Virtual Service Delivery Whitepaper

A NEW WAY OF WORKING IN A COVID WORLD

COVID was the catalyst to pivot to virtual delivery

One of the most significant impacts from COVID-19 was the sudden shift in service delivery from in-person to virtual.

Prior to COVID, most For Purpose organisations were primarily delivering in-person services. While virtual service delivery may have been considered, it was typically dismissed as too difficult or "customers prefer face-to-face".

This all changed with COVID. As states entered lock-down, organisations were forced to move to remote working and virtual service delivery. What had previously been a potential strategic initiative now became an immediate organisational necessity.

> *"We were asking the question how might we provide our services using alternative methodologies. We had a 3 year digital transformation strategy.*
>
> *And then COVID changed everything. It was no longer a strategic option. It was imperative to do it for service provision"* Russ Thom (GM, Digital Transformation) Anglicare WA

Sector track record in digital transformation

Australia has been innovative in finding alternatives to in-person services. In 1951, the **Royal Flying Doctor Services** launched radio-based "School of the Air" to educate children in remote areas. In 1963, the Methodist Central Mission launched what became **Lifeline Counselling** to provide telephone crisis support.

More recently, **yourtown** launched Kids Helpline in 1991 as telephone counselling to address youth mental health and safety. **headspace** has been providing youth mental health services virtually since 2006. **Royal Far West** launched Telehealth in 2014 as a virtual offering for the health, education and disability services it had been providing since 1924 through their Manly-based Centre for Country Kids.

However, these organisations were the exception, not the rule. When COVID hit, most For Purpose organisations had to fast track their digital transformation to support virtual services. When in-person services were no longer an option, continuity of service dictated the need for virtual services.

> *"Probably like most organisations, we were on the cusp of wanting to delve more into virtual services, and then along came COVID and propelled us beyond deliberation into action"* Emily Wailes (Principal Practitioner, Clinical Services) The Benevolent Society
>
> *"Now it was necessity. The customers wanted telepractices as it was the only option due to lockdown. We had to pivot to keep connecting with families and be sustainable under NDIS"* Genevieve Johnsson (Practice Leader) Autism Spectrum Australia

The future will be a hybrid service delivery model

In the early stages of COVID, there was a belief that virtual service delivery was only a temporary stop gap measure.

This has now changed. The last 18 months dispelled the myth that virtual service delivery was not possible.

The future will be a hybrid service delivery model. While there will always be a need for in-person services, this will be complemented by virtual service delivery as it is beneficial to both customers and organisations.

> *"The future is a hybrid service model. And it's not just for rural and remote participants, but for everyone. There are incredible efficiencies in telepractice"* Genevieve Johnsson (Practice Leader) Autism Spectrum Australia

Finding solutions to a shared challenge

As it is now 18 months since the sector was forced to change delivery approaches; it is timely to reassess this rapid transformation, determine how to embed these changes and take virtual service delivery to the next level.

With this in mind, The Centre For Social Purpose organised a Roundtable to gain insights and practical ideas on how to improve virtual service delivery.

The Roundtable involved a panel of sector leaders from organisations that have achieved success :

- **headspace :** Steve Leicester (Head of Digital Mental Health Programs)
- **Interrelate :** Jared Ingle (Head Of Social Enterprise and Business Development)
- **Royal Far West :** Kim Casburn (Head of Service Innovation and Improvement)

The 60 sector participants were then involved in small group discussions to find practical solutions to shared challenges.

This Whitepaper summarises key insights and practical implementation ideas from the Roundtable discussion.

Allowed Service provision to continue

The obvious benefit is virtual services was the only option for customers.

> *"Virtual enabled service provision to continue to support people. This was critical. We have situations where ceasing a person's service for 3 or 4 weeks could be really detrimental"* Russ Thom (GM, Digital Transformation) Anglicare WA

"Deliver equitable service to anyone, anywhere"

In the pre-COVID world, customers from metro areas enjoyed broader access to services. Virtual service delivery has been the great equaliser by providing the same service to customers regardless of location.

