



**RSL AUSTRALIA**

# EVALUATION OF AUSTRALIAN GOVERNMENT PILOT PROGRAMS

*Response to Australian National Audit Office (ANAO)  
on the Wellbeing and Support Program (WASP) run  
by Department of Veterans' Affairs (DVA)*

31 JANUARY 2024



**RSL**  
Australia

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## INTRODUCTION

The Returned & Services League of Australia (RSL) appreciates the opportunity to provide feedback in relation to the effectiveness of the Department of Veterans' Affairs' (DVA) administration of the pilot Wellbeing and Support Program (WASP).

RSL understands the ANAO intends to examine:

- Whether the WASP had governance arrangements to support effective program evaluation;
- Whether the evaluation approach for the selected pilot programs were robust;
- If the pilot program reporting and subsequent advice to government appropriate.

RSL is pleased to be able to provide its observations in relation to the review process of the Program. However, RSL believes the merits of the proposed program are integral to any consideration of the effectiveness of its implementation following review, administration of the program, and the changes that have occurred during its course.

In the preparation of this response, RSL has relied on the feedback of clients and our advocates who have worked closely with both clients and DVA staff. RSL does not have access to any detailed policy or procedural documentation prepared by DVA, nor does it have full access to the outcomes of the two reviews undertaken on this Program. RSL holds the view that the merits of the original proposed program should be considered and compared to the merits of the program as it evolved.

Further details are provided in this submission.

## BACKGROUND

DVA's WASP aims to provide intensive and supportive case management services to address individual psychosocial needs of vulnerable veterans and their families.

WASP is a voluntary, time-limited program supporting veterans and their families with complex medical and psychosocial circumstances to access the DVA entitlements, health supports and services they require to manage their own wellbeing and DVA claims and interactions as independently as possible.

WASP involves a collaborative approach from the GP, contracted community-based care worker (CW) and an internal DVA Case Manager (CM), alongside a WASP Delegate (WD). One of the primary functions of the CW is to assist the client establish and engage with health providers in the community, and implement psychosocial activities to assist in meeting the clients' goals for improving their overall wellbeing. At all times, the CW was to assist the client to engage with their General Practitioner to ensure their engagement and to make necessary referrals where treatment or therapy was required.

The client was concurrently supported by a DVA CM who, via phone and email, was responsible for improving the client's awareness and understanding of DVA services and entitlements, and in progressing any outstanding DVA matters such as claims, or other services.

In the pilot stage, a participant was placed on the program for a period of two years and their progress was formally reviewed after twelve months. The outcomes were carefully scrutinised by the DVA pilot managers. It is noted that under current arrangements, participants can take part in the program for up to twelve months, however the scrutiny of outcomes appears to be limited.

WASP originally commenced as a pilot program (then named the Case Management Pilot) in August 2018. It was intended to be operational for a two-year period and provide support for 200 veterans. The program was subsequently extended for a further twelve months, until 30 June 2021, to allow for a comprehensive evaluation of the program.

## THE INTENT OF THE PROGRAM

WASP was designed to help veterans to adjust to life after service, being a free and voluntary program offered by the DVA. As outlined by DVA, details of services offered were to be appropriately targeted, with key goals and features outlined.<sup>1</sup>

- Program length of twelve months;
- Participants to learn more about DVA support services and how to apply for them;
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- To help veterans access healthcare and connect them and their families with local services;
- DVA case manager and community case worker assigned to each participant to support them and their family;
- By the end of the program, the aim is for participants to be connected with local services in their community;
- If further assistance is needed it can be arranged;

RSL understands that the program was designed to fill a critical gap in support for veterans who had been identified as having very complex, acute, and multiple needs that were outside the 'normal' offerings of a DVA Rehabilitation Program. The aim was to establish lasting connections for the participant with local health and support services. Stabilisation of family relationships remain a priority, with this program based on a medical model within a psychosocial framework.

The Case Management Pilot was initially to be delivered as a two-year pilot and address, in part, recommendations 1 and 15 of the Senate Inquiry into Suicide by Veterans and Ex-Service Personnel Report<sup>2</sup>. The Pilot aimed to provide additional support including clinical care coordination, claims management and a single point of contact to at-risk veterans, particularly those Australian Defence Force members with complex needs requiring additional support transitioning to civilian life.

The basic supports and services available to veterans accepted into the pilot were similar to the services for veterans not on the case management pilot. These include, but are not limited to:

- Access to all forms of rehabilitation services (medical management, psychosocial support and return to work);
- Access to health treatment/s as per their card entitlements;
- A Post-Discharge GP Health Assessment;
- Rehabilitation Aids and Applicants, and;
- Services through OpenArms.

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<sup>1</sup> Australian Government, Department of Veterans' Affairs, *Wellbeing and Support Program (WASP)* (Web Page, 09 May 2022), <https://www.dva.gov.au/get-support/health-support/work-and-social-life/Programs/wellbeing-and-support-Program-wasp> >.

