3.1 Background

The December 2010 Report on the Review of DVA-Funded ESO Advocacy and Welfare Services recorded that between 2005 and 2010, there were a little over 13,500 welfare and pension trainee attendances at TIP courses.\(^1\) Those involved in TIP administration have reviewed those figures in light of State records to estimate the number of welfare and pension officers trained.

State records indicate that the actual number trained is reduced around 1:2.5 of the 2010 Report data. The rationale is that the attendance figures include:

- welfare refresher course attendances, and
- pension officers attendance on VEA, SRCA and MRCA courses.

In other words, around 4500 to 5000 pension or welfare officers are estimated to have been trained. State records indicate that TIP would have trained around the same number in the 2010-2015 period. A total of not more than 10,000 is estimated for the last decade of TIP training.

As $1m was allocated per annum, the outlay on TIP was around $10m over the decade 2005-2010. As the indicative cost of training was around $335.00 per head, the cost of TIP training over the decade would have been around $9m. The balance would have been expended on salaries of ASOs and capital equipment purchases.

Accepting that no post-training longitudinal research was undertaken on TIP output, it is no possible to assess the utility of TIP training. An estimate of the utility of TIP training is, however, possible on the basis of credible assumptions based on typical TIP output. The following calculation can be made:

- Assuming:
  - on average 10,000 new claims were submitted per annum, a total of 100,000 new claims would have been submitted in the decade
  - 3-to-2 ratio of compensation to welfare officers trained by TIP, the number of compensation officers trained would have been around 6,000
  - one Level 3 course of 12 attendees was conducted in each eastern State per annum, the number of Level 1 and 2 compensation officers trained by TIP is reduced to around 5,600

\(^1\) Table 7, TIP Courses and Participants 2005-06 to 2009-10; page 25.
• On the basis of these assumptions:
  o each TIP trained advocate would have submitted 18 primary claims in total, and
  o with around 225 TIP compensation officers having undertaken RPL at Level 2, the raw transition rate from TIP to ATDP would be around 4%.

Clearly, these calculations create an absurd result, as those pension officers who are known to have been practicing have typically facilitated around 30 primary claims at any one time, submitting around one claim per week. Although anecdotal, this measure allows the inference to be drawn that most of TIP’s output undertook little compensation work.

Another triangulation is possible using ATDP data.

Around 225 TIP-trained compensation officers have undertaken RPL in the first 12 months of ATDP operations. Assuming these are the only advocates submitting primary claims, each advocate would submit around 45 primary claims per annum, or around one per week in a 48 week working year. As most advocates are volunteers and work around 20 hours per week, the calculated output is consistent with one State’s average output of 2.5 claims per week by paid advocates working 37.5 hours per week.

Albeit grounded in challengeable assumptions, the preceding analyses indicates that, in an era of constrained Budgets, the number of advocates trained under ATDP must more closely match the demand for advocacy services than TIP was able to achieve.

3.2 Introduction

This Chapter introduces the concept of demand management, the process by which ATDP output and outcomes are as closely matched with demand for advocacy services as possible.

3.3 Purpose of Demand Management

The purpose of demand management is to ensure that ATDP training output is defensibly cost-effective – a stipulation of the Blueprint.

3.4 Demand Management System

Some of the requirements of a mature demand management system that will ensure it meets its purpose include the following training output and outcome-specific features:

• forecasts are related to both:
  o the locations from which and number of claims are being received by DVA
  o the locations to which ADF personnel and their families indicate they intend living after transition

• includes evidence-based contingency allowances for retiring advocates

• provides reasonable contingency allowances for:
  o career-progression
  o advocacy workload
3.5 Indicative Output

An informal survey of a small number of Level 2 - 4 advocates that have a reputation for sound compensation advocacy has been undertaken to ascertain how many hours on average they have spent historically on preparing cases. The result is pretty consistent:

- Primary Claim: 25 hours
- ADR Submission/VRB Appeal: 50 hours
- AAT Appeal: 100 hours

DVA, VRB and AAT Annual Reports indicate that:

- new primary claim caseload is around 11,000 and 10,000 in the last two reports, for an average of (say) 10,500
- VRB caseload is around 2800 per annum
- AAT veterans’ jurisdiction caseload is around 350 per annum