Customers in remote or rural areas also benefit by avoiding the time and costs involved in travelling to the provider's offices.

> *"TeleCare can overcome the inequitable access costs for families. This is not only for rural and remote families but really for any client that faces access disadvantages.*
>
> *Online services provides a huge reduction in the costs of travel and accommodation, as well as reducing time off work or the time kids miss from school"* Kim Casburn (Head of Service Innovation and Improvement) Royal Far West

Virtual Services as a growth opportunity

In-person service providers can only assist those customers able to visit their premises. Virtual service delivery removes geographic boundaries and increases the potential market for providers.

> *"We know that service demand far outstrips service resources within the mental health space. So it's been fantastic that online delivery is scalable and makes it more accessible"* Steve Leicester (Head of Digital Mental Health Programs) headspace

> *"Online delivery provides the opportunity to service more clients. Our focus now is how do we leverage technology and these new business processes to facilitate the expansion of national delivery"* Jared Ingle (Head of Social Enterprise & Business Development) Interrelate

Australian Business and Community Network - who provide mentoring services to children from low socio-economic status schools - previously focused on schools close to Sydney or Melbourne Central Business District. Now, with the shift to virtual mentoring, ABCN is able to support schools in remote or regional areas.

> *"Our corporate partners see this a significant benefit, as we can now expand our mentoring services to school students in remote and rural areas"* Greg George (Regional Manager) Australian Business And Community Network

yourtown, who started Kids Helpline 30 years ago, are now expanding their reach through additional virtual services such as Parentline, My Circle (a social networking platform where young people can interact with each other and get support from a counsellor) and KidsUp (a video conference service for counsellors delivering sessions to school students)

> "*The biggest benefit to us is Scalability. We now reach about 30,000 primary school students a year through our Kids Helpline @ School program and have just started to expand that into high schools. You don't need bricks and mortar infrastructure to scale up"* Tony Fitzgerald (Virtual Services Manager) yourtown

Increased customer demand for virtual services

Participants highlighted the consistent message from their customer surveys is that customers want virtual services.

- Interrelate : "40% of clients prefer online services"
- Royal Far West : "50% of clients wanted an entirely online or blended approach"

Virtual services deliver outcomes

There is clearly a strong demand for virtual services. Participants also noted that virtual services deliver results.

> *"Certainly in the allied health space, there's good evidence to show that outcomes from online services are just as good as in-person services. There is particularly strong evidence in speech pathology and mental health"* Kim Casburn (Head of Service Innovation and Improvement) Royal Far West

> *"We surveyed our customers about the standard of care they received via telehealth. 71% 'agreed' or 'strongly agreed' that they received the same quality of care via telehealth and 75% reported that they had been able to achieve their goals via telehealth"* Rhianna Perkin (Service Design Manager) EACH

An improved service offering

Participants highlighted their focus was to design a better service, rather than simply replicate the existing service in a virtual format.

Examples included coupling virtual service delivery with online self-paced resource, providing access to peer communities for additional connections and more frequent contacts.

Another benefit is observing the client in the more authentic home environment, rather than in therapy room simulations.

> *"That has been the biggest learning. It's not just taking your business as usual service and putting it online, but shifting the focus to ask 'what are the benefits of doing it this way?' and 'is there a better way to deliver an outcome ?'*
>
> *What can we do virtually, that is better than what we could do in-person"* Emily Wailes (Principal Practitioner, Clinical Services) The Benevolent Society

Providing customers with choice

Participants highlighted the importance of providing customers with different options so they can choose what is best for their situation. As we emerge from COVID restrictions; this could include in-person, phone, Zoom, web chat or artificial intelligence (such as chat bots).

While some argue that in-person services are more effective in building rapport and relationships, others argue that some clients may find virtual contact less threatening. Some may prefer a virtual practitioner to having a stranger in their home. Young people may prefer web based chat as it provides greater anonymity and is easier to seek assistance.

