Analysis of the consultation process for the review of the operation of the Veterans' Support Act 2014

Report for the reviewer

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ALLEN+CLARKE

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GLOSSARY

ACC	Accident Compensation Corporation
AMA	American Medical Association
DHB	District Health Board
MOU	Memorandum of Understanding
MSD	Ministry of Social Development
NGO	Non-Government Organisation
NZDF	New Zealand Defence Force
NZDSM	New Zealand Defence Service Medal
NZOSM	New Zealand Operational Service Medal
PTSI	Post-Traumatic Stress Injury/Disorder
RSA	Returned and Services' Association
RNZRSA	Royal New Zealand Returned and Services' Association
SOPs	Statements of Principles
VANZ	Veterans' Affairs New Zealand
VIP	Veteran's Independence Programme
WPA	*War Pensions Act 1954*

I. EXECUTIVE SUMMARY

This report summarises submissions made to the independent review team on its consultation document, *How well is the Veterans' Support Act 2014 working? A chance to have your say*, July 2017. It also summarises responses from public consultation meetings and focus groups throughout New Zealand. Responses were provided on access to and eligibility for entitlements and support, services and support available to veterans and their families, the wording and organisation of the Veterans' Support Act 2014, the effectiveness and efficiency of processes around the Act, and other issues to do with the Act. The review team contracted Allen + Clarke Policy and Regulatory Specialists Limited (*Allen + Clarke)* to complete a submissions analysis of all the comments received through the written consultation process, meetings and focus groups.

II. INTRODUCTION

Background to the consultation on the operation of the Veterans' Support Act 2014

The *Veterans' Support Act 2014* contains a provision requiring a review after two years to make sure it is operating as intended. The Chief of Defence Force commissioned a review commencing in June 2017. The independent review is being led by Professor Ron Paterson.

The review is to look at whether the Act is meeting its purpose of providing rehabilitation and support to veterans who have been injured or become ill as a result of being placed in harm's way in the service of New Zealand.

The review team sought views on how well the new Act is working in practice and issued a discussion document.[1] Three mechanisms to receive feedback were used:

- A written submission process, with 199 submissions received;
- A total of 13 public consultation meetings in Whāngārei, Manurewa, Henderson, Tauranga, Gisborne, Napier, Palmerston North, Lower Hutt, Porirua, Christchurch, Templeton, Mosgiel and Invercargill attended by approximately 675 people; and
- Four focus groups in Whenuapai, Linton, Devonport and with No Duff[2] attended by approximately 42 people.

Overall, the comments received from submitters were diverse, and covered a range of opinions, issues and concerns. In several cases the submitters discussed those areas that they had a specific interest in and did not respond to the other questions posed by the reviewer. Most submissions were unique. The level of detail provided by submitters varied considerably, for example, some submitters provided yes/no responses without commentary, while others provided detailed responses to the questions, including appendices. Some respondents completed the submission form, either in hard copy or electronic format, while others wrote their own responses in the form of letters or emails.

The views expressed in this report are those provided by submitters. No weighting has been applied to submitters' views and comments as part of this analysis. Only minor paraphrasing has been applied to some submissions in the interest of presenting a summary, but care has been taken to ensure that the intent of all submissions is maintained.

Following the engagement and consultation period, which took place from August to October 2017, the reviewer will report on how effectively the new Act is working and may make recommendations. Areas likely to be considered are: where more clarity is needed; whether the needs of veterans could be better met; and whether the new Act is flexible enough to manage the provision of fair and reasonable entitlements for eligible veterans and their families.

Purpose of this report

The independent review team contracted *Allen + Clarke* to analyse the data from submissions, public consultation meetings and focus groups and report back to them. This report describes the themes that have emerged from this data. It is intended to inform the review team's recommendations on whether any amendments to the Act are necessary or desirable, and the team's report back to the Chief of Defence Force and the Minister of Veterans' Affairs.

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[1] New Zealand Defence Force (July 2017). *How well is the Veterans' Support Act 2014 working?* Retrieved from http://www.nzdf.mil.nz/downloads/pdf/public-docs/2017/consultation-document.pdf.

[2] No Duff is a volunteer Veterans NGO committed to providing immediate welfare assistance to past and present members of the NZDF, particularly Veterans, in order to ensure that the mental, physical, financial, spiritual and social health of all personnel is maintained at the highest possible level.

III. METHODOLOGY

Following the close of the submissions period, all submissions were supplied to *Allen + Clarke* in hard copy or electronic format. Numerical unique identifiers were provided by the review team's Secretariat. Once received by *Allen + Clarke*, hard copies were converted into an electronic format. This allowed all submissions to be entered into an NVivo database and analysed for themes using NVivo software. Within NVivo, individual submissions were coded according to submission questions and overarching themes identified from a review of all submissions. As each submission was analysed, text was coded according to theme or sub-theme. This allowed the identified themes to be analysed by each submitter and convergence with other themes. These analyses were used to inform this report. The review team also provided *Allen + Clarke* with notes from public consultation meetings and focus groups. These have also been coded and entered into NVivo, and analysed the same way as the submissions.

To ensure that comments are reflected to their best advantage, the analysis discusses submitters' points under the categories that best align to their comments, which may be different to how the submitter categorised it in their submission; however, all original meaning has been retained.

Appendix A names each organisation that contributed to the consultation process by way of written submission. Appendix B provides a list of the 45 questions outlined in the consultation document.

IV. CATEGORIES OF SUBMISSIONS

Of the total 199 written submissions received, these were made by:

- Individuals including veterans, their partners and families, serving and ex-serving members of the New Zealand Defence Force, academics / researchers and others (a total of 176 submissions).
- Organisations including those representing Royal New Zealand Returned and Services' Associations (RSA), advocacy groups, government organisations, and non-governmental organisations. Appendix A details a list of organisations that provided submissions (a total of 23 submissions from 20 groups representing over 11,000 people).

Responses have been broken down by submitter category. The individual or type of organisation and the number of submitters in each category are described in Table 1 (below). Note that submitters could belong to more than one category.

Table 1: Categories of submitter

Category or organisation type	Number of submissions received
Ex-serving member of the NZ Defence Force	108 submitters
Veteran	107 submitters
Person receiving support from Veterans' Affairs	54 submitters
Veteran's spouse or partner	28 submitters
Advocate	19 submitters
Representative organisation	15 submitters
Serving member of the NZ Defence Force	14 submitters
Other family/whānau member or friend of veteran	11 submitters
Service provider	11 submitters
Non-governmental organisation	10 submitters
Veteran's child or dependant	7 submitters
Academic/researcher	5 submitters
Professional association	3 submitters
Other	3 submitters
Government organisation	0 submitters

As well as the ability to self-identify from a range of different categories (as above), submitters were able to identify a specific ethnic group of either Māori or Pacific. 23 organisations and individuals identified themselves as representing the interests of specific ethnic populations. These are described in Table 2 (below).

Table 2: Secondary categories by ethnicity

Ethnic group	Number of submissions identifying with ethnic group
Māori	17 submitters
Pacific	6 submitters

Respondents were not asked to specify gender.

V. THEMES

Some submissions focused on providing feedback to what was set out in the consultation document as to how to improve the operation of the *Veterans' Support Act 2014*, while others provided new ideas and recommendations. Key themes and sub themes that came out of submissions, public consultation meetings and focus groups are summarised below.

Key themes

Access to and eligibility for entitlements and support

- Respondents thought the Act was working well and provided good support to veterans for their individual needs. Several people spoke positively about their case managers helping them to receive support, although others mentioned performance issues and under-resourcing with a need for more case managers.
- An important theme was the need for Veterans' Affairs New Zealand (VANZ) to improve its communication and engagement with veterans, including more face-to-face contact and proactive outreach. There was also a need for more information and awareness about entitlements, as there was a general lack of awareness about the support available.
- A predominant theme was the principle of benevolence, and the lack of a benevolent approach when applying the Act. Respondents believed that the benefit of the doubt should always rest with the veteran and that the onus of proof to negate any claim should be on VANZ. There were barriers to access such as poor or missing medical records and a need for veterans to prove their condition was service-related.
- There were issues with how the Act was administered, including VANZ processes and policies, with some people frustrated at the lengthy and difficult process of applying for assistance. This included complex forms and paperwork. Some respondents thought that operational policies and practices compromised the principles and support in the Act.
- A key theme was the need to broaden the eligibility for qualifying as a veteran. Most respondents disagreed with the definition of a veteran, and many thought that all those who had served with the New Zealand Defence Force (NZDF) should qualify. Other suggestions to broaden eligibility were to include those who had served for a certain period; those who had received medallic recognition; or those who had been placed in harm's way (including exposure to environmental, psychological or other risks).
- Respondents thought the current threshold of "significant risk of harm" for the Minister to declare "Qualifying Operational Service" was too high. They suggested various deployments and activities they believed should qualify which involved a risk of harm, including routine service, domestic training and operations, and a range of current and historical overseas deployments.
- Another theme was the inequity between Scheme One and Scheme Two. Respondents saw the difference in entitlements between the two schemes as discriminatory and not benevolent. Some people thought there should only be one scheme to cover all veterans.

Services and support available to veterans and their families

- People expressed concerns about the long wait times for decisions about entitlements and health treatment. In some cases, the lengthy process was putting veterans' health at risk when they were unable to access prompt treatment.
- Several respondents said their health needs were not being met. PTSI was an issue especially for some contemporary veterans and their families, and there was a need for better access to appropriate care for those with psychological injuries. Some respondents said that people hid their physical and mental health conditions while serving due to concerns about how these would affect their careers. Conditions were not necessarily reflected on their medical records, which made diagnosis difficult and impacted on making a successful claim to VANZ.
- There was unanimous support that the Act should allow VANZ to pay for private treatment of injury or illness. Reasons given were to ensure that veterans received the optimal care that they were entitled to under the duty of care of the Act and the principle of benevolence, and to avoid the long wait times common in the public system. Some people believed that criteria should be applied, such as for private treatment to be offered when wait times in the public system were too long. Several people were dissatisfied with the changes to the system that meant they had to see a GP before being referred on to specialist care, which could cause delays in treatment.
- A key theme was the need for the Act to provide better support to veterans' families including after the veteran dies. Greater assistance was sought in areas such as counselling, practical help and financial contributions including greater access to the surviving spouse or partner pension. People requested more support for the children and grandchildren of veterans with intergenerational war damage including those exposed to toxins and hazardous materials, together with greater research.
- Another theme was that VANZ needed to play a greater role in people's transition from serving in the NZDF to receiving VANZ support. This included VANZ improving information sharing and visibility throughout people's careers and once they left the NZDF. Respondents also saw it as important to provide information about entitlements to families.
- Respondents valued the Veterans' Independence Programme (VIP), including outreach and home help services. Some people (including in Northland and Southland) were dissatisfied with how the services were delivered and wanted them to be more responsive to individual needs.

Effectiveness and efficiency of processes around the Act

- Many people believed that ACC should not be involved in delivering support to veterans. Several respondents' rationale was the ACC culture, which was described as lacking benevolence and requiring a high burden of proof.
- People thought that VANZ should be a 'one stop shop' or single point of contact, taking the lead in delivering services, and ensuring veterans were treated holistically. It was difficult for veterans to navigate through multiple agencies.

Sub themes

Access to and eligibility for entitlements and support

- Respondents agreed that the Act should clarify how to manage multiple entitlements.
- Another theme was the need for eligible veterans to automatically receive a veteran's pension instead of New Zealand superannuation.
- Respondents agreed that the estate of a deceased veteran or claimant should be able to access a lump sum or other entitlements; that family members, not just veterans' estates should be able to access lump sums or other entitlements; and that entitlements should continue to be paid for 28 days after the death of a veteran.
- People agreed that the surviving spouse or partner pension should be able to be reinstated after the spouse or partner enters then leaves a new relationship.

Services and support available to veterans and their families

- One theme was the need to better include families in a veteran's rehabilitation and treatment.
- Respondents believed that the children's bursary should be available to a wider range of students.
- Many people believed that a range of treatment providers should be recognised under the Act.
- Respondents generally believed that veterans and their families should be eligible for the same support as in New Zealand when living or travelling overseas.
- Respondents thought that the VIP could better cater for the families of deceased veterans; and that families should have the choice to access their 12 months of support when a veteran moved into permanent care.
- Regarding funerals, respondents believed that the families of all veterans should be entitled to support for a veteran's funeral. They saw the current contribution to funeral costs as insufficient and suggested VANZ could contribute around $5000 or a portion/all of the actual costs of the funeral. Respondents also agreed that the families of all veterans should be entitled to assistance for the cost of plaques and headstones.

Wording and organisation of the Act

- Many people believed that the wording in the Act should be simplified.
- Respondents believed that the Act should allow VANZ to reconsider any decision under the *War Pensions Act 1954* or the *Veterans' Support Act 2014*, if it thinks there may have been an error or if there's new information.
- Respondents agreed that the common elements of treatment and rehabilitation should be combined into common provisions in the Act.

Effectiveness and efficiency of processes around the Act

- Some people believed that changes were needed to the role and operation of advisory or decision-making bodies, including greater efficiency, transparency, and representation of veterans and medical professionals.

- The use of the Australian Statements of Principles was broadly supported although respondents saw opportunities to improve their adoption.

Further review of the Act

- Respondents believed that a further review of the Act was needed within five years.

Ideas for the future

- There were a range of suggestions for ensuring the Act supported people into the future, including changes to better meet their health needs, to provide greater support for families, to improve the transition from NZDF to VANZ, and a range of other areas.

VI. FINDINGS

Three main questions covering what the review is all about.

1. What do you think works well in the Veterans' Support Act 2014?

A total of 83 respondents answered the question of what works well in the *Veterans' Support Act 2014*. Around half of the comments referred to the Act working well overall and providing good support to Veterans, including through the Veterans' Independence Programme (VIP). Respondents also made positive comments about VANZ and case managers. Some people noted the recognition of broader risks in the Act, while others mentioned the adoption of the Australian Statements of Principles. Responses are discussed in more detail in the following section.

Support to Veterans

A total of 21 respondents and participants at meetings commented on the support the Act was providing to Veterans. Comments included that the Act usefully supported veterans' needs, was producing better outcomes for veterans' welfare, ensured their health and wellness was looked after, provided a reasonable or increased level of support to veterans, and in most cases required assistance was available to veterans and their families. One respondent said that seeking and being given assistance was much better than it was previously. Another believed support was "almost adequate but needed improvement".

One respondent commented that the Act was "a serious attempt to assist veterans and their whānau". Another said the provision of services worked smoothly. Three respondents commented that there was greater support for veterans who were unable to work.

One respondent said that "some of the new areas of assistance are brilliant". Respondents were grateful for the pension support and assistance with doctor and chemist fees, hearing aids, dental care, podiatry, rehabilitation, increased variety of services provided for veterans, the Children's pension and Children's bursaries.

A participant at the Mosgiel meeting considered the Act had "vastly improved" the way he was supported. Participants in Whāngārei and Templeton also said they were happy with the support and services they received. At the Tauranga meeting participants considered there were some positive aspects to the new legislation, including the Surviving Spouse and Partner Pension and the Children's Pension, however the impairment level for eligibility for these pensions was too high.

Case managers

There were 11 positive responses about VANZ case managers and staff and many meeting participants spoke positively about case managers. Case managers were described as excellent, sympathetic, very helpful, responsive, working tirelessly, trying to do their best and dedicated to trying to get the best help available.

One respondent commented:

> *"I do believe there is an overarching aim by VANZ staff to ensure veterans get the support, recognition, entitlements and services available to them so they lead a healthy and productive life".*

Two respondents said that if people receiving assistance under the Act had a good case manager they were well provided for and looked after. One of these respondents thought that once your entitlements were accepted the case manager support was very good.

Participants at meetings in Palmerston North, Tauranga, Henderson, Gisborne, Templeton, Mosgiel and Porirua also appreciated their case managers who were "extremely helpful" and did their best. One participant added that their case manager was in constant communication.

Act working well

There were 16 respondents who considered the Act was working well. They said that it was working as intended, had improved and modernised the system and provided a broader viewpoint than the *War Pensions Act 1954,* was more transparent, and more clearly set out the methods and means for people to access welfare and care post military service. One respondent commented that:

> *"Overall there has been a genuine attempt to grapple with the difficult problem of finding solutions and seeking to better the lives of the veterans as to recovery from injury, illness in the physical sense, and mental degradation resulting active service in harm's way".*

Three respondents noted that the Act worked well for those who understood their rights within the Act and had registered with VANZ; had a clearly definable, debilitating injury as a result of their service; or were on VANZ support prior to the introduction of the 2014 Act. A further three respondents said that there was room for improvement.

One respondent saw the definition and acceptance of service-related conditions as working well compared to the past. Another commented on the better principles of rehabilitation management plans, better structured support and that VANZ had appeared to adopt similar principles to ACC. Two respondents, one of whom was a Vietnam veteran, said they appreciated some changes in the Act (although they did not specify what these changes were). One respondent said there was now more information available online.

A participant at the Devonport focus group thought that the Act "works quite well if you are eligible, but there is a gulf for those who aren't". Another participant said that since 2014, VANZ had become more pragmatic in its decision-making, and a veteran's experience of the organisation had improved.

Veterans' Independence Programme

The VIP was another area that ten respondents and several participants at meetings felt worked well (with one respondent specifying some of the things before national contractors were appointed). Things that worked well included outreach to older veterans, home help in general (such as gardening, lawns, house cleaning, window and guttering cleaning), and the travel concession (six respondents). Participants at the Porirua and Napier meetings said that VIP services had been "excellent" and "of great value". A participant at the Palmerston North meeting commented that VIP services such as property care, lawns, and house cleaning were excellent. At the Mosgiel meeting participants had seen improvements over time as previously when a veteran died, all support for the family was cut off. VIP support now continued, but only for a limited time.

Recognition of broader risks

The recognition of broader risks including environmental, psychological, and physical was seen as a positive aspect of the Act (six respondents).

Australian Statements of Principles

Others believed that the adoption of the Australian Statements of Principles worked well, including the acceptance of numerous late onset conditions (five respondents).

VANZ doing good work

A few respondents made general comments that VANZ was doing good work (three comments). This was also mentioned at the Porirua meeting. One respondent said that VANZ had provided assistance in overcoming legislative and medical barriers. Another had received excellent service in relation to hearing aids, and said:

> *"I was also impressed with the checks that were made in the aftermath of the Christchurch earthquake to ensure that my situation was stable and under control and whether I required any further support".*

Other comments

Two respondents thought that the two schemes worked well, with one noting that this should not change.

Other comments were less positive, with six respondents noting that not much or nothing worked well. Of these respondents, three were not recognised as veterans despite many years of service, and one was having difficulty registering as a veteran. A further respondent said the Act was untested, although it was of no benefit to him unless he fitted into the qualifying criteria.

2. What doesn't work well, or could be improved or clarified?

A total of 105 people commented on what doesn't work well, or could be improved or clarified. The main areas that respondents thought didn't work well or could be improved or clarified were: communication and engagement; VANZ processes; access to information and entitlements; VANZ staffing; advocacy issues; issues with the Act overall; closing the Hamilton Office and providing local support; applications being declined; and services for Māori.

Communication and engagement

A total of 44 respondents and participants at almost all meetings commented on communication and engagement not working well. Comments in this section included:

- That VANZ was remote and inaccessible. There was a lack of face-to-face contact outside Wellington, forcing veterans to phone or write (six respondents).
- A desire for staff to be mobile. A need for open, proactive, positive engagement and outreach in the community to "get out and brief people!" (on their entitlements) and do home visits to check veterans for their use of services (nine respondents).
- A need for more sensitivity to veterans' issues including deafness and physical and psychological incapacity that are barriers to their contact and communication with VANZ, and the need for access that met the individual needs of the veteran (six respondents.
- A need to communicate entitlements to ex-service people, and to put veterans at ease so that they were comfortable approaching VANZ about their entitlements (six

respondents). One respondent had taken it upon himself to produce unofficial pension guidelines for veterans.

- A lack of regular contact with case managers, which would provide in-depth knowledge of their client and a feeling of being cared for (four respondents).
- A radically improved phone service as the respondent had experienced difficulty making contact with VANZ (three respondents).
- A desire to remove VANZ's ability to record all phone calls made to their call centre, which veterans find intimidating (one respondent).
- A need to send communications by mail to target older people rather than relying on the website and email (one respondent).
- A desire for VANZ to be more cooperative rather than adversarial, and veterans feeling aggrieved about responses from VANZ (two respondents).
- A need to improve communications with contemporary veterans and service personnel, former service personnel and the RSA (two respondents).
- A lack of information for surviving spouses/families (one respondent).
- A lack of communication around the changes in the Act, and the desire for VANZ to be a 'responsive agency that listened' (two respondents).
- A need for VANZ to use people's correct titles and awards (such as QSM and JP) (one respondent).
- A need to remove the vocabulary of 'clients' and 'cases' due to feeling it was dehumanizing to be treated as a 'case' or a 'number' (one respondent).
- A need to manage expectations better in terms of what can and cannot be delivered through more consistent messaging on the website, forms and documentation (one respondent).
- A need for VANZ to review their corporate philosophy to be more client centric and less like a commercial insurance provider (one respondent).

Commenting on the preference for face-to-face contact with VANZ, one respondent said:

> *"One of my old comrades suffers from deafness, and has the tremors in his hands of Parkinson's Disease. Imagine how uncomfortable he feels trying to hold a phone up close to his better ear with one shaking hand, while assembling his paperwork in the other, to discuss personal details with a voice based in Wellington".*

Another respondent was disappointed in the lack of communications from her father's case manager and said:

> *"He did not receive any follow up over the years from his Case Manager to inquire as to David's health and wellbeing and if there was anything further could be done to make both my parent's lives easier".*

Communication and engagement was also a topic of discussion at meetings. Participants at the Christchurch, Manurewa, Whāngārei and Tauranga meetings agreed on the need for face-to-face contact. Participants saw VANZ as an inward, closed group relying heavily on contact by and from the veteran. A major re-orientation was required so that VANZ was an open, proactive, and

outwardly focused organization that engaged with people face-to-face. Templeton participants considered that where you live should not be a barrier.

