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A Home Fit for Heroes: Meeting the Needs of Homeless Veterans



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Parity

Australia's national homelessness publication

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October: Homelessness Among Older Women

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The cover image for this edition was provided by **Veterans 360**.

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Editorial

Jenny Smith, Chief Executive Officer, Council to Homeless Persons

No greater love...



In many countries, the military holds an honoured position in the national psyche. This has also historically been true in Australia, with the Anzac tradition that began at Gallipoli often being identified as the 'real' birth of Australian nationhood.

The 'Digger' tradition of exemplary military resilience and self-reliance was further reinforced in the Second World War by the heroics of the 'Rats of Tobruk' and the citizen soldiers at Kokoda.

However, despite this national identification with our returning soldiers, many experienced problems integrating back into society. This resettlement challenge followed every major 20th century conflict. During the Great Depression, homeless veterans made up a significant proportion of the unemployed and homeless.

Following the Second World War, post-war prosperity helped reduce the number of veterans who became homeless. Nevertheless, many of the men who comprised the public face of homelessness in the 1950s and 1960s, were Second World War veterans, who still traumatised by their wartime experiences, populated faith based homelessness services.

However, recognition of the issues associated with veterans' homelessness is relatively recent. Following the Vietnam War, the problems many ex-service personnel had in returning to civilian life, saw veterans' homelessness become an issue. This recognition and understanding has grown in the wake of intervention in East Timor and most importantly, in the wake of the large numbers of service personnel returning from Afghanistan and Iraq.

At the heart of this acknowledgement, is the understanding that many ex-service men and women are profoundly traumatised by their experience of war, and suffer the long-lasting effects of post-traumatic stress disorder (PTSD). PTSD can and does, affect all aspects of personal well-being, both physical and mental health, resulting for some in the breakdowns that often culminate in periods of homelessness.

Australia's experience of veterans' homelessness is not unique. It shares many of the features of the experience of veterans returning home from other countries who have participated in one or more of the many global conflicts of the last century. Homelessness among veterans is a significant feature of all the countries in the Anglosphere that have participated in these conflicts, especially in the more militarised and prominent United Kingdom and the United States.

Veterans are frequently unwilling to identify as homeless and hence unlikely to seek assistance from homelessness services. While this is not a unique descriptor, it is a distinctive feature of veterans who are or who have been without a home. However, many of the service responses needed by

veterans, are very similar to those required for other groups at risk of or experiencing homelessness.

Several articles in this edition, point to the effectiveness of Housing First approaches, where tailored 'wrap-around' services are developed to meet the specific and particular needs of individuals. Assertive outreach programs have also been demonstrated to be effective in finding and connecting with veterans who make up a significant proportion of those sleeping rough.

Other contributions in this edition point to the ongoing fight to have veterans' homelessness recognised by government and to have appropriate resources for programs tailored to meeting the needs of homeless veterans.

It comes as no surprise at all that the provision of affordable and sustainable housing and accommodation is close to the top of the 'to do' lists of veterans' advocates. Equally clear is that for many deeply wounded by the trauma and experience of war, this housing needs to be supported housing — housing and support that is designed to give lives back to those who were prepared to put theirs on the line.

Acknowledgements

CHP would like to thank our two edition sponsors, The Salvation Army and Launch Housing.

Special thanks to Livia Carusi, National General Manager, Homelessness Stream, The Salvation Army Australia Territory with whom the proposal for this edition of *Parity* originated. Likewise, to Geoff Evans, the founder of Homes for Heroes for his support and assistance with the development and preparation of this edition.

Introduction

Contemporary Ex-serving Australian Defence Force Members and Specialist Homelessness Services, 2011-17

Veterans' Health and Welfare Unit, Australian Institute of Health and Welfare

This article covers Specialist Homelessness Service use by 'contemporary ex-serving Australian Defence Force (ADF) members', which is defined as ADF members who had at least one day of service on or after 1 January 2001, and who discharged after this date. All data about ex-serving ADF members presented in this article refer to this cohort, including references to the broader contemporary ex-serving ADF population.

Homelessness can profoundly affect a person's mental and physical health, their education and employment opportunities, and their ability to participate fully in social and community life.

Between 1 July 2011 and 30 June 2017, 1,215 contemporary ex-serving ADF members used specialist homelessness services (SHS).