> *"It's all about putting the client first. The future is omni-channels. Having a human-centred approach is about understanding how clients want to engage with us"* Jared Ingle (Head of Social Enterprise & Business Development) Interrelate

> *"It comes down to understanding what each individual needs and wants, and how can we best connect with them in a safe and effective way"* Emily Wailes (Principal Practitioner, Clinical Services) The Benevolent Society

> *"We get to meet young people where they are. So, from their perspective, virtual is an environment that they're already comfortable operating in. It's more likely to encourage them to initially engage in help-seeking than having to first access a more traditional face-to-face service"* Tony Fitzgerald (Virtual Services Manager) yourtown

Broader capacity building

Through in-person delivery, the provider is primarily working with the customer who is receiving the service in the provider's offices. Through virtual delivery, the provider is also involving the customer's family or carer as they now play a part in the service delivery.

> *"This has been a massive shift. Telepractice promotes a lot more coaching of families. We're now coaching parents on how to implement the therapy. We're showing parents how to do this.*
>
> *In the past, our practitioner would have a therapy session with a child at their home, and the parents might grab a cup of tea and watch. Now that it's online, the parents are always there with the child being a part of the therapy"* Genevieve Johnsson (Practice Leader) Autism Spectrum Australia

> *"So while we're helping the child, we are also building the capacity of clinical and nonclinical people on the ground, and increasing the digital literacy of families, securities and schools. As we know, online service literacy is the future so that work to increase digital literacy is pivotal"* Kim Casburn (Head of Service Innovation and Improvement) Royal Far West

More frequent contact

Virtual service delivery has also changed the nature of client contact.

In-person service delivery was typically more formal and structured as the appointment was with a practitioner at the provider's office. Today, virtual service delivery can be shorter, more frequent and less formal.

> *"We can now engage in a more fluid way, being able to check in more often. It's a more collaborative approach where we can check in, do some coaching, be more efficient and effective with the touch points that we have"* Emily Wailes (Principal Practitioner, Clinical Services) The Benevolent Society

Greater collaboration

Communication platforms like Zoom and TEAMS enable more flexible communication with both customers and internal staff.

A multi-disciplinary approach - where different specialists from a provider may be in contact with a customer through virtual services – is now easier.

> *"It has allowed us to do more case consultation or collaboration, using a multi-disciplinary approach to provide a better service to our clients"* Emily Wailes (Principal Practitioner, Clinical Services) The Benevolent Society

> *"In the past, we would typically only get the whole organisation together once a year for several days and use some of that time to discuss new programs. But last year we set up different project teams with people working across state barriers, enabling team members to be involved in the development of new digital programs and initiatives"* Greg George (Regional Manager) Australian Business And Community Network

Workforce hesitancy

While the Roundtable demonstrated the sector's pivot to virtual services has been a success, it hasn't been trouble free.

Participants highlighted there was minimal resistance from customers; instead, there was strong demand for virtual services. The biggest challenge was workforce hesitancy to the new approach.

They identified the primary reason for this hesitancy was the sector is fundamentally people-centric. Staff join the sector as they want to assist others, and this has traditionally been provided in-person.

Secondly, there were concerns about whether services could be delivered as effectively through virtual services. In-person contact is key to building trust and rapport with customers. Making a diagnosis and identifying risk may be more challenging in virtual services as it is difficult to interpret non-verbal communication.

> **"A lot of our staff get into this profession because they are personable. We want to help. We want to connect with others. And connecting via telepractice initially looks very different"** Genevieve Johnson (Practice Leader) Autism Spectrum Australia

> **"The work we do is very much based on relationships, and building those effective partnerships with our clients and families. The big question from practitioners was 'can we do that online?'**

> **Some of our practitioners raised valid concerns : can I meet the same outcome that I would in-person? Is it safe to do this virtually? I now can't see the non-verbal cues that I would in-person - am I going to miss things that I would have seen?'"** Emily Wailes (Principal Practitioner, Clinical Services) The Benevolent Society

Workforce capability and digital literacy

The Roundtable highlighted that virtual service delivery requires a different skill set to in-person delivery.

