Veterans and Families Assembly

Summary Report

Co-design of the new Agency focused on veterans' and families' wellbeing

Department of Veterans' Affairs

11 June 2025

Australian Government
Department of Veterans' Affairs

Disclaimer and Publication Note

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This report was authorised for publication by the Deputy Secretary, Teena Blewitt, Department of Veterans' Affairs.

About this report

This report captures the outcomes of the Veterans and Families Assembly (the Assembly), a deliberative forum convened by the Department of Veterans' Affairs (DVA) in May 2025. The Assembly brought together a diverse group of veterans, family members and support persons from across Australia to share their lived experiences, explore key challenges and provide advice on shaping the future of veteran support and wellbeing.

Grounded in the principles of inclusion, respect and collaboration, the Assembly was designed to ensure that the voices of those with lived and living experience directly inform policy, service design and the future direction of veteran and family support systems. Participants engaged in structured dialogue, shared personal stories and examined evidence, and deliberated on ways to strengthen services and improve transition outcomes.

This report documents the process, key themes and advice developed through the Assembly, and is intended to support continued dialogue, learning and action across government and the veteran community.

Acknowledgements

Table of contents

1. Introduction

1.1 Purpose of the Assembly

The purpose of the Assembly was to ensure that the **voices of veterans, families and carers directly shape the design of the new Agency focused on veterans' and families' wellbeing.**

More specifically, the Assembly aimed to:

- **test and refine** what had been heard in earlier phases of co-design and engagement
- **validate key insights** from lived experience and ensure they were accurately understood
- **explore the implications** of those insights for the design of the new Agency, including its purpose, functions, services and operating principles
- **create a shared understanding** of what veterans and families need to feel supported, connected, and prepared—before, during and after transition
- **support genuine partnership** between government and the veteran community in designing a system that is trustworthy, accessible and responsive.

Ultimately, the Assembly was a **deliberative forum**—a critical step in translating lived experience into practical, system-level change.

> *A **deliberative forum** is a structured process that brings together a diverse group of people to discuss complex issues, weigh evidence and collaboratively develop informed advice or recommendations.*

1.2 Scope of the Assembly

The scope of the Assembly was to explore and provide input into the design of a new Agency focused on veterans' and families' wellbeing, as recommended by the Royal Commission in Recommendation 87, and to consider the broader transition support needs outlined in Recommendation 80.

Specifically, the Assembly focused on:

- understanding what a wellbeing-focused Agency should be and do – its role, responsibilities, and the kinds of services it should provide
- exploring how the Agency can deliver integrated, person-centred support that reflects the real needs and experiences of veterans and families
- considering how to make transition from military to civilian life safer, smoother, and more supported, in line with Recommendation 80's call for coordinated, holistic support
- identifying what principles should guide the new Agency's design and delivery, including trust, simplicity, accessibility, cultural safety and trauma-informed care
- ensuring that lived experience is embedded in governance, service design, and evaluation, so that veterans and families remain at the centre of decision-making.

Through structured deliberation over two days, participants worked together to reflect on what they had shared in earlier engagement, test whether it had been heard correctly, and co-develop practical ideas to shape the Agency's design and purpose.

1.3 What work has led to this point?

The following flow diagram captures the activities leading up to the Assembly.

Figure 1. Flow diagram depicting the co-design activities connecting into the Veterans and Families Assembly.

We delivered 44 Discovery sessions across Australia to inform purpose, experience and services.

We convened a Technical Working Group. Participants of this group combined outputs from Discovery together with the expertise of Government and the sector. This ensures the technical architecture of the new Agency stays true to intention.

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We engaged with accountable senior Government stakeholders to ensure the design of the Agency aligns with the Royal Commission's recommendations.

We convened the Assembly to test, validate, challenge and further co-design the new Agency.

2. Assembly Design and Methodology

2.1 Who attended the Assembly?

The Veterans and Families Assembly brought together a diverse group of participants from across Australia, including veterans, family members, carers and support persons. Assembly participants were selected from those who took part in earlier discovery sessions, through an expression of interest process.
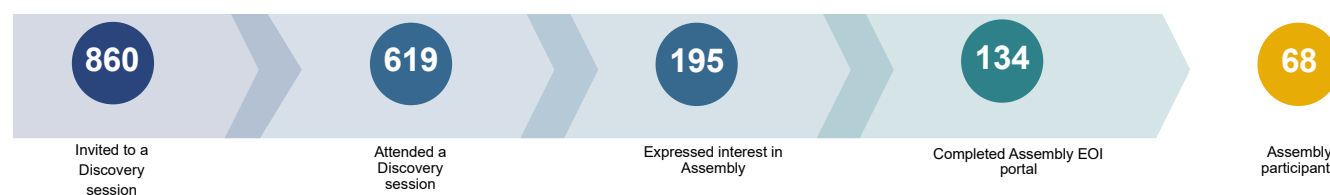
2.1.1 Participant selection

Selection aimed to ensure a representative cohort, so that the Assembly reflected the diversity of experiences within the veteran and family community.

In particular, the Assembly was made up of participants with a wide range of lived experiences, including different transition journeys, service backgrounds, life stages, demography and cultural perspectives. Their collective insight was essential in shaping a holistic understanding of what veterans and families need to feel supported and to thrive—before, during and after transition from military service, and to ensure the discussion reflected the varied realities of veterans and families across Australia.

Figure 2. Key participation statistics relating to the Discovery and Assembly process.

860	619	195	134	68
Invited to a Discovery session	Attended a Discovery session	Expressed interest in Assembly	Completed Assembly EOI portal	Assembly participants

2.1.2 Participants profile

The following table presents the make-up of participants at the Assembly:

Description	Current serving members	Ex-serving members	Representatives from families of current serving members	Representatives from families of ex-serving members	Representative of an ESO or advocate	Representative of a service provider
Representation	17 (25%)	37 (54%)	14 (21%)	16 (24%)	22 (32%)	13 (19%)

The following table provides a breakdown of the representation of serving and ex-serving members at the Assembly, based on their stages of transition.

| 25%	13%	9%	19%	26%
Are current serving members	Transitioned in the past 5 years	Are in the process of transitioning out of active service*	Are under 40 years old	Separated involuntarily

*either themselves or a family member

2.1.3 Key demographics

The following graphs present a breakdown of the Assembly participant profile based on demographic traits.
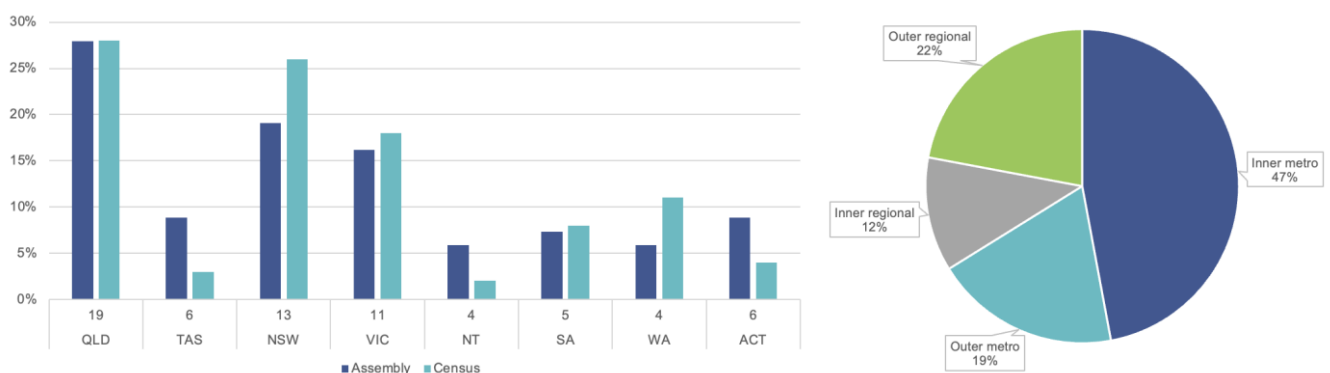
Identity

Figure 3. Demographic profile of participants, based on their self-expressed identity.
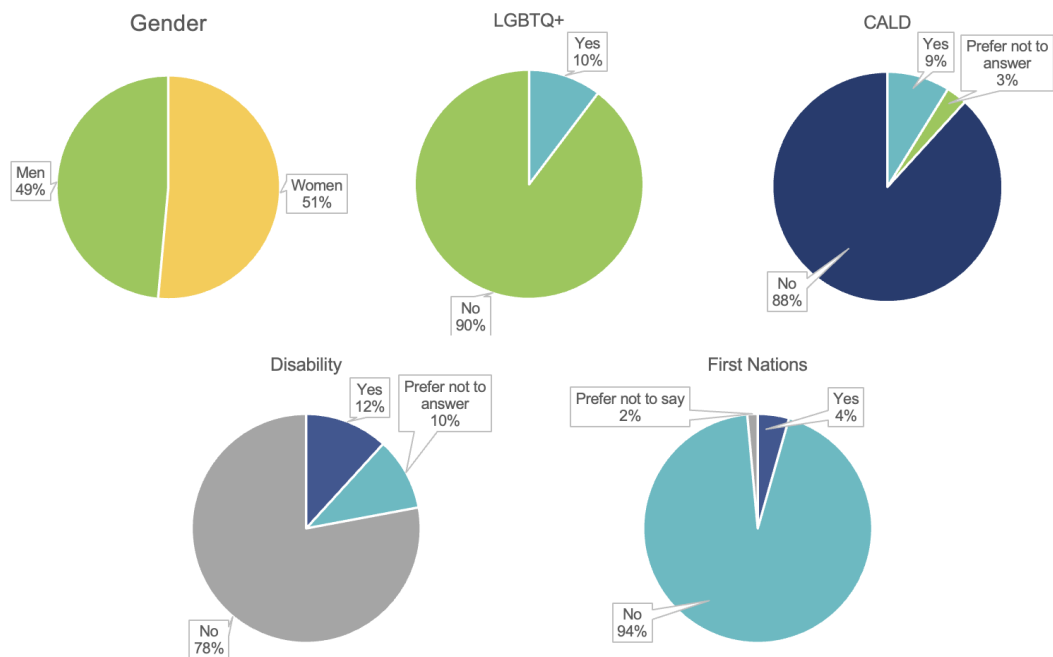
Geography

Figure 4. Demographic profile of participants, based on their geography.

