SUBMISSION

This submission deals with the identification and impact on the Australian veteran community of infrastructure deficiencies in regional areas. There are approximately 110,000 veterans and war widows living in rural and remote areas throughout Australia (areas of less than 100,000 people).

The Department of Veterans' Affairs (DVA) is committed to ensuring, as far as practicable, equity of access and entitlement to all veterans and war widows, regardless of where they live. DVA works with regional health care providers and ex service organisations to identify needs and service gaps and assists them in putting into place local solutions wherever possible. It also undertakes research to clarify and quantify service gaps then coordinates responses through relevant local and professional organisations, providing immediate and long-term practical solutions.

DVA has encouraged collaboration between the different tiers of government in identifying and seeking resolution of service gaps. To illustrate, there is a "block funded" service substitution grant contained in the recently negotiated Commonwealth-State Agreement on the provision of public hospital care for veterans in Victoria.

The *Health Policy for the Veteran Community in Rural and Remote Areas* was created in recognition of the special needs of regional veterans. This policy was built on information gathered from the veteran community and health care providers in rural and remote areas by the Minister for Veterans' Affairs and a consulting team. Much of the policy is area specific, aimed at meeting the unique and changing needs of the veteran community in different rural and remote locations. The complete policy and details of the Department's achievements for regional Australia are enclosed.

The Department's responses to major difficulties encountered by regional veterans include an improved podiatry and footwear policy, allowances to encourage occupational therapy home assessments in remote areas, more flexible transport arrangements for veterans visiting health care facilities, preventive care and health education programs, improved services for Aboriginal veterans, and better carer support.

DVA has developed a sensitivity to the difficulties faced by regional veteran communities through the work of its staff in rural and remote areas, as well as through the findings of a number of surveys such as the *Veterans' Satisfaction Survey 1998.* The surveys involved the completion of questionnaires and interviews with many thousands of veterans, war widows, carers, representatives of ex service organisations and other interested parties.

The Department's grants program enables it to work with local communities to assist the development of programs aimed at service gaps such as community transport facilities, improvements and modifications to residential care sites, aged care packages, and assistance with day care groups and other services provided by ex service organisations. Part of the program specifically targets new approaches to intransigent problems.

It is acknowledged that there are currently a number of Federal Government initiatives for regional Australia such as those aimed at increasing the number of doctors in rural and remote areas, the establishment of multi-purpose health and family service centres, transport upgrade projects, and the establishment of Rural Transaction Centres.

This submission comments on five aspects of regional infrastructure.

1. Telecommunications

The Department's service delivery mechanisms rely heavily on efficient, functional telecommunications infrastructure. Evidence suggests the current telecommunications infrastructure does not support the Department's services and developments in all areas.

A recent survey of 10,000 veterans showed that 39% of respondents had contacted DVA by phone in the last 6 months. Nationally, the Department receives approximately 3.2 million phone calls per annum, and 272,787 of these are free calls from regional areas. A further 236,912 calls are local calls to remote Veteran Affairs' Network offices. Detailed figures of the regional sources of DVA phone calls may be made available on request.

Studies show that approximately 99% of veterans have regular access to a phone. With the aging of the veteran population an increasing number are expected to use the phone for their DVA service requirements. Although the Department encourages veterans in non-metropolitan areas to phone on toll free numbers, some calls from rural areas arrive via direct access lines. When this occurs, rural veterans face high call costs.

Veterans in regional areas who access the internet face similar problems caused by the need to dial using STD and then to remain connected to an internet service provider (ISP) where they may pay for each hour connected. When they connect to the ISP they may be faced with poor communication line speeds if the ISP does not have appropriate technology to support demand. This may result in the veteran paying STD rates while accessing the internet and finding that screen display times are very slow; up to ten minutes per internet page has been experienced.

The Department supports the Federal Government's commitment to working towards internet access at local call rates for all Australians. DVA anticipates increased call traffic via the internet and electronic data transfer and is investing in the development of its internet sites, particularly for its expanding network of contracted rural service providers. Currently, DVA general information is available via the internet on DVA FACTS sheets.

The *Electronic Transactions Bill 1999* has given further impetus to the Department's investment in a web site to allow service providers and veterans access to a wide range of on-line services such as electronic form production and, eventually, lodgement of claims. The draft *Electronic Transactions Bill 1999* is expected to affect the service delivery arrangements of all government departments.

DVA also has an interest in teleconferencing/videoconferencing as effective outreach tools for communication with both veterans and health providers. There is also an immense potential use for these media at host sites such as community centres, State centres and local government centres.

2. Transport

In accordance with the *Veterans Entitlement Act 1986,* DVA has responsibility for the transport of eligible veteran Health Card holders to medical treatment. The Department provides transport for entitled veterans to treatment sites using available infrastructure.

