

The Senate

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Foreign Affairs, Defence and  
Trade References Committee

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Issues relating to advocacy services for  
veterans accessing compensation and  
income support

November 2025

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# Terms of reference

The representation of and advice provided by ex-service organisations, commercial entities, not-for-profits and individuals to veterans and families in relation to accessing compensation and income support from the Department of Veterans' Affairs, with particular reference to:

- (a) the appropriateness of commercial entities, within and outside Australia, providing advocacy services, including the charging of fees or commissions on statutory entitlement payments;
- (b) representation of veterans at the Veterans' Review Board, including by legal practitioners;
- (c) regulation, training and professional discipline arrangements for advocates;
- (d) the consideration of previous reviews undertaken into the advocacy model, including recommendations made and subsequent implementation or lack thereof; and,
- (e) any related matters.



# Acronyms and abbreviations

ACL	Australian Consumer Law
ADF	Australian Defence Force
ASASA	Australian Special Air Service Association
ATDP	Advocacy Training and Development Program
AVA	Australian Veteran Advocacy
AVHS	Australian Veteran Health Services
BEST	Building Excellence in Support and Training
committee	Senate Foreign Affairs, Defence and Trade References Committee
Cornall Review	The Veterans' Advocacy and Support Services Scoping Study
CPSU	Community and Public Sector union
DAVLS	Defence and Veterans Legal Service
Defence	Department of Defence
DFWA	Defence Force Welfare Association
DRCA	<i>Safety, Rehabilitation and Compensation (defence-related Claims) Act 1988</i>
DVA	Department of Veterans' Affairs
ESO	ex-service organisation
ESORT	Ex-Service Organisation Roundtable
Guild	The Families of Veterans Guild
IL	Initial Liability
IVA	Institute of Veterans Advocacy
LPUL	Legal Profession Uniform Law
MRCA	<i>Military Rehabilitation and Compensation Act 2004</i>
NAVA	National Association of Veteran Advocacy
OMARA	Office of the Migration Agents Registration Authority
PC Report	The Productivity Commission's inquiry into the system of compensation and rehabilitation for veterans

PI	Permanent Impairment
RANZCP	The Royal Australian New Zealand College of Psychiatrists
Royal Commission	The Royal Commission into Defence and Veteran Suicide
TPI Association SA	Totally and Permanently Incapacitated Ex-Service Men and Women's Association of South Australia
TPI Toowoomba Sub-Branch	Toowoomba Sub-Branch of the Australian Federation of Totally and Permanently Incapacitated Ex-Servicemen and Women
UNSW	University of New South Wales
UNSW Research Project	Research project looking at the current and future capacity of the veterans' advocacy workforce
VAS	Veterans' Advocacy Service
VEA	<i>The Veterans' Entitlements Act 1986</i>
VESPIIA	Veterans, Emergency Services & Police Industry Institute of Australia
VFA	Veteran Family Advocate
Zed3	Zed3 Medical Group

# List of recommendations

## Recommendation 1

- 5.23 The committee recommends that the Department of Veterans' Affairs explore potential legislative action to curb harmful and deceptive business practices in the commercial veterans' advocacy sector, including but not limited to the imposition of fee caps.

## Recommendation 2

- 5.24 The committee recommends that the Department of Veterans' Affairs and Department of Defence initiate a targeted public education and awareness campaign to better inform current and former Australian Defence Force personnel of the potential risks of engaging commercial, fee-for-service veterans' advocates.

## Recommendation 3

- 5.25 The committee recommends that the Australian Government explore measures to require transparency in advertising and service agreements from all entities offering veterans' advocacy.

## Recommendation 4

- 5.26 The committee recommends that the Department of Veterans' Affairs investigate solutions to address the specific national security and personal privacy risks posed by offshore commercial advocacy providers and offshore data handling.

## Recommendation 5

- 5.33 The committee recommends the establishment of a National Veterans' Legal Service based on the former Defence and Veterans' Legal Service and current Veterans' Advocacy Service run through Legal Aid New South Wales, and funded through the National Access to Justice Partnership.

## Recommendation 6

- 5.34 The committee recommends the Australian Government implement Recommendation 99 of the Royal Commission into Defence and Veteran Suicide as a matter of urgency.

## Recommendation 7

- 5.50 The committee recommends that the Department of Veterans' Affairs work closely with the Institute of Veterans Advocacy (IVA) as it becomes

operational to ensure that it provides effective professional oversight and regulation of the veterans' advocacy sector. As part of this, the Australian Government should provide sufficient funding to the IVA to ensure its financial viability and consider how elements of the Office of the Migration Agents Regulation Authority could be usefully applied to the IVA and the regulation of the veterans' advocacy sector.

- 5.51 After two years of operation, the Australian Government should formally evaluate the effectiveness and financial viability of the IVA.

# Chapter 1

## Introduction and background

### Introduction

- 1.1 Australia's veterans have entitlements to treatment and compensation for injuries and illnesses arising from their service to the nation. However, the ability to successfully claim these various entitlements can be challenging, given the historical complexity of veterans' entitlements law and the intricacies of the claims processing system.
- 1.2 As a result, veterans and their families have often turned to advocates to assist them in lodging their claims or navigating the broader Department of Veterans' Affairs (DVA) support system, and the need for such advocacy assistance is ongoing. Although there has been recent work to harmonise the legislation and simplify the claims system to better support veterans to access their entitlements, not all veterans have the time, desire, capability or capacity to navigate the system unaided.
- 1.3 Veterans' advocacy services have traditionally been delivered by a mix of paid and volunteer ex-service organisation advocates on a 'free-to-the-veteran' basis. However, recent years have seen the development of a growing commercial advocacy sector in which private businesses charge veterans fees to assist with their compensation and entitlements claims. The entities operating in this space are for-profit and encompass a range of fee schedules, corporate structures and service offerings.
- 1.4 The rise of fee-for-service advocacy has highlighted a number of issues within the veterans' advocacy landscape and generated concerns from those in the Australian Defence Force (ADF) and ex-service communities. The inquiry received a variety of views on the appropriateness of commercial entities providing advocacy services and the charging of fees or commissions on statutory entitlement payments. Some submitters raised serious concerns with the fee-for-service model, both from an ethical perspective and regarding troubling behaviours and business practices common in the sector. Other submitters, many of them for-profit advocacy businesses, argued strongly that there was a valid need and legitimate role for fee-for-service providers.
- 1.5 Evidence to the inquiry indicated that the proliferation of these commercial entities, alongside limitations with the traditional advocacy services, have created significant problems in the sector that are negatively impacting veterans.
- 1.6 Significantly, the inquiry heard that the veterans' advocacy sector is not currently regulated, and professional oversight of work standards and conduct is severely limited. This lack of oversight, combined with a lack of recourse options, has had a detrimental impact on the quality of advocacy services,

contributing not only to unacceptable advocate behaviours and poor veteran outcomes, but also generating risks to the integrity of the DVA entitlements system as a whole.

- 1.7 This report seeks to illuminate the challenges posed by the state of the current advocacy sector and propose solutions to ensure that veterans and their families can access equitable, ethical and effective advocacy and representation in their pursuit of their rightful compensation and support entitlements.

### **Referral of the inquiry**

- 1.8 On 26 August 2025, the Senate referred an inquiry into advocacy services relating to veteran compensation and income support to the Senate Foreign Affairs, Defence and Trade References Committee (the committee) for inquiry and report by 30 October 2025.<sup>1</sup>

- 1.9 The inquiry is a re-referral of the inquiry on the same topic that lapsed at the end of the 47<sup>th</sup> Parliament, and the terms of reference remain unchanged in the 48<sup>th</sup> Parliament.<sup>2</sup>

- 1.10 The inquiry's terms of reference are as follows:

The representation of and advice provided by ex-service organisations, commercial entities, not-for-profits and individuals to veterans and families in relation to accessing compensation and income support from the Department of Veterans' Affairs, with particular reference to:

- (a) the appropriateness of commercial entities, within and outside Australia, providing advocacy services, including the charging of fees or commissions on statutory entitlement payments;
- (b) representation of veterans at the Veterans' Review Board, including by legal practitioners;
- (c) regulation, training and professional discipline arrangements for advocates;
- (d) the consideration of previous reviews undertaken into the advocacy model, including recommendations made and subsequent implementation or lack thereof; and,
- (e) any related matters.

### **Conduct of the inquiry**

- 1.11 Details of the inquiry were made available on the committee's website.<sup>3</sup> The committee also contacted a number of organisations and individuals inviting written submissions by 5 September 2025.

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<sup>1</sup> *Journals of the Senate*, No. 9 — 26 August 2025, p. 307.

<sup>2</sup> *Journals of the Senate*, No. 9 — 26 August 2025, p. 307.

<sup>3</sup> Senate Foreign Affairs, Defence and Trade References Committee, *Issues relating to advocacy services for veterans accessing compensation and income support*,

- 1.12 The committee published 17 submissions, as listed at Appendix 1.
- 1.13 The committee held a public hearing in Canberra on 26 September 2025. A list of witnesses who gave evidence is available at Appendix 2.
- 1.14 Additionally, all correspondence and evidence previously received in relation to the inquiry conducted during the 47<sup>th</sup> Parliament was made available to the committee.<sup>4</sup> The 47 submissions received during that inquiry are listed at Appendix 1.<sup>5</sup>

### **Structure of this report**

- 1.15 This report contains five chapters:
- This chapter contains information about the referral and conduct of the inquiry. It also contains background information on the veterans' advocacy system.
  - Chapter 2 sets out concerns with the commercial, for-profit advocacy sector and the fee-for-service model.
  - Chapter 3 examines arguments put forward in support of fee-for-service advocacy, with reference to the limitations of the current free-to-the-veteran advocacy sector.
  - Chapter 4 explores potential solutions to address the concerns raised during the inquiry.
  - Chapter 5 contains the committee's views and recommendations.

### **Acknowledgment**

- 1.16 The committee thanks all those individuals and organisations who engaged with the inquiry, as well as the inquiry from the 47<sup>th</sup> Parliament. In particular, the committee would like to acknowledge the contributions of those individuals and families with personal experience serving in the ADF.

### **A note on terminology**

- 1.17 As will be explained in the next section of this chapter, advocacy services for veterans can fall into two categories: compensation or welfare.

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[www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Foreign\\_Affairs\\_Defence\\_and\\_Trade/advocacy2025](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Foreign_Affairs_Defence_and_Trade/advocacy2025) (accessed 1 September 2025).

<sup>4</sup> *Journals of the Senate*, No. 9 — 26 August 2025, p. 307.

<sup>5</sup> All public submissions are available to download via the inquiry webpage. See Senate Foreign Affairs, Defence and Trade References Committee, *47<sup>th</sup> Parliament — Issues relating to advocacy services for veterans accessing compensation and income support*, [https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Foreign\\_Affairs\\_Defence\\_and\\_Trade/Compensation47](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Foreign_Affairs_Defence_and_Trade/Compensation47) (accessed 1 September 2025).

1.18 As per the terms of reference, this inquiry will focus on compensation advocates. The use of the word advocate or advocacy should be taken to refer primarily to compensation advocates, rather than welfare advocates.

### **Background on the veterans' advocacy sector**

1.19 The following section provides a brief overview of the veterans' advocacy sector, including sections on:

- the DVA entitlements system;
- the historic and current need for veterans' advocates; and
- the different types and models of veterans' advocacy.

### **DVA entitlements system**

1.20 Since World War I, Australia's veterans have had an entitlement to treatment and compensation for injuries and illnesses arising from their service. DVA, the Repatriation Commission, and the Military Rehabilitation and Compensation Commission exist to develop and provide this support to veterans and their families.<sup>6</sup>

1.21 Veterans can currently lodge claims with DVA 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).<sup>7</sup>

1.22 From 1 July 2026, VEA and DRCA will close to new claims for rehabilitation and compensation and DVA will consider claims submitted from that date under a reformed MRCA.<sup>8</sup>

1.23 There are a variety of entitlements available for veterans. For example, the most common claim type is an Initial Liability (IL) claim under MRCA, of which DVA consistently accepts over 80 per cent of claims. It is the first step in the compensation process for veterans and/or their families and establishes whether or not the Commonwealth is liable for an injury, illness or death.<sup>9</sup>

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<sup>6</sup> Department of Veterans' Affairs, *Opening statement*, 26 September 2025, p. 1 (tabled 26 September 2025).

<sup>7</sup> Department of Veterans' Affairs, *Overview of DVA benefits and services*, 2 July 2025, [www.dva.gov.au/about-us/what-we-do/overview-of-dva-benefits-and-services#permanent-impairment-payments](http://www.dva.gov.au/about-us/what-we-do/overview-of-dva-benefits-and-services#permanent-impairment-payments) (accessed 11 October 2025).

<sup>8</sup> Department of Veterans' Affairs, *Veterans' Legislation Reform*, 19 March 2025 [www.dva.gov.au/about-us/inquiries-and-reviews/veterans-legislation-reform](http://www.dva.gov.au/about-us/inquiries-and-reviews/veterans-legislation-reform) (accessed 11 October 2025).

<sup>9</sup> Department of Veterans' Affairs, *Opening statement*, 26 September 2025, p. 1 (tabled 26 September 2025); Department of Veterans' Affairs, *Initial Liability*, 13 February 2025,

- 1.24 Another type is a Permanent Impairment (PI) claim, in which current and former ADF members who have an injury or disease as a result of their service, and that injury or disease has left them with some permanent impairment, may be entitled to receive compensation for that impairment from DVA.<sup>10</sup>
- 1.25 DVA is statutorily obliged to investigate and determine all validly lodged claims, regardless of how they are lodged. All claims are prioritised and assessed based solely on vulnerability, eligibility and legislated processes. Whether a veteran chooses to lodge a claim themselves, or instead uses an advocate (regardless of the type of advocate), has no bearing whatsoever on decision making pathways or timelines.<sup>11</sup>
- 1.26 DVA also has a legal obligation to assist veterans to access their entitlements. Additionally, it has a similar obligation to take a beneficial view in favour of veterans within legislative parameters when determining claims.<sup>12</sup>

### **The need for veterans' advocates**

- 1.27 Veterans' advocacy is a long-established tradition. Although there are a variety of entitlements available to those who have served, the ability to successfully claim can be challenging, and veterans' entitlements law is complex. Although there has been recent work to harmonise the legislation and to simplify the claims system, not all veterans wish to, or have the time, capability or capacity, to navigate the system unaided.<sup>13</sup>
- 1.28 Additionally, there are unique circumstances impacting serving and former ADF members that can mean they require advocacy assistance when seeking their rightful DVA entitlements. As the Veterans' Advocacy Service (VAS) within Legal Aid NSW summarised:

There are various factors that make the area of veterans' entitlements overly complex. Many veterans leave service with complex barriers to access their entitlements. They can have multiple injuries, including physical, psychological and cognitive disabilities. Many have little or no experience of navigating bureaucracies in the civilian world, which may be made more difficult by a lack of trust in institutions after abuse and maladministration

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[www.dva.gov.au/about-us/inquiries-and-reviews/veterans-legislation-reform/veterans-legislation-reform-resources/initial-liability](http://www.dva.gov.au/about-us/inquiries-and-reviews/veterans-legislation-reform/veterans-legislation-reform-resources/initial-liability) (accessed 11 October 2025).

- <sup>10</sup> Department of Veterans' Affairs, *Overview of DVA benefits and services*, 2 July 2025, [www.dva.gov.au/about-us/what-we-do/overview-of-dva-benefits-and-services#permanent-impairment-payments](http://www.dva.gov.au/about-us/what-we-do/overview-of-dva-benefits-and-services#permanent-impairment-payments) (accessed 11 October 2025).
- <sup>11</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), pp. 4–6; Mr Andrew Kefford, Deputy Secretary, Policy and Programs Group, Department of Veterans' Affairs, *Proof Committee Hansard*, 26 September 2025, p. 47.
- <sup>12</sup> Department of Veterans' Affairs, *Opening statement*, 26 September 2025, p. 1 (tabled 26 September 2025).
- <sup>13</sup> Department of Defence, *Submission 14* (47<sup>th</sup> Parliament), p. 2.

in ADF. Thus, trying to navigate the complexity of veterans' legislation is often both incomprehensible and distressing for them.<sup>14</sup>

1.29 RSL Queensland noted that the process of applying for entitlements can be challenging for many veterans:

Multiple inquiries and studies into the DVA claims process, including the work of the Royal Commission into Defence and Veteran Suicide, have found that the process is complex, confusing and stressful for many veterans...<sup>15</sup>

1.30 As a result of these factors and the legislative complexity, veterans and their families have often turned to advocates to assist them to lodge their claims or navigate the broader DVA support system.

1.31 In 2023–24, 46 per cent of all IL and PI claims under MRCA were lodged by an advocate or representative. In 2024–25, as at 30 April, this percentage had grown to 52 per cent.<sup>16</sup>

### *An ongoing need*

1.32 There have been recent changes designed to streamline the legislative framework governing compensation and rehabilitation in recognition of the complexity of veterans' entitlements.<sup>17</sup> Once the harmonised legislation comes into effect on 1 July 2026, all claims lodged after that date will be processed under the reformed MRCA, which, according to DVA, will make it 'easier than ever' for veterans to lodge claims and access support and entitlements on their own.<sup>18</sup>

1.33 However, despite these changes, there remains an ongoing need for veterans to access advocacy services to assist them in claiming their entitlements. As the VAS noted, despite the legislative changes, not all veterans will want to transfer to the new MRCA, and some will not qualify. The legislative complexity of multiple Acts is likely to continue for many years to come, and so too will the need for quality advocates, given 'the detriment that can be caused to veterans from inexpert advice is significant and potentially life long'.<sup>19</sup>

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<sup>14</sup> Veterans' Advocacy Service, Legal Aid NSW, *Submission 7* (47<sup>th</sup> Parliament), p. 9.

<sup>15</sup> RSL Queensland, *Submission 15* (47<sup>th</sup> Parliament), p. 7.

<sup>16</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 3.

<sup>17</sup> Department of Veterans' Affairs, *Veterans' Legislation Reform*, 19 March 2025 [www.dva.gov.au/about-us/inquiries-and-reviews/veterans-legislation-reform](http://www.dva.gov.au/about-us/inquiries-and-reviews/veterans-legislation-reform) (accessed 11 October 2025).

<sup>18</sup> Department of Veterans' Affairs, *Opening statement*, 26 September 2025, p. 1 (tabled 26 September 2025).

<sup>19</sup> Veterans' Advocacy Service, Legal Aid NSW, *Submission 7* (47<sup>th</sup> Parliament), pp. 10–11.

## Types of advocacy

- 1.34 Advocacy services for veterans can broadly be categorised into two types:
- (i) **compensation advocates;** and
  - (ii) **welfare advocates.**
- 1.35 Compensation advocates assist with lodging claims for income support, compensation or other assistance from DVA, or seeking review of DVA decisions through relevant tribunals or other processes. For example, they assist with lodging claims under the VEA, the DRCA and the MRCA.<sup>20</sup>
- 1.36 Welfare advocates assist veterans and their families to access a range of DVA, other government and community services to support welfare and wellbeing.<sup>21</sup>
- 1.37 There are also two modes of delivery for advocacy services:
- (i) **free-to-the-veteran;** and
  - (ii) **fee-for-service.**
- 1.38 Advocacy services can be provided on a ‘free-to-the-veteran’ basis. For example, this could be a volunteer advocate who receives no remuneration for their work, or it could be an advocate who is employed and remunerated by another party, such as an ex-service organisation (ESO).<sup>22</sup>
- 1.39 Advocacy services can also be provided on a ‘fee-for-service’ basis, whereby the veteran engaging the advocate pays a fee to the advocate directly.<sup>23</sup> These services are also sometimes referred to as commercial or for-profit advocacy services.

## Free-to-the-veteran model

- 1.40 Veterans’ advocacy services have traditionally been delivered by a mix of paid and volunteer ESO advocates who deliver free-to-the-veteran services through their sponsoring ESO.<sup>24</sup>
- 1.41 For example, RSL state branches across Australia engage paid and un-paid (volunteer) advocates across its networks who assist veterans and their families to lodge claims under the various veterans’ entitlements legislation.<sup>25</sup>
- 1.42 The cost of providing this free-to-the-veteran advocacy has in part been subsidised by grant funding from successive Commonwealth governments.

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<sup>20</sup> Department of Veterans’ Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 3.

<sup>21</sup> Department of Veterans’ Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 3. See also: Royal Commission into Defence and Veteran Suicide, *Final Report: Volume 5*, 9 September 2024, p. 440.

<sup>22</sup> Department of Veterans’ Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 3.

<sup>23</sup> Department of Veterans’ Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 3.

<sup>24</sup> Department of Veterans’ Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 5.

<sup>25</sup> RSL Australia, *Submission 1* (47<sup>th</sup> Parliament), p. 3.

For example, the Building Excellence in Support and Training (BEST) Grants Program is administered by DVA and supports the work of ESOs in providing free-to-the-veteran advocacy services. It is offered as an annual, demand driven grant program for ESOs, with one funding round each financial year.<sup>26</sup>

- 1.43 Additionally, the Advocacy Training and Development Program (ATDP) is funded by DVA and seeks to ensure that free-to-the-veteran ESO advocates meet national standards before they give advice to the veteran community through the provision of nationally accredited training in military advocacy and support.<sup>27</sup>
- 1.44 The limitations of the free-to-the-veteran model are discussed in the following chapters of this report.

### **Fee-for-service model**

- 1.45 Recent years have seen the development of a growing commercial advocacy sector in which private businesses charge veterans fees to assist with lodging their compensation and entitlements claims. The entities operating in this space are for-profit and encompass a range of fee schedules, corporate structures and service offerings. For example, they can be businesses set up solely to provide advocacy, or law firms that offer compensation advocacy as part of their services.<sup>28</sup>
- 1.46 There is a range of cost structures for fee-for-service advocacy, including commission-based fees involving a percentage of any compensation received, 'no-win-no-fee' contingency fee models, charge per claim or medical condition lodged models, charge via membership fee, or any combination of these.<sup>29</sup> The committee was made aware of percentage commission rates up to 29 per cent.<sup>30</sup>
- 1.47 Fee structures and conditions are generally agreed upon via a signed contract between the veteran and the commercial entity and, as a result, government has 'limited capacity to intervene' in these private arrangements.<sup>31</sup>

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<sup>26</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 5. More information on the BEST Grants Program can be found in Chapter 4 of this report.

<sup>27</sup> Department of Veterans' Affairs, *The Advocacy Training and Development Program*, 27 June 2025, [www.dva.gov.au/what-we-help-with/advocacy-representation-advice/for-advocates-ex-service-organisations/the-advocacy-training-and-development-program](http://www.dva.gov.au/what-we-help-with/advocacy-representation-advice/for-advocates-ex-service-organisations/the-advocacy-training-and-development-program) (accessed 11 October 2025); Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 9. The ATDP is discussed further in Chapters 3 and 4 of this report.

<sup>28</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 5.

<sup>29</sup> Department of Defence, *Submission 14* (47<sup>th</sup> Parliament), p. 2; Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), pp. 5–6.

<sup>30</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 6.

<sup>31</sup> Department of Defence, *Submission 14* (47<sup>th</sup> Parliament), p. 2.

- 1.48 The contemporary role and scale of operation of fee-for-service advocates is a relatively recent phenomenon, with DVA advising that 2024–25 in particular had seen a very rapid growth in the sector. In 2024–25, around 20 commissions-based providers accounted for 18 per cent of total claims processed by DVA — double the proportion of the preceding year.<sup>32</sup>
- 1.49 Concerns with the fee-for-service advocacy model are discussed in the following chapters of this report.

### **Previous reviews into veterans’ advocacy**

- 1.50 There have been a number of reviews that have examined issues relating to veterans’ advocacy services and the operation of the DVA entitlements system. These reviews have consistently identified challenges concerning the provision of adequate and appropriate advocacy assistance to veterans, and put forward various recommendations to address these challenges. A selection is briefly summarised below.

### **Royal Commission into Defence and Veteran Suicide**

- 1.51 The Royal Commission into Defence and Veteran Suicide (the Royal Commission) was announced on 19 April 2021 and delivered its final report on 9 September 2024. It was tasked with inquiring into the cultural, structural and systemic issues contributing to the persistently high rates of suicide and suicidality among serving and ex-serving ADF members.<sup>33</sup>
- 1.52 Chapter 26 of the final report explored the support available for veterans wanting to lodge a liability of compensation claim for a service-related condition with DVA.<sup>34</sup> It identified that the current advocacy system was unsustainable and failing to meet veterans’ needs, in large part due to a lack of funding to meet demand and an over-reliance on a volunteer workforce.<sup>35</sup> It concluded that change was necessary given that the advocacy system ‘has a number of inherent weaknesses and is already under pressure’.<sup>36</sup>

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<sup>32</sup> Department of Veterans’ Affairs, *Opening statement*, 26 September 2025, pp. 1–2 (tabled 26 September 2025). See also Mr Andrew Kefford, Deputy Secretary, Policy and Programs Group, Department of Veterans’ Affairs, *Proof Committee Hansard*, 26 September 2025, p. 48.

<sup>33</sup> Royal Commission into Defence and Veteran Suicide, *Final Report: Volume 1*, 9 September 2024, pp. 5–7.

<sup>34</sup> Royal Commission into Defence and Veteran Suicide, *Final Report: Volume 5*, 9 September 2024, p. 440.

<sup>35</sup> Royal Commission into Defence and Veteran Suicide, *Final Report: Volume 5*, 9 September 2024, pp. 446–47.

<sup>36</sup> Royal Commission into Defence and Veteran Suicide, *Final Report: Volume 5*, 9 September 2024, p. 441.

- 1.53 Recommendation 99 of the final report was to ‘improve compensation advocacy by funding professional, paid advocates.’ It specified:

The Australian Government should replace the Building Excellence in Support and Training (BEST) grant program with an ongoing, demand-driven funding program for professional, paid veteran compensation advocates. At a minimum, the amount of funding should be increased to provide compensation advocacy for:

(a) all veterans who need support to submit a liability and/or compensation claim with the Department of Veterans’ Affairs

(b) all veterans seeking an internal or external review of a claims decision.

Funding allocations should be for a minimum of three years to provide employment stability. They should be designed to ensure equitable geographic service coverage and meet the diverse demographic needs of the veteran population, including female veterans and LGBTIQ+ veterans.<sup>37</sup>

- 1.54 In its December 2024 response to the final report, the Commonwealth Government indicated in-principle agreement to the recommendation.<sup>38</sup>

### **The Cornall Review**

- 1.55 The Veterans Advocacy and Support Services Scoping Study (Cornall Review) was announced on 16 April 2018, led by Mr Robert Cornall AO and delivered its report on 12 December 2018. The aim of the Cornall Review was to examine and recommend the most suitable advocacy model for Australian veterans and their families.<sup>39</sup>

- 1.56 The Cornall Review found that many of the issues raised revolved around compensation advocacy rather than wellbeing advocacy and support.<sup>40</sup> In response to its findings, the Cornall Review proposed 12 recommendations to form a sound basis for the development of a modern, professional and sustainable advocacy service for veterans and their families.<sup>41</sup>

- 1.57 The Cornall Review proposed a complete re-making of the advocacy and training framework, and made a number of recommendations relevant to this inquiry, including:

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<sup>37</sup> Royal Commission into Defence and Veteran Suicide, *Final Report: Volume 5*, 9 September 2024, p. 450.

<sup>38</sup> Australian Government Response to the Final Report of the Royal Commission into Defence and Veteran Suicide, December 2024, p. 121.

<sup>39</sup> Australian Government, *Veterans’ Advocacy and Support Services Scoping Study*, 12 December 2018, p. 13.

<sup>40</sup> Australian Government, *Veterans’ Advocacy and Support Services Scoping Study*, 12 December 2018, p. 12.

<sup>41</sup> Australian Government, *Veterans’ Advocacy and Support Services Scoping Study*, 12 December 2018, p. 105.

- DVA should set up a help desk for veterans' advocates, claims advisors and support workers to have direct access to departmental delegates who can answer technical questions;
- changes to the advocacy training system, including establishing an independent body to accredit professional advocates;
- the establishment of a free Veterans' National Legal Service and a Veterans' National Legal Helpline; and
- an independent body to plan, implement and deliver a consolidated, coordinated approach to the national delivery of veterans' advocacy and support services resulting in a modern, professional sustainable advocacy service.<sup>42</sup>

1.58 The Cornall Review supported the retention of the statutory prohibition on legal practitioners and persons holding a legal qualification representing veterans at hearings before the Veterans' Review Board.<sup>43</sup>

### **The Productivity Commission report**

1.59 The Productivity Commission's inquiry into the system of compensation and rehabilitation for veterans (PC report) was announced in March 2018 and tabled its final report on 4 July 2019. The PC report found that, despite recent improvements, the veterans' compensation and rehabilitation system was not fit-for-purpose and required fundamental reform.<sup>44</sup>

1.60 The PC report proposed 69 recommendations, including:

- that DVA should fund professional claims advocacy services in areas where it identifies unmet need;
- services should be delivered through ex-service and other organisations, similar to the National Disability Insurance Scheme Appeals Program and the National Disability Advocacy Program, and DVA should take an active role in the stewardship of these services; and
- DVA should help with primary claims and claims advocacy assistance from veterans' organisations should remain available to any veteran who seeks it, but the needs and expectations of younger veterans requires a stronger focus on wellbeing supports from veterans' organisations.<sup>45</sup>

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<sup>42</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 13.

<sup>43</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 13.

<sup>44</sup> The Productivity Commission, *A Better Way to Support Veterans: Overview and Recommendations*, 27 June 2019, p. 2.

<sup>45</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 13.

- 1.61 Additionally, the PC report recommended that DVA ensure that all claims advocates are accredited under the ATDP.<sup>46</sup>
- 1.62 The Australian Government tabled an interim government response to the PC report that addressed 25 of the report's 69 recommendations on 8 October 2020, followed by an updated government response on 14 May 2021. The updated government response stated that 'the Government will finalise any outstanding matters from the [PC] report at the completion of the Royal Commission into Defence and Veteran Suicide'.<sup>47</sup>

### **UNSW Research Project**

- 1.63 In 2021, DVA commissioned the University of New South Wales (UNSW) Social Policy and Research Centre to undertake a research project looking at the current and future capacity of the veterans' advocacy workforce (UNSW Research Project). The objective of the research project was to find out what may happen to the advocate workforce over the next few years to assist with the government's determination of changes to the veterans' advocacy system, including the support offered to ESOs and advocates by the government.<sup>48</sup>
- 1.64 As part of the UNSW Research Project, the researchers conducted two surveys, one aimed at ESOs that asked about their advocate workforce, and one aimed at other advocates that asked about their current and future availability and their experiences as an advocate. The researchers received responses from 593 advocates and 58 ESOs.<sup>49</sup>
- 1.65 The UNSW Research Project concluded that advocates will be required for the foreseeable future, that the system was under considerable pressure and emphasised that significant changes to the system are essential to the system's sustainability over the medium and longer term.<sup>50</sup>

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<sup>46</sup> The Productivity Commission, *A Better Way to Support Veterans: Overview and Recommendations*, 27 June 2019, p. 62.