2.2 How did we deliberate and discuss?

The Assembly process was designed in three key stages: first, participants heard the evidence gathered during the earlier discovery sessions, which captured a wide range of lived experiences. Next, they worked to validate and refine this information, ensuring it accurately reflected what was shared. Finally, participants drew out key themes and insights to inform the co-design of the new Wellbeing Agency, focusing on what veterans and families need for meaningful, connected and supported lives.

The evidence presented at the Assembly was prepared by the lead researcher, Professor Mark Evans, who synthesised insights from the earlier Discovery sessions into clear, accessible information packages.

These summaries were organised around key thematic areas: the needs, challenges and game changers identified by participants; and foundational elements of the proposed Agency, including its purpose, functions, service principles and service architecture.

These materials were shared with Assembly participants to inform and guide discussion, ensuring deliberation was grounded in lived experience and prior engagement.

The plenary discussions were captured in real time and then synthesised and thematically mapped by the lead facilitator, Dr Nina Terrey, ensuring that participants' contributions were clearly reflected and carried forward into the co-design process.

Figure 5.   Flow diagram depicting the logic for sessions in the Assembly.

| Hear the evidence | → | Validate and refine | → | Draw out themes and insights |
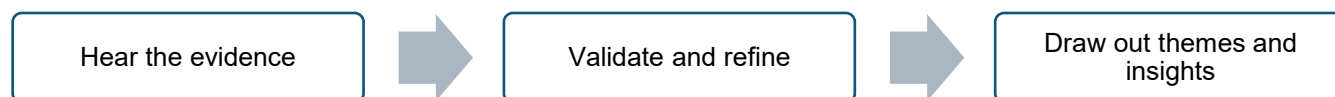
2.3 The co-design process for the Assembly

The co-design process guided participants through a structured exploration of the proposed new Agency's purpose, functions, service principles and service architecture. This foundation ensured a shared understanding of what the Agency is for, what it should do, how it should deliver services and how those services should be organised.

Building on this, the Assembly then turned its focus to a series of critical implementation topics, including: implementation options; accountability and governance; privacy and consent; diversity and inclusion; service connections and referrals; success factors; and risks to Agency success. These discussions enabled participants to shape both the strategic intent and practical delivery considerations for the new Agency.

Figure 6. Comparison of the intended outcomes of Discovery sessions versus co-design workshops (the format that the Assembly was based on).

Discovery sessions: understand
- Your experiences
- What's working / what's not
- Uncovering insights

👤**"Help us learn from you"**

Co-design workshop: create
- Generating ideas together
- Designing future solutions
- Shaping services that fit your needs

🤝**"Let's build it together"**

Lived experience as lived expertise

Participants in the Assembly were invited not only to share their lived experiences, but to go beyond them – turning experience into expertise. Their role was to help interpret and translate what they and others have lived through into practical insights and ideas that would directly inform the future design of the new Agency.

Generate ideas and what matters

The co-design process invites participants to generate a wide range of ideas and perspectives (diverge), then work together to identify what matters most (converge). The role of participants is to focus on what is desirable – what truly meets the needs and aspirations of veterans and families – and to help shape a design that reflects those priorities. By doing so, they contribute to a solution that is not only informed by lived experience, but also viable and meaningful in practice.

Figure 7. Diagram highlighting the key applied concepts at the Assembly.
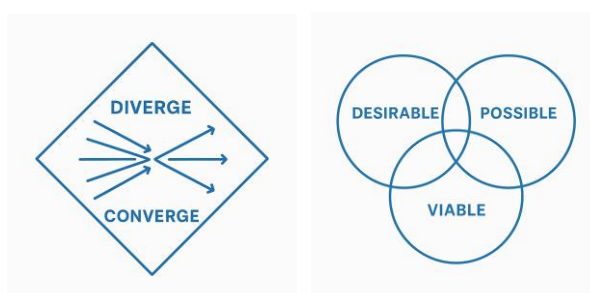
3. Outcomes from Day One of the Assembly

3.1 Overview of Day One

Day One of the Assembly focused on discussing the following thematic areas in relation to the design of the new Agency, using the process outlined in 2.2:

- needs, challenges, and gamechangers
- defining the 'promise' of the new Agency, including defining the terms 'transition' and 'wellbeing', as well as engaging with the proposed purpose and functions of the new Agency
- the experience of the new Agency
- place-based services and delivery model.

3.1.1 Summary of key insights from Day One

Theme	Key points
We are moving in the right direction with the design of the Agency, and we should not let perfect be the enemy of good	We need to make the right recommendations, but the new Agency doesn't need to solve/do everything at the start.
We should embrace change and make bold suggestions	We can't play it safe. We should re-invent what is broken or missing. Legislative change may need to be considered so the Agency can fully drive change.
The new Agency must serve veterans and families	The work of the new Agency is, and should always be, about veterans and families.
Prevention is critical – build resilience, retention, and reduce transition risk from enlistment	The Agency must work collaboratively with Defence on common outcomes.
Families are not an after-thought	Everyone is affected by the veteran's service. Their families are usually the first to see the 'wobble' so we need to make sure they are recognised and supported.
'Unbrand' things	We talk about things that we are proud of and refer to our organisation or our services. Let's stop self-promoting and understand the principles that underpin the point.
Stimulate political will or tap into where there is political will	Recent announcements into the Defence Capability need to show that investment in our serving and families will have a positive effect on retention, recruitment and resilience of Defence.
We cannot introduce the new Agency without first making changes to the system	The new Agency cannot front load and 'refer' if there are the same issues when they got a referral, for example, DVA determinations backlogs, or Open Arms waiting lists. Look to separate non-liable health care.

Ex-service organisations and peak bodies	There needs to be greater clarity on how ESOs and peak bodies intersect with the Agency – recognising excellence and quality assurance.
We need to uplift the whole sector	To build trust, the Agency needs to work with, not against the sector. It can be the partner in the system to lift the overall excellence of the sector, wrapping around the best support for veterans and families.
Understand the tension between Agency independence and integration	How does the Agency balance its ability to be trusted, while being an integrator or quality services

3.2 Needs, challenges and gamechangers

3.2.1 Inputs from the Discovery process

A set of needs, challenges and so-called 'game changers' were developed from the Discovery workshops. These were developed from conversations focused on:

- identifying the overarching perceptions of the barriers and enablers to veterans' and families' wellbeing
- an understanding of where supports and services are needed most
- the gamechangers necessary to transform a fragmented system into a coordinated, integrated, and trusted system which delivers better outcomes for veterans and families.

The following artefact was presented to participants during the Assembly as a stimulus for conversation.

Figure 8. Snippet of 'needs, challenges, and gamechangers' artefact presented to Assembly participants.

What needs must be met?

Trust must be built and maintained by the agency	A focus on the most vulnerable veterans and families
Universal access regardless of location	Holistic person-centred approach to wellbeing based on prevention
A single point of truth to support self-agency	Build the adaptive capacity of veterans and families from enlistment
Sense of purpose and identity post-service	Personalised information and support

What are the core challenges?

Knowing where to go – Government and service complexity	Knowing what I'm eligible for – complex eligibility requirements
Access to services especially in rural and remote areas	Lack of timely advice and follow-up
Poor customer experience and broken trust	Clarity over definitions – 'Veterans', 'Family' and 'Transition'
Retelling story over-and-over again	Establishing a common mission across the wellbeing system

Build trust through a clear service promise and through actions	No wrong door for advice and information
Client-centric culture with lived expertise	Connection to trusted service providers
Outcome driven collaboration between Defence, DVA & mainstream services	Listen to and act on feedback to enable continuous improvement
Families are integrated into the welfare & wellbeing systems	Meet people where they are at – online, face-to-face, in community

3.2.2 Outcomes from the Assembly

Participants reflected that the headline needs, challenges and 'gamechangers' identified felt broadly right. However, they noted that simply naming them was not enough – the Agency must embed them in the way every service is designed and delivered.

Participants urged DVA to recognise the ripple effect of trauma on families. Veterans' partners, children and parents often carry vicarious wounds of service, so the new Agency must adopt an empathy, equitable, trauma-informed approach that doesn't compound harm. In practice, that means a firm commitment to 'family' as a core concept: no wrong door, and support that any family member can reach in their own right, whether or not their veteran is already in the system.

