Australian Government
Department of Veterans' Affairs

Deputy Commissioner's Consultative Forum South Australia
Thursday 24 September 2026
1.00pm – 3.00pm

Location: Level 11, 91 King William St, Adelaide SA

Minutes

Attendees	
Leif Brown	Project Warhorse, Flinders University
Don Cameron	National Malaya & Borneo Veterans' Association of Australia Inc
Dave Cunningham	Legacy Club of South Australia & Broken Hill
Mick Curry	TPI Association of South Australia
Bob Ellis	Vietnam Veterans' Federation (SA Branch)
Brad Flaherty	RSL SA / NT and Broken Hill
WGCDR Mark Fox	Royal Australian Air Force (RAAF)
Chris Goodfellow	Partners of Veterans' Association of Australia (SA Branch)
Ray Lamming	TPI Association SA/NT
Lee Norrey	Women Veterans Network Australia (SA)
Mal Rogers	TPI Association SA/NT
Paul A Rosenzweig	National Malaya & Borneo Veterans Association Australia Inc
Graham Rudd	Military Advocates SA
Malcolm Schlein	William Kibby VC Veterans Shed
LTCOL Thuy-An Vu	Australian Army, Headquarters 9 Brigade (Commander 9 Brigade)
Greg Weller	Air Force Association (South Australia) AFA-SA
Justin Wharton	Veteran Wellbeing Centre, SA Health
Leif Brown	Project Warhorse, Flinders University
Don Cameron	National Malaya & Borneo Veterans' Association of Australia Inc
Dave Cunningham	Legacy Club of South Australia & Broken Hill
Mick Curry	TPI Association of South Australia
Bob Ellis	Vietnam Veterans' Federation (SA Branch)
Brad Flaherty	RSL SA / NT and Broken Hill
WGCDR Mark Fox	Royal Australian Air Force (RAAF)
Guests	

Ms Sally Bradford	Assistant Secretary, Integrity Division, DVA
Mr Brenton Philp	Deputy Secretary, Chief Operation Officer, DVA
Mr Michael Burvill	Assistant Secretary, Chief Psychiatrist Division, DVA
Mr Chris Tilley	South Australian Department for Correctional Services
Ms Hayley Boswell	Defence Kidz
Chair	
Ms Jenn Buckler	Deputy Commissioner SA, DVA
Secretariat	
Mr Andrew Klima	Executive Officer, Deputy Commissioner SA, DVA
Apologies	
Rob Atkinson	Defence Reserves Association (SA)
Maria Barclay	Families of Veterans Guild
Bill Bates	Operation Unity
Tara Belton	RSL SA / NT and Broken Hill
Amber Bisset	SA Health – Veteran Wellbeing Centre at the Repat
Paul Broadbridge	Australian Partners of Defence (APOD)
Jenn Buckler	Chair, Deputy Commissioner SA, Department of Veterans' Affairs (DVA)
Mick Burgess	Defence Force Welfare Association South Australia (DFWA-SA)
Don Cochrane	Vietnam Veterans Federation South Australia (VVFSA)
Dan Demaria	Legacy Club of South Australia & Broken Hill
Bill Denny	RSL SA Ambassador
Lisa Faranda	Veteran Gaming Australia
Mark Faranda	Veteran Gaming Australia
Rod Graham	Royal Australian Regiment Association (RARA) SA
Gaynor Harrison	Air Force Association (SA)
Brigadier Dan Hogben	9th Brigade
Dr Miranda Van Hooff	Veterans' Advisory Council
Deepa Jaydev	William Kibby VC Veterans Shed
Scott Jeffrey	TPI Federation of Australia
WGCDR Craig Keane	RAAF
Nathan Klinge	RSL Care

