



RCAA

Rehabilitation Counselling
Association of Australasia

21 November 2022

Email address: REHABSOM.22@dva.gov.au

Cc

Matt.Keogh.MP@aph.gov.au

To the Contact Officer,

RE: Complaint from ASORC and RCAA regarding the REHAB SOM 22/ the Provision of DVA Rehabilitation Services

We are writing to express our concerns as representatives of the Rehabilitation Counselling profession, regarding the REHAB SOM 22: Request for Tender in relation to the Provision of DVA Rehabilitation Services to the Department.

ASORC and RCAA are the peak professional bodies, with a Memorandum of Understanding between the parties, to represent Rehabilitation Counsellors throughout Australia. Both ASORC and RCAA are self-regulating entities for the profession, providing membership services and continuing professional development to tertiary qualified Rehabilitation Counsellors.

As membership bodies that represent Rehabilitation Counsellors, including those that work in the rehabilitation industry, we would like to express our significant concerns regarding the following:

- The mandatory requirement in relation to providers with national scale. The tender documents state that providers are required to have employed staff and an office presence in every Tier 1 site in every capital city and territory in Australia, to be considered for this tender.
- To our knowledge, data showing that Allied Health professionals employed by national providers are superior to their counterparts in SMEs is not forthcoming. Similarly, we are not aware of any information that shows that the quality of service and care for veterans is superior when delivered through national providers.
- It is highly likely that this requirement will impact a significant number of small to medium businesses that currently provide quality services to veterans. A probable consequence is that only the big corporate entities will tender for the work, many of whom are owned by the same large corporation. In this regard, this tender goes against the overall commitment made by the Australian government in the [Commonwealth Procurement Rules](#) (refer section 5.3 – 5.8) that came into effect on 1st July, 2022.
- We ask for information regarding the considerations that have been made, for ways to mitigate the losses that SMEs (that already provide rehabilitation services to Veterans), may experience? We would like to enquire as to what remedies may be offered our members if SME providers are no longer able to service the veterans? Some have been doing this work solely for decades.

AUSTRALIAN SOCIETY OF REHABILITATION COUNSELLORS LTD

Level 11, 65 York Street, Sydney NSW 2000 Australia

Telephone: 1800 643 155

E-mail: admin@asorc.org.au



www.asorc.org.au

ABN 81 442 528 153

ACN 616 971 138

- Rehabilitation Counsellors have unique training relevant to the rehabilitation needs of Veterans and have an extensive history working with Veterans. The attached article by (Walker, 1999) documents this history. In this light, this tender appears to be going against the best interests of Rehabilitation Counsellors and Veterans alike.
- Large national providers have ongoing issues with addressing staff shortages. We know this because they approach ASORC and RCAA seeking to collaborate on ways to recruit more Rehabilitation Counsellors. They comment on the important value a Rehabilitation Counsellor can provide over other allied health professions because of their unique rehabilitation skillsets. It is therefore probable that there will be a significant loss of intellectual property developed by providers to help case management: e.g., suicide prevention protocols/best practice management strategies.
- The rates outlined in the SoR provide limited rehabilitation funds for a very complex group whose members experience trauma and high rates of mental health conditions, and who have often sustained a moral injury (Summary report, 2015). It is not surprising that most have comorbid conditions. Because their claims are generally complex in nature, all Veterans with a fitness for work require new employer programs. The 30 minutes per week of service provision identified in this tender is not conducive to providing individualised quality care that most Veterans need (e.g., WorkCover WA gazetted rate for rehabilitation programs is \$17,000; DVA is \$13,500 for much more complex claims). Other measures could have been considered to address quality servicing and government fiscal concerns.
- In its current format, the prescribed model demonstrates little to no consideration of relevant research on best practice rehabilitation. There is an abundance of research that is directly contravened in the current RFT, including the overly structured, prescriptive, constrained costing model, which determines the nature of and amount of support that can be delivered (for example, see Waddell, 2013).
- The model proposed in the RFT documents is constrained and prescribed in a way that *does not allow a person-centered approach to rehabilitation and inhibits the delivery of best practice interventions*. The heavy cost restraints with little to no flexibility are less than some of Australia's lowest and most restrictive rehabilitation frameworks that focus solely on return to work (with this model proposed to consider all three arms of rehabilitation, not solely return to work). The proposed model appears to be primarily targeted at achieving a vast reduction in costs (directly resulting in a reduction of support to Veterans) rather than a remodel that is based on Veteran feedback.
- The Department of Veterans' Affairs own goals, publications, and presentations - including considerations from recent Royal Commissions, empirical research, and relevant industry white papers (a small sample of which is outlined below) - are contravened by this model. This is demonstrated by the general framework of the proposed model, which vastly reduces the amount of support available (duration, cost, quality of such), and the type of support available (quality and consistency that is person-centred and individualised). A more specific example is the move in focus from direct service delivery and interaction with Veterans to increased funding for reporting activities, such as initial assessment reports, progress reports and closure reports, which serve minimal useful purposes other than to provide DVA with information.
- The requirement that all companies ensure that their consultants are Mental Health First Aid (MHFA) trained is questioned for those with a mental health professional background. There is a clear benefit of **non**-counselling / psychology consultants undertaking this training, however. Another approach may be for DVA to request that all staff participate in Suicide Risk training with ASIST (<https://www.openarms.gov.au/about/news/2021/applied-suicide-intervention-skills->

[training-assist](#)) or with a company that has designed a course specific to our industry, this includes how and when to undertake safety planning (<https://suicideriskassessment.com.au>). We consider the requirement to undertake MHFA concerning, especially in the light of the 2018 HSE report (see: [rr1135.pdf](#) (hse.gov.uk)). Thus, this tender illustrates the lack of insight into the much greater requirements that Veterans would need.