Participants asked the Agency to be future-focused. Tomorrow's veterans and families will have different needs and will draw on emerging forms of support, so planning has to anticipate – not react to – those shifts. At the same time, they cautioned against defining veterans only by vulnerability. More than 60 per cent of current veterans are not enrolled with DVA; they still deserve a support avenue centred on wellness for themselves and their families.

Trust, participants reflected, is built through traceability, visibility and transparency. Plain language, clear pathways and open decision-making must underpin every interaction. Participants also suggested that services should be provided on an opt-out basis: if someone has served, or supported someone who has served, assistance should reach them automatically. However, choice still matters – veterans and families need control over how their information is shared, how consent is managed and how privacy is protected.

Finally, participants suggested that support does not happen in isolation. Collaborative, joined-up services must extend beyond the veteran ecosystem and plug seamlessly into mainstream health, community and social services. Only by weaving these insights into its DNA can the new Agency deliver the trustworthy, future-ready support system veterans and their families expect.

Themes from Assembly small group work	What this means for the Agency
✓ Agreed with the shared needs, challenges and game changers	Address these in the design of the Agency services.
✓ Acknowledge vicarious nature of trauma in families	Take an equitable approach. Be empathetic, do not cause more harm, be trauma-informed.
✓ Be committed to family	Build the definition of family into the Agency. Be no wrong door for any family. Show that any family member can access Agency services independent of their veteran.
✓ A future-focused Agency	Understand the needs of future veterans and families, explore the supports and services that are emerging.
✓ Do not focus solely on the vulnerable; more than 60 per cent of current veterans are not enrolled in the DVA system	Take a life journey for veterans and focus on the wellness of the veteran and their families.
✓ Language matters: traceability, visibility and transparency – this is what Trust means	Show how the new Agency will build in elements of traceability, visibility and transparency.
✓ Opt-out for the new Agency's services	Automatically provide services to all those who have served and families that have supported them.
✓ Build in choice and options are key for Agency	The new Agency must build choice for veterans and families on information sharing, on consent, on privacy etc.
✓ Collaborative joined up services must include mainstream	The new Agency must find ways to connect to mainstream services.

3.3 Defining the 'promise' of the new Agency

3.3.1 The promise of the new Agency

3.3.1.1 Inputs from the Discovery process

There was strong support in the Discovery workshops that the Agency's purpose should be linked to delivering on Australia's historic promise: that in recognition of their selfless and dedicated service, the nation will support the wellbeing of veterans and families from cradle to grave.

This promise was viewed as being integral to the new Agency becoming trusted. The Discovery process identified four key dimensions to this process of trust building:

1. The promise signals the intent of the Agency and provides a focus to its operations – for example, *"We the people of Australia honour the dedicated service of Veterans and Families and make an enduring promise to support your health and wellbeing across the life cycle."*
2. The notion of "mutual agreement" should be established from enlistment – "see us as a person", "give us time", "be calm", "help us transition", "build our confidence", "build a relationship". Hence the need to put resources into building trust from the outset.
3. The Agency should be clear about client needs and aspirations for the future, providing sensible pathways to success. Here collaborating on the co-development of a journey map with clients in the transition stage to understand their journey, the barriers that they have navigated and still need to navigate, their needs and aspirations for the future.
4. The Agency should ensure that it delivers on the service promise – "say what you do and do what you say" through an intelligent, curated single point of truth and accountability for delivery.

Feedback from the Discovery workshops suggested that the promise required clarification over key definitions of 'transition' and 'wellbeing', in order to ascertain what it involves in terms of benefits and who the promise is being made to.

3.3.1.2 Outcomes from the Assembly

Participants reflected that the draft promise hit the right note – it set the new Agency up as a single, dependable touchpoint for veterans and families as they navigate life after service. However, participants also encouraged DVA to stop seeing people through a deficit lens. This includes avoiding the use of the word 'vulnerable' as it risks fixing veterans and families into that identity. Instead, it would be far better to frame the promise around strengths, capability and the outcomes that the new Agency will help them achieve.

In response, the language of the promise has been sharpened. The iterated promise statement is that:

> The new Agency exists to improve veteran and family wellbeing and support successful transitions to and during civilian life by connecting them to the right service, support, information and community.

Suggested changes to the promise	
Target clients	• Must be the whole population • Veterans and families • This is about being inclusive • Recognise that all have needs – different needs
Remove	• "Vulnerable" because it presumes and labels veterans and families • We should not be creating labels when we have a population who needs strengths-based approach and wellness
Change	• The language of the purpose sounds too 'government'. Much better expressed, for example, "We support veterans and families as their life changes by connecting them to the right service support information and community" • Emphasise that this is about veterans and families being healthy
Add	• What are the outcomes? • Define the change that we expect to measure against if the Agency is effective in its role
Other	• Service providers and other government agencies need to be educated on the purpose of the Agency so that they can promote and connect veterans and families • The **outcomes are key** – what are the outcomes the Agency will measure itself against?

3.3.2 Definition of 'transition' and 'wellbeing'

3.3.2.1 Inputs from the Discovery process

The definition for **transition** for veterans and families, as developed from the Discovery process, refers to the complex and deeply personal process of moving from military service into civilian life and points of change in life. It is:

- characterised as both a point in time (such as formal separation) and a journey (the longer-term adjustment to life beyond service)
- triggered by a range of events, including formal mechanisms (for example, end of contract, medical separation) and life events (for example, injury, family needs, career aspirations)
- varied in nature, taking place voluntarily (for example, planned career change), involuntarily (for example, medical or administrative separation), or through structured processes such as retirement
- categorised by type, including:
  o transfer transitions, where veterans move into new roles within Defence or government services, aiming to retain their expertise.
  o separation transitions, which involve leaving Defence entirely to build a new identity and livelihood in civilian life.

For **wellbeing**, references have been taken from definitions established by the World Health Organisation (WHO), which defines wellbeing as "encompassing quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose".

Fundamentally, wellbeing focuses on proactive and preventative care to stay well rather than treating health issues when you are unwell. Many factors contribute to an individual's state of 'wellbeing.' **Defence and DVA's Wellbeing Wheel** identifies nine interconnected domains contributing to a person's wellbeing.

Figure 9.   The Defence and DVA Wellbeing Wheel

3.3.2.2 Outcomes from the Assembly

Participants reiterated that trust is earned long before transition and separation. It begins with mutual respect while members are still in uniform – **'see us as a person, give us time, help us prepare'.** Transition, they stressed, is both a moment and a journey: a formal signing-off one day and a slow reshaping of identity the next. It can be voluntary, involuntary or simply the passage into retirement, and it often unfolds in more than one direction: some will transfer into new Defence roles, others will forge an entirely civilian life.
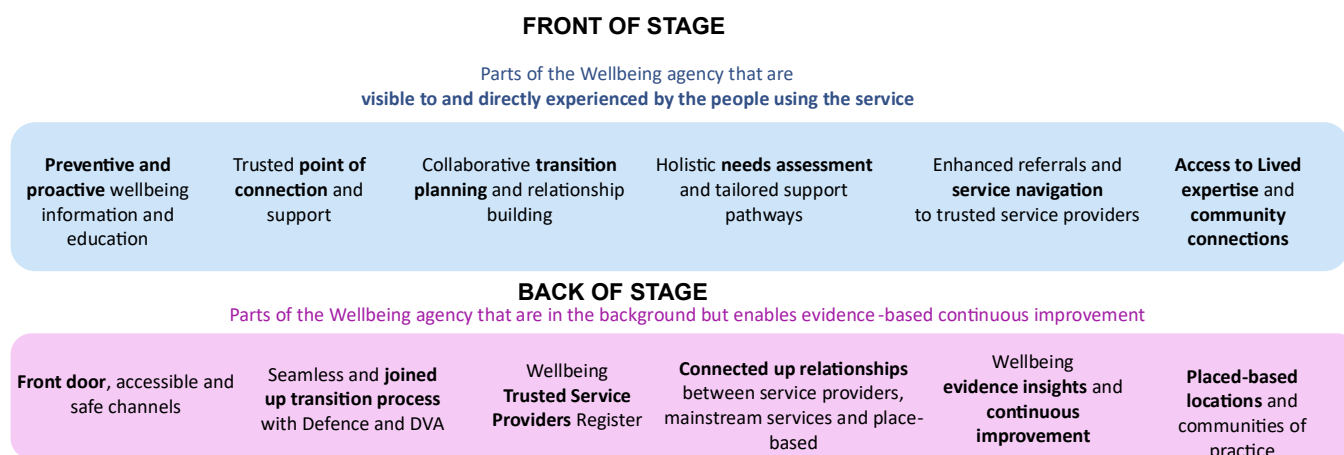
Wellbeing, meanwhile, is not the absence of illness but the presence of meaning, purpose and connection, echoing the WHO definition and Defence and DVA's nine-domain model. Above all, participants want the Agency to lean into prevention – identify issues early, build protective factors and normalise help-seeking long before crisis hits.

