

Book 2

Case Management and Client Support



“People helping People”

Book 2 – Case Management and Client Support

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Introduction

This booklet details the practical application of the role of support advisor in managing client cases that Book 1 - Introduction to Support Services and Advisors, broadly outlined. Managing client cases, be it simply filling out a government agency form to co-ordinating complex acute cases, is a core role of being a Support Advisor.

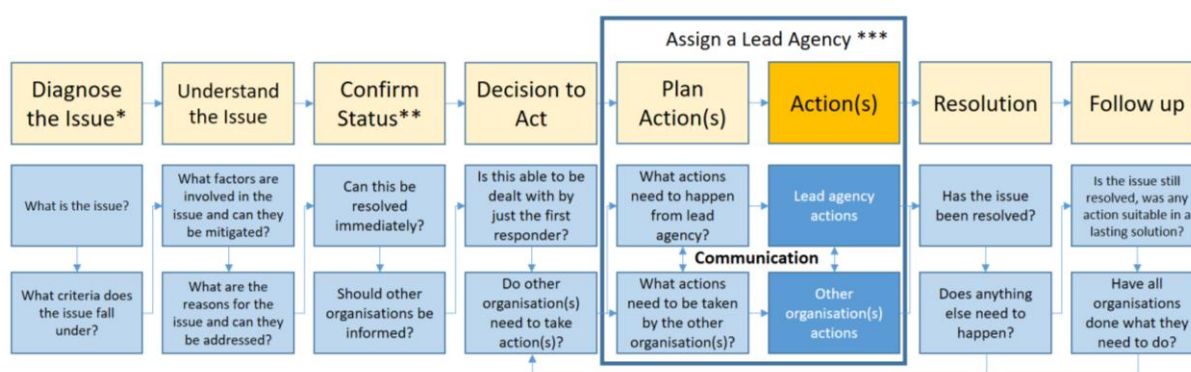
To do this effectively, a Support Advisor needs to be able to:

- ☑ understand and implement a sound decision making process
- ☑ establish and maintain respectful relationships with the veterans, ex-service people and their families
- ☑ assess the financial assistance and support needs of service and ex-service people, and their families
- ☑ find up-to-date information about types of support and entitlements
- ☑ identify and suggest appropriate support and entitlement options to veterans, ex-service people and their families
- ☑ identify the correct application forms to use, complete it (or help your client complete it), and assemble all the necessary supporting documentation
- ☑ establish and maintain positive relationships and communication channels with representatives from other relevant agencies
- ☑ refer clients to other agencies for information or support, as appropriate
- ☑ escalate any issues or concerns you or your clients have through appropriate channels
- ☑ keep accurate records of your conversations, agreements and any actions taken.

In this book you'll become familiar with case management and the various items of documentation you'll need to regularly use in your role, so that by the end you're able to confidently manage client's case needs.

Issue decision making process

As a support advisor a sound decision making process is required to be able to deal with the numerous situations involved in supporting clients. This process can be broken down into eight broad steps (yellow boxes in the figure below), which are diagnose the issue, understand the issue, confirm status, decision to act, plan action(s), action(s), resolution and follow up.



Under each step are questions or actions (in the blue boxes) that should be considered and answered before moving on to the next step as this builds an information picture before moving onto the next step. This process could take as little as a few minutes to a number of days, weeks or even months depending on the complexities of the issue and stakeholders involved to resolve it.

Diagnose the Issue - Under the first step you need to know what the issue actually is in its simplest form, and the criteria the issue falls under. The issue could be as simple as "needs forms filled to get entitlements" or as complex as "has mental health, substance abuse and financial issues". The rule here is if you don't understand what the essence of the issue is then keep asking questions until you can articulate it simply. Basically, the criteria determine if the issue falls under the remit of the RSA support services, remembrance, governance or other. For it to fall under support the issue should fit under financial hardship, medical support, educational need, advocacy, support advice or social health.

Understand the Issue – When you know what the issue is and what criteria it falls under then you need to be able to understand all the factors that make up the issue. This is done by looking at who is involved, what actions have occurred and when did they happen, and how did the situation become an issue. Ultimately you are trying to find out why the situation has become an issue, if any of the factors can be gotten around (i.e. people or organisations) and the reasons that it has occurred, so the factors that make up the issue can be addressed by some means (i.e. financial hardship or substance abuse).

Confirm Status – Once you understand all the factors involved in the issue, then you need to confirm if the issue can and needs to be resolved immediately, or if it requires other agencies to be involved. The status of the issue might require expertise beyond what you are qualified to give, which might mean elevating it upwards to the DSM, RSA executive, national office or on to another agency. Also the issue might require the person be secured by law enforcement or health specialists to mitigate risk to themselves or others before further support can be brought to bear. It may be as simple as a phone call to the client or agency. The more complex and urgent the issue is the more likely it may have to be dealt with by multiple agencies.

Decision to Act – determining if it can be resolved immediately or requires input from other agencies leads to the decision to act. This is where you determine if you need to respond solely as the first responder or you need to have other agencies take action separately or in conjunction with you. This also starts to shape your thinking in who needs to do what actions, and who is to have overall responsibility in co-ordinating a response to the issue – knowing who should be lead agency. Knowing the capabilities and scope of other supporting agencies can assist you in this step, as you can ask for specific actions from the agency allowing them to respond quicker to help resolve the issue. As the person with the most knowledge of the issue at the time you need to be able to articulate and brief other agencies involved, and may be the obvious lead initially.

Plan Action(s) – Knowing the issue and factors, how it needs to be resolved and the agencies involved leads to planning a response to resolve or manage the issue. For a simple situation where you are sole responsible for a response this is fairly simple, and may just mean organising a meeting with a client and filling out a form with them for example. When involving other agencies with planned actions, you will need to establish who the lead agency is. The lead agency is responsible with supporting and co-ordinating agencies contributing to a plan of action, which keeps everyone on track as to what they are to deliver, reducing cross communication and duplication of effort in resolving or managing an issue. The establishment of a lead agency may need to be decided formally in a meeting between all agencies, but often as the originator of action it will be assumed by all involved you will be the lead. Lead may change as the plan develops or issue changes, but if so it should be formalised verbally or in writing so everyone involved is aware of who is taking responsibility to co-ordinate the response. Communication is the key to collaborating and co-ordinating successfully, so you may have to develop multiple communication platforms (i.e. Facebook, email and phone contact) depending on the various agencies preferred method of communication.

Action(s) – Having planned the actions in the step above, you and other agencies then need to implement them. This may involve multiple actions by all involved over a given time period and in response to changing circumstances of the issue. Again if things occur which change the overall issue, communication to all involved so they are constantly aware of the ongoing response is paramount to a successful implementation of action.

Resolution – With the actions implemented by yourself and /or other agencies, you (or the lead agency) need to take stock and ask has the issue now been resolved. With a complex case, changing factors may require further action(s) to be completed by you or there may be a need to chase up other agencies to implement further action to resolve the issue or it may be a long term issue to be managed by another agency as part of their mandated role. Again communication between stakeholders is required to make sure that the issue is being actioned and not just left to falter. If the issue

has been resolved, is it a permanent solution or will it require follow up, and by whom?

Follow up – over a given time period follow up should happen to make sure that the issue has been solved. This may include a check in with another agency or with the person involved directly, but either way this helps maintain contact and determines if new issues have arisen. It also serves as a check that other organisations actions have been completed.

Acute Complex Case management

An acute complex case is one where a person is in immediate need and has numerous factors involved in the issue. The first responder is responsible for answering and collating the information needed in the first three steps of Diagnose and understand the issue and confirming status. The first responder may be you, another organisation (i.e. No Duff) or government agency (i.e. VANZ), and simply denotes that they are first contact with the person in response to the issue to help resolve it. They maintain the role of point of contact (POC) in the situation and their initial role is to stabilise the situation before moving it onto an organisation that can provide longer term care or they may be able to act alone depending on their own capability and purpose. The first responder makes a decision to act based on the situation and information collected, either alone (if the situation allows) or to liaise with other agencies to form a joint response. This liaison is based on what the first responder believes the other organisation(s) are able to act on and communication between the first responder and other organisations then clarifies what they can actually do. This may lead to other organisations being introduced to the situation and liaised with.

As part of this negotiation and moving into planned actions a lead agency needs to be established. This is to plan agreed activity across multiple agencies in order to sequence and co-ordinate support while avoiding confusion. The lead agency will be across all actions implemented with all organisations reporting progress (or lack thereof) back to the lead agency who feeds updates to the other organisations as to progress. Once an organisation has actioned its part in the plan it may not need to remain in contact unless things change or it becomes a provider in the long term care plan. The lead agency responsibility may change to another organisation as the

situation changes, the lead organisation reaches the end of its ability to act or the situation is stabilised and moves into longer term care plan, in which case another organisation takes up the mantle.

The first responder may remain the point of contact (POC) for the ex or current serving person or their family as they may be more comfortable with keeping the first responder as their contact point. However, this may prove unwieldy as the situation progresses and a formal handover may be needed by the lead agency or other organisation, and the first responder. Flexibility is needed in the situation, which may necessitate a need to change POC or lead as required.

Once actions have been implemented and taken effect, the lead agency takes stock and asks if the issue is resolved. In the case of the first responder it may mean that the situation has been stabilised enough to bring in other organisations for long term management of the issue, or if in a longer term care plan, is it progressing and the veteran situation is being managed effectively by agencies as business as usual. If not the question needs to be asked as to what else needs to happen. This requires a return to a decision to act phase, planning and actions. If everything is being done that can be done, then a follow up in a suitable time frame is conducted to check in with the client or family to ensure that the issue is stable and other organisations have done all they can as part of the process. If some factors have changed and more activity is needed, then a return to making "decision to act" step is required. If the overall issue has changed then the whole process needs to be started again to diagnose the new issue.

Establishing and maintaining client relationships

Maintaining client relationships is needed to continue the role of the RSA movement in supporting newer generations of service and ex-service personnel and their families.

This chapter details the actions needed to maintain current support to clients as well as prompting RSA support services to the current and former members of the NZDF community and their families.