<sup>47</sup> Australian Government, *Update to Government Response to the Productivity Commission Report, A Better Way to Support Veterans*, 14 May 2021, p. 1.

<sup>48</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), pp. 13–14.

<sup>49</sup> Department of Veterans' Affairs, *Veterans' Advocacy Research Project*, 22 October 2021, <https://www.dva.gov.au/providers/training-and-research-providers/research/veterans-advocacy-research-project> (accessed 5 September 2025).

<sup>50</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 14.

## Chapter 2

# The appropriateness of commercial entities providing advocacy services

- 2.1 As outlined in Chapter 1, recent years have seen the growth of a large commercial advocacy sector in Australia which operates on a fee-for-service model. In this model, privately owned, for-profit businesses enter into contracts directly with individual veterans and charge a fee or commission to assist with lodging the veteran's claim for statutory entitlements (such as compensation) with the Department of Veterans' Affairs (DVA). The entities operating in this space encompass a range of fee schedules, corporate structures and service offerings, with some businesses set up as specific providers of veteran advocacy, and others being traditional law firms.
- 2.2 The committee heard differing views related to this proliferation of fee-for-service, for-profit advocacy businesses. Some submitters raised serious concerns with the fee-for-service model, both from an ethical perspective and regarding troubling behaviours and business practices common in the sector. Other submitters, many of them for-profit advocacy businesses, argued strongly that there was a valid need and legitimate role for fee-for-service advocacy providers.
- 2.3 This chapter will explore issues relating to the ethical and practical concerns raised in relation to the fee-for-service model of advocacy.
- 2.4 Chapter 3 will then turn to the limitations of the current free-to-the-veteran model and the arguments put forward in support of commercial, fee-for-service advocacy services.

### **Concerns with the commercial advocacy sector and fee-for-service model**

- 2.5 The committee received a substantial amount of evidence raising concerns with the commercial advocacy sector. These concerns related to both the ethical appropriateness of the model as well as the poor behaviours and business practices of fee-for-service providers, which ultimately harm veterans.
- 2.6 Many submitters expressed strong opposition to the fee-for-service model offered by commercial advocacy firms. They expressed significant concern with the problematic behaviours in the sector, suggesting that it was unethical to profit from veterans seeking to access statutory entitlements and recommending that the model either be banned, or at the very least heavily regulated.<sup>1</sup>

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<sup>1</sup> See for example: RSL Victoria, *Submission 3* (47<sup>th</sup> Parliament), p. 2; TPI Association SA, *Submission 6* (47<sup>th</sup> Parliament), [p. 2]; Veterans' Advocacy Services, Legal Aid NSW, *Submission 7* (47<sup>th</sup> Parliament), p. 13; Australian Special Air Service Association, *Submission 12* (47<sup>th</sup> Parliament),

**Ethical concerns**

- 2.7 A number of submitters raised ethical or principled concerns with the premise of the fee-for-service business model. They argued that it was inappropriate and unacceptable for commercial advocacy entities to charge fees or commissions to veterans seeking to access their rightful statutory entitlements.
- 2.8 For example, RSL NSW, an ex-service organisation (ESO) which offers free-to-the-veteran advocacy, indicated that it believed that all veterans should have broad access to high-quality, fee-free advocacy services, and that support in accessing entitlements should never be dependent on one's ability to pay. It was of the view that the charging of fees or commissions by commercial advocacy firms was 'fundamentally at odds with the principle of equitable access'.<sup>2</sup>
- 2.9 RSL Victoria, which provides free-to-the-veteran advocacy, advised that it was opposed to any commercial entity being able to provide advocacy services on a fee-for-service basis where profit is the underlying agenda. It argued that this business model should be prohibited by legislation.<sup>3</sup>
- 2.10 RSL Victoria elaborated on this position:
- Our opposition is grounded in the belief that no veteran should have to pay someone to access compensation for injuries or illnesses sustained in the service of our nation. It is bad enough that the system is so complex that many veterans require an advocate simply to navigate it and access their lawful entitlements. That such a system also permits individuals to profit from a veteran's plight is, in our view, entirely unacceptable.<sup>4</sup>
- 2.11 RSL LifeCare, which provides free advocacy services to veterans, espoused that veterans' advocacy should be a public or charitable good, not a commercial enterprise.<sup>5</sup>
- 2.12 The Australian Special Air Service Association (ASASA) is a not-for-profit ESO for former Special Air Service veterans that provides free-to-the-veteran advocacy as part of its remit. It advised that it strongly opposed the commercialisation of veterans' advocacy services and expressed significant concerns regarding the appropriateness of for-profit models. It argued that

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p. 1; Name Withheld, *Submission 18* (47<sup>th</sup> Parliament), p. 1; Margo Dean, *Submission 20* (47<sup>th</sup> Parliament), [p. 1]; Andrea, *Submission 35* (47<sup>th</sup> Parliament), p. 1; Legacy Australia, *Submission 11* (47<sup>th</sup> Parliament), p. 2.

<sup>2</sup> RSL NSW, *Submission 4* (47<sup>th</sup> Parliament), [p. 4].

<sup>3</sup> RSL Victoria, *Submission 3* (47<sup>th</sup> Parliament), p. 2.

<sup>4</sup> RSL Victoria, *Submission 3* (47<sup>th</sup> Parliament), p. 2.

<sup>5</sup> RSL LifeCare, *Submission 5* (47<sup>th</sup> Parliament), p. 3.

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veterans should never be forced to pay for assistance to access their statutory entitlements.<sup>6</sup>

2.13 The Totally and Permanently Incapacitated Ex-Service Men and Women's Association of South Australia (TPI Association SA), an ESO that provides advocacy to veterans in inpatient settings across both public and private hospitals, advised that it strongly opposed the involvement of commercial operators who charge fees or commissions on statutory entitlements. In its view, veterans should never be asked to surrender a portion of their compensation to access advocacy or legal support for claims that are 'already enshrined in legislation'.<sup>7</sup>

2.14 The Veterans' Advocacy Service (VAS) is a state-wide specialist service within Legal Aid NSW providing free legal advice, assistance and representation to current and former Australian Defence Force (ADF) personnel and their dependents. Through VAS, Legal Aid NSW advises, assists and represents veterans regarding their rights and entitlements under veterans' law.<sup>8</sup> VAS raised several serious concerns with the fee-for-service model, recommending it be banned, or at the very least urgently regulated. In making this argument it referenced the concept of 'beneficial legislation'. It stated:

Veterans' legislation is beneficial legislation that the Parliament intended to be for the benefit of those who have been injured in service to the country, not profiteers and commercial entities.<sup>9</sup>

2.15 The Families of Veterans Guild (the Guild) also mentioned the concept of 'beneficial legislation' and emphasised that veterans were eligible for entitlements because of the unique nature of military service. It argued that the very fact that veterans and their families needed to rely on third parties such as advocates, lawyers or other intermediaries to access their entitlements was 'a point of failure in this system of care'.<sup>10</sup>

2.16 Mr Nicholas Warren, an advocate with VAS, made the point that contingency fees ate into the amount of money a veteran had to live on when receiving Permanent Impairment (PI) compensation. He explained that this was not the intention of the PI system:

[Fee-for-service providers are]...taking money from the compensation scheme that was designed on the assumption that nobody but the veteran would benefit. It's not the same as workers comp or accident insurance, where there's an assumption that there will be lawyers taking fees. The

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<sup>6</sup> Australian Special Air Service Association, *Submission 12* (47<sup>th</sup> Parliament), pp. 1–2.

<sup>7</sup> TPI Association SA, *Submission 6* (47<sup>th</sup> Parliament), [p. 2].

<sup>8</sup> Veterans' Advocacy Service, Legal Aid NSW, *Submission 7* (47<sup>th</sup> Parliament), p. 6.

<sup>9</sup> Veterans' Advocacy Service, Legal Aid NSW, *Submission 7* (47<sup>th</sup> Parliament), p. 14.

<sup>10</sup> Families of Veterans Guild, *Submission 16* (47<sup>th</sup> Parliament), p. 2.

parliament's intention in designing the permanent-impairment compensation system was that 100 per cent of the compensation would match the degree of injury of the veteran.<sup>11</sup>

2.17 A submission from a veteran voiced concerns with the predatory practices of commercial advocacy groups which enabled them to make a profit on a veteran's statutory entitlements. The submission argued:

These organisations exploit vulnerable veterans, who turn to them believing they will secure better financial compensation and fearing they may be disadvantaged if they do not. However, the trade-off is the forfeiture of a portion of their incapacity payments. It is deeply concerning that such companies can exert undue influence over veterans and profit from their limited entitlements in this manner.<sup>12</sup>

### **Practical concerns**

2.18 Numerous submitters, including DVA, raised practical concerns with aspects of the fee-for-service model. They furnished the committee with various examples of poor behaviour or problematic business processes on the part of commercial advocacy providers that caused harm to veterans and negatively impacted DVA operations.

2.19 This section will provide a broad overview of these practical concerns, before the chapter goes on to explore a selection in more detail, including:

- excessive fees and unreasonable contracts;
- questionable practices regarding medical reports;
- deceptive advertising;
- a lack of qualifications or regulatory oversight;
- the risks of offshore advocacy providers; and
- adverse impacts on DVA operations.

2.20 RSL Australia informed the committee that it was very aware of an increasing number of fee-for-service advocacy providers operating in the veteran community, with some operating unethically without regard for veterans' welfare. It explained:

These providers are unregulated and have no existing requirement to adhere to any regulatory standards relating to ethical behaviour and transparent practice. Some rely on accessing a percentage of lump sum payments made to veterans and have scant regard for the overall needs and wellbeing of a veteran or the veterans' family.<sup>13</sup>

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<sup>11</sup> Mr Nicholas Warren, Advocate, Veterans' Advocacy Service, Legal Aid NSW, *Proof Committee Hansard*, 26 September 2025, p. 40.

<sup>12</sup> Name Withheld, *Submission 18* (47<sup>th</sup> Parliament), p. 1.

<sup>13</sup> RSL Australia, *Submission 1* (47<sup>th</sup> Parliament), p. 6.

- 2.21 VAS informed the committee that it had provided services to multiple veterans who had previously engaged fee-charging advocates and who had expressed displeasure with the service and contract terms of these for-profit entities.<sup>14</sup>
- 2.22 VAS also raised concerns with some businesses ‘overservicing’ clients in order to make a profit. It elaborated:
- The main activity of these businesses seems to be processing simple claims under MRCA [*Military Rehabilitation and Compensation Act 2004*]. Given the work the DVA has put in place to make initial claims easier – access via the web portal and employing Claims Support Officers – this is often overservicing of capable clients for profit.<sup>15</sup>
- 2.23 National Legal Aid advised it was aware of large fees being charged by both law firms and non-legally qualified fee-for-service advocates, who it noted that, unlike lawyers, did not have to cap their fees when helping veterans apply for entitlements.<sup>16</sup>
- 2.24 The TPI Association SA noted that ESO advocates such as theirs were ‘culturally embedded’ in the veteran community and provided holistic and trauma-informed advocacy service, not for financial gain but in service of those who had served. It advised that it routinely stepped in to address the consequences of failed or negligent representation by paid advocates, who in its opinion lacked adequate training and had little incentive to maintain long-term contact or support with a veteran.<sup>17</sup>
- 2.25 RSL Queensland is an ESO that provides free advocacy services via a volunteer and paid advocate workforce, and is Australia’s largest provider of fee-free advocacy services to veterans and their families.<sup>18</sup> It advised that it held several practical concerns with fee-for-service advocates, chiefly:
- profit as the primary purpose influencing advice and behaviour;
  - billing practices and inadequate transparency of service costs;
  - quality of service provision and connection;
  - lack of veteran-informed training and accreditation; and
  - lack of regulation and oversight.<sup>19</sup>
- 2.26 RSL Victoria set out a number of concerns with the fee-for-service model, arguing that the unregulated nature of the sector meant unethical and predatory behaviour was able to flourish. In particular, it raised concerns that numerous

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<sup>14</sup> Veterans’ Advocacy Service, Legal Aid NSW, *Submission 7* (47<sup>th</sup> Parliament), p. 13.

<sup>15</sup> Veterans’ Advocacy Service, Legal Aid NSW, *Submission 7* (47<sup>th</sup> Parliament), p. 14.

<sup>16</sup> National Legal Aid, *Submission 14* (48<sup>th</sup> Parliament), [p. 2].

<sup>17</sup> TPI Association SA, *Submission 6* (47<sup>th</sup> Parliament), [p. 3].

<sup>18</sup> RSL Queensland, *Submission 15* (47<sup>th</sup> Parliament), p. 4.

<sup>19</sup> RSL Queensland, *Submission 15* (47<sup>th</sup> Parliament), p. 13.

unscrupulous providers, unregulated in their qualifications, competence, integrity or ethical standards, were able to charge exorbitant fees to veteran clientele, often amounting to financial exploitation. It stated that this predatory behaviour was of particular concern, given that veterans seeking advocacy assistance were often already struggling with financial, physical and psychological challenges.<sup>20</sup>

2.27 RSL Victoria further reported it was aware of at least one provider that sought to silence any perceived criticism of the business by commencing defamation proceedings against veterans who had expressed dissatisfaction with their business model or the service provided.<sup>21</sup>

2.28 The committee also heard a report that some for-profit advocacy businesses engaged in 'claims farming'. Zed3 Medical Group (Zed3) asserted:

We are aware of some private advocacy groups engaged in activities which resemble Claims Farming - which is prohibited at a state level for other compensation frameworks (motor accident, child abuse) - and which can often prey on the vulnerabilities of this [veteran] population.<sup>22</sup>

2.29 The committee also received evidence from individual veterans outlining their personal negative experiences with certain for-profit commercial advocacy providers.<sup>23</sup>

### **Box 2.1 Case study from the Veterans' Advocacy Service within Legal Aid NSW**

We would like to begin by sharing a recent client's experience with a fee-for-service advocacy from an email that was sent just this week. Our female client writes: 'When I first applied and interviewed with the owner of the advocacy business, I was promised comprehensive support. At the time, I had a newborn baby, my mental health was fragile and my family was overwhelmed. I had previously worked with an ESO advocate who was clearly overburdened, so I was hopeful that the for-profit advocate would provide the help I needed.

Unfortunately, the reality was very different. While they initially booked GP appointments and forwarded communications about those, any correspondence from DVA was simply passed onto me without any guidance or support. I was left to fill out forms and navigate complex processes alone. These were the very things I had expected from an advocacy service and was told by the owner that

<sup>20</sup> RSL Victoria, *Submission 3* (47<sup>th</sup> Parliament), p. 3.

<sup>21</sup> RSL Victoria, *Submission 3* (47<sup>th</sup> Parliament), p. 3. Other submitters also indicated they were aware of this behaviour.

<sup>22</sup> Zed3 Medical Group, *Submission 10* (47<sup>th</sup> Parliament), [p. 5].

<sup>23</sup> See for example: Name Withheld, *Submission 33* (47<sup>th</sup> Parliament), p. 1; Confidential, *Submission 44* (47<sup>th</sup> Parliament), [p. 2].

they would assist me. At no point was I offered the kind of advocacy support I expected, especially around wellbeing. Their assistance seemed limited strictly to compensation related matters, and, even then, communication was minimal. I often received no response unless they were forwarding an email from DVA. When I asked questions about my claim I was repeatedly told to "Look up the SoP,"[Statement of Principle] which felt dismissive and unhelpful.

Overall, I feel misled and taken advantage of during one of the most vulnerable periods of my life. Discharging from Defence is often when veterans are at their lowest mentally and emotionally. We need real support, not just promises. What I experienced was not advocacy; it was a transactional service that failed to deliver on its commitments.<sup>24</sup>

### DVA observations

2.30 DVA informed the committee that, following the provision of significant additional resourcing by the Commonwealth Government in response to the recommendations of the Royal Commission into Defence and Veteran Suicide, it had made significant improvements to the timeliness of its claims decision making.<sup>25</sup>

2.31 However, as set out in Chapter 1, DVA noted that unfortunately this increase in processing capacity had 'to some extent' encouraged the development of for-profit, commercial advocacy business models and accompanying 'behaviours of concern'.<sup>26</sup> These behaviours of concern on the part of fee-for-service providers included:

- lodging claims for excessive numbers of conditions;
- withdrawing claims following natural justice indications of a likely refusal (but after testing and report writing has occurred and been paid for);
- the development of vertically integrated corporate structures including advocates and medical professionals;
- sensitive personal data (including from serving ADF members) being accessed or worked on from offshore;
- charging of very significant commission-based fees, and
- aggressive behaviour towards DVA staff.<sup>27</sup>

2.32 In relation to these behaviours of concern, DVA commented:

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<sup>24</sup> Mr Nicholas Warren, Advocate, Veterans' Advocacy Service, National Legal Aid, *Proof Committee Hansard*, 26 September 2025, p. 39.

<sup>25</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 5.

<sup>26</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 3.

<sup>27</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 3.

While DVA does not assert that any of these activities are necessarily illegal, they do raise concerns in relation to program integrity and overall cost, an influx of unmeritorious claims clogging processing systems, and impacts on long-term veteran wellbeing.<sup>28</sup>

2.33 DVA flagged that the behaviours and business models were designed to ultimately increase the profits of the advocacy company, not benefit the veteran. It further noted that this poor behaviour deliberately misled veterans and only served to undermine trust in DVA. It detailed:

...we see claims being lodged that serve the interests of the advocate. They don't support the process. They don't support the veteran to go through the process in a fast or meaningful way for them. Typically, the business model relies on the advocate messaging very strongly that they and only they can fight this battle with DVA because DVA is litigious and DVA wants to say no. The statistics don't bear that out. We have a beneficial piece of legislation where approximately 80 per cent of claims get a positive outcome without any assistance.<sup>29</sup>

2.34 DVA stated that it was becoming increasingly concerned by 'aggressive and irregular behaviour' within the commercial advocacy sector.<sup>30</sup> It listed several poor behaviours from within the sector, including:

- organised corporate structures and associated entities operating to maximise corporate revenue from testing and report writing by exploiting DVA processes;
- instances of 'how to' guides on social media designed to manipulate diagnoses and test results, or claims patterns, to maximise financial outcomes;
- connections between corporate entities and individuals involved in irregular behaviours spanning claims lodgement to service provision;
- changing business names and/or modifying business structures to make it difficult for DVA to identify and link entities where irregular behaviour is detected and responded to by DVA; and
- aggressive data harvesting and mining, and marketing campaigns targeting veterans, by fee-for-service advocacy entities.<sup>31</sup>

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<sup>28</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 4.

<sup>29</sup> Ms Tara Cavanagh, First Assistant Secretary, Client Benefits Division, Department of Veterans' Affairs, *Proof Committee Hansard*, 26 September 2025, p. 51.

<sup>30</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 5.

<sup>31</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 5.

## Excessive fees and unreasonable contracts

2.35 The committee heard specific concerns about exorbitant fee structures and unreasonable contracts which, while conducive to the profits of commercial advocacy providers, were ultimately to the financial detriment of veterans. In particular, submitters highlighted the prevalence of contingency fees and the negative impact this fee structure had on veterans, with some characterising the business models of for-profit providers as a type of financial exploitation.

2.36 For example, RSL LifeCare flagged the risk of financial exploitation posed by fee-for-service providers:

There are cases where vulnerable veterans have faced financial burdens through contingency or commission based fees charged by some private consultants, potentially reducing the effectiveness of their entitlements intended for rehabilitation and wellbeing.<sup>32</sup>

2.37 Echoing this concern, RSL NSW submitted that veterans in vulnerable circumstances, desperate to have a determination on their DVA claims, were at risk of being exploited by unscrupulous fee-for-service providers, with 'the pain only coming once the lump sum payment has been made'.<sup>33</sup>

2.38 ASASA expressed concern with the financial burden that vulnerable veterans could face when engaging with a fee-for-service provider. It asserted that the commercial fee structures incentivised high-volume case processing rather than quality advocacy and personalised support, and that there were varying models of fee-for-service that charged ongoing fees on future compensation or pension payments.<sup>34</sup>

2.39 ASASA explained:

...paid advocates only focus on the short-term financial transaction associated with a claim, rather than having a long term plan or strategy to fully support the veteran and understand the outcome of their actions associated with the claim. Specifically, if the initial case submission does not provide the financial return on the time investment for the case that the commercial business is expecting, the ongoing support and advice to the veteran with regard their claim and their wellbeing will waiver.<sup>35</sup>

2.40 The Veterans, Emergency Services & Police Industry Institute of Australia (VESPIIA) commented that there were risks inherent in an 'unregulated commercial environment', such as inconsistent business practices (which led to a lack of transparency around costs, service scope and referral arrangements) and opaque billing structures. In regard to the latter, it noted that fee

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<sup>32</sup> RSL LifeCare, *Submission 5* (47<sup>th</sup> Parliament), p. 3.

<sup>33</sup> RSL NSW, *Submission 4* (47<sup>th</sup> Parliament), [p. 4].

<sup>34</sup> Australian Special Air Service Association, *Submission 12* (47<sup>th</sup> Parliament), p. 2.

<sup>35</sup> Australian Special Air Service Association, *Submission 12* (47<sup>th</sup> Parliament), p. 2.

arrangements, including contingency or commission-based models, were currently not consistently explained or documented.<sup>36</sup>

2.41 DVA emphasised the long tradition, reflected to varying degrees in veterans' legislation, of recognising the 'inalienability right' of veteran compensation payments. For example, the *Military Rehabilitation and Compensation Act 2004* (MRCA), which will be the single Act for veterans' entitlements from 1 July 2026,<sup>37</sup> evinces an intention to protect the unchallengeable status of some compensation payments by preventing them from being made into an account held by a third party such as a solicitor or advocate, even if the person entitled to the compensation has directed that the compensation be paid to a third party. DVA pointed out that the practice of setting a fee in reference to the quantum of compensation achieved was contrary to this intention and could encourage concerning behaviours amongst advocates.<sup>38</sup>

2.42 Mr Andrew Kefford, Deputy Secretary for the Policy and Program Group in DVA, further advised:

Our concern is primarily the extent to which that commissions based fee model means that, in a scheme where there is no different outcome—the claims are under a statutory scheme based on statutory formulas—the only impact of going through those claims and paying a commission is that the payment to the veteran is less than it would otherwise have been.<sup>39</sup>

2.43 The Department of Defence (Defence) also acknowledged it was aware of, and concerned by, a number of instances where individuals had suffered significant financial detriment after entering contracts with profit-based commercial advocacy businesses.<sup>40</sup>

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<sup>36</sup> Veterans, Emergency Services & Police Industry Institute of Australia (VESPIIA), *Submission 4* (48<sup>th</sup> Parliament), [pp. 3–4]. VESPIIA describes itself as Australia's national professional body for organisations and practitioners working with veterans, first responders, and their families.

<sup>37</sup> On 13 February 2025, the *Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Act 2025* (VETS Act) was passed by Parliament. The VETS Act closes the *Veterans' Entitlements Act 1986* (VEA) and *Safety Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA) to new claims from 1 July 2026. From this date, all compensation and rehabilitation claims will be determined under a single ongoing Act – the amended *Military Rehabilitation and Compensation Act 2004*.

<sup>38</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 3.

<sup>39</sup> Mr Andrew Kefford, Deputy Secretary, Policy and Programs Group, Department of Veterans' Affairs, *Proof Committee Hansard*, 26 September 2025, p. 43.

<sup>40</sup> Department of Defence, *Submission 14* (47<sup>th</sup> Parliament), p. 2.

*Commission based model and contingency fees*

- 2.44 The committee received evidence that illustrated the spectrum of fees charged by for-profit fee-for-service providers such as commercial advocacy businesses and law firms.
- 2.45 RSL Victoria advised that it was aware of some fee-for-service providers charging contingency fees of up to 20 per cent of the lump sum payment received by the veteran.<sup>41</sup>
- 2.46 DVA reported it is aware of percentage commission rates as high as 29 per cent of the veteran's statutory compensation payment.<sup>42</sup>
- 2.47 TPI Association SA advised that it had been told by veterans that some Australian law firms actively advertise that they will take up to 10 per cent of a veteran's lump sum compensation payment.<sup>43</sup> It remarked that this practice may be unlawful and breaches both 'the spirit and the letter' of legal professional standards. Specifically, under Section 183 of the Legal Profession Uniform Law (LPUL), which governs the legal profession in jurisdictions such as New South Wales and Victoria:

A law practice must not enter into a costs agreement under which the amount payable to the law practice...is calculated by reference to the amount of any award or settlement or the value of any property that may be recovered in any proceedings...<sup>44</sup>

- 2.48 TPI Association SA further explained that while 'no win, no fee' arrangements were permitted in the legal profession, these must be based on work performed and cannot include contingency-based percentages of a settlement, except in rare and regulated circumstances. It stated that veteran claims fell outside these exceptions, and therefore lawyers charging a percentage of a DVA compensation payout could be in breach of professional obligations and could be reported to legal regulators for unsatisfactory professional conduct or professional misconduct.<sup>45</sup>
- 2.49 The Toowoomba Sub-Branch of the Australian Federation of Totally and Permanently Incapacitated Ex-Servicemen and Women (TPI Toowoomba Sub-Branch) provided a specific example:

As an Advocate for veterans, I have encountered a concerning situation wherein one of my clients chose to seek advocacy services from a particular law firm. Despite his claim being successfully resolved, resulting in a commendable payment of \$420,000, the firm charged a staggering fee of

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<sup>41</sup> RSL Victoria, *Submission 3* (47<sup>th</sup> Parliament), p. 3.

<sup>42</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 6.

<sup>43</sup> TPI Association SA, *Submission 6* (47<sup>th</sup> Parliament), [p. 3].

<sup>44</sup> TPI Association SA, *Submission 6* (47<sup>th</sup> Parliament), [pp. 2– 3].

<sup>45</sup> TPI Association SA, *Submission 6* (47<sup>th</sup> Parliament), [pp. 2– 3].

\$80,000 or a substantial percentage of the settlement amount. This situation highlights a critical issue in our advocacy system; the absence of a standardized fee structure allows organizations to exploit veterans financially.<sup>46</sup>

2.50 VAS furnished the committee with a number of observations it had made through its work assisting veterans who had engaged a fee-for-service advocate. For example, it advised it was aware of several fee-charging businesses and observed them to operate on one of two models:

- either charging five to 10 per cent of the veteran's lifetime Permanent Impairment compensation payout; or
- giving initial advice and referring veterans to an associated fee-charging lawyer.<sup>47</sup>

2.51 In both of these instances, VAS was of the view that the costs to the veteran are disproportionate to the work being done. It provided the example of a veteran it was assisting who had been charged over \$20 000 by a for-profit advocate for 'little more than a GP referral, completing a claim form and less than one day's additional work'.<sup>48</sup>

### ***Break fees and unclear contracts***

2.52 RSL Victoria reported that it was aware of instances where veterans, dissatisfied with the level of service provided by a for-profit firm, attempted to terminate their agreements, only to be charged exit or retainer termination fees as high as \$2500, regardless of the actual work performed.<sup>49</sup>

2.53 DVA also provided the committee with an example of the large break fees that some for-profit providers imposed if a veteran wished to break a contract. Mr Kefford outlined:

There have been occasions where veterans have approached us and said: 'What do I do? I've signed up to one of these things, and I'm being charged.' There was one recently where there was a break fee of some \$2,000. We haven't seen all of these contracts because, obviously, we're not a party to them. We are aware, though, that that same document had a break fee at a subsequent part of the process which was over \$20,000.<sup>50</sup>

2.54 VAS flagged the apparent absence of indemnity insurance backing the operations of contingency fee business models, and observed that contracts

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<sup>46</sup> Australian Federation of Totally and Permanently Incapacitated Ex-Servicemen and Women (Toowoomba Sub-Branch) Inc., *Submission 34* (47<sup>th</sup> Parliament), p. 4.

<sup>47</sup> Veterans' Advocacy Service, Legal Aid NSW, *Submission 7* (47<sup>th</sup> Parliament), p. 13.

<sup>48</sup> Veterans' Advocacy Service, Legal Aid NSW, *Submission 7* (47<sup>th</sup> Parliament), p. 13.

<sup>49</sup> RSL Victoria, *Submission 3* (47<sup>th</sup> Parliament), p. 3.

<sup>50</sup> Mr Andrew Kefford, Deputy Secretary, Policy and Programs Group, Department of Veterans' Affairs, *Proof Committee Hansard*, 26 September 2025, p. 47.

often included harsh penalties for terminations. It explained that it had encountered one contract that charged the veteran \$17 000 if they withdrew after the Initial Liability claim was settled, irrespective of the final compensation awarded.<sup>51</sup>

- 2.55 VAS further observed that from the contracts it had seen, many commercial advocacy businesses were registered in Queensland. It argued that the use of the Queensland jurisdiction to set up business, and subsequent use of Queensland courts, severely disadvantaged veterans in all other jurisdictions in getting appropriate resolution of disputes.<sup>52</sup>
- 2.56 Mr Greg Isolani, a lawyer who has practised in veterans' law since 2002 including representing veterans and their families and working closely with NSW Legal Aid, provided a submission in his private capacity. He advised that, in the course of his work, he had obtained an example of a fee agreement from a fee-for-service advocate. He reported that the agreement was 'vague' and contained a termination clause that appeared to breach the unfair contract term provisions of the Australian Consumer Law. He further noted that it did not contain a notice of rights as to where the client, if dissatisfied with the service provided, could complain to, or which state or territory may regulate the conduct of the business. Mr Isolani observed that irrespective of the corporate structure of a fee-for-service provider, it needed to provide a notice of rights to a veteran with respect to the contractual terms that must accompany a fee agreement, including a cooling-off period.<sup>53</sup>

### *Excessive profit margins*

- 2.57 Mr Nicholas Warren, a VAS advocate within Legal Aid NSW, illustrated for the committee just how much profit a fee-for-service entity was able to generate through their billing structures, which did not necessarily reflect the amount or quality of assistance provided to a veteran. He noted that some of the companies had reasonably large staff numbers, which meant they would likely process hundreds of claims a year and be in line for large profits. He explained:

The point I'd like to highlight is just how outrageously profitable these companies can be and how completely unrelated their fees are to the amount of work. We have analysed one contract—I won't name the company, but their break fee after liability has been accepted is based on their claim that the average payout of PI from DVA is \$300,000. They charge nine per cent plus GST, so their break fee is \$27,000 plus \$2,700 GST, regardless of what the payout to the client is. This way of charging is outrageously profitable if you take those figures and apply them to a reasonable workload for a small company. Those companies are anticipating annual incomes individually

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<sup>51</sup> Veterans' Advocacy Service, Legal Aid NSW, *Submission 7* (47<sup>th</sup> Parliament), p. 13.

<sup>52</sup> Veterans' Advocacy Service, Legal Aid NSW, *Submission 7* (47<sup>th</sup> Parliament), p. 13.