3.3.3 Purpose and functions of the new Agency

3.3.3.1 Inputs from the Discovery process

The following ideas for Agency functions were developed out of the Discovery sessions, and provided as a conversation starter during small group activities at the Assembly:

Figure 10.   Snippet of the draft Agency 'front of house' and 'back of stage' functions artefact developed from the Discovery process.

FRONT OF STAGE

Parts of the Wellbeing agency that are
visible to and directly experienced by the people using the service

Preventive and proactive wellbeing information and education	Trusted **point of connection** and support	Collaborative **transition planning** and relationship building	Holistic **needs assessment** and tailored support pathways	Enhanced referrals and **service navigation** to trusted service providers	**Access to Lived expertise** and **community connections**

BACK OF STAGE

Parts of the Wellbeing agency that are in the background but enables evidence-based continuous improvement

Front door, accessible and safe channels	Seamless and **joined up transition process** with Defence and DVA	Wellbeing **Trusted Service Providers** Register	**Connected up relationships** between service providers, mainstream services and place-based	Wellbeing **evidence insights** and **continuous improvement**	**Placed-based locations** and communities of practice

3.3.3.2 Outcomes from the Assembly

Participants supported the idea of visible 'front-of-stage' services that generates trust – care navigators, education, a trusted first contact, collaborative planning, holistic assessment, skilled referrals and lived-experience community support. However, they noted that this front line will crumble without a robust backstage: evidence loops, staff with empathy, seamless join-up with Defence and DVA, a vetted network of local placed-based providers and communities of practice that keep knowledge alive. Participants suggested reframing these elements as a 'system of wellbeing', showing how each spoke supports the whole and making it easy for veterans and families to see where they might jump on.

Participants emphasised that the Agency must integrate, not duplicate. Serving members and their families already touch multiple Defence programs, so the new Agency should feel like an extension of that ecosystem, not another hurdle. Education, they said, is the golden thread – building literacy about benefits, services and self-care from day one of enlistment through to post-service life. And because trust is relational, the new Agency should champion culturally safe, trauma-informed practice and amplify the voices of lived experience in everything it does.

Behind these functions the capabilities include: insightful education campaigns focused on prevention; system coordination that works locally as well as nationally; a workforce skilled in empathy, lived experience, wellbeing; willingness to innovate and look for solutions especially where there are blockers facing families; modern digital infrastructure; accountable governance; and a data engine that turns insights into continuous improvement. Without these foundations the promise will remain rhetoric, and with them, it delivers the value.

Finally, participants urged the new Agency to hold itself accountable. The outcomes by which the Agency will be assessed needs to be clearly defined: higher wellbeing scores, smoother transitions, sustained community connection. That clarity, coupled with the listening we have done together, keeps the Agency honest and future-focused, ready to grow with the veterans and families it serves.

Suggested changes to the proposed Agency functions	
Add	• Prevention, not just cure • Agency has to be integrated or super-imposed for those currently serving and families that support serving members • Agency must play a positive role in de-stigmatising transition for serving members and families • Consider a system of wellbeing as the way to present Agency functions (this is a gamechanger idea) • Begin support with serving members, because this is about having a relationship with people and their families when they are well and healthy • Move into new fields of supports, especially proactive wellbeing supports
Emphasise	• Empathy as part of every touchpoint with the Agency • Care navigators and wellbeing advocates are key to the experience – be people-centred, not process-centred • Local placed-based providers – trust is key • Health and evidence-based needs – be innovative in identifying gaps • De-stigmatise asking for help • Strong supportive culture within • Coordination of service delivery is key – local is essential, address existing gaps • Hubs are good if they are safe, inviting and accountable, but recognise that these do not attract everyone • Mobility is a great idea • Robust online presence is important for equitable access and a safe way for veterans and families to access information
Address	• Healing the current cohort – how might the new Agency enable this from the start? • How do veterans and families keep the new Agency to account?

3.4 The experience of the new Agency

3.4.1 Service experience principles

3.4.1.1 Inputs from the Discovery process

The following seven principles were developed from the Discovery process and put before participants at the Assembly as a conversation starter.

1. **No wrong door** – The Agency is a consistent, trusted touchpoint for wellbeing information, guidance and service connection for all.
2. **Build trust** – The Agency says what it will do and does what it says. Trust is built through its promise and actions.
3. **Empowerment and self-agency** – Through information and education veterans and families are empowered to live well at all life stages.
4. **Choice and control** – Veterans and families have choice and are in control of their decisions.
5. **Lived expertise** – The Agency staff and leadership have lived expertise and drive a culture of inclusivity, empathy and accountability.
6. **Safe to engage** – The Agency is trauma-informed, has cultural competency and is inclusive.
7. **Best practice and continuous improvement** – The Agency builds on best practice and informs continuous improvement across Government and the service sector.

3.4.1.2 Outcomes from the Assembly

Participants reflected that the seven draft principles felt broadly right but pressed for sharper edges in three places.

- 'Safe to engage' must go beyond cultural competency and spell out a "do no further harm", trauma-informed stance that protects the trust veterans already hold in existing relationships.
- 'Best practice and continuous improvement' needs to step up to systems strengthening - analysing unmet needs and evidence gaps and then elevating promising interventions across the sector.
- 'Lived expertise' should make it plain that the best-trained, best-informed, lived-experience staff belong at the very front line, not tucked away in the back office.

Participants broadly supported the remaining four principles – 'no wrong door', 'build trust', 'empowerment and self-agency', 'choice and control' – as they are currently drafted.

| Suggested changes to the proposed Agency experience principles	
Add	- For 'safe to engage' – do no further harm; be trauma-informed; respect the relationship where trust is held (do not push out trust) - For 'best practice and continuous improvement' – focus on system strengthening through a strategic lens to model needs and gaps in services and evidence, and connect to emerging practices and understanding of emerging needs for veterans and families - For 'lived expertise' – best trained and informed staff at service delivery (with the Agency)

3.4.2 Agency service architecture

3.4.2.1 Inputs from the Discovery process

The following diagram presents a draft service architecture that was developed by the Technical Working Group based on insights from the Discovery process. As with other artefacts, it was put before participants at the Assembly as a conversation starter.

Figure 11. Snippet of the draft Agency 'service architecture' artefact developed from the Discovery process.
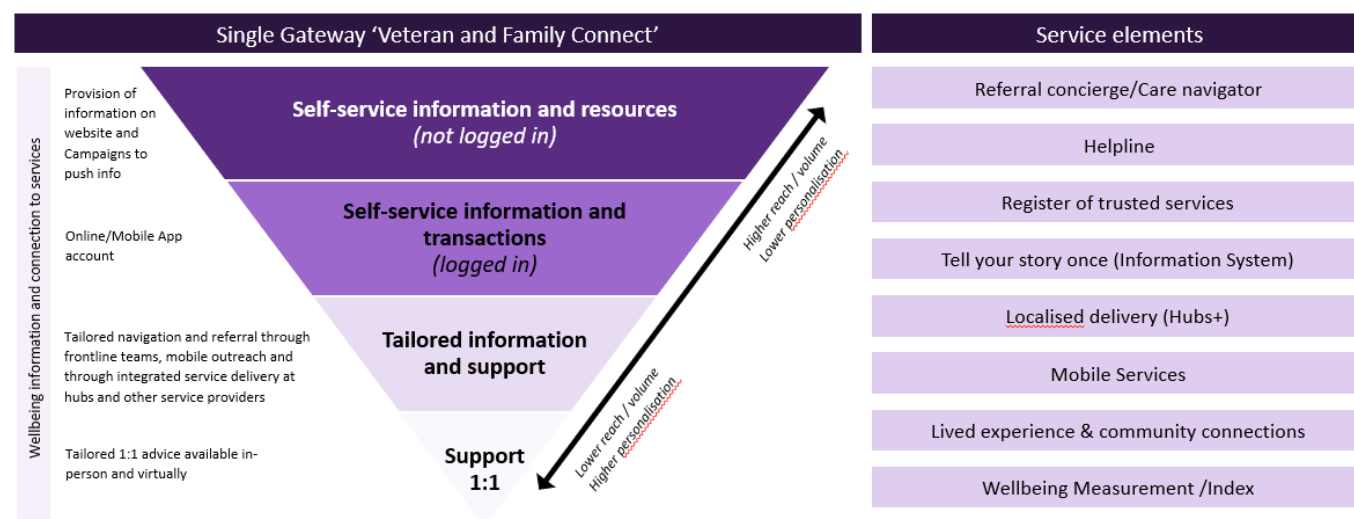
3.4.2.2 Inputs from the Discovery process

Participants re-shaped the line-up of the service elements. The Referral Concierge should become a Gifted Navigator – someone who "walks beside you", understands local context and provides full triage to a tailored plan. The Register of Accredited Services must be more than a directory: it should be a network the Agency can hold to account and use to expose service gaps. An information management system needs consent-based data sharing across Defence and transition, with clear rules on how families act on a veteran's behalf. Participants also highlighted the need for a 24/7 crisis line, fixed-site hubs, and mobile teams for remote areas. They strongly encouraged lived expertise to be a value which runs through every interaction.

Participants cautioned that a single gateway only works if it is true in practice, not just on paper. That means people before process, local stewardship, and 1-to-1 follow-through that actually gets things done. Some participants asked for a mobile app channel for those who prefer digital first, as well as an information push campaign so everyone knows who can use the gateway and how. Underpinning all this is an Agency which is staffed by the "best informed people in the system".