Key Findings

- Contemporary ex-serving ADF members were less likely to have used SHS in the six-year period than the Australian population as a whole (1.1 per cent compared with 3.4 per cent).
- Members who are women, younger, or had less ADF experience were more likely to seek homelessness services than other contemporary ex-serving ADF members.
- Of the contemporary ex-serving ADF

SHS clients who were at risk of homelessness at the start of support, 82 per cent were in stable housing at the end of support.

- Accommodation, financial and interpersonal reasons were the most common main reasons for seeking assistance from SHS.

Demographics

The proportion of the contemporary ex-serving ADF population who ever used SHS during the six years was 1.1 per cent. Although there were more contemporary ex-serving ADF men (941) who used SHS during this period than contemporary ex-serving ADF women (274), proportionally

more women (1.7 per cent) used SHS than men (1.0 per cent).

In comparison to the general Australian population aged 17 and over, of whom 3.4 per cent used SHS during the six years. The proportion of Australian men who used SHS was 2.6 per cent, compared with 4.2 per cent of Australian women.

Within the ADF population, contemporary ex-serving ADF SHS clients were younger than contemporary ex-serving ADF members who were not SHS clients (mean age of 38 years, compared with 43 years). Contemporary ex-serving ADF SHS clients also served

in the ADF for a shorter period (mean length of service was six years, compared with 13 years), and were less likely to have had operational experience (14 per cent had operational experience, compared with 25 per cent).

Housing Situation

Among the 1,082 contemporary ex-serving ADF SHS clients whose housing situation was known at the start of support, 46 per cent were homeless and 54 per cent were at risk of homelessness. This was similar for non-ADF SHS clients.

Of the contemporary ex-serving ADF SHS clients who were *homeless* at the start of support (and whose housing situation was known both at the start and end of support),



32 per cent were in stable housing at the end of support and 68 per cent remained homeless. Of clients who were *at risk of homelessness* at the start of support (and whose housing situation was known at both time points), 82 per cent were in stable housing at the end of support and 18 per cent were homeless.

These proportions were similar for non-ADF SHS clients.

Profile of Service Use

Across the six-year reporting period, over half (56 per cent) of contemporary ex-serving ADF SHS clients were provided with between one and 45 days of support. This was similar for the general Australian population of SHS clients (53 per cent). Additionally, nearly two in five (38 per cent) contemporary ex-serving ADF SHS clients were provided with at least one night of accommodation, which was higher than the proportion among non-ADF SHS clients (29 per cent).

The most common reasons contemporary ex-serving ADF SHS clients sought assistance from

SHS at the start of support related to accommodation (61 per cent) and financial issues (57 per cent). Nearly two in five (38 per cent) sought assistance for interpersonal relationship reasons, one in three (28 per cent) for a health reason, and a similar proportion for other reasons (30 per cent).

Among non-ADF SHS clients, the most common reasons for seeking assistance were accommodation and interpersonal relationships (both 53 per cent). Just under half (47 per cent) sought assistance for financial reasons, 23 per cent for a health reason and 32 per cent sought assistance for other reasons.

The results presented here are based on data generated by linking information from the Department of Defence staff and payroll management system — the Personnel Management Key Solution (PMKeyS) — with the AIHW's SHSC. This means that the scope of the homelessness examined in this report is defined by the SHSC, and the scope of ex-serving ADF personnel is defined by the PMKeyS.

Further Information

Want to know more? To view the full results of the *Use of homelessness services by contemporary ex-serving Australian Defence Force members 2011-17* report, visit <https://www.aihw.gov.au/reports/veterans/homelessness-services-ex-serving-adf/contents/summary-of-findings>

Comparison with the ADF Indicator in the SHSC

An ADF indicator was introduced into the SHSC in July 2017 to provide a better understanding of the extent to which veterans may need support from SHS. Important factors to consider (including more detail about the differences between the ADF indicator and the linked data used in this article) can be found in the report above.

To view results relating to the ADF indicator in the SHSC in the AIHW's *Specialist Homelessness Services annual report*, visit <https://www.aihw.gov.au/reports/homelessness-services/shs-annual-report-18-19/contents/client-groups-of-interest/clients-who-are-current-or-former-members-of-the-australian-defence-force>

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Department of Veterans' Affairs Support for Homeless Veterans

Department of Veterans' Affairs

Veteran homelessness is a priority for the Australian Government.