<sup>53</sup> Mr Greg Isolani, *Submission 10* (48<sup>th</sup> Parliament), p. 9.

greater than the funding to all the ESOs combined. Through the BEST [Building Excellence in Support and Training] funding<sup>54</sup>, there's just under \$5 million a year provided.<sup>55</sup>

- 2.58 The committee queried Mr Warren about whether there was any way to quantify the total amount that veterans could be paying to fee-for-service entities in exchange for assistance to lodge their DVA claims. While noting that it was not possible to determine an exact figure, Mr Warren provided a response that walked the committee through a potential scenario that meant the total amount of government money intended for veterans but instead being paid to private companies through fees could be 'tens of millions' of dollars. He outlined:

It's a little bit frightening when you look at the figures—when you look at the volume of permanent impairment claims that DVA deals with each year and assume that the private sector people are picking up a reasonable amount of them. If we were just a claims farm and did 300 clients a year, and if—there are a lot of ifs here—if the average payout was \$300,000 and we were charging, let's say, seven per cent, that would give us an income of \$6½ million dollars a year. That's one company.

I think the committee should inquire with these companies about how many cases they have and what their turnover is, but we are potentially looking at tens of millions, potentially more than \$100 million, a year. That is many, many times what the government is funding the free—and the associations like SAS, the TPI association, Legacy and RSL. It's multiples and it is completely uncontrolled. There's no limit to how many of these companies at the moment can set themselves up. There's also no limit in how much they can charge, except for market competition, but they seem to have all settled between five and 10 per cent. I would say that level is outrageously profitable and not related to the amount of work it takes just to do claims.... Nationally, I think the risk to government is they're losing tens of millions of dollars that should be going to veterans.<sup>56</sup>

- 2.59 To provide further context to the question and assist the committee in gaining an idea of the quantum of fees charged nationally, Mr Gerard McAleese, a Senior Solicitor for Legal Aid NSW, informed the committee that in the last financial year, VAS had helped veterans win more than \$11 million in compensation. He advised that normally it assisted around 300 veterans a year, although not all of those had successful claims for PI compensation. He posited that if a fee-for-service provider was helping large numbers of veterans claim PI

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<sup>54</sup> The Building Excellence in Support and Training (BEST) Grants Program is intended to assist the veteran and Defence communities by providing support and resources to ESOs for compensation and/or wellbeing advocacy.

<sup>55</sup> Mr Nicholas Warren, Advocate, Veterans' Advocacy Service, Legal Aid NSW, *Proof Committee Hansard*, 26 September 2025, p. 40.

<sup>56</sup> Mr Nicholas Warren, Advocate, Veterans' Advocacy Service, Legal Aid NSW, *Proof Committee Hansard*, 26 September 2025, p. 41.

compensation each year, that would provide an idea as to how much compensation might be involved as a total figure. He explained:

They would charge a percentage of that, presumably. If they're charging nine per cent, then, if they've helped win \$11 million in a financial year, logic would suggest it would be nine per cent of \$11 million.<sup>57</sup>

### *Conflicts of interest*

- 2.60 The committee heard that the charging of contingency fees on a percentage of the compensation eventually received by the veteran created a financial conflict of interest for the advocate to exclusively encourage the pursuit of lump sum, which could disadvantage the veteran from a financial or well-being perspective.
- 2.61 For example, RSL NSW noted that a problematic aspect of the fee-for-service model is that the payment system provided an incentive for commercial advocates to push for lump-sum payouts, when rehabilitation outcomes may be better achieved through pensions or other payments methods.<sup>58</sup>
- 2.62 Mr Isolani argued that there was an obvious conflict of interest present in a contingency-style fee arrangement, given that a commercial advocate was biased towards a veteran taking a lump sum payment at some point in the future (as that is what their fees would be deducted from), and was therefore unlikely to promote the possibility or benefits of a weekly payment option.<sup>59</sup>
- 2.63 The Royal Australian New Zealand College of Psychiatrists (RANZCP) observed that for-profit advocates generally operate on a 'no-win no-fee' basis (a conditional fee), claiming a percentage of financial compensation from a veteran if it is awarded (a contingency fee). It noted that this incentivised them to advise clients to claim for the largest financial compensation possible and to take compensation for permanent impairment as a lump sum rather than in instalments over time.<sup>60</sup>
- 2.64 The RANZCP also cautioned that contingency fees may not be the most appropriate approach to ensure the wellbeing of veterans, given the inherent conflict of interest present. For example, it stated that mental illness was often co-morbid with physical injury, with treatment needed to target both – but a for-profit advocate may have little incentive to advocate for DVA assistance to make treatment for the injury free, as well as for compensation, since doing so

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<sup>57</sup> Mr Gerard McAleese, Senior Solicitor, Legal Aid NSW, *Proof Committee Hansard*, 26 September 2025, p. 41.

<sup>58</sup> RSL NSW, *Submission 4* (47<sup>th</sup> Parliament), [p. 4].

<sup>59</sup> Mr Greg Isolani, Partner, KCI Lawyers, *Proof Committee Hansard*, 26 September 2025, p. 30.

<sup>60</sup> Royal Australian and New Zealand College of Psychiatrists, *Submission 8* (47<sup>th</sup> Parliament), p. 4.

would not increase their earnings.<sup>61</sup> Similarly, RANZCP noted that maximal claims can have negative effects if they discourage rehabilitation and employment; but in the case of for-profit advocates, there was a vested interest to emphasis dysfunction, discourage rehabilitation and push to maximise a claim, in order to increase their commission at the end of the process.<sup>62</sup>

- 2.65 Australian Veteran Health Services (AVHS), an accredited medical practice that provides bulk-billed healthcare<sup>63</sup> to veterans, remarked that, as commercial advocacy businesses often charge upfront fees (e.g. in excess of \$2000) or commissions (typically 5 to 12 per cent) on compensation payments, this created conflicts of interest and incentives to pursue high-volume claims, regardless of clinical justification.<sup>64</sup>
- 2.66 Mr Warren from VAS flagged that, given many of the commercial advocates only dealt with compensation claims, they were incentivised to make as many claims as possible to maximise their fees, regardless of merit. He cautioned that this was not always in the best interests of a veteran, due to offsetting or interactions with other schemes like multi-Act entitlements or superannuation.<sup>65</sup>
- 2.67 The committee was made aware that Mr Mick Bainbridge and Mr Paul-Raymond James, who appeared before the committee at a public hearing on 26 September 2025 representing Operational Legal Australia, also held positions on the Board of RSL NSW. Mr Bainbridge noted that he held the position of President and Mr James held the position of Director of RSL NSW.<sup>66</sup> The committee notes that Mr Bainbridge and Mr James have subsequently resigned from the RSL NSW Board.<sup>67</sup>

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<sup>61</sup> Royal Australian and New Zealand College of Psychiatrists, *Submission 8* (47<sup>th</sup> Parliament), p. 4.

<sup>62</sup> Royal Australian and New Zealand College of Psychiatrists, *Submission 8* (47<sup>th</sup> Parliament), p. 4.

<sup>63</sup> AVHS advised that its health services encompass medical assessments, treatment and advocacy (including 'support for DVA claims') and are delivered free because they use a bulk-billing model. See Dr Andrew Cronin, Owner and Medical Practitioner, Australian Veteran Health Services, *Proof Committee Hansard*, 26 September 2025, pp. 1, 10.

<sup>64</sup> Australian Veteran Health Services, *Submission 2*, [p. 1].

<sup>65</sup> Mr Nicholas Warren, Advocate, Veterans' Advocacy Service, Legal Aid NSW, *Proof Committee Hansard*, 26 September 2025, p. 39.

<sup>66</sup> Mr Mick Bainbridge, Director, Operational Legal Australia, *Proof Committee Hansard*, 26 September 2025, p. 17.

<sup>67</sup> Hagar Cohen, 'RSL NSW president Mick Bainbridge and three board members resign in wake of 7.30 investigation into conflicts of interest', *ABC News*, 9 October 2025, [www.abc.net.au/news/2025-10-09/rsl-nsw-president-and-three-board-members-resign/105870106](http://www.abc.net.au/news/2025-10-09/rsl-nsw-president-and-three-board-members-resign/105870106) (accessed 27 October 2025).

### *Aggressive tactics to collect fees*

- 2.68 VAS told the committee that it knew of one overseas business with a reputation of being very aggressive in the courts in pursuing their fees, and that in general it had observed that commercial advocacy businesses tended to use the courts in preference to mediation or a non-costs jurisdiction. It noted that one of its clients was threatened with a \$2000 lawyer's letter of demand and additional court costs as soon as they raised questions about an exorbitant fee.<sup>68</sup>
- 2.69 Additionally, RSL Victoria outlined a specific example where a commercial provider had used aggressive tactics to retrieve its fees:

RSL Victoria is aware of a situation where a mentally ill veteran was confronted at his home by an aggressive debt collector acting on behalf of a fee for service advocacy business and subjected to a number of threats including being told "we know where you live and where your kids go to school."<sup>69</sup>

### **Questionable practices regarding medical reports and diagnoses**

- 2.70 Submitters put to the committee a number of concerns with questionable ethical practices regarding medical reports and vertically-integrated business models between fee-for-service advocacy providers and affiliated medical providers (sometimes referred to as 'hybrid' or 'integrated' advocacy). They called out the conflicts of interest inherent in such integrated services, and cited the harm these business processes caused to individual veterans as well as the integrity of the DVA statutory entitlements system more broadly.
- 2.71 For example, DVA reported that it was aware of abnormal medical report practices from commercial advocacy providers that created unwarranted negative impacts not only on veteran wellbeing, but also on DVA claim volumes and workloads.<sup>70</sup>
- 2.72 In particular, it submitted that it held concerns about the potential for 'vertically integrated business models' or other corporate models to increase the likelihood of 'gaming' or collusion to obtain profit maximisation through medical report writing and other referrals, including for unmeritorious claims.<sup>71</sup>
- 2.73 It explained that possible techniques included:
- providing claims and medical reports related to any condition the veteran may have experienced, regardless of whether there is a possible connection to service or whether the condition has resolved and may not be compensable;

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<sup>68</sup> Veterans' Advocacy Service, Legal Aid NSW, *Submission 7* (47<sup>th</sup> Parliament), p. 14.

<sup>69</sup> RSL Victoria, *Submission 3* (47<sup>th</sup> Parliament), p. 3.

<sup>70</sup> Department of Veterans' Affairs, *Submission 13*, (47<sup>th</sup> Parliament), p. 7.

<sup>71</sup> Department of Veterans' Affairs, *Submission 13*, (47<sup>th</sup> Parliament), p. 7.

- providing unrequested medical reports or conducting unnecessary medical investigations and charging these to DVA;
- contending a service connection, no matter how unlikely; and
- over-estimating or maximising impairment levels.<sup>72</sup>

2.74 Mr Kefford, a Deputy Secretary with DVA, confirmed the interconnected nature of some of the advocacy and medical entities had the potential to create conflicts of interest and poor outcomes. He advised that some of the largest commission-based fee-for-service advocacy providers were also in corporate structures with medical providers, diagnostics providers and downstream treatment providers, sharing common directorships and, in some cases, premises.<sup>73</sup>

2.75 Additionally, DVA flagged that the medical testing and diagnostics that vertically-integrated commercial advocates provided as part of claims were generally 'of a very poor quality', with 'purposely vague, unclear and broad' diagnoses that did not assist to progress a claim.<sup>74</sup>

2.76 DVA also reported that some vertically-integrated advocacy providers deliberately slowed down the medical diagnostic process, leaving veterans worse off in terms of timeliness than if they had lodged the claim independently. It explained:

... a few months ago we started writing back to veterans and/or their advocates the day after we received a claim and telling them what more we needed to progress their claim. What we saw from fee-for-service advocates was a response to us, written in fairly aggressive terms, telling us not to bother them for at least six months because that was how long it would take them to get their diagnosis in order. A general GP appointment for a diagnosis, if you are treating a person—typically it's two to three months, which would still be too long, if you're the individual, but possible. The independent process that we put a veteran through where we see that happening, to help them to get their claim processed more quickly, is turned around in 29 days. That's probably the best example I have of poor quality.<sup>75</sup>

2.77 DVA emphasised that concerning practices regarding medical reports carried risks to veteran wellbeing and mental health, given the pursuit of corporate profits led to a focus on illness and compensation, rather than health and wellbeing. It outlined:

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<sup>72</sup> Department of Veterans' Affairs, *Submission 13*, (47<sup>th</sup> Parliament), p. 7.

<sup>73</sup> Mr Andrew Kefford, Deputy Secretary, Policy and Programs Group, Department of Veterans' Affairs, *Proof Committee Hansard*, 26 September 2025, p. 45.

<sup>74</sup> Ms Tara Cavanagh, First Assistant Secretary, Client Benefits Division, Department of Veterans' Affairs, *Proof Committee Hansard*, 26 September 2025, p. 51.

<sup>75</sup> Ms Tara Cavanagh, First Assistant Secretary, Client Benefits Division, Department of Veterans' Affairs, *Proof Committee Hansard*, 26 September 2025, p. 51.

Unnecessary medical assessment and investigations increases anxiety, exposes veterans to radiation and other procedural risks associated with testing, and often results in the need for additional investigation to address false positives and incidental findings. In addition, the overdiagnosis of minor and incidental findings in combination with the perverse incentives to overstate impairment, can lead veterans to believe they are more unwell than they are.<sup>76</sup>

- 2.78 RSL Victoria shared similar concerns to those held by DVA. It advised of the emergence of private advocacy businesses that operated hybrid advocacy/medical diagnosis services based on a business model of submitting large numbers of claims for undiagnosed conditions, followed up by billing DVA for expensive specialist referrals and reports either through a subsidiary medical practice or via a fee-for-referral program.<sup>77</sup>
- 2.79 It elaborated on the risks of these hybrid business models, explaining that it was detrimental not only to the mental health of veterans, but to DVA operations in terms of the timeliness and value for taxpayer money:

The hybrid business model incentivises initial overdiagnosis in order to profit from ordering a number of medical tests, which often prove to be unnecessary and ultimately clog up the system, further contributing to delays in processing veteran claims. This business model often results in claims for nonservice-related conditions being either withdrawn at a later stage or denied by DVA due to a lack of supporting evidence, but not before DVA has paid the hybrid operator for a pointless diagnosis.

Even if the denial for these conditions is entirely reasonable, it can inculcate in the veteran a perception that DVA has unfairly denied a number of their claims, potentially adversely affecting their mental health and further undermining veteran confidence in the DVA process.<sup>78</sup>

- 2.80 VESPIIA also flagged the challenges associated with vertically integrated models where advocacy services refer veterans to in-house or affiliated medical assessors. It noted that such methods came with the risk of over-servicing and unnecessary testing, and could also increase veteran distress and reinforce illness-based identity.<sup>79</sup>
- 2.81 RSL Queensland provided the committee with observations on the steps commercial advocates, in conjunction with affiliated medical providers, may take to maximise their profits to the detriment of the veteran and the integrity of the claims system:

... some commercial advocates offer 'hybrid advocacy' which is sometimes called 'integrated advocacy', the practice of which appears to rely on

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<sup>76</sup> Department of Veterans' Affairs, *Submission 13*, (47<sup>th</sup> Parliament), p. 7.

<sup>77</sup> RSL Victoria, *Submission 3* (47<sup>th</sup> Parliament), p. 5.

<sup>78</sup> RSL Victoria, *Submission 3* (47<sup>th</sup> Parliament), p. 5.

<sup>79</sup> VESPIIA *Submission 4* (48<sup>th</sup> Parliament), [p. 4].

multiple DVA claims being lodged by email to the department for reported, but not evidenced, symptoms and without the provision of an established diagnosis. The next step is for medical providers, employed or engaged by the commercial advocacy service, to complete the required diagnostic and assessment reports and charge DVA for the provision of the reports. We understand that the amount charged for reports allegedly varies from reasonable to 'astronomical'. Anecdotally, we are aware that commercial advocates have lodged up to 30 to 40 claims for reported symptoms with DVA for a single veteran. DVA delegates are struggling to cope in an already overburdened system.<sup>80</sup>

- 2.82 Ms Carrissa Ibbott, who has experience as both a volunteer ESO advocate and as a fee-for-service advocate, provided the committee with a practical example of the conflicts of interest that arose in vertically integrated advocacy-medical business models. She detailed:

When an advocacy agency is internally grouped with a medical provider, the medical provider gets paid by DVA based on the reports they write. So then you've got a conflict of interest where the advocacy agency is saying, 'Let's put in 20 claims because our internal medical team will get billed by DVA and be able to bill for 20 claims,' which is where...you get people raising claims that are pointless. It's generally those companies that actually have an internal medical team, because the medical team is getting paid by DVA to write a report, so the advocates kind of encourage lots of claims to support the medical.<sup>81</sup>

- 2.83 Similarly, RANZCP provided detail on the conflicts of interest that could arise via relationships between for-profit advocates and affiliated medical practitioners. It outlined:

In many cases, for-profit advocates arrange assessment for veterans through affiliated medical practitioners, such as by arranging for them to be seen by a recommended clinician or even by employing clinicians directly. For-profit advocates are incentivised to prefer psychiatrists who are more likely to diagnose more conditions with greater severity. This places implicit financial pressure on psychiatrists to provide assessments which best support the advocates' business model. Although professional ethics mitigate this risk, it remains present.<sup>82</sup>

- 2.84 On a related matter, RANZCP flagged that discrepancies in DVA payment rates could incentivise some to psychiatrists to form ongoing relationships with for-profit advocates that ultimately disadvantage the veteran being treated. It explained:

When a claim involving psychological injury is made, DVA will fund a psychiatrist of the claimant's choice to assess them. This is paid at a fixed

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<sup>80</sup> RSL Queensland, *Submission 15* (47<sup>th</sup> Parliament), pp. 13–14.

<sup>81</sup> Ms Carrissa Ibbott, Director and Advocate, Australian Veteran Advocacy, *Proof Committee Hansard*, 26 September 2025, p. 24.

<sup>82</sup> Royal Australian and New Zealand College of Psychiatrists, *Submission 8* (47<sup>th</sup> Parliament), p. 4.

rate; for example, a report after a consultation of up to one hour can be invoiced for \$805. In contrast, ongoing psychiatric care is paid at 145% of the Medical Benefits Schedule (MBS) schedule, so a 30-45 minute consultation providing ongoing psychiatric care to a veteran (MBS item number 304) pays \$223.155.

This significant difference in remuneration incentivises psychiatrists, in the context of an ongoing workforce shortage, to prioritise assessment for compensation over treatment, and to have an interest in continuing to receive new claimants for assessment, including through relationships with for-profit advocates. This is particularly problematic when an informed assessment is more likely to result from sustained engagement with a patient over a number of episodes of care by a psychiatrist aware of the cultural specificity of veterans who is informed by ongoing treatment by other providers (for example, from a referring GP).<sup>83</sup>

- 2.85 Zed3, a mental health business providing services in psychology and psychiatry, submitted to the inquiry. It provides medico-legal reports to DVA for veterans (referred through a variety of pathways, including general practice, volunteer and paid advocates) seeking compensation for mental ill health caused by service. Zed3 informed the committee that it was aware of several examples where organisations owned or controlled by the same individuals were engaged in both advocacy and production of medico-legal reports. It warned that this created a substantial conflict of interest and called the independence of the medical report into question, given the financial benefit to the ultimate beneficiaries that may be derived from a high compensation figure (assuming the advocate had a commission-based fee arrangement). It emphasised that in its view, medical reports should remain independent and that the outcome of the claim should have no bearing on the payment to the medical professional.<sup>84</sup>

### **Deceptive advertising**

- 2.86 Some submitters raised concerns with deceptive or ambiguous marketing practices from fee-for-service operators that risked exploiting, or at the very least, confusing, veterans and their families.
- 2.87 For example, DVA reported that concerns had been raised with it about deceptive advertising and marketing conduct within the commercial advocacy sector, with some providers using misleading tactics including:
- implied guaranteed financial outcomes;
  - setting expectations for six figure payouts;
  - promoting their past performance of financial outcomes as an indicator of what a veteran will achieve;
  - advocating that DVA is adversarial; and

<sup>83</sup> Royal Australian and New Zealand College of Psychiatrists, *Submission 8* (47<sup>th</sup> Parliament), p. 4.

<sup>84</sup> Zed3 Medical Group, *Submission 10* (47<sup>th</sup> Parliament), [p. 5].

- promoting the DVA claim system as complex and unable to be navigated successfully by individuals, thereby instilling uncertainty that a veteran will not get their full compensation entitlements unless they engage a fee-for-service advocate.<sup>85</sup>
- 2.88 DVA advised that some veterans had reported negative experiences with these businesses, such as unrealised expectations, excessive fees and poor ethical behaviour.<sup>86</sup>
- 2.89 On a related matter, DVA further advised the committee that it had observed (including through complaints lodged by veterans) instances of lotteries or competitions aimed specifically at veterans. The veteran's information that is supplied through the competition entry process is then used for purposes outside of the lottery. For example, veterans had reported that they subsequently received unsolicited contact by providers offering services which can be funded by DVA.<sup>87</sup>
- 2.90 Similarly, RSL Victoria also flagged deceptive conduct related to marketing in which veterans' data appeared to be shared between other commercial entities. It reported a 'troubling emerging business practice' amongst some fee-for-service providers whereby veterans who seek assistance then found themselves commoditised and targeted by other third parties offering 'everything from allied health care services through to veteran themed back packs and promises of free gym memberships, yoga and mindfulness programs all ostensibly paid for by DVA'.<sup>88</sup>
- 2.91 The TPI Association SA raised concerns with the advertising methods used by commercial firms. It claimed that these firms routinely outspent not-for-profit veteran organisations on digital advertising, dominating Google search results which in turn misled vulnerable veterans into thinking paid services were their only option.<sup>89</sup> It commented:
- This commercial saturation of online spaces creates significant inequality, especially for charities like ours which operate on limited budgets and volunteer power. It also undermines public trust and misdirects veterans away from safer, trauma-informed pathways.<sup>90</sup>
- 2.92 VAS informed the committee that it had observed that for-profit advocacy businesses could be very active in touting their services via social media and

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<sup>85</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 8.

<sup>86</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 8.

<sup>87</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 8.

<sup>88</sup> RSL Victoria, *Submission 3* (47<sup>th</sup> Parliament), p. 5.

<sup>89</sup> TPI Association SA, *Submission 6* (47<sup>th</sup> Parliament), [p. 3].

<sup>90</sup> TPI Association SA, *Submission 6* (47<sup>th</sup> Parliament), [p. 3].

networking with allied health professionals and veterans' events, and that it was aware of one business offering financial incentives for referrals.<sup>91</sup>

- 2.93 Defence advised it has been working with DVA and the Commonwealth Superannuation Corporation for a number of years through various mechanisms to try to manage the growing concerns with for-profit advocacy services, particularly with the proliferation of commercial advocacy businesses on social media. However, it referenced the challenges associated with interacting with commercial entities' right to free-trade, and advised that, as a result, it had focussed its efforts on education. It noted that Defence provided education material, briefings, presentations and advice through the transition process to try to support ADF members leaving service to make well-informed choices.<sup>92</sup>

### **A lack of qualifications or regulatory oversight**

- 2.94 A number of the concerns with the fee-for-service model related to the lack of regulatory oversight in the sector, as well as the lack of qualifications needed to work as an advocate.<sup>93</sup>

- 2.95 For example, RSL Queensland argued it was not acceptable for businesses which derive their income from vulnerable veterans to be able to practice with no oversight or regulation.<sup>94</sup>

- 2.96 VESPIIA observed that the regulatory framework had not kept pace with the for-profit advocacy sector's evolution. It commented:

Like many areas of emerging practice, professional norms and structures are forming faster than legislation or policy can adapt. This has created gaps in transparency, clarity, and coordination, gaps that present risk not only to veterans, but also to those trying to support them in good faith.<sup>95</sup>

- 2.97 VAS commented that, in its experience, for-profit advocacy businesses were often set up by individuals with no evident training or expertise. It pointed out that the commercial advocates were not regulated, not subject to an ethics policy or professional association, and offered no dispute resolution processes.<sup>96</sup> It detailed:

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<sup>91</sup> Veterans' Advocacy Service, Legal Aid NSW, *Submission 7* (47<sup>th</sup> Parliament), p. 13.

<sup>92</sup> Department of Defence, *Submission 14* (47<sup>th</sup> Parliament), p. 3.

<sup>93</sup> Further discussion on the regulation of the veterans' advocacy sector is contained in Chapter 4 of this report.

<sup>94</sup> RSL Queensland, *Submission 15* (47<sup>th</sup> Parliament), p. 15.

<sup>95</sup> VESPIIA, *Submission 4* (48<sup>th</sup> Parliament), [p. 2].

<sup>96</sup> Veterans' Advocacy Service, Legal Aid NSW, *Submission 7* (47<sup>th</sup> Parliament), p. 13. See also: Mr Nicholas Warren, Advocate, Veterans' Advocacy Service, Legal Aid NSW, *Proof Committee Hansard*, 26 September 2025, p. 39.

One business claims on their website that their expertise comes from successfully making their own claims under MRCA. Other businesses use psychologists as ‘advocates’. In our view, these are not safe bases of expertise to operate in this area of law and policy.<sup>97</sup>

2.98 VAS also flagged that some businesses lacked the expertise to deal with specific areas of interaction between veterans’ legislation and other entitlements and Acts. For example, DVA offsetting arrangements, multi-Act entitlements, compensation through Commonwealth and private superannuation, other accident compensation and the impact of family law issues.<sup>98</sup>

2.99 Mr Isolani, a lawyer with experience in veterans’ law, highlighted the disparities in knowledge, expertise and oversight between a fee-for-service advocate with no specific qualifications, and a qualified lawyer providing assistance to a veteran while bound by the regulations of the legal profession. He raised concerns that the notion of ‘lived experience’ of being a veteran was falsely elevated by some fee-for-service providers (often those founded by veterans) as being an adequate determinant of skill while downplaying the importance of an accurate understanding of how the DVA system and legal processes worked.<sup>99</sup>

2.100 He explained:

Quite often, what is evident is that “advocates” have “lived experience” because they served in the ADF. There is no correlation between serving in the ADF and having a legal skill set to navigate a DVA compensation system that includes appeals to the VRB [Veterans’ Review Board] and possible further appeals to the ART [Administrative Review Tribunal].<sup>100</sup>

2.101 Mr Isolani remarked that a cursory consideration of various fee-for-service provider websites confirmed they did not offer any specialist skill sets equivalent to what a lawyer may possess. He also noted that there was no requirement for a commercial advocate (or indeed the operator of the business) to disclose their skill set or undergo any probity checks. He contrasted this to the requirements for lawyers, who, when annually renewing their practising certificate, must declare they are a ‘fit and proper person’ to practice and disclose if they have been subject to disciplinary proceedings, charged (not convicted) with any criminal offences, have medical conditions that may impair their decision-making and other related matters. Mr Isolani emphasised that fee-for-service advocates can provide their ‘services’ to veterans irrespective of

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<sup>97</sup> Veterans’ Advocacy Service, Legal Aid NSW, *Submission 7* (47<sup>th</sup> Parliament), p. 13.

<sup>98</sup> Veterans’ Advocacy Service, Legal Aid NSW, *Submission 7* (47<sup>th</sup> Parliament), p. 14.

<sup>99</sup> Mr Greg Isolani, Partner, KCI Lawyers, *Proof Committee Hansard*, 26 September 2025, p. 26; Mr Greg Isolani, *Submission 11* (48<sup>th</sup> Parliament), p. 10.

<sup>100</sup> Mr Greg Isolani, *Submission 11* (48<sup>th</sup> Parliament), p. 10.

those considerations that lawyers must abide by, and that presumably an ESO would also consider when employing a potential advocate.<sup>101</sup>

2.102 In highlighting their concerns with the unregulated nature of the sector, RSL Victoria similarly emphasised the parameters placed on members of both the legal and financial services professions governed by their respective regulatory schemes. For example, such individuals must be fit and proper persons of good fame and character, suitably licenced and qualified, but are also prohibited from overcharging clients for work performed and may face disciplinary sanctions including being prohibited from engaging in their profession.<sup>102</sup>

2.103 The Law Council of Australia commented that it was concerned about the potential for commercial advocates to provide non-qualified legal advice, and for vulnerable veterans to be misled about the advocacy services available to them.<sup>103</sup>

2.104 It reminded the committee that there was a general prohibition on non-lawyers engaging in legal services and that, in some instances, non-qualified legal practice may amount to a criminal offence. On this, it noted that some jurisdictions included safeguards for pro bono advocates assisting veterans. For example, Rule 7 of the Legal Profession Regulation 2007 (Australian Capital Territory) allows members of an organisation representing veterans to engage in unremunerated legal practice to assist veterans, without breaching the prohibition on engaging in legal practice. However, the Law Council emphasised that, as this exemption only applies to legal services provided 'without fee, gain or reward', it remained concerned that advocates engaging in commercial advocacy on behalf of veterans risked committing an offence through the provision of non-qualified legal advice.<sup>104</sup>

### **Offshore advocacy providers**

2.105 Some submitters expressed concerns with the business practices of offshore advocacy providers. They highlighted the privacy and data security implications of overseas-based firms and the detrimental, flow-on effects for national security and the personal information of veterans, as well as the additional difficulties a veteran may face in obtaining recourse should a dispute arise.<sup>105</sup>

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<sup>101</sup> Mr Greg Isolani, *Submission 11* (48<sup>th</sup> Parliament), p. 10.

<sup>102</sup> RSL Victoria, *Submission 3* (47<sup>th</sup> Parliament), p. 4.

<sup>103</sup> Law Council of Australia, *Submission 15* (48<sup>th</sup> Parliament), p. 2.

<sup>104</sup> Law Council of Australia, *Submission 15* (48<sup>th</sup> Parliament), p. 3.

<sup>105</sup> See for example: Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 7; Federation of the Totally and Permanently Incapacitated Ex-Service Men and Women of Australia,

- 2.106 For example, DVA advised that the corporate structure of a commercial advocacy provider operating from overseas posed potential challenges for the Australian Government to act where illegal conduct is identified, including on breaches of relevant Australian laws in relation to privacy and data security.<sup>106</sup>
- 2.107 Additionally, it highlighted that DVA clients provided sensitive personal information to their advocates and in some instances may disclose sensitive information about Australian military engagements, particularly those DVA claimants that are still in service or have only recently transitioned out of the ADF.<sup>107</sup>
- 2.108 The Defence Force Welfare Association advised it was of the view that personal information of current and former members, particularly sensitive medical information, should not be allowed to leave Australian data centres. Further, it had long been concerned about overseas-based companies being used to reduce the potential liability if sued under consumer laws, but able to use Australian courts to enforce local contracts.<sup>108</sup>
- 2.109 VESPIIA observed that some advocacy services appeared to operate as Australian entities but conducted key functions offshore. It commented that this raised legitimate concerns around data privacy, governance and informed consent, particularly when veterans were unaware their information was being handled outside Australian jurisdiction.<sup>109</sup>

### **Adverse impacts on DVA claims processing operations**

- 2.110 DVA informed the committee that some of the behaviours and business models of concern identified in the previous section, in addition to harming veterans, also impacted negatively on DVA claims processing operations by clogging up the system with unnecessary or low-quality claims.
- 2.111 For example, it described how commercial advocates that take a proportion of a veteran's lump sum compensation as payment of fees (i.e. commission-based fees) may be motivated to submit a higher number of claims, including what

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*Submission 38* (47<sup>th</sup> Parliament), p. 4; Mr Andrew Kefford, Deputy Secretary, Policy and Programs Group, Department of Veterans' Affairs, *Proof Committee Hansard*, 26 September 2025, p. 47; Mr Greg Isolani, Partner, KCI Lawyers, *Proof Committee Hansard*, 26 September 2025, p. 25; Community and Public Sector Union, *Submission 1* (48<sup>th</sup> Parliament), p. 1; Australian Veteran Health Services, *Submission 2* (48<sup>th</sup> Parliament), pp. 1–2; Defence Force Welfare Association, *Submission 3* (48<sup>th</sup> Parliament), pp. 1–2; VESPIIA, *Submission 4* (48<sup>th</sup> Parliament), [p. 4].

