



R S L N S W

Nowra Veterans Wellbeing Centre Project Business Case Development Composite Report: Nowra Workshops 11 and 12 March 2020

Introduction

As part of the consultation process in support of the Nowra Veterans Wellbeing Centre (NVWC) Project two Business Case Development Workshops were held at the Nowra RSL sub-Branch premises on 11 and 12 March 2020. A third workshop planned to occur in Sydney on 31 March 2020, intended to engage senior leaders from Sydney-based stakeholder organisations, had to be cancelled due to the COVID-19 crisis; several telephone discussions were held. The primary objectives of the workshops were to brief key stakeholders on the NVWC Current State Analysis & Service Profile (CSA & SP) Report and validate its findings; and to inform intended progress and maintain engagement toward developing the business case to obtain a DVA grant to establish the Centre. The workshops were well attended by representatives of veterans' client organisations, the target audience for the NVWC, who were well placed to provide feedback.

This Report presents the composite outcomes from the two Nowra Workshops. Importantly, at [Attachment A](#) a revised CSA & SP Report Executive Summary is presented; an Addendum to the original Report. It reflects several important changes resulting from this validation process. The information at Attachment A and the full CSA & SP Report provide major inputs to the requests for Expressions of Interest (EOI) documentation, and to the business case that will follow.

We thank all Workshop participants, along with other stakeholders, for their continued and valuable contributions to the NVWC Project. It is vital that development of the NVWC remains focused upon meeting the needs of our veterans and their families. In the diverse and widespread rural context of the broader Shoalhaven, Illawarra and Southern Highlands areas (and beyond) this requires close collaborative between all stakeholders, service providers and interested parties.

Summary of Key Findings and Outcomes

Key findings and outcomes from the validation workshops are summarised here. The full, raw responses to workshop questions and discussions are at [Attachment B](#). Feedback from agencies and individuals who were not able to participate in the workshops, and contacted the Project separately, is also included. Workshop participants were asked to identify strengths and weaknesses, propose opportunities for improvement, and make other comments and suggestions. The key outcomes and areas for improvement were:

- Overall, there remains very strong support for what the NVWC portends to provide. It is seen as potentially meeting a very important need for a holistic approach to the wellbeing of veterans and their families. Expectations have been raised, people are engaged, and this will need to be carefully managed going forward. The original NVWC CSA & SP Report was largely validated.

- Some participants struggled with the concept of a wellbeing approach that is intended to move beyond crisis response and towards a preventive rather than a reactive model. The NVWC is aimed at providing access to much broader services than the largely volunteer pensions and welfare advocacy model that some ESOs are familiar with.
- Greater clarity is needed about exactly what services the NVWC is intended to provide. Concerns were expressed at the concept and use of the term 'case management' as this was seen as very resource intensive and probably beyond the realistic capacity of an NVWC, certainly during the early stages of development and operation. Other agencies already resourced to provide this service. Having the NVWC networked with those service providers would be an essential requirement and preferred method of operation.
- **Service Profile.** The revised service profile model can best be summarised as follows:
THE NVWC WILL OPERATE A FOUR STEP WELLBEING APPROACH, WITH THE VETERAN AND THE VETERAN'S FAMILY AT THE CENTRE:
 1. ENGAGEMENT – create a positive profile and awareness, build trust, connect
 2. ASSESSMENT – assess the wellbeing needs of veterans and their families at whatever stage of their journey
 3. REFERRAL – connect clients with the services and advice required, facilitate access
 4. MONITOR – maintain contact with clients and monitor wellbeing outcomes, be prepared to offer other referrals when necessary
- **Funding Risk.** The greatest risk to successful NVWC outcomes arises from UNCERTAINTY ABOUT ONGOING FUNDING TO SUPPORT OPERATIONS. The DVA grant is vital to the establishment of the NVWC, however, unless ongoing funding certainty can be secured, the NVWC WILL FAIL. Negative consequences would include:
 - a. further erode veterans trust in DVA, Defence, RSL NSW and others involved;
 - b. leave veterans without facilitated access to services that have been identified as vital to improved life outcomes, and issues like reducing vulnerability to suicide;
 - c. a once in a generation opportunity would be lost, and resources wasted; and
 - d. politically embarrassing to the Commonwealth.
- **DVA and Defence** MUST actively engage with and provide ongoing support to the NVWC. Note: this can be seen as conflicting with the need for the NVWC to be perceived by veterans as an INDEPENDENT organisation with their interests central; careful perception management will be necessary.
- **Staff.** The right staff with the right training and support systems is essential. As the first point of contact advice needs to be accurate and empathetic. Accessibility and competence of staff will be vital.
- **Outreach.** The capability to deliver outreach services is vital in the geographic and demographic context.
- **Site Selection.** A welcoming, accessible and family/veteran friendly site is generally seen as important. Professionals offering health wellbeing services recommend that the opportunity should be taken to find a rural or semi-rural site that would be conducive to wellbeing and consistent with the broader Nowra semi-rural and coastal context. This important aspiration will need to be considered in site cost-effectiveness assessments and accessibility considerations.
- **Access and Networking for Service Providers.** The NVWC can potentially be used by some service providers for service delivery, and for the provision of ad hoc services,

while most service providers would operate from their own premises. The NVWC can provide a vital networking catalyst for veterans' service providers. This would be essential to the effective operation of NVWC referral and monitoring services.