The Palmerston North and Christchurch meetings noted the need for VANZ and RSA outreach to modern veterans, from Vietnam onwards. Younger veterans indicated it was difficult for them to go to VANZ as they "get the run around" and easier to go to No Duff. There was a need for more help for both contemporary veterans and current personnel to understand their entitlements. Also raised at the Linton meeting was the lack of an advocacy service for currently serving personnel as exists in other Commonwealth countries. At the Whenuapai focus group participants said that people did not know where to go and who to contact. In their view, a solution could be a wallet card with details of who to contact (the New Zealand Fallen Heroes Trust had done this).

Participants at the Linton meeting said there needed to be more proactive promotion of VANZ to families about the services and support available, including VANZ attending post-deployment meetings. Napier felt that VANZ alongside other agencies treated whānau as secondary citizens. Help needed to be available and publicised.

Participants at the Henderson and Tauranga meetings raised the difficulty for veterans with deafness to communicate with VANZ, noting that face-to-face meetings would be easier. Manurewa participants said that VANZ needed to be available seven days a week to respond to crises. At the Henderson meeting, participants raised the 0800 line as being too slow and requiring transfer to other people. In Whāngārei and Henderson participants expressed frustration that VANZ recorded all conversations but wanted everything in writing.

The need for case managers to be proactive and check in with people was raised at the Christchurch, Invercargill, Tauranga, Napier and Mosgiel meetings. At the Mosgiel meeting participants felt that whereas in the past VANZ had bent over backwards to help, the agency no longer did this – "instead they say they'll get back to you". One veteran in Napier did not feel like a priority for VANZ and had not heard from his case manager for two years. Napier participants felt that VANZ needed to know its customer base and be in contact with them. Similarly, Tauranga participants felt that VANZ needed to be seeking clients (including veteran women) out and providing early information on entitlements available.

Participants in Napier felt that VANZ letters were sometimes patronizing. In Tauranga, participants noted a lack of response from VANZ when people wrote to them, a lack of communication about the process and timelines, whether things have been received, and when to expect a response. VANZ did not always provide a clear reason why claims had been declined.

Tauranga participants also felt that VANZ was not looking at veterans in a holistic manner, considering problems/conditions together and taking a rehabilitative approach. A participant at the Palmerston North meeting said:

> *"All empathy has gone from Veterans' Affairs. At times you get the feeling that you're just an inconvenience".*
>
> *"You've got to ask for help, and if you're not up to asking, you don't have a chance at all".*

The need to use people's titles and awards was raised in Invercargill alongside avoiding the terms 'case' and 'client' – one participant believed 'veteran' should be used instead.

VANZ processes

A total of 37 respondents and participants at most meetings made comments about VANZ processes and policies not working well. Comments included:

- A feeling of frustration at the difficulty of applying for assistance and lack of clearly defined systems; cumbersome and complex policies and procedures; and 'petty rules' (for example, only reimbursing costs once expenses are paid for, rather than meeting medical costs up front for veterans with limited financial resources) (10 respondents).
- The Waihi Beach branch of the RSA and six other respondents commented on complex forms and documentation required by VANZ and that there was no option to complete forms online (seven respondents).
- Prescriptive laws, policies and processes and a feeling that the way the Act is interpreted and applied needs to be clarified (four respondents).
- That there was a lack of information about why claims are rejected or reduced (two respondents).
- A lack of information provided about reimbursement of claims "making claims now is like making a prayer – one never knows if they have been received (or reimbursed)" (two respondents).
- A view that trying to get a policy or principled response to a veteran impasse was "fraught" (one respondent).
- That there were too many layers of decision-making; too many categories of disability and associated entitlements (one respondent).
- That policies and processes fall short of the Act's requirements and need to be reviewed and improved (one respondent).
- A feeling of discrimination against veterans who live outside New Zealand (one respondent).
- A lack of transparency and visible accountability to veterans and their spouses (one respondent).
- A lack of response to information requested under the *New Zealand Privacy Act 1993* (one respondent).
- A feeling that the aim from VANZ was to purchase the cheapest aid available (one respondent).

One respondent noted that:

> *"I feel that the operations and service of Veterans' Affairs has lost some of its veterans' culture and to me, and I have heard from others, it has moved further back under the umbrella of being a benefits service area".*

Another commented that:

> *"The biggest issue I have found is compiling my arguments and evidence for assistance. The paper war is quite overwhelming. That said I have been successful in getting assistance".*

Processes were also raised at meetings in Manurewa, Gisborne, Invercargill, Porirua, Christchurch, Whenuapai, Napier, Tauranga and Whāngārei. Participants at the Manurewa meeting raised issues with how the Act was being administered, and Gisborne participants said there were policy and operational impediments for case managers. The Invercargill, Porirua and Manurewa meetings noted the process to get support was much longer and harder than it used to be, and placed a burden on applicants. This could leave people in a state of crisis whereby they

gave up along the way or paid for themselves. Participants at the Manurewa meeting said that others gave up before starting due to the onerous forms (also mentioned by Christchurch and Templeton participants) and application processes. Some requirements were now outdated, such as the need to provide a bank slip.

The Whenuapai focus group noted that the paperwork required to apply to VANZ was "huge" and that some veterans lacked access to a computer or the paper forms required. If people filled in the application forms incorrectly, they had to go back to the beginning of the process. Respondents at the Porirua and Christchurch meetings said that everything needed to be available both in hard copy and online.

A contemporary veteran commented:

> *"I only found out about the Veterans' Support Act through finding out about this Review, after recently joining the RSA. I'm in the process of registering with Veterans' Affairs but can't believe that I can't navigate the system electronically. They need to move on from paper forms".*

Napier participants specifically said that new processes for driving assessments, making health claims, accessing specialist care and new payment systems were a source of frustration for veterans, who wanted to return to the previous ways of doing things.

Another issue raised in Manurewa and Tauranga was that records were regularly lost or unable to be located. This was an issue across the board, but especially for spouses of veterans who had died. Respondents in Porirua said that while it was usually family members who raised issues and asked for help for the veteran, they often had privacy issues quoted back at them. Porirua respondents also raised that VANZ staff were hamstrung by the processes and levels of approval required.

Participants in Whāngārei thought that VANZ was not held to account for the operational decisions it made. There was concern with the process used to make decisions and the time and effort required to challenge decisions that were based on incorrect information. Issues for Christchurch meeting participants' experiences included submitting claim forms and hearing nothing but eventually having unidentified money credited to their account; and waiting 18 months so far for anything to happen.

VANZ Staffing

VANZ staffing was an area which 29 respondents and participants at several meetings commented on in relation to what doesn't work well. Comments focused on:

- Under-resourcing and the need for more case managers, with current case managers being overworked (15 respondents).
- The attitude of staff and some staff being unsuitable, incompetent, lacking empathy, or lacking appropriate maturity and communication skills to deal with veterans (seven respondents). One respondent said that veterans feel like they are treated like "welfare beneficiaries trying to game the system".
- A need for staff training, for example, on communicating with people with hearing impairments and clear writing, and training for claim assessors and NZRSA representatives in order to ensure a benevolent approach was used (four respondents).
- Case managers lacking the mana to represent people properly to VANZ, or the delegated authority to make decisions (two respondents).

- Frequently changing case managers being a disadvantage (two respondents).
- A need to employ ex-veterans to supplement existing staff (including as senior managers) who have the first-hand knowledge and understanding of veterans' issues (five respondents).
- A need for a defence-experienced medical practitioner to be re-established on staff (one respondent).
- One respondent believed VANZ should be run by an independent RSA as an independent, veteran-friendly agency. Another believed it should be run by ex-uniformed NZDF personnel only, who could empathise with veterans.
- A feeling that VANZ did not understand veterans – their service, culture, pride, ethos, and integrity (one respondent).
- Staff (unwittingly) not respecting the achievements and problems of individual veterans, and a comment that senior service members may feel offended by a lack of recognition of their status in military life (one respondent).
- Senior managers not moving quickly enough to rectify issues, or rejecting them without proper consideration (one respondent).

One respondent commented that:

> *"Care and support, to be effective and efficient, is best delivered on a personal basis by professionally trained support officers who can undertake effective management of the veteran's condition, provide a link to the local health authorities in situ, and where knowledge of local conditions is essential to facilitating access to and the application of timely health care".*

VANZ staffing issues were also raised at various meetings. Whāngārei, Manurewa and Palmerston North participants commented that staff were too thin on the ground and there was a very high turnover of case managers. Manurewa participants noted concerns about workplace stress and that VANZ staff needed to be able to do their jobs without burning out. Changing demographics would add to the complexity of cases. Palmerston North participants said that appointments with staff were very professional, but the process was very long and there was a need for triaging.

At the Manurewa meeting, participants said that it was the job of case managers to support people to put in a claim and access any assessments needed – it was not their job to say that they didn't believe the veteran. Manurewa and Templeton participants believed that a percentage of case managers needed military experience to help with 'translation'.

Access to information and entitlements

Access to information and entitlements, and applications being declined was another area that 30 respondents felt was not working well. This was also raised at almost all meetings. Comments included:

- A lack of understanding of entitlements under the Act (16 respondents). Suggestions included a fact sheet to set out what could be claimed and by who, an annual summary of support, for example in "Vets News", and more publicity to target groups.
- More difficultly in accessing entitlements than under the previous Act, with a feeling of VANZ acting belligerently in relation to claims, claims being declined and people missing

out being covered by the Act. Inconsistency about what was covered (ten respondents). Another noted their claim remained unresolved.

- A reactive rather than proactive approach to assisting veterans (four respondents).
- A lack of understanding of entitlements by service personnel at their release from the NZDF (two respondents).
- A feeling that veterans living outside New Zealand were discriminated against, with lower levels of support and financial reimbursement (one respondent).

A need for better access to information and entitlements was raised at meetings in Devonport, Whāngārei, Manurewa, Whāngārei, Invercargill, Whenuapai, Linton, Lower Hutt, Palmerston North and Mosgiel.

A Manurewa veteran who was in the forces in the 1950's said that she had not known about the Act or that support was available until two years ago. A participant in Porirua said that:

> *"Many vets never knew they were eligible and died before they gained the benefit they should have gotten".*

An attendee at the Whenuapai focus group meeting commented:

> *"There just needs to be a simple eligibility test and simple processes".*

Linton and Lower Hutt participants felt that information should be provided to service personnel at every key step in their lives. Palmerston North participants believed VANZ should provide information to people about their entitlements as soon as they qualified as a veteran. The Devonport focus group suggested a simple flow chart on both the NZDF and VANZ websites to explain who qualified as a veteran would be useful.

Palmerston North and Whāngārei meeting participants found it difficult to navigate the VANZ website.

Whāngārei participants commented that there were long-standing grievances about the inequity in support provided to Māori veterans when they returned home. They raised issues about the difficulty of getting illnesses recognized as service-related, as eligible veterans. Participants in Napier relayed instances of claims not being covered, with one stating:

> *"We took it for granted that our conditions were accepted for life…now they are putting a timeframe and monetary value on our conditions".*

Contemporary veterans found it hard to understand the Act and what entitlements may be available to younger veterans.

At meetings in Invercargill, Porirua and Lower Hutt, participants noted inconsistencies in service related conditions being accepted. One participant in Invercargill said "the conditions accepted by Veterans' Affairs are not always the ones you actually need support for". A participant at the Napier meeting said that VANZ was reluctant to approve funding and "start saying that your condition is caused by the ageing process, or that your needs can be met by the public health system".

Advocacy issues

Advocacy issues were mentioned by 14 respondents and at several meetings. Comments included:

- A desire for VANZ to provide training to advocates, as the range of skill and knowledge of the Act among RSA support advisors varied considerably. The RNZRSA had provided

its own training to RNZRSA welfare officers to enable them to provide support for veterans requiring a face-to-face meeting (six respondents).

- A need for greater use of veteran welfare advocates/supporters who could assist veterans in determining what is available and navigating the bureaucracy of accessing support. A view that formally trained advocates should be employed to take the place of case managers as part of the claims assessment process, act impartially and ensure a benevolent approach (four respondents).
- It was not working well having to deal with volunteer welfare officers, who were mainly untrained and sometimes unavailable, to facilitate support (four respondents).
- No Duff commented that it had an ongoing veterans' welfare drive. This filled a gap in services for veterans left by VANZ, but there was a feeling that its roles were more appropriately what VANZ should be doing. This view was reinforced by another respondent.
- That RSA representatives and advocates may not persist with difficult or complex claims as they are concerned that it will affect their relationships with VANZ or even their future funding (one respondent).
- That RSA welfare officers were volunteers who often had little or no training, and many of whom were elderly. Without this network the duty of care responsibility of NZDF would struggle to function. In the next decade this network is predicted to disappear, and the Act did not reflect this different welfare scenario (one respondent).
- The Canterbury District RSA commented on the need for greater assistance to support organisations such as RSA support services.
- The Royal New Zealand Artillery Association Inc thought that VANZ did not listen to support advisors (welfare officers) in their liaison role.
- The Auckland branch of the RSA thought VANZ should be permitted to competitively contract with veterans' organisations or others to provide veterans with advocacy and assistance in accessing their entitlements and benefits under the Act.
- A need for advocates to be funded to represent veterans (one respondent).

One respondent commented that:

> *"Many of the existing veterans' welfare providers had done little or nothing to ensure models of veteran care/welfare/support had evolved to meet the changing veteran demographic. Indeed, many had focused their club's income on bar takings, pokies and restaurants at the expense of the veterans in their area".*

Another respondent was lacking contact with other veterans, noting his local RSA had been "swallowed" by another organisation.

Another commented that:

> *"The RSA although well intentioned are lacking in some cases the skills to deal with the emerging and ongoing problems".*

Advocacy issues were raised at meetings. Templeton participants believed there was a need to establish a budget and resources for VANZ to train RSA welfare officers. VANZ was already starting to provide training on the Act.

The Mosgiel meeting raised that the RSA and No Duff should be properly funded for the work they do, while Templeton meeting participants thought the RSA should be reimbursed for travel costs.

At the Gisborne meeting there was a concern that RSAs were not attracting young service people, and more emphasis needed to be placed on recently returned service people. No Duff focus group meeting participants believed that RSAs should come to training/information sessions at all key points in the process: basic training, pre-deployment, and return from deployment. Not just when people were transitioning out of the service.

One participant believed that organisations like No Duff would not be needed if VANZ was effective.

An RSA support officer in Manurewa spoke of the personal safety risk of associating with some individuals, for example those who possessed firearms or had been deported to New Zealand for crimes committed overseas.

Closing the Hamilton Office and providing local support

There were seven comments about the impacts of closing the Hamilton office and this was raised at a few meetings. There were other comments about the need for locally-based support. Comments included:

- A feeling that closing the office was a mistake, and a decentralised regional network of offices should be established (five respondents).
- Veterans losing their case managers and not receiving regular contact as they had not been allocated replacement case managers. Some information that had previously been provided was also ceased (two respondents).
- The unfortunate timing of closing the Hamilton Office just before the Wellington earthquake, leaving VANZ with no backup system (two respondents).
- A need for locally based case managers, with one respondent noting that there could be linked in with trusts such as Ranfurly, Rannerdale and Montecillo where possible. This could provide the profile, presence and trust that veterans would relate to in those communities (two respondents).

Paaraeroa-a-Tumatauenga, a volunteer group of ex-military kaumātua, commented that:

> *"Creating more Veterans' Affairs offices in the main centres will be of tremendous benefit to veterans and their whānau attending consultations and assessments for improvement in health and medical problems. Personal contact is more beneficial and more appropriate for dealing with cultural sensitivity, holistic and spiritual healing processes with local Iwi, Māori health and mental health agencies".*

- One respondent thought that case managers should be appointed in Sydney, Melbourne and Brisbane to support expat veterans.

Participants at the Invercargill meeting said that reimbursement was slower since the closure of the Hamilton office and notifications were missing. A participant at the Mosgiel meeting had also experienced problems since the office closed, with a new case manager not knowing his details. Participants at the No Duff focus group referred to a veteran (on a pension only) who had not had any contact from his new case manager since the Hamilton office closed.

General issues with the Act

A further nine respondents and participants at meetings made general comments about the Act. These included:

- That the Act and regulations were complex, and came across as a vehicle to regulate the administration (four respondents).
- Two respondents were disappointed with the new Act, comparing it adversely with the legislation and intent that was replaced, and noting it had a focus on cutting costs.
- A view that there is an acute need for help but the Government response is limited (one respondent).
- The New Zealand Vietnam Veterans' Association perceived that by and large the Act was not working well.
- One respondent felt that New Zealand was sending veterans and their families on a financially impossible mission.

One respondent commented:

> *"Recognition of this service and sacrifice cannot be lip-service from government or mere photoshoots with politicians on Anzac Day. It must be more meaningful. It must mean systematic improvements to government systems and the entitlements and benefit available to the men and women who have served".*

Participants at the meeting in Invercargill felt that veterans were worse off from the change in legislation. Mosgiel participants believed the Act needed the correct level of prescription, in order to maintain flexibility.

Services for Māori

Some respondents and participants at the Porirua meeting raised the need for VANZ to improve services for Māori (five respondents). Comments included:

- A view that there is minimal assistance from VANZ that caters to the needs of Māori veterans. A lack of Te Reo speakers, and VANZ not being conducive to Māori protocols created a barrier from the outset. There was a need for Marae-based consultation meetings involving the community Iwi and hapū (one respondent).
- Paaraeroa-a-Tumatauenga commented on the need for the Treaty of Waitangi and its principles to be included in the Act (perhaps in section 10) and recognized by VANZ.
- The need for a Māori desk within VANZ, and representing a Te Ao Māori approach to supporting Māori veteran interests, ditto for Pacific Islanders (one respondent). The need for better outreach to Māori and Pasifika veterans (one respondent).
- The importance for Māori that kanohi ki te kanohi, or face to face communication takes place (one respondent).

Participants at the Porirua meeting also noted that VANZ needs Te Reo speakers, and someone who had responsibility for cultural linkages.

3. Would you like to see any specific changes? If so, what are they, and why is change needed?

Many respondents commented on specific changes they would like to see. The majority of comments were on the need to change the eligibility for qualifying as a veteran. Other respondents thought that changes were needed relating to receiving private treatment, information and entitlements and medical examinations or hearing tests. There were also comments on general changes to the Act, and a range of other comments. These comments have been reported in other sections.

ACCESS TO AND ELIGIBILITY FOR ENTITLEMENTS AND SUPPORT

Is it easy enough to enter the system?

4. Do you have any views on how to eliminate barriers to seeking and accessing assistance under the Act?

A total of 133 respondents commented on barriers to seeking and accessing assistance under the Act. Many comments related to a lack of timeliness from VANZ and the 30-day timeframe rarely being met by VANZ. Other comments focused on the structure of NZDF managing VANZ, issues with medical records, intergenerational issues, specific concerns by Vietnam veterans and other veteran groups, mental health needs of veterans not being met, the complaints system, and other barriers.

Timeliness

An issue that was raised by 37 respondents and at several meetings was timeliness. While opinion was divided on whether the 30-day time period for making decisions about entitlements was adequate, the respondents' experience with VANZ was that this timeframe was rarely adhered to. Respondents noted that in most cases they were experiencing wait times of over six months for decisions on their entitlements. A veteran said that he became upset when having been diagnosed with cancer was told his application would take six months to process. One respondent commented:

> *"Overall the Act is adequate. However, the support needs to be quick and practical all the time, and clear of bureaucratic claptrap and blockages. These are seen as barriers and just turn the veteran and family off when they run into them".*

Of these 37 respondents, 10 respondents perceived the issue to be caused by lack of staffing at VANZ and requested more case managers to process requests.

Participants at the Mosgiel meeting said it takes too long to get help and support from VANZ. In the past issues were followed up immediately, but people were now told "it's on the file". For example, a veteran with skin problems had been waiting six months for a decision. Participants at the Manurewa meeting agreed that applications were not being processed in a timely way and the 30-day timeframe was not being achieved. They believed that the VANZ timeframe for making decisions around entitlements should be related to the claimant's need or urgency rather than a prescribed time limit. Participants at the Tauranga meeting said that veterans should be given clear timeframes for a response from VANZ, including how long it would take for their case or change to be considered and the timeframe for decisions. This was also expressed as VANZ needing to have a service charter.

VANZ and NZDF structure

A few respondents questioned the appropriateness of the structure of NZDF managing Veterans Affairs and questioned whether veterans were best served by this structure. One respondent suggested New Zealand should investigate the Australian model. Participants at the Manurewa meeting also thought that NZDF should not be involved or associated with Veterans' Affairs. One respondent believed there was a conflict of interest in placing VANZ within NZDF, as NZDF's prime focus was in training its forces for combat and support and care for veterans was of secondary

importance. The respondent questioned whether NZDF had given VANZ proper direction and resources to undertake its responsibilities and thought that if not, NZDF should be held to account. One respondent raised concerns about funding. The respondent thought that a separation would allow proper transparency and robust audit of VANZ performance.

Another respondent was concerned that responsibility was split between the Minister of Defence and the Minister of Veterans' Affairs, which had had an impact on the allocation and reduction of funding for VANZ. The respondent believed this reduction in funding had had a significant negative impact on the provision of support services.

Medical records

Medical records were reported by seven respondents and at several meetings as a barrier to seeking and accessing assistance under the Act. Comments included:

- The need for accurate medical records to enable applicants to provide proof of a condition or circumstance in order to access support. There were issues with files being lost or unavailable. The onus of proof was on NZDF and VANZ to hold and maintain medical records. Respondents thought there was a need for improvement in this area as veterans should not be disadvantaged due to poor recordkeeping (five respondents).
- VANZ should make every effort to find and where necessary recreate through veterans' testimony individual war records (one respondent).
- A service connection should be presumed for subsequent illnesses suffered by service personnel where records are unavailable (one respondent).
- A need for an opt-in mechanism to register veterans and their health needs, residing in the primary health sector. This would require a change to section 213 of the Act to require VANZ to work alongside the Ministry of Health in collecting data (one respondent).
- The need for veteran health data to automatically be shared with GPs and other health providers on release from NZDF (one respondent).
- A view that NZDF should keep track of veterans' deaths and share that information with VANZ (one respondent).
- Several respondents noted that NZDF personnel were reluctant to disclose conditions while still serving due to a concern they would be excluded from operational service. There was a need for a level of protection, for example around mental health issues.