<sup>106</sup> Department of Veterans' Affairs, *Submission 13*, (47<sup>th</sup> Parliament), p. 7.

<sup>107</sup> Department of Veterans' Affairs, *Submission 13*, (47<sup>th</sup> Parliament), p. 7.

<sup>108</sup> Defence Force Welfare Association, *Submission 3*, (48<sup>th</sup> Parliament), p. 2.

<sup>109</sup> VESPIIA, *Submission 4* (48<sup>th</sup> Parliament), [p. 4]. VESPIIA describes itself as Australia's national professional body for organisations and practitioners working with veterans, first responders, and their families.

DVA consider to be low-quality claims which lack the basic information required to commence an investigation. To evidence this, DVA noted it is seeing a growing practice of reviewing Service Medical Records and claiming historic, resolved injuries, which no longer require treatment and may not be compensable.<sup>110</sup>

2.112 DVA explained that, given it is legally obligated to investigate and determine all validly lodged claims, even where they are poor quality and/or lack key documentation or detail, such unnecessary claims ‘clog up’ the processing system, divert resources from other legitimate claim investigations, increase overall claim processing times, and adversely affect veterans with legitimate claims.<sup>111</sup>

2.113 In making this point, DVA informed the committee that it has identified less than 20 providers accounting for around 3 per cent of claims received in 2023-24 who had not been engaged in the claims process at a material level in the preceding year.<sup>112</sup>

2.114 Although acknowledging that inappropriate behaviour was not wholly confined to commercial advocates, DVA made particular mention of the aggressive behaviour towards DVA staff from commercial, for-profit advocates.<sup>113</sup> Ms Tara Cavanagh, First Assistant Secretary for the Client Benefit Division, provided further detail on the ‘aggression and coercion’ aimed at DVA delegates as a deliberate tactic by commercial advocates:

The level of aggression in the system at the moment, I would say, is at an all-time high. Harassment, abusive language and continuous bombardment of emails and phone calls are, sadly, not uncommon. In the worst category, it is threats that the advocate will ensure that the staff member loses their job if they don't do what the advocate says. More concerning, it's repetitive threats that, if the staff member does not do what the advocate says, either the veteran or indeed the advocate themselves will self-harm. It is highly coercive, aggressive and destructive behaviour, and that is the business model that some advocates are relying on to get a claim through the system. It is not needed. It's not helpful. All of those practices I've just described harm the broader veteran community—the vast majority of whom, along with their advocates, do the right thing and just want an outcome quickly.<sup>114</sup>

2.115 The Community and Public Sector Union (CPSU), the primary union representing DVA employees, also reported that particular business practices

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<sup>110</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 6.

<sup>111</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 6.

<sup>112</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 6.

<sup>113</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 5.

<sup>114</sup> Ms Tara Cavanagh, First Assistant Secretary, Client Benefits Division, Department of Veterans' Affairs, *Proof Committee Hansard*, 26 September 2025, p. 51.

from commercial providers were unnecessarily contributing to DVA workloads and clogging up the claims processing system.

2.116 It noted that easier online claiming and promotions of available payments and services meant that DVA was experiencing record volumes of applications. However, it asserted that, as well as a greater volume of claims, an increased complexity of claims, whereby each condition requires a separate decision by a DVA delegate, was resulting in longer processing times. For example, in March 2023, the average number of conditions per claim was 2.6; however, by April 2024, it had risen to 4.3 average conditions, an increase of 65 per cent.<sup>115</sup>

2.117 The CPSU asserted that this increase in the number of conditions claimed in new applications largely stemmed from for fee-for-service entities lodging claims on behalf of veterans. It claimed that the commercial advocacy businesses were attempting to game the system by inflating the list of claimable items, given that, the more conditions accepted, the larger the compensation for the veteran and the higher the commission for the advocate.<sup>116</sup>

2.118 It elaborated on the negative impacts of this practice on veterans and DVA operations:

Our members report that many of these businesses are based offshore, and on top of lodging claims on behalf of veterans for excessive numbers of conditions, they have also been known to withdraw claims following indications of a likely refusal – but only after the majority of the processing work has been undertaken through the claims process by our members. These businesses continue to prey on veterans through excessive commission-based fee structures, making the work of our members more challenging and resource-intensive, whilst also contributing to the clogging of claims processing.<sup>117</sup>

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<sup>115</sup> Community and Public Sector Union, *Submission 1* (48<sup>th</sup> Parliament), [pp. 1–2].

<sup>116</sup> Community and Public Sector Union, *Submission 1* (48<sup>th</sup> Parliament), [pp. 1–2].

<sup>117</sup> Community and Public Sector Union, *Submission 1* (48<sup>th</sup> Parliament), [p. 2].

# Chapter 3

## Support for the fee-for-service model

- 3.1 Some submitters to the inquiry, many of them for-profit advocacy businesses, argued strongly that there was a valid need and legitimate role for fee-for-service advocacy providers in Australia. In this context, this chapter examines the limitations of the current free-to-the-veteran model of advocacy and sets out the arguments in support of commercial, fee-for-service advocacy services.

### **Limitations of the current free-to-the-veteran model**

- 3.2 The committee received evidence on the limitations of the current free-to-the-veteran model provided by ex-service organisations (ESOs). In particular, submitters highlighted several factors that threatened the current sustainability and capacity of the model, including declining numbers of ESO advocates, the various challenges associated with relying upon volunteers, and shortcomings with the Advocacy Training and Development Program (ATDP) that resulted in inconsistent training and standards.

### **Decline in advocate numbers**

- 3.3 A number of submitters drew attention to the growing shortage of ESO advocates throughout Australia, identifying that this limited the availability of free-to-the-veteran advocacy and led to challenges such as longer wait times and other frustrations for those seeking support.
- 3.4 RSL Australia acknowledged that the existing network of ESO advocates was in decline. It observed that, without a significant increase in the number of trained, accredited advocates entering the system, veterans would face increased wait times, further delaying their access to compensation and potentially creating undue stress at a time of peak vulnerability.<sup>1</sup>
- 3.5 Additionally, RSL Australia acknowledged that the diminishing advocate network may not possess the contemporary skills and knowledge to meet the needs of specific cohorts of veterans, such as those dealing with sensitive issues like military sexual assault claims.<sup>2</sup>
- 3.6 The Veterans' Advocacy Service (VAS), part of Legal Aid NSW, recognised that free-to-the-veteran advocacy from ESOs played a vital role in providing access to entitlements for veterans, and stated that it strongly supported the continuation and increased support of such services. However, it observed the

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<sup>1</sup> RSL Australia, *Submission 1* (47<sup>th</sup> Parliament), p. 6.

<sup>2</sup> RSL Australia, *Submission 1* (47<sup>th</sup> Parliament), p. 6.

free ESO advocate system was under ‘extreme pressure’ due to the declining number of available advocates which meant that not all veterans who sought advocacy assistance could be accommodated.<sup>3</sup>

- 3.7 RSL NSW, which provides free advocacy services to veterans and acts as an umbrella organisation for most of the ATDP accredited advocates in NSW, endorses more than 100 advocates across the state in both paid and volunteer roles. It noted that it had unfortunately seen a steady decline in the number of volunteer advocates since the introduction of the ATDP in 2016. It also drew attention to the difficulties in attracting and retaining advocates, particularly in rural and remote areas.<sup>4</sup>
- 3.8 The Veterans, Emergency Services & Police Industry Institute of Australia (VESPIIA) made observations on the decline in volunteer advocate availability and reduced ESO capacities. It commented that many experienced volunteer advocates from ESOs were retiring without formal succession planning, and that this had led to rising wait times and reduced access, particularly in regional areas. It also noted that a shortage of ESO mentors to assist new trainees made it difficult to sustainably support skill development within the free-to-the-veteran volunteer model.<sup>5</sup>
- 3.9 The Toowoomba Sub-Branch of the Australian Federation of Totally and Permanently Incapacitated Ex-Servicemen and Women (TPI Toowoomba Sub-Branch) flagged that the remuneration offered by some ESOs to their advocates often fell short of reflecting ‘the high levels of skill, experience, and the considerable emotional and mental pressures inherent in the role’.<sup>6</sup> It commented that this pay disparity not only served to undervalue the importance of the work being done, but also discouraged potential new, particularly younger, advocates from joining the sector.<sup>7</sup>

### **Challenges associated with volunteer advocates**

- 3.10 Submitters noted that there were some unique challenges present in the free-to-the-veteran model, particularly when many ESO advocates were volunteers.

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<sup>3</sup> Veterans’ Advocacy Service, Legal Aid NSW, *Submission 7* (47<sup>th</sup> Parliament), p. 11.

<sup>4</sup> RSL NSW, *Submission 4* (47<sup>th</sup> Parliament), [pp. 3, 5].

<sup>5</sup> Veterans, Emergency Services & Police Industry Institute of Australia (VESPIIA), *Submission 4* (48<sup>th</sup> Parliament), [pp. 4–5].

<sup>6</sup> Australian Federation of Totally and Permanently Incapacitated Ex-Servicemen and Women (Toowoomba Sub-Branch) Inc., *Submission 34* (47<sup>th</sup> Parliament), p. 5.

<sup>7</sup> Australian Federation of Totally and Permanently Incapacitated Ex-Servicemen and Women (Toowoomba Sub-Branch) Inc., *Submission 34* (47<sup>th</sup> Parliament), p. 5.

3.11 For example, RSL NSW stated that while ESO advocates provide vital support to veterans, they faced a number of challenges, including:

- an over-reliance on volunteers;
- limited training capacity and infrastructure; and
- inconsistent standards and professional recognition.<sup>8</sup>

3.12 A submission from a veteran with personal experience with the DVA claims system noted that free advocacy services were often over-worked or not reasonably able to take on the required workload given their individual circumstances as volunteers. The submission also commented that free advocacy services were also largely unable to be held to account for poor service (e.g. inadequate communication) as there is no fee or contractual obligation.<sup>9</sup>

3.13 Veteran Mr Geoffrey Shafran argued that there were risks to advocacy quality inherent in the current status quo of the free-to-the-veteran model, including varying volunteer standards with a lack of regulatory oversight, and the fact that ESOs often operated without senior-level advocates, leaving them unable to provide proper internal quality control.<sup>10</sup>

3.14 The TPI Toowoomba Sub-Branch informed the committee that it was deeply grateful for the dedication and time of their volunteer advocates. However, it noted that there were challenges due to the limited availability of these advocates. It explained that many of them had varied schedules and were not available every day of the week, which could lead to gaps in communication and support for the veterans who rely on their assistance.<sup>11</sup>

3.15 The TPI Toowoomba Sub-Branch provided a case study to illustrate the importance of communication strategies and robust contingency plans within an organisation that provides free-to-the-veteran advocacy:

This situation involves a veteran who has multiple ongoing claims being managed by an RSL Advocate. Recently, this advocate was granted an extended leave of absence, which triggered a series of communication failures. Unfortunately, there were no initiative-taking measures taken by the organization to inform the advocate's client base about this absence and to ensure continuity of support and service.

As a result, this veteran remained completely unaware of the status of his claims for a frustrating three-month period. It was only after he grew increasingly concerned about the lack of updates that he took the initiative to reach out through the RSL website, where he expressed his worries about the absence of communication. This inquiry served as his first indication of

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<sup>8</sup> RSL NSW, *Submission 4* (47<sup>th</sup> Parliament), [p. 5].

<sup>9</sup> Name Withheld, *Submission 19* (47<sup>th</sup> Parliament), [p. 1].

<sup>10</sup> Mr Geoffrey Shafran, *Submission 8* (48<sup>th</sup> Parliament), [p. 5].

<sup>11</sup> Australian Federation of Totally and Permanently Incapacitated Ex-Servicemen and Women (Toowoomba Sub-Branch) Inc., *Submission 34* (47<sup>th</sup> Parliament), p. 3–4.

his advocate's extended leave, leaving him feeling isolated and uncertain about his situation.

Although another advocate stepped in to provide temporary support during this time, the situation has not yet been fully resolved. The veteran remains without a new primary advocate to oversee and assist him with his claims, which continues to exacerbate his feelings of neglect.<sup>12</sup>

3.16 RSL Victoria raised concerns with the quality of advocacy across the sector given training is not mandatory or consistent for volunteers.<sup>13</sup> It argued that, as a result, there was no consistent baseline of quality across the sector. It also noted that there are no regulatory or disciplinary sanctions that can be applied to prohibit an advocate from providing services.<sup>14</sup>

3.17 To highlight these concerns with quality, RSL Victoria provided a specific scenario it was aware of:

...in the previous two years, as part of our organisational commitment to improving and upholding advocacy standards, RSL Victoria has dismissed a number of RSL volunteer advocates for unacceptable or unprofessional conduct only to see some of those individuals later reemerge as advocates aligned to other organisations, including advocates with serious criminal convictions who continue to operate with impunity.<sup>15</sup>

### **Other factors**

3.18 The committee was informed of several other factors that limited the current capacity and sustainability of the free-to-the-veteran model, including ESO culture and shortcomings in the ATDP program.

### ***ESO culture***

3.19 VAS observed that many veterans did not feel comfortable engaging with RSLs or other ESOs due to several factors, including:

- a continuation of military culture within such organisations;
- a reluctance to share intimate or sensitive personal details within their local community; and
- discriminatory practices of the past.<sup>16</sup>

3.20 It detailed that these factors particularly impacted certain veteran demographics:

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<sup>12</sup> Australian Federation of Totally and Permanently Incapacitated Ex-Servicemen and Women (Toowoomba Sub-Branch) Inc., *Submission 34* (47<sup>th</sup> Parliament), p. 4.

<sup>13</sup> Further discussion on the Advocacy Training and Development Program can be found in Chapter 4 of this report.

<sup>14</sup> RSL Victoria, *Submission 3* (47<sup>th</sup> Parliament), p. 14.

<sup>15</sup> RSL Victoria, *Submission 3* (47<sup>th</sup> Parliament), p. 14.

<sup>16</sup> Veterans' Advocacy Service, Legal Aid NSW, *Submission 7* (47<sup>th</sup> Parliament), p. 11.

Through our client contacts, we have observed these barriers particularly affect female and Aboriginal and Torres Strait Islander veterans, and survivors of abuse while in the military, who have made comments such as feeling ‘judged’ by ESO advocates.<sup>17</sup>

3.21 The Defence Force Welfare Association (DFWA) put forward some concerns with elements of the free-to-the-veteran model.<sup>18</sup> It contended that volunteer and ESO advocates have been maintained in the veteran support system as the norm to:

- limit the flow of claims submitted by veteran clients;
- provide a DVA brand ambassador in every advocate; and
- avoid the requirement to regulate a profession.<sup>19</sup>

3.22 In making these claims, it argued:

Conditions on grant funding ensure that the service is non-commercial. For instance, an advocate must not ask or require the veteran to join the Association as a condition. This is often framed as an example of “the integrity of advocates”, rather than limiting liability.

The result is there are almost no consequences to being ineffective or cause damages if providing free advocacy or by a volunteer. It is rare that an advocate is sued because of unsatisfactory advocacy.<sup>20</sup>

### *Shortcomings of the ATDP*

3.23 The ATDP is a partnership between DVA and ESOs that offers free advocacy services to the veteran community and seeks to ensure that free-to-the-veteran ESO advocates meet national standards before they give advice to the veteran community. It is funded by DVA and offers nationally accredited training in military advocacy and support through a Registered Training Organisation, Major Training Services. The ATDP encompasses a course in military advocacy (which is accredited by the Australian Skills Quality Authority) and involves ‘on the job’ training with an experienced mentor nominated by the sponsoring ESO.<sup>21</sup>

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<sup>17</sup> Veterans’ Advocacy Service, Legal Aid NSW, *Submission 7* (47<sup>th</sup> Parliament), pp. 11–12.

<sup>18</sup> The Defence Force Welfare Association advised that it maintains a small number of advocates at the state branch level, and shares advocates with other organisations. It stated that it referred the bulk of compensation claim inquiries it received to larger organisations in the community or RSLs with contract advocates.

<sup>19</sup> Defence Force Welfare Association, *Submission 3* (48<sup>th</sup> Parliament), [p. 3].

<sup>20</sup> Defence Force Welfare Association, *Submission 3* (48<sup>th</sup> Parliament), [p. 3].

<sup>21</sup> Department of Veterans’ Affairs, *The Advocacy Training and Development Program*, 27 June 2025, [www.dva.gov.au/what-we-help-with/advocacy-representation-advice/for-advocates-ex-service-organisations/the-advocacy-training-and-development-program](http://www.dva.gov.au/what-we-help-with/advocacy-representation-advice/for-advocates-ex-service-organisations/the-advocacy-training-and-development-program) (accessed 11 October 2025); Department of Veterans’ Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 9.

- 3.24 The ATDP provides initial and ongoing accreditation for ESO advocates, who can achieve different levels of accreditation that impact the depth and scope of service they can provide to veterans and their families.<sup>22</sup> It is a 'single learning pathway' (which means advocates must successfully complete a level before moving on) and is comprised of levels 1 to 4 in the compensation advocacy stream and two levels in the wellbeing advocacy stream. The ATDP Advocacy Register allows veterans and the families to search a database of ATDP qualified ESO advocates in their area.<sup>23</sup>
- 3.25 RSL Victoria expressed concern with the current structure of the ATDP. It stated that, while the program ostensibly provides training and maintains a 'rudimentary' code of conduct for advocates affiliated with ESOs that wish to seek funding via the Building Excellent in Support and Training (BEST) Grants Program, participation is not mandatory. As a result, the ATDP did not ensure a consistent baseline of competency or ethical conduct across ESO advocates.<sup>24</sup>
- 3.26 RSL LifeCare also pointed out that there is no universal requirement that all ESO advocates complete ATDP accreditation and that this led to an uneven quality of service.<sup>25</sup> It advised:
- We have seen examples where well-meaning but untrained individuals offer advice that is outdated or incorrect, potentially harming veterans' cases.<sup>26</sup>
- 3.27 Legacy Australia remarked that it had never considered the ATDP 'fit for our purpose' as it had been designed, written and delivered with a very veteran-centric view, thereby 'not addressing many of the issues facing the families of veterans, such as grief and loss, and family and domestic violence'.<sup>27</sup>

### **Support for commercial advocacy**

- 3.28 The committee received evidence from a cohort of submitters that expressed support for the commercial advocacy sector and the fee-for-service advocacy model. Many of the submitters who expressed such support were fee-for-service advocacy businesses or their affiliates.<sup>28</sup>

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<sup>22</sup> RSL Queensland, *Submission 15* (47<sup>th</sup> Parliament), p. 24.

<sup>23</sup> Department of Veterans' Affairs, *The Advocacy Training and Development Program*, 27 June 2025, [www.dva.gov.au/what-we-help-with/advocacy-representation-advice/for-advocates-ex-service-organisations/the-advocacy-training-and-development-program](http://www.dva.gov.au/what-we-help-with/advocacy-representation-advice/for-advocates-ex-service-organisations/the-advocacy-training-and-development-program) (accessed 11 October 2025).

<sup>24</sup> RSL Victoria, *Submission 3* (47<sup>th</sup> Parliament), p. 14.

<sup>25</sup> RSL LifeCare, *Submission 5* (47<sup>th</sup> Parliament), p. 5.

<sup>26</sup> RSL LifeCare, *Submission 5* (47<sup>th</sup> Parliament), p. 5.

<sup>27</sup> Legacy Australia, *Submission 11* (47<sup>th</sup> Parliament), p. 3.

<sup>28</sup> See for example: KSC Claims, *Submission 23* (47<sup>th</sup> Parliament); Veteran Domestic Solutions, *Submission 24* (47<sup>th</sup> Parliament); Veteran Compensation Consultants, *Submission 25* (47<sup>th</sup> Parliament);

- 3.29 Proponents of the fee-for-service model argued that there was an essential need and valid role for commercial veteran advocacy in Australia, often with reference to the limitations of the free-to-the-veteran model outlined in the previous section. These submitters positioned commercial advocacy providers as legitimate players in the space and asserted that the fee-for-service model should be viewed as complementary to the traditional free-to-the-veteran model. Many also argued that regulation of the sector was not only required but also desirable, although views on what appropriate regulation should look like differed.<sup>29</sup>
- 3.30 Submitters put forward a number of reasons as to why there was a need and valid role for fee-for-service advocacy providers. These included:
- fee-for-service advocates are required to meet demand in the market;
  - fee-for-service advocates are able to provide a more ‘professional’ and consistent service than traditional free-to-the-veteran ESO advocates; and
  - fee-for-service advocates provide diversity and choice for veterans seeking support.

### **Meeting demand in the market**

- 3.31 Some submitters argued that fee-for-service advocates filled a gap in the market and allowed more veterans to access advocacy support, given the current free-to-the-veteran model was unable to satisfy demand for advocate support.<sup>30</sup>
- 3.32 For example, Australian Veteran Advocacy, a fee-for-service provider, advised that the current free-to-the-veteran model provided by ESO advocates was unable to satisfy demand for support.<sup>31</sup>
- 3.33 The National Association of Veteran Advocacy (NAVA), established in September 2025 and comprised of three fee-for-service providers, describes

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Veterans First Consulting, *Submission 26* (47<sup>th</sup> Parliament); VetComp (Veterans Compensation Association, *Submission 27* (47<sup>th</sup> Parliament); Branston Partners Ltd, *Submission 28* (47<sup>th</sup> Parliament); Life After Defence, *Submission 32* (47<sup>th</sup> Parliament); BandBVeterans Advocates, *Submission 37* (47<sup>th</sup> Parliament); Australian Veteran Advocacy, *Submission 43* (47<sup>th</sup> Parliament); Veteran Advocacy Australia, *Submission 46* (47<sup>th</sup> Parliament); National Association for Veteran Advocacy, *Submission 5* (48<sup>th</sup> Parliament); Tactical Advocacy Group Pty Ltd, *Submission 6* (48<sup>th</sup> Parliament); Military Claims, *Submission 7* (48<sup>th</sup> Parliament).

<sup>29</sup> Note: Discussion on matters relating to how to best regulate the sector are addressed in Chapter 4 of this report.

<sup>30</sup> See for example: National Association of Veteran Advocacy, *Submission 5* (48<sup>th</sup> Parliament), p. 10; Tactical Advocacy Group, *Submission 6* (48<sup>th</sup> Parliament), [p. 1]; Veterans Compensation Consultants, *Submission 25* (47<sup>th</sup> Parliament), p. 1; Branston Partners, *Submission 28* (47<sup>th</sup> Parliament), [p. 1]; KSC Claims, *Submission 13* (48<sup>th</sup> Parliament), p. 3; Life After Defence, *Submission 32* (47<sup>th</sup> Parliament), pp. 5–6.

<sup>31</sup> Australian Veteran Advocacy, *Submission 45* (47<sup>th</sup> Parliament), p. 1.

itself as a 'peak professional body for veteran advocates'.<sup>32</sup> It contended that private advocacy complements rather than competes with the free-to-the-veteran model, and that the existence of paid services is not inherently problematic in itself.<sup>33</sup> It elaborated:

Paid advocates add much-needed critical capacity and specialist expertise, particularly in complex cases, and ensure continuity of support even when ESO offices are unavailable locally or forced to close their books due to long waitlists.<sup>34</sup>

3.34 It asserted that the volume and complexity of veteran claims exceeded the capacity of ESO volunteer-based services, creating a service gap. It rationalised that private advocates filled this gap by offering additional capacity and expertise and therefore reducing wait times for advocacy assistance.<sup>35</sup>

3.35 NAVA also argued that paid advocacy is not intended to displace ESO services, but rather to act as a 'safety net' where volunteers cannot meet demand.<sup>36</sup>

3.36 Veterans First Consulting made a similar argument, stating:

The emergence of fee-for-service advocates is not a coincidence but a direct response to gaps in the traditional ESO model. If free, volunteer-run services were fully meeting veterans' needs, demand for paid assistance would be minimal. Instead, a growing number of veterans are actively choosing fee-charging advocacy – a clear indication that existing free services often cannot deliver the timely, effective, and comprehensive support veterans require.<sup>37</sup>

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<sup>32</sup> NAVA initially advised it was founded in 2025 by four fee-for-service advocacy companies, who it claimed 'collectively provide the significant majority of private advocacy services coverage' for Australian veterans – Veterans First Consulting, Military Claims, Tactical Advocacy Group and KSC Claims. See National Association for Veteran Advocacy, *Submission 5*, [p. 4]. NAVA later informed the committee it had only three founding corporate members: Veterans First Consulting, Military Claims and Tactical Advocacy Group. See Mr Philip Jones-Hope, Legal Counsel, National Association for Veteran Advocacy, *Proof Committee Hansard*, 26 September 2025, p. 7; National Association of Veteran Advocacy, answer to a question on notice, 26 September 2025 (received 3 October 2025). The committee was subsequently informed that KSC Claims was initially a part of NAVA at its establishment, but had since withdrawn as a member and as such did not currently have a representative as a NAVA director: KSC Claims, response to adverse comments made at the public hearing on 26 September 2025 (received 29 September 2025).

<sup>33</sup> National Association for Veteran Advocacy, *Submission 5.1* (48<sup>th</sup> Parliament), [pp. 1, 6].

<sup>34</sup> National Association for Veteran Advocacy, *Submission 5.1* (48<sup>th</sup> Parliament), [p. 1].

<sup>35</sup> National Association of Veteran Advocacy, *Submission 5* (48<sup>th</sup> Parliament), p. 10.

<sup>36</sup> National Association for Veteran Advocacy, *Submission 5.1* (48<sup>th</sup> Parliament), [p. 1].

<sup>37</sup> Veterans First Consulting, *Submission 26* (47<sup>th</sup> Parliament), [p. 3].

- 3.37 VetComp, a fee-for-service provider, also asserted that the volunteer advocates available were already ‘stretched thin’ and that commercial advocacy providers helped to meet a need in the market.<sup>38</sup>

### **A more professional, timely service**

- 3.38 Some submitters contended that fee-for-service advocates, by virtue of their commercial model, were able to provide a more ‘professional’ and timely service than free-to-the-veteran advocates, and that the fees involved appropriately recognised the value of this professional expertise and service. The committee was told that, given commercial advocates generally worked full-time, they were able to offer a more consistent and timely service to veterans. In making this argument, submitters pointed out that the traditional ESO advocates were often volunteers and therefore worked part-time with truncated hours and sporadic days.<sup>39</sup>

- 3.39 Mr Trent Holmes, a veteran and founder of fee-for-service provider Life After Defence, provided the committee with a practical example from his observations of both models of advocacy:

When I was working and learning at the RSL, all the advocates were volunteers, and I have great respect for them giving up their time to support our veterans. However, one of the challenges I encountered was the limited availability of these advocates. Many did not work on Mondays or Fridays, which, in my experience, are among the busiest days for correspondence with DVA. Additionally, their typical working hours were from 9am to 3pm, which can significantly delay the progression of a veteran’s claim.

To give a practical example: if DVA sends important documents or reports such as a request for a GP form or a hearing test on a Friday, and the advocate isn’t working that day (or the Monday), the veteran often won’t receive that information until the following Tuesday. That’s a four-day delay before the veteran can even begin actioning the requests. These delays quickly add up over the course of a claim.<sup>40</sup>

- 3.40 In contrast, Mr Holmes stated that most fee-for-service advocates he knew of worked full-time and were therefore able to provide ‘faster, more efficient support’.<sup>41</sup>
- 3.41 Mr Holmes also asserted that fee-for-service advocates were more likely to provide a more professional service in relation to accountability and continuity, as opposed to ESO advocates who may be volunteers. He argued that because commercial providers operated under a legally binding agreement they were

<sup>38</sup> VetComp, *Submission 27* (47<sup>th</sup> Parliament), [p. 2].

<sup>39</sup> See for example: Veteran Advocacy Australia, *Submission 46* (47<sup>th</sup> Parliament), [p. 2]; VetComp, *Submission 27* (47<sup>th</sup> Parliament), [p. 9].

<sup>40</sup> Life After Defence, *Submission 32* (47<sup>th</sup> Parliament), p. 7.

<sup>41</sup> Life After Defence, *Submission 32* (47<sup>th</sup> Parliament), p. 7.

contractually and ethically obligated to see the process through. He provided an example from his own personal experiences with ESO advocates as a contrast:

Between 2014 and 2022, as I was preparing for discharge and lodging multiple claims, I worked with three different ESO advocates that had been recommended to me. Unfortunately, my experience was frustrating and, at times, disheartening.

The first two advocates began helping me with my claims but then disappeared completely without notice. I was left to navigate the process on my own and finish the claims unaided. The third advocate provided slightly more assistance, but even that experience ended poorly. I ended up receiving a call from DVA advising me of the outcome of my determination because they were unable to contact my advocate. I signed the necessary forms, returned them to DVA, and was paid out within a week or two all without hearing a word from my advocate.

Shockingly, 4–6 months later, I received a call from that same advocate congratulating me on the outcome, unaware that I'd already been notified, paid, and moved on. I explained what had happened, and while he apologised, the delay spoke volumes about the lack of oversight and follow-through.<sup>42</sup>

- 3.42 NAVA asserted that the fee-for-service model recognised the value of professional expertise and allowed advocates to dedicate full-time attention to cases, ensuring sustained quality of service.<sup>43</sup>
- 3.43 Additionally, NAVA argued that fee-for-service advocates were able to build 'structured relationships with financial advisors, lawyers, and medical specialists', which enabled 'holistic and continuous support' for veterans.<sup>44</sup>
- 3.44 Veterans First Consulting, a fee-for-service business and member of NAVA, argued that veterans sought out commercial advocates to obtain timely, professional assistance that was unavailable elsewhere. It contended that commercial providers could offer immediate engagement and often responded to new inquiries within 24 hours, which represented a much faster turnaround than ESO advocacy services.<sup>45</sup>
- 3.45 KSC Claims, another fee-for-service provider, stated that it had heard anecdotal evidence from veterans that free-to-the-veteran providers like ESOs were 'less nimble and offer a less timely service', and that full-time commercial advocacy providers were able to assist more veterans in comparison.<sup>46</sup>

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<sup>42</sup> Life After Defence, *Submission 32* (47<sup>th</sup> Parliament), p. 7.

<sup>43</sup> National Association of Veteran Advocacy, *Submission 5* (48<sup>th</sup> Parliament), p. 10.

