

Services for Children of Vietnam, Jayforce, Grapple & Mururoa Veterans

**Version 5
April 2024**

Contents

Policy	3
1. Purpose	3
2. Legislative reference	3
3. Eligibility	3
4. Services we may fund	4
5. Psychological counselling	4
6. Genetic counselling and testing	5
7. Out-of-pocket costs of health services for accepted conditions	6
8. Case management & treatment plan	7
9. Travel	7
10. Payment of claims	7
11. Assistance from other organisations	7
Glossary	9

Policy

1. Purpose

- 1.1 This policy sets out the programme of services specific to children of Vietnam, Jayforce, Operation Grapple, and Mururoa veterans.
- 1.2 It covers the counselling, genetic counselling and testing, and health services funded under the programme. It does not cover ex-gratia payments—for these, see *Ex-Gratia Payments (Children of Vietnam Veterans) Policy*.

2. Legislative reference

- 2.1 These services are not legislated. We provide them under Cabinet decisions made in 2001, 2002 and 2024.
 - *Cabinet Minute (01) 12/9*
 - *Cabinet Minute Pol (Min) (02) 18/3*
 - *Cabinet Minute CAB-24-MIN-017 (Item SOU-24-MIN-0016)*.

3. Eligibility

- 3.1 When someone seeks assistance under this policy, we must first consider whether there is eligible service and an eligible relationship.

Eligible service

- 3.2 The claimant must have a parent with qualifying operational service in Vietnam, Jayforce, Operation Grapple, or Mururoa.

Eligible relationship

- 3.3 Most services under this policy are restricted to a veteran's natural-born children, born after return (temporary or permanent) from Vietnam, Jayforce, Operation Grapple, or Mururoa. The exception is psychological counselling, which can be for the veteran's:
 - natural-born children
 - adopted children, including whāngai
 - stepchildren, if raised as the veteran's children
 - grandchildren, if raised as the veteran's children.

Documents needed to establish eligibility

- 3.4 To establish eligibility, we need documents (originals or certified copies) verifying:
 - the veteran's eligible service in Vietnam, Jayforce, Operation Grapple, or Mururoa
 - the eligible child-parent relationship.

- 3.5 For the child-parent relationship, evidence needed depends on the type of assistance sought:
- **If psychological counselling is sought**
We need documents that credibly demonstrate an eligible child-parent relationship (could be one or more of birth certificate; adoption orders and papers; guardianship orders; parenting orders; other documents such as a lawyer's letter or a statutory declaration).
 - **If other services are sought (genetic counselling and testing, health costs)**
We need a birth certificate, showing the child is the veteran's natural child, born after the veteran's return from Vietnam, Jayforce, Operation Grapple, or Mururoa.

Commencement of cover for claims

- 3.6 Retrospective claims, for expenses incurred before the date of the relevant Cabinet decisions, will not be accepted.

4. Services we may fund

- 4.1 The services we may fund under this policy are:
- family/psychological counselling
 - genetic counselling and testing
 - out-of-pocket health costs for an accepted condition.
- 4.2 We fund services within and outside New Zealand, but do not cover costs that could be covered by another government agency. In the case of genetic counselling and testing, this can be provided to eligible families outside New Zealand on a case by case basis.

5. Psychological counselling

- 5.1 We can fund family/psychological counselling, as a short-term intervention, if all the following apply:
- the counselling is needed
 - the need relates to the parent's qualifying service in Vietnam, Jayforce, Operation Grapple, or at Mururoa
 - we have given pre-approval.
- 5.2 When counselling is requested, we require a needs assessment by a suitable health practitioner¹. So long as we have pre-approved this, we will pay for it. The assessing practitioner should be asked to report on:
- the need for the counselling (including relation to service)

¹ The initial assessment of need for family / psychological counselling can be made by any health provider with a scope of practice including clinical assessment of psychological/social harms – most medical practitioners (including psychiatrists and GPs), social workers, clinical psychologists and psychotherapists.

- the scope and aims of any counselling recommended, and the number of sessions needed.

5.3 If we approve counselling, we will normally only fund it within the assessment's recommendations. Where appropriate, however, we may use discretion to approve minor variations (such as a different counsellor).

5.4 The initial package of care for an individual is usually six sessions after which progress and the ongoing requirement can be reassessed. Where it is determined that further counselling is required further sessions can be approved.

5.5 Depending on the need for further counselling the child's GP may refer the child to counselling through the public health services. If counselling is not available at the public health services or is impractical to receive there, the Manager Veterans' Services has discretion to approve funding for additional counselling sessions delivered through a private service.

5.6 Counselling requests under this policy should be administered in line with the following sections of our *Mental Health Treatment Policy*:

- section 7 (situations where there is urgent need)
- section 8 (definitions of treatment providers).

6. Genetic counselling and testing

6.1 Genetic counselling is the process of determining occurrence or risk of a genetic disorder in a family, and helping people understand and adapt to the medical, psychological and familial implications of genetic contributions to disease. It involves:

- interpretation of family and individual medical histories to assess the chance of disease occurrence or recurrence
- education about inheritance, testing, management, prevention, resources and research
- discussion to promote informed choices and adaptation to the risk or condition.

6.2 Genetic testing may include pre-symptomatic/predictive or diagnostic testing if a possible genetic condition has been identified through the family history, or the genetic testing of other family members. It is not usually provided as screening in the absence of an identified risk.

6.3 Our funding for these services is contingent on their availability. It can cover:

- a GP appointment (for the referral)
- any costs of the genetic counselling and testing that are not publicly funded.

6.4 Veterans' Affairs will accept referrals to private genetic health services. These services may decide to propose genetic testing be undertaken in the public system if the client meets the public system's eligibility criteria, or may conduct the genetic testing themselves.