RSA Support Services clients

Firstly, a Support Advisor needs to understand their current client environment and what their local RSA understands about support services. This includes knowing what has already been done in your area by the local RSA to promote support services, what support has been provided, what mechanism is used to finance support, what locally based organisations can help promote and deliver support and who has benefited. The latter may be hard to track down if accurate records have not been kept, but the base level of support should be from the local poppy trust so this is a good place to look for records of clients who have had financial help.

People to talk to who might know include:

- the local RSA Secretary
- the local RSA president
- your DSA
- trustees of the local Poppy Trust
- veterans, service or ex-service people who are using (or have used) the services of an RSA Support Advisor

Once an understanding of what local support has been established, promoting support services is the next step.

Promoting RSA Support Services

Promoting RSA support services to the community depends on the local situation to a large degree. However, getting information out to your local community can be done in a number of ways:

- leaflets, pamphlets and information displayed in community business and service locations. These could include local medical offices, local cafes, government agency offices such as WINZ, local banks and community information centres. Anywhere that various people congregate, especially for assistance. These will also be prime stakeholders to develop information pathways with and may offer services that can help support your clients.
- have your Support Advisor contact details, and a list of the key services that you offer, prominently displayed in the RSA clubrooms and via your local social media or website.
- print up business cards with your details to pass on to on to those you meet.
- get recognition from your local RSA(s) as to your role and the services you provide. Present and promote RSA Support Services to your president, committee and members. Explain that Support services promotes remembrance activity and membership by engaging with those who are eligible to join.
- make a point of introducing yourself to new members or getting the local executive to do so, and explain your role to them.
- profile support services through your local RSA in your regular newsletter (if your RSA has one), social media or website (if you have one).
- make a point of meeting other local government and NGOs who provide general assistance such as the Salvation Army or local DHB, explaining your role and services. Present the function of RSA Support Services to those organisations and how you can help them and how they can help you.

A number of these things will raise the profile of your role, Support Services and the RSA in general.

Initiating RSA Support Services

Clients for Support Services will either self-initiate contact with you or be referred. A referral might involve:

- a direct referral from another RSA member or current user of RSA support services
- a direct referral from a family member of a veteran or ex-service person
- a direct referral from a stakeholder organisation (i.e. DHB or No Duff)
- you becoming aware of someone you think might benefit from help through another means.

Regardless consider the following as you develop a relationship with the client:

☒ **What do you know about this person?**

Have you, another RSA Support Advisor or agency had any contact with them in the past? What are their insights into the person? How is it best to contact them?

☒ **What do you know about their situation?**

Is this an ongoing issue or something new? How urgent is it, do they need to be stabilised as soon or possible or is it something that doesn't need an immediate response? How complex does it appear to be? Does it fit within the Support Services remit? Do you need to start thinking of other agencies that can help? Do you need to ask for advice or research the issue?

☒ **Where might be the most appropriate place to meet the person?**

Is there a risk to you in meeting them face to face? How easy is it for that person to travel? Do they feel comfortable having you visit them at home? What other locations might be suitable?

☒ **Is there someone else that person might like to be present at that initial conversation?**

Is there a family member or support person that could also attend? Do they need an interpreter (e.g. for a person who is deaf and uses sign language, or a person who is more comfortable talking in a language that you don't speak)?

☑ **Are there any cultural differences you might want to take into consideration?**

Do you know anything about the cultural background of the person you're getting in touch with? How might this knowledge influence what you do or say? How will you engage them in a conversation about this to make sure you are supporting them in a way that is culturally appropriate for them?

☑ **What might you need to take with you to your first meeting?**

- a RSA Case Management File Sheet
- relevant brochures from RSA, VANZ, and other related agencies
- a copy of the Health and Disability Service Consumers' Code of Rights
- a copy of the appropriate the RNZRSA 'Permission to act' form
- means of identifying yourself as a representative of the RSA, or at least some form of photo ID
- a copy of each of the major application forms (these might stay in your bag until such time as they are required, but are useful to have if the person wants to get going then and there).



You can download a number of these items from basecamp:

- A template for RSA's 'Permission to act' form
- A template of the **RSA Case Management File sheet**

(On the RNZRSA's Private website, under the section 'Forms').

A great brochure outlining the Health and Disability Service Consumers' Code of Rights is also available from National Advocacy Services website:

<https://www.advocacy.org.nz/consumer-resources/>

Below is a case study that describes a typical case load scenario for a Support Advisor.



Jason (Jase) Ferguson - Part 1

Jenny Ferguson has rung you about her husband Jase. She explains that she initially rang your RSA, since they live in your town, and she was given your contact number and that she is worried about her husband's behaviour and mental state.

She states that Jase is ex-Army, whom she met while he was still serving and left in 2013. He has served overseas in East Timor and then Afghanistan. Since leaving he has worked in the building trade. They live in their own home and have a mortgage.

Jenny says that he had some trouble adjusting to civilian life outside of the military, and recently has had become more and more withdrawn. He has started to not want to go out and socialise, becoming withdrawn at home and from his friends and has suffered nightmares.

He has also started to get angry for no reason, which has led to a couple of incidents at work, where he has confronted his boss about perceived management issues and arguments with Jenny. Jenny is wondering what she should do and if Jase might be eligible for some support, financial or otherwise.

She tells you she hasn't told Jase she's getting in touch with you yet, and asks for your help, even though he's not a member.

Jase may be a bit resistant to the idea of outside help. Giving Jenny some basic information to open the conversation with him first, before you meet with him, might get him used to the idea of getting help rather than just turning up, which could exacerbate the symptoms of his condition.

Even if Jase isn't willing to meet and talk with you about RSA services specifically, they still have the necessary information to apply through VANZ for help with treatment and rehabilitation costs if they choose to take that route directly.

Questions to Consider with initiating Contact

When initiating a relationship directly or if referred from a third party, think about:

- ☒ what has led the person making the referral to get in contact – how might they be feeling about the situation?
- ☒ how might the person in question feel about you getting directly in touch with them?
- ☒ what information do you require about the situation and the people involved to have a full understanding of the circumstances order to provide support?
- ☒ is there sensitivities around the situation that need to be considered / taken in to account before taking any actions to support the person (for example sexual assault trauma)?
- ☒ what can the RSA provide in terms of advice, mental, social or financial support that is appropriate to the situation?
- ☒ what can other agencies / NGOs provide in terms of advice, mental, social, physical or financial support that is appropriate to the situation?
- ☒ what actions can the person making the referral do that might be appropriate and/or helpful?
- ☒ what will you do if the person in question doesn't want to meet or talk with you directly?
- ☒ how can you follow up, without intruding on anyone's privacy?



Jason (Jase) Ferguson - Part 2

Jenny rings a couple of days later to tell you Jase is willing to meet with you and sets up a meeting at their home address of 15 Gilbert Ave, Marton for the three of you, the following Saturday.

Your next step is to think about how you'll manage that meeting, and what information you might want to take with you to share with Jase and Jenny.

Preparing for your upcoming meeting with Jase and Jenny.

You might find it helpful to take:

- a copy of RNZRSA's Support Services Pamphlet
- a copy of RNZRSA's Permission to Act form
- a copy of VANZ Appointment of a Representative form
- a copy of the RSA Case Management File Sheet
- a copy of each of the 'VANZ Scheme Two Support for Veteran's fact sheet' and 'Scheme 2 Application form (VA44)' – make sure you have the most recent versions!
- a copy of the Code of Claimant Rights

Note: It is not suggested that you would necessarily give (or even show) **all** of these to Jase at your first meeting, but it's best to be prepared as you never know where a conversation with a client might lead you. Many clients also find it helpful for you to leave written information with them, so they can go through it in their own time, share with their family, and refer back to it to check on things you may have discussed. VANZ forms are found on their website <https://www.veteransaffairs.mil.nz>

Finding up-to-date information

Services on offer, entitlements available and the application procedures used to access these are always changing. It's critical in your role that you are using the most up-to-date information. There are a number of ways you can do this:

- ☑ only keep one hard copy of any particular application form at any time – when you use that copy, ring the relevant agency for another copy, or download one directly from the relevant agency's website.
- ☑ "bookmark" the resources and applications download pages for relevant agencies on your computer – that way it's easy and quick for you to get at current information.
- ☑ read all emails carefully that come out from your District Support Advisor (DSA) or National Office Support Services staff to make sure you are up-to-date with what's going on.
- ☑ update your hard copy of RNZRSA's Advocacy and Support Manual with amendments as soon as you are advised of them, so you're always working with the latest copy.
- ☑ attend training offered at the local and national level where possible, so that you're always kept up-to-date.
- ☑ schedule a regular review of your 'library' of hard copy information – do you have enough copies of information available? Are all the brochures and information sheets you have still current? Have any additional brochures or information sheets been made available for key support agencies that you should add to your collection?



Remember, all veteran based information and forms can be retrieved directly from Veterans' Affairs New Zealand's website:

<https://www.veteransaffairs.mil.nz/>

Key legislation

The Veterans Support Act 2014 (VSA14) is the legislation that governs entitlements for operational and routine military service for service people and their families.



You do not need to be intimately familiar with every part of this Act and these Regulations. But you should know where to find relevant sections in it, and be able to understand these (or ask for help to do so) if you need to.



You can access all current legislation (Acts and Regulations) on the New Zealand Legislation website:

<http://www.legislation.govt.nz/>

You might like to bookmark this webpage, so you can get straight to it next time you need it.

Assessing a client's entitlement and support needs

In order to provide the most appropriate support to a veteran, ex-service person and their family you will need to first assess their support needs. The best way to do this is to have a conversation with them.

Using effective conversation techniques

You may already subconsciously use the following fundamental techniques that can contribute to an effective conversation, however it never hurts to consciously remind yourself of these from time to time.

☑ **Use lots of open questions/statements.**

Open questions/statements are ones which encourage the person or people you're talking with to provide fuller responses, rather than allow a single word answer like 'yes' or 'no'.

For example, "Tell me a bit about the things you find challenging to get done around the house at the moment."

☑ **Listen actively.**

Hearing is not the same as listening. When you listen actively, you put aside all distractions, focus on the person you're speaking with, 'listen' with your eyes too (what's their body language telling you?) and listen for the feelings behind their words, as well as to the words themselves.