There were comments in Manurewa, Christchurch and Invercargill about poor recordkeeping and a lack of historic medical records to draw on, and a need to improve recordkeeping. Participants in Christchurch noted that inadequate medical records impacted on veterans being successful in making claims. Participants commented that the nature and skill level of the assessing medics (in the case of historical records) should be taken into account when VANZ was considering claims for conditions. Participants in Invercargill asked:

> *"How far should veterans have to go to prove that their conditions are due to service?".*

Participants at the Whenuapai meeting said that there was no information sharing across military and civilian medical records. Consideration could be given to requiring people to share their civilian medical records on joining the NZDF.

Mosgiel participants said that the Act required Veterans' Affairs to build a database on veterans' health. They believed this would provide a rich source of information about veterans' health, including for comparative purposes, but VANZ put up barriers to doing that. The No Duff focus group said that there was some activity underway aimed at assisting with entry to the veterans' support system. This included development of an opt-in system to share and lodge individual NZDF records with Veterans' Affairs; and a pin number to access and add to medical records. Participants believed that the provision of an NZDF record with documented relevant illnesses/injuries due to qualifying operational service should be automatically accepted as eligibility to enter the veterans' support system. Veterans' Affairs should then pay/provide support until funding responsibilities are sorted out (including with ACC).

Intergenerational issues

There were a number of comments in submissions and at meetings relating to the need for better support for families with intergenerational issues due to a veteran's service. Comments included:

- The RNZRSA believed that a clause was necessary in the Act relating to intergenerational problems suffered by families of those exposed to defoliants and nuclear radiation. As well as intergenerational problems, they noted there may be problems arising from other toxins such as DPB, depleted uranium, arsenic absorption, petroleum products and cleaning agents. The RNZRSA supported the ability of VANZ to research individual cases and provide compensation to veterans' children and grandchildren.
- The Mururoa Veterans Group and two respondents said that the Act should make provision for children and grandchildren, specifically the children and grandchildren of veterans with chemical or nuclear exposure as their illnesses were a direct result of the veteran's service.
- The Wai 1401 Claim Committee noted the Act fails to address the issue of intergenerational war damage, and therefore impacts on the health and wellbeing of the veteran.
- A concern that VANZ had only four accepted disabilities for offspring of veterans exposed to Agent Orange – which lagged behind international literature on the links between exposure and genetic abnormalities. The respondent said:

  > *"A recent case I saw was the son of a veteran who has had acknowledged Agent Orange exposure. This son has significant hearing loss, learning disabilities and psychological disturbances and VA said that they cannot help him with hearing aid funding as his disabilities are not "accepted" ones. Yet in the literature they are known".*

- Tarawhiti Vietnam Veterans requested that children with health conditions caused by their veteran parents' service related illnesses be covered by the Act. They noted that their request for genetic testing due to their exposure to Agent Orange had been declined. Some local deaths were now being attributed on death certificates to exposure to Agent Orange related illnesses. One case of an Agent Orange related illness was before the Veterans' Entitlement Appeal Board, as VANZ had determined it did not meet the Statements of Principles. VANZ had declined another case as the condition was diagnosed 45 years after service, which Vietnam veterans found difficult to accept.
- Tarawhiti Vietnam Veterans were concerned about modern veterans potentially experiencing the same type of denial about any toxin-related illnesses as them. They

noted opportunities for increased exposure to toxins were highly likely, and that VANZ should actively protect those veterans placed in potentially toxic environments. They believed that "Parliament should consider a war toxic exposure act establishing the presumption, as a matter of law, that veterans were exposed to hazardous materials known to have been present in the war theatre".

- Tairawhiti Vietnam Veterans suggested that VANZ should establish an independent scientific body that included non-Government scientific experts from the fields of toxicology, immunology, microbiology, molecular biology, genetics, biochemistry, chemistry, epidemiology, medicine and public health specifically for the purpose of identifying these diseases and illnesses that been caused by exposure to hazardous materials.
- Another respondent asked that the eligibility criteria for receiving healthcare assistance recognise the effects of Agent Orange and other dioxins on veterans and their families; and that the requirements be removed for case by case assessment and for applicants to be seen by a specialist prior to approval of pensions.
- A veteran was concerned about use of the insecticide with dibutyl phthalate (DBP) in South East Asia in the 1960's and 70's and the impact on his children who had suffered reproductive disorders. A Canterbury University study had found that exposure to DPB was associated with an increased incidence of cryptorchidism, hypospadias and breast cancer in veterans' children. The veteran said that the process of applying for further research grants has not functioned well and the necessary research to conclusively establish the links was required. He believed it was unfair for veterans to carry the burden of medical costs for their children and that – under a benevolent approach to claims – it should be the state's responsibility to establish or disprove the link.
- Other respondents also expressed a desire for VANZ to commission work to identify the health risks associated with exposure to insecticides and chemicals, develop support centres for veterans who have been exposed to toxins, and negotiate toxicological and environmental medicine expertise or specialists dedicated to specific war related injuries.
- The wife of a Mururoa veteran commented on her husband's issues with cancer and the cancers and health issues of their children and grandchildren. Speaking of her grandson she commented:

  > *"His parents have to fight the systems to get help for him. They have been told it's a genetic problem, but to get him help is difficult. Mention to a health professional that is grandfather is a Mururoa Veteran and the door closes, not an area they want to get involved in… from a wife, mother and grandmother's point of view, the effects of the Mururoa protest will live on forever. The guilt and sadness that I feel we are responsible for with our grandchildren will never go away. It is too late for the veterans still alive and the everyway suffering they live with. But they must strive to support and seek answers to give their grandchildren, the innocent ones but will be left to endure many hurdles with their health and disabilities. What assurance is there for them, that they can grow up and produce children and will not be afflicted with genetic disabilities?"*

- A child of a Mururoa veteran expressed concerns about whether he had inherited a deficiency from his father and passed that on to his children, worrying about the legacy

handed down to the children and grandchildren of Mururoa veterans. Another respondent was also concerned about what problems their children and grandchildren may have due to altered DNA and asked whether they could be tested.

- One suggestion was to develop a database of the medical conditions of the children of Vietnam veterans and specialist services for the children of veterans who have been exposed to Agent Orange or other radiation (two respondents).

Intergenerational issues were raised at several meetings. Agent Orange was raised at the Gisborne, Napier, and Whāngārei meetings with participants concerned about the intergenerational effects of exposure. Participants at the Napier and Whāngārei meetings saw a need to extend services to the direct families of veterans who were exposed to Agent Orange.

Participants at the Whāngārei meeting also said that there was a need to identify other toxins and potential flow on health effects to whānau, including intergenerational effects.

Participants in Christchurch and Templeton commented that grandchildren and future generations affected by Vietnam veterans' service also need to be covered by the Act/the MoU with Vietnam Veterans. Participants in Mosgiel commented that a lot of the children of Vietnam veterans have alcohol and drug problems and it was difficult to get help for them.

The Christchurch meeting noted the issues with Malayan war veterans' exposure to the insecticide DPB and concerns for future generations but there have been issues with providing evidence to support these claims. There was a need for VANZ to fund further research into this.

Manurewa participants said that issues for spouses and offspring were not well recognised, particularly ongoing medical impacts including for offspring of Mururoa veterans. Porirua participants asked why veterans and their families should have to pay for DNA testing of their children and grandchildren?

Exposure to Asbestos

Some veterans were concerned about the effects of their exposure to asbestos on Navy ships until the early 1970's. The Tairawhiti Vietnam Veterans and Families Association believed that special attention needed to be paid to these claims. The veterans concerned needed a voice. Another respondent said that despite not being a veteran, he was on the asbestos register and had other conditions which he had to meet the cost for himself.

Concerns by Vietnam veterans

Some Vietnam veterans expressed a number of concerns including feeling they have been treated very negatively and the Tairawhiti Vietnam Veterans and Families Association said that VANZ continued to marginalise or mistreat Vietnam veterans despite the 2006 MoU. One respondent said that the promises made in the formal apology to Vietnam veterans following NZDF's lack of support to them after their deployment were not included in the Act. This respondent believed the issue of all Vietnam veterans' medical costs being free should be readdressed.

A participant at the meeting in Invercargill said that the MoU with Vietnam Veterans should be incorporated into the Act, and that these services should be extended to other veterans (including annual medical assessments and support for children). A participant at the Templeton meeting felt that "the Government and bureaucrats haven't delivered on what was promised" by the MoU. One participant in Templeton commented:

> *"I went to the funeral of a post-Vietnam soldier who fell through the cracks. He died the day before he was supposed to go into the Rannerdale Rest Home".*

Mental health needs of veterans not being met

Participants at the Palmerston North, Linton, Napier, Gisborne, Christchurch, Manurewa and No Duff meetings and 10 respondents discussed the issues of mental health and PTSI and how veterans and their families were affected. Comments on PTSI included that it often led to people being in trouble with the law, and that families were impacted by a veteran's PTSI. Respondents wanted to see better access to appropriate care for those with psychological injuries. This included psychiatric help, but also more innovative solutions such as specially trained disability assist dogs and other alternative forms of treatment. There was a need for claims to be recognised, assessed and treated promptly.

Two respondents requested that VANZ fund a residential treatment programme for PTSI. One respondent noted that there were no programmes like this in New Zealand and the recognised clinical therapies in New Zealand were not as effective at the residential programme in Australia which was world leading in the treatment of PTSI.

One respondent suggested that a veteran suicide register should be created and maintained to help to identify at-risk groups and to help prioritise mental health services. Another respondent believed that VANZ needed to be proactive about connecting people with PTSI with other veterans.

One respondent was concerned that it could not be assumed the average psychologist or psychiatrist was skilled at diagnosing PTSI. A participant in Napier commented that there was a need for more education about the mental health needs of veterans, particularly PTSI. Cases needed to be dealt with sympathetically, not patronisingly.

The Christchurch meeting noted that a lot of mental health issues including PTSI remained undiagnosed within the NZDF. One respondent and participants at the Porirua meeting said that serving members of the military would sometimes hide the fact that they were suffering from disabilities out of fear that it would affect their careers and this made applications for assistance for service related conditions difficult.

The Manurewa meeting noted that PTSI was the biggest issue for contemporary veterans, and No Duff was an example of how to intervene and support this group. A participant at the Christchurch meeting commented that PTSI was not always recognised to enable people to qualify as veterans. Participants at the Gisborne meeting said that PTSI affects partners and children too, and that they also needed support.

Complaints system

A few respondents and participants at meetings commented on issues with the system of redress. A participant at the Henderson meeting said they had had a long battle with the complaints system.

One respondent who had applied for a review of VANZ decision declining support to him in January 2017 had heard nothing since. Regarding the backlog of cases going to the Appeals Board, one advocate said that the veteran they were applying on behalf of had been waiting over a year and was in his late 80s and in ill health. Another respondent thought that:

“The VANZ review process is cumbersome, time consuming, and designed to wear a veteran down before he/she can get an issue properly addressed”.

One respondent said that they had contacted the Minister of Veterans’ Affairs which seemed to be the only way to get some action when a 94-year-old veteran was not receiving appropriate treatment. The person finally received confirmation that the condition was accepted, but did not think they should have had to write to the Minister. They felt there needed to be an independent veterans’ complaints officer to resolve complaints in a timely manner.

The Tairawhiti Vietnam Veterans and Families Association noted that over the years it had been forced to complain to the Ombudsman, Privacy Commissioner, UN Indigenous Rapporteur, NZDF, the Prime Minister and MP’s to voice their concerns. The Association felt so aggrieved about the behaviour of some VANZ staff and VANZ decision making policies that it took an individual and then group concerns to the High Court and to the Chief of Defence Force. Their concerns were primarily seeking clarification over interpretation of the legislation.

One respondent believed that people should be compensated for pain and suffering when VANZ was proven wrong on issues.

Another comment was that there was a need to independently audit VANZ for compliance with its communications obligations, issuing of entitlements and speed of response (one respondent).

Other barriers

Other barriers noted in submissions included:

- A view that greater attention needed to be paid to veteran women, families where both parents were veterans and support for gay veterans (one respondent).
- A need for VANZ to better cater for ageing veterans. It was suggested that VANZ should invest in ongoing geriatric and gerontology research programmes (one respondent).
- A view that VANZ should be renamed to Veterans’ Affairs, to destigmatise it (as the name was too close to WINZ) (one respondent).

A participant at the Templeton meeting also thought that more veterans should be living in Rannerdale and other rest homes that specifically cater for veterans.

Are the principles in the Act clear enough?

5. Do you have concerns about how the principles in the Act have been put into practice over the past 2 years?

A total of 63 respondents and many meeting participants made comments in this section. These included concerns with the principle of benevolence, inequities between Scheme One and Scheme Two, and fair entitlements and equal treatment including in relation to criminal offending.

Benevolence principle

The principle of taking a benevolent approach to claims was raised by 16 participants and at almost all meetings. Comments included:

- A view that the onus was always on the applicant to prove eligibility, instead of the military or VANZ having to prove that the condition(s) are not attributable to active

service. A view that the benefit of the doubt should always rest with the veteran, with one respondent suggesting the appropriate sections from the 1954 Act should be included. If a service person qualified as a veteran, their medical needs should be taken care of, without having to prove their condition was caused through service (eight respondents).

- The need for a clearer definition and interpretation of benevolence, and for consideration of benevolence to be applied and explained for each application or claim lodged (four respondents).
- A view that the principles of benevolence, natural justice and empathy with veterans and their families should be expressed including as changes occur in amending the Act (three respondents).
- A need for the Act to adequately define and empower duty of care responsibilities for the care of veterans. It was suggested that having professional Welfare Officers in regions would help to alleviate this (two respondents).
- A desire for VANZ to have a benevolent attitude in administering the Act (one respondent). One respondent raised concerns about the VANZ approach to assessments to determine a veteran's total impairment. There was a view that VANZ had a statutory obligation to assess all qualifying veterans for maximum rehabilitation, including all reasonable and practicable treatments (one respondent). Participants at the Palmerston North meeting also said that veterans did not understand how and why their whole of person impairment calculations had reduced.
- A concern that a culture with a focus on cost saving and picking up on the "bludgers" led the organisation away from maximising what it could do for an individual and towards how it could get out of providing a service (one respondent).
- A belief that veterans have not been receiving long term, consistent and supportive value for money in relation to services rendered (one respondent).
- A desire to enshrine in the Act the right of veterans to transitional provisions that were no less favorable than under previous legislation, and to have benefits remaining as they were with no erosion of services (three respondents). One respondent believed that the aim of not allowing anyone covered by the 1954 Act to be disadvantaged in any way has not been met.
- A view that the financial and general support provided needed to be more generous and much clearer to those in real need (veterans who have been badly injured physically or psychologically) (one respondent).
- A desire for a better balance in favour of veterans as those who have served their country (one respondent).
- A desire to see the principle of benevolence also mentioned in any VANZ forms, complaints processes, staff training, the website, mission statement and strategic planning (one respondent).
- A general point that veterans could be treated better.

A lack of benevolence in the way the Act has been applied was mentioned at meetings in Christchurch, Invercargill, Gisborne, Palmerston North, Manurewa, Porirua, Mosgiel, Napier, Tauranga and Henderson. As part of the benevolence principle, participants at the Mosgiel, Gisborne and Henderson meetings believed there was a special duty of care for veterans.

Tauranga participants said this needed to be included and recognised, with care and support provided to veterans and their families to – and beyond – death.

Participants at the Christchurch and Invercargill meetings mentioned confusion over qualifying operational service and the stringent application of rules around entitlements. Christchurch participants described the processing time for claims as arduous, disadvantageous and not benevolent. Participants at the Tauranga meeting gave the examples of access to hearing aids, lawn mowing services, diagnosis and treatment of skin cancers, and the relationship to ACC to demonstrate that VANZ did not operate according to the principle of benevolence. Participants at the Napier meeting said that the benevolence principle was not applied to veterans' benefit in many cases, for example, the Statements of Principles did not cover everything.

Invercargill participants' experience was that while veterans were told that no-one would be worse-off from the change of legislation, this was not peoples' experience. One veteran was advised to move from the Veterans' Pension to income compensation. However, that meant he was no longer eligible for the Community Services Card, which meant the DHB was going to take away his carer support (for a non-service related condition).

Participants at the Gisborne meeting believed that Right 1, under the Code of Veterans' and Other Claimants' Rights, should refer to "the right to benevolence" as well as dignity and respect.

Invercargill, Tauranga, Palmerston North, Manurewa, and Porirua participants felt that the concept of 'reverse onus of proof' needed to be looked at by the review and that VANZ needed to accept the veteran's word. A participant in Palmerston North said that the spirit of the 1954 Act had been lost. You now needed to show that your condition was related to your service. There was a view that benevolence should be applied, and veterans should be treated as well as those in the USA and Australia.

Inequities between Scheme One and Scheme Two

A total of twelve respondents believed there should only be one scheme, as two schemes led to confusion and inequality for veterans. Issues with the two schemes were also raised at meetings in Palmerston North, Christchurch, Gisborne, Henderson, Porirua, Napier, Lower Hutt and Devonport.

People on Scheme One were seen as better off overall than those under Scheme Two. Two respondents saw a need for veterans in Scheme One to revert to the old scheme, or for the two schemes to be abolished.

One person suggested that Scheme Two benefits extend to include 'severely impaired' as in Scheme One, and that the children of Scheme Two veterans receive the same entitlements as Scheme One children.

Another view was that if a veteran under the old scheme had a new injury or illness awarded, they should not be enrolled in the new scheme until such time as their whole of body disability reached the same pay threshold as they were on previously (two respondents).

One respondent said that there should not be different rules for veterans who served at different times – "all veterans and their families should not be discriminated against based on some arbitrary date". Another commented:

> *"There is no good reason to have different entitlements for veterans based on **when** they served. Access to and eligibility for entitlements and support should simply be based on the needs, injuries and illnesses of veterans".*

Participants at the Palmerston North and Christchurch meetings thought there should only be one scheme to cover all veterans. Participants in Gisborne and Henderson said that there was a lack of understanding of the move from Scheme One to Scheme Two and the differences between them. Porirua, Napier and Lower Hutt participants commented that currently Scheme Two did not provide the same entitlements, which was inequitable, discriminatory and not benevolent.

Lower Hutt participants noted there was a material difference between what the family of a veteran killed in Vietnam was eligible for compared to the family of a veteran killed in Afghanistan. They believed the same eligibility requirements should apply to both schemes. Palmerston North participants also thought there was a gulf between the pre-and post-1974 veterans and the support they received. In the new Act, there was an ACC world view, governance arrangements and ethos, which impacted on the attitude of staff. This in turn had an impact on veterans, for example when earlier injuries led to later conditions, which were not covered.

Lower Hutt participants said that under the 1954 Act, to reject an application for a condition, the Crown had to show that the presenting condition was entirely due to other causes. Now that test was weaker and less benevolent.

A participant at the Devonport focus group believed that when the Government brought in Scheme Two, it should have looked at how the eligibility arrangements needed to change, to align with that new philosophy and direction.

Fair entitlements and equal treatment

Other comments in this section related to fair entitlements and equal treatment, which were raised by ten respondents and at several meetings. Comments included:

- A view that care was not equitable – not everyone was aware of their entitlements. Where there were two service personnel serving side by side with the same injury, one was covered post service and the other was not (three respondents).
- A feeling that the equal treatment claim was not equal if everyone was treated differently (one respondent).
- VANZ was not reaching all those who qualify for support under the Act, and there were gaps in capability and performance servicing its current clients.
- A feeling that VANZ and the Government was not meeting its promise that no veteran would be disadvantaged by the new Act.
- A lack of mutual commitment with VANZ not sticking to commitments made in rehabilitation with veterans.
- The need for a fairer recognition of the long-term damage of stress (one respondent).
- A feeling that the problem was not the Act itself but those who did not qualify for support (one respondent).
- One respondent disagreed with the disentitlements in Part 1, section 28 of the Act including suicide, given the prevalence of PTSI (also mentioning alcohol and tobacco).

Fair entitlements and equal treatment were raised at meetings in Whenuapai, Devonport, Gisborne, Invercargill and Mosgiel. Participants at the Devonport focus group believed that section 28 of the Act (Circumstances that exclude or limit entitlements) was inherently unfair and unjustified. This included its grouping of AWOL and desertion, which were very different things, with significantly different disciplinary consequences. It was also unclear how some of it would

be interpreted. They believed the 'aging process' exclusion appeared unfair and unworkable, given that everyone ages. Participants at the Gisborne meeting agreed that the aging process exclusion was discriminatory, lacked benevolence and did not reflect that veterans would often age faster and be more susceptible to some conditions.

The Devonport focus group suggested that the whole of section 28 be deleted, but if that was not possible then amendments should include:

- Retain the reference to 'desertion' but remove the reference to 'AWOL'.
- Clarify whether the Armed Forces Discipline Act is supposed to be included as 'New Zealand law'. If it is, non-equivalent minor offences should not be covered.
- Delete the exclusion related to 'self-inflicted death'.
- Delete the exclusions relating to alcohol and smoking.
- Modify the aging process exclusion, so that it specifies that this is around the 'generally expected aging process'.

One respondent at the Whenuapai meeting said that:

> *"Most people who serve in the Defence Force will face some adverse impact. I'd like to think there would be some kind of safety net there when you need it".*

The Invercargill meeting questioned why the loss of different body parts was treated/compensated differently. "Why do you get more for loss of limbs in comparison to loss of organs, for example through cancer?".