- **Independence.** The NVWC must be seen as an independent entity that functions on behalf of veterans and their families. This will impact upon governance requirements.
- **IT System.** An effective IT support system is essential that is connected to other agencies, including DVA and Defence and other service providers. It must also support and facilitate the provision of outreach services.
- **Communications.** Given the diverse range of veteran clients the NVWC will need to utilise all forms of communication mediums. Visibility, accessibility and connection are key considerations.
- **Community Based.** The NVWC must be part of and connected to the wider community.

Consultation Outcomes

Background information about the DVA VWC program and consultation requirements is at [Attachment E](#). The first phase of consultation required a current state analysis of service delivery, identification of gaps and synergies, and an assessment of needs and priorities of local veterans and their families to inform future service model options. This task was completed during January and February 2020; the CSA & SP Report was rendered to DVA and made available to stakeholders on 3 March 2020.

A second phase of consultation workshops was undertaken to engage stakeholders in providing feedback and validation of the Current State Analysis and Service Profile Report informed by the first phase of consultations to develop the proposed framework for the Business Case for funding the establishment of the Nowra VWC. The Business Case Development Consultation Workshop Program is found at [Attachment C](#). A range of key stakeholders (including clients) involved in providing key support services to veterans and their families attended two workshops held at the Nowra RSL sub-Branch Hall on 11 and 12 March 2020. A list of workshop participants is found at [Attachment D](#).

Feedback and Validation of Current State Analysis and Service Profile

Workshop participants were invited to prepare a short analysis of the proposed Nowra VWC service profile, delivery modes and design concept. A summary of the Current State Analysis and Service Profile Report was presented to the workshop to provide a context for discussion of strengths, weaknesses and opportunities for improvement of the proposed approach to establishing the Nowra VWC. This analysis was shared among the group in turn with discussion and questions of clarification. Composite, raw responses to the two workshops are provided at [Attachment B](#). Matters addressed include: feedback on proposed Nowra VWC Service Profile, Delivery Modes, and Design Concept.

A revised summary of the Current State Analysis and Service Profile Report that reflects key outcomes from the two Workshops is at [Attachment A](#).

List of Attachments:

- A. Addendum to Current State Analysis & Service Profile Report - Executive Summary
- B. Composite Responses to Nowra VWC Workshops 11 and 12 March 2020
- C. Business Case Development Workshop Program (Phase 2 Consultation Framework)
- D. Workshop Participating Organisations
- E. Background: the DVA VWC Program

Addendum to Current State Analysis & Service Profile Report - Executive Summary

The Current State Analysis & Service Profile Report provides an evidence and validation base to inform the development of the Business Case for funding the establishment of the Nowra Veterans' Wellbeing Centre (VWC). This revised Report reflects the outcomes of two validation Workshops held in Nowra on 11 and 12 March 2020. Participating stakeholders were briefed on the NVWC Current State Analysis & Service Profile (CSA & SP) Report and were invited to validate its findings. They were also informed about and invited to comment upon intended progress and the need to maintain ongoing engagement toward developing the business case to obtain a DVA grant to establish the Centre. The Report is presented in two parts: Part I – Current State Analysis, and Part II – Service Profile. The Report addresses Stage 2: Establish Service Needs, and Stage 3: Future Design State of the Nowra VWC Project Design Phase.

The Report presents outcomes from execution of the Nowra VWC Project Stakeholder Engagement Plan (Version 4.0), in particular the overarching objective of stakeholder engagement to raise awareness, understanding and support for the establishment of the Nowra VWC which meets the needs of local veterans and their families. The Report reflects the analysed outcomes of six stakeholder engagement workshops.

Veterans Centre Case Studies

Seven veterans' centre case studies were considered that provided the following key messages:

- For the concept of a National network of VWCs to really work DVA will need to commit long-term funding and other support. Pretending that VWCs are going to effectively operate without DVA being integrally involved is unrealistic, and unhelpful to veterans. If DVA does not overtly support these centres and they fail, or some of them fail, it will represent a systemic failure for DVA and the Commonwealth Government and an abrogation of their responsibility to care for veterans.
- Determining the core services to be delivered is important.
- Deriving the most appropriate operating model for the context is important, noting that each context is significantly different.
- In rural settings hub and spoke with a significant emphasis upon outreach will be an important consideration.
- Branding, governance and building perceptions of independence, and therefore dedication to working in favour of veteran clients' interests are essential to effectiveness.
- Capable, well-trained, motivated and veteran empathetic salaried staff, supported by volunteers is required.
- A knowledgeable concierge and facilitation service that is well connected to and can direct veterans to a broad range services is necessary. The VWC will never be able to 'do it all' and while a 'one stop shop' concept is desirable targeted connections and working networks are a realistic approach.
- The physical location of the VWC is less important than the staff, systems, services and reputation.
- Obtaining reliable, sustainable funding for OPEX presents significant challenges and risks and must be a core consideration.
- Networking and collaboration between veterans centres nationally and within each state offers benefits.
- Where State Governments underwrite or provide OPEX centres are more likely to be able to concentrate on service delivery with less time and energy devoted to charitable fund raising.