Finally, participants added three essentials: emerging best practice interventions to meet unmet needs, peer and community connections to build social resilience, and a live mechanism to track and show progress so veterans and families can see where their support sits. Their overarching advice was: Don't just create another organisation for the sake of it. Instead, use it as an opportunity to strengthen the system, lift trust and upskill the sector to perform better.

Suggested changes to the proposed Agency service architecture	
Single gateway	• Must raise awareness – let people know how to contact the Agency • People before process • Managed locally • Single gateway must be true and require more connected services • 1:1 is critical and must result in action • Mobile apps helps for those who don't want to present to a person • **Add:** Information push and education campaigns about new Agency's offering, who can access services and how they can access services • **Must:** Have the best-informed people at the service delivery touchpoint
Referral concierge	• Needs to be a Gifted Navigator that holds a person's hand and follows them along their journey. They help to hold the truth, the path forward and have a deep understanding for the person's context • Referral Concierge does full triage and helps a tailored response • Help families know they can contact this touchpoint
24/7 crisis	• This support should be provided
Register of accredited services	• This has to be a network of trusted services • The new Agency needs to be able to hold these people to account (or be part of a mechanism to address service gaps and poor-quality delivery)
Information management systems	• Consented information sharing • Between service and transition • Transparency is key • Who is the family? How are they recognised as being able to access services for not just themselves but on behalf of their veteran?
Presence at Veterans' and Families' Hubs	• Must have services with presence on the ground
Mobile services	• Mobile services are key for veterans and families needing support that is not available near them
Lived experience	• **Replace** with peer and community connection
Lived expertise	• This is more of a value or service principle: it is about the people and cultural setting
Emerging best practice to meet needs	• The new Agency could take a leadership role in emerging wellness interventions to address unmet needs • Seek to understand needs that are not being met and seek out providers/services
Peer and community connections	• Meaningful and genuine connections so build social resilience and support
Track and monitor progress	• How can we empower veterans and families to know the status of the services and supports they need?

3.5 Place-based services and delivery model

3.5.1 Key findings from the Discovery process

There was strong support in the Discovery workshops that the new Agency connects with the local services and works to create community-level wellbeing supports and services. This will help create a rich and robust network of services that works for veterans and families in their natural systems.

Military life fosters strong bonds and a deep sense of belonging for both veterans and families. It is perceived as crucial to the wellbeing of veterans and families that they can find new purpose and connect with a community where they can experience a renewed sense of belonging post-transition. This requires mechanisms to build social connectedness at the community level. Discovery workshop participants viewed the creation of local Veterans' and Families' Hubs as a promising investment in this regard.

Hubs can be a focus for the delivery of effective place-based wellbeing strategies – if they can provide a space for the co-location of a critical mass of wellbeing services, united by a common vision and sense of purpose (for example, Open Arms, VANs etc.). They also need to be enacted through a community wellbeing plan which focuses on delivering tangible outcomes for veterans and families. Hubs can also provide a space for integrating mainstream services into the wellbeing community of practice.

Local Veterans' and Families' Hubs led by peers with lived expertise can provide the best possible community setting for building trust systems with veterans and families. However, workshop participants stressed the importance of Agency visibility in the Hubs, in order to avoid the criticism that the Agency is purely a product of the "Canberra bubble".

Another key observation from the Discovery workshops has been that the community is the key to social connection (and re-connection) for veterans and their families. This underlines the value of having peer connectors with lived experience throughout.

3.5.2 Outcomes from the Assembly

To explore the new Agency's aspirational delivery model, participants worked through a series of fictional persona-scenarios (13 in total). Scenarios were chosen as the approach as they help translate abstract concepts into real-world situations, making systems more tangible, relatable and human-centred.

Persona-scenario	Key framing questions	How the Agency could facilitate and better enable their experience
Darryl: Recently transitioned, regional location	• How can Darryl access the right support from where he lives? • How easy is it to find and understand what help he's entitled to?	• While still in uniform, Darryl sees Agency posters, attends education sessions and a Transition Seminar. • With his consent, notes from the local Welfare Board Case Worker are shared so he never has to repeat himself. • The Case Worker links him to a Transition Coach (available for up to two years post-separation) and a DVA Rehab Coordinator who can source injury-appropriate employment and offers a warm referral to local 'My Providers' who can bill DVA. • Taking a whole-person view, they also canvass housing, family and mental-health needs, reminding Darryl that his partner and children are eligible for Agency support. • Location-enabled web searches surface nearby ESOs and other military contacts, while an easy-to-navigate website/app supplies fact sheets, flow-charts and check-lists. • All services are displayed under clear headings (Jobs, Mental Health, Finance, Domestic Violence, etc.) and labelled as Defence or non-Defence.
Miriam: Older veteran with limited digital access	• Can Miriam get support without needing to go online? • Is the Agency flexible in how it connects with people?	• An Agency staff member phones Miriam, listens to her story, identifies supports and guides her through next steps. • Broadcast radio and podcasts regularly advertise call-in options so she can connect without the internet. • She can also seek help through her local RSL, fellow veterans or a dedicated telephone helpline.
Nathan: First Nations veteran with physical disability seeking cultural safety	• How does the Agency partner with community or Aboriginal-controlled organisations? • Can Nathan get culturally safe, localised help?	• After vetting and intake, the Agency is authorised to act on Nathan's behalf and pairs him with a culturally appropriate First Nations staff member. • Working with a community-controlled organisation, they bridge any service gaps and connect Nathan and his family to local cultural networks and veteran and families supports. • Specific arrangements are made for prosthetics, physiotherapy and psychological care.

Emily: Partner of a veteran navigating services		• How well does the Agency support families, not just the veteran? • Can Emily navigate the system without feeling overwhelmed?	• Emily calls the Agency, outlines her needs and explains that travelling to appointments is difficult. • She is told which regional Hub will ring her and when; the Agency briefs that Hub on the required services and the need for mobile support. • An email confirms her appointment time and case number in the tracking portal. • The Hub engages local providers, calls Emily to lock in date, time and place, and she attends the agreed appointments. • Afterwards, the Hub checks satisfaction, records feedback in the Agency database and closes the file.
Tom: First Nations veteran seeking cultural safety		• Can the Agency coordinate across services so Tom doesn't have to repeat himself? • How does it reduce duplication and stress?	• Tom's records sit in a secure system that he controls, releasing only what he chooses. • In a one-on-one meeting he reviews his past case-manager experience; a single spokesperson / case manager is appointed to own his journey and keep him updated. • Behind the scenes, government services share information (with consent) to reduce duplication and stress, and Tom is kept informed of progress.
Ali: Young veteran in the city looking for renewed purpose		• Does the Agency offer meaningful connection to community, purpose or career support? • Is wellbeing more than just meeting basic needs?	• Acting as a conduit—not a service provider—the Agency follows a standard pathway with built-in crisis escalations: Enquiry → Intake → Care Plan → Referral → Monitor → Outcome. • Using an assessment/referral tool (such as the RSL Victoria model), staff triage Ali's needs, offer local services and create space to unpack goals. • They link Ali to like-minded community groups, career and psychological supports, and follow up until desired outcomes are achieved.
Ava: Child living with inter-generational trauma		• How could Ava's family get Ava early intervention and supports? • How could the Agency work with state education departments?	• Because Ava is a minor, engagement occurs only with parental consent. • Parents – or, if aware of the family's service history, the school – contact the Agency; Ava is referred to Open Arms and school welfare staff. • Information about the local Hub is provided. • Once immediate anxiety is addressed, the family is linked into broader child-and-family programs and events coordinated via the Hub.

Mrs Nguyen: Bereaved parent, loss of serving son during training		• How could Mrs Nguyen get straight forward guidance to help her family navigate the administration while grieving the loss of their son? • Does the Agency support parents whose loss falls through legislative gaps?	• A dedicated Case Worker helps Mrs Nguyen access counselling, advocacy and relationship support, and gathers evidence relating to her son's death. • They assist with estate and will administration, connect her to an RSL advocate and Open Arms, and empathetically bridge legislative gaps, taking a 'Closing the Gap' stance. • Entitlements such as FINSUP are clarified, while medico/Comcare processes are progressed to close outstanding ADF loops.
Amy: Partner bereaved by suicide		• How does the Agency work with DVA and Defence so Amy doesn't have to repeat herself? • How does the Agency help build longer-term wellbeing for surviving family and children?	• Focused on saying 'yes', the Agency guides Amy through: initial contact → link to a case worker → immediate critical needs → determination of pension/compensation → connection with accredited services → identification of additional needs → ongoing monitoring and optimisation of entitlements.
Mark: Veteran experiencing crisis 5 years after service		• How does Mark get engaged proactively for support?	• Whoever answers Mark's first call becomes his single, enduring Case Manager, discusses what meaningful engagement looks like to him (and, where relevant, his family), and provides tailored support. • A triage process then matches Mark to a practitioner with the expertise best suited to his situation.
Jacko: Veteran looking to start over		• How does the Agency help Jacko with his goals? • How does the Agency help build longer-term wellbeing for surviving family and children?	• The Agency normalises Jacko's feelings and refers him to a veteran-friendly GP, Relationships Australia and a local TAFE. • It assesses housing, income, food and transport needs, and connects him to DVA, the Veteran Family Association and local social networks.
Kiara: Veteran seeking support from a remote area		• How does the Agency work with Kiara to connect her with her peer network? • How might Kiara get engaged with credible veteran services?	• On first contact Kiara is assigned a Case Officer who gathers information on her preferred peer group, location and any other needs. • Medical aids and referrals are organised, and warm links are made to community and online services. • Progress is reviewed and a Post-Activity Report (PAR) conducted at six months to identify any further requirements.

| Mel: Serving member who has served for 12 months | • How does the Agency work with Mel to connect her to a peer support network?
• How can she proactively access information about the veteran community? | • Through visible communications Mel is reminded of the Agency's role as she prepares for transition.
• After attending a Transition Seminar she receives an email with web links.
• Browsing the 'Young Veterans' category she finds peer networks and guidance, and prints a planning template covering skills, career goals, budgeting and housing to discuss at her Readiness Review. |

4. Outcomes from Day Two of the Assembly

4.1 Overview of Day Two

Day Two of the Assembly invited participants to dive deep into the 'how' of the new Agency, in order to shape guardrails and conditions for how the new Agency can be established with a view for long-term success, good governance and accountability.