The Mosgiel meeting noted that the principle of benevolence must remain. However, it was unclear how the principle of 'equal treatment for equal claims' should be interpreted. One interpretation was that there should be equal treatment for equal claims *amongst veterans*. The second was that there should be equal treatment of veterans' claims *in comparison with everyone else in the community.* The first approach was how this principle should be interpreted, but if it was the second approach that was used, the comparison made must be with the best treatment available (for example the most sophisticated or fastest treatment provided by a DHB).

Entitlements and criminal offending

A few submissions and meeting participants questioned whether it was fair for veterans on remand, in prison, or with a criminal conviction to lose all entitlements. This could cause undue hardship and have a negative impact on veterans' children. One respondent said that some veterans had been involved in criminal offending and imprisoned because of the psychological impacts of their war service. As such section 29 (disentitlement during imprisonment) should be removed as it was discriminatory, lacking in benevolence and disrespectful. It was contrary to the principles of acknowledgement, fair treatment, equal treatment of equal claims and benevolence for all veterans. One respondent believed veterans in prison required active assistance.

Participants at the Devonport and Manurewa meetings believed that people who went to prison should be able to keep some supports, particularly when family would otherwise be punished twice. An example was access to the children's bursary. Participants at the Devonport meeting said that section 29 of the Act should clarify that the exclusion relating to prisoners should not be interpreted as applying to prisoners of war.

6. Do you think any changes are needed to the principles? What changes would you like and why?

Responses were divided on this question, with around half thinking that changes were needed, and the other half stating that no changes were needed. Where changes were needed suggestions included adding new principles or clarifying existing principles. Some people made other comments including that the principles needed to be observed and implemented.

Comments on changes that were required included:

- A need for new principles including:
  - Distinguishing between entitlements (for service people) and benefits (for others).
  - Ongoing duty of care and family duty of care.
  - Degrees of disablement and the presumption that injury, illness or death was due to qualifying operational service.
  - That VANZ must inform veterans fully, clearly and appropriately of their options and potential entitlements.
  - That (while ensuring equality) VANZ should consider each case on its merits and increase the amount or style of support to best meet the needs of veterans or dependants.
- The South East Asia Veterans' Association suggested:
  - Extending principle 10(a) (acknowledging veterans have been placed in harm's way) to include all who serve their country rather than just those with qualifying operational service.
  - Clarifying the interpretation of the benevolent approach principle and the difference between 'beyond reasonable doubt' and 'on the balance of probabilities'.
  - Addressing concerns about the issue of affordability, including that service personnel were not receiving entitlements based on their expectations but on the ability of VANZ to service the full number of complaints.
- Adding an overarching principle that the Act was in favour of veterans, removing its 'mean spiritedness' and shifting the burden of proof so that VANZ was required to have a high degree of proof to negate any claim. Participants at the Tauranga meeting also said that the burden of proof should be on the Government, not the veteran.
- The general principle of fairness, and benefit of the doubt for pre-1974 veterans. The duty of care and satisfactory medical treatment should be emphasised.
- The need for equality of all veterans, and that all veterans were eligible for support, not just those injured, disabled or ill as a result of their service.
- That the principles need to be observed and implemented. The principles were one thing and their application was another – they were not working or ignored. There was the potential for case management to become quickly adversarial. The principles excluded those who were not covered by qualifying operational service.
- That a clause should be added authorising provision of palliative care and respite for terminally ill veterans.

Should the Act specify responsibilities for people receiving support?

7. Do you think the Act should place responsibilities on the people receiving entitlements and support under the Act? If so what should they be?

A total of 55 respondents commented on whether the Act should place responsibilities on the people receiving entitlements and support under the Act. Of these, 33 respondents considered that people did have responsibilities under the Act that included:

- Honesty including providing VANZ and their treatment providers with accurate information (nine respondents).
- Engaging with and following treatment plans where appropriate (six respondents).
- Looking after their own health (four respondents).

A total of 13 respondents did not agree that the Act should place responsibilities on veterans, with three respondents noting that operational services was qualification enough, and another three noting that the 'your plan' unfairly tied the veteran to a plan that may not be in their best interests. Even among respondents who thought that the Act should place responsibilities on those receiving support or service there were seven respondents who also noted that some recovery plans were inappropriate, and may actually be detrimental to the wellbeing of veterans. For example, The Whakatane branch of the RSA referred to a case of a 90-year old veteran being given a work plan.

Is the threshold for "significant risk of harm" too high?

8. Do you think the current threshold of "significant risk of harm", for the Minister to declare "qualifying operational service", is too high? Do you think factors other than operational and environmental threats should be taken into account? If so, what are they, and why are they relevant?

A total of 97 respondents answered this question, with all but 17 respondents and participants at many meetings agreeing the current threshold was too high.

Current threshold not too high

A total of 17 respondents believed the current threshold was not too high. One respondent did not believe all service personnel should be granted military war veteran status and privilege. Another respondent was concerned that some personnel who wore operational medals had not been near the operational area concerned, and thought that VANZ should examine the validity of claims. One respondent believed the current threshold was about right as being stationed overseas was not the same as being exposed to active service, although active service could be redefined to include missions involving dangerous or stressful situations.

A further comment was that deployments should be declared qualifying operational service in a timely basis rather than in retrospect. One respondent said that active recording of risks encountered on operations was important to ensure NZDF and VANZ had accurate information.

Three respondents thought the threshold was too low.

Threshold too high

A few submissions simply stated that the threshold was too high without elaborating further. Others said that routine service should be covered under the Act, noting that service people acted under orders and were required to perform acts that would not be required of civilians (five respondents). The RNZRSA's view was that where a deployment did not meet the threshold for 'qualifying operational service', it should be declared 'qualifying routine service' for the purposes of the Act, thereby acknowledging and providing for the risk of harm inherent in all military activities. Other respondents believed any overseas service should be operational service, it was 'not a holiday' (one respondent), that all NZDF operational deployments should qualify as operational service (five respondents), or that service in any conflict zone should be covered (one respondent).

A further view was that if ammunition was carried and there were rules of engagement and threats then it was operational service.

One respondent believed the approach to qualifying operational service was not benevolent and was mean spirited. Several respondents noted the inconsistencies between what was covered and what was not, noting that some veterans were missing out due to unrecognised operational service. Specific activities and deployments which respondents thought posed a risk of harm and should be covered included:

- The Multinational Force and Observers in the Sinai Peninsula, for reasons including terrorist activity, landmines, issue of body armour, carriage of firearms and force protection (seven respondents).
- UN and other peacekeeping missions (one respondent) although another felt the terminology was sufficient to cover these.
- Service in Bougainville (one respondent).
- Service in the Solomon Islands (for example in 2006 with riots and unexploded ordinance) (one respondent).
- Service in South East Asia, including Malaya and Singapore (five respondents).
- Naval service in South East Asia in the 1960's and 70's (including station patrols and service off Vietnam tracking B53 bombers). This included difficult living conditions and extended periods away (five respondents). One respondent also pointed to the High Court decision that all RNZN personnel stationed with the British Commonwealth Far East Strategic Reserve were to be deemed to have war/emergency services for the purposes of the War Pensions Act 1954 – a decision the respondent felt had been disregarded or wrongly interpreted by VANZ.
- Naval Service in the Indian Ocean and Middle East, despite this service being dangerous, operationally active and receiving medallic recognition (one respondent and participants at the Invercargill meeting).
- Humanitarian Assistance and Disaster Relief operations in the Pacific, with a high tempo (six respondents).
- Unexploded Ordnance Disposal in New Zealand (one respondent), and explosive remnants of war disposal in the Pacific or further afield (two respondents).

- Fisheries patrols in New Zealand's EEZ (one respondent).
- Search and Rescue operations in New Zealand (one respondent).
- NZDF firefighters (one respondent).
- Civil defence emergencies in New Zealand (two respondents).
- Training activities in New Zealand (even when personnel did not deploy) for example the Navy's damage control school, SAS training, operating large calibre weapons, live firing exercises, use of hand grenades, parachuting, vehicle accidents, and even deaths (nine respondents).
- Submarine patrols (one respondent).
- P3 Orion surveillance patrols (one respondent).
- Deployments to Moscow pre-1981 with inherent dangers including exposure to asbestos and other toxins, and significant stresses which have left people damaged (one respondent).
- Service in Antarctica (one respondent).
- Support hubs including in Darwin for Timor-Leste, Singapore, and others (one respondent).

Other respondents questioned use of the word 'significant' to describe the risk, believing the expression 'risk of harm' sufficient. The RNZRSA saw the term 'significant' as outdated and based on the concept of conventional war, noting that a lower threshold would reflect the reality of contemporary operational service. Another respondent noted that 'significant risk of harm' was subjective and frequently did not adequately reflect the degree of psychological or moral impacts on individuals. The Auckland RSA and Vietnam Veterans Association both said they would favour the Minister also being able to specify types of duties undertaken by personnel, where there might be a "significant" or preferably "probable" or even better still "possible" risk of harm. The RNZRSA recommended that agencies develop a credible methodology to identify the full range of operational, psychological and environmental risk factors for the purposes of the Act.

Two respondents considered that it was often not the circumstance or where the service occurred but the effect on individual veterans and injuries they were exposed to that was important. One believed that qualifying operational service should align better with being 'in harm's way" – not necessarily overseas or in a war zone. Others believed that consideration should be given to situations involving a higher risk of injury and death, environmental threats, skin cancer when no sunscreen was available, Agent Orange and other toxic materials, health and living conditions in theatre, being confined in small spaces, time away from family and matrimonial issues, hazards at sea, fires onboard ships, using equipment and fuels, terrible weather conditions, dangerous terrain, service-related stress, emotional harm, and cultural risk.

One respondent and a participant at the Whenuapai focus group suggested a sliding scale that determined differing levels of operational service, for example warlike (NZOSM) and non-warlike (a different medal).

Other comments included:

- There was a need to better define operational service in all areas of use by all associated agencies. This included inserting a definition in the Defence Act (three respondents).
- The level of discretion was too high for the Minister (two respondents).

- Service people should not be taxed while overseas on operational service (one respondent).
- The NZDF needed to be more proactive in assessing the risk profiles in mission areas (one respondent).
- That VANZ should refrain from removing operational deployments from an approved list (one respondent).

A number of respondents had personal stories about their lengthy service and overseas operations, and the medals they had been awarded. Despite this they were not considered a veteran and were without support under the Act (three respondents). Another respondent believed that anyone who had been on deployment should receive medallic recognition, including a South East Asia medal (one respondent). A participant at the Henderson meeting said that he only had routine service but had 15 service medals, and questioned how the NZDF determined what was "warlike" service.

One respondent said that:

> *"qualifying operational service' needs to be deleted. Being sent overseas on service that medals are subsequently given for, indicates that all personnel should be treated equally. The words 'qualifying' and 'routine' in regard to operational service are misleading and insulting. 'Veteran' should apply to any person who has been engaged in full-time military service by the NZ armed forces. 'Routine' never exists when personnel are handling armaments and/or placed in a situation where there is a possible threat from known or unknown sources".*

Public consultation meetings and the threshold being too high

The topic of the threshold being too high arose at many meetings. Participants in Christchurch noted the service of many people was not recognised as qualifying operational service – it was only considered routine service. Participants in Palmerston North believed the definition of qualifying operational service should be brought into line with current thinking and modern roles. Participants in Christchurch and Palmerston North noted it should include work in peacekeeping and post-natural disasters. Personnel should not have to serve overseas to have qualifying operational service and could be involved in the response to domestic natural disasters, including body recovery.

Invercargill participants believed that if you were placed in harm's way, that should count as qualifying operational service. Lower Hutt participants thought there needed to be a definition of being put in 'harm's way'. There was a need to recognise the environmental and health threats that service people were exposed to, regardless of whether it was within qualifying operational service or not.

A participant in Napier commented:

> *"Any veteran who served their country should get the same level of care. It shouldn't matter which gunfight you were at".*

Whenuapai focus group participants believed that domestic operations should qualify, and that New Zealand should look to Australia's approach. The definition of qualifying operational service should focus on adverse experiences and effects due to service. There should be similar support for similar risk. They noted that a number of NZDF personnel needed to be in constant readiness but this was not considered qualifying operational service. There were examples of harms in New

Zealand, including psychological and physical risks such as those arising from body recovery, toxic chemicals from the Rena grounding, toxins from liquefaction after the Canterbury earthquakes, and exposure to drugs, harmful chemicals and explosives. There were similar issues for personnel overseas, such as the risk of malaria and dengue fever.

Devonport focus group participants believed that eligibility should be broadened to reflect risks to health and safety which were not restricted to qualifying operational service. However it should be linked to a reasonable length of service (for example three or 15 years' service, linking with the Defence Service or Operational Service Medals).

Devonport, Christchurch and Invercargill participants said that qualification was a particular issue for those who had served in the Navy, although every ship that left New Zealand was classed as fully operational, and deployed warships have been directed into battle areas. Participants at the Devonport meeting said that the Act was very land expeditionary focused, including the risks listed in the Act. There was nothing listed about sea- or air-borne risks as environmental or operational threats, such as deployments to Antarctica. The high-risk original deployment of the Endeavour in the 1950's was not considered qualifying operational service or worthy of medallic recognition. NZDF personnel continued to be exposed to significant harm, and there was a concern about a lack of comprehensive data on environmental or other issues. This limited the ability to determine eligibility or service-related conditions.

Christchurch participants noted it was difficult to have conditions approved due to VANZ lack of understanding/acceptance of the environment that people were serving in. An example was that Navy ships were very noisy up until 1973 and the hearing protection provided was inadequate. Most naval personnel who served at that time now had hearing issues, and many had been declined. Christchurch and Henderson participants noted another group that was particularly affected was those who served in South-east Asia, who did not qualify as veterans.

Lower Hutt participants said that there were three areas of potential harm:

1. Harm or injury that was a direct result of combat.
2. The environment (dust, chemicals etc).
3. Occupational safety and health (including rules of coalition forces and the UN).

The original War Pensions Act was designed primarily for One. However, now Two and Three were a focus, and may take longer to show an impact. Deployments to support hubs like Antarctica were not qualifying operational service and received no medallic recognition, but the work environment was harsh. Similarly, service in support hubs like Vietnam and Darwin was not recognised, although it was in some others.

Many groups were not historically recognised, and did not have qualifying operational service, despite being put in harm's way due to environmental and health factors. There was a long history of issues not being recognised until 30 or 40 years later. Examples included the effect of asbestos on ships, chemical use and exposure to radiation. Other issues in a similar vein were gradual process injuries and joint degradation from basic training and carrying heavy loads. The common thread was that you did not have any choice about the work you were engaged in, but you were not on qualifying operational service and were not eligible for ACC.

Lower Hutt participants questioned what NZDF's focus on humanitarian deployments would mean for other first responders such as Police attached to operational deployments. Some participants were concerned that there was already a lot of medallic creep and there was some desire to constrain who qualified as a veteran as the only people required to lay their life down as

a part of normal service were serving Defence staff. Napier and Palmerston North participants said there should be thought to bringing in other areas of operational service to the Act, such as Police, Firefighters and Corrections Officers.

Participants at the Napier meeting believed the definition of 'operational threat' in the VSA (section 9(6)), was not as complete as it should be. It should include threats such as small arms fire and mortars. Devonport participants believed this section should appropriately mention safety, 'define wellbeing' as including social, relationship and other wellbeing, and be more inclusive of sea-and-air-borne risks.

Participants in Linton believed the definition was too narrow and did not cover enough operational deployments. They suggested adding a simple statement in the Act about what qualifies as operational service, for example, medallic recognition, overseas military service, or any NZDF activities. Participants at the Templeton meeting raised that mortuary services should be covered under the definition of 'veteran'. An example was given of a soldier who has Post Traumatic Stress Disorder/Injury, as a result of working in the mortuary services at Burnham, post the Kaikoura earthquake. Participants in Linton agreed that mortuary services should be included as this includes body recovery, cataloguing, photographing, and repatriation. The USA automatically included mortuary services under their definition of 'veteran'. Other suggestions were made to include:

- Diving operations. These often take place in dangerous conditions and include body recovery.
- Humanitarian aid and disaster relief (HADR). This includes the Kaikoura (2016) and Christchurch earthquakes (2010 and 2011), and aid deployments overseas, for example, in Fiji. Often these deployments were at short notice, and personnel were less prepared than they were for deployments to war zones.
- Naval deployments to the Falkland Islands in the Indian Ocean.
- Antarctica deployments.
- Current deployments to Iraq.

Whāngārei participants were concerned that in some situations (including Blackpool, Amarilla and Big Talk) those already getting entitlements were grandparented (although they were no longer 'veterans'), but no new clients would be accepted.

Participants commented that those who have served operationally in the armed forces would still like to be recognised as veterans, and to be given that status, even if they are not eligible for VANZ support.

Does the definition of "veteran" need expanding?

9. Do you agree with the definition of "veteran" used in the Act? If not, what would you change?

The majority of respondents disagreed with the definition of "veteran" used in the Act, generally believing it was too narrow. This view was also expressed at almost all meetings.

A total of 13 respondents agreed with the definition of veteran, with one noting routine service should be covered under the Act. A few were unsure.

A further 79 respondents disagreed with the definition. There were different views on how a veteran should be defined, including:

- All ex-service people who had completed NZDF training and routine service, and been honourably released, with some respondents noting regular and reserve service should be included (30 respondents).
- The spectrum of people who are placed in harm's way, including training, police officers with operational service, GCSB, and seconded personnel on operations such as interpreters who have also experienced trauma (although one respondent thought it would "create an interesting precedent" to include interpreters) (17 respondents).
- All operational service (NZOSM qualifying) (six respondents and participants at the Whenuapai, Lower Hutt and Christchurch meetings).
- People who had been awarded the NZDSM (one respondent).
- People who had served for at least three years (two respondents) or five years (three respondents).
- Service people disabled or killed while training (one respondent).
- Commonwealth veterans living in New Zealand (one respondent).

Other comments included:

- The definition should be more inclusive. There was a view that it was too rigid and excluded many who had served (five respondents).
- The definition should be consistent with definitions in Australia, Canada, the UK and the US that "you served, you are a veteran, therefore we will support you" (six respondents). Another view was that New Zealand should adopt the US system which distinguished combat veterans, from war veterans, from service veterans (one respondent).
- The definition was vague about NZDF civilians who served in qualifying war-like operations (one respondent).
- It should read "veteran, spouse, or all descendants" (one respondent).
- A new description for formerly serving personnel was needed to help younger service people identify with the services and support provided (one respondent).

Two others thought the definition should be tightened up, with one respondent noting it should not include all people who were paid by the Government as deserving of veteran status. Another two respondents thought it should only include people serving in a war zone, or it should include those who have served overseas in an operational theatre, war zone or on deployment (three respondents). One respondent thought the definition of someone who left New Zealand in uniform was far too loose.

Two others thought the veteran definition was correct, but the qualifying instances needed to be reviewed.

The topic arose at meetings in Templeton, Palmerston North, Henderson, Lower Hutt, Napier, Christchurch, Tauranga, Manurewa, Whenuapai, Linton, Devonport and with No Duff. Participants in Manurewa and Whāngārei said it was problematic that people who had only done routine service did not qualify as a veteran. Participants at the Manurewa, Templeton and Whenuapai meetings said that the definition should encompass all service people, recognising that they all had adverse experiences and effects due to service. Participants in Napier thought that all

personnel should be covered; including those in the territorial force; or all those who had served and been placed in harm's way (whether overseas or in New Zealand); or those who had undertaken operational service (not just qualifying) and police.

A Christchurch meeting participant and the No Duff focus group thought that if you swore the oath, you should be considered a veteran. However, the level of support could be linked to the length of service. In Tauranga, participants also felt that broader service needed to be recognised. In their view, the threshold for risk of harm was too high.

Palmerston North participants believed that everyone who had served on operations should be considered to be a veteran. Participants at the Henderson meeting said that the Canadian and UK Defence Forces recognised personnel who had any service as veterans. Participants believed the definition needed to be based on having completed service training. They thought there should be two levels: (i) a veteran with operational service, and (ii) a veteran with routine service.

The Whenuapai focus group noted that the term 'veteran' was difficult. In a New Zealand context it was stigmatising and largely seen as applying to the older generation. Lower Hutt meeting participants said that younger ex-service people did not consider themselves to be veterans. Whenuapai participants said there was a lack of national fervour around the concept of 'veterans'. The Act did not include a definition of 'veteran' – the definition was of 'qualifying operational service'.

Does the Act need to state how to manage multiple entitlements?

10. Do you think the Act should make clear how to manage multiple entitlements? If so, how do you think multiple entitlements should be managed?

A total of 48 respondents commented on whether they thought the Act should clarify the process for multiple entitlements. Of these respondents, 38 commented that they would like to see clarification regarding multiple entitlements or provided a suggestion for how they thought the Act could be simplified regarding multiple entitlements. Only three respondents did not think the Act needed clarification, and seven respondents were undecided.

Of the 38 respondents who thought that the Act should be clarified, suggestions were to:

- Eliminate the distinction between Scheme One and Scheme Two (eight respondents).
- Remove any bars to multiple entitlements or treat multiple entitlements as cumulative (eight respondents).
- Better resource case managers or advocates that can explain complexities to veterans (four respondents).

Many of the respondents said that they perceived the Act to be too complex, with one respondent noting that he had received incorrect advice from lawyers misinterpreting the Act and "if lawyers can't understand it, what hope does a disabled veteran have?" Another respondent noted that clarification of entitlements was important so that veterans had certainty as to what they were entitled to.

Should the Veterans' Pension be automatically available?

11. Do you think eligible veterans should automatically receive a Veterans' Pension instead of New Zealand Superannuation? Do you have anything else you'd like to raise about the Veterans' Pension?

A total of 90 respondents chose to comment on the veterans' pension, with 64 respondents commenting on whether it should be automatic, and a number of comments on other aspects of the veterans' pension.