Indicatively, these data indicate that the following number of FTE compensation advocates are needed to meet the workload at each level:

- Level 1 and 2: 145
- Level 3: 78
- Level 4: 20

These data are raw. Adjustments are needed for part-time workload, geographic demand and contingency allowances. But, assuming each volunteer advocate sustains a 50% of FTE workload on average, around 400 compensation advocates are needed across Levels 1 to 4.
3.6 Indicative Regional Disaggregation
GIS data and analysis by the DVA Statistician is required to ‘map’ of where the veterans and widows are now and into the future be very helpful in identifying historical distribution. The RPL 2 and RPL 1 enrolment data will help refinement of the indicative variations discussed next.

An indication of the Region-by-Region variations in demand can be gleaned from the numbers of VRB applications. The data are from the VRB Annual Report FY2015-16:

- Region 1: 885
- Region 2: 1312
- Region 3: 607

If these data are assumed representative of the numbers of primary claims to the Commission and applications to the AAT, the raw data at para 3.5 can be disaggregated indicatively as follows:

- Compensation Level 1 and 2 (FTE):
  - Region 1: 46
  - Region 2: 68
  - Region 3: 31

- Compensation Level 3 (FTE):
  - Region 1: 25
  - Region 2: 35
  - Region 3: 17

- Compensation Level 4 (FTE):
  - Region 1: 6
  - Region 2: 9
  - Region 3: 5

3.7 Indicative Part-time Requirements
Assuming all Advocates work part-time for 12 hours per week, each of the FTE data can be multiplied by 3. This assumption appears defensible as volunteers may not work for 48 weeks per year. A small contingency is therefore built into the following calculations:

- Compensation Level 1 and 2 (FTE x 3):
  - Region 1: 138
  - Region 2: 204
  - Region 3: 93

- Compensation Level 3 (FTE x 3):
  - Region 1: 75
  - Region 2: 105
  - Region 3: 51
3.8 Changing Wellbeing Demand

From soundings during Roadshows and being in mind the significantly greater future demand for wellbeing support that is evident in the younger veterans’ inputs to the MILADVWoo2 development, at least one wellbeing advocate will be needed per compensation advocate.

Culture change will also need to consider whether face-to-face advocacy is as strong a factor as history suggests, or whether there is the level of acceptance of electronic interview that many of current Wellbeing Advocates are experiencing.

Using a worst-case assumption (viz., all part-time), the number of Wellbeing Advocates per Region on a one-for-one Wellbeing-to-Compensation Advocate basis is as follows:

- Region 1: 231
- Region 2: 336
- Region 3: 161

3.9 Possible Effects of Technology

As implementation of the IT objectives of Veteran-Centric Reform (VCR) accelerate from FY2017-18, MRCA claims can be expected to be submitted increasingly through MyService. (In time, MyService will also be extended to VEA and DRCA, with similar re-focusing of advocacy for those Acts.)

- Compensation Advocates’ focus will become complex primary claims, Needs Assessment, INCAP, PI, SRDP, Rehabilitation.
- The advent of MyService has implications for ATDP training demand management – probably reducing the aggregate number of claims, but increasing pressure on the professionalisation of advocacy. Fewer, more highly trained compensation advocates seem likely.
- Level 1 Compensation Advocates can be expected to be researching more complex cases from the outset.
- The flow on effects at Level 2 will necessitate self-directed CPD to focus more heavily on CLIK, RMA releases and VeRBosity.
- Level 3 will probably need to be more aware of Case Law than currently.

Wellbeing Advocacy can also expect to have to change focus as MyService will further encourage the ‘self-help’ already made possible through MyAccount. In conjunction:

- younger generations' propensity to expect quick results delivered by advocates with high levels of competency can be expected to put pressure on wellbeing
advocates to refer quickly and accurately – again putting pressure on professionalisation.

• younger generations established practice of providing ‘triage’/first response assistance to mates in crisis also has ramification for ATDP demand and the learning pathways of 10620NAT

3.10 Development Plan
TBA

3.11 Participants’ Responsibilities
TBA