Discussions were framed across seven thematic areas:

- Implementation options for the new Agency
- Defining accountability
- Privacy and consent frameworks; approach to diversity and inclusion
- Service connections and referrals
- Success factors
- Risks to new Agency success.

The following pages summarise outcomes against each of these areas.

4.2 Implementation options

4.2.1 Guardrails for implementation

There are key guardrails that should guide the design of the Agency, as shaped by Royal Commission Recommendations 80 and 87 and what we heard from veterans, families and ex-service organisations.

- The new Agency should focus on transition. In line with the Royal Commission recommendation, other functions should include system navigation and connection to wellbeing support, improve referral pathways and service integration at the system level, co-designing wellbeing supports.
- Lived experience must be critical in the Agency's model. This might be achieved through staff with lived experience, as recommended by the Royal Commission, or potentially through a lived experience advisory committee.
- The Agency has to be scalable – in order to deliver on 'do what we say', it is important we do not propose something that can't meet expectations from day one. This might begin with a core number of staff to set up internal capability and develop a program of work over the next 12 months.
- The new Agency must have national reach that ensures service and supports are accessible in regional and remote Australia.
- There needs to be three options presented to government. These options should build on each other, and full implementation could take years to achieve.

4.2.2 New Agency at Commencement (Stage One)

There were mixed views from participants in terms of what the new Agency should have in place on its first day of operations. Key areas of agreement were:

- communication, education – providing those supports through a linked-up model
- Stage One is about connecting initially – making those connections to get into the right areas for support.

Target clients at this stage would include:

- largely the distinct veteran community and their families
- from an ADF sense, is it all ADF members who are on the transition pathway? Or those who are being involuntary separated as they are on particular risk on that journey?

It should be firmly recognised that transition is not the end of the transition support required.

4.2.3 New Agency at Post-Commencement (Stage Two)

Participants suggested that, once the new Agency has been established, it can focus on:

- delivering a broader range of services
- providing most of the ongoing support, having already 'nailed' the connection piece and positioned itself as a collaborator and integrator with mainstream services, Defence, DVA and other organisations that support current serving personnel, ex-serving members and their families
- introducing offerings traditionally provided by DVA
- allowing DVA to concentrate on functions such as compensation, while the Agency prioritises wellbeing (that is, prevention and thriving)

- expanding the client base
- serving families who remain connected to the member, families who have separated, and families of members who have died
- ensuring the veteran wellbeing model also 'wraps around' those cohorts, whose needs are not yet fully met.

4.2.4 Agency in the longer term (Stage Three)

Participants contended that long term the Agency should focus on veterans and families wellbeing to be progressive in what it delivers.

- continually scanning emerging technologies and therapies
- anticipating the needs of future veterans
- avoiding a static or sedentary approach
- taking a forward-thinking stance and actively 'leaning into' what the future might hold
- integrating new ideas and innovations into the service-delivery model
- using a timeline that is shaped as much by conditions as by fixed dates (with an emphasis on condition-based triggers rather than rigid timeframes).

4.3 Defining accountability

4.3.1 Insights from Discovery

Insights from the Discovery process highlight the trust divide that currently exists – veterans and families have low levels of trust in Defence and DVA, which is exacerbated by low levels of collaboration between Defence and DVA. While there was recognition by some that this is improving, a number of things will be critical to the Agency's ability to bridge the trust divide.

The new Agency could therefore:

- have a clear services promise and deliver on it – participants told us the Agency must "Say what you do and do what you say". The Agency should improve the client service experience with a focus on choice, personalisation and accountability
- be established in such a way as to maintain actual and perceived independence from Defence and DVA
- be driven through a statement of values that constitutes a social contract with veterans and families that delivers on the historic promise to support the wellbeing of veterans and families
- have a client centric culture that prioritises the needs, preferences and experiences of clients, ensuring that services are designed and delivered to maximise client satisfaction and outcomes. This approach is rooted in empathy, collaboration and adaptability. The Agency must treat individuals as individuals and personalise the service delivery and communication to the needs and preferences of each individual. The Agency should help individuals identify the problems they are experiencing and seek solutions to those problems
- be resourced to deliver proactive actions to build the trust divide as an initial priority
- listen, learn and continuously improve
- formalise collaboration between Defence, DVA and mainstream services.

4.3.2 Reflections from participants

- How trust would be reinforced through the design of the Agency and ensuring accountability is a key design consideration.
- Culture is key, putting respect, value of individuals, families and service at the centre.
- Trust needs to be built across all levels – individuals and families, Defence, DVA, government and across organisations.
- Trust begins from the moment someone enters the service to the moment they depart the world.
- The Agency needs to bring simplicity to a complex system – complexity makes trust go very quickly.

4.3.3 Key principles identified

- **Independence** – cultural authority, clear identity and visibility in community; should speak its own story when reporting to Parliament and Government.
- **Influence** – provide insights and evidence to shape and influence policy.
- **Informed** – collaboration with veterans and families; voices are heard and inform changes to the service system.
- **Interconnected** – collaboration across the Defence system, localised delivery, role of community wellbeing plans.
- **Intention** – the Agency needs to be clear in its intent and purpose.

- **Performance** – client-informed KPIs that measure more than data and focus on how it is delivering change and impact on people and their wellbeing.
- **Governance** – organisational structure is fundamental to who the Agency listens to and how. Inherent tension: is this an independent organisation that sits between DVA and Defence, or part of that system? Boards? Legislation? Ensure diversity on the board while taking a business approach. Reporting must be independent of Defence and DVA.
- **Identification** – proactively scanning for where change is needed and identifying emerging problems and emerging evidence; be proactive and reactive.
- **Prevention** – "Defence responsibility to stop breaking people."

4.3.4 Key ideas posited

- Independent CEO, high level of EQ, look beyond senior officers
- Led by a service mindset
- CEO to report to Government and not to the Secretary of DVA and the Chief of Defence Force – should be a peer, not a subordinate
- Open and transparent reporting
- Must not tell the story as part of someone else's portfolio
- Have legislative authority
- Broad skills matrix including lived experience; role includes monitoring what is happening in the community
- Trackability of individual clients/case/expectation management

4.4 Privacy and consent; diversity and inclusion

4.4.1 Insights from Discovery

- Tell us once – Veterans and families should not have to retell their story over and over again.
- Service personalisation – Information, advice and service connections should be tailored to their unique needs, based on the information provided by veterans and families.
- Integrate families – The Agency must better integrate families into the wellbeing system and adopt a broad definition of families that may include non-family members that are part of a veteran's key support network.
- Choice and control – Veterans and families have the right to make their own decisions about their supports, services and providers.
- Proactively engage – The Agency must proactively engage veterans and families, especially the "silent majority" – those veterans who do not want to reach out to DVA but who may need support, or benefit from greater connection.

4.4.2 Reflections from participants

- 'Tell us once' is desirable, but there are "lots of operational difficulties in achieving it in practice".
- Consent must be "positive," "service specific," "time-limited," "tracked" and "able to be withdrawn" whenever people choose; it should not be "a blanket view to consent" and must allow a family member to act without needing the veteran's approval.
- Families want a single "family information profile" they can update themselves, instead of "fill[ing] in lots and lots of different forms for different services".
- Participants asked, "Who will be the data custodian?" and how will the Agency "safeguard my information," especially for Family and Domestic Violence (FDV) victims and those under coercive control.
- Different cohorts (LGBTIQ+, youth, culturally diverse, regional, homeless, FDV-affected) face "different risks" and need "the right intermediaries; while one ESO might be a safe space for some… it won't be for other groups".
- The concierge should act like "triage in Accident and Emergency" staffed with people who have "lived experience and lived expertise," minimum training and clear risk-assessment tools.
- The current legal definition of family is "too narrow"; stakeholders asked "What is the definition – blood or bond?" and insisted ex-partners with children remain eligible.