However, the Department also recognises the importance of preventive care measures and social interaction in the maintenance of health and well being, particularly in this International Year of Older Persons. Restricted regional transport infrastructure for non-treatment related travel limits the quality of life for the aged and less mobile. This is highlighted in *Improving Social Networks,* a recently completed report by the Lincoln Gerontology Centre in the School of Public Health at La Trobe University .

Veterans who wish to attend a community facility for social events use commercial transport options (taxis, hire cars, buses trains), or community transport covered under the HACC scheme, or rely on volunteers, friends and relatives to assist. Some client contribution towards community transport is required. In addition, State governments have various schemes such as the NSW Taxi Transport Subsidy Scheme for those with special transport requirements.

In a recent survey of 10,000 veterans, there was a clear request to broaden and have consistent travel concession arrangements across the country as veterans found local differences difficult to comprehend.

An overview of transport services shows that its infrastructure falls primarily within the responsibilities of State or local governments and private enterprise. The Commonwealth contributes funding indirectly through the HACC scheme and transport for veterans may be influenced through DVA's grants program.

The Department's role in non-treatment travel has been to promote development of local facilities via its grants program and advise veterans of local arrangements on request. For example, DVA has assisted the provision of a community vehicle at Merriwa in NSW because there was a paucity of service in this area. (A by-product of this assistance was that the cost of veteran transport to treatment facilities decreased.) Other examples include assistance provided at Portland, Belmont and Geelong in Victoria and at Launceston and Rosebery in Tasmania. In each case, DVA worked with the local community to help them provide flexible, local solutions to transport problems.

Improved regional and local transport would both directly benefit the local economy through increased employment and produce savings to the national health budget through treatment costs saved by veterans participating in preventive health care and social activities. Better co-ordinated and consistent concessions would greatly assist understanding of entitlements. These measures would help maintain older veterans in regional areas, alleviating the economic and family losses that occur when aged populations are forced to leave small towns.

3. Health

In health, the single biggest problem for DVA in regional areas is a lack of readily available appropriate health care providers. The Department purchases a wide range of primary and allied health care services. In addition, DVA provides funding for entitled veterans admitted to residential care facilities. Research supporting the *Health Policy for the Veteran Community in Rural and Remote Areas* found there were concerns with the lack of hospital and specialist services, allied health services and residential and community care.

The majority of veterans and war widows living in regional areas are over 70 years old and it is expected that by 2007 two thirds of DVA Gold Health Card holders will be aged 80 years or older. This aging of the veteran population is creating demand for a range of health care and support services. While the Department has taken measures to assist local facilities, there remain areas where the Department is obligated to provide transport to the nearest available facilities outside local areas.

In relation to the availability of allied health services, one response of the Department has been a recent funding agreement with Queensland Health. This agreement improved veterans' access in regional areas to allied health services through the State Hospital system; in particular Physiotherapy, Occupational Therapy and Speech Pathology services.

This submission would like to highlight two services where DVA is intervening to alleviate acute health care shortages; podiatry services and mental health services. Further work on veterans' needs for residential care and community support mechanisms is currently being undertaken in conjunction with ex service organisations. The Department is awaiting the findings from this exercise.

Podiatry

The demand for podiatry service has steadily increased with the aging of the veteran community. One finding of the national Survey of Entitled Veterans, War Widows and their Carers 1997-98 was that the most common difficulty of daily living reported by DVA Health Card holders was footcare (20%).

A recent survey in Central West and Southeast NSW found that there was a high level of unmet demand for professional footcare within the veteran population in these areas. An estimated 500 DVA Health Card Holders were assessed as needing podiatry services. A further 500 spouses and/or carers require podiatry services. A similar problem existed in the Swan Hill area in Victoria and on Thursday Island in Queensland.

It is anticipated that poorly distributed podiatry services will continue to disadvantage regional veterans unless more podiatrists are encouraged to move to country areas. However, the potential number of regional private podiatry customers is limited because of higher service charges that must be levied to cover travel costs usually included in practice expenses.

The Department is currently clarifying podiatry service requirements and looking at strategies to overcome shortages. DVA has already assisted at Swan Hill, Norfolk and Thursday Islands. It is also working with the Australian Podiatry Association of NSW, Local Medical Officers, ex service organisations and local health care clinics and providing direct support for podiatry services where there are no alternatives. It is expected that these responses will encourage local podiatry services, adding density and diversity to regional health infrastructure.

Mental Health Services

Lack of psychiatric services has prompted DVA to intervene in the NSW towns of Dubbo, Tamworth, Armidale, Lismore and Wagga, at Exmouth in Western Australia and at Rockhampton in Queensland. Psychiatrists have been contracted to provide visiting services from one to four days per month in each of these towns. These services are particularly important for Vietnam Veterans and veterans of later conflicts living in regional Australia where isolation may compound health problems. Service distributional problems are well documented in the research of relevant medical associations.