Many of the risk factors that can contribute to veteran homelessness are similar to those for the general population. These include negative life events such as relationship breakdown, unemployment and mental health issues.

Housing is fundamental to the welfare of all Australians and the Government is supporting state and territory governments by providing more than \$6 billion per year to improve housing and homelessness outcomes for all Australians, including veterans and their families.

Through the Department of Veterans' Affairs (DVA), the Government is investing significantly in addressing the unique risk factors for homelessness that can arise from military service. Early assistance is vital to prevent housing instability and homelessness and this is DVA's focus.

In recent years, DVA has been delivering positive changes to the veterans' support system focusing on mental health and wellbeing, from introducing free mental health care for anyone with at least one day of continuous full-time service in the Australian Defence Force (ADF), to providing immediate financial support to veterans who have lodged a compensation claim for a mental health condition.

DVA-funded mental health services include services provided by psychiatrists, general practitioners and allied mental health providers, pharmaceuticals and inpatient and outpatient hospital treatment.

Specialised counselling support is also available through the

Open Arms — Veterans and Families Counselling Service (Open Arms). Open Arms provides 24/7 free and confidential counselling and works with veterans to access the most appropriate care. Open Arms also delivers a crisis accommodation program which aims to provide 'time-out' accommodation to alleviate a crisis situation, such as a potentially conflicting domestic situation or an immediate housing crisis.

For those veterans most at risk, DVA provides intensive case management support through its Coordinated Client Support and the Wellbeing and Support Program.

Veteran White Cards are issued to all personnel leaving the ADF and DVA is working with the Department of Defence to improve transition support. Veteran Support Officers (VSO) are available to all serving and transitioning ADF members, providing enhanced DVA services with a greater on base presence and consistent way of delivering support with tailored, expert advice at the right time. VSOs also help DVA connect with more ADF members so DVA gets to know them and their families well before they leave the ADF.

Through the DVA's Early Engagement Model, ADF members who joined from 1 January 2016, and those who separated after 27 July 2016, are registered with DVA. This information facilitates an email on enlistment, and a letter on separation, from DVA Secretary Liz Cosson AM CSC, that outlines services offered by DVA.

DVA is enhancing employment support for veterans through targeted rehabilitation programs that support vocational and non-vocational outcomes, education and training support, and the Prime Minister's Veterans' Employment Program.

DVA is also committed to enhancing partnerships between the Commonwealth and other jurisdictions, and working with the homelessness sector as set out in the *Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020-2023* (the strategy is available at www.dva.gov.au/mental-health-strategy). One of the ways this approach is being actioned is through a new partnership between DVA and the Community Housing Industry Association which will help housing providers better understand veteran need.

Veterans who find themselves homeless or at risk of homelessness are encouraged to contact DVA on 1800 555 254 or Open Arms on 1800 011 046. DVA will work with the individual to help them access their entitlements, crisis payments or crisis accommodation, referrals to local homelessness support services, and information about a network of other organisations that can assist them. More information about DVA support services can be found on the DVA website: <https://www.dva.gov.au/>



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Homeless Veterans: A Short Long History

Professor Anne O'Brien, School of Humanities and Languages, University of New South Wales

High rates of homelessness among veterans have followed every major military conflict in which Australia has been engaged but homeless veterans have had different degrees of visibility at different times. They had a higher profile in the years around World War I than any time since — except for now. Indeed, the significant research and organisational effort of which this edition of *Parity* is part, is quite recent.

Homeless veterans have also been associated with different images. 'En masse' they have been feared as a violent mob but they were also pitied as lonely 'derelicts'. Like all political images these were superficial exaggerations but neither was compatible with the war hero. These images not only cut veterans off from the society from which they came, they implicitly declared they were undeserving of the status of hero.

In Australia, the gap between image and reality is particularly problematic because 'Anzac' — another vague and thus politically useful symbol — has had a long though uneven association with nationalism. Why, we should ask, can politicians spend \$500 million upgrading the War Memorial while veterans are experiencing homelessness?

Understanding the ambiguous place homeless veterans have long occupied in the public imagination provides a useful sense of perspective for working out how best to support them.