Jason Mills	Flinders University and Open-Door Research Hub
Dan Nair	Military and Emergency Services Health Australia (MESHA)
Annie Orr	TPI Association of South Australia (Guest)
Mariana Ricci	Health SA
Paul Rozenzweig	National Malaya & Borneo Veterans' Association Australia Inc
Sarah Sellars	Lives Lived Well
Ricky Skiathitis	Andrew Russell Veteran Living (ARVL)
Mal Thiele OAM	Vietnam Veterans' Federation (SA Branch)
Tich Tyson	Military Advocates SA
Mike VonBerg	Royal Australian Regiment Association (RARA) SA
Ben Wadham	Flinders University and Open-Door Research Hub
Bianca Wheeler	Director, Veterans' SA
Heather Willis	Legacy Club of South Australia & Broken Hill

Agenda Item 1. Welcome, Introduction and Apologies

- Jenn Buckler welcomed attendees and acknowledged apologies.
- Jenn Buckler proposed an organisation information template and consent-based sharing of contact details to strengthen connections across South Australia's veteran sector.
- Members supported community updates moving towards fortnightly distribution, including suitable member information, events and notices, using blind copy where appropriate (for Defence members).
- **ACTION:** DVA to create an information template to disseminate to attendees for completion.

Agenda Item 2. Provider Integrity Division

- **Operating environment:** Ms Sally Bradford advised that integrity concerns had increased over approximately five years, particularly since 2023. Contributing factors included claims-backlog investment, rapid telehealth expansion during COVID-19 and stronger controls in other government programs potentially displacing high-risk activity towards DVA.
- **Investment and structure:** Funding of $151 million over four years and $49 million annually ongoing supports prevention, detection, intelligence, operational responses and legislative reform. Established in late 2025, the Division has one branch focused on prevention, integrity-by-design, analytics, detection and intelligence, and another responsible for operational responses.
- **Response model:** DVA applies proportionate responses to administrative error, unethical or high-risk practices, non-compliance and fraud. Measures include education, invoice checks, audits, payment controls, debt recovery, provider exclusion and criminal referral.
- **Provider conduct and veteran impact:** Examples included undelivered or overstated services, misleading cold calls, misuse of personal information obtained through promotions, over-servicing, group sessions billed individually and unnecessary assessments used to generate further treatment. Such conduct risks both public funds and veteran wellbeing by requiring veterans to repeat traumatic experiences and delaying effective care.
- **Case examples:** Matters included a dietitian claiming the equivalent of 19 sessions per week for one veteran, $550,000 in psychologist claims for one veteran, a $31,000 MRI invoice and a $50,000 compensation report.
- **Legislative powers:** Ms Bradford advised that current legislative, regulatory and evidence-gathering powers were not yet adequate. Reform is examining powers used by comparable Commonwealth agencies; DVA can already take administrative action, including refusing payment to unsuitable providers.

- **MyService transparency:** Enhancements targeted for 1 July 2027 would allow veterans to view services and charges recorded against their name, with an expected increase in integrity reports.
- **Detection:** Business rules and data analytics identify billing mismatches, outliers and high-risk providers. Manual validation remains necessary because payment systems cannot confirm whether the claimed item matches the service delivered.
- **Advocacy and financial advice:** Members raised risks from percentage-based advocacy fees and providers claiming maximum payments for limited work. DVA was working with the Institute of Veterans Advocacy on possible regulation and legislative reform; itemised accounts were identified as useful evidence.
- **Reporting and enforcement:** Suspected wrongdoing can be reported through DVA's integrity web form, integrity@dva.gov.au or the Veterans Access Network, including anonymously. Every tip-off is assessed, and one veteran confirming that a claimed service was not received may support action. Serious matters may be referred to the Commonwealth Director of Public Prosecutions, with cooperation through the 23-agency Fraud Fusion Task Force; privacy obligations may limit feedback on outcomes.

