \$21 million a year ongoing is to fund an additional 141 permanent service delivery staff.

This is on top of the 500 ASL ongoing announced in the October 2022-23 Budget.

As a result, determination rates are now at record levels: the 9,976 determinations made in May represents a 35 per cent increase on May last year, when 7,412 determinations were made.

Our delegates' productivity has also increased, reaching a record average of 29.7 claims per trained delegate in May 2024, up from 22.2 in May 2023.

As more staff are trained and brought on line, and we continue to look for efficiencies through business improvement, we anticipate processing times will continue to reduce - which ultimately means getting much-needed support to veterans quicker.

Another key priority, which will also help reduce processing times, has been to simplify the veterans' entitlements, compensation and rehabilitation legislation.

The Department has undertaken several consultation rounds, to engage with the veteran community and ensure the final legislation meets their needs.

The Budget provides \$222 million to see this important work completed, with the draft legislation due to be introduced to Parliament imminently.

We are also looking to engage and support the veteran community in different ways, to assist in the preparation and lodgement of their claims.

In Western Australia we have commenced a new program, called the Claims Lodgement Assistance Program, where experienced DVA claims processing staff work alongside ex-service organisation advocates to support veterans to lodge their claims.

This program is focused on assisting veterans by smoothing the claims process, reducing unnecessary delays and minimising stress and frustration for clients.

The program was launched in late February 2024, and currently involves RSL WA and the WA Branch of the Australian Special Air Service Association (ASASA).

So far, our staff have supported veterans to lodge over 300 conditions and provided on-site support for advocates.

This month the program is being expanded to the Air Force Association, and we are also looking to include a regional location, such as Busselton RSL, as well as other regional locations.

The program is about getting our staff on the ground, in the community, sitting alongside veterans and their advocates, hearing their needs directly, and working towards the shared goal of getting them the best support available.

DVA is looking to expand the program nationally in the coming months.

We are also in the final stages of reviewing and consolidating the forms used by medical practitioners that assess veterans in support of their claims.

Stages 1 to 5 have seen our forms reduce from 116 to 44.

Consultation has been finalised on the 6th and final package, and this will result in 94 forms reducing to 40.

Overall, this work will see our forms reduce from 210 forms to 84.

Another example of the work DVA is doing to improve outcomes for veterans is with our partners in Tasmania to better identify veterans and refer them to Open Arms services.

The intent is to reach members of the veteran community not previously known to DVA, but who could benefit from Open Arms' services.

The initiative has introduced a question to identify veterans in the State-based mental health intake service and through the national implementation of the Central Intake and Referral Service.

This will then allow veterans to be referred to Open Arms from people calling the service, including GPs and veterans.

This initiative has commenced in Tasmania, and it is our intention to implement this progressively in other jurisdictions.

Additionally, gaps in mental health services for veterans in Tasmania are being addressed by Open Arms commencing the delivery of a post-traumatic stress disorder treatment and recovery program for veterans and families. This program commenced in May 2024.

These new approaches build on a strong foundation of existing engagements to create better mental health outcomes for the veteran community.

As part of these ongoing efforts to build trauma-informed work practices that are relevant and responsive to the unique experiences of service, we have created a Chief Psychiatrist role within the Department.

Dr Jon Lane has commenced acting in this role and he will report directly to me and work alongside our Chief Health Officer.

In this role, Dr Lane will provide the department and our clients dedicated psychiatric expertise to support clinical governance across programs and policies, with a special focus on our mental and social health programs.

Dr Lane brings a unique perspective to the role; having served with the Australian Army for 10 years, before undertaking a medical degree.

He has since worked on deployment with the United States Mental Health Team in Kandahar, Afghanistan, as the first Australian Defence Force psychiatrist embedded with US forces, and has been a senior lecturer in psychiatry at the University of Tasmania.

Dr Lane brings an abundance of knowledge on the specific challenges veterans face, and I look forward to working with him and to what his expert advice can bring to the Australian veteran community through this new role.

Recently we also successfully launched our Community Consultations Town Halls.

These virtual events, led by a Deputy Secretary, provide any interested veteran community stakeholders with updates on significant topics for the veteran community.

For the Female Veterans Forum held in May, the Department piloted an open expression of interest process with the broader veteran and family community to identify women interested in participating in this forum.

As a result, 60% of the Forum participants were new to the event, and most had not previously engaged with DVA in a participatory event of this nature.

We will continue to advance these types of initiatives.

As part of our expanded engagement approach, we will also involve the veteran community in the delivery of our Anzac Day services in Turkiye and France.

This year, two Gallipoli Scholars joined the DVA team to deliver our successful Gallipoli program.

Next year we intend to significantly increase the involvement of veterans and family members, and will soon begin work with ESOs and the veteran community to seek nominees for the DVA commemorations team.

These are just some examples of the work we are doing, not only to improve processing times, but to rebuild trust in the veteran community and service providers who work with veterans.

These programs are about looking at how we can do things differently to achieve better outcomes.

Before I close, I would like to note that I have submitted a letter to the Committee providing updated information on the now-ended MATES program. I hope this information is of assistance and I welcome any further questions the Committee may have.

As always, I would like to acknowledge all our staff working across the country to support veterans and their families.

I have met staff in many of our national and regional offices, and I am always met with a genuine dedication and determination to support Australia's veteran community.

Everything we achieve as a Department for veterans and their families in Australia is a direct result of their efforts.

Thank you.