For example, building a Facebook group is a great way to create an online community to share ideas. However; creating, moderating and building a Facebook group requires a set of skills that may not necessarily exist within a For Purpose organisation.

Staff may not have these skills. Therefore, a key focus is on capability development to transition to virtual delivery.

> **"There are some significant challenges in how we engage our workforce to optimise the use of systems, structures, quality engagement – particularly when people are now working from home.**

> **We need to get both the practitioner and the health seeker comfortable using the technology"** Steve Leicester (Head of Digital Mental Health Programs) headspace

Workforce well-being

The Roundtable also identified the pressures of virtual delivery. This included zoom fatigue, the frustration of managing technology (which may be an unfamiliar medium), balancing work and family demands, finding a private space for what can be intensive discussions with customers, and the isolation of remote working.

> **"After you had a session in an office environment, you might have an informal debrief or chat with a colleague when you return to your desk.**

> **You can't do that at home. You're literally opening your door to your own children or your own family. That's taken a toll on people"** Rhianna Perkin (Service Design Manager) EACH

The digital platform and connectivity issues

Participants identified some fundamental technology challenges.

Virtual service delivery requires an effective communication platform (such as Zoom or TEAMS), web chat application and an easy to use CRM system. Staff may need new laptops, smart phones, web cameras or improved home wi-fi to support remote working.

All this required convincing the Board and the executive team to invest funds in technology.

Additionally, the lack of reliable, fast internet connection can constrain customers in rural and remote areas, or students in schools.

> **"It is easy to underestimate the setup cost investment. Investing in the digital platform is obvious – but there is also investment in governance, training and IT support"** Kim Casburn (Head of Service Innovation and Improvement) Royal Far West

Some services are difficult to deliver virtually

Participants identified some services are better delivered in-person such as practitioners involved in play therapy floor work with children. Face-to-face can also be more conducive in building trust and rapport.

> **"There has been a lot of research about the science of mirror neurones which helps us read body language. All of those non-verbal cues that help us build rapport and trust are hard to do, or impossible to do, in virtual services"** Rhianna Perkin (Service Design Manager) EACH

> **"Counsellors are trained and skilled to work in face-to-face environments. They're tuned into what's being said, but also to read and understand a person's non-verbal cues"** Russ Thom (GM, Digital Transformation) Anglicare WA

Efficiency issues in virtual delivery

Some participants mentioned that virtual service delivery can take a longer time to deliver the same outcome.

> **"We may be delivering effective outcomes, but perhaps it's taking a longer time because it takes longer to build trust and rapport with someone online"** Rhianna Perkin (Service Design Manager) EACH

> **"Our web chat service is extremely popular with young people as they don't want to identify themselves. It's easy to get online.**

> **That's great, but a web chat takes two to three times as long as a phone call. There is the wait time as the other person types their response. The young person might also be distracted by something else. So what might take a half-hour on a phone call can take sometimes up to an hour and a half on a web chat session"** Tony Fitzgerald (Virtual Services Manager) yourtown

Increased competition

While virtual services allow your organisation to expand into other markets, it offers the same benefit to other service providers.

> **"If we are not willing to meet into online services, then rest assured, people will find other online services. Never assume that we're going to be the only online service that anyone is going to be able to access"** Steve Leicester (Head of Digital Mental Health Programs) headspace

Think hybrid service delivery model

The future will be a mixture of both in-person and virtual services. Some services may be more effective delivered in-person format; others may be just as effective – or more effective – when delivered virtually.

Providers will continue to enhance service delivery to provide better outcomes.

"We now provide a hybrid model of care. Some of the programs are delivered online, some might be in the community and some might be on site in Manly at our Centre for Country Kids" Kim Casburn (Head of Service Innovation and Improvement) Royal Far West

"There's still lots of opportunity for us to expand our services. We're not yet talking about the most advanced technical developments such as biometric feedback and implementing that into services of care." Steve Leicester (Head of Digital Mental Health Programs) headspace

Provide customers with choice

Participants highlighted the need to provide choice and avoid the pitfall of promoting one approach due to a customer's demographic profile.