Automatic Veterans' Pension

Most respondents who commented on whether the veterans' pension should be automatic thought that it should be (59 respondents agreed). Only five respondents disagreed that it should be automatic.

Administrative simplicity was a theme among some of the respondents who felt that eligible veterans should automatically receive the veterans' pension (six respondents). One respondent said that automatically granting the veterans' pension would ensure a more seamless transition from serving in the NZDF to interacting with VANZ for care. For many the time period between NZDF service and New Zealand Superannuation eligibility was a number of years and individuals may have not had contact with VANZ in the interim.

A few respondents also discussed the stigma around applying for entitlements. One respondent stated that "asking for help is demeaning and complicated enough already", while another respondent stated that it was "about mana, there is very little difference between the pensions, but they deserve recognition for life". Another respondent commented that financial support should not cease or drop when the veteran qualifies for superannuation.

Some respondents also suggested an "opt out clause" could apply to ensure that veterans still had choice in the matter. Of the five respondents who did not think that the veterans' pension should be automatic for those who are eligible, three said that the veteran should have the ability to choose between superannuation or the Veterans' Pension.

One respondent commented that pension payments from VANZ should be paid at the non-taxable rate. Another believed that all payments should be tax-exempt.

The RNZRSA agreed that the veterans' pension should be automatic, not only because it recognised the nature and impact of service, but also because of the "prevalent and persistent lack of self-identification as 'veteran' in the post-Vietnam cohort of veterans". The RNZRSA also recognised that this would require an information system to identify and manage veterans to provide agencies with the relevant data to support health and wellbeing issues.

Additionally, a number of respondents commented on a need to expand eligibility for the pension. This is further discussed in question nine on the definition of a veteran.

Other comments on the Veterans' Pension

There were a wide range of other comments on the veterans' pension, some of which are discussed in further detail elsewhere in the report (these comments were on the definition of a veteran, the distinction between Schemes One and Two, and what this means for entitlements such as the veterans' pension).

A number of the additional comments requested that the veterans' pension be increased, or otherwise changed to ensure that it reflected the status of veterans having earned the veterans'

pension as a privilege for defending the nation. Three respondents suggested that the disablement pension be renamed "war disablement" pension to distinguish it from other benefits or entitlements.

Another respondent queried why entitlement for the veterans' pension was related to disablement, noting that "one is awarded a decoration on Active Service, that decoration is rewarded by an allowance. However, to be entitled to that allowance the recipient must be disabled. I have difficulty understanding that logic."

Ten respondents and participants at the Henderson meeting thought that the pension need to be increased, either to better reflect the actual costs faced by veterans, or increased beyond parity with the New Zealand Superannuation payments to better reflect the unique role of veterans and their contribution to New Zealand. One respondent said that raising the veterans' pension above parity with the New Zealand Superannuation payments would give "further recognition to the service of the veteran to New Zealand."

The Tairawhiti Vietnam Veterans Association suggested that gold cards should be issued to Vietnam Veterans, Operation Grapple veterans and others exposed to toxic environments along with their families, to deal with their medical conditions.

Five respondents mentioned that the community services card and the veterans' gold card (as used in Australia) should also be automatically granted.

Two respondents thought that the residential requirements for eligibility for the veterans' pension should be removed or loosened. The residential requirements for eligibility have meant that a terminally ill veteran who has returned to New Zealand for treatment has not been eligible for assistance in the form of the veterans' pension and has had to apply for an emergency benefit.

Do the rights of a deceased veteran's estate or family to access entitlements need to be clarified?

12. Do you think the estate of a deceased veteran or claimant should be able to access a lump sum or other entitlements? If so, why, and under what circumstances?

A total of 53 respondents commented on whether the estate of a deceased veteran or claimant should be able to access a lump sum or other entitlements. Of these respondents, 19 thought the estate should be able to access a lump sum or other entitlements, with a further 20 respondents agreeing that while a veterans' estate should be able to access a lump sum or other entitlements, there should be caveats to this. Only six respondents did not think the veteran's estate should be able to access a lump sum or other entitlements, and a further eight respondents were unsure or offered other commentary.

Some of the caveats or restrictions suggested included:

- Only providing entitlements to the veteran's estate if the beneficiaries are the surviving spouse or dependent children (six respondents).
- Allowing the estate to access entitlements if the veteran's death was service related (two respondents).
- Restricting entitlements offered to the estate to cover only immediate expenses (one respondent).

13. Do you think family members, not just veterans' estates, should be able to access lump sums or other entitlements?

A total of 58 respondents commented on whether family members, in addition to the veteran's estate, should be able to access lump sums or other entitlements. 18 respondents agreed that family members should be able to access lump sums or other entitlements, with a further 15 respondents agreeing only if there were certain restrictions or caveats. 16 respondents disagreed that family members should be able to access lump sums or other entitlements.

Some of the caveats that respondents suggested were similar to those provided for allowing the veteran's estate to access entitlements and lump sums. These included restricting entitlements and lump sums to surviving spouses, partners and dependants or means testing for entitlement eligibility.

Of those who did not think family members should be able to access lump sums or other entitlements, some respondents said that lump sums or entitlements should only be for surviving spouses or partners, or dependents. One respondent was concerned that opening eligibility up to include family may lead to elder abuse.

14. Do you think all entitlements should continue to be paid for 28 days after the death of a veteran?

Respondents to this question agreed overwhelmingly that entitlements should continue to be paid for 28 days after a veteran's death, with only one out of 68 respondents disagreeing with the statement. Many respondents commented that it was the compassionate thing to do (10 respondents), or that it would go a long way in easing financial hardship during a stressful time for families (11 respondents).

Does eligibility for the Surviving Spouse or Partner Pension need simplifying?

15. Do you think the current eligibility criteria could be simplified so that all spouses or partners of deceased veterans with qualifying operational service are eligible for a Surviving Spouse or Partner Pension? If so, why?

A total of 66 respondents and participants at several meetings commented on whether the current eligibility criteria could be simplified so that all spouses or partners of deceased veterans with qualifying operational service are eligible for a surviving spouse or partner pension. Of these respondents, 48 agreed that the criteria should be simplified to ensure spouses and partners accessed the surviving spouse or partner pension. Only five respondents disagreed that the eligibility criteria should be simplified. The remaining respondents made other comments about eligibility or were undecided.

Of those respondents who thought that the criteria should be simplified, 16 respondents made comments on the important support that their spouses or partners had provided in their lives, or the hardship that their spouses or partners endured due to their service. A surviving spouse whose husband had died of cancer leaving her financially unstable commented that "Veterans Affairs don't want to know me as I am not 65". Participants at the Tauranga meeting said that spouses of deceased veterans received very little from VANZ, even when they were suffering

illness themselves (which may be due to the difficult caring conditions they experienced). They may be ill and in need, but largely had to access entitlements and support through Work and Income and be treated like a beneficiary, at least until they turned 65.

One respondent said that many spouses or partners endured single-handedly raising their family while the service person was deployed, in addition to supporting veterans through occupational illness later in life. Another respondent, the wife of a veteran, agreed that the eligibility criteria should be simplified as wives/partners care for the veterans, in her case for 20 years, and then "drop off the radar when they die." The difficulty of living with and supporting veterans who suffered from occupational illnesses, PTSI in particular, was also raised by some other respondents. In their view, the surviving spouse pension was a compassionate and benevolent act to support the spouses and partners who had made major sacrifices to provide support at home for the veterans.

Four respondents who agreed that the criteria should be simplified said that the loss of a partner was a stressful situation and simplifying the criteria would lower barriers to accessing the surviving spouse or partner pension.

Of the five respondents who did not agree that the current eligibility criteria could be simplified, none gave any supplementary information to clarify their answer.

One other respondent commented that the two schemes should be the same for surviving spouses.

Another respondent believed that the "apparently diminishing benefits" for surviving spouses appeared disturbing and required attention.

On a separate issue the RNZRSA said that a surviving partner was unable to obtain the allowance because the veteran was not alive to sign an application for his condition. It was suggested that provision should be made for applications to be made on behalf of the deceased veteran.

The topic of the surviving spouse or partner pension was raised at the Mosgiel, Tauranga, Templeton, Gisborne and Napier meetings. Participants in Mosgiel said they wanted to see the surviving spouse or partner pension continued as they needed help with things they were not able to do themselves, such as maintaining the house and section. At the Gisborne meeting participants requested that the Act recognise different living arrangements of veterans and their spouses or partners, for example when a veteran and their spouse or partner lived apart as the veteran had severe PTSI.

On a separate issue, one respondent saw a need to remove any reference in the Act to the American Medical Association (AMA). One respondent commented that the AMA assessment scheme had changed the calculation of a percentage of disability, and was concerned about a reassessment resulting in their pension being reduced and this affecting surviving spouse entitlements. Another respondent said there was a need to change the use of percentages so that no veteran was denied financial gain.

Participants at the Tauranga meeting noted that under the old scheme, the percentage of disability was cumulative. Under the new scheme (and AMA guides) total body disability was measured. This affected spouses' eligibility for support if under 52 percent. Participants believed the AMA approach was corrupted and that New Zealand had its own medical professionals and expertise which we should be using. Participants at the Napier meeting also disliked the approach of calculating percentage of impairment using the AMA system. They wanted to see the eligibility criteria adjusted so that surviving spouses or partners still qualified for support even when the veteran was under the qualifying level of disability. Participants at the Templeton meeting

believed the impairment thresholds for the surviving spouse or partner pension should be removed.

16. Do you think the Surviving Spouse or Partner Pension should be able to be reinstated after the spouse or partner enters then leaves a new relationship? Should the Act state how many times this can happen?

A total of 64 respondents and participants at meetings commented on whether the Surviving Spouse or Partner Pension should be able to be reinstated depending on future relationship status. The responses to this question were divided, with 18 respondents believing the pension should be reinstated regardless of future relationship status, 16 respondents believing that it should be able to be reinstated but with restrictions on the number of future relationships, and 22 respondents believing that it should not be reinstated when the surviving spouse or partner enters a new relationship. The remaining respondents were unsure or made other comments about the pension.

Of the 22 respondents who answered "no" to this question it was not always clear whether they thought that the Surviving Spouse or Partner Pension should not be reinstated when a surviving spouse or partner enters a new relationship, or whether they did not think that the Act should state how many times this could happen. However, within this subset, five respondents clarified that they did not think that surviving spouses or partners should continue to receive the pension upon entering a new relationship.

Of the 18 respondents who thought that the Surviving Spouse or Partner Pension should be reinstated regardless of future relationship status, some respondents favoured an approach with no caveats to lessen administrative burden. However, the majority of respondents who provided commentary on why they thought future relationships should be irrelevant referenced the special role that partners have in supporting veterans and said that the Surviving Spouse Pension was a privilege that was earned. One respondent believed the pension should not stop if a surviving spouse or partner entered a new relationship and commented that Veterans' Affairs "should not dictate how a spouse continues her life".

Sixteen respondents thought that the Surviving Spouse or Partner Pension should be reinstated, but with caveats. Ten of these respondents thought that it was fair to restrict the Pension after one relationship, while the remaining requested further clarification but did not provide a suggestion.

Participants at meetings in Palmerston North, Tauranga and Mosgiel all thought that surviving spouses or partners should be eligible for support indefinitely. Participants in Porirua said that surviving spouses who remarried lost the pension and had no further contact from VANZ, even though they, their children and grandchildren may have ongoing health issues.

A participant at the Mosgiel meeting commented:

> *"Widows need support too. You're left to flounder through the rest of your life".*

Does the definition of "child" need expanding?

17. Do you think the current definition of “child” is adequate? If not, how would you change it? Do you think the definition should reflect the financial dependence of the child on the veteran?

A total of 44 respondents commented on whether the current definition of “child” was adequate in the Act. The responses were almost evenly split. 24 respondents considered the current definition to be adequate and able to accommodate the various family arrangements of veterans, while 20 respondents disagreed and thought that the definition failed to account for the full range of contemporary family arrangements. Of the 44 respondents who commented, seven respondents also noted that the definition should reflect the financial dependence of the child on the veteran.

Of those respondents who thought the definition of a child in the Act was adequate, two respondents described it as generous in relation to step-children and other arrangements. Regarding whāngai children, two respondents though that the definition was flexible enough to include whāngai children, while one did not want to see the definition expanded to include whāngai children. No other commentary was offered to support the current definition of a child under the Act.

As for the 20 respondents who considered the definition of a ‘child’ under the Act to be inadequate, a range of reasons and considerations were put forward. Three respondents did not consider the current definition accommodated whāngai children, and wanted the definition expanded to ensure that whāngai children were included. One respondent said that some veterans had adult children in their care due to health reasons. Another respondent reiterated requests for grandchildren to be included due to intergenerational war damage.

SERVICES AND SUPPORT AVAILABLE TO VETERANS AND THEIR FAMILIES

Is the range of services and support available to veterans and their families sufficient?

18. Does the range and type of services provided under the Act meet your needs? If not, why not? Should any other services or support be included?

A total of 71 respondents commented on whether they thought that the Act met their needs. Given the broad nature of the question, it was also raised at almost all meetings.

Many respondents thought that the Act did suit their individual needs

Twenty-three respondents thought that the Act broadly supported their needs. Some participants in the Palmerston North, Invercargill, Linton, Napier, Tauranga, and Whāngārei meetings also indicated that the support on offer suited their needs.

Specifically, a number of respondents were happy with the Veterans' Independence Programme. One respondent, a 95-year-old veteran who live alone, described the support he received under the Act as "of special value to his independence needs".

Access and eligibility

Seven respondents commented on the eligibility issues that they thought stopped the Act from serving their needs, with a further seven respondents commenting on needing better access to entitlements they were eligible for. Access and eligibility were also raised at the Tauranga, Whāngārei, Invercargill, Linton and Napier meetings.

Many of these respondents discussed issues relating to the veterans' definition, the differences between services offered to Scheme One and Scheme Two veterans, and other questions of access and eligibility discussed further under questions eight and nine.

19. Can you suggest how to better include families in a veteran's rehabilitation and treatment?

A total of 48 respondents provided comments on including families in a veteran's rehabilitation and treatment. Most respondents noted the integral role that spouses, partners and family have in a veteran's rehabilitation that deserved to be supported. The RSA summarised this sentiment by noting that a veteran's partner would often remain the primary caregiver throughout the relationship. This meant that "their resilience, change in role, and their financial security must be considered from the outset. Spouses, next of kin and children must be included in treatment discussions to prepare for the journey ahead, be it long or short".

Involving families in counselling sessions and treatment – especially for PTSI treatment and counselling

Many respondents requested that families were supported to be more involved in the counselling and treatment of veterans, especially in the case of PTSI. Respondents thought that involving families in the treatment of PTSI would provide a range of benefits for both the veteran undergoing treatment, and the families who often lived with veterans and were adversely affected

by a family member's PTSI. Some respondents said that counselling for families and children was needed, including time in safe houses. Some families had secondary trauma and were affected by their family member's PTSI, and counselling would help them to understand and cope with the associated family upheaval. Participants at the Gisborne, Palmerston North and Porirua meetings said that partners and families were not offered counselling and support that would greatly benefit them in their own lives, but also in supporting their family member's recovery from PTSI.

The No Duff focus group believed that support for families needed to be explicitly included in the Act. Their view was that given the long-term impact on and cost to partners, even ex-partners should have access to some support such as counselling (however this should be limited in some way, with a specific package or time cut-off).

Discussing the MoU with Vietnam veterans, participants at the Palmerston North meeting said that while PTSI affected the whole family, Vietnam veterans' children were only eligible for five counselling sessions. Partners and families needed access to VANZ-approved psychiatrists and psychologists.

Some respondents offered personal anecdotes to illustrate the importance of having their partners and families involved in their treatment:

> *"Family relationships are another matter on which PTSD affects people who have not served…I have had a series of marriages and long-term relationships and it was only when I received help under the Australian system that involved my current wife being part of the programme, my life stabilised".*
>
> *"The lack of prompt PTSI treatment has significantly slowed [the veteran's] own recovery, while adding significantly more stress on his wife and children. The family are suffering from secondary trauma, one child has been recently withdrawn from school as a result. [The wife] has to spend long periods away from home as she is her husband's constant companion".*

Two respondents also clarified that while it was important to ensure that families were more involved in counselling and treatment of veterans, it was equally important that this was still at the discretion of veterans undergoing the treatment.

One respondent said that his condition, deafness, was not well understood by his family. He stated that counselling and education for his family would greatly help with communication.

More information for families on how they can help with rehabilitation

Fourteen respondents commented on the need for more information for families and better communication from VANZ on what they could do to support their family members' rehabilitation.

For some respondents, this meant being more involved in the formulation of rehabilitation and treatment plans, or being informed of the various treatment options and entitlements that veterans may be eligible for. Two respondents suggested that this information be provided in a type of "welcoming home" presentation or information pack for the veteran and his or her immediate family.

One respondent noted the importance of face-to-face communication with VANZ and the veteran that includes his or her family as this would enable a more holistic approach to treating the whole person, rather than the "various bits and pieces".

Financial support for families

Eight respondents commented on the need for more financial support for families of veterans undergoing treatment. The need for travel payments for families who assist veterans to go to medical appointments, or are visiting family while they were being treated was suggested by four respondents. Other suggestions included meeting or supplementing accommodation costs if veterans were being treated away from home accommodation (three respondents), or ensuring that the needs of surviving spouses were met to ease the stress of veterans with terminal conditions (one respondent).

One respondent also noted the need for families and veterans to be offered respite time and space.

Other comments

Two respondents commented that they saw rehabilitation to be an issue only for younger veterans who had conditions that could be rehabilitated, while they saw their own health conditions as ones to be managed and supported.

Three respondents thought that the Canadian and Australian models should be used to inform the New Zealand model of care.

20. What other services would be helpful for families as part of a veteran's rehabilitation and treatment?

A total of 24 respondents provided suggestions for services that would be helpful for families as part of a veteran's rehabilitation and treatment.

Families requested needs assessment and better communication

Nine respondents noted that families needed information and an assessment of their own needs. Regular contact post-treatment to ensure that all needs are met so that veterans were supported to live independently where appropriate and a family debrief before veterans come home was suggested. One respondent said that families needed "plenty of actual support, not just a call centre or faceless operator".

Support for home carers or respite care for veterans and their families

Three respondents felt that home carers should be available to both veterans and their spouses if the primary caregiver is no longer able to provide care. Three respondents identified a need for respite care for families of severely impaired veterans to preserve resilience and wellbeing of the family unit.

A participant at the Tauranga meeting noted that:

> *"A veterans' service has a major effect on their wives. There are high divorce rates, and wives are both unpaid carers and the ones who have to give their husbands motivation/a push. These things impact on their own health and wellbeing.*

Two respondents also referenced the caregiver role that many family members undertake with no pay or training. In these cases, where spouses or family members are taking care of severely impaired veterans, both respondents said that these family members needed training as permanent care-givers. In one case, the wife of a veteran with PTSI noted that training would help her lessen the impact of her husband's PTSI on the family.

Other needs for families

Other needs for families included:

- Entitlements to half price taxis or free buses (one respondent).
- Acknowledging that the inclusiveness of the family unit in a holistic approach is essential (one respondent).

Should the children's bursary be available to a wider range of students?

21. Do you think children in any type of unpaid full-time or part-time study or training should be eligible for the Children's Bursary?

In total, 54 respondents commented on eligibility for the children's bursary under the Act. The topic also came up at the Palmerston North meeting. Of the respondents, 42 stated that they thought that children in any type of unpaid fulltime or part-time study or training should be eligible for the children's bursary, however, seven of these respondents said that there should be conditions for eligibility so the bursary was based on needs. Three respondents did not agree that children in any type of unpaid full-time or part-time study or training should be eligible for the bursary, with one respondent commenting that the bursary should be a matter for the RSA Welfare Trusts.

Twenty respondents commented on the eligibility criteria for the children's bursary. In particular, three respondents and participants at the Palmerston North meeting detailed the need to increase the age of eligibility beyond 23 years. Reasons for this included that some children have not been able to study during the eligibility period due to illness or a gap year, or to allow children of veterans to pursue post-graduate study.

The need to extend the children's bursary to Scheme Two veterans was noted by three respondents, including the RNZRSA.

Should the Act allow for more private treatment of injury or illness?

22. Should the Act allow Veterans' Affairs to pay for private treatment of injury or illness? If so, when and why?

Of the 96 respondents who provided commentary on this question, there was unanimous support that VANZ should provide private treatment for injury and illness. No respondents disagreed with the statement, however, 32 said that there should be some criteria applied.

Support for private treatment of injury and illness

A range of different reasons for supporting private treatment options for veterans were given. Many respondents felt that private treatment should be provided to ensure that veterans receive optimal care that they are entitled to under the duty of care of the Act and the principle of benevolence.

The majority of the supporting comments for why VANZ should cover private medical treatment concerned the long wait times that respondents found were common in the public system. One respondent said that the public system "is overloaded and in many cases, dysfunctional in providing timely support for veterans". Another respondent shared a personal anecdote:

> *"Access to treatment is not necessarily as seamless as it should be. For instance, I was diagnosed with prostate cancer and was recommended to undergo radiation treatment. I rang Veterans' Affairs and was told that I had up to six months wait on the public hospital waiting list to get treatment before I was eligible to be considered for private treatment. Having been diagnosed with cancer (presumed condition) I really didn't want to hear that".*

Some respondents said that the wait times in the public system had forced them to pay for private treatment out of their own pocket as they had painful or life-threatening conditions. However one respondent noted that not all veterans could afford health insurance and most relied on the system to help them. This meant that some veterans who were unable to afford private treatment and who did not have the resources to submit detailed applications to VANZ for private treatment sometimes went without, to the detriment of their health.

Participants at the Manurewa meeting and one respondent also said that while the public system covered many aspect of their treatment, veterans still had to pay out of pocket for other services such of MRI scans. Providing private treatment that would cover these costs would take the worry out of treatment.