☑ **Always check your understanding of what the other person has said.**

Paraphrasing or summarising what you've heard lets the other person know you've really been listening to them, and help you check you've been hearing and understanding what they have said.

☑ **Match the other person's tone of voice and body language.**

Different people have different personality styles, which are often expressed in the way they talk and do things. Mirroring the other person's tone, choice of words, gestures and body language can make that person feel more

comfortable and at ease with you. (Note: this is not the same as imitating or mimicking!)

- ☑ **Lower your volume and tone below a person's pitch to defuse emotional, tense or aggressive speech.**

If someone is becoming aggressive or emotional keep a calm demeanour and lower the volume of your voice. Do not raise your volume to compete with their volume as this can increase tension. Lower your volume to bring the person down to your level.

Using the RSA Case Management File sheet

A RSA case management File Sheet gives you a framework for your conversation and to act as a memory aid to cover all the things you want to explore. There is an example checklist included at the back of this book for you (see the Appendices). It also forms the base document for an ongoing file on the client into the future.

You can download an electronic copy of this checklist (in PDF) from Basecamp under the Section 'Forms'.

Don't use a checklist as a means of interrogation. Your aim should be to have a natural conversation with the person, using the techniques discussed earlier in this section to uncover their needs.



Jason (Jase) Ferguson - Part 3

Meeting Jenny and Jase you sit down with them and open with;

"Thanks for meeting with me today, Jase and Jenny. Jase, Jenny has told me a little bit about your circumstances, but it would be really helpful if I can find out a bit more about you and your situation today. That way I can identify and tell you more about what kinds of support might be available to you, both in terms of Government assistance and through the RSA, given your situation. How does that sound?"

You might also want to explain to Jase and Jenny that:

- anything they share with you will be treated in strict confidence

- in order to make sure you've captured key details correctly, it would be helpful if you could keep notes during your conversation
- to get a full and accurate picture of what assistance might be relevant, it will be helpful if Jase can be as open about his situation and needs as he can

Your role is to listen, and then advise them what their options are, but any decisions as to next steps are Jase's to make.

Client's privacy

Sometimes being asked the kinds of questions we've touched on already can feel very intrusive, even if you've phrased them in the most sensitive way possible.

Explaining to someone why you are asking these questions before you begin:

- Shows you respect the person, and appreciate how they might be feeling sharing personal information about themselves
- Helps them to understand the reasons behind the questions
- Encourages them to give full and honest responses.

Things you can say or do to demonstrate to your clients that you respect their privacy include:

- explain that, in accordance with the Privacy Act and our own Code of Ethics, we will only ever ask for information that is necessary for us to provide the service we offer.
- explain that what they tell us is treated in strict confidence, and information would only be shared with others within the RSA with their permission, and then only to the level that is required for those other people to provide an agreed service.
- explain that all personal records are kept securely, which they can access and check the accuracy of at any time, and these records are destroyed securely when no longer needed.

- explain that, for some items (for example, treatment, liaising with other service providers) you will need to refer things to VANZ and get a Case Manager involved to provide the appropriate support.
- explain that we would only ever act on their expressed direction, when it came to making arrangements for services or applications



The Privacy Act 1993 dictates that we should only ever collect personal information that is necessary for the purpose for which we are collecting it. What that means is, we shouldn't ask for information unless it's absolutely needed for us to perform our role.

Getting authority to 'act on my behalf'

Often a client will want you to 'act on their behalf' in a situation – this might involve making a phone call to another agency, filling out a form for them, or accessing records held elsewhere about them or their particular situation.

You will need to get your client's written permission to act on their behalf – we have standard forms available for this purpose. **Note:** An **independent** witness must sign this form before it is valid (that is, by a third party, who is not the person being appointed to act). This is a safeguard for both you and your client.



You can download an electronic copy of the 'Permission to act on my behalf' form from basecamp under the section 'Forms':

<https://www.rsa.org.nz/basecamp/forms>

Once your client has signed this form, you should make a copy for them, as well as file the original in a secure place. You may need to send a copy to or allow a representative of other agencies (for example, a Veterans' Affairs Case Manager) to sight this form before they will grant you access to personal information, so you must make sure it is properly completed, signed, dated, witnessed and kept safe.



Until you have this signed authority, you will not be able to legally access any personal information (e.g. health records, application details) held by another agency.

Note: this form is **not** the same as a Power of Attorney or Enduring Power of Attorney.



Be aware VANZ has their own 'Appointment of a Representative' form that you will have to get the client to fill out and then sign.

<https://www.veteransaffairs.mil.nz/assets/Forms/bc53e54a1f/Appointment-of-a-Representative-application-form.pdf>

Reviewing needs regularly

The Case Manage File Sheet has a log that allows you to track their needs over time. Our clients' needs will change through time, and it's important we review their needs with them regularly so they get the most appropriate support available.

Reviewing a client's needs every two years is probably sufficient, but use flexibility to make that earlier if you think it's required by the client's circumstances.

There are a number of ways you can remind yourself to conduct a needs review with your clients. You could:

- use the electronic calendar as part of your email programme – set a reminder after each meeting of when you think it might be appropriate to do a follow-up review with them
- have a quarterly/bi-annual plan for initiating reviews – perhaps plan to get in touch with clients who have surnames beginning with A-L one cycle, and then those with surnames beginning with M-Z the next.



Remember to update your records when you conduct a review of a client's needs. It's a good opportunity to check you have all the correct information on file.

With your client's permission, it would also be useful to send any updated information to the client's VANZ Case Manager (if they have one).

Identifying appropriate support and entitlement options

Having made contact with the client, held that initial conversation during which you found out more about their situation and uncovered a range of potential needs they have, the next step is to explore **all** the options available to support the client by deciding which actions are relevant to explore further. To do this fully you need to understand as much about the situation as possible, the expectations of the client, which agencies and organisations could help, and any legislation that covers the client. This is why, the more you understand the client's needs and the more familiar you are with what's available, the better the advice and recommendations you'll be able to give to your clients.

Matching appropriate options to a client's needs and situation

To help you match the appropriate options to a client's needs and situation, there are a number of questions you might ask yourself.

☒ **What VSA14 Scheme do they fall under? Scheme 1 or 2?**

Under the Veteran Affairs Act 2014 entitlements and benefits can be different depending if a client served prior to 1 April 1974 (Scheme 1) or after that date (Scheme 2). It also gives an early indication of the likelihood what a client is eligible for, i.e. Veteran's Pension, Disablement Pension, Independence Allowance, Lump Sum Compensation for Permanent Impairment, Surviving Spouse's Pension, and/ or VIP Services.

☒ **Have they got qualifying operational service?**

Operational service has entitlements and benefits that are often better than non-operational service. For example, the Statements of Principles (SOPs) have lower thresholds to meet the standards required if it is related to an operational deployment.

☒ **Do they have or do you suspect they have a mental or physical illness?**

If so have they been to a doctor and got a formal diagnosis? Does it appear to be service related? Is there a statement of principle that covers the illness? This may mean an application to VANZ or ACC outlaying the conditions or diagnosis for financial support for treatment or rehabilitation.

☒ **Are there day-to-day tasks the client is finding challenging to perform themselves?**

What are these? (Think about things like cooking, cleaning, home and garden maintenance, personal care (showering, getting dressed), shopping, getting out of the house for social purposes, getting to and from medical appointments, etc.) What is it that makes them difficult or challenging for the client? Would any specialist equipment or personal support make doing these things easier for this person?

☒ **What other allowances or supplements might the client be eligible for?**

Consider things like the Disability Allowance, Accommodation Supplement, Living Alone Allowance, High User Health Card, and Mobility Cards, for example.



You can access information and eligibility criteria for most of these allowances and entitlements from the Work and Income website:

<https://www.workandincome.govt.nz/products/a-z-benefits/>

For information about mobility parking:

<https://www.ccsdisabilityaction.org.nz/mobility-parking/>

☒ **What events are coming up which might have a significant impact on the client?**

What are these? (For example: an operation, change in living situation, change in financial circumstances on retirement, loss of work, debt payment, etc.) What impact will this event have on the client? What support (financial or otherwise) might make a difference to help stabilise the clients situation?

☑ **Would this client benefit from informing or referring them to another agency at this stage?**

Consider whether other agencies might offer additional, specific support that would be useful to this client, for example ACC, Age Concern, or Ministry of Social Development (MSD).



Jason (Jase) Ferguson - Part 4

From the meeting with Jase and Jenny you find out that Jase joined straight from school as an engineer in 2005 (Service no. M1015322), and served until 2013, serving overseas in East Timor and then Afghanistan. He is 35 years old. Jase left the army as a Sergeant. Jase and Jenny have two small children, Karl (9) and Amy (5). He now works as a qualified builder with a local based company.

Jase gets emotional about his withdrawal from his social life, finding he feels quite depressed some days, low energy and dealing with people – even friends, too hard. He has started suffering nightmares of about 3 months ago and has suffered anxiety in walking in crowds. The nature of the nightmares suggest that it is linked back to his time in Afghanistan.

His general mental state is wearing him down and making him exhausted, and as such he has become irritable and angry with little things and has stopped doing regular exercise, something he used to enjoy. As of a couple of weeks ago he suffered a major melt down at his boss over something he describes as trivial that wouldn't have worried him a year ago and had a row with Jenny the following week about taking out the rubbish. He feels he is beginning to lose control but doesn't know what to do.

Some questions/statements that might be useful include:

- “have you seen a medical professional about this?”
- “how do you feel about work?”
- “what specific triggers or things seem to cause or exacerbate the issues?”
- “what do you feel would be most helpful support to you both right now?”

Whatever you choose to say, remember that you're likely to get more of a conversation happening if you use **open** questions or statements



As a Support Advisor you identify the things that a client **may** be eligible for, share that information with them, and help them make applications, put them in touch with an agency or liaise with agencies yourself (with the client's permission of course). Don't give the client expectations that, just because they put through an application, it will be successful. Always be mindful of creating expectations that might be unrealistic.



Do your best to avoid making **assumptions** about individuals' needs, abilities, situation or wishes. Remember to check your understanding of what has been said (or not said!) and what this means for the person in terms of the support they'd like from you, before together agreeing what the next steps should be.