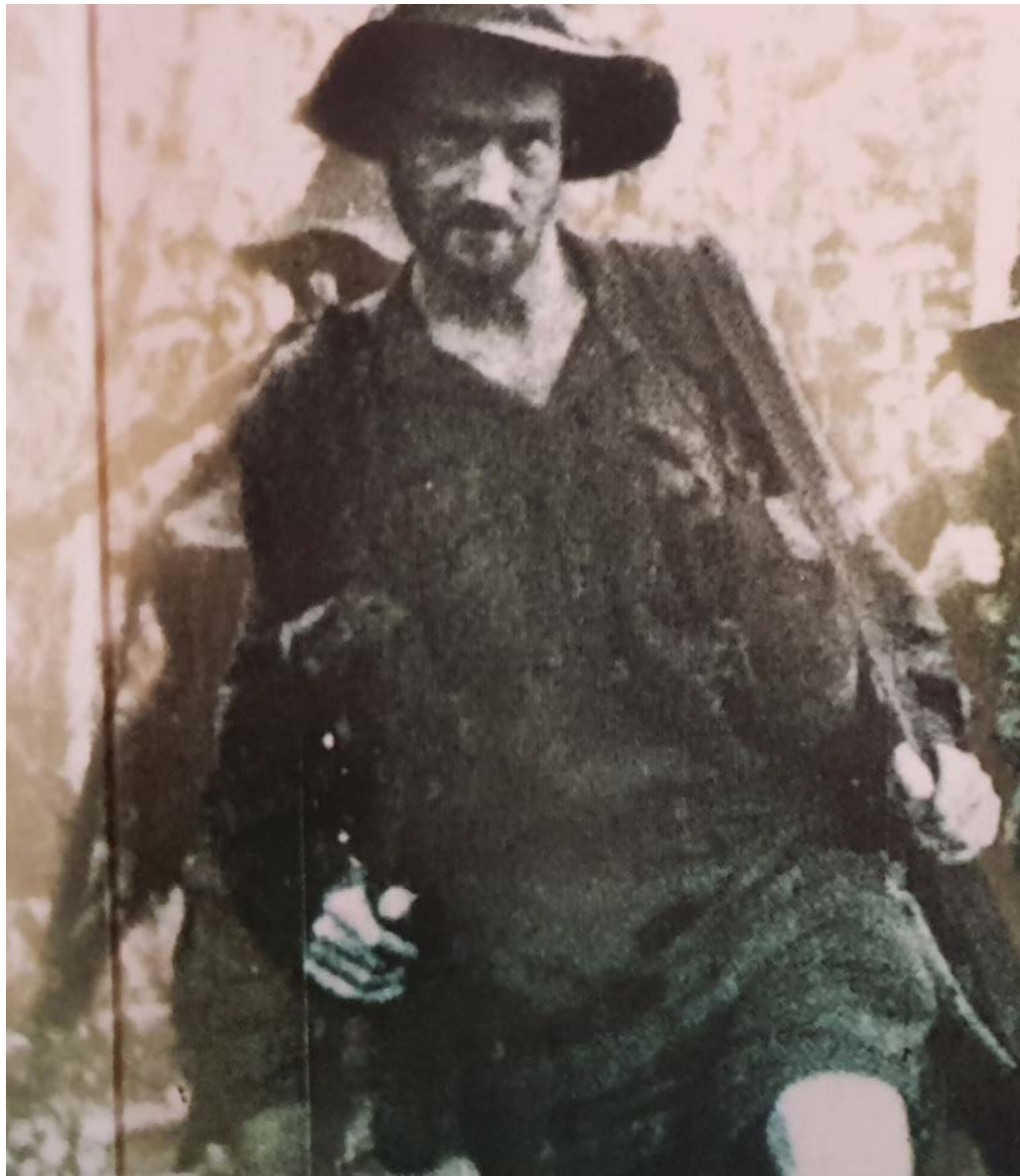
World War One: Fear and Sympathy

Their history does not start in Australia. All the old European wars deployed homeless men and in turn produced more. They were absorbed by armies — sometimes press-ganged against their will — and then released

onto flooded labour markets at war's end.¹ And there was always a fear that if they were not taken care of on their return, they might wreak havoc on the home society. Indeed, knowledge of the danger posed by the neglected soldier explains why all combatant nations in the First World War, including Australia, introduced schemes of 'national gratitude' to returning soldiers in the post war years.²

It is no coincidence that Australia's repatriation system was conceived when the first wounded, restive and sometimes violent men started to return from the front in 1915.