Some respondents felt that criteria for accessing private treatment was appropriate

Some respondents thought that while VANZ should provide private treatment options to veterans, some conditions and criteria for accessing private treatment were acceptable. A range of criteria were suggested, with the most common criteria being that private treatment should be offered when the wait times in the public system were too long. There was not a consensus on how long of a wait time was too long, and most respondents did indicate what they thought was an acceptable wait time. One respondent suggested that private treatment be offered if the wait time was over six months, while another thought that it should be funded when the wait time was over 30 days.

Some respondents thought that a life-threatening condition should meet the criteria for being offered private treatment to ensure that veterans could access timely care.

Other comments on private and specialist treatment

Respondents made a range of other comments on accessing specialist and private treatment. Six respondents and participants at the Whāngārei, Tauranga, Templeton, Napier, Henderson and Mosgiel meetings were unhappy with changes to the system that meant they had to see a GP before being referred on to specialist care. Templeton and Whāngārei participants noted this caused delays in treatment. A participant at the Mosgiel meeting said that people were also required to be referred to their DHB for treatment even though the waiting time was too long for their needs, (for example, for dermatology). One respondent described the system as "clumsy and time-consuming, and therefore needlessly expensive". Another respondent said that the system was unnecessary given that he had a longstanding condition which he knew needed specialist attention. One respondent wanted the choice to be assessed by a GP rather than a specialist.

Participants at the Whāngārei meeting believed people should have prompt access to private treatment rather than having to wait for long periods for services such as skin cancer removal through the public system. There was also concern that limiting specialist care would lead to adverse health outcomes, as one respondent described his own experience of being told he had to see a GP first before being referred to a specialist, even though his specialist had said that he needed yearly checks. His GP then did not notice pre-cancerous skin lesions or refer him on to a specialist. The respondent only discovered that he needed further treatment when he paid out of his own pocket to see a specialist.

Participants at the Tauranga meeting saw it as an omission in the new Act that people could not choose their own specialist and that the onus of proof was on the Government.

Participants at the Linton focus group and one respondent also wanted greater flexibility and choice over which specialist providers they were able to see as they were not always happy with the level of service that they received from some specialist providers.

Participants at the Linton meeting said that while the NZDF health insurance cover was generous and service people were offered the option of paying a premium to continue to be covered, many service people chose not to pay the premium as they did not think that they would require future assistance.

Should the Act recognise a wider range of treatment providers?

23. Are there any treatment providers not currently recognised under the Act that you think should be added to the regulations? Who, and why?

A total of 28 respondents provided a range of suggestions for treatment providers or treatments that they thought should be recognised. Alternatively, four respondents thought the Act was too prescriptive in this regard. They believed that it should allow for flexibility in selecting treatment providers based on needs. They also believed VANZ should have the ability to add new providers who become recognised in their field.

Suggestions for treatment providers included:

- Natural and alternative therapies such as acupuncture, osteopaths, occupational therapists and physiotherapy. Respondents noted that alternative therapies can be beneficial and complementary to conventional treatment. (six respondents).
- Hydrotherapy (five respondents).

- Dental treatment (three respondents).
- More range in hearing aids and audiological services (two respondents).
- Access to opticians (two respondents).
- Dermatology (two respondents).
- Pain management therapies for chronic pain and multiple injuries caused by service, including massage therapy (two respondents and participants at the Mosgiel meeting).
- Culturally specific treatment options, especially for Māori cultural needs including alternative treatment on their marae or the military marae (two respondents).
- Testing for hookworm after being deployed to South East Asia in the 1970's (one respondent).

Does access to services while overseas need improving?

24. What support should veterans and their families be eligible for while overseas? What considerations should be taken into account? Should it matter whether veterans and their families are living in another country or just visiting temporarily?

There were 73 respondents and two meeting participants who commented on support for veterans and their families while overseas. The majority of these comments were broadly supportive of entitlements for veterans and their families being accessible from overseas. Where respondents were not supportive it was mostly in relation to the cost of care for travelling veterans.

Overseas veterans' eligibility for support

Twenty-nine respondents said that the support available to veterans living or travelling overseas should be the same as in New Zealand, with one stating "where one decides to reside is an option for individuals". Another respondent thought that overseas veterans should be "covered quite extensively".

There were two comments on the need to de-couple benefits and entitlements under the Act from the need to be a resident in New Zealand.

Five respondents supported eligibility for support overseas, subject to some considerations. These were whether or not a veteran:

- Was overseas temporarily or permanently (with two responses expressing support for entitlements if overseas temporarily).
- Had become a citizen of another country or renounced New Zealand citizenship (one respondent).
- Had received benefits from a new host country (one respondent).
- Had chosen to reside in a Commonwealth country (one respondent).

Overseas eligibility for the Veterans' Pension

Another four respondents specifically mentioned the Veterans' Pension. One supported the availability of the Veterans' Pension for long term travellers as equitable and consistent with the spirit of the Act. Another suggested that the Veterans' Pension should be eligible to veterans who have spent more than ten years' overseas, but only if they are former operational service-people. The third thought that the pension should be the only benefit available to overseas veterans. The other respondent supported the eligibility of the Veterans' Pension for overseas veterans in the instance that they were overseas temporarily and as a result of work.

Care for service-related conditions while overseas

Five respondents supported the coverage of care for service-related conditions while overseas. Three of these respondents commented on a lack of support for veterans in Australia, noting that they were not eligible for the same entitlements as those in New Zealand (including support for PTSI). One respondent supported coverage of care for service-related conditions at the equivalent cost of the care in New Zealand. A need to partner with other Veterans' Affairs programmes or overseas governments to provide care for veterans overseas was suggested by three respondents.

Two comments suggested that travel care should only be provided for service related conditions which were not covered by travel insurance.

One respondent supported medical cover for veterans and their families when they were on an overseas posting.

Three respondents did not support coverage of care for service-related injuries or illness for veterans living overseas.

Where respondents were not supportive of veterans and their families accessing support while overseas it was mostly in relation to the cost of care for travelling veterans. Six respondents did not support the coverage of overseas care for travelling veterans, with one commenting that "if you can afford to travel you should be able to factor in ongoing care needs".

Other responses

Two respondents commented that support for overseas veterans was already provided for, including that a location allowance already provided to a veteran would meet the cost of any travel insurance.

Another respondent commented on the complexity of support for overseas veterans, suggesting this should not be difficult within a commonwealth country. Another respondent wondered if commonwealth veterans would be included in the New Zealand Act if they were New Zealand citizens. One respondent identified a need for an overseas agent provided by Veterans' Affairs for a British veteran with New Zealand citizenship.

Veterans' access to travel insurance was supported by four respondents. One respondent believed that personal medical insurance should be an individual responsibility, with an exception for next of kin visiting a wounded or ill veteran on operational service. Another said "if they cannot get travel insurance, they should not travel". Participants at the Napier and Tauranga meetings said that travel insurance, and even health insurance in general for veterans was unaffordable.

Could the Veterans' Independence Programme better cater for the families of deceased veterans?

25. Should the support given to a deceased veteran's spouse, partner and other family members under the Veterans' Independence Programme be based on the family's needs, rather than the services and support the veteran was receiving? How would this change the nature of services provided?

There were 73 respondents who commented on this question. Overall, the largest group of respondents supported the families and spouses of deceased veterans receiving support under the VIP. 17 of these directly supported this assistance being based on need. 16 respondents did not agree that this support should be based on families' needs, and some respondents raised other considerations for determining families' eligibility for support.

Support for needs-based assistance for veterans' families

22 respondents and participants in Napier, Templeton, Tauranga and Mosgiel supported the continuation of VIP services for families of deceased veterans. Of these, 17 directly supported these entitlements being based on need. Two respondents said that support for families of deceased veterans should be based on family needs and should be proportional to the services and support received by the veteran.

Two respondents thought that home help services should continue without decreasing a spouse's financial income. One respondent commented that the care provided for a family of a deceased veteran should be income related and terminated when children become self-supporting and spouse remarried.

Three respondents and a participant at the Mosgiel meeting said that a veteran's surviving spouse or family should receive all help required to remain independent as if the veteran was still alive. One of these respondents thought that such support should only be available to the spouse, and another thought it should be limited to immediate family.

One respondent thought the local RSA Trust could play a role in funding and coordinating support.

A lack of support for needs- based support for veterans' families

A total of 16 respondents did not believe that the support given to a deceased veteran's spouse, partner, or family member, should be based on the family's needs rather than the support the veteran was receiving or their service. One respondent commented:

> *"Why the family's needs!!! The focus should be on the 'veteran' (applicant) and how services can be provided to minimise further harm…".*

Three respondents said that there should be other assistance for families' needs available through different agencies, and one response was that "the nature of service doesn't change".

One respondent commented that determining need would require a large taskforce, and so standard entitlements which are not based on need were necessary.

Another respondent said that it should be mandatory to look after the spouse and their descendants regardless of their financial position.

Home help services

Seven respondents commented specifically on home help services, including lawn mowing. Four of these respondents believed that services should be provided according to families' needs. Another respondent sought a more flexible, needs-based approach to providing home help, noting the gardening services had reduced from what he had previously been entitled to.

Six respondents commented negatively on the contractors who provide home help services following the 2014 Act and the shift to national providers. One respondent sought increased funding for VIP services to enable enough time to do the job (gardening). Another said that veterans should be able to access service providers of their choice and not have to use Government contractors.

One respondent said that seeking and receiving assistance had improved.

Other considerations in determining the eligibility of the family of a deceased veteran for support

Some respondents believed support should be available to family members of nuclear and chemical veterans (three respondents). Another respondent commented that support should be available to a veteran's spouse, and their children and grandchildren of chemical and nuclear veterans.

One respondent said that some support should be available to a spouse or partner of a deceased veteran, but not other family members, and that support should be limited to home upkeep.

One respondent believed that that support for the families of deceased veterans should be based on need, but not just financial position, and that there should be no means testing. Two respondents commented that support for families should be based on need in certain circumstances.

Once respondent suggested that GP visits should be provided for a spouse of a deceased veteran, considering the impact of a veteran's health conditions on their spouse.

Administration of the Veterans Independence Programme

Five respondents believed that the current administration of services was inefficient. The reimbursement of travel/medical expenses was seen as time consuming and administratively burdensome.

26. Should families have the choice to access their 12 months of support under the Veterans' Independence Programme when a veteran moves into permanent care?

Of the 59 responses to this question the majority directly supported families having access to support under the Veterans Independence Programme (VIP) when a veteran moved into permanent care. Two respondents did not agree that families should receive this support, while eight respondents did not provide a clear answer.

Support for families' choice to access their 12 months of VIP support

Of the 49 comments which agreed that families should have access to their 12 months of support under the VIP when a veteran moved into permanent care, 34 respondents simply commented 'yes'. Eight others did not agree or disagree.

Reasons given that families should have the choice to access VIP support included that the burden to a family of a veteran moving into permanent care was often particularly high during this transitional period (five respondents). One respondent felt that the cessation of VIP support for a veteran's spouse after moving into permanent care was distressing and caused "immeasurable harm to [the veterans'] overall health and wellbeing". Another reason provided was that the home still required the same care if the veteran was there or not (two respondents). One respondent mentioned the expenses incurred on a family by a move into permanent care.

Some respondents commented that this support should be for a longer period or ongoing (five respondents), for three years following the death of a veteran or their move into permanent care (one respondent), or until the surviving spouse or partner had died (three respondents).

Respondents said that the surviving family should not be disadvantaged in the instance that a veteran moved into permanent care, and that support should be available if required to care for the family (two respondents). Another respondent agreed with families and spouses accessing this support, noting that they would be unlikely to be a large cost to Veterans' Affairs.

Lack of support for families having access to VIP support

One respondent thought that "we should not lose sight of what the VIP was set up for" and that all services should stop once a veteran moved into permanent care. Another believed that support should only be available to the spouse but not the family.

27. Would you like to raise any other matters about the services provided under the Veterans' Independence Programme?

A total of 17 respondents and some meeting participants made comments on VIP services. Comments reflected the need for services to be responsive to users' needs, and some respondents thought there was a need for the VIP to be clarified.

Two respondents said that there was a greater need for assistance and recognition of the partners and families of veterans who provided them with care. One respondent suggested there could be a greater role for the Ministry of Social Development in providing support.

Two respondents emphasised the need for consistency in the provision of services, with one concerned about the 'slow erosion of some previously provided services' and another stating that changes 'must not be used to cease or diminish entitlements'. One respondent commented on the importance of inclusive consultation with veterans in reviewing services.

One respondent said that the name of the VIP should be changed to the 'Independence Programme' so that ex-service people who undertook routine service only, did not think they were out of the programme's scope. The respondent also commented that there was a need to re-word the entitlements of a deceased veteran's spouse in the Act, so that personal services provided by the programme (for example, for a veteran's medical alarm) were not transferred needlessly to a spouse. Participants in Invercargill proposed that surviving spouses and partners should only be eligible for VIP support until they no longer need it, they die, or they enter into a new relationship. A participant at the Napier meeting also believed the VIP should be renamed to

the 'Independence Programme' so that it could reflect the broader coverage of partners accessing services after the veteran died. Another respondent suggested renaming the VIP to the Veterans Services Programme.

Four respondents said there was a need to clarify and define the VIP, including eligibility for the programme. One respondent stated that the sub section of the Act on the VIP was too wordy and could simply state that the service was available to all qualifying personnel.

Three respondents and participants at the Tauranga and Whāngārei meetings said that VIP services needed to be more responsive to need, with flexible hours and amounts available, and that VANZ should cover the actual cost of requirements. One of these respondents commented that the VIP was "too narrow" and that there should be an ability for VANZ to tailor additional services in response to need. Another said that the mobility assistance available to veterans with mobility impairments was insufficient to meet their needs.

Participants in Whāngārei noted that VIP services could be problematic, particularly the limits on lawn mowing services and the services through preferred providers, such as medical alarms. Some of these issues were more prevalent in the Far North, for example large sections and isolated houses. Participants at the Invercargill meeting said that contractors for VIP services did not always have franchises in Southland, causing issues with the quality and timeliness of services.

A meeting participant in Mosgiel commented that veterans also needed to be taught how to cook and clean independently.

A participant in Tauranga said that if you left the country for more than 24 days, your VIP services would be removed.

Is the entitlement for funeral expenses sufficient?

28. Should the families of all veterans be entitled to support for a veteran's funeral (not just families of veterans whose death is due to qualifying service, or who are receiving income support entitlements). Why? Or what would you propose instead?

There were a total of 57 responses to this question. Of these, 45 agreed that families of all veterans should be entitled to support for a veteran's funeral. Many of the respondents who agreed with the question felt that covering the cost of a veteran's funeral was an appropriate way to respect the service of veterans. Comments reflected the complexity in determining eligibility. Seven respondents did not agree that the families of all veterans should be entitled to support for a veteran's funeral, and there were five other comments.

Of the 45 respondents that favoured families of all veterans receiving support for funerals, reasons given were that it was an appropriate way for New Zealand to honour and respect the service of veterans, as the last duty of care (eight respondents) or that it was an appropriate response to the remaining needs of the family (two respondents). Others referred to the impact service has had on the family and veteran as a basis for the entitlement (five respondents).

There were two comments on the difficulty in determining whether a death was related to service or not, supporting equal entitlement for all veterans. Another respondent said that 'all veterans die eventually therefore a more equal approach is appropriate'.

Two respondents supported families of all veterans' having access to the same level of support, with a specified, absolute, limit of support. Others believed that all ex-service people should be entitled to this support (one respondent) or that all those with qualifying service should be entitled to support (five respondents). Two respondents commented that some veterans do not apply for entitlements throughout their lives, making funeral costs the only support they received.

Seven respondents did not agree that the families of all veterans should be entitled to funeral costs. One thought this would be too difficult to implement fairly.

Others thought that the entitlement for full funeral costs should be available to the families of veterans who died as a result of qualifying service or were war veterans, those who died of a service related condition, or those whose income was impacted by a service-related impairment (three respondents).

One respondent did not agree that eligibility be broadened, but suggested that the entitlement should be four times the current amount. One respondent commented on the complexity of determining an eligible veteran and how many years of service would qualify. The respondent thought that there were not many serving personnel who did not meet the current eligibility of having recognised operational service and making this change could incur a significant cost.

One respondent said that eligibility should be determined by a means test of families of veterans who did not die as a result of qualifying service, to avoid hardship.

Another respondent believed the status quo was fine.

29. Is Veterans' Affairs' current contribution to funeral costs sufficient? If not, what level of support would you propose instead?

A total of 66 respondents and participants at several meetings commented on Veterans' Affairs' current contribution to funeral costs. Of these, 50 respondents thought that the current contribution was not sufficient, 10 respondents thought that the current contribution was adequate, and the remaining six commented on other aspects of the funeral grant.

Suggestions for an alternative level of support varied across the respondents. Ten respondents favoured increasing the grant to a range of different figures between $3500 and $10,000, with most respondents suggesting figures around $5000 as appropriate. 18 respondents suggested that VANZ pay a portion or all the actual costs of the funeral. 21 respondents did not provide any indication of an appropriate level of support. Some reasons for increasing the funeral grant included noting that the grant did not reflect the actual cost of a funeral today (ten respondents), concern that the cost of funerals was leaving widows in a position of having to borrow additional funds for funerals (one respondent), and that the funeral grant should be a final "thank you" for service rendered (one respondent).

Seven respondents noted a need for regular review of the grant, or suggested tying the funeral grant to the CPI or inflation to ensure it reflected current costs.

Ten respondents considered the funeral grant to be adequate, with three noting that they considered it a "contribution" which they did not expect to meet the full cost of a funeral.

The topic was raised at the Linton, Tauranga, Whenuapai and Whāngārei meetings. Participants at the Linton meeting agreed that increasing the funeral grant to $6000 would more accurately represent the real cost of a funeral. Tauranga meeting participants noted the difficulties around claiming a funeral grant compared to Work and Income's process. Tauranga participants also

requested that veterans have access to funeral assistance including the terminal lump sum before they died. This would allow them to pre-pay and organize their own funerals and ensure that families were not overly burdened with the responsibility of applying for assistance. At the Whāngārei meeting participants drew attention to the inequity in funeral expense entitlements between veterans who died as a result of service and received $2500, and people who die as a result of an accident and received $5500.

Should funding for plaques and headstones extend to Commonwealth veterans?

30. Should the families of all veterans, including Commonwealth veterans, be entitled to assistance for the cost of plaques and headstones? Why?

A total of 64 respondents commented on whether all veterans, including Commonwealth veterans, should be entitled to assistance for the cost of plaques and headstones. None of these respondents disagreed with the statement that the families of veterans should be entitled to assistance for the cost of plaques and headstones. A common theme among the responses was that support for veteran's plaques and headstones was a gracious act from the New Zealand Government that recognised the service of veterans. In many responses it was unclear whether respondents thought that both New Zealand and Commonwealth veterans should be entitled to assistance for the cost of plaques and headstones, or just New Zealand veterans.

Twelve respondents specified that they believed this entitlement should be extended to commonwealth veterans. They provided a range of reasons including that Commonwealth veterans served the same Queen, and that Commonwealth veterans have served alongside New Zealand veterans. Six respondents specified that only New Zealand veterans should be entitled to plaque and headstone support. Five respondents noted that their support for extending entitlements to Commonwealth veterans would depend on whether there were reciprocal arrangements for New Zealand veterans overseas, or whether Commonwealth veterans had a direct link by secondment to New Zealand. One respondent said that New Zealanders did not have the same benefits in other Commonwealth countries.

At the Whenuapai focus group one widow indicated that it cost her $6500 for her husband's headstone, but only $1000 would have been provided by VANZ for a brass plaque.

Raising a different issue, a veteran believed that VANZ should fund the addition of his second wife's name to his plaque when he died, so that she could be buried with him.

WORDING AND ORGANISATION OF THE ACT

Is the balance between the Act, regulations and policies okay?

31. Has the right balance been struck between what is in the Act, regulations and operational policies? If not, what would you change?

There were a total of 32 submissions which related to this question. The largest group of respondents did not agree that the right balance was being struck. A number of these respondents said that there was an imbalance between operational policies and the Act, with operational policies compromising support to veterans and the principles of the Act. Several respondents also commented that the operational policies of Veterans' Affairs could be more accessible.

One person commented:

> *"It is not what the Act says, it is how it is interpreted and actioned at an individual level. It should be easy to make a claim, be assessed, accepted and then leave the individuals free to live their lives".*

A few respondents agreed that the right balance between what is in the Act, regulations and operational policies was being struck, although one said that benevolence needed to be ensured and maintained.

Thirteen respondents did not agree that the right balance was being struck between the Act, regulations, and operational policies. One said that issues were bounced between the Minister and operational policy, and three commented that the governance of VANZ was too complex to understand. Others said that operational policies/practices compromised the support given to veterans. These sometimes conflicted with the principles of the Act, and had undue weight compared with the Act. Another response was supportive of the Act, but felt operational policies fell short of expectations, highlighting the time taken for applications to be processed.

A further response was that there was no two-way dialogue between serving personnel and veterans, and VANZ, suggesting a need for government to engage more with veterans and to consider their opinions.

One view was that the Act was complicated and did not include all of the important principles from a veteran's perspective.

Five respondents suggested a need for better access to VANZ operational policies. One commented that this was required so that veterans could better understand decision making processes, and another thought there was a need to clarify the definition of 'operational policy'. One respondent commented that VANZ operational policies should be moved from the 'About Us' section of the website to the 'Rights and Reviews' section. Another respondent asked where the operational policies were published.

Seven respondents did not feel they had the expertise to answer the question.

Could the wording of the Act better reflect the Government's intended meaning?

32. Where could the Act be clarified or made more consistent? What would you change?

There was a total of 28 responses to this question. Of these, the majority commented on a need for the Act to be more simple and concise.

18 respondents said that the wording in the Act should be simplified. One commented that the Act needed to be shorter, while another said that it should be in plain English and translated into Māori. One respondent suggested information briefing workshops around the country at RSAs.