Post-Traumatic Stress Disorder (PTSD) and other mental health issues

Mental health problems (and PTSD in particular) are likely to be an issue for a significant number of veterans you interact with. Consistent with overseas research, investigations have found that a notable proportion of veterans suffer from mental health issues. Symptoms of PTSD and other mental health issues may include:

- high levels of anxiety (they may appear 'jumpy', or seem to be in a high level of watchfulness and alertness)
- depression
- chronic illnesses
- problems with drug or alcohol overuse
- complex interpersonal functioning problems (they may feel detached, even from people they love and care for)
- low levels of positive psychological well-being (they may have persistent feelings of guilt, grief, fear or anger).

In the role of a Support Advisor, they are in a good position to notice someone who might have the symptoms of an underlying mental health issue such as sleep problems, relying on drugs or alcohol to get through the day, seeming 'flat' or 'down', extremes in behavior or experiencing relationship difficulties.



Based on your first meeting with Jase and Jenny you complete the first part of the RSA Case management file sheet as below.

Full Name of client:	Jason Ferguson	File Reference:	19/3/013
Preferred Name:	Jase	Date of assessment:	23 March 2019
Service:	Air Force <u>Army</u> Navy	NHI No:	123456
Service no:	M1015322	SWN no: 9 digit number on Gold Card	987-654-321
DOB:	21/08/1983		
Ethnicity:	NZ European		
Clients Address:	15 Gilbert Ave, Marton	Person assessing:	LSA John Doe
Phone Numbers	04 567 1234	Any others present:	Jenny Ferguson
Home:	021 121 345		(wife)
Mobile:	fergsmarton@gmail.com		
Email:			
Status?	<u>Returned</u> / Service / Widow / Other	GP Name	Dr Peter Smith
VSA14 Scheme?*	Scheme 1 / <u>Scheme 2</u>	Practice Phone Number	Marton Medical Centre 04 234 7891

* Veteran Support Act 2014 (VSA14) qualifying Scheme 1 = Service prior to 1 April 1974. Scheme 2 = after 1 April 1974

Initial Situation Assessment	
RESPONSE LEVEL: Immediate Action Required <input checked="" type="checkbox"/> Non Urgent Action <input type="checkbox"/> No Action Required <input type="checkbox"/>	
<input type="checkbox"/> Current living Conditions <i>Renting a 3-bedroom modern home. In good condition</i>	
<input type="checkbox"/> Family / Dependents <i>Wife Jenny and their two young children, Karl (9) and Amy (5), residing with Jason</i>	

☐ Income

Jason sole income earner as a builder for Chase Builders. Annual income approx. \$85,000.00

☐ Finance

Rent a week. \$450, car repayments \$150 per week, no other expenses or assets

☐ Health

Jase gets emotional about his withdrawal from his social life, quite depressed some days, low energy and dealing with people too hard. Suffering nightmares from about 3 months ago and suffered anxiety in crowds. Nightmares appear linked to time in Afghanistan. His general mental state making him exhausted, irritable and angry. Has stopped doing regular exercise

☐ Transport

Jase has a 2010 Hilux Ute for work and Jenny has a 2008 Toyota Hatchback as the family car. Both in good working condition

Situation Summary

Jase joined straight from school as an engineer in 2005 and served until 2013, serving overseas in East Timor and then Afghanistan. Jase gets emotional about his withdrawal from his social life, feels quite depressed some days, low energy and dealing with people – even friends, too hard. He has started suffering nightmares of about 3 months ago and has suffered anxiety in walking in crowds. The nature of the nightmares suggest that it is linked back to his time in Afghanistan.

His general mental state is wearing him down and making him exhausted, and as such he has become irritable and angry with little things and has stopped doing regular exercise, something he used to enjoy. A couple of weeks ago he suffered a major melt down at his boss over something he describes as trivial and had a row with Jenny the following week about taking out the rubbish. He feels he is beginning to lose control but doesn't know what to do. They haven't seen a doctor about any of this.

Support systems in place	Support systems needed
<input type="checkbox"/> War Disablement Pension / Veteran's Pension / Disablement Pension / Independence Allowance / Surviving Spouse's Pension <input type="checkbox"/> VIP Services <input type="checkbox"/> Disability Allowance / Independence Allowance	<input type="checkbox"/> Veteran's Pension / Disablement Pension / Independence Allowance / Surviving Spouse's Pension <input type="checkbox"/> VIP Services <input type="checkbox"/> Disability Allowance / Independence Allowance

Medication	Y N N/A	Medication	<input checked="" type="radio"/> Y N N/A
Travel costs	Y N N/A	Travel costs	Y N <input checked="" type="radio"/> N/A
Specialist	Y N N/A	Specialist	<input checked="" type="radio"/> Y N N/A
Lawns/garden	Y N N/A	Lawns/garden	Y N <input checked="" type="radio"/> N/A
Personal alarm	Y N N/A	Personal alarm	Y N <input checked="" type="radio"/> N/A
Podiatry	Y N N/A	Podiatry	Y N <input checked="" type="radio"/> N/A
House, windows and gutters	Y N N/A	House, windows and gutters	Y N <input checked="" type="radio"/> N/A
Personal items	Y N N/A	Personal items	Y N <input checked="" type="radio"/> N/A
Home Help	Y N N/A	Home Help	Y N <input checked="" type="radio"/> N/A
Other	Y N N/A	Other	<input checked="" type="radio"/> Y N N/A
		<i>Referral to VA</i>	
<input type="checkbox"/> Accommodation Supplement <input type="checkbox"/> Living Alone Allowance <input type="checkbox"/> High User Health Card <input type="checkbox"/> Community Services Card		<input type="checkbox"/> Accommodation Supplement <input type="checkbox"/> Living Alone Allowance <input type="checkbox"/> High User Health Card <input type="checkbox"/> Community Services Card	
<input type="checkbox"/> Mobility Card/Scooter <input type="checkbox"/> Taxi Chits <input type="checkbox"/> Home Help <input type="checkbox"/> Personal Care		<input type="checkbox"/> Mobility Card/Scooter <input type="checkbox"/> Taxi Chits <input type="checkbox"/> Home Help <input type="checkbox"/> Personal Care	

<input type="checkbox"/> Respite Care <input type="checkbox"/> Day Care <input type="checkbox"/> District Nurse <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Hearing Aids/Assessment	<input type="checkbox"/> Respite Care <input type="checkbox"/> Day Care <input type="checkbox"/> District Nurse <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Hearing Aids/Assessment
Support systems in place	Support systems needed
<input type="checkbox"/> Meals on Wheels / Ezi Meals / Other meals, e.g. Presbyterian Support <input type="checkbox"/> Home Visits: Presbyterian Support / Salvation Army / RSA / Age Concern / St John's Caring Caller <input type="checkbox"/> Visitors / Friends / Neighbours <input type="checkbox"/> Elder Abuse Service / Age Concern	<input type="checkbox"/> Meals on Wheels / Ezi Meals /Other meals, e.g. Presbyterian Support <input type="checkbox"/> Home Visits: Presbyterian Support / Salvation Army / RSA / Age Concern / St John's Caring Caller <input type="checkbox"/> Visitors / friends / neighbours <input type="checkbox"/> Elder Abuse Service / Age Concern
<input type="checkbox"/> Public Trust Personal Assistance / Power of Attorney <input type="checkbox"/> Power of Attorney (Health) <input type="checkbox"/> Funding from RSA <input type="checkbox"/> Subsidised Home Insulation Service <input type="checkbox"/> Rates Rebates	<input type="checkbox"/> Public Trust Personal Assistance / Power of Attorney <input type="checkbox"/> Power of Attorney (Health) <input type="checkbox"/> Funding from RSA <input type="checkbox"/> Subsidised Home Insulation Service <input type="checkbox"/> Rates Rebates

Any other relevant notes/actions;	Any other relevant notes/actions; <ul style="list-style-type: none"> - Suspected PTSI, with associated symptoms (VA referral) - Build social health support through friends visiting him (discuss further with Jenny and Jase) - Explore if wife needs respite (Wife primary carer and support structure of family unit)
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Based on the fact that Jase is a younger returned service person and his situation, you think that he would benefit from a formal application to VANZ to assess his mental health issues. You discuss this with Jase and Jenny, and ask if they are happy to do this and for you to act on their behalf. They agree, with you filling out and getting Jase to sign a RSA Permission to Act form. You then go through the VANZ Veteran Support Scheme Two form with them, as Jase is a scheme to veteran, having service after 01 April 1974.

You discuss the need for Jase to visit his GP for him to fill out the medical practitioner's part of the form and look at possibility of medication in the short term, and offer to come to the GP with them to help guide the GP through his part.

You suggest the possibility of getting friends or neighbours to check in with Jase and Jenny on a regular basis, noting that this is impacting the whole family. Jenny says at the moment she is fine but wonders if Jase should take some time off. You discuss options of him going back to the doing exercise with a gym membership, perhaps with a friend. Jase is non-committal at this stage about socialising, but is keen for the gym again now that there seems a way forward.

Jenny and Jase agree to get an appointment with the GP and let you know when that is by next week. You resolve to do a phone call with them to check in next week and to discuss possible respite options for Jenny and any further support needed. You thank them and leave noting next actions.

What action?	By whom?	By when?	Completed
<i>GP visit for Jase with LSA and Jenny to finish Veteran Support Form and to explore medication. To inform LSA when booked.</i>	<i>Jenny and Jase to organise</i>	<i>Next week (week of the 25th march)</i>	
<i>Ring Jenny week of the 25th to discuss any further support needed. Look to bring up the possibility of respite for her.</i>	<i>LSA</i>	<i>Next week (week of the 25th march)</i>	

On-going Visits/Support Log

Date of Visit By Whom	Client situation / concerns	What action needed?	Date Completed By Whom
<i>23/03/19 LSA John Doe</i>	<i>Suspected PTSD, with associated symptoms (VA referral) Social withdrawal, nightmares and anxiety.</i>	<i>GP Visit and VA Referral. Call week of 25th to talk with Wife reference any other support she needs</i>	

Balancing support with independence

The goal of the support we provide is to help people remain independent, rather than create a dependence upon the RSA, or another agency. We want to work with Service and ex-service people, and their families to establish their needs and identify an appropriate level of support that will allow them to continue to live independently and to participate in their wider community to the maximum extent practicable and desirable from their perspective.