"Our focus was to ensure clients had options in how they wanted to engage with us. We rolled out Zoom, introduced e-learning, refined our web chat function and integrated Facebook Messenger" Jared Ingle (Head of Social Enterprise & Business Development) Interrelate

"It's about figuring out how best to engage with clients in a way that meets their need. So, don't assume that an older person would only like to speak on the phone or a family would prefer to see us face to face. Make sure to offer the full suite of options" Emily Wailes (Principal Practitioner, Clinical Services) The Benevolent Society

This is a change initiative

Participants highlighted the shift to virtual service delivery was a significant organisational change and provided some practical advice:

- Start simple – don't expect rapid change
- Start with "the why"
- Learn from others with more experience
- Review what works, and embed practices

"We didn't see this as a digital upgrade but as an organisational transformation. At the centre, it's about client choice. But it's also about our people, our workforce, and making sure they are comfortable with the change" Jared Ingle (Head of Social Enterprise & Business Development) Interrelate

"Build upon what you already have as your baseline. Think incremental build. It's a big stretch to pretend that you can suddenly rebuild everything in your organisation" Steve Leicester (Head of Digital Mental Health Programs) headspace

"Always keep in mind the "why" : why are we doing this, how does it support our purpose?" Kim Casburn (Head of Service Innovation and Improvement) Royal Far West

Have an innovation mindset

Participants talked about the need for an innovation mindset and taking a "test and learn" approach.

Anglicare WA's innovation mindset led to sending care packages to customers prior to the online service session and providing a mobile phone with a data card for customers unable to pay for data access.

Focus on customer safety and confidentiality

This is more difficult with virtual services as the provider has less control over the customer's home environment.

Participants highlighted the need to build in safety as part of the set-up.

"This includes checks at the beginning of each session. So that's asking really practical questions like 'where are you doing the session from', 'is there anyone else in the room?'. 'If someone comes in during the call, what's the plan?' 'Can someone hear you ? If so, is that a problem?'

If someone does not have a private space for the session, we need to problem solve to find a solution. It's about reminding people about the importance of confidentiality and that responsibility rests with both the customer and the clinician" Kim Casburn (Head of Service Innovation and Improvement) Royal Far West

While the panel's examples focused on children-centric services, participants noted the emphasis on confidentiality and duty of care applied equally to adult customers who may be discussing domestic violence, relationship issues or other personal matters.

Focus on practitioner well-being and confidentiality

Participants highlighted the need to support their workforce in virtual delivery. They recognised the pressures from constant Zoom meetings, managing technology challenges and the isolation of remote working. There were questions about what is a reasonable full-time load for a service clinician in this environment.

"We introduced the role of a Telecare co-ordinator who schedules Zoom calls and manages any connection challenges. This allows the clinician to focus on the relationship and service role, without the stress of managing the technology" Kim Casburn (Head of Service Innovation and Improvement) Royal Far West

"Our 'Digital Concierge' is someone with technical skills to assist with setting up the video conference and trouble shoot any technical difficulties. This allows the facilitator to focus on facilitation" Greg George (Regional Manager) Australian Business And Community Network

"A lot of it comes down to having a supportive culture where practitioners and staff feel that they can ask for help if they need it, and that there are resources available to help if needed – there is a culture of sharing good practice" Emily Wailes (Principal Practitioner, Clinical Services) The Benevolent Society

Get the fundamental technology platform in place

While participants primarily focused on people and change management issues, they also highlighted the importance of technology.

Practical advice included an effective CRM system is the backbone for client engagement, stay away from applications that are too complicated for Customer Self-Serve to use, update your web site with web chat functionality, invest in staff training to build their digital literacy and provide staff with web cameras. Cyber security becomes more important as more services are delivered on-line.