Agenda Item 3. Chief Operating Officer Update

- **Integrity and service delivery:** Mr Brenton Philp, Chief Operating Officer, advised that integrity activity aims to ensure funding reaches legitimate veteran services and supports. A fee schedule introduced in February 2026 was helping address unreasonable charges.
- **Provider charges and transparency:** Approximately 23 providers were under review for reports exceeding $10,000, compared with an average of about $550 across approximately 7,000 providers; most providers were acting appropriately. Proposed MyService improvements would allow veterans to view health, household and other services charged against their name and report questionable claims.
- **Claims pressures:** Average conditions per claim increased from approximately 2.5 to 4.5 over 18 months. A reported 48 per cent increase in DRCA claims before 30 June, legislative changes and Gold Card eligibility added to workload pressures, despite increased delegate and client-support staffing.
- **Claims delays:** Initial Liability allocation was approximately 14 days, but members stressed this did not represent determination time. Investigation-ready claims were reported as waiting 18 months or longer, including an older veteran waiting about two years; Permanent Impairment remained a significant pressure point.
- **Program expenditure:** Approximately $15 billion was paid across DVA programs in the previous year, broadly covering Permanent Impairment, incapacity and related payments, and health, household and other services.
- **Technology trial:** An artificial-intelligence trial with RSL Queensland reportedly processed Initial Liability work about twice as fast and files exceeding 1,000 pages about three times as fast. The technology could identify relevant claims or evidence and reduce requests for further information, while delegates retained decision-making responsibility.
- **Allied health and budget:** The proposed $5,000 clinical-review measure and linked $750 million reduction in administered, demand-driven funding were withdrawn; the reduction did not relate to DVA staffing or operating funding. Existing 12-treatment-cycle arrangements remain while DVA examines ways to reduce administrative burden and speed decisions.
- **Parliamentary inquiry and consultation:** Parliament manages parliamentary inquiries, while DVA may advise that an inquiry exists and appear as a witness. Mr Philp acknowledged the need for earlier engagement with the veteran community before proposals become policy.
- **Communication and service improvements:** Members noted that inconsistent terms—including cap, threshold, review point and monetary limit—had contributed to confusion and inaccurate social-media messaging. DVA had published travel-reimbursement and health-approval processing times and continued work to streamline decisions, alongside presumptive liability, rehabilitation, wellbeing and safe-at-home supports.

Agenda Item 4. South Australian Veterans' Court Pilot

- **Pilot overview:** Mr Michael Burvill, Mr Chris Tilley and Ms Hayley Boswell presented on the Australian-first South Australian Veterans' Court pilot, which held its first hearing on 3 August 2026. The Magistrates Court

pilot provides a specialised, culturally informed sentencing pathway focused on treatment, rehabilitation and community safety—not special treatment.

- **Eligibility and referrals:** Participants must plead guilty, volunteer, engage with support services and demonstrate a connection between military service and the offending behaviour. It applies to current and former ADF members, reservists and veterans of traditional allied forces; cadets and family members are not eligible as defendants, although families can receive support. Referrals may come from courts, corrections, legal representatives or community organisations.
- **Scope:** The pilot deals with lower-level Magistrates Court offences and sentencing referrals from other courts; it does not cover committal matters proceeding to the District Court.
- **Process and safeguards:** Matters may be adjourned for approximately three to six months while participants comply with conditions such as obtaining a White Card, engaging with Open Arms or completing treatment or rehabilitation. Compliance hearings may be held; participants may withdraw without an additional penalty, but the original matter returns to ordinary sentencing.
- **Integrated support:** DCS Veteran Services, DVA, Open Arms, ex-service organisations and separate veteran and family representatives contribute to the pathway, including safeguards for family and domestic violence matters. A South Australian DVA Prison Services Officer also assists veterans in custody to reconnect with DVA and obtain a White Card before release.
- **Delivery and early activity:** Approximately five matters had been handled, including a current-serving participant who reportedly received no conviction after successful engagement. The Court generally sits at Elizabeth at 10.00 am on the first Monday of each month, subject to public holidays. Hearings are generally public, information is available through the Courts Administration Authority website, and presenters offered briefings to interested organisations.