Veterans Needs and Priorities Summary

The overarching themes from the veterans' needs and priorities workshops are summarized as:

- Sense of Community and Belonging: A Welcoming Place
- Strengthen Wellbeing: Focus on the Individual
- One Stop Shop: A Concierge Service
- Outreach: Servicing a Large Rural Region
- Information and Advice: High Quality Staff and Systems
- Staff and Professional Networks: Navigating the System
- Referral and Linkages: Connected and Networked
- Health Services Assistance: Facilitated Access
- Housing Assistance: Finding the Right Place
- Training and Employment Assistance: Finding the Right Job
- Financial Assistance: How to Balance the Budget
- Family Services and Support: Family Focused
- Advocacy and Legal Support: Seeking Justice and Entitlements
- Crisis Support Coordination: Help when Needed

The central findings are that an effective veterans' centre:

1. Must be absolutely focused upon and tailored to meeting the holistic wellbeing needs and priorities of veterans and their families, noting that these will vary with the individual and will evolve over time.
2. Staff members need to be knowledgeable, professional, highly trained, motivated, empathetic and well-tuned to the needs of the veterans' community; they must be able to build trust with individual veterans and family members.
3. High quality, networked systems will be essential to delivering the high quality facilitated access services required.
4. Offering an accessible and welcoming environment is also a significant priority as is the capacity and wherewithal to deliver outreach services across a vast and diverse geography.

Service Profile and Service Delivery Model Summary

The overarching themes to inform service profile and service delivery model preferences are summarized as:

- Create a welcoming and trusted place to access services: Friendly, accessible, relevant
- Use a 'Planning Futures' approach: Build Veterans Resilience
- Make a seamless transition from ADF: Part of the Veterans Life Journey
- Accessing Services: Available and Easy
- Service Delivery: Employ all Options – Broad Range of Clients Abilities, Needs and Expectations
- Staffing: Professional, Approachable, Dedicated, High Quality, Knowledgeable
- Information Technology Support Systems: Integrated and Effective
- Knowledge and Research: Build Data and Connect
- Structure and Governance: Independence, Leadership, Networked
- Marketing and Branding: Words and Perceptions are Vital
- Facilities: Functional, Accessible, Flexible

The central findings are that an effective veterans' centre:

1. Must be welcoming and accessible and very clearly independent (there to serve veterans needs rather than DVA, Defence, RSL etc).

2. Systems and connections must be targeted to assisting veterans' transition and to developing self-help and resilience.
3. Getting the right staffing model and engaging the right staff will be essential.
4. High quality, networked systems will be essential to delivering the high quality facilitated access services required.
5. Marketing, branding and perception management are matters that require serious attention. The centre needs to be trusted and relevant.
6. Finding the right location will be important: accessible, workable and flexible facilities. In the Nowra VWC context a rural or semi-rural environment would be consistent with wellbeing objectives.

Service Delivery Model

The Nowra VWC hub veteran support services are to be delivered in coordination and linkage with a full range of local wellbeing service providers facilitated through both physical and virtual co-location of services as required. The intention of the hub is to provide access to a holistic approach to support and assistance with appropriate and relevant multi-disciplinary care that strengthens individual well-being and community connectedness.

The Nowra VWC will provide referral services to a range of health professionals and encourage the use of its facilities by allied health services and other well-being service providers. The facility is envisaged to operate as a hub for veteran support programs and activities but not provide onsite medical/clinical consulting rooms or facilities that require additional legal and regulatory compliance. Health services that can be provided from a Class 5 or Class 6 Building could be accommodated. Linkages and referrals to specialist medical professionals and facilities are to be the mode of providing access to other health services.

Service delivery is to include outreach services to strengthen the operating infrastructure for supporting veterans and their families in a rural-regional context comprising several small cities, and large numbers of towns, villages and hamlets in the surrounding landscape. This service is envisaged to operate on a planned scheduled basis, including opportunities for appointments with advocates involving travel out to 'host facilities' with the requisite functionality (location, accessibility, technology) to provide more local support services to veterans and their families. Potentially, every Central Southern District RSL sub-Branch and possibly some other ESOs can act as agencies and provide access to local facilities to accommodate outreach visits.

The Nowra VWC 'hub' facility is envisaged to act as a focal point for a range of veteran community programs and activities delivered by a range of service providers.