Find a solution to recognise that some customers will not have stable quality Internet connection or may be on a low data plan. Some customers used the internet service at the local library. Some providers gave their customers mobile phones and data cards.

"We had to quickly implement new systems to support virtual service delivery. So how do we do this online, what are the security issues, how will the end user access it?" Russ Thom (GM, Digital Transformation) Anglicare WA

Capacity building initiatives

Virtual service delivery was new to most staff. Participants identified practical ways that strengthened capacity.

Training & Best Practice Forums

In the early days of COVID lock-down, organisations delivered webinars and Zoom / TEAMS sessions to upskill staff in areas such as how to conduct an online session, how to ensure customer safety and confidentiality, setting up virtual background and using polls.

These provided an opportunity to share ideas on what works and what doesn't work, and learn new ideas.

"We had a series of webinars where we talked about what were the challenges, what was working. We shared the good news stories. We also drew on resources from other organisations and shared them internally" Juanita Ford (Service Design and Innovation Business Partner) Mission Australia

"We identified a group of staff who had strong digital literacy. They would run short workshops about the technology and how to use it. They were there to answer questions to help build staff confidence in the technology" Russ Thom (GM, Digital Transformation) Anglicare WA

Internal Resource Hubs

Organisations created go-to resource hubs on their intranet to provide easy access to practical ideas.

"There has been some great innovation over the last 18 months. We've been able to capture what have people done, what's worked well, in which context; and then made those guidelines and resources available to people" Genevieve Johnsson (Practice Leader) Autism Spectrum Australia

"We had a central hub for remote service delivery with support tools so anybody could share and use resources on how to deliver services remotely" Juanita Ford (Service Design and Innovation Business Partner) Mission Australia

"We worked with experienced staff to create resources which are on SharePoint. We promote these resources in our email communications, present them at our team meetings and share them through communities of practice.

We check how many people are visiting these pages. Each time we go into lockdown, there's a resurgence in the number of people" Rhianna Perkin (Service Design Manager) EACH

Internal Mentors

Practitioners with deeper virtual services expertise mentored others. Informal buddy systems enabled a more experienced practitioner to support one less experienced.

Effective Remote Working practices

The Roundtable focused on remote working practices as this is critical to virtual service delivery.

Practical ideas included having frequent breaks, having a buddy system, encouraging exercise in the middle of the day, no-one makes a meeting at 12.30 p.m, regular "R U OK" check ins, providing yoga or counselling services, using "lunch and learn" sessions as a way to both upskill and connect with peers, and connecting groups through WhatsApp.

The importance of co-design & customer pulse checks

Participants highlighted the importance of involving staff and customers in service design, and using surveys to understand client needs and engagement preferences.

Interrelate invested in supporting and training both customers and staff on the technology. As a result, they saw a steady increase in acceptance of technology due to the effectiveness of knowledge bases and instructional videos on how to use the technology.

"We used different approaches – surveys, focus groups, an advisory panel – to seek feedback and check if we are on track. The continuous pulse check is critical

For example, after a survey of our clients, we knew that 90% felt competent in using technology – such as joining zoom, using our web chat functionality or engaging with our self-paced tools." Jared Ingle (Head of Social Enterprise & Business Development) Interrelate

Virtual Service Delivery in the Strategic Plan

Finally, virtual service delivery requires an intentional commitment – initial and ongoing – to ensure the systems, policies, practices and organisational capability are in place.

This requires the need to convince the Board and executive that this is a worthwhile investment.

The shift to virtual services requires strategic decisions about the organisation. It is a great opportunity for the organisation to rethink its approach to servicing and delivering outcomes.

"Digital service delivery is embedded in our strategic plan. There are some key focus areas that we need to excel in. It's not just about being agile and pivoting once. It's an ongoing commitment to expanding service delivery through different modalities – both in person as well as online" Jared Ingle (Head of Social Enterprise & Business Development) Interrelate

"This has been a major shift. Community Services traditionally viewed technology as a nice to have. Now it's seen as a fundamental tool of service provision" Russ Thom (GM, Digital Transformation) Anglicare WA

ADDITIONAL RESOURCES

"Virtual Care in Practice" (NSW Health, 2021, 50 pages) outlines the benefits for virtual care, barriers and enablers, different modalities and implementation considerations.