- **Related initiatives:** National work includes expanding peer in-reach support in prisons and a proposed telehealth counselling trial for incarcerated veterans in New South Wales. Community legal centres were identified for civil and family-law matters outside the pilot's scope.

Agenda Item 5. Consultative Committee Member Reports and Discussion

Members raised the following systemic issues and service-delivery concerns:

- **Veterans' Home Care:** Experiences of incomplete work, services invoiced but not delivered, gutter-cleaning limitations, inconsistent service frequency and the need for stronger end-user feedback. Members noted the safety risk where older veterans attempt work that contracted providers will not undertake.
- **Transport:** Long telephone waits, difficulty arranging transport, taxi or driver no-shows, reimbursement barriers and broader reliability concerns for veterans and other entitled persons attending health services.
- **Contact with DVA:** DVA outgoing calls commonly appear as private or no-caller-ID calls, which many clients do not answer. Advocates also described difficulty returning calls to delegates or case managers through the general telephone line.
- **Authorised representatives:** Members raised cases where veterans requested contact through their authorised representative but continued to receive direct contact. The absence of a clear "contact representative only" option at claim lodgement through MyService was identified for further investigation.
- **Triage and Connect:** Members discussed referral pathways for complex case management. Referrals may be initiated through DVA, by telephone, through a MyService callback request or through an advocate. Complex case management is intended to be episodic and support clients towards greater self-management.
- **Social isolation:** Older veterans living alone may have very limited regular contact. Luncheons, hospital visitation, welfare checks, motorcycle groups, RSL sub-branches and other face-to-face activities were identified as important connection points.
- **Communication and digital exclusion:** Online information and QR-code-based communication do not reach all older veterans. Members emphasised the need for multiple communication channels and stronger community networks.
- **Regional access:** Members identified gaps in access to DVA-aware health providers and support services outside metropolitan Adelaide and supported increased regional participation in future forums.

- **Mental Health First Aid:** Information was offered on blended Mental Health First Aid courses at the Repat, for possible circulation through the Forum network.

Agenda Item 6. Future Forum Arrangements

- Continue monthly roundtables focused on systemic issues, including ageing and safe-at-home services, transport, home-care quality, regional access and sector information sharing.
- Expand hybrid participation in 2027 to include more rural and regional voices while maintaining a manageable forum size and improve sharing of participating organisations' services and activities.
- The next Christmas Forum is scheduled for 3 December 2026; October and November roundtable invitations will be circulated separately.

Agenda Item 7. Closing Remarks

Jenn Buckler thanked members and guest presenters for their contributions. Members were encouraged to continue raising both systemic themes and individual matters requiring referral to the relevant business area.

Action Items

No	Action	Responsible	Date opened	Due date	Status
2026/03-1	Recirculate DVA Provider Integrity reporting contact points and guidance on providing examples and evidence.	Andrew Klima	24 Sept 2026	Next community update	Open
2026/03-2	Circulate the public resources discussed at the Forum, including processing-time information and Veterans' Court material.	Jenn Buckler / Andrew Klima	24 Sept 2026	Next community update	Open
2026/03-3	Compile and distribute information on Triage and Connect, complex case manager referral pathways, authority-to-act requirements and contact options.	Andrew Klima	24 Sept 2026	Next community update	Open
2026/03-4	Investigate mechanisms in MyService and claims processes to record a client's request for communication through an authorised representative.	Jenn Buckler	24 Sept 2026	Next Forum update	Open
2026/03-5	Provide further information to the relevant team on transport access and reliability concerns raised by members.	Jenn Buckler	24 Sept 2026	Next Forum update	Open
2026/03-6	Develop and issue the proposed South Australian organisation information template.	Jenn Buckler / Andrew Klima	24 Sept 2026	Before next Forum	Open
2026/03-7	Circulate invitations for the October and November roundtables and the 3 December 2026 Consultative Forum.	Andrew Klima	24 Sept 2026	As soon as practicable	Open