Service Profile

The service profile for the Nowra VWC is summarised here. The Nowra VWC will operate a four step wellbeing approach, with the veteran and the veteran's family at the centre:

1. **ENGAGEMENT** – create a positive profile and awareness, build trust, connect
2. **ASSESSMENT** – assess the wellbeing needs of veterans and their families at whatever stage of their journey
3. **REFERRAL** – connect clients with the services and advice required, facilitate access
4. **MONITOR** – maintain contact with clients and monitor wellbeing outcomes, be prepared to offer other referrals when necessary

Nowra VWC Decision Matrix Table

The Decision Matrix Table presents an evidence-based and condensed summary of the priorities, features, and essential and desirable criteria for the Nowra VWC. The requirements listed in the Table reflect the results of the stakeholder consultations and analysis presented in this Report.

Priority	Nowra VWC Features: Essential/Desirable Criteria	Met? Y/N/Partial
1	<p>Staff – Getting the Right People</p> <p>Essential Criteria:</p> <ul style="list-style-type: none"> • Full time centre manager • Core of permanent full time staff • Selected for veteran focus and empathy – welcoming and considerate • Able to deliver the required service profile: <ul style="list-style-type: none"> ○ ENGAGEMENT – create a positive profile and awareness, build trust, connect ○ ASSESSMENT – assess the wellbeing needs of veterans and their families at whatever stage of their journey ○ REFERRAL – connect clients with the services and advice required, facilitate access ○ MONITOR – maintain contact with clients and monitor wellbeing outcomes, be prepared to offer other referrals when necessary • Appropriately trained and experienced • Resourced and supported to deliver outreach services • Able to work with a broad range of clients: veterans of all ages, disabilities, families • Able to build trust and confidence with clients • Able to build and sustain networks with service providers, ESOs and other stakeholders • Volunteer staff to be accommodated and included <p>Desirable Criteria:</p> <ul style="list-style-type: none"> • Staff with ADF backgrounds and experience • Some part-time staff • Staff funded and supported by linked organisations to be accommodated (for example: DVA, Open Arms, RSL Defence Care, Legacy, RSL LifeCare, allied health and other health service providers) • Visitor service providers welcome, for example, finance and career/ employment advisors, health and welfare advisors • High quality support services for staff • Prospect of moving to some case management in the future 	
2	<p>High Quality, Tailored Support Systems</p> <p>Essential Criteria:</p> <ul style="list-style-type: none"> • Onsite IT systems able to support the service profile 	

	<ul style="list-style-type: none"> • Linked and connected with a broad range of other systems in the veterans' wellbeing space (i.e. DVA, Open Arms, RSL, Commonwealth and State service providers) • Able to support the 'One Stop Shop' notion with facilitated access and referrals to service providers • Able to support outreach service delivery • Accessible to clients seeking self-help • Support client confidentiality requirements • Kept up to date and maintained • High speed IT connectivity • Web and social media connectivity <p>Desirable Criteria:</p> <ul style="list-style-type: none"> • Information and accessibility for clients without good IT skills • IT kiosk for client use, with links to services • Able to build knowledge and capture data 	
3	<p>Operating Model</p> <p>Essential Criteria:</p> <ul style="list-style-type: none"> • A veteran focused engagement, assessment, referral and monitor model • Facilitated access to the full range of veterans wellbeing services • Welcoming and client focused environment • Able to maintain connections with clients • A 'hub and spoke' model supporting onsite and outreach service delivery • Mobile, virtual and onsite service delivery • Networked with other service providers and agencies • Focus on core service delivery and doing it well • Networked with other veterans centres (State and Nationally) • Connected with Defence and DVA to provide integrated and seamless services to ADF members during and after transition <p>Desirable Criteria:</p> <ul style="list-style-type: none"> • Support for and connection to outreach agencies • Keep it simple • Needs to be flexible and agile 	
4	<p>Funding for Operations</p> <p>Essential Criteria:</p> <ul style="list-style-type: none"> • Assured, sustainable long-term funding identified • Able to provide staff with certainty of employment and clients with certainty of service provision • Funding to support outreach and remote service delivery – including travel and other operating expenses 	