4.4.3 Key principles identified

- Granular, revocable consent: "service-specific," "time-limited," "tracked," and independent of veteran sign-off for family members.
- Data custodianship and security: clear ownership, cross-agency sharing protocols, and reassurance for sensitive cases (for example, FDV, security clearances).
- Tell-us-once with user control: a single, updateable "family information profile" that reduces duplicate forms and empowers self-service.
- Equity by design: a "human-centred agency with strong cultural competence and commitment to equality," offering "the right intermediaries" for each group.
- Concierge as structured triage: minimum training, lived-experience staff, risk tools and liability cover to guide people to "the right services at the right time".
- Broad 'blood or bond' family definition to ensure inclusive eligibility and support.

4.4.4 Key ideas posited

- Develop a consent-management platform that records service-specific, time-limited permissions, issues expiry prompts and lets users "opt in or opt out" instantly.
- Create a secure Family Information Profile that veterans or authorised family can update once and share across agencies, eliminating repeated form-filling.
- Adopt a 'blood or bond' family policy so ex-partners with children, non-traditional carers and blended households qualify for support.
- Establish a diversity-accredited provider network to connect LGBTIQ+, cultural, youth, aged, FDV, or regional clients with "the right intermediaries" for their needs.
- Position the concierge as an Accident and Emergency-style triage hub with lived-experience staff, structured risk assessments and clear escalation pathways, linked to the consent platform.
- Implement predictive analytics on de-identified data to flag "metadata making early flags" (for example, short-service leavers at higher offending risk) and trigger proactive outreach.
- Launch targeted education campaigns on data rights, consent choices and available supports, tailored to each inclusion group and delivered in multiple formats.

4.5 Service connections and referrals

4.5.1 Reflections from participants

- Granular, revocable consent: "service-specific," "time-limited," "tracked" and independent of veteran sign-off for family members.
- Need "an in-depth understanding of what this veteran and family ecosystem looks like."
- Must be "community-endorsed" with a "proactive feedback loop."
- Call for "different tiers – Tier 1 approved services / Tier 2 non-aligned health services / Tier 3 approved support providers."
- The word "trusted" can be a risk for accountability – who's going to be accountable if you're trusted?"
- Need "regulatory oversight – complaints mechanism" plus whistle-blower options.
- Highlight "what's not in this system"; expose gaps and "no sacred cows."
- Demand for geographically tailored, collective-impact solutions.
- Strong push for online capability, multiple sources of information, 'know your client' and providers educated on the veteran and family space.
- Preference for "by veterans for veterans" and concern that the term "provider" makes a veteran a passive receiver.
- Ask: "What if there is no provider? How do we fill that gap?" (Crisis support).

4.5.2 Key principles identified

- Community endorsement and proactive feedback: start with extensive community asset mapping and keep records of referrals and outcomes.
- Tiered endorsement model with "defined levels of endorsement" and annual review.
- Accreditation over "trust": use audited QA/QC criteria, transparent governance and risk-graded standards (clinical vs community).
- Evidence-based, transparent, client-led, accessible, accountable – include lived experience and trauma-informed practice.
- Peak-body oversight: diverse representation, regulator-like authority, publish good-news stories, reviewed bi-annually.
- "Veteran-safe" accreditation and privacy memorandums of understanding to protect veterans and families.

4.5.3 Key ideas posited

- Replace "Trusted Service Providers" with an accredited, tiered system (Tier 1, 2, 3) that is community-endorsed and annually reviewed.
- Launch community asset mapping – regionally – endorsed by the users themselves and highlighting "what's not in the system."
- Establish an independent assessment panel / peak body with diverse, lived-experience board to audit, accredit and monitor providers; whistle-blower channel included.
- Create an online active directory with provider ratings "based on client feedback," transparent governance and clear privacy notes.
- Prioritise veteran-led / veteran-owned services and ensure fair "market-value" payment; regulate unscrupulous operators that "rip off the community."
- Provide veteran health training and literacy for GP practices; deem them "veteran-friendly" once accredited.

- Introduce a fast-track authority for urgent cases and a path to "fill the gap" where no provider exists.

4.6 Success factors

4.6.1 Reflections from participants

- Granular, revocable consent: "service-specific," "time-limited," "tracked" and independent of veteran sign-off for family members.
- "Success for a veteran, for the Department will be different" – the measure must flex to each perspective.
- Veterans and families "want to connect with the Agency because they trust the connections they make."
- "Trust really is one of those qualities – the way you know you're trusted is the sector will tell you."
- KPIs – 'beware!' of chasing the wrong numbers; measure "happy, alive veterans," "living best possible life" and "improved services / improved access."
- Must be "contemporary for the next generation," "connected to community, DVA and Defence," and recognised as the community's "port-of-call."
- Some ask whether Defence can change – Agency success will be proof that it can.
- Needs to be "trusted by politicians" to advocate to Government and "trusted by the public" via open reporting and "word-of-mouth".
- Success hinges on legislation that enables, funding to achieve outcomes, political will and "money being spent well, in the right places – avoid silos."
- Call for "empathetic, skills-based, lived-experience, well-trained people," "highly skilled at every level," and time "to spend more time with veterans."
- Rural/remote equity: "no one left behind," "real people answer the phone," concierge service that "provides access and navigation" and visible presence.
- "Effective, comprehensive data collection," honest and transparent communication, "regular roadshows / town-halls" and collaboration with "reputable ESOs."
- Agency should "start small, scale gradually to build trust," "be willing to evolve" and "progressively share outcomes."

4.6.2 Key principles identified

- Trust first: safe tone, "independent but integrated," listens to the needs of the individual and family, advocates for veteran families.
- Connections that work both ways: robust links with Defence, DVA, community groups and ESOs – "all on the same page."
- Legislation and funding enable success: clear mission, values, principles; "continuation of grant funding" and resources for meaningful engagement.
- Measure what matters: client-defined success, qualitative outcomes and community-validated KPIs rather than bureaucratic inputs.
- Skilled, lived-experience workforce: attract people "personally motivated, not mandated"; invest in training, wellbeing and time per client.
- Accessible and visible: multiple channels, concierge navigation, brand awareness, youth-friendly options, and "to be spoken about at the pub."
- Data and learning loop: comprehensive collection, transparent reporting, "discussion about improve ≠ wrong," willingness to evolve.

4.6.3 Key ideas posited

- Co-design a success dashboard with veterans, families, ESOs and Defence that tracks progress towards supporting "happy, healthy people," improved access and life-quality outcomes.
- Legislate the Agency's mandate and lock in multiyear funding streams so it is "not limited by funding" and can resource longer appointments.
- Build an integrated trust architecture: joint protocols with DVA and ADF, two-way data-sharing and a standing "sector feedback loop" to test trust.
- Stand-up a concierge service – real people, real time – that triages, navigates and follows up; use "veteran-safe" accreditation for partner providers.
- Start with a pilot form / small scope, advertise well for each stage, then scale once proof of trust and impact is demonstrated.
- Run regular roadshows, town-halls and brand campaigns to keep the Agency "accessible, visible" and reinforce word-of-mouth credibility.
- Establish a learning and improvement board that reviews data quarterly, closes services with "no KPI – close it," and publicly shares progress.

4.7 Risks to Agency success

4.7.1 Key risks identified by participants

- "APS employment roles limit role capabilities (that is, lived experience)" and the people locals trust "are NOT brought in."
- "Wrong staff in wrong roles… too top-heavy," marked by "poor recruitment," "lack of empathy," and "jobs for the boys."
- The Agency "lost sight of the original intent and purpose," tried to "be everything," and became "overwhelmed by demand."
- Grew "too big, too quickly," producing "redundant points," "double handling" and classic "bureaucratic disaster."
- Rural and remote communities were "not receiving equitable service access" so trust and reputation collapsed.
- Leadership turned "toxic and self-serving – empire building," while KPI success was judged "too early with 'broken' people and families."
- A rushed launch — "rushing it," "getting the launch wrong" — left the workforce unprepared and the public sceptical.

4.7.2 Conditions for failure

- Funding gaps: "not enough or cuts," yet the Agency tried to "help too many" in a "$$$-restrained environment."
- Poor governance and duplication: "regimented public-service mentality," "poor governance frameworks," and "too much duplication – it doesn't feel different."
- Undefined scope and eligibility: "No clear agreed definitions" of veteran, family or ESO; eligibility "needs to be robust."
- Information silos and slow advice: "isolation of information," "lack of timely accurate advice" and high-profile crisis failures.
- Overextension and capacity overload: "Overwhelmed with volume… allowing perfect to be the enemy of good."
- Weak external relationships: "interagency willingness to engage" was missing; "under-performing ESOs draining funding."
- Leadership gaps: no "leadership and succession plans," skills-based appointments missing, and culture failed to "learn from mistakes."

4.7.3 Proposed risk mitigations

- Be interdependent, not isolated: cultivate genuine partnerships across Defence, DVA, ESOSPs and community – "if not, what's the point?"
- Start with a clear, funded scope: lock definitions of veteran, family and service eligibility before launch; match ambition to secure, long-term funding.
- Recruit for empathy and lived experience: use workforce planning to place "people with the right level of empathy" and lived expertise in frontline roles.
- Phase the rollout and "advertise well for each stage," testing, learning and adjusting rather than scaling "too big, too quickly."
- Stay adaptable and proactive: keep "continually evolving risk register," be "proactive not reactive" and design services to change with environment and cohort needs.