Encouraging a client's independence

To ensure your inputs help your clients maintain their independence, rather than create a dependence, you can:

- always assume capacity, rather than incapacity.
- where appropriate, get them to commit to actions as well – make it a partnership rather than a 'takeover' or 'abdication'.

- work with them to identify any existing natural supports (e.g. family and friends) that can then be supplemented with support, rather than supplanted by it.

remind (and reassure) them that they are the ones in control of making the final decisions about any action.

Finding and completing the correct application forms

Once you've identified appropriate entitlements or support options for a client, discussed these with them and received their instructions as to which (if any) they would like to apply for, it's time to get into the nitty gritty of the application process.



Remember – you must only act on the veteran's, ex-service person's or dependant's instructions in relation to action to be taken in respect of an application for pensions, benefits or access to services.

Sourcing the correct application form

Always make sure you're working with the most recent version of any application form. Phone the relevant agency or check their website for the correct form.

General guidelines to filling out application forms

Before you begin filling out any application form:

- ☑ Make sure you're working with the most recent version of the form. Call the relevant agency, or check the versions available on their website.
- ☑ Read all the accompanying instructions. Check:
 - who can fill the form out? (Some forms must be filled out by an RSA representative, rather than the applicant themselves)
 - what signatures are required?
 - what supporting documentation **must** be provided? Are copies acceptable, or must originals be provided?
 - does any of the supporting documentation need to be notarised? Who can do this?
 - what additional documentation can be helpful?
 - is there a deadline by which the application must be submitted?
 - who does the completed application have to be sent to?

- ☑ Fill in the form carefully and methodically, working through a section at a time.
Note: most forms must be filled in with blue or black pen; they **must not** be completed in pencil.
- ☑ Encourage applicants to 'give full, accurate, truthful and relevant information when applying for entitlements and services'.
- ☑ If you need to make any changes to any information written on the form, make sure the original words are obviously crossed out and the new information is clearly readable. Have the applicant sign and date any changes before you send the application off. Note: Twink® or similar corrective fluids are not acceptable on some application forms, so it's best to avoid using this on any forms.
- ☑ Double-check that all necessary sections are filled in, and signed and dated where appropriate. If possible, get someone else to double-check this for you, but make sure you have the applicant's permission for that person to look at the form and any supporting documentation.
- ☑ Always keep a copy of the completed application and all supporting documentation provided – this allows for the unlikely event of the original becoming lost in the post. Any copy should be filed securely, and destroyed securely when no longer needed.
- ☑ VANZ should acknowledge receipt of an initial or reassessment form within a week, so if longer than that passes and the applicant hasn't heard back, suggest to the client to check it has been received and has been correctly completed.



All information provided on these forms must be full, accurate and truthful. Each form requires a signature from the applicant attesting to this being the case.



Go to the Department of Internal Affairs for forms a client might need to confirm personal information as part of an application (for example, Birth Certificate, Marriage/Civil Union Certificate, Death Certificate etc.):

<https://www.dia.govt.nz/Forms-to-download>

Completing VANZ application forms

The first part of any VANZ form gives clear instructions about:

- what that form is for
- the eligibility criteria for the Pension concerned
- how to complete the form
- what additional supporting documentation is required
- where the completed form needs to be sent
- where to get further help.

Things to note are:

- if directed to by the applicant, you can complete this form on their behalf, but they must sign it. The form could also be completed and signed by someone who holds Power of Attorney for the applicant.
- an applicant can nominate a person (for example, you as a Support Advisor) to be an advocate on their behalf. This means the applicant wants help with more than just filling out the form.
- if the applicant wants to nominate an advocate, they will need to complete a VANZ appointment of a Representative VA55 form.



VANZ form can be found on their website at

<https://www.veteransaffairs.mil.nz/about-veterans-affairs/our-documents-and-publications/forms/>

- any original documents needed must be photocopies and certified as true copies by an acceptable party (i.e. a JP/Clerk of the Court/Police Officer/WINZ).

- in a number of cases, a Medical Practitioner needs to complete and sign certain sections of the forms. The Medical Practitioner also needs to add appropriate identifying evidence, for example their Medical Council number and practice stamp showing their address. If this is the case, VANZ will meet the cost of the consultation and completion of the form if the Medical Practitioner attaches their invoice to the application form.
- when applying for a Disablement Pension, Independence Allowance certain disabilities for certain veterans will be automatically accepted if they are included on the VANZ Presumptive Lists.



Go to the VANZ website and search Presumed lists:

<https://www.veteransaffairs.mil.nz/for-clients/how-we-make-decisions/conditions-we-cover/conclusively-presumed-injuries-or-illnesses>

Presumptive lists

A presumptive list is a list of disabilities that will be automatically accepted as attributable to the veteran's service. There is a different list for each of a number of operations/theatres of war. These lists are based on medical and scientific research that indicates that, if a veteran of one of the listed theatres is suffering from one of the disabilities on the presumptive list for that theatre, it is likely that the disability is attributable to the veteran's service.

The theatres that have a presumptive list associated with them include:

- Prisoners of War, World War II
- 2NZEF Japan
- Operation Grapple
- Mururoa
- Vietnam
- Gulf Conflict.

ACC scheme and the Veterans Support Act – why both?

The ACC scheme provides entitlements for all veterans and defence personnel who suffer a 'personal injury caused by accident' from 1 April 1974. These veterans are *also* eligible for entitlements from Veteran's Affairs under the Veterans Support Act. This is because the ACC scheme and the Veterans Support Act have inherently different purposes:

- the ACC scheme focuses on providing people with rehabilitation and compensation following an injury (as well as promoting injury prevention in the first place)
- the Veterans Support Act has a benevolent intention to counterbalance the impact of injury.

So what does this really mean for post-1 April 1974 veterans and their families? It means that any veteran or currently-serving defence force personnel who sustained an injury, or had an injury aggravated, during operational service after 1 April 1974 should be contacting ACC as well as VANZ to ensure they get the access to the full suite of entitlements they may be eligible for.



It's critical to note that any payments a client receives from accident insurance (including ACC) **may** affect their pension. The client should talk with a VANZ Case Manager about this in the first instance, if they think it applies to them.

The ACC scheme provides "no-fault" personal accidental injury cover for everyone in New Zealand. It's a scheme governed by legislation, and first came into place on 1 April 1974. Since then there have been a number of amendments and changes, leading to the current legislation – Accident Compensation Act 2010.



The ACC scheme only provides assistance where there has been an accident. It can't pay for medical conditions such as diabetes, unless the condition is caused by the accident.

The NZDF as an Accredited Employer

Since 1 July 2001, the New Zealand Defence Force has been an 'accredited employer' under ACC's Accredited Employer Programme (AEP). This means NZDF effectively agrees to act on behalf of ACC for its employee's work-related injuries.



NZDF manages claims for all **work-related** injuries for **all** its employees (including civilians), including work-related injuries that occur overseas as well as in New Zealand. If an employee's claim relates to a non work-related, injury, this will still be managed directly by ACC.

Under the AEP, NZDF assumes responsibility for the management and costs of its employees' work-related injuries and illnesses for a maximum period of 60 months (five years), at which point the claim gets handed back to ACC. Under this scheme, NZDF has committed to deliver service and entitlements to its employees at **no less** a level than what ACC would deliver. It **can** deliver more, and in many cases will do so.



If an employee's injury occurs while they are serving as part of a recognised war/emergency, they may also be eligible for a Disablement Pension, Independence Allowance or Lump Sum Compensation Payment for Permanent Impairment as well as support through the ACC/AEP scheme – in these cases, NZDF and Veterans' Affairs will work together to make sure the claimant gets the best level of support.

Support and entitlements

The type of support and entitlements available under the ACC scheme will depend on:

- when a person's injury occurred – changing legislation means that different injuries may or may not have been covered at certain times, and the entitlements available in relation to certain injuries has also changed

- what the injured person's needs are – these may relate to treatment requirements, rehabilitation services or lost earnings compensation.



To make an ACC claim, a veteran needs to first seek treatment for their injury. The health professional (doctor, physiotherapist, dentist, nurse, etc.) who provides the treatment will then help the client fill out an ACC claim form and sends it to NZDF or ACC.

NZDF/ACC will then get in touch with the claimant directly to advise if their claim has been accepted or not and, if it has, to discuss their needs.

Below is a summary of the benefits and entitlements the ACC scheme provides.

Treatment	
Treatment costs	Contribution to a range of treatment costs, including visits to the general practitioner and other health professionals, for example, physiotherapist, dentist, specialist, surgeon, radiologist
Prescription medicine	Reimbursement of the cost of certain pharmaceuticals
Ambulance and emergency care	Full payment of ambulance service fees and emergency care at a public hospital
Managing at home	
Home help	Help with general housework such as cleaning, vacuuming, laundry
Attendant care	Help with personal care such as showering, bathing, getting dressed
Childcare	Help with care of children, including taking them to and from school
Equipment	Personal aids to help a client cope better at home, for example, shower stool, kitchen trolley
The work situation	
Weekly compensation	Payment of a weekly amount (usually up to 80% of the client's average weekly income) while they are off work because of injury
Rehabilitation plan	This can include a fitness programme, guidance on gradually returning to work, workplace equipment and retraining if necessary

Transport	
Travel subsidy	Payment towards public or private transport costs to and from work or treatment
Accommodation	Help with accommodation costs for out-of-town treatment
More serious injury	
Lump sum payment	A tax-free, one-off payment for permanent impairment resulting from injury
Car and home modifications	Contribution to the purchase of a car (and/or modifications) and home modifications such as ramps, widening doors
When someone dies as a result of an injury	
Funeral grant	A fixed amount to help cover burial, cremation and related ceremonies
Survivor's grants	One-off payments to the surviving partner, children and other dependants
Weekly compensation for the family	Weekly payments based on the deceased person's average weekly income, shared between the surviving partner and dependants for a fixed period
Childcare payments	A contribution towards childcare costs, paid to the surviving partner for a fixed period

Work and Income application forms

When it comes to applying for benefits or supplements through Work and Income, you may find it easier to take you client to a pre-arranged appointment at the local Work and Income office, or have a Work and Income field worker visit your client.