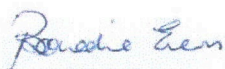
- Is there evidence that supports the requirement for MHFA training and the ways in which this assists Veterans?
- There is likely to be a complete dilution of available qualified Rehabilitation Counsellors and the intellectual property, to work with Veterans because they may resort to jurisdictions where the hourly rate is about 15% higher than the offered rate by DVA. This move will then create a critical loss for the profession, which is largely responsible for employment transition and other critical rehabilitation services, such as mental health intervention, biopsychosocial rehabilitation, social inclusion and ultimately negative effects on the social determinants of health.
 - NDIS code 15_620_0128_1_3 Assessment Recommendation Therapy or Training - Rehabilitation Counsellor (\$193.99- \$290.99) - <https://www.ndis.gov.au/providers/pricing-arrangements#ndis-pricing-arrangements-and-price-limits>
- We are concerned about the impact on Veterans that this change in care arrangements is likely to have. We are concerned about the service delivery for Veterans, as we are aware of many Veteran specialists choosing to work in the smaller to medium sized businesses. The reduced funding for complex cases is likely to result in poorer service delivery, care, and outcomes for Veterans. This change contradicts the transforming DVA statement from <https://www.dva.gov.au/about-us/overview/transforming-dva> webpage (2022) that states DVA will “support the wellbeing and success of veterans and their families in every way we can” additionally the stated objective of DVA: “to restore function, to maximise quality of life and wellbeing, and to minimise the Veteran’s long term health care and community support needs.”
- There are likely to be increased numbers of Veterans requiring support due to the Royal Commission, yet should this tender go ahead in its current form there is likely to be a reduced number of Rehabilitation Counsellors available.

We are seeking an urgent response to our concerns recognising that the tender is due to close on 13 December 2022. We would like a response regarding the following recommendations/solutions:

- DVA to delay the processing of this tender until the results of the Royal Commission are released and proper consultation and research is conducted into the best interests of the Veterans.
- To further address the questions in the submission above as well as:
 - Consider a discretionary funding model for cases identified as complex and requiring intensive support. This will require an amendment to the SoR Attachment C 2023 Rehab financial package and fees.
 - Changing section 3.5.3 of the Statement of Requirements
 - Amending section 4.1.1 of the Statement of Requirements.
- As ASORC/RCAA are Peak National bodies we query the opportunity for ASORC to submit a tender for the Provision of DVA Rehabilitation Services.

We hope that we will receive a response from DVA by COB Friday 25 November 2022. We will follow up to ensure these significant concerns are considered.

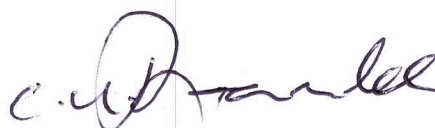
Yours sincerely,



Bernadine Euers
Chief Executive Officer
ASORC
**Australian Society of Rehabilitation
Counsellors Ltd**



Dr Boris Fedoric
National President
ASORC
**Australian Society of Rehabilitation
Counsellors Ltd**



Associate Professor Christine Randall
President
RCAA
**Rehabilitation Counselling Association of
Australasia**

References:

"Customer Centric Rehabilitation - Listening to our Customers & Providers: Investigating 'What Good Workplace Rehabilitation Looks Like'"© was created by the Ufirst team, icare Health and Community Engagement (HACE) Section, December 2017.

Waddell, G., Burton, A.K and Kendall, AS N (2013) Vocational Rehabilitation. What works, for whom, and when? https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209474/hwwb-vocational-rehabilitation.pdf

Kettlewell, J.; Lindley, R.; Radford, K.; Patel, P.; Bridger, K.; Kellezi, B.; Timmons, S.; Andrews, I.; Fallon, S.; Lannin, N.; et al. *Factors Affecting the Delivery and Acceptability of the ROWTATE Telehealth Vocational Rehabilitation Intervention for Traumatic Injury Survivors: A Mixed-Methods Study*. Int. J. Environ. Res. Public Health 2021, 18, 9744. <https://doi.org/10.3390/>

Herbert MS, Afari N, Liu L, Heppner P, Rutledge T, Williams K, Eraly S, VanBuskirk K, Nguyen C, Bondi M, Atkinson JH, Golshan S, Wetherell JL. Telehealth Versus In-Person Acceptance and Commitment Therapy for Chronic Pain: A Randomized Noninferiority Trial. J Pain. 2017 Feb;18(2):200-211. doi: 10.1016/j.jpain.2016.10.014. Epub 2016 Nov 9. PMID: 27838498.

Ottomanelli, Veteran and provider perspectives on telehealth for vocational rehabilitation services, Federal Practitioner., № 38, c. e32

Summary Report 'What are effective interventions for veterans who have experienced moral injury' A Rapid Evidence Assessment April 2015.