- 6.5 Genetic testing will not be offered on its own, but must always be preceded by assessment and genetic counselling.
- 6.6 Genetic counselling and testing can be provided to eligible families outside New Zealand on a case by case basis.

7. Out-of-pocket costs of health services for accepted conditions

7.1 There are 5 conditions for which we may be able to assist with health costs (if service and relationship criteria have been met):

- *cleft lip*
- *cleft palate*
- *adrenal gland cancer*
- *acute myeloid leukaemia*
- *spina bifida manifesta*.

In the case of spina bifida, we fund health services only if it is *manifesta*; but pay ex-gratia awards for both *occulta* and *manifesta*—see *Ex-Gratia Payments (Children of Vietnam Veterans) Policy*.

7.2 We require sufficient medical evidence to confirm that the condition is present.

Costs that don't need pre-approval

7.3 The following can be reimbursed without pre-approval if needed for treatment of the condition:

- GP visits
- pharmaceuticals on the Pharmac list
- radiological or other investigations up to \$1000.

Non-subsidised pharmaceuticals

7.4 For non-subsidised pharmaceuticals, the guidelines and procedure in our *Treatment Policy* (section 7) apply.

Other services

7.5 Other services, such as physiotherapy, may be funded if incurred as part of treatment in the public system.

7.6 These require pre-approval, which must go through a Rehabilitation Advisor. Before pre-approving, we must be satisfied that:

- the services are necessary and appropriate (in line with our *Treatment Policy*, paragraphs 4.2–4.3)
- the costs cannot be covered by other government agencies, such as the public health system or Work and Income.

8. Case management & treatment plan

8.1 When providing (or considering) funding for services, we may also set up the following:

Case management

8.2 Once we have established eligible service/relationship, we should set up case management, and continue it until the individual is no longer seeking/getting services under this policy.

Treatment plan

8.3 Once we have approved any services, we should consider whether a treatment plan would be helpful in managing them. If so, we may set one up.

9. Travel

9.1 We can reimburse travel (within New Zealand), if it is:

- undertaken so as to receive approved assessments or services under this policy; and
- necessary.

9.2 Administration of travel costs should align with the following sections of our *Travel for Assessment, Treatment & Rehabilitation Policy*:

- paragraph 4.4 (as to use of nearest provider)
- section 7 (as to what, and how much, we will reimburse)
- paragraph 9.1 (as to timeline for claims).

10. Payment of claims

10.1 For general GP visits, and pharmaceuticals on the Pharmac list, the claimant must pay upfront. They can seek reimbursement by sending us the receipts, with a signed note confirming that the costs claimed are for the accepted condition. (If further assurance is needed, with the claimant's permission we may check with the provider).

10.2 For travel, the claimant must pay upfront but can seek reimbursement by sending us evidence of travel. (In general, the evidence should show the travel was undertaken for the appointment. However, we can use discretion to accept a lower standard of evidence, if this seems reasonable in the circumstances).

10.3 For most other services, we will normally pay the provider directly.

11. Assistance from other organisations

11.1 The following trusts can make grants to Vietnam veterans or family members. Both trusts set out on their websites the kind of situations they will consider assisting:

- **Viet Nam Veterans & their Families Trust**
May assist Viet Nam veterans or their families with some expenses, to relieve poverty or hardship.
www.communitymatters.govt.nz/viet-nam-veterans-and-their-families-trust
- **Vietnam Veterans (Neville Wallace Memorial) Children's & Grandchildren's Trust**
May assist children or grandchildren of Vietnam veterans to realise their potential.
www.evsayouthtrust.org.nz

Glossary

health practitioner *[section 7 of the Veterans' Support Act 2014]*

Has the same meaning as in section 5(1) of the Health Practitioners Competence Assurance Act 2003.

member of the armed forces *[section 7 of the Veterans' Support Act 2014]*

Means a person who is or has been a member of the New Zealand armed force raised by the Governor-General on behalf of the Sovereign,—

- (a) whether in New Zealand or elsewhere; and
- (b) whether before or after the passing of this Act.

qualifying operational service *[section 8 of the Veterans' Support Act]*

Means—

- (a) service on any deployment treated as a war or emergency for the purposes of the War Pensions Act 1954; or
- (b) service on any deployment declared to be operational service under section 9.

qualifying routine service *[section 8 of the Veterans' Support Act]*

Means service in the armed forces before 1 April 1974 that is not qualifying operational service.

qualifying service *[section 8 the Veterans' Support Act]*

Means—

- (a) qualifying operational service; or
- (b) qualifying routine service.

travel costs *[section 42 of the Veterans' Support Act]*

Means the cost of—

- (a) travel
- (b) meals and accommodation reasonably associated with the travel:
- (c) actual and reasonable out-of-pocket expenses associated with the travel.

veteran *[section 7 of the Veterans' Support Act]*

Means—

- (a) a member of the armed forces who took part in qualifying operational service at the direction of the New Zealand Government; or
- (aa) a member of the armed forces who took part in qualifying routine service before 1 April 1974; or
- (b) a person—
 - (i) who has been—
 - (A) appointed as an employee of the Defence Force under section 61A of the Defence Act 1990; or
 - (B) seconded to the Defence Force with the permission of the Chief of Defence Force; and
 - (ii) who took part in qualifying operational service at the direction of the New Zealand Government; or
- (c) a person who, immediately before the commencement of Part 3 of this Act, is eligible for a pension under the following provisions of the War Pensions Act 1954:
 - (i) section 19 (but only if the person was a member of the forces):
 - (ii) section 55 or 56:
 - (iii) Parts 4 and 5.