Details (including eligibility criteria and application forms and procedures) of the allowances, benefits and supplements which a veteran or ex-service person could apply for are available from the Work and Income website:

<https://www.workandincome.govt.nz/products/a-z-benefits/>



Supplementary benefits

Name of benefit	What it relates to	Income/ asset tested?	Review period
Disability Allowance	Payment to assist with regular, ongoing disability or health-related costs, e.g. doctors' visits, prescriptions, transport to doctor, extra heating, gardening/ lawn mowing, special foods etc. Disability must be likely to last 6 months or more.	Yes	Yearly, or when circumstances change
Accommodation Supplement	A weekly supplement to help with accommodation costs (rent, board or cost of owning a home).	Yes	Annually, or when circumstances change
Temporary Additional Support	An additional payment to assist in alleviating hardship caused by expenses that are essential and are not reasonably avoidable, where there is a deficiency between income and commitments.	Yes	After 3 months
Advance Payment of Benefit	Available for emergency payments. Mostly repayable by fortnightly deductions from the recipient's benefit.	Yes	N/A
Special Needs Grants	A payment to help people in certain circumstances to pay for something when they have no other way of paying for it. Does not generally have to be paid back.	Yes	N/A



You should regularly check all information about benefits with Work and Income, as things do change.

Some key points to note about the Veteran's Pension are:

- To be eligible, a person "must have qualifying operational service" and are 65 or over. If the client does not meet this criterion, they should apply for New Zealand Superannuation instead.
- If the veteran is under 65, they will only be eligible for the Veteran's Pension if they have a physical or psychological illness that means they are unable to work

for a substantial period. If they have an accepted disability with VANZ that prevents them from working fulltime they should be referred to VANZ for Weekly Compensation. A **non-veteran** who is under 65 and too ill to work should apply for other benefits through Work and Income.

- The amount is the same for the New Zealand Superannuation and a Veteran's Pension but the Veteran's Pension carries these **additional** benefits:

	Veteran has qualifying operational service and disablement rating over the threshold. WDP 70%, DP 52%		Veteran has qualifying operational service only	
Entitlement	Veteran	Partner/Spouse	Veteran	Partner/Spouse
Payments not reduced if hospitalised for 13 weeks or more	✓	✓	✓	x
Automatic Community Services Card	✓	✓	✓	x
Veterans Super Gold Card (Poppy Card)	✓	x	✓	x
Lump Sum on Death Payment	✓	✓	x	x

- The surviving spouse or partner of a deceased veteran is entitled to receive a lump sum on the death of the veteran. If there is no surviving spouse or partner, but there are dependent children, the lump sum will be paid to the children.

Funeral Grants

If the person is eligible, funds are also available to help with the funeral costs:

- of a veteran or ex-service person – this is a Funeral Grant and is available through VANZ
- of someone close to a veteran or ex-service person who has died – this is a Funeral Grant (Civilian) and is available through Work and Income.



Information about funeral grants can be found on the VANZ and Work and Income websites:

<https://www.veteransaffairs.mil.nz/>

<https://www.workandincome.govt.nz/products/a-z-benefits/funeral-grant.html>

RNZRSA Financial Assistance application forms

RNZRSA administers a number of different Trusts, most of which are the result of bequests and so may have certain restrictions as to how they can be used, as described by the Trust Deed. Some, however, are less constrained, and can be used for general support purposes.



There's a copy of this form in the 'Support' area of the RSA basecamp website <https://www.rsa.org.nz/basecamp/forms>

Things to keep in mind when filling out this form are:

- ☑ A person does **not** have to be a member of an RSA to make an application.
- ☑ A representative of the local RSA – that is a Support Advisor – or another agency's equivalent representative (e.g. an Almoner or other Support Officer from another ex-service or charitable organisation), must complete the application form. The applicant must **not** complete the form themselves. This allows us to ensure an independent assessment of the applicant's circumstances and financial status.
- ☑ If the applicant is already a member of the RSA and have had their Service details previously checked, then RNZRSA will not need verification of the Service details again.
- ☑ It's your responsibility to make sure the applicant understands that an award is not a foregone conclusion. Talk with the person about this, and make a plan for what they will do if some or none of the funds requested are awarded.
- ☑ The applicant (or the agent holding their Power of Attorney) must sign and date the 'Authorisation' section of the form, before it is sent in. Please make sure the

applicant (or their agent) has read this section carefully, or read it out to them, before they sign and date it.

- ☑ As the person completing the application, you are asked for your recommendation (see the final page of the form). If you are recommending an applicant for an award, please state:
- why the applicant needs the item
 - how it will improve their life
 - any general information on circumstances in the home, so that other assistance can be considered.



It is the Trustees who decide whether a grant is made and how much is granted. Trustees consider each application on its own merits.

RSA National Office can also supply application forms for the following:

- Royal Commonwealth Ex-Services League (RCEL), including Royal Air Force Benevolent Fund (RAF BF)
- The Godfrey William Magnus Trust (administered by Heritage Inc.)

Your local RSA support application forms

Your local RSA may also have specific forms that need to be used by any members when applying for local financial support or support services.



To meet RSA's Code of Ethics (which states we must always 'have regard for the privacy of the veterans and ex-service people [and] their families') and our obligations under the Privacy Act 1993, we must only ever ask for and record personal information that is necessary for the intended purpose of collecting that information.

Would every question on your local RSA's support application forms meet these criteria?

Individual Activity Sheets

Individual activity sheets are a means of quantifying all the work that goes into being a support advisor. Filling out the activity sheets it shows the time that Support Advisors dedicate to their role, distances travelled to meet clients or stakeholders, and the type of good works support advisors do. The activity sheet is a record retained at the local level, which acts as a summary of the Support Advisors work interactions and is sent to RSA headquarters to form part of the national database.

RSA headquarters national database combines the activity information of all support advisors and can calculate the data into a dollar value. This is to show the national level of work and time that support advisors put into their role to national entities such as the Board, the Presidents forum, VANZ, NZDF and to the Minister of Veteran Affairs. The activity data is a means of showing the relevancy of the RSA to the nation and gives recognition to the amount of effort that our volunteers commit to being support advisors. This recognition of relevancy is reflected in the government grant, which in turn helps the RSA develop and maintain a professional support function to returned and service people and their families. The data also informs where future development or recognition is needed. For example, some districts have a wide geographical area that is reflected in the data the Support Advisors submit for how far they have to travel between events or clients. This may necessitate a need to in the future to look at the structure or resources for that district.

Definition of the headings on the RSA Individual Activity Sheet

The main point of activity sheets is to capture the type of activity, time taken and distances travelled by Support Advisors in their daily work. However, there is a need to capture diverse information to help inform our activities and strategies internally and to the wider public. Each heading is explained in the “Individual Activity Sheet Definitions” document and are fairly self-explanatory but a couple of entries that are required for national level needs only are detailed below for further explanation.

Veteran Support Act 2014 (VSA 14) Scheme

The reason this is captured is to understand the different clients in very broad terms that we engage with when dealing with ex-service or service members. This is to understand how many older veterans (scheme 1) who are seen as our traditional clients and decreasing in number verses the younger generation (scheme 2) who are increasing in number and are the heirs to the RSA legacy. This crudely measures how relevant we are to our younger veteran cohort, and if our message is getting out to the new generation of service people. This is important as if we are not engaging with the new generation it raises questions as to our approach to modern service people, our messaging and ultimately the existence of the RSA. So when recording an activity involving a Vietnam or earlier conflict veteran or service person a 1 is put into the column to show a scheme 1 who is pre April 1974 service. A 2 is for scheme 2 for veterans or service people whose service starts is after April 1974. If you are dealing with someone who hasn't served (for example family member of a veteran) or an organisation then just put N/A for not applicable.

Initial Referral

The initial referral is used to gauge again how relevant are we in getting our message out there to the ex-service community, both young and old, as well as other government agencies in seeking or referring clients to our services. For example, if it is mostly RSA initiated then it can be seen as us being pro-active in identifying and helping people or organisations, but may indicate that people are not self-referring or other NGOs or agencies are the first go to for people and not the RSA. This raises questions of our relevancy and how we can get the RSA out into the wider community.

Overall the activity sheets are important to understand the support needs and environment we face. It informs government about the relevancy of the RSA organisation and internal strategies as to how we engage with the veteran community. It behoves all Support Advisors to make sure that their activity is recorded and sent on to be collated and added to the national database, as it effects the future of the RSA and veteran community.

Liaising with and referring to other agencies

In some cases, the needs a client has may be best served by another agency. It's helpful for you to know the basics of:

- which other agencies offer entitlements and support services
- what their key services are
- who to contact if you want to refer a client on to another agency.



Remember one of the clauses in RSA's Code of Ethics was 'To only undertake work to [your] own level of knowledge and expertise'. If you feel like you're about to get out of your depth during a conversation, get in touch with your District Support Advisor or put the client in touch with the appropriate agency for specialist advice.

VANZ Case Management

VANZ Case Management is a service designed to help veterans by liaising with other organisations on their behalf, and facilitating access to services and co-ordinating the delivery of these services to veterans.

In addition to these liaison and co-ordination services, VANZ Case Managers provide:

- support and advice to veterans who, as a result of their service, have either complex psychological and/or medical issues, or who are frail and/or elderly and need support to manage in their own homes
- assistance with putting a veteran's claim through to the Decision Officers, and a dedicated point of contact during the process
- access to psychological and genetic counselling for the families and children of veterans with Vietnam and Operation Grapple Service who have been affected by their parent/partner's service. The genetic counselling would normally be referred to Genetic Health Service NZ. Information, including contact details, is at: <https://www.genetichealthservice.org.nz/>

- out of pocket costs of health services for support for children with acute myeloid leukaemia, adrenal gland cancer, cleft lip/palate or spina bifida , who have a parent who served in Vietnam or Operation Grapple, including free access to genetic counselling.

VANZ Case Managers are qualified and experienced professionals who have an understanding of the issues veterans are facing. Once assigned to work with a veteran and/or their family, the Case Manager will design an individual care plan to help the veteran access the health and social services required to ensure personal independence and best quality of life.



Case management is available to all veterans who have Qualifying Operational or Routine Service pre 1 April 1974 and Qualifying Operational service post 1 April 1974 regardless if they are receiving VANZ entitlements. Contact VANZ and they will assign a dedicated Case Manager to discuss your client's requirements with them.