"TelePBS Resources" (NDIS Commission funded) Resources and materials to support practitioners deliver TelePBS (the delivery of Positive Behaviour Support via telepractice). Based upon research by Aspect Research Centre for Autism Practice. Contact : Dr Genevieve Johnsson (Lead Researcher, Aspect)

"Tips for mental health workers" (Orygen, 2021, 7 pages) provides practical tips on telehealth for youth mental health.

The Centre's Whitepaper series summarises key sector insights and practical takeaways from Roundtables exploring different aspects of Operational Excellence.

Other Centre Social Purpose whitepapers which can be downloaded from https://tcfsp.com.au/resources-2/ include :

- "Measuring Social Impact"
- "8 Step process to Outcomes Measurement Guide"
- "Working with your Board"
- "For Purpose sector strategic challenges"
- "Planning for a COVID-19 Residential outbreak"
- "Responding to COVID-19"
- "Digital Leadership enabling remote working"
- "Cyber Security"
- "Volunteer engagement and retention"
- 'Corporate volunteering"
- "Social Enterprise Success Factors"
- "Development as a retention strategy"
- "Improving Traineeship Offer (SA)"

THANK YOU

The Centre thanks:

- **The Roundtable Panel**: Steve Leicester (Head of Digital Mental Health Programs) **headspace,** Jared Ingle (Head Of Social Enterprise and Business Development) **Interrelate,** and Kim Casburn (Head of Service Innovation and Improvement) **Royal Far West.**

- **The 60 Sector participants**: for their insights and practical suggestions provided in small groups

- **The 8 participants involved in follow-up interviews** : Russ Thom (GM, Digital Transformation) **Anglicare WA,** Greg George (Regional Manager) **Australian Business and Community Network,** Genevieve Johnsson (Practice Leader) **Autism Spectrum Australia,** Rhianna Perkin (Service Design Manager) **EACH,** Juanita Ford (Service Design and Innovation Business Partner) **Mission Australia,** Josh Ellis (Head of Virtual Services) **Relationships Australia (Queensland),** Emily Wailes (Principal Practitioner, Clinical Services) **The Benevolent Society** and Tony FitzGerald (Virtual Services Manager) **yourtown**

- **The Roundtable Host and Panel Facilitator**: Kirsty Nowlan (Executive Director) **The Achieve Foundation**; and Deputy Chair, The Centre For Social Purpose

- **The Small Group Facilitators**: Heather Bailey, Angeline Veeneman, Eleanor Booth, Graeme Bartram, Kirsty Nowlan, Lyndsay Taylor and Michelle Piccolo

- **Our Zoom Administrator**: Ellie Hegarty

THE CENTRE FOR SOCIAL PURPOSE

The Centre For Social Purpose (www.tcfsp.com.au) is a membership community to assist For Purpose organisations to achieve their purpose and commercial objectives through improving operational excellence.

Our Chair is the former CEO of **The Fred Hollows Foundation**.

Our 60+ member organisations include **Mission Australia, St Vincent de Paul, Barnardos, St John Ambulance, Relationships Australia, CareFlight, ChildFund, Sydney Children's Hospital Foundation** and **Settlement Services;** to name a few.

The Centre's objective is to assist organisations to achieve their revenue goals, optimise impact and reduce costs.

We do this by focusing on three areas:

CONNECT: learning from peers through Roundtables and Best Practice Groups

DEVELOP: strengthen capability through cost-effective sector-relevant Workshops, Mentoring and access to Consultants

SAVE: through resource sharing and productivity improvement ideas

To find out more about how the Centre could assist your organisation, contact:

Craig Hawke
Executive Director
Ph: 0434 735 376
E: c.hawke@tcfsp.com.au