<sup>44</sup> National Association of Veteran Advocacy, *Submission 5* (48<sup>th</sup> Parliament), p. 10.

<sup>45</sup> Veterans First Consulting, *Submission 26* (47<sup>th</sup> Parliament), [p. 1].

<sup>46</sup> KSC Claims, *Submission 23* (47<sup>th</sup> Parliament), p. 6.

- 3.46 VetComp, a fee-for-service provider, reported veteran feedback that ESO advocates, while well-intentioned, often struggled with responsiveness and timeliness. Additionally, it argued that free-to-the-veteran advocates, such as those from ESOs, were not directly accountable to clients for the quality or timelines of their work. VetComp asserted that fee-for-service advocates were commercially motivated to deliver high standards and a timely service because 'their business model depends on it'.<sup>47</sup>
- 3.47 Some submitters also flagged that ESO advocates were often not up to date with the latest technology expected to be used in modern professional spheres, which slowed down response times and efficiency.<sup>48</sup>

### **Diversity of choice**

- 3.48 Some submitters made the point that fee-for-service advocates provided veterans with another choice of who represents them and diversified the avenues of support available.
- 3.49 For example, NAVA emphasised veteran empowerment, arguing that the availability of commercial advocates meant veterans had greater choice of who represented them, taking into consideration factors like shared lived experience and who they felt most comfortable with.<sup>49</sup>
- 3.50 Similarly, fee-for-service provider KSC Claims made the case for a diversity of options so veterans had the freedom to choose an advocate that suited them. It remarked that veterans are not a homogenous group, and that while some felt comfortable to engage with Defence-aligned ESOs, some did not. It observed:
- Many veterans, particularly those who have experienced abuse or trauma during service, do not feel comfortable approaching Defence-linked bodies.<sup>50</sup>
- 3.51 Commercial advocacy business VetComp also asserted that some veterans did not feel comfortable engaging with ESOs and preferred to seek out commercial options instead.<sup>51</sup>

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<sup>47</sup> VetComp, *Submission 12* (48<sup>th</sup> Parliament), p. 5.

<sup>48</sup> See for example: Life After Defence, *Submission 23* (47<sup>th</sup> Parliament), p. 8; KSC Claims, *Submission 23* (47<sup>th</sup> Parliament), p. 7; Veteran Advocacy Australia, *Submission 46* (47<sup>th</sup> Parliament), [p. 3]; Zed3 Medical Group, *Submission 10* (47<sup>th</sup> Parliament), [p. 2].

<sup>49</sup> National Association of Veteran Advocacy, *Submission 5* (48<sup>th</sup> Parliament), pp. 9–10.

<sup>50</sup> KSC Claims, *Submission 13*, p. 3. See also KSC Claims, *Submission 23* (47<sup>th</sup> Parliament), p. 8.

<sup>51</sup> VetComp, *Submission 12* (48<sup>th</sup> Parliament), p. 4.

### **Support from non-aligned submitters**

- 3.52 The committee also received evidence from submitters not affiliated or aligned with fee-for-service firms who considered that there was a valid role for commercial advocacy firms, if properly regulated.
- 3.53 For example, DFWA advised that it had no issue with commercial providers where they: charged transparent, reasonable fees; acted ethically; were insured; and provided a service with quality controls. It argued that this type of provider should be encouraged and supported.<sup>52</sup>
- 3.54 VESPIIA advised that it did not endorse or oppose any particular service model, instead asserting that all forms of advocacy were valid, provided they are delivered ethically, transparently, and in the best interests of the veteran.<sup>53</sup>
- 3.55 Mrs Shannon Hennessy, Chief Executive Officer of VESPIIA, asserted that the issue was not how the advocate was funded but how they conducted themselves:
- ...as we know, these [advocacy] services are delivered through a mix of volunteer, fee-for-service and hybrid models. Whilst these arrangements differ in structure and funding, VESPIIA's position is that the model is, in effect, less important than the conduct. What matters most to us is that the veterans retrieve safe, skilled and ethical support no matter who is providing it or how they are paid.<sup>54</sup>
- 3.56 The Toowoomba TPI Sub-Branch expressed 'cautious support' for the role of fee-for-service advocates alongside the traditional free-to-the-veteran providers. However, it caveated this support with a call for proper regulation and noted that it held significant concerns around the current behaviours of some fee-for-service businesses. It explained that, while it believed that no veteran should have to incur expenses to access compensation, the current state of the system and critical shortage of ESO advocates meant that there was a role for ethical, properly regulated commercial advocates.<sup>55</sup>

### **A valid model that would benefit from regulation**

- 3.57 In putting forward their arguments for the validity and benefits of commercial advocacy, the majority of submitters that championed the fee-for-service advocacy model were still of the view that there was a pressing need for reform and some type of regulation in the veteran advocacy sector as a whole.

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<sup>52</sup> Defence Force Welfare Association, *Submission 3* (48<sup>th</sup> Parliament), pp. 1–2.

<sup>53</sup> VESPIIA, *Submission 4* (48<sup>th</sup> Parliament), [p. 1].

<sup>54</sup> Mrs Shannon Hennessey, Chief Executive Officer, VESPIIA, *Proof Committee Hansard*, 26 September 2025, p. 25.

<sup>55</sup> Australian Federation of Totally and Permanently Incapacitated Ex-Servicemen and Women (Toowoomba Sub-Branch) Inc., *Submission 34* (47<sup>th</sup> Parliament), pp. 2, 6.

3.58 The following chapter of the report canvasses potential regulatory solutions to address the challenges and concerns present in the current advocacy system in Australia.



# Chapter 4

## Potential solutions

### The need for reform and regulation

- 4.1 The committee heard a number of ideas and recommendations to address the concerns with the current advocacy sector, encompassing both the fee-for-service providers and the traditional free-to-the-veteran services.
- 4.2 Regardless of their views on the appropriateness of for-profit commercial entities charging fees for the provision of advocacy, submitters generally agreed that there was a need for regulation and reform across the veteran advocacy sector as a whole.
- 4.3 For example, Department of Veterans' Affairs (DVA) acknowledged that there was currently no sector-wide regulation, oversight or accreditation in existence. It accepted that this was 'at odds' with many other professional sectors, such as migration or tax agents.<sup>1</sup>
- 4.4 Whether their position was driven by a wish to curb the fee-for-service model, address the limitations of the current free-to-the-veteran model, or validate the role of commercial advocacy providers, submitters were of the opinion there was an urgent need to reform the advocacy sector to ensure improved outcomes for veterans seeking support.
- 4.5 This chapter will look at the options put forward to improve the regulation, training, and professional discipline arrangements for advocates, including matters relating to:
  - the establishment of the Institute of Veterans Advocacy;
  - ideas to implement regulation and oversight of the advocacy sector; and
  - ideas to improve the quality of advocacy services.

### Preserving the right to choose

- 4.6 In putting forward ideas for regulation and reform, a number of submitters emphasised that it was still crucial to preserve a veteran's right to choose their mode of advocacy. They argued that the sector required more transparency, oversight and regulation in order to provide veterans with the ability to make informed choices from a diversity of legitimate, quality-assured options.
- 4.7 For example, RSL Queensland noted that it believed that veterans should have the right to choose their claims advocacy service provider and that therefore it was the responsibility of government to put in place the right settings to ensure

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<sup>1</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 5.

that all advocacy services providers were held accountable for aiding the overall wellbeing of veterans and their families.<sup>2</sup>

- 4.8 RSL Australia argued that there was still a need for ongoing ‘fee-free’ advocacy services for veterans and their families, but it also supported a veteran’s right to choose – including the choice to pay for advocacy services.<sup>3</sup>
- 4.9 The Families of Veterans Guild (the Guild) expressed the view that veterans should have a choice in the advocacy services available to them but stressed that all options, whether free-to-the-veteran or fee-for-service, should come with accountability, clear standards and a proper redress or complaints system.<sup>4</sup>
- 4.10 In making this argument, the Guild highlighted the significance of DVA claims in the lives of veterans and the families:

Afterall, for the veteran and their family what are referred to as ‘claims’ are more than that. They are often their support line, their ask for help and their lives. These ‘claims’ have significant power and influence over a veteran’s life and that of their family’s as well, particularly where that veteran is wounded, injured, ill or deceased. Each claim represents a harm in a veteran’s life or their family’s life. The people helping veterans and their families to access the system ought to be held to a professional standard whether or not they are volunteers, paid staff, lawyers, paralegals or otherwise.<sup>5</sup>

- 4.11 RSL LifeCare recognised the importance of veterans’ right to choose their preferred provider of advocacy services. However, while acknowledging the importance of this choice, it strongly believed that the statutory entitlements of veterans, provided in recognition of their service, should be protected through strengthened regulations, oversight and professional standards.<sup>6</sup>
- 4.12 DVA emphasised that it respected the importance of choice for veterans and their families seeking advocacy assistance. It acknowledged that, while some were comfortable to engage in the claims process without support, others would wish to seek advocacy services, either via a free-to-the-veteran or fee-for-service arrangement.<sup>7</sup>
- 4.13 Mr Andrew Kefford, Deputy Secretary for the Policy and Programs Group at DVA, emphasised the importance of informed choice:

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<sup>2</sup> RSL Queensland, *Submission 15* (47<sup>th</sup> Parliament), p. 15.

<sup>3</sup> RSL Australia, *Submission 1* (47<sup>th</sup> Parliament), p. 6.

<sup>4</sup> Families of Veterans Guild, *Submission 16* (47<sup>th</sup> Parliament), pp. 5, 7.

<sup>5</sup> Families of Veterans Guild, *Submission 16* (47<sup>th</sup> Parliament), p. 5.

<sup>6</sup> RSL LifeCare, *Submission 5* (47<sup>th</sup> Parliament), pp. 2–3.

<sup>7</sup> Department of Veterans’ Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 4.

Our concern is not that people choose to pay for advice when they engage with us—people engage law firms to engage with the government regularly—so long as they are doing that in an informed way, (a) they know that they don't need to and (b) they're not doing it under a scheme where over a quarter of their statutory entitlement gets eaten up in a commission. Our concern is to ensure that people are making an informed decision. It is not to say that there are not circumstances where people, rightly, choose to seek support for which they are paying.<sup>8</sup>

## **Institute of Veterans Advocacy**

- 4.14 The committee received evidence relating to the newly-established Institute of Veterans Advocacy (IVA) — intended to be an independent, professional association for veteran advocates — which was put forward by some as an integral part of the solution for the challenges in the veterans' advocacy sector.
- 4.15 DVA informed the committee that in 2024 it convened a working group with representatives of the Ex-Service Organisations Roundtable (ESORT)<sup>9</sup> to consider how to strengthen advocacy ethical and professional standards and put in place a layer of professional oversight.<sup>10</sup>
- 4.16 The ESORT working group developed a proposal for a new independent professional association for veteran advocates — the IVA. DVA subsequently conducted public consultation on the proposal from August to October 2024, and 95 submissions were received.<sup>11</sup> In February 2025, DVA announced that the proposal had received 'broad support' from the veteran community.<sup>12</sup>

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<sup>8</sup> Mr Andrew Kefford, Deputy Secretary, Policy and Programs Group, Department of Veterans' Affairs, *Proof Committee Hansard*, 26 September 2025, p. 54.

<sup>9</sup> ESORT is a consultative forum that aims to address issues of strategic importance to the ex-service and defence communities. It acts as the main forum for dialogue between the DVA, the Military Rehabilitation and Compensation Commission, the Repatriation Commission, and the leadership of the ex-service organisation (ESO) and Defence communities. A full list of ESORT members is available online. See: Department of Veterans' Affairs, *ESO Round Table (ESORT)*, 15 August 2025, [www.dva.gov.au/about/overview/consultations-and-grants/how-we-consult-ex-service-community/eso-round-table-esort](http://www.dva.gov.au/about/overview/consultations-and-grants/how-we-consult-ex-service-community/eso-round-table-esort) (accessed 1 September 2025).

<sup>10</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 9.

<sup>11</sup> Department of Veterans' Affairs, *Institute of Veterans' Advocates – Consultation*, <https://www.dva.gov.au/news/latest-stories/institute-veterans-advocates-consultation>, 23 August 2024 (accessed 1 September 2025).

<sup>12</sup> Department of Veterans' Affairs, *Broad support for the Institute of Veterans' Advocates*, 24 February 2025, [www.dva.gov.au/news/latest-stories/broad-support-institute-veterans-advocates](http://www.dva.gov.au/news/latest-stories/broad-support-institute-veterans-advocates) (accessed 1 September 2025); Department of Veterans' Affairs, *Institute of Veterans' Advocates – Consultation Report, January 2025*, [www.dva.gov.au/documents-and-publications/institute-veterans-advocates-consultation](http://www.dva.gov.au/documents-and-publications/institute-veterans-advocates-consultation) (accessed 1 September 2025).

- 4.17 DVA advised the committee that the IVA had since been established by the ex-service community as a not-for-profit company limited by guarantee.<sup>13</sup>
- 4.18 The committee did not receive a submission from the IVA itself and at the time of writing there was no IVA website or online presence. However, the Interim Chair, Mr Michael von Berg, appeared at the committee's public hearing.
- 4.19 Mr von Berg advised that the IVA was incorporated on 26 March 2025 as a public unlisted company limited by guarantee, and that it had since been accepted as a registered charity by the Australian Charities and Not-for-profits Commission and was currently in the process of receiving deductible gift recipient status from the Australian Taxation Office.<sup>14</sup>
- 4.20 The IVA statement tabled at the committee's hearing stated that an interim board of five had been democratically elected by the ESORT working group to oversee the body's establishment process. Further, the IVA's governance and operational requirements had been documented, and it intended to have an online presence by the end of October 2025. It stated that the IVA had undertaken considerable due diligence in checking training and accreditation records of current and lapsed advocates, which had taken more time than envisaged.<sup>15</sup>
- 4.21 DVA provided additional detail on the establishment process:
- The Institute is governed by an independent board of directors that were endorsed by ESORT. Institute Directors do not receive sitting fees or other remuneration and DVA understands that it is intended the current board will sit for two years to establish the Institute, after which a new Board election process will be undertaken to ensure the Board is representative of the ex-service and advocacy community.<sup>16</sup>

### **Intended purpose and functions**

- 4.22 The IVA advised that in due course it would be a democratic member-led institute with the objective to provide 'world's best advocacy practice for veterans and families'.<sup>17</sup>
- 4.23 According to DVA, the functions of the IVA will include:
- establishing competency standards, a code of ethics and minimum training requirements for veteran advocates;
  - accrediting veteran advocacy service providers and monitoring compliance with continuing professional development;

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<sup>13</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 9.

<sup>14</sup> Institute of Veterans Advocacy Ltd, *Opening statement*, p. 1 (tabled 26 September 2025).

<sup>15</sup> Institute of Veterans Advocacy Ltd, *Opening statement*, p. 2 (tabled 26 September 2025).

<sup>16</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 9.

<sup>17</sup> Institute of Veterans Advocacy Ltd, *Opening statement*, p. 1 (tabled 26 September 2025).

- providing members with access to a range of benefits and tools, including improved and nationally consistent training and professional development through DVA-administered courses; and
- establishing a nationally consistent complaints handling process.<sup>18</sup>

4.24 DVA explained that the IVA's functions were intended to:

- lift the overall standard of advocacy services nationally;
- provide assurance to veterans and their families that services provided by an accredited advocate are professional, high quality and underpinned by a contemporary understanding of veteran entitlements; and
- professionalise veteran advocacy services and enhance the standing and recognition of veteran advocates and advocacy services in the community.<sup>19</sup>

4.25 DVA emphasised that, while the IVA was completely independent, DVA would work closely with it and its members on matters relating to the future accreditation and training of IVA members.<sup>20</sup>

### *Accreditation and discipline*

4.26 The IVA advised there was a need to not only lift the standard of advocacy in Australia but also to 'lift the image of advocates and their morale in recognising the essential and important work that they do'.<sup>21</sup>

4.27 When accredited, members will be recognised with IVA post-nominals:

- Level I – An Associate – AIVA
- Level 2 and 3 – A Member – MIVA
- Level 4 – A Fellow – FIVA.<sup>22</sup>

4.28 In regard to the post-nominals, the IVA explained:

This on their business card indicates the level of accreditation and competence and a significant badge of achievement to assist in raising the professional image and morale of advocates.<sup>23</sup>

4.29 Mr von Berg flagged that in all cases training under the Advocacy Training and Development Program (ATDP) would be provided. He noted that there was an 'urgent need' for more face-to-face training to rectify the detrimental effect of the online training required during the two years of Covid restrictions.<sup>24</sup>

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<sup>18</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 10.

<sup>19</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 10.

<sup>20</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 9.

<sup>21</sup> Institute of Veterans Advocacy Ltd, *Opening statement*, pp. 1–2 (tabled 26 September 2025).

<sup>22</sup> Institute of Veterans Advocacy Ltd, *Opening statement*, p. 2 (tabled 26 September 2025).

<sup>23</sup> Institute of Veterans Advocacy Ltd, *Opening statement*, p. 2 (tabled 26 September 2025).

<sup>24</sup> Institute of Veterans Advocacy Ltd, *Opening statement*, p. 2 (tabled 26 September 2025).

4.30 DVA advised that IVA members, regardless of their professional qualifications, would be expected to complete relevant ATDP courses which canvass DVA processes and systems and the ‘unique nature of military service’. It noted that one of the IVA’s priorities would be to work with DVA on the design of a new ATDP.<sup>25</sup>

4.31 The IVA will also have a complaints handling process and a code of conduct in place. Mr von Berg advised:

We believe that we’ve got a pretty good system in place to, in the initial stage, counsel somebody that’s not playing the game. If they persist, they would be suspended, and with that suspension, I think, they would lose a lot of credibility with the department.<sup>26</sup>

### ***Membership eligibility and take-up***

4.32 DVA advised that the IVA had been established as the ‘national professional association for veterans’ advocates’ and membership would be open to all advocates (both free-to-the-veteran and fee-for-service) provided they complete the necessary training and agree to and abide by the code of conduct.<sup>27</sup>

4.33 DVA further expanded that eligibility for membership would be dependent on completion of relevant ATDP courses or recognition of equivalent professional qualifications.<sup>28</sup>

4.34 The IVA noted it was aware of commentary around whether fee-for-service providers should be eligible for membership. It considered that such providers should be invited to join with the undertaking that they sign the code of conduct and ‘have an estimated costs and disbursement agreement that is agreed and signed off by the veteran and the fee-for-service provider’.<sup>29</sup>

4.35 Mr von Berg informed the committee that the overall support from the ESO community had been ‘overwhelming’, with similar support from individual advocates sponsored by ESOs. Based on this support, he did not foresee a problem in attracting ESO-affiliated members.<sup>30</sup>

### ***Financial sustainability***

4.36 The IVA advised the following fee structure for those that wished to join:

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<sup>25</sup> Department of Veterans’ Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 10.

<sup>26</sup> Mr Michael von Berg, Interim Chair, Institute of Veterans Advocacy Ltd, *Proof Committee Hansard*, 26 September 2025, p. 52.

<sup>27</sup> Department of Veterans’ Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 9.

<sup>28</sup> Department of Veterans’ Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 10.

<sup>29</sup> Institute of Veterans Advocacy Ltd, *Opening statement*, p. 2 (tabled 26 September 2025).

<sup>30</sup> Mr Michael von Berg, Interim Chair, Institute of Veterans Advocacy Ltd, *Proof Committee Hansard*, 26 September 2025, p. 53.

- A fee-for-service provider would be admitted as a non-voting member for an annual cost of \$2500;
- ESOs who are in receipt of a Building Excellence in Support and Training (BEST) grant would be admitted as non-voting members for an annual cost of \$250 per annum; and
- Individual members would be admitted for a cost of \$50 per annum.<sup>31</sup>

4.37 Regarding financial viability, the IVA noted that these memberships would not be enough to cover its ongoing operational costs, and therefore it intended to seek corporate sponsorship and donations to support a sustainable business model.<sup>32</sup>

4.38 Mr von Berg elaborated:

To have a sustainable model moving forward—the membership fees that we are charging, which are, I think, fair and reasonable, would not be enough to sustain us moving forward. So it would either be some support from government or support from philanthropic organisations, and, in particular, I would target the defence industry.<sup>33</sup>

### Views on the IVA

4.39 The committee received varying views on the establishment of the IVA. While many submitters expressed support for the general concept of the IVA,<sup>34</sup> some also raised questions or provided commentary on matters relating to:

- membership eligibility and the voluntary nature of membership;
- the IVA's ability to effectively provide training, oversight and disciplinary arrangements for the advocacy sector; and
- the financial sustainability of the organisation.

4.40 RSL Australia advised that it 'stands ready' to support the establishment of the IVA.<sup>35</sup> It elaborated on the positive impact it believed the organisation would have:

The Institute will help elevate all providers by ensuring a consistent and accountable standard of service. This requires an avenue for complaints and redress when services are not delivered at the expected standard.

<sup>31</sup> Institute of Veterans Advocacy Ltd, *Opening statement*, p. 2 (tabled 26 September 2025).

<sup>32</sup> Institute of Veterans Advocacy Ltd, *Opening statement*, p. 1 (tabled 26 September 2025).

<sup>33</sup> Mr Michael von Berg, Interim Chair, Institute of Veterans Advocacy Ltd, *Proof Committee Hansard*, 26 September 2025, p. 52.

<sup>34</sup> See for example: RSL Queensland, *Submission 15* (47<sup>th</sup> Parliament), p. 10–11; Defence Force Welfare Association, *Submission 3* (48<sup>th</sup> Parliament), [p. 5]; KSC Claims, *Submission 23* (47<sup>th</sup> Parliament), p. 11; Veteran Compensation Consultants, *Submission 25* (47<sup>th</sup> Parliament), p. 2.

<sup>35</sup> RSL Australia, *Submission 1* (47<sup>th</sup> Parliament), p. 7.

Ultimately, we believe the institute will ensure all providers, be that free or fee for service, provide a consistent and ethical service to veterans.<sup>36</sup>

- 4.41 RSL Australia submitted that, if fee-for-service providers could be regulated, they could be considered for membership of the IVA. It also noted that it was imperative that the IVA facilitate training and mentoring to ensure an empathetic and informed approach to advocacy services.<sup>37</sup>
- 4.42 RSL LifeCare indicated that it supported the establishment of the IVA as the 'preferred national accrediting and oversight authority' for veteran advocates. In its view, the IVA should have the ability to manage any issues or breaches of conduct, including charging unauthorised fees or providing negligent advice, and should also have the power to investigate and apply any restrictions including suspension or the removal of accreditation.<sup>38</sup>
- 4.43 The Department of Defence stated that it supported the work being undertaken by DVA and the IVA to professionalise the advocacy industry. It advised that it had invited the IVA to present at its Australian Defence Force (ADF) Member and Family Transition Seminars.<sup>39</sup>
- 4.44 The Veteran Family Advocate (VFA) Commissioner welcomed the establishment of the IVA as progress in ensuring the quality of advocacy services. They recommended that all individuals providing compensation and income support advocacy be required to meet nationally consistent accreditation standards, endorsed and administered by the IVA. They submitted that accreditation should be linked to structured initial training and ongoing participation in professional development activities; and that expectations around trauma literacy, cultural safety and family-inclusive practices should be embedded in the design of IVA-endorsed training.<sup>40</sup> The VFA Commissioner also recommended the establishment of an independent national mechanism, separate from individual ESOs, for handling complaints and managing professional discipline.<sup>41</sup>
- 4.45 Australian Veteran Advocacy (AVA), a fee-for-service provider, advised that it strongly endorsed the introduction and expressed intentions of the IVA. It believed the IVA should be open to all advocates and hold them to the same standards regardless of whether they be fee-for-service or free-to-the-veteran. It

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<sup>36</sup> RSL Australia, *Submission 1* (47<sup>th</sup> Parliament), p. 6.

<sup>37</sup> RSL Australia, *Submission 1* (47<sup>th</sup> Parliament), p. 6.

<sup>38</sup> RSL LifeCare, *Submission 5* (47<sup>th</sup> Parliament), p. 6.

<sup>39</sup> Department of Defence, *Submission 14* (47<sup>th</sup> Parliament), p. 3.

<sup>40</sup> Veteran Family Advocate Commissioner, *Submission 2* (47<sup>th</sup> Parliament), p. 2.

<sup>41</sup> Veteran Family Advocate Commissioner, *Submission 2* (47<sup>th</sup> Parliament), p. 2.

commented that it was in favour of the IVA charging commercial advocates for membership in order to fund the organisation's operations.<sup>42</sup>

- 4.46 AVA also recommended the IVA be responsible for maintaining a compulsory register of all advocacy providers, similar to the requirements for political lobbyists. It suggested the register should include sufficient details to enable veterans to easily compare different providers, and that commercial advocates be required to refer or publicise the register in their marketing materials and websites.<sup>43</sup>
- 4.47 Some fee-for-service providers expressed support for the IVA but raised concern that they could be excluded from membership, arguing that all providers must be allowed to join and be regulated under the same framework.<sup>44</sup>
- 4.48 Legacy Australia raised concerns that providing IVA accreditation to commercial advocacy providers who charge a percentage of a veteran's compensation may inadvertently legitimise practices that take advantage of families at a time when they are grieving and most vulnerable.<sup>45</sup>
- 4.49 RSL Queensland was of the view there needed to be surety that fee-for-service providers were prepared to operate within the framework of the IVA and uphold certain standards. It explained:

It is not acceptable to have businesses which derive their income from vulnerable veterans to be able to practice with no oversight or regulation. If they are prepared to work within the framework of the Institute (or other regulated body), it may be possible to provide the necessary oversight to ensure their ethical behaviour and the provision of holistic services. Membership of the Institute would be dependent upon them having transparent business practices and abide by the ATDP Code of Ethics (which require revision). If commercial entities chose to develop their own industry body, it is equally important that this regulatory body has clear and enforceable requirements in relation to their fees and ethical standards.<sup>46</sup>

- 4.50 RSL Victoria stated that, while it supported in principle the introduction of an agency responsible for the regulation, training and professional discipline of advocates, it held concerns about the proposed structure of the IVA.<sup>47</sup> It advised that it did not support the proposed voluntary membership model given that a voluntary scheme, by definition, would render an associated code of conduct

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<sup>42</sup> Australian Veteran Advocacy, *Submission 43* (47<sup>th</sup> Parliament), p. 2.

<sup>43</sup> Australian Veteran Advocacy, *Submission 43* (47<sup>th</sup> Parliament), p. 3.

<sup>44</sup> See for example: Veteran's First Consulting, *Submission 26* (47<sup>th</sup> Parliament), [p. 7]; VetComp, *Submission 27* (47<sup>th</sup> Parliament), [p. 4].

<sup>45</sup> Legacy Australia, *Submission 11* (47<sup>th</sup> Parliament), p. 2.

<sup>46</sup> RSL Queensland, *Submission 15* (47<sup>th</sup> Parliament), p. 15.

<sup>47</sup> RSL Victoria, *Submission 3* (47<sup>th</sup> Parliament), p. 2.

optional and therefore unenforceable. It highlighted experiences in other sectors (such as banking) that have shown that voluntary codes often fail to deliver compliance or protect consumers.<sup>48</sup>

- 4.51 RSL Victoria emphasised that IVA membership must be mandatory for all advocates regardless of whether they are ‘free-to-the-veteran’ or ‘fee-for-service’. It argued:

This is consistent with the regulatory framework applied to other professions, including law, finance, allied health, and migration services.

One of the principal objectives of the Institute should be to drive unqualified and unscrupulous operators out of the system through the enforcement of rigorous probity standards and professional discipline. A voluntary model will not achieve this. It will simply allow the worst actors to continue operating without oversight while legitimate, ethical and compliant advocates shoulder the burden of upholding standards.<sup>49</sup>

- 4.52 RSL NSW expressed support for the establishment of the IVA; however, it emphasised that the IVA must be fully ‘resourced to lead the sector’.<sup>50</sup> It explained:

We support the government's commitment to establish the institute of veterans' advocates as the oversight body for advocacy services, but we also believe the institute must be properly funded and empowered to provide consistent national standards and training alongside robust supervision and performance management.<sup>51</sup>

### *DVA views*

- 4.53 DVA advised that it supported the IVA as the ‘appropriate oversight body for the advocacy sector’ and believed that it would strengthen and enhance advocacy service standards. It commented that the professional oversight and accreditation of the advocacy sector was most appropriately delivered by an organisation independent of DVA, and ideally one which had the confidence of the ex-service community.<sup>52</sup>

- 4.54 However, DVA also advised that it was not currently able to contribute to the funding of the IVA. As a result, it highlighted that the financial viability of the entity may need to be considered by future governments, particularly as the IVA

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<sup>48</sup> RSL Victoria, *Submission 3* (47<sup>th</sup> Parliament), p. 15.

<sup>49</sup> RSL Victoria, *Submission 3* (47<sup>th</sup> Parliament), p. 16.

<sup>50</sup> Mr Isaac Ohlin, General Manager, Policy and Services, RSL NSW, *Proof Committee Hansard*, 26 September 2025, p. 32.

<sup>51</sup> Mr Isaac Ohlin, General Manager, Policy and Services, RSL NSW, *Proof Committee Hansard*, 26 September 2025, p. 32.

<sup>52</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 10.

would be not-for-profit and much of its membership base would be volunteer advocates working for not-for-profit organisations.<sup>53</sup>

- 4.55 DVA also commented that the IVA's ability to uphold relevant standards would rely on incentive and reputational factors to attract members. DVA observed that, under such a model, advocates could choose not to seek membership and still provide services to veterans without accreditation. It flagged that in such instances, the IVA would have no power to sanction or limit those providers, apart from merely warning the veteran community on the potential risks of using a non-accredited advocate.<sup>54</sup>

### *Alternate proposals for sector-wide regulatory bodies*

- 4.56 While acknowledging the existence of the IVA, two submitters also proposed the establishment of alternate working groups to develop self-regulatory regimes for the advocacy sector.
- 4.57 The Veterans, Emergency Services & Police Industry Institute of Australia (VESPIIA) describes itself as Australia's national professional body for organisations and practitioners working with veterans, first responders, and their families. It advised that, rather than prescribing who can provide veteran advocacy or what they may charge, it supported a regulatory model that prioritised 'informed consent, ethical service delivery, and transparency, so that all veterans, regardless of how they access support, can expect a consistent standard of care'.<sup>55</sup>
- 4.58 Accordingly, it suggested the development of a self-regulatory framework for advocacy services, arguing it was well-positioned to support this process. It proposed the establishment of a National Working Group on Veteran Advocacy Standards as a sector-wide advisory group which would include the IVA. The working group would operate under appropriate governance and supported by government and other key stakeholders to explore this approach.<sup>56</sup>
- 4.59 VESPIIA envisaged that a self-regulatory framework would not replace statutory regulation but rather complement it by establishing expectations for:
- ethical practice, including transparency in service offerings and billing structures;
  - professional conduct, supported by a Code of Conduct and disciplinary pathways;

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<sup>53</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 10.

<sup>54</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 10.

<sup>55</sup> Veterans, Emergency Services & Police Industry Institute of Australia (VESPIIA), *Submission 4* (48<sup>th</sup> Parliament), [pp. 3, 9].