Ways to establish and maintain positive relationships with other agencies

Great Support Advisors establish a wider network of contacts related to support services and funding sources beyond the RSA, and work hard to maintain those positive, collaborative relationships to everyone's mutual benefit. Things you can do to establish and maintain positive relationships with other agencies include:

- ☑ Call up (or better yet, visit) the local representatives of national agencies and organisations who provide support services – introduce yourself, explain your role, and find out more about what they do.
- ☑ Ask other agencies for copies of their key information sheets or brochures for your 'library' of resources that you can share with your clients as appropriate.
- ☑ Keep in regular contact with local representatives of national agencies and organisations who provide support services – shares ideas for how you can work together to provide services.
- ☑ Organise joint monthly support group meetings, with speakers from different organisations or agencies to give insights on what they can do to help.

- ☑ Offer to profile other agencies' services in an annual display or newsletter that is sent out to your members.
- ☑ Follow up with an agency after you've referred a client to them (or they have referred a client to you), to thank them for their support.

Sharing information with other agencies

At times, another agency may contact you for information about a mutual client. Other times, you may need to access information about a client that is held by another agency. In both these cases, it's critical you follow the principles of the Privacy Act.

If you need to get information about a person from another agency or organisation, they will need proof from the person concerned that you have permission to access this information. RNZRSA's 'Authority to act on behalf' form is a way of recording this permission, so you may need to share a copy of it with that agency. If you are contacting another agency's representative for information by phone, make your call while the client is next to you, so you can hand over the phone for them to give proof of their identity and verbal permission for you to access the requested information.

If you are contacted by a third party to gain access to personal information that you, as a Support Advisor, hold about a client then you must ensure that:

- **either** the disclosure of the information is one of the purposes in connection with which the information was originally obtained, or is directly related to the purposes in connection with which the information was originally obtained
- **or** you have written permission from the person concerned to share this information with the agency requesting it, for example by way of a completed and signed RNZRSA's 'Authority to act on behalf' form.



A list of other key stakeholder agencies can be found in the Appendices.

Escalating issues

Things might not always go smoothly or according to plan in your role as a Support Advisor. When that happens, and it's something you can't sort out yourself, it's best to get help sooner rather than later.

Helping an applicant who wants to review or appeal a Pension or entitlements decision

Veterans, ex-service people or their families may not always be satisfied with the outcome of an application they have made. This commonly is escalated into a review or appeal process. When this is the case, it is part of your role to continue to support them and to explore what options are open to them for appeal as appropriate.



There is a useful summary of the Scheme 1 & 2 application, review and appeal process on the VANZ website

<https://www.veteransaffairs.mil.nz/about-veterans-affairs/our-documents-and-publications/policies/>



The Chief Advocacy Officer at National Office helps with requests for review and appeal of the Veteran's Pensions and entitlements under the VSA14 and ACC. National Office plays a key role in supporting veterans, ex-service people and their family members prepare for and present their cases at the Appeals Board.

Managing a complaint or concern about RSA services

If someone comes to you with a complaint or concern about something you or another RSA member has done or said in the course of their support work, make sure you:

- ☒ Listen carefully to what they have to tell you. Be objective and don't interrupt them, but make notes on key points and concerns
- ☒ Acknowledge their complaint and thank them for sharing it with you.

- ☑ Follow the steps in the decision making process in resolving the issue.
- ☑ Deal with the concern promptly yourself, or escalate it if you think you need advice or if it is appropriate to go to the next level up.
- ☑ In planning your action(s) – is it something that calls to issue any current procedures or competence levels? Do changes need to be made to how you/we do things now? If so, what? How will you make sure this happens?
- ☑ Communicate to the person who has voiced the concern what steps you have taken and, if further action is likely, what will happen next and when.
- ☑ Follow up with that person at an appropriate time, to ensure the matter has been resolved.



It's your obligation to proactively offer information about RNZRSA's complaints process when you initiate a relationship with a new client. You should also make this information freely and widely available in your local RSA.

Other complaints

If a complaint is not about support services then direct them to the appropriate level (local or district) RSA president for remembrance, management or governance issues. If in doubt consult with your District Support Manager (DSM).

Managing a complaint or concern about another agency's services

If a veteran, ex-service person or family member comes to you with a complaint or concern about a provider of a health or disability service, remember to:

- ☑ Listen carefully to what they are telling you – find out what has happened, and which agency is involved.
- ☑ Follow the steps in the decision making process in resolving the issue.
- ☑ Share a brochure covering the Health and Disability Service Consumers' Code of Rights, and talk them through their various rights.
- ☑ Check for a specific complaints process of the relevant agency, and encourage them to begin with this.

- ☑ If you think it might help, and the client gives permission, you can make direct contact with the relevant agency and initiate the conversation or complaints process on their behalf. Often it's a case of getting the right person on the phone, and then passing the phone over for the client to have a direct conversation.
- ☑ Explain about the Nationwide Health & Disability Advocacy Service and how they can provide support. Give them the freephone number for this service: 0800 555 050.
- ☑ Keep in touch with them regularly if the resolution process is a lengthy one – they are likely to need (and appreciate) your ongoing support.



Under the Code of Health and Disability Services Consumers' Rights, everyone has the right to make a complaint and have their complaint taken seriously.

Keeping records

An important part of your role includes keeping records. These records might include:

- personal information about your clients
- completed needs assessment checklists (original and subsequent reviews)
- completed and signed RNZRSA 'Authority to act on behalf' forms
- copies of applications forms and supporting information you have helped your clients submit (if the client wishes you to hold a copy)
- reimbursement claims, receipts, mileage records and Data Collection forms (as appropriate) related to the support services provided by your team of volunteers.

It's essential that these records are:

- ☒ kept secure (for example, in a locked cabinet or on a computer that is appropriately password protected)
- ☒ accessible to the people to whom the information relates, if they should wish to check or update any information held about them
- ☒ only held for as long as they are needed for the purpose for which the information was originally collected (Note: financial records should be kept for seven years, for tax audit purposes)
- ☒ returned to the relevant person, or disposed of securely when they are no longer required (for example, shredded by a secure document shredding service).



It's critical that all records containing personal information are kept secure at all times. This is one of your obligations under the Privacy Act 1993.



Appendices



Key stakeholder organisations for support

- **Health and Disabilities Advocacy Service** – provides information about consumer rights when using health and disability services, and provides an independent advocacy service to help consumers to resolve complaints about health or disability services.
- **District Health Boards** – provide Needs Assessments, service co-ordination, home support and personal care services, district nursing support, carer support service, equipment, hearing aids, travel and accommodation costs, grants and suspensory loans for home alterations.
- **ACC** – 24-hour, no-fault personal accident insurance for accidents occurring at work, in the home, on the road or a work-related gradual process disease or infection.
- **New Zealand Police Force** – crime prevention, advice on safety in the home, particularly in relation to locks on doors and windows.
- **Grey Power** – a lobby organisation promoting the welfare and well-being of people in the 50-plus age group.
- **Kiwi Seniors** – locally run groups that provide opportunities for older adults to participate in physical, fitness and health activities in a social atmosphere.
- **Meals on Wheels** – local providers of subsidised meals delivered to the client's home.
- **Ezi Meals/Ezee Meals** – local providers of subsidised meals (often based out of local churches or City Missions).
- **St John** – provide a free long-term friendship service (Caring Callers) that offers those who are housebound, or live on their own, the opportunity to stay in daily contact by phone with someone who cares about them. Also provide a medical alarm service.
- **Alzheimers New Zealand** – a non-profit support and advocacy organisation for people with dementia, their carer's, family, whanau and community.

- **Arthritis New Zealand** – a national voluntary organisation that represents the interests of and provides support to those with arthritis, disseminates information and research about arthritis management and treatment, and funds medical research on arthritis.
- **New Zealand Continence Association (NZCA)** – a non-profit organisation dedicated to helping people with bowel and bladder incontinence, by providing information and education on continence topics to people with continence problems, caregivers, health professionals and the general public.
- **NZ Home Health Association** – The national body representing providers of home health care services. Provides a service for the public to find out what home health care services are available, and connect with an appropriate provider of these services.
- **Royal New Zealand Foundation for the Blind** – New Zealand’s main provider of sight loss habilitation and rehabilitation services to blind and partially sighted New Zealanders.
- **Hearing Association New Zealand** – a non-profit organisation committed to raising the profile of hearing issues, and ensuring the rights of and availability of appropriate facilities and services for all people with a hearing loss.
- **Parkinson’s New Zealand** – a non-profit organisation providing support, education and information to people living with Parkinson’s, their families, carers and health professionals.
- **Stroke Foundation of New Zealand** – a non-profit network providing stroke support and rehabilitative services in New Zealand and promoting research into stroke causes, rehabilitation, and treatment.
- **Diabetes New Zealand** – educates and informs people about diabetes, its treatment, prevention, and cure of diabetes. Provides support for people with diabetes and their support networks.
- **Multiple Sclerosis Society of New Zealand** – a non-profit organisation formed to provide on-going support, education and advocacy for people with MS and their support networks. The Society also aims to educate the general public, employers

and health professionals about MS and actively funds key research into the condition.

- **Presbyterian Support** – works with older people, people with disabilities, families at risk, children and young people to provide residential care, home care, community care and support, day/activity programmes, social work support, counselling, employment programmes, education, foster care, support for parents, mentoring, food banks, budgeting/money management, welfare, advocacy and advice.
- **City Missions** – provide charitable aid and social work support to those in need.
- **New Zealand Society of St Vincent de Paul** – a Catholic lay organisation that offers personal contact and goods to those in need.
- **Life Unlimited** – a non-profit organisation that provides a range of health and welfare services (including free hearing therapy) aimed at 'supporting people to be in control of their own lives, making choices and enabling people to live the life they choose.'
- **Night Shelters** – a number of New Zealand cities have night shelters, which provide cheap beds as a temporary solution for people who would otherwise be sleeping on the streets.
- **Freedom Medical Alarms** – providers of medical alarm systems that connect directly to a central Emergency Ambulance Communication Centre.
- **CCS Disability Action** – a non-profit organisation that provides information, advocacy and support for New Zealanders with disabilities, their families and whanau. This organisation also administers and provides mobility parking permits.
- **Driving Miss Daisy** – a companion driving service available in many New Zealand cities and towns, offering people independence by providing assistance with transport.
- **Enable New Zealand** – provides needs assessments and service co-ordination services, a disability information service, housing and modification services for people with disabilities, and hearing aid subsidies.