	<ul style="list-style-type: none"> • Lodger and visitor service providers (from other agencies) fully funded and supported by their parent entities • Ongoing funding from DVA <p>Desirable Criteria:</p> <ul style="list-style-type: none"> • Access to ad hoc grants and funding for specific ancillary activities • Able to conduct fundraising activities • Simple and reliable financial management system • Ongoing funding from Defence 	
5	<p>Site and Facility Considerations</p> <p>Essential Criteria:</p> <ul style="list-style-type: none"> • In or near Nowra – could in rural or semi-rural setting within reasonable proximity of the CBD (20 minutes' drive) • A Class 5 or Class 6 building • Location to have approved permissible use by local council and be appropriately zoned • Between 200 and 250m² of space to allow for some expansion • 'Family friendly' and welcoming to younger veterans and their families, as well as older veterans • General administration: <ul style="list-style-type: none"> ○ Office for a manager ○ Reception/concierge area – welcoming and where people can sit and relax. Child friendly. ○ A meeting room that can be used for staff meetings, debriefing, training for small groups, presentations by visiting service providers, also for management committee/board meetings etc • Privacy and confidentiality an important consideration • 3 or 4 reasonable-sized interview rooms. Can double as offices for full or part-time salaried case managers and be available for use by volunteer case managers or advocates and other service providers <ul style="list-style-type: none"> ○ Need to accommodate a working desk (for staff) plus a sitting space for meetings with clients ○ Do not envisage rooms need to be able to meet medical, clinical standards; they would be general meeting rooms • A communal space - a good-sized common area that is accessible and welcoming, where veterans (young and old) and their families (perhaps with children), would feel comfortable • Accessible (parking and public transport will be considerations) • Emergency and exit lighting, passive fire protection ie Extinguishers, fire blankets, compliant paths of travel and door hardware 	

	<ul style="list-style-type: none"> • A wet area (tea and coffee etc) • Disabled access • Access to a small staff kitchen and bathrooms • Good climate control • Separate or shielded from gambling or alcohol service facilities <p>Desirable Criteria:</p> <ul style="list-style-type: none"> • Take advantage of rural environment: a rural or semi-rural setting • Centre able to offer visiting service provider access to facilities • Access to emergency accommodation • Given the 'experimental' nature of early operations scope for change/expansion will be important • 'Drop in' facility or area • Access to recreational facilities either onsite or nearby – for Yoga classes and other group wellbeing activities • Access to sporting facilities • Access to a coffee shop • Separate access to the VWC from other offices in a shared building 	
6	<p>Governance</p> <p>Essential Criteria:</p> <ul style="list-style-type: none"> • Independent (from DVA, Defence, RSL – but connected) • Incorporated (either incorporated association or company limited by guarantee) • Not for profit • Deductible gift recipient • Strong commitment to veterans' service delivery • Totally compliant with ACNC and other charitable entity probity requirements • Volunteer board, or advisory board, or committee of management • Keep administration simple <p>Desirable Criteria:</p> <ul style="list-style-type: none"> • Flat and simple operating structure • Board and management to be reflective of key stakeholders, including veteran clients • Able to be agile • Well connected to and representative of the wider community • Able to support fundraising 	
7	<p>Reputation and Marketing</p> <p>Essential Criteria:</p> <ul style="list-style-type: none"> • Branding to attract veterans – independent and veteran 	

	<p>centric – need to be very mindful about perception and ‘messages’</p> <ul style="list-style-type: none">• Highly visible and easily accessible to the veterans community• Build awareness and enable connection to the wider veterans community• Build trust through high quality service delivery• Utilise all forms of communication cognizant of the broad range of clients and their abilities: printed communication, on-line services, social media, public media	
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Composite Responses to Nowra VWC Workshops 11 and 12 March 2020

Feedback on proposed Nowra VWC Service Profile

The workshop was briefed on the profile or catalogue of *what* support services are proposed to be offered to veterans and their families through the Nowra VWC, to seek validation and feedback on the proposed approach. The profile focuses on services delivering the essential wellbeing elements of *health, education and skills, housing, social support and connection, employment, income and finance, recognition and respect.*

Strengths

- Combined outlook – achieve for the masses rather than the few
- A comprehensive report
- Level of participation during the workshop phase will lead to identifying the services required and will eliminate trial and error
- First point of contact with clear parameters on service
- Holistic approach – a conduit to services
- Design appropriate to needs and geography: the region is broad and there are many Veterans living in the area around the proposed centre in Nowra
- One strength is already evident: ESOs and service providers have been able to network at NVWC workshops. Also helps to break down barriers between Sub Branches and agencies.
- Recognition of justice and safety – Australian Institute of Health and Welfare
- Good consultation
- Recognition that systems and staff training are integral to success
- Good focus on staffing – finding the right persons for providing services in the VWC
- Commitment from a range of organisations to make this happen
- Opportunity to access funding locally
- Good location
- Inclusive and accessible
- A good opportunity to repair damaged brands (DVA, RSL, etc)
- An accessible physical point of contact can assist with breaking down electronic networking boundaries and firewalls around existing connections to key service providers such as DVA

- The VWC will assist with a perception of permanence and stability, even if service providers and the range of services provided may change
- The VWC can provide a better understanding of the Veteran community and its needs in what is otherwise a 'data desert'
- Brought together and illuminated the breadth of resources within the area
- Essential coordination of all resources/sources for the benefit of veterans and their families
- Hub focus – professional staff/paid staff
- Centralised – able to take referrals from sub-Branches and it is local
- Outreach
- Large variety of support resources
- Veterans require more support
- Large ADF presence in local area
- ESO work group of empathetic volunteers with experience of same
- Dedicated centre for the wellbeing of veterans
- Support for RSL sub-Branches in rehabilitation and welfare
- Support and advocacy in dealing with veterans claims
- Advice and referral centre
- Heightened exposure for veterans to seek help
- Less chance of veterans slipping through gaps
- Service profile is strong and sound in theory

Weaknesses

- Uncertainty about ongoing funding is a MAJOR CONCERN
- Unsure about future viability due to funding sustainability – accessing funding provided to other ESOs?
- Reliance on too many disparate sources of funding may present major challenges
- Evolution of support needed – DVA is moving to a wellbeing model which is being driven through the VWC - is this cost-shifting? Will this endanger perceived VWC independence?
- Politically motivated location or important hub for local veterans?