<sup>2</sup> Australian Government, Parliament of Australia *'The Constant Battle: Suicide by Veterans, Recommendations'* (Report, 15 August 2017) < [https://www.aph.gov.au/Parliamentary\\_Business/Committees?Senate/Foreign\\_Affairs\\_Defence\\_and\\_Trade/VeteranSuicide/Report](https://www.aph.gov.au/Parliamentary_Business/Committees?Senate/Foreign_Affairs_Defence_and_Trade/VeteranSuicide/Report) >.

From an ESO perspective, at every stage of this program, it has been difficult to obtain clear information from DVA regarding:

- The intent of the program;
- The client base for which it is and was intended;
- The process for a client to be accepted into the program;
- The benefits available to an approved participant.

This lack of information has subsequently hampered ESOs and RSL in supporting the program and ensure that clients that we were able to access appropriate support.

**Observation**

- *This program has been poorly promoted by DVA to key stakeholders at all stages of its development and implementation.*
- *Internal communications between key areas in DVA appeared to be limited and possibly 'territorial'.*

**Recommendation**

*RSL recommends the ANAO note the intent of the original concept for this program.*

## EARLY STAGES OF THE PROGRAM

The point of difference for veterans included in the WASP pilot was that they received clinical care coordination and intensive support from both their GP and an allied health provider

(AHP). Their circumstances were also closely monitored by DVA so that any roadblocks to access treatment or services were quickly removed. Additionally, through the use of medical advisers, DVA had the opportunity to oversee the quality of care that was being provided to these veterans.

Discussion with stakeholders involved in the program indicate that the initial pilot sought to address the key features of challenges faced by medically transitioning veterans including:

- Suicidal ideation among many veterans, with increasing concern at the number of concerns at the number of veterans who were being identified as being at risk of suicide;
- Dysfunctional and often violent or fractured family relationships;
- An ability to comprehend and manage the change from Defence to Civilian status;
- The loss of medical and social support structures available within the ADF.

Once admitted to the program, transitioning veterans were supported by a community case worker who provided face-to-face support, motivation and adherence to treatment/s and other activities. Whilst the program was not vocational rehabilitation-focussed, it was about the identification of 'high-risk' veterans, observing their needs and working to normalise their behaviours within a civilian environment. It involved ensuring that veterans and their families were obtaining medical treatment when required, engaging socially, and being supported through any difficulties they were experiences. Activities included gym membership, artistic and social pursuits, and community connections not available under the legislated rehabilitation program provided by DVA. It was intended to be delivered based on individual requirements for high needs clients.

It is understood that the program was established with significant ongoing DVA oversight to ensure that external providers (GPs, Case Workers, and Rehabilitation Providers) were delivering outcomes in accordance with the intent of the program. A key feature was that participants should be introduced to, and fully engaged with a community-based medical adviser (GP).

### **Observation**

*That the ANAO note the early intent of this program.*

### **Recommendation**

*RSL recommends that the ANAO be aware that the program has changed over time and that the ANAO should analyse the merits of the program in relation to the effectiveness of the implementation in two stages. Firstly, as described above, during its trial stage, and then a comparative assessment of the program as it evolved (detailed below).*

## THE REVIEW OF THE WASP

Reviews of the WASP were conducted by Flinders University and by Dr. Peggy Brown AO, who is currently a Royal Commissioner appointed to the Royal Commission into Defence and Veteran Suicide.

RSL does not have access to these reports or their recommendations, but it is understood that the Flinders University reported on the progress of the program (via data provided by DVA), the overall cost and the cost relevant to clinical outcomes. With some caveats, the independent evaluation found that personalised and comprehensive case management was beneficial to highly vulnerable veterans.

It is understood that the evaluation highlighted the effectiveness of the program's approach, including the use of high-level support from General Practitioners, community case workers and established rehabilitation providers who were all able to provide face-to-face support, motivation, and adherence to treatment programs under the close supervision of DVA expert staff.

While the overall evaluation was positive, there was apparently some concern that the lack of reliable data provided by DVA and the providers impede clear understandings of the effectiveness of the program.

Interestingly, it is reported that details from the reliable data showed that approximately 60% of the client group experienced both suicidal ideation and from severe, chronic pain.

### **Observation**

*Note the early success of this program due to the relatively clear intent of the program and improve DVA oversight and supervision to ensure that outcomes and targets are being achieved.*

### **Recommendation**

- *RSL recommends that the findings outlined in reviews of the pilot programs are to be made available to the public. This would be beneficial to community organisations who engage with the pilot programs, ie: the RSL and other ESOs., allowing them to use this information to provide feedback on the findings.*
- *RSL recommends the ANAO access the reviews by both Flinders University and Dr. Peggy Brown AO to obtain data and information regarding the early management and outcomes of WASP.*



## THE EVOLUTION OF THE PROGRAM

The management team tasked with overseeing the program has changed multiple times since its inception. These changes in governance appear to have led to changes in the target client base and outcomes being sought. While the program was poorly promoted at all stages, this change in leadership led to further confusion regarding its intent and management.