One respondent commented that the implementation of the Act was more important than its construct, and suggested that the Act include direction for VANZ implementation. Another believed that changes should be made to the Act where there was confusion resulting in inconsistent and inequitable application of the Act.

One respondent said that there was a need to rewrite sections of the new Act to reflect the intent of the WPA 1954.

Could the provisions of the Act be grouped more logically?

33. What common provisions in the Act should be grouped in the same place?

There were a total of 23 responses to this question. Of these, the largest group of respondents commented that there should only be one scheme as opposed to a separate Scheme One and Scheme Two (these comments are discussed in question five). A number of respondents also made general comments that the Act should be straightforward.

One respondent favoured the status quo in the Act's layout while another believed the layout was complicated. Two respondents commented that the grouping of provisions did not matter as long as the Act was easy to understand and implement.

Two respondents commented there was a need to lump common subject material together, identifying the interpretations of 'veteran' and 'other claimant' as sub parts of the Act which should be co-located. One respondent commented that only provisions in the Act relevant to veterans should be grouped together.

There was one respondent who commented that the Act should be straightforward with entitlements listed under diagnosis.

One respondent said that changing the grouping of provisions in the Act would be complicated, and should be undertaken on the basis of relative definitions.

Does the Act need more definitions or any changes to terminology?

34. What words or phrases in the Act would benefit from a definition or change of terminology?

There were a total of 12 responses to this question, and it was raised at four meetings. The largest group of respondents identified specific words which they would like to be amended. Other

comments related to consistency in language, the limitations of some language, and the impact some terminology has on the operation of the Act.

The RNZRSA believed that the purpose section of the Act should be changed to recognise the sacrifices required of service and the change in how the Government utilises the Armed Forces. The organisation suggested adding to Part 1, 3. (1): (d). the unique nature of military service, so by claims and benefits are dealt with by a government body as described in the Act, with benevolence in regards to the service person.

Three respondents mentioned particular words in the Act which they felt should be amended. These were:

- Grandparenting, in the sense of veteran's children's children.
- War, for example that the word should be put back into the veterans' disability pension.
- Stress.

The Tairawhiti Vietnam Veterans believed the Act should be amended to include veteran care status for intergenerational war damage. This includes changing the definitions of 'child' to include grandchildren and 'dependant' (one respondent).

Another respondent saw a need for consistency of definitions across all social service agencies for common terms, words and phrases such as 'child', 'dependent' and 'spouse'.

A few respondents commented on a need for other changes to the Act. Of these, one respondent commented that section 96 (relating to an independence allowance for an impairment) failed to allow sections of the Act to operate. One respondent suggested the Act should specifically include the effect of multiple missions/deployments on veterans, as physical or mental impacts could have a cumulative effect.

One respondent thought that an expression of the principles and practises of natural justice and empathy should be expressed throughout the Act. Another thought that trying to prove too many strict definitions was inefficient.

Comments from public consultation meetings

A participant at the Lower Hutt meeting noted that the Act does not precisely define who a 'dependant' is. Service people provided support to parents and other family members. It was felt that 'dependant' should be defined as anyone who depended on the veteran and their income. One respondent also said that family dynamics "outside the norm" were not covered under the Act. For example, in the case of a NZDF member on active service who was looking after his mother and grandmother who then had nobody to turn to for help when he was killed in action in Afghanistan.

Participants at the Gisborne meeting raised section 108 of the Act (covering the extent to which VANZ is responsible for paying or contributing to cost of treatment). It was felt that this section should include the impact on the quality of life of the veteran, benevolence, the nature of the illness caused by a toxic environment and the availability of evidence or research underway.

A participant at the Christchurch meeting suggested a change from the use of the word benefit, noting:

> *"Veterans are not beneficiaries, and they are eligible for entitlements".*

A participant at the Devonport focus group said that the legislation was very hard to understand, and asked how the terms 'illness' and 'injury' were defined.

Devonport participants noted that deployed personnel experienced harms such as harm to relationships. This did not seem to be covered by the Act but could be included in any definition of 'wellbeing'.

Should the Act allow decisions to be reconsidered in light of new information?

35. Should the Act allow Veterans' Affairs to reconsider any decision under the War Pensions Act 1954 or the Veterans' Support Act 2014, if it thinks there may have been an error or if there's new information?

A majority of respondents who commented on whether VANZ should be allowed to reconsider decisions were in favour of allowing reconsideration. 50 respondents thought that decisions should be allowed to be reconsidered and only six respondents thought that decisions should not be able to be reconsidered.

Some respondents offered commentary on why they thought that decisions should be able to be reconsidered. One respondent said that new information often came to light that provided further evidence of detriment to veterans, especially in the case of the Vietnam War, Operation Grapple and Mururoa Atoll. Two respondents noted that it was important to consult with organisations such as the RSA who could advocate for veterans in these cases. One respondent thought that a separate body was needed for this function as VANZ was already understaffed, while another respondent said that the review panel should be comprised of ex-service people.

Concern that opening up decisions for reconsideration could go against the principle of benevolence

Some respondents thought that while it was important that decisions could be reconsidered, the principle of benevolence should always apply and reconsideration should only be pursued to the benefit of veterans and their families (seven respondents). One respondent said that reconsidering decisions was a "double-edged sword", and that decisions to have entitlements removed would go against the principle of benevolence.

Two of the six respondents who did not think decisions should be able to be reconsidered were concerned that reconsideration would be used to deny veterans assistance that they had previously been entitled to.

Do the common elements of treatment and rehabilitation need combining in the Act?

36. Does it make sense to combine the common elements of treatment and rehabilitation into common provisions in the Act? If not, why not?

A total of 50 respondents commented on combining common elements of treatment and rehabilitation into common provisions in the Act. Respondents mostly thought that it made sense to combine common elements, with 37 respondents agreeing and only three respondents disagreeing.

Four respondents who thought that common elements of treatment and rehabilitation should be combined hoped that it would increase the readability of the Act and lead to administrative

simplicity. Two of the respondents who disagreed were concerned that combining treatment and rehabilitation would negatively affect the treatment that veterans received under the current Act.

EFFECTIVENESS AND EFFICIENCY OF PROCESSES AROUND THE ACT

Is the 30-day timeframe for making decisions about entitlements too restrictive?

37. Is the 30-day timeframe for making decisions about entitlements too restrictive? Should the Act be changed to require Veterans' Affairs to deal with decisions promptly, taking into account the particular circumstances and considerations of fairness? If not, why not? What would you propose instead?

A number of respondents and participants at several meetings chose to comment on the 30-day timeframe for making decisions about entitlements. Most respondents (30) thought that greater flexibility and prioritisation was needed, while 21 respondents thought that the 30-day timeframe was adequate.

Of those who thought that the timeframe was adequate, only a few respondents set out reasons for their answer. Four respondents said that the timeframe was adequate if practiced.

There were a range of justifications provided for why there needed to be greater flexibility when considering how applications were assessed and prioritised. Some respondents suggested that VANZ assess applications on a case by case basis that enabled them to prioritise responses in a way that directly related to need, rather than a prescribed timeframe (nine respondents). This included requesting that some applications were expedited, specifically in cases of terminal illness or PTSI where immediate attention was required. Commenting on why the 30-day timeframe was not adequate, one respondent, a veteran himself, said that "usually when a veteran holds up his hand, he is desperate". Another respondent noted that while they thought that the 30-day timeframe was adequate for "normal application", time "is not a luxury available to terminally ill veterans".

Some respondents said that they thought the timeframe was too restrictive as it did not allow for case managers and VANZ to make decisions that considered all or the factors and 30 days was too short to consult with all the stakeholders involved in making decisions on entitlements. Other respondents said that they did not mind longer timeframes up to 60 or 90 days if they were given certainty that their application would be processed within this time.

This topic was discussed at Christchurch Central, Invercargill, Manurewa and Mosgiel meetings. Similar themes to the submissions were recorded including dissatisfaction with wait times of up to six months for applications to be processed. In Manurewa participants discussed some of the effects of longer wait times for decisions on entitlements from VANZ such as advocates having to support people while they were waiting for months for a decision that they needed within days. Manurewa participants also said that earlier and more timely support was needed before people found themselves using drugs or homeless.

38. Could agencies and sectors work better together when delivering support to veterans? If so, how?

The majority of comments on agencies and sectors working together were about ACC, with many respondents stating that ex-service people should not have to deal with ACC. Issues with ACC were also raised by participants at meetings. Other issues were raised about the system in general, the links with NZDF, links with GPs and DHBs, and links with the Ministry of Social Development.

Accident Compensation Corporation

There were approximately 48 negative comments about ACC. These included:

- That ACC should be removed from the process (26 respondents). There was too much bureaucracy and confusion over responsibilities for service-related injuries and illnesses by ex-service people, and these should be the responsibility of VANZ alone (two respondents).
- That ACC and VANZ did not appear to recognise benevolence or recognise that they had to prove "beyond reasonable doubt" that a veteran was not entitled to assistance (six respondents).
- Links with ACC did not reflect adequately a privilege earned to acknowledge being placed in harm's way in the service of the state and deserving a higher level of care and treatment than other members of the public (three respondents).
- That ACC was unsuitable and had an incompatible culture (three respondents). A view that:

  "Managing military experience origins for health, disease and disability as though they were civilian peacetime workplace accidents with the same administrative templates is unacceptable".

- Concerns at having two case managers from both ACC and VANZ, and a view that only VANZ should be involved (two respondents).
- Concern that ACC had a lack of knowledge of war injuries and was declining many veterans with PTSI (two respondents). Concerns about ACC's treatment of certain issues, including cumulative 'gradual process' lower limb injuries, hearing loss and tinnitus, with the system being adversarial and contrary to both benevolence and 'reverse onus of proof' principles (two respondents).
- That it did not work well for Scheme Two veterans to have to apply to ACC for routine service injuries or illness (one respondent).
- That it was unsuitable for Scheme One veterans who were predominantly over 70 years of age and unlikely to return to work, who then had their disablement pension cut off or reduced as they were not returning to work (one respondent).
- A need to clarify the relationship between VANZ and ACC and in what situations ACC became involved (one respondent).

Links with ACC were also raised at several meetings. Participants in Palmerston North said there was a gulf between the pre-and post-1974 veterans and the support they received. In the new Act, an ACC world-view was applied. Their governance arrangements and ethos were to the fore, and impacted on the attitude of staff. This in turn impacted on veterans, for example when earlier injuries led to later conditions, which were not covered. A participant said:

> *"There are equity issues between what you are able to receive for similar injuries under Veterans' Affairs and ACC. For example, ACC will provide a very basic prosthetic limb, whilst Veterans' Affairs will provide a far more sophisticated prosthesis".*

Palmerston North participants believed the ACC culture did not facilitate the care and recovery of veterans with PTSI. They also commented the ACC provisions in the Act should be removed as they did not provide enough coverage.

Mosgiel participants thought there had been an ACC-isation of VANZ. One participant commented:

> *"Veterans' Affairs has the chilly wind of ACC running down their spines".*

Although some aspects had been good, ACC's approach to non-acceptance of conditions was seeping in. Templeton participants also commented that there was too much of an ACC ethos in the way veterans' cases were managed. Christchurch participants commented that veterans who had to access ACC support were excluded from application of the benevolence principle, as that was not how ACC operated.

Participants in Palmerston North said the introduction of ACC had watered down the whole veteran's support system. They believed that VANZ should be taking the lead and sorting things out rather than referring people to ACC. Tauranga participants thought it should be up to VANZ to decide whether someone needed to go to ACC or not. Napier and Tauranga participants felt that VANZ was not carrying out its responsibilities or its duty of care, and veterans had been disadvantaged by the involvement of ACC.

Participants in Manurewa and Napier thought the inclusion of ACC in Scheme Two had created a very bureaucratic process. ACC was not experienced or equipped to handle veterans' issues and the way ACC dealt with applications was foreign to the individuals and their complex backgrounds and situations. The inclusion of ACC led to differential treatment. Also, ACC ceased when people travelled overseas.

Participants in Porirua said that veterans were required to go through multiple assessments to meet both Veterans' Affairs' and ACC's requirements, often with exactly the same specialist. They also had two case managers, with neither one taking the lead. This can be traumatic, for example in the case of a contemporary veteran who has PTSI. The No Duff focus group also noted that veterans should not have to endure multiple psychiatric assessments.

No Duff's view was that ACC was not the place to put people who had been wounded (for example, shot) on operational service, as they had not had an 'accident'. ACC was also adversarial.

Agencies working together

A number of respondents thought that VANZ should be a 'one stop shop'. There was a desire for VANZ to take the lead in delivering services, and for ex-service personnel and their families to have contact with VANZ as a single point of contact or 'one stop shop'. One respondent thought that while VANZ should run the process, it could take advantage of office space and facilities, though it should be clear that the support was being provided by VANZ for veterans. General comments about agencies working together included:

- Difficulty navigating the system, and people sometimes feeling like they were going around in circles. A need for a comprehensive welfare and support system for veterans. A need for a holistic approach when dealing with a veteran's individual injuries, to ensure veterans were looked after throughout their lives.
- A view that the Act was overly complex in attempting to mirror government benefit policies and ACC rules when there was no need.
- A feeling that agencies such as WINZ, ACC lacked empathy and dealing with them should be avoided and unnecessary. One view that VANZ was getting more like ACC to deal with.
- A disconnect between agencies, including the primary health organisation, ACC and the DHB or public health system provider.
- A desire to avoid multiple assessments with different organisations for claims. A need for better information sharing and prefilled templates.
- Frustration at being 'at the tail of a queue of an unresponsive and overburdened public health structure' and a feeling that veterans should be given priority on waiting lists.
- The need for agencies to better cater to the requirements of aging veterans.

Agencies working together was a topic for discussion at several meetings. Lower Hutt meeting participants believed that key stakeholders needed to work together to understand and define who a veteran is, their exposure to harm, and what they are entitled to as a result.

The need for holistic support to veterans rather than multiple assessments and case by case treatment of individual disabilities was raised at the Henderson and Manurewa meetings. Tauranga and Manurewa participants believed that veterans and service people should only have one point of contact, and that VANZ should have key responsibility. It was difficult and a "minefield" to navigate multiple agencies, particularly if people were unwell and many gave up. Napier and Templeton participants believed that VANZ should be independent and stand alone, and that veterans should be able to get all their needs met by VANZ as a one-stop-shop (either directly or by VANZ working with other agencies such as ACC or DHBs).

The No Duff focus group's view was that there should be an expectation that veterans should only have to tell their story once. This could be supported through better information sharing, streamlined assessments and case management. Manurewa participants said the combination or cumulative effect of disabilities was greater than their individual parts.

Manurewa participants also noted there was a disconnect between the actions of DHBs, ACC and the Act, especially around timeliness of treatment and processes. They commented that the Act's entitlements/requirements should have precedence over those in other legislation/systems (for example ACC, public healthcare provision). Comments from Whangarei participants were that:

> *"Veterans are treated like beneficiaries, and at the moment, beneficiaries are treated like criminals. Veterans have an* ***entitlement*** *for service, that's different from other beneficiaries".*
>
> *"The Act is focused on* ***equity****, but it shouldn't be. Veterans should get better and more."*

Links with NZDF

There were a few comments on the links between NZDF and VANZ, including:

- A desire for NZDF through Veterans' Affairs to take responsibility for all health issues arising from service, with no reference back to WPA 54.
- The need for a cooperative approach between NZDF, RSA's and VANZ.

Napier participants believed there should be a complete separation between the NZDF and the support provided by VANZ.

Links with health providers

A few respondents and meeting participants commented on links with GPs, DHBs and specialists. Two respondents commented on the difficulty of working with DHBs, waiting times and approvals for treatment.

One respondent's view was that:

> *"If the Government is genuinely concerned about Veterans' welfare it should worry less about the length of the Veterans' lawns and concentrate instead on how long the veteran has been waiting for his or her local DHB to provide their necessary treatment".*

A participant in Mosgiel said:

> *"It was my GP who got the ball rolling and got me into Veterans' Affairs. He told me it was his job to get me all the services I needed. I was too bloody proud to do it myself".*

Participants at the Invercargill meeting said the process for claims to be considered and to access health treatment was lengthy. Porirua participants suggested veterans should be assisted to get to the front of public health service waiting lists. A Palmerston North participant spoke of a veteran not being given priority by DHB's as they knew VANZ would pay for surgery.

Three respondents said there was a need for GPs to be better informed about veterans' history and needs. Mosgiel participants also said that the medical profession had a large role to play in treating and supporting veterans. There was a need to focus on building their understanding of veterans and the support available to them, while being realistic about how much specialist knowledge they could be expected to hold.

Whāngārei veterans noted that medical professionals often did not have adequate understanding about veterans, their health needs and how the Act worked. Templeton participants believed that GPs needed more training in veterans' health. In Invercargill a participant said that local doctors who were often from overseas did not understand veterans' issues, the impact of war and military service, and found them too difficult. Porirua and Invercargill participants also stated there was too much paperwork for doctors assisting veteran patients, which should be simplified. Invercargill participants said doctors tended to feel they were not expert enough and referred on to others. Participants in Templeton said that GPs were not always helpful in supporting veterans to get treatment and rehabilitation.

Mosgiel and No Duff participants suggested including a compulsory question about whether someone was a veteran and where they had served during primary care registration. No Duff participants raised there should be a flag on veterans' notes, and a link provided to information about risk factors and issues to be aware of. The Ministry of Health would also then have the data needed to look at the health profile of veterans and their unmet needs.

Mosgiel participants suggested VANZ could increase its profile with the medical profession by putting a stand up at GP and medical association conferences.

Links with the Ministry of Social Development

A few respondents and meeting participants raised links with the Ministry of Social Development (MSD). Comments included:

- Participants at the Porirua meeting said that people were reluctant to go to Work and Income, and accessing VANZ services was so much easier.
- One respondent was unhappy with MSD administering their pension and felt that the management of this needed to move to a more caring agency.
- Another felt that Work and Income case managers should be educated to promote pension options to veterans.
- One respondent felt it was inappropriate for veterans to have 'my plan' for recovery and re-employment. Another said there was a need to abolish 'my plan' as it denied the veteran future claims. Palmerston North participants also raised concerns about being required to sign the 'my plan'. While people had very little input into the plan, they were governed by acceptance of its conditions.

Do the roles or processes of advisory and decision-making bodies need improving?

39. Are any changes needed to the role and operation of the advisory or decision-making bodies under the Act? If so, what and why?

There were 39 responses to this question and the topic arose at two meetings. Most comments focused on the need for advisory and decision-making bodies to be more efficient; the need for fair decision-making processes; and the need for veterans to be represented in decision-making. Responses also emphasised a need for greater transparency and communication on decision-making and advisory bodies. Four respondents did not think that changes were needed to the role and operation of advisory or decision-making boards, and five were unsure.

Ten respondents said there was a need for greater efficiency in decision-making and advisory processes. One respondent thought that if VANZ was more connected with international research and practice this would lead to fairer and more efficient decisions.

Twelve respondents commented on the composition of decision making bodies, stating there was a need for greater representation of veterans and/or medical professionals to inform decisions. Of these, three respondents said that the wrong voices influencing decisions around entitlements could lead to unfair outcomes, and that there was a need for veterans to be consulted as part of decision making processes. One respondent thought that a consumer representative who was a veteran with a recognised disability should be on the board, as veterans would benefit from knowing that there was somebody representing them who had gone through the system and knew its pitfalls. Another suggested that while medical perspectives were appropriately represented at a case manager level, these voices were not always carried through to higher decision-making levels. One respondent recommended that there be elected representatives from key service/generation/theatre groups on the Advisory Board.

Five respondents believed that there was a need for greater transparency around decision-making processes. One respondent commented that this was necessary for applicants to have a clear understanding of decision making processes so that they could seek their own advice.

Reflecting comments on benevolence in other sections, two respondents thought there was a need for a more generous disposition in how VANZ made decisions.

Participants at the Henderson and Invercargill meetings commented on advisory or decision-making bodies. One participant believed there was a need for more transparency, noting an instance where board papers had been withheld based on the 'free and frank' exception within the Official Information Act. Another participant commented that the Veterans Health Advisory Panel was not operating benevolently, or to the benefit of veterans, and that the Veterans' Affairs advisory panels did not always use the most up to date evidence.

Do we need to change our approach to adopting and using Statements of Principles?

40. Do you have an opinion on how the Australian Statements of Principles are used to determine entitlements? Would you suggest a different approach? What, and why?

A total of 39 respondents provided an opinion on how the Australian Statement of Principles (SOPs) were used to determine entitlements, with over half of the respondents (24 in total) broadly supportive of using the Australian SOPs in the New Zealand context. Nine respondents and participants at the Gisborne meeting did not support the use of the Australian SOPs and six respondents were undecided.

Of those 24 respondents who were broadly supportive of the SOPs, some respondents noted that they thought the Australian SOPs were robust and well researched, or that they had made improvements in establishing Veteran's entitlements. One respondent believed that:

> *"The Australian principles would be an advantage to particularly younger, afflicted veterans leaving service".*

Some respondents offered suggestions for improving the application of the SOPs. A range of issues were raised by those who did not support the use of Australian SOPs. Firstly, two respondents thought that the SOPs were too restrictive. This was reiterated at the Gisborne meeting where participants stated that the SOPs did not take into account the complexity of Vietnam veteran's conditions and the difficulties in providing evidence. Other respondents were concerned that conditions arising from occupational exposure to toxic environments were not adequately covered in the SOPs because of how difficult it is to prove that toxic exposure was the cause (four respondents). Finally, four respondents queried the need to use Australian SOPs instead of using New Zealand specialists and tailoring the SOPs to the New Zealand context.

41. Suggestions for adopting the Statements of Principles

Respondents provided a range of solutions or issues that they wanted to see resolved in adopting the SOPs. However, 10 respondents thought that the current system worked well and did not want to see any changes.

Five respondents found the SOPs difficult to understand and requested plain English, with one respondent requesting an "Idiots Guide to the Act".