- Groups focused on own outcomes/wants: experience elsewhere indicates that the needs of specific groups can swamp service delivery to the detriment of other groups in the potential client base
- Confusion about all other assistant programs – how connections will work and who will be connected
- The report could have been more specific in some areas eg. service provider or referral centre
- Case Management services – too much staff, time and cost intensive and therefore not recommended
- Should be more facilitate access to other services that can assist (language)
- Interest group influence/agendas can become a problem
- Attracting the right resources and professionals to Nowra – regional context
- Could be viewed simplistically as a drop-in centre
- There is a risk of being swamped by transitioning ADF veterans
- Needs a voice with Joint Transition Authority – missing element in the current structure
- Physical space needs to be 'trauma informed'
- Risk – screening/triage of inquiries
- Detailed information on actual demand in the area is lacking – how many veterans, their needs and service requirements
- Rural/semi-rural location incompatible with accessibility and likely to reduce visibility which is incompatible with marketing
- Rural/semi-rural location could diminish presence with no passing trade – limited benefit
- Breadth will not be able to cover all aspects
- Importance of training and staffing particularly on start up for impact.
- Phone book with names and numbers of service providers, so if you have trouble on the computer you can call up and be guided through, client can talk to a person
- Referrals to advocates as required
- Could be seen as inaccessible for veterans from other parts of NSW as location is hard to access as far as transport, isolated from the north and west of NSW.
- Coastal location at Nowra with poor public transport
- Distance for some people with needs

- Lack of clarity about what services are being provided

Opportunities for Improvement

- Connection with veterans
- Further explanation needed on funding possibilities – DVA must be a participant and must be approached to contribute to ongoing funding
- Further explanation needed on outreach vs service provider
- Strong governance team – fully independent board and advisory committee – important when providing viability and business case
- Utilise existing community facilities to maximise \$\$
- Position of authority with local ADF transitions
- Service (case management) linked to ADF rehabilitation team
- Social worker/Occupational Therapist employed to link with rehabilitation consultants - psycho-social, vocational, medical
- To build a co-ordinated network of local service providers
- To contribute to a coordinated national approach to veteran service delivery
- A 'country feel' could be achieved without a country address
- Permanence: how will the VWC build enduring linkages to service providers?
- Organisations are currently not sharing data: need to determine how the VWC can provide the 'glue' to get data and information flowing between organisations such as Defence, DVA and RSL
- Provide the missing link between Advocates and other required social services as problems/issues are exposed - create a true multidisciplinary approach
- Flexibility gained from experience utilised to improve services
- Writing up a couple of scenarios may help flesh out the service catalogue with associated funding needs, and use the model as a basis for the catalogue
- Branding to be apart from DVA and RSL
- Measuring performance of the VWC process which in turn may justify ongoing funding and support from the government
- Outreach – bespoke referral and service centres with associated sponsorship
- Financial and peer support outside of Sydney CBD for sub-Branches that are not financed by registered clubs

Other suggestions or comments

- Working with Defence transition to ensure it aligns with current process
- Need clear limits of service provision

- Marketing and communication has to lead the Business Case
- Screening - suitability of staff paid or volunteer
- Training and education while in service
- Are we a social hub with a sideline in services or a service centre with a coffee machine – answer Yes to both. To the veteran we should be seen as a welcoming place. Behind the scenes we are a service centre focused on welfare/wellness. Our core business is professional service but that should not be our image.
- Health programs (physical and mental)
- Improve link to ADF including separation presentations to actively demonstrate where clients can seek assistance which may be some time after leaving the ADF. Start contact with serving members before transitioning process.
- If DVA expect the centre to deliver their services then there should be a fee for services agreement in place
- Staff must be competent and keen to help and solve problems in a timely and efficient manner
- Check what is needed in an RSL sub-Branch or other ESO to support the Wellbeing Centre and vice versa. For example, can the ESO provide premises to support outreach visits and appointments, and does the ESO provide qualified and 'approved' personnel who can be a first point of contact for potential VWC clients?
- Face to face with veterans an important part of centre
- Consider security and difficult client management – a strategy that looks at how the VWC deals with this issue

Feedback on proposed Nowra VWC Delivery Modes

The workshop was briefed on the modes of delivery or *how* support services to be offered to veterans and their families are to be delivered through the Nowra VWC, to seek validation and feedback on the proposed approach. These delivery modes include outreach services, on-line services, face to face services, referral services and linking services.