Additionally, the RSL understands the pilot program was unable to fill the 200 allocated spaces with highly vulnerable, transitioning veterans, while the maximum number of participants who met the criteria and were placed on the program was considerably less than 200. In part, this may be due to the confusing nature of the referral process requiring clients to be referred to the program through the Triage and Connect (Coordinated Client Support Team).

### **Observation**

- *The program appears to be poorly understood internally within DVA;*
- *This program was, and still is, poorly promoted and poorly understood by ESOs and service providers;*
- *The process for identifying participants for this program should be reviewed;*
- *Consider whether the various DVA management structures and the changes which took place had some impact on outcomes.*

### **Recommendation**

- *RSL recommends that the ANAO considers whether the communication channels between ADF Transition Cells and this team may have been inadequate and should be investigated.*
- *RSL favours the concept of this program being restricted to transitioning members with high needs. If it is extended beyond this to other individuals with complex needs, there should be clear boundaries around the types of cases which can be considered – e.g. there needs to be limits in relation to the age of the client and the duration of their chronic condition/s.*
- *If this ANAO review establishes a clear requirement for 'high needs' clients, other than transitioning members to be included, there should be a clearly articulated and funded business case to support this approach.*

## PROGRESS SINCE 2021

An additional \$23.3 million<sup>3</sup> was allocated for WASP over a four-year period once it became a permanent program. As a result of the program not meeting its target number of participants, the eligibility criteria were extended.

The RSL understands that many clients now being referred to WASP have 'been out of the system' for over ten years, and a number are over the age of 70. Often, their health problems are so chronic that there could not be any favourable outcome.

The WASP has changed its focus from assisting medically discharging veterans to responding to high need veterans across all ages, and stages, whose needs were extremely diverse. The management of these demands was not supported by legislation nor clear policy, leaving concerns that the current direction of WASP has deviated from its original intent.

Compounding these challenges, the requirement for DVA professional staff to closely monitor outcomes was removed. RSL is concerned that this poorly defined program can continue with sub-optimal rigor regarding the participants and intended outcome, coupled with inadequate monitoring and reporting of those outcomes – or even if there are any specific requirements for outcomes.

### **Observation**

*The change in focus saw this program lose sight of its original intent of supporting the high needs of medically transitioning veterans and their families. DVA has been provided funding for a specific purpose, but the outcomes are not measured against this purpose effectively.*

### **Recommendation**

*RSL recommends the ANAO consider whether funding for WASP has been applied as intended and whether it is achieving intended results.*

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<sup>3</sup> Australian Government, Department of Veterans' Affairs *Support for highly vulnerable veterans through the Wellbeing and Support Program* (Budget Information Sheet 2021-22) < [Budget 2021-22 - Support for highly vulnerable veterans through the Wellbeing and Support Program \(dva.gov.au\)](#) >.

## CONCERNS REGARDING THE CURRENT PROGRAM

Clients on WASP have high needs. Anecdotally, there are concerns that, on average, a veteran on a standard DVA Rehabilitation Program will spend 5-6 hours a month with their contracted community-based case worker. WASP clients often experience acute mental health episodes and need coordinated case management support from their GP and DVA delegate.

DVA contracted community-based case workers have indicated that time constraints and high demand cp the number of WASP clients clinicians can manage at one time.

Further, it is unclear whether twelve months on the program, in any format, is an effective length of time to establish and realise a client's goals.

In its current structure, the range of client needs covered by the WASP is prohibitively broad due to the diversity of the veteran cohort. This includes younger people with severe mental health issues experiencing a major cultural change in their lives during transition, to clients who are older and living with chronic conditions seeking access to support provided through Aged Care, NDIS and DVA. The combination of these two cohorts is neither logical nor practical if one considers that their only common element is that they are all classed as 'high needs.'

Due to the nature of confidentiality and data-sharing, some of the involved government agencies do not readily share client information. To be eligible for other community supports, there are conflicting and competing priorities with multiple assessments to determine eligibility for particular support services. This can often be an overwhelming process for participants and lead to worse mental health conditions or a disengagement from support.

It has been suggested that contracted community-based case workers, whose focus is vocational and psychosocial rehabilitation, do not routinely have expertise in aged care issues. Aged Care and DVA ought to reconsider its decision to combine these two varying cohorts.

WASP, in its original format was an excellent concept that is now failing to deliver consistently and effectively to the most vulnerable clients. RSL strongly supports a return to the original intent of the program. This may provide veterans with the opportunity to build their capacity to employment, through education, vocational exploration, and additional counselling to help reestablish them in the civilian sphere.

### **Observation**

- *Consider whether the original intent and time frame of two years provided more benefits to veterans and resulted in improved outcomes.*
- *Consider whether the diversity of needs of participants diminishes the capacity on the provision of optimal services to cohorts served.*
- *Improve data-sharing capacity, and consider whether current methods hinder DVA's ability to consistently report on outcomes.*
- *Attempt to address the 'siloed' system within DVA limits the ability to deliver holistic care outcomes.*