- Reach every cohort: craft region-, age-, and gender-specific channels ("a 25-yo will not ring") to make the Agency "a safe place for everybody".
- Embed transparent governance: independent board, open metrics and hard conversations with under-performing ESOSPs to prevent "empire building" and duplication.
- Review, learn, reset: schedule "review ongoing to avoid disaster," use data from auditors and research to course-correct quickly – " try, test, adjust".

5. Conclusion

5.1 Next steps

The insights and advice shared during the Assembly will directly inform the next stage of designing the new Agency focused on veterans and families wellbeing.

Participants' input will shape the Agency's purpose, functions, services and implementation planning. This includes defining what must be in place from day one and identifying areas for future development. The co-design process will continue, with ongoing opportunities for veterans and families to guide the creation of a system that truly reflects their needs and aspirations.

5.2 Closing message to attendees

To all who attended the Veterans and Families Assembly,

Thank you for your time, your insight and your generosity in contributing to this Assembly. Your lived experience, expertise and thoughtful advice were invaluable in shaping one of the most significant reforms proposed by government to strengthen wellbeing and prevent suicide across our Defence, veteran and family communities.

Over the two days, we heard that trust must be the foundation on which the new Wellbeing Agency is built – trust that is earned through empathy, respect, and delivering what matters most. We heard the importance of being people-centred, of wrapping the right supports around veterans and families, and of designing a system that can respond to the complex and changing needs across the life course.

The reflections on both what must be in place from day one, and the risks and realities of implementation, will inform the planning for how the Agency will be brought to life – and how it can continue to evolve in partnership with the community it serves.
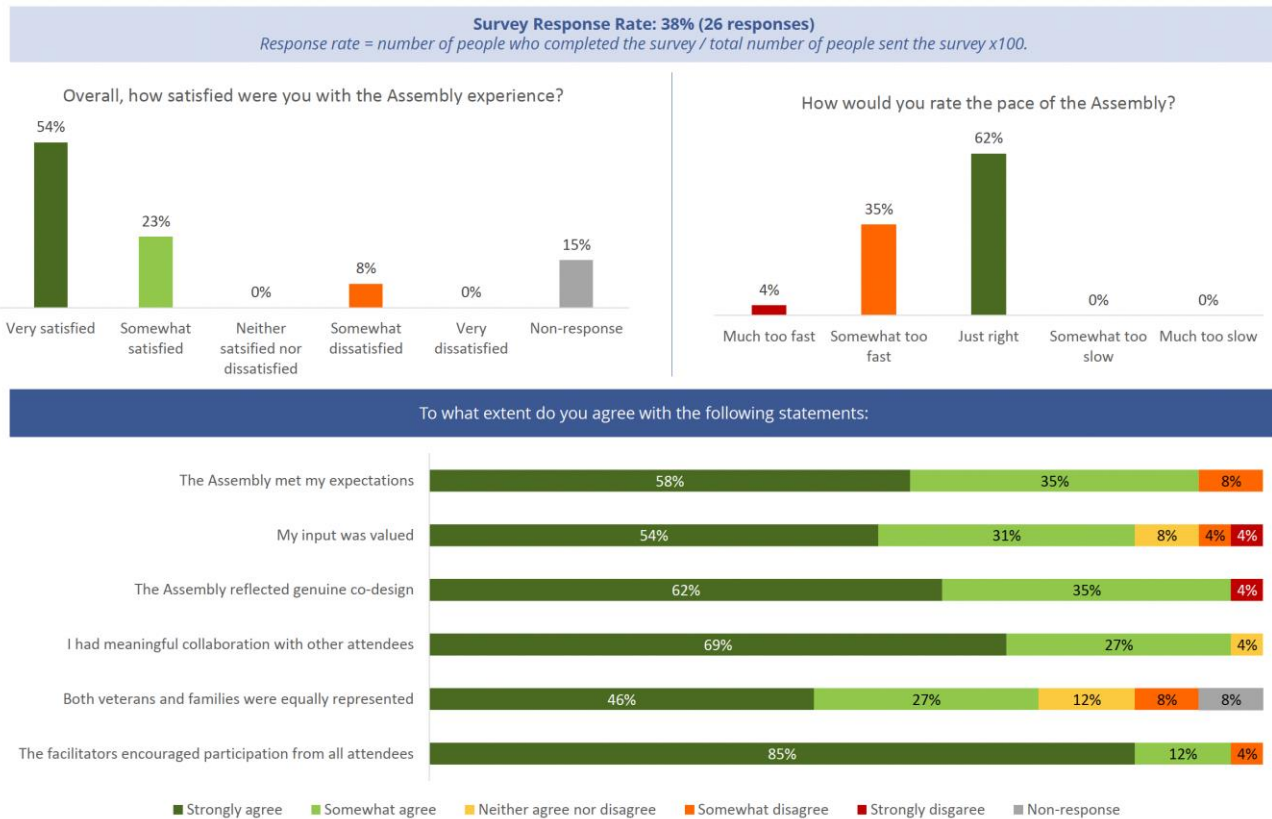
This Assembly was a powerful expression of co-design in action. Thank you again for your commitment, your leadership, and your belief in a better future for all who have served – and those who walk alongside them.

Taskforce on Wellbeing Agency and Peak Body

6. Appendix

Evaluation results

This section presents the results from the post-Assembly participant survey, which sought participants' feedback across a number of experience and outcome domains.

Survey Response Rate: 38% (26 responses)
Response rate = number of people who completed the survey / total number of people sent the survey x100.

Overall, how satisfied were you with the Assembly experience?
- Very satisfied: 54%
- Somewhat satisfied: 23%
- Neither satsified nor dissatisfied: 0%
- Somewhat dissatisfied: 8%
- Very dissatisfied: 0%
- Non-response: 15%

How would you rate the pace of the Assembly?
- Much too fast: 4%
- Somewhat too fast: 35%
- Just right: 62%
- Somewhat too slow: 0%
- Much too slow: 0%

To what extent do you agree with the following statements:

Statement	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Non-response
The Assembly met my expectations	58%	35%		8%		
My input was valued	54%	31%	8%	4%	4%	
The Assembly reflected genuine co-design	62%	35%			4%	
I had meaningful collaboration with other attendees	69%	27%	4%			
Both veterans and families were equally represented	46%	27%	12%	8%		8%
The facilitators encouraged participation from all attendees	85%	12%		4%		

Legend: ■ Strongly agree ■ Somewhat agree ■ Neither agree nor disagree ■ Somewhat disagree ■ Strongly disgaree ■ Non-response

Interpretation of survey results

Survey feedback suggests the Assembly left many participants feeling positive and included. Just over half of the 26 respondents (54 per cent) said they were 'Very satisfied' with the Assembly and a further 23 per cent were 'Somewhat satisfied'; only a small minority (8 per cent) expressed any dissatisfaction. Participants frequently described the atmosphere as 'respectful', 'open-minded' and 'professional', noting that the format encouraged genuine dialogue.

That sense of being heard was evident in the numbers: 58 per cent 'Strongly agreed' and 35 per cent 'Somewhat agreed' that their views were valued, while 54 per cent felt the facilitation created a safe, inclusive space. Comments such as 'everyone's voice counted' and 'each contribution was noted' reinforce the perception that the Assembly is living its co-design ethos.

Looking ahead, respondents are eager to see the conversation translate into practical change. They would like clearer visibility of the new Agency's progress, more time for deep-dive discussions and continued efforts to widen participation – especially through digital tools.

Additional commentary

Topics suggested by participants for future iterations of the Assembly

- **Keeping the new Agency accountable** – "Outcomes and progress towards building the Agency" and "Evaluate the achievements and failures of the first 100 days of the new Agency's operation".
- **Strengthening the transition pathway** – "More around when the transition starts for a veteran…how this Agency is made aware to the civilian etc."
- **Whole-person wellbeing and suicide prevention** – "Suicide prevention, moral injury and spiritual wounds; effective interaction between community organisations and DVA/Defence."
- **Making services easier to access** – "Our current age is all about digital technology…education would be key, as I know there are veterans who don't understand myGov or have never accessed it."
- **Building supportive communities and partnerships** – "Establishing veteran hubs, sustainable funding and cross-sector partnerships."

What participants found valuable

- **Small-group dialogue that allowed ideas to surface** – "The small group work model was excellent".
- **Hearing a wide range of perspectives** – "Some views were very different from my own and the reasons behind these views were helpful".
- **Skilled facilitation and clear co-design methods** – "Dr Terrey and her method of working in the co-design space".
- **Feeling that every contribution mattered** – "Each contribution appeared to be noted and valued by the facilitators".

What participants found least valuable

- Some participants felt the persona-scenario exercise felt less useful.
- Fast pacing combined with a warm room left some people tired.
- Background noise in the venue made group work hard to follow.
- Digital tools (for example, Mentimeter) were used less than participants expected.

Practical suggestions for improvement

- Reconsider timing and avoid splitting the event over a Saturday.
- Offer an opt-in networking session in the evening.
- Make greater use of interactive digital tools for voting and feedback.
- Choose a venue with better acoustics and dedicated breakout rooms.