<sup>56</sup> VESPIIA, *Submission 4* (48<sup>th</sup> Parliament), [pp. 5-6].

- continuing professional development (CPD) aligned with national standards; and
  - independent complaints mechanisms and governance structures.<sup>57</sup>
- 4.60 VESPIIA asserted that this type of framework would align with its own existing functions as a membership-based body, and contended that it already had systems in place, such as governance and professional development infrastructure, which could be adapted to support a consistent, sector-wide approach to veteran advocacy.<sup>58</sup>
- 4.61 The National Association of Veteran Advocacy (NAVA), which describes itself as ‘the sector’s dedicated regulatory body’ and is currently comprised of three fee-for-service providers, advised that it had initiated the development of a ‘self-regulatory framework’. It asserted that it believed this had the potential to serve as a model applicable across all advocacy models, whether fee-for-service, volunteer-based or hybrid. It further stated that it recognised the opportunity for organisations such as NAVA, VESPIIA and the IVA to work together to construct a ‘unified sector framework’.<sup>59</sup>
- 4.62 However, the committee also heard evidence that cautioned against self-regulation from fee-for-service providers. Fee-for-service provider AVA stated that it was strongly against industry self-regulation and did not believe that fee-for-service providers should be permitted to self-regulate. It explained:
- ... it is apparent from many of the submissions to this Inquiry, from posts on social media and our own discussions with veterans, that some fee-for-service providers have failed to adequately police themselves, and they should not be permitted to do so now in reaction to this Inquiry.<sup>60</sup>

### **Ideas to regulate the sector**

- 4.63 Submitters put forward a number of ideas to improve and regulate the advocacy space, including:
- the regulation of fees;
  - legislative action to outlaw harmful business practices;
  - initiatives around advertising, public education and data security; and
  - the establishment of a government regulatory body similar to the Office of the Migration Agents Registration Authority.
- 4.64 Each of these ideas will be briefly discussed below.

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<sup>57</sup> VESPIIA, *Submission 4* (48<sup>th</sup> Parliament), [pp. 2–3, 5–7].

<sup>58</sup> VESPIIA, *Submission 4* (48<sup>th</sup> Parliament), [pp. 3, 7].

<sup>59</sup> National Association for Veteran Advocacy, *Submission 5* (48<sup>th</sup> Parliament), pp. 8–9.

<sup>60</sup> Australian Veteran Advocacy, *Opening statement*, 26 September 2025, p. 1 (tabled 26 September 2025).

## Regulation of fees

- 4.65 The committee received varying opinions on the appropriateness of regulating fees in the fee-for-service advocacy sector.
- 4.66 Submitter views ranged from those that wished to see fee-for-service advocacy banned entirely, to those who argued it was not appropriate to place any limitations on fees or billing structures. Other submitters recommended actions that would work to regulate fees in some way, such as the specific abolition of commission-based fees or the imposition of caps on commission-based fees or contingency fee percentages.

### *Ban fee-for-service model entirely*

- 4.67 Some submitters recommended banning fee-for-service advocacy providers entirely. For example, the Totally and Permanently Incapacitated Ex-Service Men and Women's Association of South Australia (TPI Association SA) recommended the prohibition of fee or commission-based advocacy models through explicit legislation or regulation.<sup>61</sup>
- 4.68 The Veterans' Advocacy Service (VAS) within Legal Aid NSW also recommended that fee-for-service veterans' advocacy be banned. Alternatively, VAS stated that, if not banned, it should be subject to the establishment of a professional association with an appropriate ethical code, regulation of professional standards, training and fee scales, and provision of low- or no-cost dispute resolution mechanisms and appropriate professional indemnity insurance.<sup>62</sup>
- 4.69 RSL Victoria suggested that it was possible to prohibit (non-legally qualified) fee-for-service advocates by amending section 320 of the *Military Rehabilitation and Compensation Act 2004* to include a new subsection 4 that read:

No person other than a practising lawyer shall charge or receive any fee or other compensation for making a claim on behalf of another person or assisting a person to make a claim under this section other than as provided for in the regulations.<sup>63</sup>

- 4.70 It suggested that this wording would:

...allow for free advocacy services to recover reasonable administration costs as already exists under the existing ATDP-VITA [Veterans' Indemnity and Training Association] arrangements and provide government with flexibility to alter the regulations if needed with minimum fuss and effort.

- 4.71 It also noted that, alternatively, should the decision be made to not outlaw fee-for-service providers, such an amendment would provide government with

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<sup>61</sup> TPI Association SA, *Submission 6* (47<sup>th</sup> Parliament), [p. 3].

<sup>62</sup> Veterans' Advocacy Service, Legal Aid NSW, *Submission 7* (47<sup>th</sup> Parliament), p. 14.

<sup>63</sup> RSL Victoria, *Submission 3* (47<sup>th</sup> Parliament), p. 5.

a regulatory mechanism to ensure that any fees charged by a fee for service provider were 'fair, reasonable and transparent.'<sup>64</sup>

4.72 In contrast, several fee-for-service providers argued strongly against a ban on fee-for-service advocacy, arguing it would be detrimental to veterans and limit choice.<sup>65</sup>

*Caps on fees or restrictions on the type of fee structures allowed*

4.73 Submitters provided feedback on the merits, drawbacks and unintended consequences of restricting certain fee structures or instituting fee caps.

4.74 For example, Australian Veteran Health Services recommended that commissions and contingency fees on statutory entitlements be prohibited.<sup>66</sup> The Australian Special Air Service Association (ASASA) also recommended prohibiting percentage-based fees on statutory compensation payments.<sup>67</sup>

4.75 RSL LifeCare indicated that there was merit in having capped fees.<sup>68</sup> Additionally, RSL NSW recommended the introduction of regulations minimising excessive fees for advocacy services, with consideration given to how other professions, such as legal practitioners, are regulated and bound by obligations of disclosure and ethical considerations to ensure reasonable fees are charged.<sup>69</sup>

4.76 The VAS within Legal Aid NSW suggested a scalable fee structure similar to what is used for workers' compensation claims in NSW, with capped fees for discrete parts of the claims and appeals process.<sup>70</sup>

4.77 Mr Nicholas Warren, an advocate with VAS, explained how this would work:

For those easy claims, the fees would be low. For the very difficult claims where a lot of activity is required, that system would be scalable. For the more difficult, longer-term assistance, you would get more fees. We would recommend that the committee seriously consider that kind of regulation—

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<sup>64</sup> RSL Victoria, *Submission 3* (47<sup>th</sup> Parliament), p. 5.

<sup>65</sup> See for example: Life After Defence, *Submission 12* (47<sup>th</sup> Parliament), p. 13; Veterans First Consulting, *Submission 26* (47<sup>th</sup> Parliament), [p. 6]; VetComp, *Submission 12* (48<sup>th</sup> Parliament), p. 10.

<sup>66</sup> Australian Veteran Health Services, *Submission 2* (48<sup>th</sup> Parliament), [p. 3].

<sup>67</sup> Australian Special Air Service Association, *Submission 12* (47<sup>th</sup> Parliament), p. 2.

<sup>68</sup> Mrs Janet Muir, Chief Executive Officer, RSL LifeCare, *Proof Committee Hansard*, 26 September 2025, p. 37.

<sup>69</sup> RSL NSW, *Submission 4* (47<sup>th</sup> Parliament), [p. 11.]

<sup>70</sup> Mr Nicholas Warren, Advocate, Veterans' Advocacy Service, Legal Aid NSW, *Proof Committee Hansard*, 26 September 2025, p. 40; Veterans' Advocacy Service, Legal Aid NSW, *Veterans' Legislation Reform – Exposure Draft Consultation*, additional information received 25 September 2025, p. 6.

specific fee schedules for activity. That would be scalable and responsive to the degree of work these companies do.<sup>71</sup>

- 4.78 Some fee-for-service providers, while still supporting percentage-based fees, were open to the idea of a reasonable fee cap. For example, fee-for-service provider Australian Veteran Advocacy (AVA) was of the view a cap on contingency fees would be reasonable. It explained:

Contingency fees, where a percentage of compensation is charged in return for advocacy services, are prevalent among commercial advocates, and are utilised by AVA as well. They are usually under a ‘no win no fee’ arrangement, thereby ensuring financially disadvantaged veterans can still access paid advocacy services.

However, AVA believes that a cap on contingency fees is appropriate: the amount of work involved in supporting a veteran is, to some extent, independent of the amount of compensation a veteran might receive – the work to review medical records, arrange appointments and referrals, compile evidence and progress claims is much the same whether the conditions result in \$50,000 in compensation or \$500,000. A cap allows reasonable fees to be recovered, without the advocacy business benefiting unduly from a veteran’s extreme conditions and large payout.<sup>72</sup>

- 4.79 Ms Carissa Ibbott, a director and fee-for-service advocate for AVA, felt it was ‘abhorrent’ that some fee-for-service firms did not have capped fees. She explained that her business charged five per cent of the compensation amount achieved from a successful Permanent Impairment (PI) claim, with a cap of \$7500 plus GST. She advised that she felt this rate and cap were ‘good and reasonable’, detailing:

In terms of how much is fair, we worked out that our fee rate was enough for us to provide support to pay for 19 staff. We support 1,600 veterans. We're not making a huge amount of money. It's enough for us to run our business, keep our staff employed and make sure we have a good level of service for veterans.<sup>73</sup>

- 4.80 Fee-for-service provider Life After Defence also supported a percentage-based fee structure, but with a cap of 5 per cent of the compensation outcome.<sup>74</sup>

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<sup>71</sup> Mr Nicholas Warren, Advocate, Veterans’ Advocacy Service, Legal Aid NSW, *Proof Committee Hansard*, 26 September 2025, p. 40; Veterans’ Advocacy Service, Legal Aid NSW, *Veterans’ Legislation Reform – Exposure Draft Consultation*, additional information received 25 September 2025, p. 6.

<sup>72</sup> Australian Veteran Advocacy, *Submission 43* (47<sup>th</sup> Parliament), p. 2.

<sup>73</sup> Ms Carissa Ibbott, Director and Advocate, Australian Veteran Advocacy, *Proof Committee Hansard*, 26 September 2025, p. 21.

<sup>74</sup> Life After Defence, *Submission 32* (47<sup>th</sup> Parliament), p. 13.

*Opposition to regulating fee structures or instituting fee caps*

- 4.81 Several fee-for-service providers argued strongly against the idea of limiting the type of fee structures allowed or instituting caps on fees, with some contending that ‘no win, no fee’ commission-based fees were beneficial to veterans.<sup>75</sup>
- 4.82 Mr Kevin Chapman, a fee-for-service provider and NAVA director, asserted that one of the benefits of contingency arrangements was that there was ‘no risk’ to the veteran.<sup>76</sup>
- 4.83 Making a similar point, fee-for-service provider KSC Claims contended that it had decided upon a ‘no-win, no-fee’ commission model ‘very deliberately’ as it had benefits for veterans — including ensuring that veterans could access its services regardless of cash flow pressures, and demonstrating to clients that the business had ‘skin in the process’ and were motivated to secure all their entitlements.<sup>77</sup>
- 4.84 NAVA confirmed that it endorsed commission-based fees.<sup>78</sup>

*Viability of fixed fee structures*

- 4.85 The committee canvassed the viability of fixed fees, either on a fixed fee per veteran or per claim basis. Mr Trent Holmes, a fee-for-service advocate, stated that it would be better to keep to a commission-based model over a fixed fee per claim model, given the ease with which the latter could be exploited. He explained:

... I think it would be a safer bet to keep it commission based...If it is going to be a fixed fee of, say, \$1,000 per claim, then I believe advocates would exploit that and go, 'Okay, cool, I'm going to claim for an ingrown toenail,' or 'I'm going to claim for tinea.' All these superficial claims aren't needed, and you can charge \$1,000 for each. That's the fear I have with going to a fixed-fee structure. You would have superficial claims like that to add more money, but that would also clog up the DVA system, which is what is already happening.<sup>79</sup>

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<sup>75</sup> See for example: VetComp, *Submission 12*, pp. 9–11; Veteran Advocacy Australia, *Submission 46*, [p. 4]; VetComp, *Submission 27* (47<sup>th</sup> Parliament), [p. 3]; Veteran Domestic Solutions, *Submission 24* (47<sup>th</sup> Parliament), pp. 3–4; Veterans First Consulting, *Submission 26* (47<sup>th</sup> Parliament), [pp. 4–5]; Veteran Compensation Consultants, *Submission 25* (47<sup>th</sup> Parliament), p. 3.

<sup>76</sup> Mr Kevin Chapman, Director, National Association for Veterans Advocacy, *Proof Committee Hansard*, 26 September 2025, p. 8.

<sup>77</sup> KSC Claims, *Submission 23* (47<sup>th</sup> Parliament), p. 5.

<sup>78</sup> Mr Philip Jones-Hope, Legal Counsel, National Association for Veterans Advocacy, *Proof Committee Hansard*, 26 September 2025, p. 8.

<sup>79</sup> Mr Trent Holmes, Director, Life After Defence, *Proof Committee Hansard*, 26 September 2025, p. 10.

4.86 With regard to a fixed fee per veteran model, Mr Holmes stated that, although workable, it may prove unfair to a veteran claiming for a single condition versus a veteran claiming for several. He explained:

The only issue with a fixed fee per veteran would be that, if you only had one single fixed fee, it would be unfair for one veteran who had a fixed fee for just a tinnitus claim versus another veteran that had the same fixed fee for a bilateral knee, shoulders, thoracolumbar, hearing loss, mental health, ED—all those kinds of things. Again, with that fixed-fee structure, it would be fair for the one putting in 10 or 12 claims versus the one that's just putting in a tinnitus claim and paying the same. That would be where, I think, a discrepancy would come in.<sup>80</sup>

4.87 Mr Philip Jones-Hope, Legal Counsel for NAVA, stated that fixed fees could be 'an unfair arrangement' for a veteran who may only have one or two ailments or conditions but who must then pay the same fixed fee as a veteran with multiple conditions.<sup>81</sup>

### **DVA views**

4.88 DVA confirmed to the committee that there was not currently any legislative prohibition against commission-based fees.<sup>82</sup> However, it would not be drawn on whether the department had made a recommendation to the Minister for Veterans' Affairs to abolish commission-based fees.<sup>83</sup>

4.89 DVA clarified that its concern was not that people may choose to pay for advice when engaging with the DVA claims process but rather that they were fully informed when making such a decision.<sup>84</sup>

### ***Fee transparency***

4.90 VESPIIA stated that, while it did not believe pricing models should be regulated, it supported a requirement for full and upfront disclosure of fees to ensure veterans can give informed consent to any arrangement they choose to enter into.<sup>85</sup>

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<sup>80</sup> Mr Trent Holmes, Director, Life After Defence, *Proof Committee Hansard*, 26 September 2025, p. 10.

<sup>81</sup> Mr Philip Jones-Hope, Legal Counsel, National Association for Veteran Advocacy, 26 September 2025, p. 12.

<sup>82</sup> Mr Andrew Kefford, Deputy Secretary, Policy and Programs Group, Department of Veterans' Affairs, *Proof Committee Hansard*, 26 September 2025, p. 46.

<sup>83</sup> Mr Andrew Kefford, Deputy Secretary, Policy and Programs Group, Department of Veterans' Affairs, *Proof Committee Hansard*, 26 September 2025, p. 46.

<sup>84</sup> Mr Andrew Kefford, Deputy Secretary, Policy and Programs Group, Department of Veterans' Affairs, *Proof Committee Hansard*, 26 September 2025, p. 54.

<sup>85</sup> VESPIIA, *Submission 4* (48<sup>th</sup> Parliament), [pp. 3–4].

4.91 RSL LifeCare recommended that providers offering fee-based services be required to maintain transparency around fees.<sup>86</sup> It called for clear guidelines, robust oversight and increased transparency in the fee structure of commercial advocacy services so that veterans opting for paid services were adequately informed about the costs, qualifications and expected outcomes associated with their choice.<sup>87</sup>

#### **Legislative action to prohibit harmful business practices**

4.92 The committee received evidence suggesting legislative action to prohibit harmful business practices, which would have the effect of regulating the fee-for-service advocacy sector.

4.93 RSL Victoria argued that it was possible for the Commonwealth Government to put in place protections to ensure that veterans seeking to access their rightful compensation and entitlements were not financially exploited by unscrupulous advocacy providers. It emphasised that veterans were often likely to be vulnerable when seeking compensation from DVA, with many individuals dealing with physical and psychological trauma while attempting to navigate a system which could be ‘complex, legalistic and bureaucratic’.<sup>88</sup>

4.94 RSL Victoria put forward a number of examples of legislative action at the state and federal level designed to protect the community by outlawing harmful business practices and ensuring individuals who are particularly vulnerable to financial hardship were not exploited.<sup>89</sup>

4.95 As an example, it pointed out that under Australian Consumer Law (ACL) the Commonwealth Government had banned unsolicited door-to-door sales to shield consumers from aggressive and manipulative tactics. It also noted that in 2024 the Commonwealth Government had flagged an intention to further amend the ACL to curtail unfair trading practices, including banning debit card surcharges and dynamic pricing, as well as making it simpler to cancel ongoing subscription model contracts. Further, the *National Consumer Credit Protection Act 2009* was amended to curb predatory payday lending practices, such as excessive fees and interest rates.<sup>90</sup>

4.96 Additionally, RSL Victoria observed that in 2022 the Queensland Government banned the practice of ‘claims farming’, whereby operators make unsolicited

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<sup>86</sup> RSL LifeCare, *Submission 5* (47<sup>th</sup> Parliament), p. 11.

<sup>87</sup> RSL LifeCare, *Submission 5* (47<sup>th</sup> Parliament), p. 3.

<sup>88</sup> RSL Victoria, *Submission 3* (47<sup>th</sup> Parliament), p. 4.

<sup>89</sup> RSL Victoria, *Submission 3* (47<sup>th</sup> Parliament), p. 4.

<sup>90</sup> RSL Victoria, *Submission 3* (47<sup>th</sup> Parliament), p. 4.

contact with survivors of abuse or personal injury in an attempt to earn a commission from referring them to a personal injury law firm.<sup>91</sup>

### **Advertising, public education and data security**

- 4.97 Some submitters made suggestions around advertising standards, data security and public education and awareness campaigns in order to better protect veterans from unnecessarily paying for advocacy, or, if they did choose to engage a fee-for-service provider, dealing with unscrupulous operators.
- 4.98 For example, the TPI Association SA recommended increased funding, visibility and public promotion of ESO-run advocacy services to help 'level the playing field' against commercial advertising dominance. It also recommended that the government require transparency and plain-language disclaimers in advertising and service agreements from all entities offering veteran compensation assistance.<sup>92</sup>
- 4.99 Australian Veteran Health Services recommended a ban on inducements, misleading advertising, and guarantee-based marketing of compensation outcomes.<sup>93</sup>
- 4.100 In a similar vein, AVA recommended restrictions be applied to marketing regarding actual or implied guaranteed outcomes and focused on large compensation payouts.<sup>94</sup> It also recommended that fee-for-service providers be forced to note on website the existence of free services or self-claiming options.<sup>95</sup>
- 4.101 The committee queried DVA as to what actions the government was currently taking to warn veterans of unscrupulous fee-for-service providers and promote free-to-the-veteran services. DVA responded that there were a range of public awareness and education measures in place to communicate with the Australian Defence Force (ADF) community. Mr Andrew Kefford, Deputy Secretary, detailed:

We are communicating through ex-service organisations. We're running a direct campaign at the moment through our social media channels around carefully selecting veteran advocates. We've used hard copy communication with veterans as well as our regular presentations to forums and communicated through our deputy commissioners in the states to push this message out. In this context, the ex-service organisations are very helpful in communicating that. In addition, I have—personally and with Ms Cavanagh—briefed the Defence People Committee. So we're also engaging

<sup>91</sup> RSL Victoria, *Submission 3* (47<sup>th</sup> Parliament), p. 4.

<sup>92</sup> TPI Association SA, *Submission 6* (47<sup>th</sup> Parliament), [p. 3].

<sup>93</sup> Australian Veteran Health Services, *Submission 2* (48<sup>th</sup> Parliament), [p. 3].

<sup>94</sup> Australian Veteran Advocacy, *Submission 43* (47<sup>th</sup> Parliament), p. 3.

<sup>95</sup> Australian Veteran Advocacy, *Opening statement*, 26 September 2025, p. 2 (tabled 26 September 2025).

directly with serving members inside Defence. I have undertaken several base visits with the Repatriation Commissioner, Mr Fegan, where this has always been a topic of conversation. Only last week, or the week before, we were at Randwick Barracks and HMAS Watson in Sydney. We have regular engagement with the Senior Enlisted Advisor to the CDF and his counterparts—the RSM of the Army, Warrant Officer of the Air Force and Warrant Officer of the Navy—where, again, we're providing information for them to share, literally, with the troops.<sup>96</sup>

4.102 In terms of data security in the context of offshore advocacy entities, VESPIIA recommended that privacy and data security requirements be strengthened, including a prohibition on the undisclosed offshore handling of veterans' personal or medical information. It recommended that mandatory Australian data residency should apply to all advocacy providers.<sup>97</sup>

### **Office of the Migration Agents Registration Authority as a model**

4.103 The committee heard that the Office of the Migration Agents Registration Authority (OMARA) was an ideal regulatory model that could be replicated for the veterans' advocacy sector.

4.104 OMARA is a branch within the Immigration Group in the Department of Home Affairs, with officers based around Australia. Its role is to protect consumers of migration advice by only registering individuals who meet particular qualification and character standards, and investigating complaints about registered migration agents. It oversees more than 500 registered migration agents who provide immigration assistance, and its powers and functions are set out in legislation.<sup>98</sup>

4.105 OMARA's regulatory activities span four work areas:

- registration and continuing professional development (CPD);
- professional standards and integrity;
- program management; and
- communications and stakeholder engagement.<sup>99</sup>

4.106 Specifically, OMARA:

- helps people who need immigration assistance understand their rights;
- makes sure registered migration agents understand their obligations;
- keeps an official register of registered migration agents;

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<sup>96</sup> Mr Andrew Kefford, Deputy Secretary, Policy and Programs Group, Department of Veterans' Affairs, *Proof Committee Hansard*, 26 September 2025, p. 45.

<sup>97</sup> VESPIIA, *Submission 4* (48<sup>th</sup> Parliament), [p. 10].

<sup>98</sup> Office of the Migration Agents Registration Authority, *Who we are and what we do*, 11 August 2025, <https://www.mara.gov.au/about-us/what-we-do> (accessed 9 October 2025).

<sup>99</sup> Office of the Migration Agents Registration Authority, *Who we are and what we do*, 11 August 2025, <https://www.mara.gov.au/about-us/what-we-do> (accessed 9 October 2025).

- checks that registered migration agents maintain the knowledge they need to give clients accurate advice;
- investigates and handles complaints about registered migration agents; and
- disciplines registered migration agents who fail to meet the required Code of Conduct.<sup>100</sup>

4.107 OMARA is empowered to investigate complaints about registered migration agents. If it finds an individual has breached the migration agents' Code of Conduct, established under Section 314 of the *Migration Act 1958*, it can discipline them with one of the following actions:

- caution them;
- suspend their registration;
- cancel their registration; or
- bar them from re-registering for a period of up to 5 years.<sup>101</sup>

4.108 Mr Greg Isolani, a lawyer with experience in veterans' law, pointed out that OMARA exists so that only registered migration agents and legal practitioners can charge for migration advice services. He explained that migration agents are not only registered but also regulated by OMARA and that this, together with a code of conduct, ensures migration agents are held to high standards when charging clients for immigration services (such as providing information and advice to potential migrants, preparing and lodging visa applications, and legally representing clients during visa processing and interactions with review bodies). Mr Isolani suggested the government establish an equivalent authority for the veterans' advocacy sector to register and accredit advocates to provide proper regulation and oversight.<sup>102</sup>

4.109 He argued a model like OMARA was worthy of government consideration, detailing:

...this is really the time to step in and take on leadership, and not let the free market determine who can hang up a shingle unregistered, with no professional indemnity insurance and charge a percentage with no regulation of that, as opposed to lawyers who have the skillset, qualification, paid professional indemnity insurance and very clear notices of rights and governance.<sup>103</sup>

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<sup>100</sup> Office of the Migration Agents Registration Authority, *Who we are and what we do*, 11 August 2025, <https://www.mara.gov.au/about-us/what-we-do> (accessed 9 October 2025).

<sup>101</sup> Office of the Migration Agents Registration Authority, *Who we are and what we do*, 11 August 2025, <https://www.mara.gov.au/about-us/what-we-do> (accessed 9 October 2025).

<sup>102</sup> Mr Greg Isolani, *Submission 11*, p. 12; Mr Greg Isolani, Partner, KCI Lawyers, *Proof Committee Hansard*, 26 September 2025, pp. 27–28.

<sup>103</sup> Mr Greg Isolani, Partner, KCI Lawyers, *Proof Committee Hansard*, 26 September 2025, p. 28.

4.110 Operational Legal Australia, a law firm that provides fee-for-service advocacy, suggested that OMARA would be a good model to replicate and recommended the establishment of an equivalent body for the veteran advocacy sector to register all advocates and lawyers wishing to undertake compensation advocacy.<sup>104</sup>

4.111 RSL LifeCare advised that it supported the establishment of a regulatory framework similar to the one operated by OMARA. It stated:

A migration agent-style regulatory framework for veteran advocates is essential, as it would address long-standing gaps in oversight and quality, protect veterans from financial exploitation, support implementation of the VETS Act, and align with expert recommendations from five major reviews...<sup>105</sup>

### **Ideas to improve the quality of advocacy services**

4.112 The committee received suggestions on how to improve the quality of advocacy services available to veterans by:

- improving the Advocacy Training and Development Program (ATDP); and
- expanding Commonwealth funding for free-to-the-veteran advocacy via reform of the BEST Grants Program.

### **Improving the Advocacy Training and Development Program**

4.113 As set out in Chapter 3, the ATDP is a partnership between DVA and ESOs that offer free advocacy services to the veteran community which aims to ensure that ESO advocates meet national standards before they give advice to the veteran community. While it offers nationally accredited training in military advocacy, it is not mandatory and is not available to individuals unless they are sponsored by an ESO.

4.114 Submitters recommended several ways to improve the ATDP, including by streamlining the training courses and requiring that it be mandatory (and therefore accessible) to all advocates, regardless of whether they operate under a fee-for-service or free-to-the-veteran model.

### ***Streamlined and improved courses***

4.115 RSL NSW highlighted the burden that current training courses place on ESO advocates, given they were often lengthy and required a considerable commitment for a role that was often voluntary. It proposed the clustering of training modules to allow advocates to undertake multiple courses

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<sup>104</sup> Operational Legal Australia, *Submission 41* (47<sup>th</sup> Parliament), p. 24.

<sup>105</sup> RSL LifeCare, answers to questions on notice, 26 September 2025 (received 7 October 2025).

concurrently. It also recommended expanded, long-term funding for the ATDP to support the provision of high-quality training.<sup>106</sup>

4.116 Similarly, the TPI Association SA asserted that the time and complexity required to progress through the ATDP can discourage advocates from completing training. It acknowledged that, although rigorous training standards are essential, there should be a fast-tracked pathway for experienced professionals.<sup>107</sup>

4.117 Legacy Australia argued that the ATDP should be administered by an independent body such as the IVA rather than DVA. It recommended that the ADTP process be simplified and include more practical, scenario-based training rather than prolonged mentorship periods. It was of the view this approach would accelerate the qualification process while maintaining high standards. Additionally, it recommended that training should include specialised streams (e.g. compensation claims and family and widow claims) to better prepare advocates for the diverse needs of the ADF community.<sup>108</sup>

#### *Mandatory and accessible for all advocates*

4.118 Although the ATDP provides the opportunity for ESO advocates to become accredited, it is not mandatory. RSL Victoria expressed concern regarding this lack of regulation and highlighted the substantial disparities in the competence of ESO advocates. It highlighted that without mandatory training veterans are subject to a 'pot luck' system where they must hope to engage with an advocate that has the necessary expertise to assist.<sup>109</sup>

4.119 RSL LifeCare also pointed out that participation in the ATDP was voluntary and resulted in an uneven quality of service for veterans. To address this, it recommended that all individuals providing advocacy services be required to hold mandatory accreditation under a national scheme. It clarified that this would mean an advocate must have completed appropriate training modules and attained at least the relevant level of competency before representing a veteran in a Veterans Review Board (RVB) hearing or assisting with a claim.<sup>110</sup>

4.120 The committee also heard that the ATDP should be accessible to all types of veteran advocates, not just free-to-the-veteran ESO sponsored advocates. For example, the ASASA recommended that both paid and voluntary advocates be

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<sup>106</sup> RSL NSW, *Submission 4* (47<sup>th</sup> Parliament), [p. 6].

<sup>107</sup> TPI-SA, *Submission 6* (47<sup>th</sup> Parliament), pp. 4–5.

<sup>108</sup> Legacy Australia, *Submission 11* (47<sup>th</sup> Parliament), pp. 1, 4–5.

<sup>109</sup> RSL Victoria, *Submission 3* (47<sup>th</sup> Parliament), p. 14.

<sup>110</sup> RSL LifeCare, *Submission 5* (47<sup>th</sup> Parliament), p. 5.

subject to mandatory accreditation and ethical standards.<sup>111</sup> RSL Queensland also stated that it would be in the interest of fee-for-service providers to have access to the ATDP and that it would support an initiative to charge commercial entities for access.<sup>112</sup>

4.121 A number of fee-for-service providers also recommended that the ATDP be opened to commercial advocates.<sup>113</sup> For example, Veterans First Consulting, a fee-for-service provider, emphasised that there is no formal pathway similar to the ATDP available to commercial advocates. It recommended an ‘overhaul and modernisation’ of the training which would be available to all types of advocates.<sup>114</sup>

4.122 Fee-for-service provider AVA was of the view that the ATDP (or its successor) be available to all advocates, with commercial operators being suitably charged. It also recommended that DVA’s advocate and delegate information sharing sessions also be open to commercial advocates.<sup>115</sup>

### **Expanding funding for ESO free-to-the-veteran advocacy**

4.123 Some submitters recommended that the Commonwealth Government expand funding for free-to-the-veteran advocacy, referencing the 2024 recommendation from Royal Commission into Defence and Veteran Suicide (the Royal Commission) to replace the BEST Grants Program.

### ***Background on the BEST Grants Program***

4.124 The BEST Grants Program is administered by DVA and supports the work of ESOs in providing advocacy services. It is offered as an annual, demand driven grant program for ESOs, with one funding round each financial year. Funding is allocated based on a funding formula developed by DVA in conjunction with the ESORT.<sup>116</sup>

4.125 DVA advised that the objectives of the BEST program were to assist ESOs to:

- improve the quality of claims received by DVA at the primary determining level;
- reduce the rate of appeals to the Veterans’ Review Board and the Administrative Review Tribunal; and

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<sup>111</sup> Australian Special Air Services Association, *Submission 12* (47<sup>th</sup> Parliament), p. 5.