Strengths

- Large amount of past and current connections within community
- Providers/managers with ADF background will help staff 'relate' to clients
- Outreach for veterans and families. The DVA visiting van service was perceived to be very effective and was sorely missed when it was ceased. Reinstating this outreach service under the VWC banner will greatly promote the Centre, with staff having all the resources they need with them as a 'portable office'
- Case management is the most effective model
- Different communication media fully utilised to reach a range of veterans who have different needs and requirements
- Able to utilise staff with military experience who can use the same language
- It is about being competent with advice, and provide the perception that reinforces the same impression
- Must be easy to get to by transport

- Less than 12 months to set up
- Available personnel to man centre
- Ex-services clubs cooperation
- Help for sub-Branches with already credentialed rehabilitation and compensation welfare advocates

Weaknesses

- Lack of follow up finance after roll up
- Obviously without proper funding to continue, the delivery will fail
- Expectation management will be difficult in an often cynical client space where past difficulties in ADO Service and/or interactions with DVA colour perceptions. Expectations will initially be high.
- Referring to services that already have funding in place to deliver the services when they are already overloaded due to demand (referral feedback to monitor effectiveness will be important for this issue)
- Providers need to have 'skin in the game'
- A multi-disciplinary approach is likely to be more effective than a social work model – social workers have their area of expertise but are less expert in others. Forging this new blend of skills will be difficult and time consuming to achieve for VWC staff.
- 200-250m sq building space is too small
- Prospective clients possible lack of knowledge of existence of centre and what it may offer
- Time is getting away from us – we will only have about 1 ½ years to prove the centres worth
- Possible setbacks from DVA
- Too focused on south coast start up
- Older veterans not being able to access
- Too early to comment – need to monitor and continuously improve

Opportunities for Improvement

- Productivity Commission – transition and arrangements between Department of Defence and DVA to make it seamless
- Need an IT system to manage information
- A mix of professions – occupational therapists, rehabilitation counsellors, nurses covers more bases
- Need to avoid 'loaded' titles and terms. For example, Case Manager infers brokerage/service delivery as opposed to facilitation, and the VWC needs to work with and not work for other agencies/providers.
- Collaboration between various wellbeing centres that have, and are being, developed across the state
- Open Arms suggests stakeholder coordination meetings monthly or quarterly

- If we refer clients to an organisation, then there may be opportunities for providers to pay to be on a preferred supplier list
- Need to plan staff protection from aggressive clients
- More feedback required to build knowledge
- Sponsorship from ESOs regarding funding support
- Noted that there are many mediums for obtaining funding
- If the RSL wants to improve their image, sub-Branches should consider handing over some of their funds to improve delivery of this centre
- Having the VWC listed as a Tier 1 for contributions from RSL sub-Branches

Other Comments or Suggestions

- Naming is critical to the balance of independence and working with other organisations/agencies
- Symbols are important for instantaneous recognition – ie Army, Navy, Air Force brands, but needs to be balanced with not providing the perception that the VWC is aligned with an organisation. For example, use the three Service colours but not their brand icons
- What is the level of ongoing support from DVA for the centre?
- What are the ongoing funding sources?
- Apply for two Open Arms peer support staff to be located at the VWC to meet demand
- Gain commitment of funding from financially buoyant RSL sub-Branches

Feedback on proposed Nowra VWC Design Concept

The workshop was briefed on the design concept for the proposed centre. This included the essential criteria and desirable criteria for a hub facility with outreach, staff and training, and IT systems to operate the centre effectively and efficiently.

Strengths

- Open to design – utilise best model due to research
- Structure and Governance sound
- Looks good
- Outreach component
- Great concept
- Coordination of inquiries and referrals to others – ‘one stop’
- Family focus
- A centre for well-being with potential for service user self-management

Weaknesses

- Funding?
- Possibly will need to expand however not able to fund
- Funding – potential corporate support? Do an environmental scan to identify which big corporations are around and not just in Nowra
- Not another Centrelink Office

Opportunities for Improvement

- A Board with broad connection to the ex-service groups
- Financial and organisational independence crucial
- Need to determine if the VWC can use a referral fee structure for some providers to secure ongoing funding
- Access to ADF bases/facilities
- Replace the Case Manager title with something like Veteran Support Officer to emphasise ‘assess and refer’, but not ‘take responsibility for care’