DVA has also addressed mental health service gaps through an expansion of the Vietnam Veterans Counselling Service and assisted the establishment of more self-help veterans groups. It conducts Post Traumatic Stress Disorder awareness and information days for doctors and allied health workers, as well as dementia care training for carers of the veteran community in regional Australia.

It is expected that DVA will continue to monitor mental health care service gaps through contact with relevant medical associations and its regional staff. It will continue to fill specific community needs where appropriate.

4. Financial Services

The introduction of initiatives that will address the lack of banking facilities in regional Australia is strongly supported by DVA. In 1997-98 the Department administered approximately 4.76 billion dollars in pensions, benefits and allowances. Slightly less than one third of the DVA client population live outside metropolitan areas.

The Department has encouraged its income support and compensation pensioners to receive pension and compensation payments by direct deposit into bank accounts. However, some payments continue to be made by cheque and veterans are increasingly seeking cheque payment because they are unable or unwilling to use EFTPOS or ATM facilities. Obviously, the absence of financial services in regional areas affects the ability of pensioners to access DVA payments. In addition, restricted choice of financial services heralds the problems associated with non-competitive behaviour such as the unilateral setting of fees. These problems mirror those of pensioners and beneficiaries receiving payments through Centrelink.

5. Coordination and Overlap of Services

It is observed that various government and private agencies are involved in parallel rural service delivery, often leading to confusion among the veteran community about the services to which they are entitled. To deal with this issue, the Department has distributed a comprehensive information booklet – *Guide to Services for the Veteran Community in Rural and Remote Areas.*

In addition, the Department has developed an expertise in researching the service providers for particular areas through its purchasing and grants activities.

Purchasing

In an environment of resource constraint, the Department could not continue to extend its provision of direct service delivery via the traditional office structure. Beginning in late 1997, the assessed level of service demands from veterans in various regional areas prompted the Department to seek a better, more economical way of delivering its services.

DVA now frequently works in close partnership with third party groups such as ex service organisations, Commonwealth and State Health Departments, health care providers and community organisations to deliver its services. These groups have long histories and reputations as good service providers within their communities.

Successful examples of this approach are listed below:

- At the Commonwealth level, DVA is coordinating its delivery of information and services with Centrelink at Wagga Wagga, Orange, Tamworth, Rockhampton, Mount Gambier, and Robina. Other sites where Commonwealth cooperation is being negotiated are at Mackay and Cairns in Queensland and at Coffs Harbour, Port Macquarie and Dubbo in NSW. DVA is also trialing the use of the Rural Communities Program of the Department of Agriculture Fisheries and Forestry Australia in the Booleroo and Mallee regions of South Australia.

- DVA is using arrangements established by State governments to deliver information services to veterans at Gilgandra, Oberon and Grenfell and in forty-three regional areas in Queensland. In Tasmania, DVA is negotiating with the State government to deliver information services to veterans through the Service Tasmania Network which operates in twenty regional areas in the State.

- DVA is delivering services through contracts with local groups at Roma and Emerald in Queensland and Mildura in Victoria.

- DVA provides funding and support through its Training Information Program to ex service organisations who assist veterans in their dealings with the Department at a number of regional locations. This commitment to the Training and Information Program is increasing.

One particular example of good cooperation between Commonwealth departments yielding efficiencies is at the Retirement Services Centre in Launceston. This Centre is located in the Australian Taxation Office and provides efficient and effective tax, Centrelink and DVA information and services to the retired and pre-retired populations in the northern areas of Tasmania.

It is expected that DVA will continue to rationalise its service delivery structure to utilise other government, community and private organisations where it is not viable to maintain a permanent presence. Individual services and providers are determined on a site by site basis after examining demographic factors, service needs and available provider records.

Grants
The Department's grants program depends on forming strong relationships with primary community based service providers. It has 5 streams:

- Residential Care Development Scheme;
- Joint Venture Scheme;
- Veterans' Local Support Group Grants;
- Community Care Seeding Grants; and
- Health Promotion Grants.

There is no recurrent funding provided through the grants program and all grants are issued to allow other ex service or community groups, or government organisations to achieve infrastructure commencement or enhancement. The expectation is that these structures or services will generally continue under the auspices of recipient organisations. Each grant category has criteria attached to it and all must address valid service needs. The grants may be for projects sponsored by one or more groups or organisations.

The Department uses its Veterans' Affairs Network to assist grant applications. Staff in this network have local knowledge to ensure that applications will make best use of available funds.

In the financial year 1997-98 the DVA Grants Program distributed almost $8.9m to areas where service gaps were identified. Specific examples of grants are found in the enclosed booklet *Rural and Remote A report on the implementation of the Health Policy for the Veteran Community in Rural and Remote areas.*