- **Department of Internal Affairs** – provides information about and administration for 'Lottery Individuals with Disabilities' applications, which makes grants to people with mobility and communication related disabilities (e.g. the purchase of vehicles, vehicle modifications, scooters and other mobility equipment that will provide outdoor mobility, and the purchase of equipment to facilitate communication for people with communication-related disabilities). They also administer Lottery Community funding, which is available for projects, activities, resources or services that have a community or social service focus, and which help connect communities, improve well-being and the quality of people's lives.
- **Funding Information Services** – provides information about a selection of alternative funding possibilities available to voluntary and community organisations, as well as individuals.
- **Legal Information Service** – provides a regularly updated Legal Resource Manual covering many issues that are of relevance to your work as a Support Advisor, eg. benefits, tenancy and housing, immigration and family and domestic issues.
- **Community Law Centre** – local Community Law Centres provide a range of community legal services including legal advice, legal assistance and representation, legal information, legal education and law reform activities. Many of their services are free.

Funeral directors – provide support and advice to people regarding prepaid funerals, their funeral and burial wishes, and planning a funeral service.



There are also likely to be additional, regional-specific services that it is useful for you to know about. You'll need to make a list of these for yourself, as they're likely to be different for each RSA.

RSA Case Management File Sheet

Full Name of client:		File Reference:	
Preferred Name:		Date of assessment:	
Service no:		NHI No:	
Ethnicity:		SWN no:	
Clients Address:		Person assessing:	
Phone Numbers Home: Mobile: Email:		Any others present:	
Status?	Returned / Service / Widow / Other	GP Name Practice Phone Number	
VSA14 Scheme?*	Scheme 1 / Scheme 2		

** Veteran Support Act 2014 (VSA14) qualifying Scheme 1 = Service prior to 1 April 1974. Scheme 2 = after 1 April 1974*

Initial Situation Assessment
RESPONSE LEVEL: Immediate Action Required <input type="checkbox"/> Non Urgent Action <input type="checkbox"/> No Action Required <input type="checkbox"/>
<input type="checkbox"/> Current living Conditions
<input type="checkbox"/> Family / Dependents
<input type="checkbox"/> Income
<input type="checkbox"/> Finance
<input type="checkbox"/> Health
<input type="checkbox"/> Transport

<u>Situation Summary</u>											
Support systems in place						Support systems needed					
<input type="checkbox"/> War Disablement Pension / Veteran's Pension / Independence Allowance / Disablement Pension / Surviving Spouse's Pension						<input type="checkbox"/> Veteran's Pension / Independence Allowance / Disablement Pension / Surviving Spouse's Pension					
<input type="checkbox"/> VIP Services						<input type="checkbox"/> VIP Services					
<input type="checkbox"/> Disability allowance / Independence Allowance						<input type="checkbox"/> Disability allowance / Independence Allowance					
Medication	Y	N	N/A			Medication	Y	N	N/A		
Travel costs	Y	N	N/A			Travel costs	Y	N	N/A		
Specialist	Y	N	N/A			Specialist	Y	N	N/A		
Lawns/garden	Y	N	N/A			Lawns/garden	Y	N	N/A		
Personal alarm	Y	N	N/A			Personal alarm	Y	N	N/A		
Podiatry	Y	N	N/A			Podiatry	Y	N	N/A		
House, windows and gutters	Y	N	N/A			House, windows and gutters	Y	N	N/A		
Personal items	Y	N	N/A			Personal items	Y	N	N/A		
Home Help	Y	N	N/A			Home Help	Y	N	N/A		
Other	Y	N	N/A			Other	Y	N	N/A		
<input type="checkbox"/> Accommodation Supplement						<input type="checkbox"/> Accommodation Supplement					
<input type="checkbox"/> Living Alone Allowance						<input type="checkbox"/> Living Alone Allowance					
<input type="checkbox"/> High User Health Card						<input type="checkbox"/> High User Health Card					

<input type="checkbox"/> Community Services Card	<input type="checkbox"/> Community Services Card
<input type="checkbox"/> Mobility Card/Scooter <input type="checkbox"/> Taxi Chits <input type="checkbox"/> Home Help <input type="checkbox"/> Personal Care <input type="checkbox"/> Respite Care <input type="checkbox"/> Day Care <input type="checkbox"/> District Nurse <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Hearing Aids/Assessment	<input type="checkbox"/> Mobility Card/Scooter <input type="checkbox"/> Taxi Chits <input type="checkbox"/> Home Help <input type="checkbox"/> Personal Care <input type="checkbox"/> Respite Care <input type="checkbox"/> Day Care <input type="checkbox"/> District Nurse <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Hearing Aids/Assessment
Support systems in place	Support systems needed
<input type="checkbox"/> Meals on Wheels/Ezi Meals/Other Meals, e.g. Presbyterian Support <input type="checkbox"/> Home visits: RSA/ Presbyterian Support/ Salvation Army/ Age Concern/ St John's Caring Caller <input type="checkbox"/> Visitors/Friends/Neighbours <input type="checkbox"/> Elder Abuse Service/Age Concern	<input type="checkbox"/> Meals on Wheels/Ezi Meals/Other Meals, e.g. Presbyterian Support <input type="checkbox"/> Home visits: RSA/ Presbyterian Support/ Salvation Army/ Age Concern/ St John's Caring Caller <input type="checkbox"/> Visitors/Friends/Neighbours <input type="checkbox"/> Elder Abuse Service/Age Concern
<input type="checkbox"/> Public Trust Personal Assistance/Power of Attorney <input type="checkbox"/> Power of Attorney (Health) <input type="checkbox"/> Funding from RSA <input type="checkbox"/> Subsidised Home Insulation Service	<input type="checkbox"/> Public Trust Personal Assistance/Power of Attorney <input type="checkbox"/> Power of Attorney (Health) <input type="checkbox"/> Funding from RSA <input type="checkbox"/> Subsidised Home Insulation Service

<input type="checkbox"/> Rates Rebates	<input type="checkbox"/> Rates Rebates
Any other relevant notes/actions;	Any other relevant notes/actions;

Confidential Information

- When a Veteran or Service Member is assisted by RSA support Services, any information he/she gives must be treated as confidential. The need for confidentiality also extends to information about their families.
- When information is passed on for acceptable professional reasons, this must be done so in such a way as to protect the privacy of the information given above.
- All records must be safeguarded as to reduce the possibility of being passed into the wrong hands.
- No Support Advisor without express permission from the above client shall pass on any information that he/she has given without that permission.

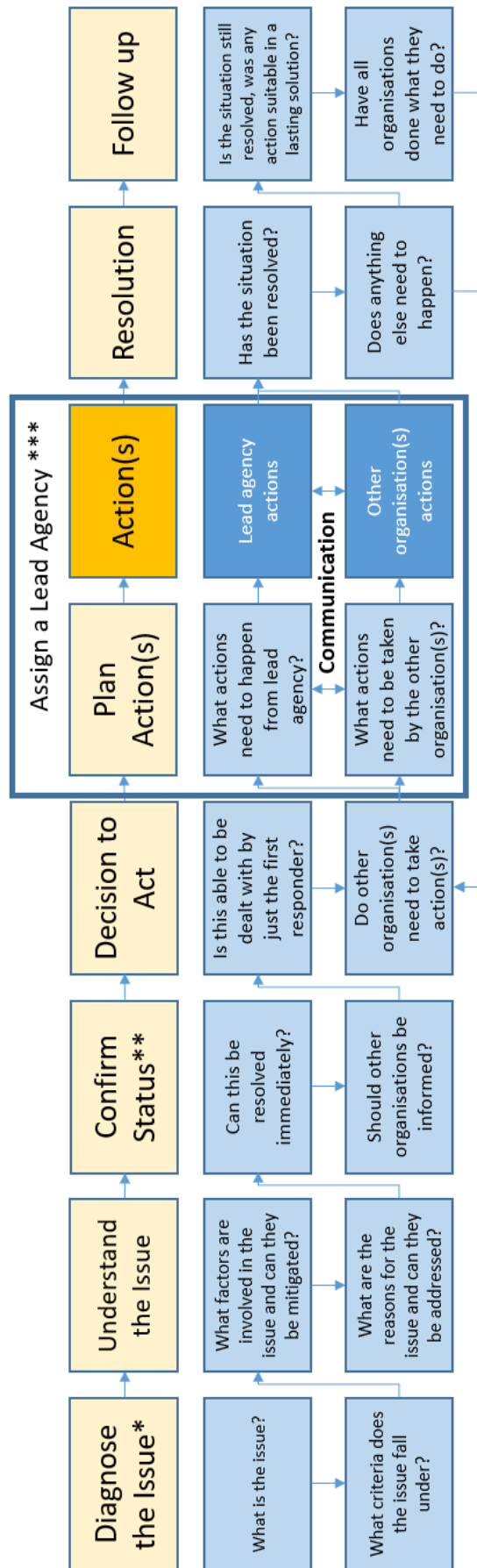
Agreed next steps;

What action?	By whom?	By when?	Completed

On-going Visits/Support Log

Date of Visit By Whom	Client situation / concerns	What action needed?	Date completed By whom

Joint Standard Operating Procedure (JSOP) Decision Process



*Criteria can be financial hardship, medical, educational, advocacy, etc. This is to be able to inform what information needs to be considered and collected, what needs to be done to help resolve the situation and what other agencies you know that could help or need to be contacted.

**The status of the issue might require expertise beyond what the first responder organisation is qualified to give or the circumstance may require the person be secured by law enforcement or health specialists to mitigate risk to themselves or others before further support can be brought to bear.

*** The lead agency needs to be established for action stages. The lead agency is responsible overall with supporting agencies contributing to their plan. The establishment of a lead agency may need to be decided formally in a meeting. Lead may change as the plan develops or situation changes. Communication is the key to collaborating successfully.