<sup>112</sup> RSL Queensland, *Submission 15* (47<sup>th</sup> Parliament), p. 16.

<sup>113</sup> See for example: Veteran Domestic Solutions, *Submission 24* (47<sup>th</sup> Parliament), [pp. 6–7]; VetComp, *Submission 27* (47<sup>th</sup> Parliament), [pp. 5–6]; Life After Defence, *Submission 32* (47<sup>th</sup> Parliament), p. 13.

<sup>114</sup> Veterans First Consulting, *Submission 26* (47<sup>th</sup> Parliament), pp. 7–8.

<sup>115</sup> Australian Veteran Advocacy, *Submission 43* (47<sup>th</sup> Parliament), p. 3.

<sup>116</sup> Department of Veterans’ Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 12.

- promote the provision of wellbeing services to the veteran and defence community.<sup>117</sup>

4.126 DVA informed the committee that the annual nature of the grant funding creates an ‘artificially short horizon for ESOs’. It noted that a number of ESOs rely on BEST funding as a regular part of their revenue stream and that moving to multi-year funding would enable ESOs to recruit and retain appropriately skilled advocates on a longer-term basis.<sup>118</sup>

4.127 DVA also advised total funding offered through the BEST Program in 2025–26 was \$4.818 million. It noted that, while the quantum of BEST Program funding has not increased (other than for indexation) since 2005, the amount of funding sought by ESOs is continuing to increase.<sup>119</sup>

### ***Recommendation from the Royal Commission to replace BEST***

4.128 As outlined in Chapter 1, the Royal Commission explored the support available for veterans wanting to lodge a liability of compensation claim for a service-related condition with DVA. As part of identifying that the current advocacy system was unsustainable and failing to meet veterans’ needs, it raised specific concerns regarding the effectiveness of the BEST Grants Program.<sup>120</sup>

4.129 For example, it commented:

We do not believe the current annual grants-based funding model provides sufficient incentive to sustain a highly skilled workforce, let alone grow it, which is essential given the increased numbers of claims and an increase in their complexity. BEST grants are application-based, which does not guarantee equitable service coverage or ensure funding is allocated based on need. They are delivered annually with the requirement to spend all funds within the corresponding financial year. There is no demand projection model that underpins funding calculations, or demographic analysis to ensure veterans’ needs are met, such as there being a sufficient number of female advocates to work with female veterans.<sup>121</sup>

4.130 Recommendation 99 of the final report recommended the replacement of the BEST Grants Program to ‘improve compensation advocacy by funding professional, paid advocates.’ It proposed:

The Australian Government should replace the Building Excellence in Support and Training (BEST) grant program with an ongoing, demand-

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<sup>117</sup> Department of Veterans’ Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 12.

<sup>118</sup> Department of Veterans’ Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 12.

<sup>119</sup> Department of Veterans’ Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 12.

<sup>120</sup> Royal Commission into Defence and Veteran Suicide, *Final Report: Volume 5*, 9 September 2024, p. 441.

<sup>121</sup> Royal Commission into Defence and Veteran Suicide, *Final Report: Volume 5*, 9 September 2024, pp. 448.

driven funding program for professional, paid veteran compensation advocates. At a minimum, the amount of funding should be increased to provide compensation advocacy for:

- (a) all veterans who need support to submit a liability and/or compensation claim with the Department of Veterans' Affairs
- (b) all veterans seeking an internal or external review of a claims decision.

Funding allocations should be for a minimum of three years to provide employment stability. They should be designed to ensure equitable geographic service coverage and meet the diverse demographic needs of the veteran population, including female veterans and LGBTIQ+ veterans.<sup>122</sup>

4.131 In its December 2024 response to the final report, the Commonwealth Government indicated in-principle agreement to the Royal Commission's recommendation regarding the BEST Grants Program.<sup>123</sup>

### ***Calls for expanded funding and implementation of Recommendation 99***

4.132 Submitters to the inquiry called for increased funding to improve free-to-the-veteran advocacy services from ESOs, specifically referencing the Royal Commission's recommendation regarding the BEST Grants Program.

4.133 For example, RSL NSW noted that, while ESOs possess a deep cultural understanding and strong community trust and are therefore well-placed to deliver advocacy services, greater government support and investment was required. It warned that, without this, veterans may increasingly turn to commercial alternatives, unaware of the cost implications or availability of fee-free options. It urged the Government to implement the Royal Commission's recommendation.<sup>124</sup>

4.134 RSL LifeCare also called for an expansion of funding for free-to-the-veteran advocacy, stating that current reliance on the BEST program was unsustainable. Mrs Janet Muir, Chief Executive Officer, explained:

Mentoring and supervision demands are stretching volunteers, and the advocate cohort is ageing, and our recruitment pipeline is weak. We recommend a review of BEST with multiyear index funding tied to caseload complexity; dedicated funding for supervision, mentoring and CPD [continuous professional development]; support for smaller and regional

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<sup>122</sup> Royal Commission into Defence and Veteran Suicide, *Final Report: Volume 5*, 9 September 2024, p. 450.

<sup>123</sup> Australian Government Response to the Final Report of the Royal Commission into Defence and Veteran Suicide, December 2024, p. 121.

<sup>124</sup> RSL NSW, *Submission 4* (47<sup>th</sup> Parliament), [p. 5]. See also Mr Isaac Ohlin, General Manager, Policy and Services, RSL NSW, Proof Committee Hansard, 26 September 2025, p. 32.

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ESOs to stay active; targeted investment in recruitment; and outcome measures that prioritise quality submissions and timely resolutions.<sup>125</sup>

4.135 RSL LifeCare argued that investing in properly resourced ESO advocacy would ensure free expert representation for veterans and reduce the real and perceived necessity for veterans to engage commercial advocates. It commented that this would preserve veteran choice while safeguarding against exploitative practices and ensuring equitable access to advocacy support.<sup>126</sup>

4.136 RSL Victoria characterised Recommendation 99 as a ‘welcome and overdue step forward’ to addressing the challenges present in the advocacy system. It argued that establishing funded, professional roles within the system would be an acknowledgment by government of the need for a ‘sustainable, credible and accountable workforce’ and a shift towards recognising advocacy as a legitimate career path rather than an ‘ad hoc volunteer activity’.<sup>127</sup>

4.137 DVA did not provide the committee with a detailed update on the implementation status of Recommendation 99, stating only that it was ‘working closely’ with the relevant Department of Prime Minister and Cabinet taskforce on the recommendation.<sup>128</sup>

#### **A national veterans’ legal service**

4.138 The committee heard that the former Defence and Veterans Legal Service (DAVLS), which operated during the Royal Commission into Defence and Veteran Suicide, was an ideal model to respond to veterans’ legal needs on a national basis. Submitters advised that the establishment of a national veterans’ legal service based on DAVLS could be part of a viable solution to the ongoing challenges in the current veterans’ advocacy system.

4.139 DAVLS was established in September 2021 as a free national service to provide independent information and legal advice to support ADF personnel and veterans, as well as their families, carers and supporters, to safely share their experiences with the Royal Commission into Defence and Veteran Suicide.<sup>129</sup> It was funded by the Commonwealth Government through National Legal Aid

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<sup>125</sup> Mrs Janet Muir, Chief Executive Officer, RSL LifeCare, *Proof Committee Hansard*, 26 September 2025, p. 31.

<sup>126</sup> RSL LifeCare, *Submission 5* (47<sup>th</sup> Parliament), p. 3.

<sup>127</sup> RSL Victoria, *Submission 3* (47<sup>th</sup> Parliament), p 15.

<sup>128</sup> Department of Veterans’ Affairs, *Opening statement*, p. 2 (tabled 26 September 2025). See also Mr Andrew Kefford, Deputy Secretary, Policy and Programs Group Department of Veterans’ Affairs, *Proof Committee Hansard*, 26 September 2025, p. 48.

<sup>129</sup> Defence and Veterans Legal Service, *Welcome to Defence and Veterans Legal Service*, [www.defenceveteranslegalservice.org.au/Home](http://www.defenceveteranslegalservice.org.au/Home) (accessed 8 October 2025).

and operated until 30 September 2024, when it closed due to the cessation of Commonwealth funding.<sup>130</sup>

- 4.140 The DAVLS model was developed in close association with VAS within Legal Aid NSW. It assisted over 1500 veterans and family members to make submissions to the Royal Commission, attend private sessions with Commissioners and give evidence at formal hearings. The final report of the Royal Commission subsequently acknowledged the success of DAVLS and its important role in supporting the veteran community.<sup>131</sup>
- 4.141 During its operation, DAVLS heard many stories about missed entitlements, incorrect discharges, inability to navigate the bureaucracy and distress at the failure of the community's duty of care in respect of their service-related injuries and conditions. In response to this, DAVLS established an entitlements service similar to VAS but serving all jurisdictions outside NSW.<sup>132</sup>
- 4.142 VAS explained that this extension was led by a VAS staff member on secondment and supported by other VAS and Legal Aid NSW staff, and also involved the entitlements officer mentoring several of the Royal Commission lawyers towards the end of the DAVLS service.<sup>133</sup>
- 4.143 National Legal Aid reported that the majority of the legal assistance DAVLS provided to individuals involved the navigation of the veteran entitlements system.<sup>134</sup>
- 4.144 The entitlements service within DAVLS was a core part of the organisation's activities. Upon its closure, DAVLS was no longer able to provide assistance to veterans or ADF members with lodging DVA claims.<sup>135</sup>

### ***Reasons for the success of DAVLS***

- 4.145 VAS informed the committee that there were distinct reasons for the success of DAVLS, and that these elements could be emulated to provide veterans with quality, independent and free advocacy assistance.

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<sup>130</sup> Defence and Veterans Legal Service, *An important update on the closure of this service*, [www.defenceveteranslegalservice.org.au/Events-and-News/Latest-news/An-important-update-about-the-closure-of-this-service](http://www.defenceveteranslegalservice.org.au/Events-and-News/Latest-news/An-important-update-about-the-closure-of-this-service) (accessed 8 October 2025).

<sup>131</sup> Veterans' Advocacy Service, Legal Aid NSW, *Submission 7* (47<sup>th</sup> Parliament), p. 21.

<sup>132</sup> Veterans' Advocacy Service, Legal Aid NSW, *Submission 7* (47<sup>th</sup> Parliament), p. 21.

<sup>133</sup> Veterans' Advocacy Service, Legal Aid NSW, *Submission 7* (47<sup>th</sup> Parliament), p. 21.

<sup>134</sup> National Legal Aid, *Submission 14* (48<sup>th</sup> Parliament), [p. 1].

<sup>135</sup> Defence and Veterans Legal Service, *Defence and Veterans Legal Service Newsletter — Final issue — September 2024*, <https://www.defenceveteranslegalservice.org.au/Events-and-News/Latest-news/Newsletter-final-issue-September-2024#toc-3> (accessed 8 October 2025).

4.146 For example, it indicated that DAVLS' effectiveness stemmed from adequate funding, committed staff, trauma informed practices, responsiveness to veterans' needs, a central coordinating unit and a multi-disciplinary team. It further explained:

DAVLS lawyers operated from Legal Aid offices in each state and the Australian Capital Territory. DAVLS promoted itself to the wider community of veterans through a dedicated website and communications worker, who could engage with social media as well as more traditional forms of communication. The service had a national 1800 phone number and specialist intake team, based in Queensland.

The team's structure allowed DAVLS lawyers to focus on direct assistance and community engagement, supported by an engagement officer and a small administrative team that handled resources, training, and operational tasks. A full-time social worker was also employed to assist distressed clients, manage referrals, and support those at risk of self-harm.<sup>136</sup>

#### *DAVLS as a model for a national veterans' legal service*

4.147 VAS drew the committee's attention to an independent evaluation of DAVLS conducted in 2024 led by Professor Chris Maylea from La Trobe University. It highlighted that, using the lessons from DAVLS, the evaluation had developed a model for a future national veterans' legal service. The proposed model would establish a national specialist service focused on veterans' entitlements, with provision for ancillary matters and secondary consultation for other professionals. As part of this, the service would:

- incorporate an integrated interdisciplinary approach to provide holistic support to veterans (e.g. by bringing together entitlements officers, solicitors, social workers and financial counsellors);
- offer central coordination and a national Infoline to ensure accessibility across Australia; and
- have teams based in key states with substantial veteran populations and increased funding for other jurisdictions to ensure equity of access for all veterans.<sup>137</sup>

4.148 VAS advised that the evaluation found that such a service would likely improve access to entitlements for veterans and in so doing would contribute to improved mental health reductions in veteran suicide.<sup>138</sup>

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<sup>136</sup> Veterans' Advocacy Service, Legal Aid NSW, *Submission 7* (47<sup>th</sup> Parliament), p. 21.

<sup>137</sup> Veterans' Advocacy Service, Legal Aid NSW, *Submission 7* (47<sup>th</sup> Parliament), p. 23.

<sup>138</sup> Veterans' Advocacy Service, Legal Aid NSW, *Submission 7* (47<sup>th</sup> Parliament), p. 23.

- 4.149 To that end, VAS recommended that a National Veterans' Service based on the Legal Aid NSW Veterans' Advocacy Service model, and as expanded in DAVLS, be established and funded through the National Access to Justice Partnership.<sup>139</sup>
- 4.150 National Legal Aid also referenced the independent evaluation of DAVLS and its recommendation to develop a national model. It advised that the estimated cost of the model would be \$8 million per annum.<sup>140</sup>
- 4.151 National Legal Aid expressed support for a national service that provides legal assistance to veterans to navigate the entitlements and compensation systems. It noted that Legal Aid in states and territories would be well placed to deliver such a service provided free to veterans experiencing disadvantage, and would address current issues, including the high fees charged by some fee-for-service advocates and the variable quality of legal assistance and advocacy.<sup>141</sup>
- 4.152 RSL NSW made mention of the valuable work of DAVLS and noted that no replacement service had been established, which left a 'dangerous gap' in legal coverage for veterans, particularly in rural and remote areas. It urged the Commonwealth government to expand public legal services, such as the VAS at Legal Aid NSW, and consider the establishment of a national veterans' legal service.<sup>142</sup>

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<sup>139</sup> Veterans' Advocacy Service, Legal Aid NSW, *Submission 7* (47<sup>th</sup> Parliament), p. 23.

<sup>140</sup> National Legal Aid, *Submission 14* (47<sup>th</sup> Parliament), [p. 4].

<sup>141</sup> National Legal Aid, *Submission 14* (47<sup>th</sup> Parliament), [p. 4].

<sup>142</sup> Mr Isaac Ohlin, General Manager, Policy and Services, RSL NSW, *Proof Committee Hansard*, 26 September 2025, p. 32.

# Chapter 5

## Committee views and recommendations

### **An urgent need for regulation**

- 5.1 In the collective view of the committee, it is incumbent on the government to put in place appropriate legal and regulatory oversight of the advocacy sector to ensure a quality and transparent system for veterans and to safeguard the integrity of the Department of Veterans' Affairs (DVA) entitlements system.
- 5.2 To this end, the committee acknowledges the recent government initiatives to streamline and simplify the entitlements system and claims lodgement process, including the harmonisation of the veterans' entitlements legislation and improvements to DVA processes.
- 5.3 However, despite these improvements, the committee considers that advocacy will continue to play a critical role in helping veterans navigate the complex compensation and support systems. This is because it understands that there will always be veterans that choose to seek advocacy assistance to access their entitlements, be it for reasons relating to time, desire, capability or capacity.
- 5.4 The committee's primary concern is that, where veterans require advocacy assistance to access their entitlements and navigate the DVA claims system, such support is provided by advocates that hold a genuine interest in veteran welfare and wellbeing, not individuals or companies driven purely by profit.
- 5.5 The purpose of veterans' advocacy is not to generate profits for private businesses but to ensure the best possible outcomes for veterans and their families. Additionally, the committee is mindful that the quality and timeliness of advocacy can have direct impacts on a veteran's long-term recovery, financial stability and wellbeing.
- 5.6 Accordingly, the committee believes it is imperative that the advocacy services available to veterans are readily available, high quality and properly regulated.
- 5.7 The committee is very concerned by evidence suggesting that some fee-for-service providers seek to capitalise on the complexity of the DVA entitlements system, which is often difficult for veterans to navigate without the support of a compensation advocate, for their own gain. The committee's concern in this regard is compounded by DVA's evidence of perverse outcomes flowing from the additional government funding intended to address the backlog of DVA claims, which has in part driven predatory behaviours and the establishment of cynical business models by commercial providers.
- 5.8 The committee recognises the importance of veteran choice and acknowledges there will be a proportion of the veteran community and their families that choose to seek advice for which they are prepared to pay. However, the

committee believes that all advocates must be independent, have the best interests of veterans at heart, and be effectively regulated and transparent, so that veterans can make informed choices from a range of advocacy options that are effective, fair and ethical.

- 5.9 In this regard, the committee is alarmed by the evidence of the harm to veterans and their families due to the current state of the veterans' advocacy sector, which is subject to extremely limited regulatory and professional oversight of work standards and conduct. The committee heard and accepts that this lack of regulation has significant detrimental impacts on veteran compensation outcomes and wellbeing more generally. To leave the current policy and regulatory settings around advocacy unchanged would leave veterans, many of whom are vulnerable, open to exploitation from unscrupulous providers, a situation that the committee agrees is unacceptable.
- 5.10 Therefore, in conjunction with work to streamline and simplify the claims process, work must also be done to improve and regulate the advocacy space. To the committee's mind, this will ensure that veterans and their families that need or indeed choose to use an advocate have assurance that they will receive a professional and ethical service which does not seek to financially exploit them.

### **Concerns with poor behaviour and business models of fee-for-service advocates**

- 5.11 The committee firstly wishes to reassure veterans and their families that DVA is statutorily obliged to investigate and determine all validly lodged claims, regardless of how they are lodged. DVA has an obligation to take a beneficial view in favour of veterans within legislative parameters when determining claims.
- 5.12 Additionally, the committee wishes to highlight DVA's evidence that all claims, regardless of how they are lodged, are prioritised and assessed based solely on vulnerability, eligibility and legislated processes. Whether a veteran uses an advocate, at a cost or not, has no bearing on decision-making pathways or timelines.
- 5.13 Given the pivotal role of DVA as the Commonwealth department receiving, assessing and determining veterans' claims for statutory entitlements, the committee is particularly interested in the department's observations outlining the negative impacts of commercial entities operating in the fee-for-service advocacy space.
- 5.14 The committee is particularly concerned by the evidence from DVA and other submitters regarding aggressive and irregular behaviour by commercial advocacy entities. Additionally, it is troubled to hear of the extent to which

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fee-for-service businesses are able to financially exploit veterans due to the total absence of regulation in the sector.

- 5.15 The committee considers it inappropriate that commercial entities are free to charge exorbitant fees to assist veterans to access statutory entitlements. In particular, it is of the view that commission- and contingency-based fees generate an inherent conflict of interest that, unregulated and uncapped, are likely if not certain to result in veterans paying unreasonable amounts for advocacy services.
- 5.16 Further, the committee is strongly of the view that for-profit providers should not be allowed to engage in deceptive and unethical conduct and profit hugely from veterans, particularly when it has the consequence of diminishing veterans' statutory entitlements and contributing to their financial stress and disadvantage.
- 5.17 The committee is also concerned by the evidence around highly questionable ethical practices in relation to the generating of medical reports via vertically-integrated business models between fee-for-service advocacy providers and affiliated medical providers. Practices that are designed to generate income through the churning of low-value and non-compensable claims not only impact negatively on the financial and mental well-being of veterans, but also place great strain on the administration of the veterans' compensation scheme.
- 5.18 The committee shares the foundational concern of DVA,<sup>1</sup> and a number of submitters and witnesses, regarding the use of fee-for-service advocates in Australia's statutory veterans' entitlements scheme. Rightly, this scheme provides that veterans claims are assessed according to a statutory formula, which means that the use of an advocate has no impact on how a claim is determined, or the level of compensation to which a veteran is ultimately entitled. It follows that commission-based fees siphon off a percentage of a veteran's compensation amount, meaning that the payment to the veteran is less than what it would otherwise have been.
- 5.19 As a result, the committee encourages the Australian Government to look into what legislative action is available to curb harmful or deceptive business practices, including the possibility of fee caps and limitations on vertically-integrated business models.
- 5.20 The committee also urges the Commonwealth Government to commit to a targeted public awareness campaign to educate veterans and serving Australian Defence Force members of the risks of engaging with commercial advocates.

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<sup>1</sup> Mr Andrew Kefford, Deputy Secretary, Policy and Programs Group, Department of Veterans' Affairs, *Proof Committee Hansard*, 26 September 2025, p. 44.

- 5.21 The committee also considers there is merit in the Commonwealth Government taking steps to ban misleading advertising from commercial advocacy providers, or requiring all commercial advocacy providers to prominently inform veterans of free advocacy alternatives on their websites or marketing materials.
- 5.22 The committee is of the view that the data of Australian veterans must not be handled outside Australian jurisdiction, given the data security risks. It would like to see the Commonwealth Government explore the possibility of restrictions to eliminate the specific national security and personal privacy risks posed by offshore advocacy providers, including a prohibition on undisclosed offshore handling of veterans' personal or medical information.

### **Recommendation 1**

- 5.23 The committee recommends that the Department of Veterans' Affairs explore potential legislative action to curb harmful and deceptive business practices in the commercial veterans' advocacy sector, including but not limited to the imposition of fee caps.**

### **Recommendation 2**

- 5.24 The committee recommends that the Department of Veterans' Affairs and Department of Defence initiate a targeted public education and awareness campaign to better inform current and former Australian Defence Force personnel of the potential risks of engaging commercial, fee-for-service veterans' advocates.**

### **Recommendation 3**

- 5.25 The committee recommends that the Australian Government explore measures to require transparency in advertising and service agreements from all entities offering veterans' advocacy.**

### **Recommendation 4**

- 5.26 The committee recommends that the Department of Veterans' Affairs investigate solutions to address the specific national security and personal privacy risks posed by offshore commercial advocacy providers and offshore data handling.**

## **Increasing the capacity and capability of free-to-the-veteran advocacy services**

- 5.27 The committee recognises the concerns with the capacity and sustainability of the current free-to-the-veteran model underpinned by the work of ex-service organisations (ESOs). The committee values the role of free-to-the-veteran

advocacy and believes it should and will continue to play a large part in providing support to veterans.

- 5.28 However, while the committee acknowledges the long-term and ongoing role and efforts of the ESOs in the advocacy space, it highlights that the challenges in this sector have been well documented by various reviews over recent years. The committee agrees broadly with previous findings that, without increased government support and particularly funding, the free-to-the-veteran advocacy system will remain insufficient to meet the need of veterans and their families. The committee also acknowledges and welcomes the fact that DVA actively promotes the free-to-the-veteran services available from ESOs to veterans, but notes that such services must be fit for purpose and matched to demand in order to be effective.
- 5.29 The committee therefore calls for the Australian Government to invest further in improving the quality, capacity and capabilities of the free-to-the-veteran services.
- 5.30 The committee notes the evidence received by the inquiry that a service like the former Defence and Veterans' Legal Service (DAVLS) could provide a viable and effective solution to the current concerns with the advocacy sector by providing independent, quality-controlled, accessible and free advocacy services for veterans seeking assistance to access their statutory entitlements. In so doing, such a service would reduce pressure on current ESO advocates and provide veterans with an effective alternative to fee-for-service advocacy providers.
- 5.31 The committee concurs in particular with the findings of the Royal Commission into Defence and Veteran Suicide (Royal Commission), which set out the effectiveness of DAVLS in supporting veterans to engage with the Royal Commission; and agrees there is considerable merit in proposals to establish or replicate a DAVLS-style service to provide ongoing, government-funded legal and advocacy assistance to veterans.
- 5.32 Additionally, the committee urges the Australian Government to expand funding for ESO free-to-the-veteran advocacy services by implementing Recommendation 99 of the Royal Commission regarding the replacement of the Building Excellence in Support and Training (BEST) Grants Program.

## **Recommendation 5**

- 5.33 The committee recommends the establishment of a National Veterans' Legal Service based on the former Defence and Veterans' Legal Service and current Veterans' Advocacy Service run through Legal Aid New South Wales, and funded through the National Access to Justice Partnership.**

## **Recommendation 6**

**5.34 The committee recommends the Australian Government implement Recommendation 99 of the Royal Commission into Defence and Veteran Suicide as a matter of urgency.**

### **The responsibility of government to veterans**

5.35 The committee sees an urgent need for robust and effective regulatory oversight of the veterans' advocacy sector to ensure that veterans receive quality, ethical and accountable advocacy services.

5.36 Given the potential for conflicts of interest and the record of poor behaviour by commercial advocates, the committee suggests it is inappropriate to leave the critical task of regulation and professional oversight to a self-regulatory framework, particularly one that may be created by fee-for-service providers motivated primarily by financial interests. The Australian Government therefore must take responsibility for and a leading role in establishing a strong, practical regulatory framework.

5.37 By ensuring a well-regulated sector the Australian Government will ensure that the expenditure of taxpayer money is done judiciously in accordance with the aims of the military compensation system, to the benefit of the veterans and their families which it is intended to benefit, rather than to the bottom lines of for-profit entities.

5.38 More broadly, in meeting its responsibility to ensure proper regulation that promotes an ethical and effective advocacy sector, the Australian Government will uphold the social contract between the nation and veterans and their families, which requires those who have served to be adequately supported to deal with the consequences of their service.

### ***Institute of Veterans Advocacy***

5.39 The committee acknowledges the work undertaken so far to establish the Institute of Veterans Advocacy (IVA) and appreciates there is still a way to go before the body is operational and can begin reforming the advocacy sector.

5.40 The committee also acknowledges the many submitters to the committee who expressed support for the IVA and its purpose, and notes that DVA's consultation with the veteran community also found high levels of support for its establishment.

5.41 However, based on the evidence received, the committee has concerns about the ability of the IVA to succeed in its proposed role of overseeing the advocacy sector to realise higher service, training and professional standards.

5.42 Firstly, the committee is concerned to hear that the IVA as currently structured is not financially viable. The committee notes that the IVA itself admitted that its proposed membership fee structure will not be sufficient to cover ongoing

operational costs, and that it will need to seek corporate sponsorship and donations to make up the difference.

- 5.43 The committee thinks that this plan is wholly unsatisfactory. It is not appropriate that the national body tasked with regulating Australia's veterans' advocacy sector is financially unviable from the outset. The committee considers that it is not acceptable for such an important body to be reliant on corporate sponsorship and philanthropic donations to operate.
- 5.44 The committee highlights that DVA appears to harbour similar concerns, given that it noted that 'the financial viability of the Institute is something that may need to be considered by future Governments'.<sup>2</sup>
- 5.45 The committee believes that, in order to operate effectively, the IVA will require financial stability based on a clear funding plan for long-term sustainability. The committee is of the view that the government must take responsibility for this and provide sufficient and ongoing funding to the IVA.
- 5.46 Secondly, the committee is concerned that the voluntary nature of IVA membership will mean that unscrupulous or ineffective advocates will be simply able to choose not to seek IVA membership and continue to provide services to veterans. In such instances, the IVA will have no power to sanction or intervene. Additionally, the committee is concerned that, even in relation to non-compliant advocates that are accredited members, the IVA will not have sufficient powers to impose meaningful penalties or sanctions.
- 5.47 In light of the two core concerns outlined above, the committee considers that an independent body modelled on the Office of the Migration Agents Registration Authority (OMARA) may be a more appropriate and effective approach to providing regulatory oversight of the veterans' advocacy sector.
- 5.48 The committee notes that the key features of such a body would be a requirement for mandatory registration of advocates, legislative power to investigate complaints and take concrete disciplinary action, and the backing of Commonwealth infrastructure and funding (with the potential for cost recovery charging to provide financial self-sustainability in the longer term). Further, the committee considers that, like OMARA, the powers and functions of such a body should be set out in legislation, and could include:
- requiring all advocates to be accredited and registered on an official public register;
  - ensuring that registered advocates understand their obligations;
  - ensuring that registered advocates maintain the knowledge they need to give clients accurate advice;
  - helping veterans who need advocacy assistance understand their rights;

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<sup>2</sup> Department of Veterans' Affairs, *Submission 13* (47<sup>th</sup> Parliament), p. 10.

- investigating and handling complaints about registered advocates; and
  - disciplining registered advocates who fail to meet a mandatory code of conduct, with options including cautions, bans and the suspension or cancellation of registration.
- 5.49 The committee intends to maintain a watching brief on the IVA's progress towards being fully operational. It encourages DVA to continue to work closely with the IVA and to take into consideration how elements of the OMARA model of regulation could be usefully applied to the veterans' advocacy sector. It also encourages the Australian Government to provide ongoing funding to the IVA to ensure its financial viability.

### **Recommendation 7**

- 5.50 **The committee recommends that the Department of Veterans' Affairs work closely with the Institute of Veterans Advocacy (IVA) as it becomes operational to ensure that it provides effective professional oversight and regulation of the veterans' advocacy sector. As part of this, the Australian Government should provide sufficient funding to the IVA to ensure its financial viability and consider how elements of the Office of the Migration Agents Regulation Authority could be usefully applied to the IVA and the regulation of the veterans' advocacy sector.**
- 5.51 **After two years of operation, the Australian Government should formally evaluate the effectiveness and financial viability of the IVA.**

**Senator the Hon Sarah Henderson**  
**Chair**  
**Liberal Senator for Victoria**

# Jacqui Lambie Network's additional comments

## Introduction

- 1.1 On 13 February 2025, I received unanimous support from the Senate to establish this inquiry within the Senate Foreign Affairs, Defence and Trade References Committee (committee) to investigate the effectiveness and integrity of advocacy services available to veterans' seeking compensation and income support. This inquiry arose from numerous complaints to my office from veterans, their families and advocates concerning the conduct of certain advocacy providers and the government's lack of action to address these issues.
- 1.2 At the commencement of the 48<sup>th</sup> Parliament, the inquiry was re-established with bipartisan support, reflecting a shared understanding that the current system is not meeting the needs of the veterans it is intended to serve.
- 1.3 Despite multiple reviews and recommendations, continued government inaction has allowed a growing number of unregulated operators to exploit vulnerable veterans, delaying or denying their access to compensation and care. Establishing this inquiry was therefore essential to restore accountability, structure and urgency to an issue that has been neglected for far too long.
- 1.4 When individuals join the Australian Defence Force (ADF), they swear an oath to serve the sovereign, heirs and successors, to resist their enemies and faithfully discharge their duty according to law. In doing so, they become part of a team, one that demands a level of commitment and sacrifice few civilians are ever asked to make. Members of the ADF willingly forgo many rights and freedoms enjoyed by ordinary Australians, dedicating themselves to the defence of our nation, our communities and way of life. Given this profound commitment, it is only reasonable to expect they receive enduring support from the government and the people they have sworn to protect.
- 1.5 Access to compensation and wellbeing support through the Department of Veterans' Affairs (DVA) should be guided by principles of fairness, competence, transparency and respect. Sadly, evidence received by my office and this committee demonstrates that these standards are not always met.
- 1.6 The *Veterans' Entitlements Treatment and Support (Simplification and Harmonisation) Act 2025* (VETS Act), which comes into effect on 1 July 2026, marks the most substantial overhaul of the compensation and rehabilitation framework in decades. To ensure this reform delivers for those it is meant to serve, veterans must have access to advocates that understand the legislation, are competent and reliable. The success of the new system will depend on the quality and integrity of the support available to those navigating the system.
- 1.7 I would like to acknowledge the largely volunteer-based work undertaken by Australia's ex-service organisations (ESOs), particularly the RSLs and its

sub-branches, Legacy Australia, the Defence Force Welfare Association and others who provide fee-free advocacy services to veterans and their families. At the same time, I strongly believe that freedom of choice must remain central to any future framework. Veterans should retain the right to choose the advocacy pathway that best meets their needs, including fee-for-service advocacy models. Choice and protection are not mutually exclusive. What we must ensure is a regulated, sustainable and accountable framework that safeguards veterans' interests while maintaining diversity in service provision.