Other Comments or Suggestions

- Funding: once a brand has been established it would be attractive to corporations – being associated with veterans suggests patriotism and could be used by a corporation eager to leverage national pride (eg. QANTAS, Weetbix). The potential for corporate sponsorship should be vigorously pursued – for example Manildra is big, national and has a strong presence in Nowra.
- Paid staff vs Volunteers: professional staff should be supplemented at no cost by, for example, final year (tertiary) students who are usually obliged to undertake (professional) work placements
- Operating expenditure for Case Management at SNBVC 6 staff with 160 cases is highly intensive, costs and triage demand for crisis support pulls focus away from wellbeing concept
- How we fit with others – referral. Government providers, charities
- Legacy needs to engage – widows and children
- Who does the centre report to?
- Generation thing – need to cater for a range of veterans
- Inter-connectivity of IT systems limited by strict firewalls
- Access to Defence IT systems impossible for outside organisations

Business Case Development Workshop Program (Phase 2 Consultation Framework)

Timeframe	Agenda Item	Activity	Presenter/Facilitator
1245-1300 15 minutes prior	Workshop Registration	Introductions Check attendance and contact details on sheet	CSDC Secretary
1300-1310 10 minutes	Introduction and Overview of Workshop Agenda	Presentation Questions of Clarification	Working Group Facilitator Lynn Webber
1310-1340 30 minutes	Update on progress with the Nowra VWC	Presentation of Summary Current State Analysis and Service Profile. Questions of Clarification	Project Sponsor Lee Cordner
1340-1425 45 minutes	Feedback and validation of Current State Analysis and Service Profile Report addressing service profile, delivery modes and concept design	Five Minute Feedback from each organisation represented focus on service profile, delivery modes and concept design Feedback Form	Facilitator Nominated representatives
1425-1445 20 minutes	Development of Business Case for the Nowra VWC.	Overview of proposed BC framework.	Project Sponsor Lee Cordner
1445-1530 45 minutes	Most important elements that should be addressed in the development of the Business Case for the Nowra VWC.	Each participant lists what they see are the most important elements that should be addressed in BC.	Facilitator Workshop Participants
1530-1550 20 minutes	Opportunities for ongoing funding for Nowra VWC and service operations.	Identification of opportunities to support ongoing operation of Nowra VWC and service operations.	Facilitator Nominated representatives

<p>1550-1600 10 minutes</p>	<p>Consultation Process for comment on draft Business Case</p> <p>Workshop Conclusion</p>	<p>Summary overview of workshop outcomes</p> <p>Documentation of Workshop</p> <p>Opportunities for further contribution</p> <p>Next step in process is draft Business Case.</p> <p>Thank you for attending.</p>	<p>Project Sponsor Lee Corder</p>
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**Workshop Participating Organisations
11 March 2020**

Austinmer-Thirroul RSL sub-Branch

Vietnam Veterans, Peacekeepers & Peacemakers Federation – Shoalhaven Branch

Vietnam Veterans Association of Australia – Jervis Bay

Veteran Centre Sydney Northern Beaches

University of Wollongong

RSL LifeCare

Shoalhaven Ex-Servicemens Club

RSL and Service Clubs Association of NSW

Royal Australian Navy – HMAS Albatross

Workshop Participating Organisations - 12 March 2020

DVA Open Arms

Berry RSL sub-Branch

Nowra RSL sub-Branch

Gerringong RSL sub-Branch

Sussex Inlet RSL sub-Branch

Bomaderry RSL sub-Branch

Woonona-Bulli RSL sub-Branch

Keith Payne VC Veterans Benefit Group

Department of Defence – PSU Shoalhaven

Royal Australian Navy – HMAS Albatross

Background: the DVA VWC Program

The Commonwealth Government is moving towards a *wellbeing model* that seeks to enable and empower veterans to achieve greater independence for themselves and their families. All current and former serving Australian Defence Force (ADF) members (veterans) and their families should have convenient access to affordable, high quality, comprehensive wellbeing services. Good support through accessing a range of wellbeing services provided in local communities will help veterans and their families live their best lives during and after their service.

Currently there are many businesses, government, ESOs and community organisations involved in supporting key elements of support in fostering the wellbeing of veterans and their families. The **role** of the Veterans' Wellbeing Centres is to **facilitate, co-ordinate and enable integrated support** to local veterans and their families, while helping DVA to reach out with core services. It provides an opportunity to leverage complementary service channels and **link support services together** to create streamlined access to them.

This project aims to prepare a Business Case and related documentation to obtain Department of Veterans Affairs (DVA) funding which seeks to achieve the vision and objectives of the Veterans' Wellbeing Centre (VWC) Program through the establishment, development and sustainable operation over 10 years of the Nowra VWC within an establishment budget of \$5m budget to be expended by 30 June 2022 and will form part of a national network of Veterans' Wellbeing Centres.

The Consultation Process

It is important that key service providers delivering the wellbeing elements of *health, education and skills, housing, social support and connection, employment, income and finance, recognition and respect* and the ex-service veteran community are informed, involved and updated on progress with the Project. The business case for funding the establishment of the Nowra VWC is being developed in consultation with key service providers and key stakeholders and building broad community support. A Steering Committee, Working Group and Reference Group comprising key service providers and key stakeholders have been formed to facilitate the project.