One issue that was raised at the Henderson meeting was the need for medical practitioners to be more aware of what the tests were for conditions to be service related. Because specific tests were needed to trigger liability, participants at the Henderson meeting said that they wanted medical

practitioners to be better trained to write reports that would account for the SOPs and make better links between diagnoses and the SOPs that might apply.

Some respondents said that they would like to see the SOPs applied more frequently and referenced in outcomes letters. There was some concern that applications were being denied despite people feeling like their claim had provided justification beyond a reasonable doubt. The RNZRSA recommended ensuring that denied claims provided justification as to why evidence supplied did not meet the "beyond reasonable doubt" criteria.

One respondent and the RNZRSA said that they wanted to see the system used to adopt SOPs changed so that the General Manager at VANZ had the ability to adopt new SOPs as soon as possible.

Finally, some respondents said that accessing medical records was difficult for veterans, and the application of the SOPs was not flexible enough.

Could some entitlements be organised more efficiently?

42. Should any entitlements be combined to increase efficiency and effectiveness? If so, what are they, and why?

Responses for this question were mixed, with eight respondents stating that they thought entitlements could be combined to increase efficiency and effectiveness, eight respondents disagreeing that entitlements could be combined and 10 respondents noting that they were unsure or not familiar enough with the system to comment.

Few respondents provided supporting detail for their answers. Four respondents stated that they would like to see the travel grant system simplified, with one noting that more flexibility was required so that the whole grant could be spent on one occasion if desired. A further two respondents liked that the entitlements were separate as it helped him know what he was being reimbursed for.

Will the Act work well in the future?

43. Do you have any ideas about how to make sure the Act supports veterans and their families into the future?

Respondents identified a range of services that they thought would better serve the needs of veterans and their families in the future. Many respondents thought that their health needs were not being met, and suggested changes to the health care they receive that would better support veterans. Other respondents said that they needed more or different types of financial support for their families. Others identified issues such as the treatment of occupational exposure to radiation or toxic substances as an area that needs to be addressed to ensure the Act meets their needs into the future.

Many respondents felt that their health needs were not being met

A total of 19 respondents and participants at Mosgiel, Napier, Porirua, Tauranga, Palmerston North, Templeton and Gisborne meetings provided suggestions to ensure that their health needs were better met. One respondent commented:

> *"Personnel are dealing with hardships after leaving the service, often facing numerous difficulties, looking for work, are wounded or mentally and physically disabled. The need is acute".*

A participant at the Invercargill meeting said:

> *"It takes 30-40-50 years for some of these injuries and illnesses to come through. In the end, the process is so hard that you just exit the process and pay yourself".*

Four respondents were concerned that the audiological needs of veterans were not being addressed. Two respondents noted the cost cap was too low for hearing aids and did not reflect the true costs. One respondent, a provider of audiological services, said that veterans were not receiving consistent audiological care, and veterans would face greater risk if VANZ chose to only use larger corporate suppliers that were more influenced by product manufacturers than the patients they cared for. Participants at the Templeton meeting and one respondent also requested annual hearing checks for veterans and review to ensure veterans needs continue to be met as they age.

Participants at the Tauranga meeting and one respondent noted that veterans needed skin care and skin cancer related services as many veterans were suffering the ill effects of skin cancer after prolonged periods of time spent outside.

Other comments on health issues included:

- Improvements need to be made in health care, living standards, social support systems and nutritional status as preventative actions to help veterans live to an old age, including the need for gym memberships (three respondents).
- The NZDF should accept more culpability for health conditions arising from unsafe sexual practices and abuse of tobacco and illegal drugs or substances as these issues arose as a response to stress while on active duty. Another respondent said that he

entered the service a non-smoker and became a smoker by accepting tobacco rations and duty-free cigarettes that were offered at the time. Passive smoking was also an issue. Participants at the Devonport focus group said that the Act should mention any key dates or cut offs from a risk perspective, such as when changes were made around smoking.

- VANZ needs to investigate alternative treatment options that are focused on the veterans' needs which are different from the general public. For example, because of their training and experience, more practical, holistic and tactile forms of treatment such as physical training, yoga or equine therapy may be more appropriate (two respondents).
- The public health system in New Zealand is unable to cope with demand, waiting lists are too long and veterans need more freedom of choice. This could be solved by giving veterans priority in the public system (three respondents).
- Veterans should be offered dental services (two respondents).
- Veterans need a government-funded comprehensive welfare and support system that is underlined by practitioners who have a good understanding of veterans' health issues and can assist them in accessing services (one respondent).
- There should be a needs assessment to determine the best interventions to improve ex-service people's wellbeing (one respondent).
- One respondent thought there should be a medical checklist for GPs to tick off.

Health needs were also raised at meetings in Gisborne, Palmerston North, Porirua, Napier and Mosgiel.

- No Duff focus group participants believed that the focus of the *Veterans' Support Act 2014* and VANZ should be: 'if you hit a wall, emotionally or physically, what do we need to do to get you back again?' This focus could be supported by offering a quick access wrap-around prevention package consisting of things like a comprehensive GP visit, diagnostic tests, counselling and other services.
- Whenuapai focus group participants said that it was difficult to prove the origin of, and get coverage for chronic cumulative conditions, including mental health conditions, musculoskeletal conditions, hearing loss and vision impacts (for example from using night vision goggles). No Duff participants also noted the cumulative injuries of military personnel over time, for example hearing loss and knee and back injuries.
- Participants and one respondent said that more specialised care for the elderly was needed in Gisborne in particular, as Tairawhiti had limited access to specialist services and the Tairawhiti DHB did not have a geriatrician.
- Napier participants noted that many conditions were deemed to be due to aging that could be equally attributable to latency effects.
- Palmerston North participants said that the retirement age needs to be lowered for veterans as their bodies fail earlier than other people's.
- Participants in Porirua said that specialist treatment and rehabilitation available in New Zealand was rudimentary and only focused on medication and individual psychological therapy.
- Mosgiel participants noted the need for complementary treatment such as deep tissue massage to help with pain caused by multiple injuries caused by service.

- The No Duff focus group was concerned that the health risks of environmental conditions continued to be poorly understood, recorded and monitored. These included the impact of electronic blockers, air quality, or the high bacterial load in the soil in Afghanistan leading to secondary infection. The Act needed to have adequate provision for this, including the retrospective assessment of effects. Participants saw a need to plan for the possible impact of modern environmental risks: for example, what did we need to specify about assessing environmental risks? What evidence needed to be collected now?
- Mosgiel participants felt that there should be a medical assessment when personnel left the NZDF. The RNZRSA and Christchurch meeting participants thought that veterans should have an independent medical examination one year after discharge from the NZDF. This would get the veteran into the VANZ system and database, and identify any health needs to be addressed. Free annual medical examinations for all serving and ex-serving personnel were suggested by two respondents and participants at the Christchurch meeting. However, others indicated this would not be of value as a tiny percentage of health issues were picked up at medicals, and the focus needed to be on people reporting (and feeling it was safe to report) issues and injuries when they came up.

Greater support for families

Respondents felt that the Act could offer more support to veterans' families. This was raised at the Manurewa, Mosgiel, Palmerston North, Gisborne, Napier, Porirua, Tauranga, Whenuapai, Templeton and No Duff meetings. It was also mentioned by six respondents.

The need for more support for spouses and partners who act as primary caregivers was mentioned by two respondents and at the Mosgiel, No Duff, Tauranga and Templeton meetings. A participant at the Tauranga meeting said that the organisations and people doing the support work such as No Duff, RSA and partners of veterans are all unpaid. Some respondents felt that partners and families were significantly impacted by the effects of their veteran's service, but were eligible for little support. A participant at the Gisborne meeting believed that families should be able to be paid to provide care and for travel assistance.

The Whenuapai focus group said that there were many issues around the lack of support provided to families. These were:

- At least 80% needed counselling organised for them.
- Partners and families needed access to things like group family outings/camps and weekends away in order to build support networks, for time out and socialisation.
- There was very limited support for childcare.
- There was a lack of financial contribution towards funeral and memorial expenses.

Participants at the Mosgiel meeting said that surviving partners and families needed help with things they may not be able to do themselves, like maintaining their house and section. They needed counselling, and practical assistance like driving, getting the groceries and providing support while they were in hospital.

Participants at the Whenuapai focus group said that many veterans supported people other than a partner and children. This included financial and other support provided to parents, grandparents and others. These people were usually not entitled to anything if a veteran died or

was disabled. Given the loss they had suffered there should not be such a high burden of proof required to prove that they are a 'dependant'.

Participants at the Whenuapai focus group said that there was a need to have a common approach across the three services in liaising with families of the fallen.

One respondent suggested that time away for families and veterans as a kind of respite session would be helpful. This would enable families to have time to have consultation sessions away from daily stresses.

Another suggestion was to revisit the Law Commission's recommendation to change the War Disablement Pension Family Entitlement benchmark from 70% to 50% disability to provide greater support to veterans and their spouses (one respondent).

Extending Veterans' Independence Programme services

Only six respondents commented on increases needed to the Veterans' Independence Programme. Of these respondents, three requested that VANZ consider extending house cleaning to include house roof cleans every 2 to 3 years. Two respondents noted that the programme needs to be more flexible, either in paying the contractors based on the size of the sections, or in changing the services offers to better account for changing needs as veterans age or they down-size their house. One respondent was unhappy with the services provided by Chemwash.

Other services suggested by respondents were:

- Chimney cleaning and firewood deliveries (one respondent).
- Ensuring window washing is done twice monthly (one respondent).
- Weekend house cleaning for retired veterans (one respondent).

Financial assistance could be more flexible to address the needs of veterans

Participants at the Templeton meeting and five respondents noted a need for more financial support to meet their costs. Further support such as an accommodation supplement or assistance in meeting tenancy bonds was raised by one respondent and participants at the Templeton meeting also saw it as a need. Two respondents said there should be more support for travel, especially in the case of visits to pick up medication which can be costly. Another respondent told his story of having to support his family on the veteran's pension which was designed for a retired couple and was inadequate for his needs. This respondent needed more flexibility and recognition of the financial harm done by not being able to work for a period of time while raising a family. A participant at the Lower Hutt meeting believed that income support provided under the Act needed to be inflation adjusted so it did not lose its value over time.

Transition from NZDF to VANZ

The need for greater support for veterans during the transition from serving in the NZDF to interacting with VANZ for care was commented on by twelve respondents and at many meetings. Comments included:

- Four respondents thought there should be a requirement in the Act and NZDF regulations for NZDF to advise VANZ that an individual was new to the system. Respondents believed that personnel should receive advice throughout their career, as many were unaware of VANZ and the assistance provided. There was a view that VANZ

could provide wider education and training within NZDF, such as recruit training, promotion courses, and senior leadership forums.

- Two respondents suggested that when personnel transition out of the NZDF they should attend a session and receive information on applying for support from VANZ. They should be aware of the support available to them with a personal, physical link to a VANZ case manager and a comprehensive handover of medical records and situation from NZDF to VANZ. They should also be introduced to advocates who can offer ongoing support.
- Three respondents said that there should be a national register of veterans and their qualifying service. An attempt needed to be made to maintain contact with them, make them aware of their entitlements and changes that affect them, and find out if they needed assistance. Two respondents believed VANZ should issue former members of the NZDF with a Veteran ID card.
- Two respondents believed former NZDF personnel should be encouraged to remain in contact with the Armed Forces, for example through wider and more accessible links within the NZDF alongside access to bases and camps and their facilities.
- One respondent said advice and support was needed through a network of fellow cohort members to return the "comradery lost when disengaged from a theatre though wound trauma" or returning to civilian life. This included the need for programmes and support for younger veterans who may have trouble transitioning to civilian life, such as by providing employment assistance.
- Another suggestion was to assist veterans and their families with changing technologies such as computers and other devices, TVs, and other areas.

The transition was also discussed at nine meetings. There was a general view that the transition from NZDF needed to improve, and VANZ needs to be a more significant part of that process. There was a missing link between the two agencies, including a lack of information sharing or visibility of Veterans' Affairs within the NZDF. Participants at the Templeton and Whenuapai meetings believed there should be better education of what services are available through NZDF and Veterans' Affairs when people first joined the NZDF, continuing throughout their careers and when they left the NZDF.

Christchurch and Devonport participants believed veterans should register with VANZ even if they did not yet require support. The NZDF was moving to targeted liaison with leaving personnel, and there was a joint VANZ/NoDuff/RSA pamphlet on entitlements. However, veterans needed to take self-responsibility too.

Devonport and Whenuapai participants noted there was a lack of support for contemporary and still serving veterans and those leaving the Defence Force. Devonport focus group participants were not aware of VANZ having visited the base to publicise its support. Whenuapai participants said that some people left NZDF without knowing about VANZ, what they did, who to contact, or understanding their eligibility and entitlements. The NZDF's transition brief was only given to personnel who had served over 12 years.

The No Duff and Whenuapai focus groups proposed that consideration should be given to creating a register of all veterans, with their illnesses/injuries documented. Service and health information could be passed over to VANZ when an individual qualified, and there could also be a veteran's card that included service and health records. Participants at the Devonport focus group said that

NZDF already collected a lot of personal information, and this could be enhanced to include a ‘qualifying operational service’ tag for individuals which VANZ could be given access to.

Commemorating the service of veterans

A theme through many of the submissions was the importance of recognising and acknowledging the service veterans have provided to New Zealand. The RNZRSA noted the need for a strategy on how best to commemorate operational service by the NZDF since the end of the Vietnam War. This would demonstrate the “debt of gratitude the nation holds for them and that New Zealand will continue to support them when the effects of that service begin to impact on theirs or their families and dependent’s health and wellbeing”. It was suggested that perhaps the first steps would be to ‘welcome home’ those veterans – and their families – who have served since the end of the Vietnam War. A participant at the Linton focus group commented:

> *“We need to change the psyche of New Zealanders. Veterans should be celebrated”.*

Raising awareness

The Whenuapai focus group raised that there should be a national awareness raising campaign, aimed at increasing the visibility of veterans, and essentially ‘normalising’ them as members of society. This would help to get through to people who did not know that support was available to them, or who had disengaged. It could involve a range of media such as television, stickers on businesses welcoming veterans, using Forces’ Facebook pages and newspapers.

Looking to other countries’ approaches

Participants at the Christchurch meeting raised that New Zealand should consider adopting more comprehensive overseas (including US) approaches to recognising and supporting those who have been in the military. One respondent suggested looking at the changes the US Veterans’ Association was undergoing to see what could be used in New Zealand.

Other needs or gaps

Respondents suggested a range of other ideas for the future including:

- VANZ funding to be available for education including full tertiary or post-graduate studies for all veterans (as in the US)(two respondents).
- Social connection and wellbeing programmes. (one respondent and a participant at the Christchurch meeting).
- Medal mounting, especially for World War Two and Korean War forces whose medals are at risk of degrading in quality (one respondent).
- A benchmark survey to quantify the needs of veterans in New Zealand and similar Australian, British, American and Canadian organisations (one respondent).
- Providing hand rails and ramps to ease accessibility (one respondent).
- Vocational support and counselling including wealth management and financial planning advice, especially for veterans who have gone through a longer period of unemployment or a long hospital stay, experienced homelessness or have been released from prison (two respondents).

- Extending a programme like the Otago Regional City Total Mobility Scheme and ensuring veterans are aware of it (one respondent).
- Ensuring that the RSA newspaper review continues (one respondent).
- Greater support to veterans' homes in New Zealand (the respondent noted the US has 'state veterans' homes in almost every state) (one respondent).

Is a further review of the Act needed?

44. Do you think a further review of the Act is needed? If so, when, and what do you think should be covered?

67 respondents chose to answer this question. All except one said that the Act needed to be reviewed in the future, with most respondents preferring a review of the Act within five years. Reasons supplied for a need to review the Act more frequently included the changing nature of operational service, the increasing evidence base for service related health conditions and ensuring that the Act did not "become a dinosaur like the WPA".

Would you like to raise any other matters

45. Do you have any other matters you'd like to raise?

A number of respondents raised other matters, including communication and engagement, VANZ culture, staffing and structure, a veteran's gold card, health needs, issues with medical records, the surviving spouse pension, the definition of a veteran, qualifying service, taxes while on operational service, compensation issues, and ideas for additional support for veterans. These comments have been reported in other sections.

APPENDIX A: LIST OF ORGANISATIONS THAT PROVIDED SUBMISSIONS

Afghan Veteran Interpreters' Association of New Zealand

Kotuku Foundation Assistance Animals Aotearoa

Mururoa Veterans Group

New Zealand Audiological Society

New Zealand Korean Veterans Association - Auckland Region

New Zealand Korean Veterans Association – Hamilton Branch

New Zealand Vietnam Veterans Association

No Duff

Paaraeroa-a-Tumatauenga

Returned and Services' Association – Auckland

Returned and Services' Association – Canterbury District

Returned and Services' Association – Marton

Returned and Services' Association – Waihi Beach

Returned and Services' Association – Whakatane

Royal New Zealand Artillery Association Inc

Royal New Zealand Returned and Services' Association (RNZRSA)

South East Asia Veterans Association (SEAVA)

Tairawhiti Vietnam Veterans and Families Association

The Health and Disability Commissioner *(had no comment)*

Wai 1401 Claim Committee

APPENDIX B: LIST OF QUESTIONS IN THE SUBMISSION

1. What do you think works well in the Veterans' Support Act 2014?
2. What doesn't work well, or could be improved or clarified?
3. Would you like to see any specific changes? If so, what are they, and why is change needed?
4. Do you have any views on how to eliminate barriers to seeking and accessing assistance under the Act?
5. Do you have concerns about how the principles in the Act have been put into practice over the past 2 years?
6. Do you think any changes are needed to the principles? What changes would you like and why?
7. Do you think the Act should place responsibilities on the people receiving entitlements and support under the Act? If so what should they be?
8. Do you think the current threshold of "significant risk of harm", for the Minister to declare "qualifying operational service", is too high? Do you think factors other than operational and environmental threats should be taken into account? If so, what are they, and why are they relevant?
9. Do you agree with the definition of "veteran" used in the Act? If not, what would you change?
10. Do you think the Act should make clear how to manage multiple entitlements? If so, how do you think multiple entitlements should be managed?
11. Do you think eligible veterans should automatically receive a Veterans' Pension instead of New Zealand Superannuation? Do you have anything else you'd like to raise about the Veterans' Pension?
12. Do you think the estate of a deceased veteran or claimant should be able to access a lump sum or other entitlements? If so, why, and under what circumstances?
13. Do you think family members, not just veterans' estates, should be able to access lump sums or other entitlements?
14. Do you think all entitlements should continue to be paid for 28 days after the death of a veteran?
15. Do you think the current eligibility criteria could be simplified so that all spouses or partners of deceased veterans with qualifying operational service are eligible for a Surviving Spouse or Partner Pension? If so, why?
16. Do you think the Surviving Spouse or Partner Pension should be able to be reinstated after the spouse or partner enters then leaves a new relationship? Should the Act state how many times this can happen?
17. Do you think the current definition of "child" is adequate? If not, how would you change it? Do you think the definition should reflect the financial dependence of the child on the veteran?
18. Does the range and type of services provided under the Act meet your needs? If not, why not? Should any other services or support be included?

19. Can you suggest how to better include families in a veteran's rehabilitation and treatment?
20. What other services would be helpful for families as part of a veteran's rehabilitation and treatment?
21. Do you think children in any type of unpaid full-time or part-time study or training should be eligible for the children's bursary?
22. Should the Act allow Veterans' Affairs to pay for private treatment of injury or illness? If so, when and why?
23. Are there any treatment providers not currently recognised under the Act that you think should be added to the regulations? Who, and why?
24. What support should veterans and their families be eligible for while overseas? What considerations should be taken into account? Should it matter whether veterans and their families are living in another country or just visiting temporarily?
25. Should the support given to a deceased veteran's spouse, partner and other family members under the Veterans' Independence Programme be based on the family's needs, rather than the services and support the veteran was receiving? How would this change the nature of services provided?
26. Should families have the choice to access their 12 months of support under the Veterans' Independence Programme when a veteran moves into permanent care?
27. Would you like to raise any other matters about the services provided under the Veterans' Independence Programme?
28. Should the families of all veterans be entitled to support for a veteran's funeral (not just families of veterans whose death is due to qualifying service, or who are receiving income support entitlements). Why? Or what would you propose instead?
29. Is Veterans' Affairs current contribution to funeral costs sufficient? If not, what level of support would you propose instead?
30. Should the families of all veterans, including Commonwealth veterans, be entitled to assistance for the cost of plaques and headstones? Why?
31. Has the right balance been struck between what is in the Act, regulations and operational policies? If not, what would you change?
32. Where could the Act be clarified or made more consistent? What would you change?
33. What common provisions in the Act should be grouped in the same place?
34. What words or phrases in the Act would benefit from a definition or change of terminology?
35. Should the Act allow Veterans' Affairs to reconsider any decision under the War Pensions Act 1954 or the Veterans' Support Act 2014, if it thinks there may have been an error or if there's new information?
36. Does it make sense to combine the common elements of treatment and rehabilitation into common provisions in the Act? If not, why not?
37. Is the 30-day timeframe for making decisions about entitlements too restrictive? Should the Act be changed to require Veterans' Affairs to deal with decisions promptly, taking into

account the particular circumstances and considerations of fairness? If not, why not? What would you propose instead?

38. Could agencies and sectors work better together when delivering support to veterans? If so, how?
39. Are any changes needed to the role and operation of the advisory or decision-making bodies under the Act? If so, what and why?
40. Do you have an opinion on how the Australian Statements of Principles are used to determine entitlements? Would you suggest a different approach? What, and why?
41. Is there an easier way to adopt the Statements of Principles? If so, what would you recommend, and why?
42. Should any entitlements be combined to increase efficiency and effectiveness? If so, what are they, and why?
43. Do you have any ideas about how to make sure the Act supports veterans and their families into the future?
44. Do you think a further review of the Act is needed? If so, when, and what do you think should be covered?
45. Do you have any other matters you would like to raise?