- 1.8 I would like to thank the many veterans, families and organisations who have contacted my office and contributed to this inquiry. These insights and experiences have been invaluable in shaping the approach to change and ensuring that reform is grounded in the realities of the defence and veteran community.
- 1.9 Also, I thank the committee and committee secretariat for the work they have done in relation to this inquiry.

### **Advocacy services**

- 1.10 My office has received many complaints about the proliferation of commercial fee-for-service advocates, their business practices or fees. The Committee heard that some of these entities charge excessive commissions and, in some cases, up to 20–25 per cent of a veteran's lump-sum compensation payment or impose high upfront fees that veterans cannot afford.<sup>1</sup> The Community and Public Sector Union (CPSU) reported that such businesses reflect 'attempts to game the system by inflating the list of claimable items and taking advantage of vulnerable veterans'.<sup>2</sup> The underlying concerns are about their motivation and behaviour.
- 1.11 These were reflected in concerns expressed by Mr Greg Isolani, who highlighted that the size of statutory lump sum payments under the *Military Rehabilitation and Compensation Act 2004* (MRCA) can exceed \$900,000 in cases involving multiple dependents. Such large sums are a significant commercial incentive for unscrupulous actors to enter the field.<sup>3</sup>
- 1.12 There were also claims that there have been instances of some profit driven providers appearing to collaborate with "veteran-centric" medical practitioners to manufacture or exaggerate claims. These practices are definitely unethical, quite probably illegal and should be properly investigated by the appropriate authority.

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<sup>1</sup> Defence Force Welfare Association, *Submission 3* (48<sup>th</sup> Parliament), p. 1; RSL Victoria, *Submission 3* (47<sup>th</sup> Parliament), p. 3; Veterans First Consulting, *Submission 26* (47<sup>th</sup> Parliament), p. 4.

<sup>2</sup> Community and Public Sector Union, *Submission 1* (48<sup>th</sup> Parliament), p. 2.

<sup>3</sup> Mr Greg Isolani, *Submission 11* (48<sup>th</sup> Parliament), p. 8.

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- 1.13 A matter which extends beyond the direct scope of this inquiry, is a veterans' right to retain their own medical practitioners rather than being compelled to consult practitioners preferred or appointed by DVA. The freedom to select a trusted healthcare provider is fundamental to achieving effective treatment outcomes. Veterans often present with complex physical and psychological conditions linked to their service, which requires personalised care. Restricting that choice risks undermining the quality of care and accuracy of medical assessments, inducing additional trauma, potentially leading to poorer health outcomes and delays in treatment. Allowing veterans to retain their own medical practitioners ultimately promotes better recovery, minimises duplication, and encourages greater confidence in the system designed to support them.
- 1.14 It concerns me that veterans might be forced to forgo a significant portion of their lawful entitlements in order to access support, that is fundamentally not by choice. However, recognising the practical realities such as limited resources and shortage of fee-free advocacy services, veterans should have the right to choose advocacy services that they believe best meets their needs. The growing demand for fee-for-service advocacy reflects deeper structural issues, most notably, the persistent unmet demand for accessible and free advocacy support.
- 1.15 My office has also received reports about advocates lodging claims for fabricated injuries and cases where veterans were assured claims had been lodged when in fact no action was ever taken. These instances represent a clear exploitation of vulnerable veterans who have placed their trust in advocates to act in their best interest. Such conduct is deceptive and fraudulent, and I have personally referred several of these matters to the appropriate authorities for formal investigation. But putting aside the unacceptability of what is likely to be fraudulent behaviour, this exacerbates processing backlogs, tarnishes the reputation of legitimate advocates, strains DVA resources, places greater demands on health and medical services, increases wait times for legitimate claims and depletes the available funding. This must be stopped.
- 1.16 Unlike lawyers who are subject to strict professional regulation, continuing education and oversight by state and territory legal authorities, there is currently no statutory framework governing the conduct of all fee-free and fee-for-service advocates. There are no fit-and-proper person checks, no enforceable code of conduct and no disciplinary mechanisms to address misconduct. As a result, many veterans are engaging these services, from a pool of unregulated service providers, without being fully informed about the service provider, including lack of rights or avenues available for complaint.
- 1.17 An aspect of advocacy services that has not been properly investigated through this inquiry is services being provided by 'offshore providers'. The inquiry did not receive any submissions from offshore providers, so this is an area that the committee has not been able to inquire into, and it should be pursued. I cannot

escape the question, why would an overseas business be offering services to Australian veterans, against Australian legislation, to help them obtain support from DVA?

- 1.18 To safeguard the integrity of veteran advocacy services it is clear a regulated accreditation scheme is required, which is covered in more detail later in this report.

### **Recommendation 1**

- 1.19 Establish a qualification framework covering both fee-free and fee-for-service advocates to ensure consistent standards of competency, ethics and accountability. This should include fit-and-proper person checks, training requirements and an enforceable code of conduct supported by an independent regulatory body.**

### **Recommendation 2**

- 1.20 Require fee-free and fee-for-service advocates to provide clear information on fees, qualifications and complaint pathways before engagement, ensuring veterans can make fully informed choices about their representation.**

### **Recommendation 3**

- 1.21 Strengthen access to fee-free advocacy services by investing in the training and retention of qualified volunteer and professional advocates, reducing veterans' reliance on high-cost commercial providers.**

### **Recommendation 4**

- 1.22 Investigate and address unethical or offshore advocacy practices by undertaking a targeted review into providers offering services to Australian veterans overseas to ensure compliance, transparency and data security.**

## **Veterans' Review Board**

- 1.23 For many years, I have argued that veterans appearing before a Veterans' Review Board (VRB) should have the right to be legally represented. This principle formed the basis of my amendment to the Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Bill 2024 which sought to allow legal representation and remove provisions relating to contempt of VRB proceedings.<sup>4</sup> Unfortunately, both Labor and the Coalition chose not to

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<sup>4</sup> See amendment sheet 3049 to amend the Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Bill 2024: [3049 CW VETS \(Simplification and Harmonisation\) Bill 2024\\_Lambie.pdf;fileType=application/pdf](#)

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support my amendment, a position I believe fails to act in the best interest of veterans.<sup>5</sup>

- 1.24 Whilst the VRB process was intended to be non-adversarial, the reality is veterans often face complex evidentiary and legislative hurdles that require professional expertise. The VRB operates on an informal model and discourages the participation of lawyers. While this was intended to reduce costs and complexity, in practice, it has often disadvantaged veterans facing complex medical and legal determinations. This process excludes the most qualified to assist, such as a legal practitioner, leaving veterans to represent themselves and rely on non-legal specialist .
- 1.25 I stress that allowing legal representation in the VRB must not transform the VRB into an adversarial courtroom. However, the existing structure creates a power imbalance as DVA has the benefit of prior experience and knowing when to obtain legal advice prior to hearings, while for most veterans it is new, and whether or not they could afford legal advice, they don't realise they could or should obtain legal advice beforehand. Veterans should have the choice to be legally represented in matters before the VRB to help ensure fair and equitable access to justice. Their expertise can help veterans better understand complex evidentiary requirements and could promote faster and fairer outcomes.
- 1.26 For example, legislation requires applicants to interpret Statements of Principles (SoPs) issued by the Repatriation Medical Authority. Linking a medical condition to service factors under these SoPs requires detailed medical knowledge, understanding causation principles and administrative law. In these cases, many volunteer advocates, despite their dedication, are not trained to the level required to prepare evidence or submissions for appeal hearings.
- 1.27 In contrast, as one witness pointed out, legal practitioners are highly regulated, professionally insured and subject to stringent disciplinary standards. Furthermore, lawyers are obliged to act in their client's best interest, a safeguard that does not exist across the advocacy sector. Their ability to participate would improve the quality of submissions and allow veterans to obtain robust representation at such a level if they choose.
- 1.28 I also want to make the point that I don't see allowing veterans to utilise lawyers before the VRB as displacing advocates, I see it as complimentary to their role. As an example, ESOs would continue to support veterans at the primary claim stage, then lawyers could assist at the appeal level where matters become more complex or at worse, adversarial. This tiered model mirrors best practice in other administration jurisdictions, such as the Administrative Review Tribunal, where both applicants and lawyers have defined roles.

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<sup>5</sup> *Senate Hansard*, 12 February 2025, pp. 666–667.

- 1.29 Ultimately, the test should be what best services the veteran's interest. Allowing appropriately qualified representation at the VRB is consistent with procedural fairness and recognises the diversity of veterans' needs and preferences.

### **Recommendation 5**

- 1.30 Amend the *Veterans' Entitlements Treatment and Support (Simplification and Harmonisation) Act 2025* to allow advocates with legal qualifications to represent veterans at the Veterans' Review Board.**

### **Regulation, training and professional discipline arrangements**

- 1.31 There is a strong consensus that the veteran advocacy system urgently requires more robust professional standards, for both the veterans and the legitimate advocates. In contrast, as one witness pointed out, legal practitioners are highly regulated, professionally insured and subject to stringent disciplinary standards. Furthermore, lawyers are obliged to act in their client's best interest, a safeguard that does not exist across the advocacy sector. Their ability to participate would improve the quality of submissions and allow veterans to obtain robust representation at such a level if they choose. Veterans deserve nothing less than having access to advocates who are properly qualified, trauma-informed and accountable.
- 1.32 The Advocacy Training and Development Program (ATDP) has been an important step toward establishing national competencies. It remains the central framework for individuals nominated and endorsed by an ESO who offers fee-free advocacy services to serving and ex-serving members of the ADF and their dependents.<sup>6</sup> However, numerous submissions identified significant shortcomings with the ATDP, including restricted access, insufficient resources and a lack of flexibility to meet contemporary needs.<sup>7</sup> Further feedback from ESOs confirmed that the ATDP must evolve to meet new challenges, especially with the implementation of the VETS Act and the introduction of digital claims platforms like MyOrg and MyServices.<sup>8</sup> The quality and suitability of the veteran advocacy system is very dependent on the training and regulation of those who deliver it, and as such the ATDP must evolve to provide more flexible, contemporary and accessible training, while also supporting ongoing professional development. Additionally, there is no comparable formal pathway for independent or commercial advocates to achieve recognised qualifications through the ATDP.
- 1.33 A number of submitters, including the Veteran Family Advocate Commissioner and KSC Claims supported the establishment of the Institute of Veterans

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<sup>6</sup> For more information: <https://web.atdp.org.au/>.

<sup>7</sup> RSL Australia, *Submission 1* (47<sup>th</sup> Parliament), p. 4.

<sup>8</sup> RSL Queensland, *Submission 15* (47<sup>th</sup> Parliament), p. 7.

Advocacy (IVA) as an independent professional body to oversee accreditation, continuing education and discipline.<sup>9</sup> At the same time, Legacy Australia recognised the important role of the existing Accredited Advocate Register, managed by the ESO community, in maintaining the quality and integrity of free advocacy services.<sup>10</sup> This is acknowledgement of the benefit of a regulatory framework. The introduction of such a body will raise concerns about potential duplication of responsibilities and the risk of creating an unnecessary additional layer of bureaucracy<sup>11</sup> which, if it was to occur, would be detrimental and potentially undermine the benefit, but it is clearly required.

1.34 The way forward is to professionalise veteran advocacy through the establishment of a unified national institute or registration scheme, ensuring consistent standards, accountability and confidence across the sector, similar to the framework used by the Office of Migration Agents Registration Authority.<sup>12</sup> This would help build confidence in the integrity and professionalism of the advocates supporting the veteran community and should be underpinned by the following principles:

- **Accreditation:** all fee-free and fee-for-service advocates must complete ATDP or equivalent training;
- **Registration:** advocates must be registered under a national body;
- **Transparency:** written agreements must disclose all fees, cooling off rights and complaint pathways; and
- **Discipline:** a complaints mechanism available to veterans, with authority to take action for breaches of the code of conduct.

1.35 Such a scheme would include an enforceable code of conduct, annual licensing and progressional oversight, fit-and-proper person checks, mandatory disclosure of fees, qualifications and potential conflicts of interest in writing. If migration agents are required to be registered before advising visa applications, then veterans seeking guidance on complex compensation entitlements deserve equal, if not greater, protection.

1.36 This scheme should be independently administered, by an organisation such as the proposed IVA or the recently formed Defence and Veterans' Services Commission.

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<sup>9</sup> Veteran Family Advocate Commissioner, *Submission 2* (47<sup>th</sup> Parliament), p. 1; RSL Queensland, *Submission 15* (47<sup>th</sup> Parliament), p. 10, 36; Defence Force Welfare Association, *Submission 3* (48<sup>th</sup> Parliament), p. 3; Veteran Family Advocate Commissioner, *Submission 2* (47<sup>th</sup> Parliament), p. 6; KSC Claims, *Submission 23* (47<sup>th</sup> Parliament), p. 1.

<sup>10</sup> Legacy Australia, *Submission 11* (47<sup>th</sup> Parliament), p. 3.

<sup>11</sup> Legacy Australia, *Submission 11* (47<sup>th</sup> Parliament), p. 3.

<sup>12</sup> Mr Greg Isolani, *Submission 11* (48<sup>th</sup> Parliament), p. 12; KSC Claims, *Submission 23* (47<sup>th</sup> Parliament), p. 8; Veterans First Consulting, *Submission 26* (47<sup>th</sup> Parliament), p. 6.

- 1.37 An additional concern is the decline in volunteer participation and the threat it poses to fee-free advocacy service providers.<sup>13</sup> Current advocates are ageing, and the number of younger volunteers entering the field has been limited. Clearly more effort is required to recruit younger volunteers, which will largely be undermined without renewed investment in training and professional support. This shortage undermines the sustainability of the volunteer model and limits veterans' ability to choose the form of advocacy that best meets their needs, whether fee-free or fee-for-service. Ensuring veterans have access to quality advocacy requires the strengthening of both models.
- 1.38 Finally, we must ensure there are consequences for those who exploit veterans. A national complaints and disciplinary mechanism should sit under the regulatory body but remain independent of any single ESO. Advocates who breach the code of conduct should face suspension, or possible loss of accreditation, and in cases of illegality, referral to law-enforcement authorities.

### **Recommendation 6**

- 1.39 Extend the Advocacy Training and Development Program to all fee-free and fee-for-service advocates to provide consistency and quality across the sector.**

### **Recommendation 7**

- 1.40 Establish a nationally recognised professional body responsible for accreditation, continuing development and discipline with authority to suspend or revoke accreditation for serious breaches.**

### **Recommendation 8**

- 1.41 Embed trauma-informed care, cultural safety and ethical practice standards into the Advocacy Training and Development Program training models, that is co-designed with veterans and families.**

### **Consideration of previous reviews and implementation**

- 1.42 Over the past decade a number of inquiries have reached the same conclusion: the current system is overly complex, under-resourced and unsustainable without professionalisation and stronger governance.
- 1.43 The committee's 2017 report titled 'The Constant Battle: Suicide by Veterans' found that the existing advocacy model was 'unsustainable', noting that ESOs could not attract or retain younger advocates. The report recommended the establishment of a Bureau of Veterans' Advocates, responsible for training and

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<sup>13</sup> RSL NSW, *Submission 4* (47<sup>th</sup> Parliament), p. 2; Veterans, Emergency Services & Police Industry Institute of Australia, *Submission 4* (48<sup>th</sup> Parliament), p. 4; The Australian Federation of Totally and Permanently Incapacitated Ex-Servicemen and Women (Toowoomba Sub-Branch), *Submission 34* (47<sup>th</sup> Parliament), p. 5.

coordinating advocacy services across the sector and called for an independent review of representation before the VRB to ensure vulnerable veterans are being adequately supported.<sup>14</sup>

- 1.44 The 2018 Veterans' Advocacy and Support Service Scoping Study reiterated similar concerns, warning that current structure 'will not provide veterans and their families with a modern professional sustainable advocacy service into the future'.<sup>15</sup> It recommended that the ATDP redesign its course, shorten training duration where appropriate, introduce intensive short accreditation courses and add a veterans' entitlement law component to all levels of accreditation.<sup>16</sup>
- 1.45 The Productivity Commission's 2019 report titled 'A Better Way to Support Veterans' made clear that the volunteer advocate model, while honourable and historically effective, is no longer sufficient to meet contemporary demand. It recommended funding professional claims advocacy services in areas where needs were unmet and ensuring that all advocates were ATDP accredited.<sup>17</sup> Concerningly six years later, there has still been no progress on this, with access to the ATDP for all advocates being something which could have easily been progressed.
- 1.46 The Royal Commission into Defence and Veterans' Suicide reinforced these themes, describing advocacy as a 'protective factor' in the health and wellbeing of veterans but warned that the system was already under pressure and at risk of collapse. It urged government to fund paid advocates through ESOs and to ensure that DVA plays an active stewardship role over the sector.<sup>18</sup>
- 1.47 The recommendations have been remarkably consistent, yet implementation has lagged. Too often, we have responded to the reviews with reports and discussion papers, instead of delivering practical reform. Veterans and their families cannot afford another cycle of inquiry without action.

## Recommendation 9

- 1.48 Consolidate the outstanding recommendations from previous reviews and implement a single public implementation plan with clear timeframes and accountability.**

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<sup>14</sup> Senate Foreign Affairs, Defence and Trade References Committee, *The Constant Battle: Suicide by Veterans*, August 2017, p. xvi.

<sup>15</sup> The Veterans' Advocacy and Support Services Scoping Study, *A Modern Professional Sustainable Service for Australian Veterans and Their Families*, December 2018, pp. 97, 103.

<sup>16</sup> The Veterans' Advocacy and Support Services Scoping Study, *A Modern Professional Sustainable Service for Australian Veterans and Their Families*, December 2018, p. 85.

<sup>17</sup> Productivity Commission, *A Better Way to Support Veterans*, 3 Volume, June 2019, p. 62.

<sup>18</sup> Royal Commission into Defence and Veteran Suicide, *Final Report*, September 2024, pp. 154, 157.

## **Related matters**

1.49 While much of the debate has centred on regulation and professional standards, the evidence also points to broader systemic issues that impact veterans' access to support. I would like to outline some other practical measures that could make a meaningful difference.

### **Education and Cultural change within Defence**

1.50 A recurring theme is that DVA operates reactively rather than proactively. Veterans often engage with DVA only after discharge, sometimes years after an injury, by which time their conditions may be worse and relevant evidence is more difficult to obtain.

1.51 This situation is avoidable. When a service member sustains a reportable injury, that incident is already documented within Defence's systems. If the reporting process automatically included DVA, initial claims documentation could begin before discharge. In practice, this would ensure that all necessary DVA paperwork is completed during transition, and that entitlements (including White or Gold Cards) could be issued immediately on discharge.

1.52 Education about DVA and veteran entitlements should be embedded into ADF training, from initial recruit training and then through promotion courses. At a minimum, these models should introduce members to the purpose and role of DVA, their rights and responsibilities in relation to injury reporting and compensation and how to access advocates and support networks. This approach would foster a culture of early help-seeking and equip leaders at every level to better support their subordinates in navigating the DVA system. Such early education would normalise the view that accessing DVA is a legitimate right. This reform would significantly reduce the backlog of claims and prevent the distressing delays that many veterans currently face.

1.53 Many serving members are unaware of DVA entitlements or believe that engaging with DVA carries a stigma. This lack of awareness can lead to delays in seeking help, underreporting of injuries and difficulties substantiating claims later.

1.54 Further, DVA should maintain a permanent presence on major military bases for members to access information, advocacy and initial claims support. This would also help to facilitate DVAs capturing of reportable injuries and complete preliminary claims at the point of discharge, helping to prevent the backlog that currently burdens both veterans the DVA.

### **Recommendation 10**

**1.55 Develop and deliver compulsory Department of Veterans' Affairs education modules at both recruitment and promotion training stages to provide foundational knowledge on entitlements, claims processes and wellbeing responsibility for leaders.**

## Recommendation 11

- 1.56 Create and staff permanent Department of Veterans' Affairs offices on major military bases to provide access to information, advocacy and initial claims assistance, enabling early intervention and the reduction of claim backlogs.**

### Digital Reform Accessibility

- 1.57 The shift to digital systems such as MyService and MyOrg has the potential to streamline claims but also risks excluding technologically disadvantaged veterans. Early feedback from RSL advocates has identified significant functionality issues and access barriers.<sup>19</sup>
- 1.58 Until these systems are fully reliable, veterans must have alternative pathways to lodge claims, including face to face support and paper-based options. No veteran should be forced to navigate an online portal without adequate training, connectivity or emotional support.

## Recommendation 12

- 1.59 Ensure digital platforms function properly, are properly tested and accessible, with data properly protected and with clear offline alternatives in place.**

## Conclusion

- 1.60 This inquiry has reinforced what many in the veteran community have long known: our advocacy model is essential but unsustainable in its current form which is resulting in inconsistencies in service provision. While most advocates act with integrity and compassion, the lack of regulation, consistent training, assessment mechanisms, and stable funding leaves both veterans and advocates vulnerable.
- 1.61 The challenges facing the sector are not new and have been identified in a number of previous reviews and inquiries. What is needed now is a genuine commitment to reform that is grounded in three guiding principles. First, veterans must retain the freedom to choose their advocate and the form of representation that best suits their needs. Second, all advocates must be qualified and held to a code of conduct as a minimum to ensure veterans are properly serviced and protected. Thirdly, the entire advocacy system must be designed to satisfy the welfare of veterans themselves rather than shaped by administrative convenience or commercial interests.
- 1.62 The implementation of the VETS Act from 1 July 2026 provides an opportunity to embed these principles into practice. With strong leadership, we can ensure that every veteran receives high-quality, ethical and timely advocacy support to safeguard their health, dignity and long-term wellbeing.

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<sup>19</sup> RSL Queensland, *Submission 15* (47<sup>th</sup> Parliament), p. 7.

1.63 Ultimately, veterans deserve the highest possible standard of advocacy delivered by individuals who are qualified, supportive and accountable. Anything less fails to honour their service.

**Senator Jacqui Lambie**  
**Senator for Tasmania**

# Appendix 1

## Submissions and additional information

### Submissions received in the 48<sup>th</sup> Parliament

- 1 Community and Public Sector Union
- 2 Australian Veteran Health Services
- 3 Defence Force Welfare Association
- 4 Veterans, Emergency Services & Police Industry Institute of Australia
- 5 National Association for Veteran Advocacy
  - 5.1 Supplementary to submission 5
- 6 Tactical Advocacy Group Pty Ltd
- 7 Military Claims
- 8 Mr Geoff Shafran
- 9 Name Withheld
- 10 Confidential
- 11 Mr Greg Isolani
- 12 VetComp
- 13 KSC Claims
- 14 National Legal Aid
- 15 Law Council of Australia
  - Attachment 1
  - Attachment 2
- 16 Name Withheld
- 17 Australian Veteran Advocacy

### Submissions received in the 47<sup>th</sup> Parliament

- 1 RSL Australia
  - 1.1 Supplementary to submission 1
- 2 Veteran Family Advocate Commissioner
- 3 RSL Victoria
- 4 RSL NSW
- 5 RSL LifeCare
- 6 TPI Association SA
- 7 Veterans' Advocacy Service, Legal Aid NSW
- 8 Royal Australian and New Zealand College of Psychiatrists
- 9 Phoenix Australia: Centre for Posttraumatic Mental Health
- 10 Zed3 Medical Group
- 11 Legacy Australia
- 12 Australian SAS Association
- 13 Department of Veterans' Affairs

- 14 Department of Defence
- 15 RSL Queensland
- 16 Families of Veterans Guild
- 17 Royal Australian Armoured Corps Corporation
- 18 Name Withheld
- 19 Name Withheld
- 20 Margo Dean
- 21 Mr Bill Kearney
- 22 Ms Sandi Laaksonen-Sherrin
- 23 KSC Claims
- 24 Veteran Domestic Solutions
- 25 Veteran Compensation Consultants
- 26 Veterans First Consulting
- 27 VetComp (Veterans Compensation Association)
- 28 Branston Partners Pty Ltd
- 29 Hope Irons
- 30 Darcy
- 31 Ms Ashleigh Miline
- 32 Life After Defence
- 33 Name Withheld
- 34 Australian Federation of Totally and Permanently Incapacitated Ex-Servicemen and Women (Toowoomba Sub-Branch) Inc.
- 35 Andrea
- 36 Veterans Law Group
  - Attachment 1
- 37 B&B Veterans Advocates
- 38 Federation of Totally and Permanently Incapacitated Ex-Service Men and Women of Australia (TPI Federation)
- 39 Ms Jessica Oldham-Priestley
- 40 Veterans, Emergency Services & Police Industry Institute of Australia
- 41 Operational Legal Australia
  - Attachment 1
  - Attachment 2
  - Attachment 3
- 42 Mr Chris Bryett
- 43 Australian Veteran Advocacy
- 44 Confidential
- 45 Confidential
- 46 Veteran Advocacy Australia
- 47 Mr Benjamin Lever

**Additional Information**

- 1 Veterans' Advocacy Services, Legal Aid NSW, Veterans' Legislation Reform – Exposure Draft Consultation, received 26 September 2025
- 2 Mr Luke Armstrong, KSC Claims, response to adverse comments made by RSL Victoria at a public hearing on 26 September 2025
- 3 Mr Marc Diplock, Salute for Service, response to adverse comments made by RSL Victoria at a public hearing on 26 September 2025
- 4 Mr Brodie Moore, Medilinks, response to adverse comments made by RSL Victoria at a public hearing on 26 September 2025
- 5 Mr Thomas Bailey, Veterans Benefits Australia, response to adverse comments made by RSL Victoria at a public hearing on 26 September 2025
- 6 Mr Anthony Bull, Classics for a Cause, response to adverse comments made by RSL Victoria at a public hearing on 26 September 2025

**Answers to Questions on Notice**

- 1 Australian Veteran Health Services, answer to a question on notice from a public hearing in Canberra on 26 September 2025; received 30 September 2025
- 2 Operational Legal Australia, answer to a question on notice from a public hearing in Canberra on 26 September 2025; received 30 September 2025
- 3 National Association for Veteran Advocacy, answers to questions on notice from a public hearing in Canberra on 26 September 2025; received 3 October 2025
- 4 RSL LifeCare, answers to questions on notice from a public hearing in Canberra on 26 September 2025; received 7 October 2025
- 5 TPI Federation of Australia, answers to written questions on notice; received 14 October 2025
- 6 RSL Victoria, answers to written questions on notice; received 14 October 2025
- 7 Australian Veteran Advocacy, answers to written questions on notice; received 14 October 2025
- 8 Australian Special Air Service Association, answers to written questions on notice; received 14 October 2025
- 9 Veterans' Advocacy Service, Legal Aid NSW, answers to written questions on notice; received 14 October 2025
- 10 Australian Veteran Health Service, answers to written questions on notice; received 14 October 2025
- 11 Life After Defence, answers to written questions on notice; received 14 October 2025
- 12 Operational Legal Australia, answers to written questions on notice; received 14 October 2025
- 13 National Association for Veteran Advocacy, answers to written questions on notice; received 15 October 2025
- 14 RSL NSW, answers to written questions on notice; received 16 October 2025

- 15 Australian Special Air Service Association, answers to written questions on notice; received 22 October 2025
- 16 Veterans, Emergency Services & Policy Institute of Australia, answers to written questions on notice; received 20 October 2025
- 17 Australian Veteran Advocacy, answer to a question on notice from a public hearing in Canberra on 26 September 2025; received 7 October 2025

**Tabled Documents**

- 1 Mr Robert Forsythe, Business Manager, Australian Veteran Advocacy, opening statement, tabled 26 September 2025
- 2 Mr Andrew Kefford PSM, Deputy Secretary Policy & Programs Group, Department of Veterans' Affairs, opening statement, tabled 26 September 2025
- 3 Ms Annabelle Wilson, Veteran Family Advocate Commissioner, opening statement, tabled 26 September 2025
- 4 Mr Michael von Berg, Interim Chair, Institute of Veterans' Advocacy, opening statement, tabled 26 September 2025

## Appendix 2

### Hearings and witnesses

*Friday 26 September 2025*

Committee Room 2S3  
Australian Parliament House  
Canberra

*National Association for Veteran Advocacy*

- Mr Kevin Chapman, Director
- Mr Philip Jones-Hope, Legal Counsel

*Life After Defence (via videoconference)*

- Mr Trent Holmes, Director

*Australian Veteran Health Services*

- Dr Andrew Cronin, Owner and Medical Practitioner

*Australian Veteran Advocacy*

- Mr Robert Forsythe, Director, Secretary and Business Manager
- Ms Carrissa Ibbott, Director and Advocate

*Operational Legal Australia*

- Mr Michael Bainbridge, Director
- Mr Paul-Raymond James, Principal and Director

*Veterans, Emergency Services & Police Industry Institute of Australia (via videoconference)*

- Mrs Shannon Hennessy, Chief Executive Officer

*Mr Geoffrey Shafran, private capacity (via videoconference)*

*KCI Lawyers (via videoconference)*

- Mr Greg Isolani, Partner

*RSL Victoria*

- Mr James Weston, Legal and Policy Advisor

*RSL NSW (via videoconference)*

- Mr David McCann, Chair, Veterans Services and Policy Committee
- Mr Isaac Ohlin, General Manager, Policy and Services

*RSL LifeCare*

- Mrs Janet Muir, Chief Executive Officer
- Mr James Dallas, Head, Veteran Services Strategic Projects

*Legal Aid NSW (via videoconference)*

- Mr Gerard McAleese, Senior Solicitor
- Mr Nicholas Warren, Advocate, Veterans' Advocacy Service

*Federation of the Totally and Permanently Incapacitated Ex-Service Men and Women of Australia (via videoconference)*

- Mr Scott Jeffrey, President

*Australian Special Air Service Association (via videoconference)*

- Mr Winston (Bob) Hunter, Vice Chair

*Department of Veterans' Affairs*

- Mr Andrew, Deputy Secretary, Policy and Programs Group
- Ms Tara Cavanagh, First Assistant Secretary, Client Benefits Division
- Mr Adam Weiderman, A/g First Assistant Secretary, Policy and Research Division

*Veteran Family Advocate Commissioner*

- Ms Annabelle Wilson, Commissioner

*Institute of Veterans Advocacy*

- Mr Michael von Berg, Interim Chair