Though in international comparison Australia's repatriation system was more equitable than the British, to be eligible for benefits, veterans had to prove that their health problems were caused by the war.³



This was not easy, and as time went on, more men became vulnerable to homelessness, especially at times of economic downturn. Twice in the two decades after the First World War, the Government responded to pressure from advocates and sympathetic media and assisted homeless veterans further.

In the recession of the early 1920s, following newspaper exposure of veterans sleeping in the Domain, the New South Wales Government voted to provide over £94,000 for shelter and food; and then in 1936, following the Depression and even more media exposure of veterans 'on the road' the Commonwealth introduced a War Service Pension, which enabled veterans who were 'permanently unemployable', suffering tuberculosis or aged 60, to apply for benefits equivalent to the Old Age Pension. Its implementation was 'tough' and fewer benefitted from it than needed

it but the Service Pension provided some with support and facilitated new specialised residential options such as Legacy Park in Sydney, designed with separate bedrooms, high quality finishings and original paintings.⁴

World War II: squatting and vagrancy

In the years following World War II homeless veterans had little recognition. The conditions of the Second World War heightened the incompatibility of the homeless veteran with the war hero. There were fewer opportunities for front-line combat than in the First World War and ex-POWs of the Japanese were 'a disturbing symbol' of defeat and subjection. In both world wars a strand of medical opinion warned against too liberal provision of benefits for veterans, but these fears were greater following the Second World War. Many doctors saw neurosis as 'an escape or excuse', and one warned

of an epidemic of neurosis among returning soldiers and that pensions would be 'a hindrance rather than an aid to a patient's recovery.'⁵ In this context homeless veterans did not stir the same response from the newspapers and the public as they had following the First World War.

And yet veterans returning from the Second World War also faced a notorious housing shortage. Housing construction had been halted by the Depression and war-time shortages. A social survey of Melbourne in 1943 found that 10 per cent of the population was living in overcrowded conditions — in sleep-outs, boarding houses and 'makeshift dwellings'.⁶ With the creation of the Commonwealth Housing Commission housing stock increased dramatically over the next decade, but homeless veterans still fell through cracks in the system. Veterans were among those who squatted in unoccupied



army buildings and suburban houses. One man set up camp in a concrete alleyway near the Housing Commission Office in Sydney.⁷ Veterans drove one of the most enduring squats: Maramanah, a 20-room mansion in Kings Cross, which had been due for demolition, housed 13 families between 1946 and 1950.⁸ By the 1950s, there were still veterans of the First World War being charged with vagrancy and doing three-months jail.⁹ Alan Jordan's major survey of 1,110 homeless men in Melbourne in the 1960s found that 48 per cent had served in one of the world wars.¹⁰

Surveys and Low Visibility

It was in this context of detachment, even indifference, that the first surveys of homeless men in Australia were carried out. They all noted the significant presence of homeless veterans but none considered war service as a factor contributing to these men's circumstances — not even Jordan who provided that telling statistic. In his 1949 survey of 1,000 men assisted by the Brotherhood of St Laurence, Don Wilding provided a 'typical case study' — of a man who had served for two years overseas in the First World War — but that was the only reference to the war in his survey.

Even the one survey specifically on ex-service personnel — 197 men and five women — took no account of war service in explaining their circumstances. Completed by Nina Linsell, a social worker with Red Cross Welfare in 1962, it was strongly influenced by American sociologists of Skid Row, who argued that homelessness was the result of individual psychological deficiencies: she had a section on 'the Inadequates'.¹¹

American theories of 'under-socialisation' and 'disaffiliation' were common to all the surveys of this period, but Linsell also blamed the 'indifference and hostility' of the community and pointed out that, even in 'affluent' 1962, there was not enough work for unskilled labour. By her accounting a man on unemployment benefits could pay for a bed in a Men's Hostel and two meals a day.¹² One of the fascinating insights Linsell recorded was of a four-day camp held the previous

summer, where 22 homeless veterans did all the camp duties including painting and carpentry, played chess and cards, had two cricket matches and debated capital punishment and immigration. Their positive response suggests the value of seeking similarly physically safe and emotionally supportive environments in designing homes for the homeless.

Vietnam

Veterans of the war in Vietnam returned to a different environment again. They had fought in an undeclared war, one that was not just increasingly unpopular, but one whose legitimacy was rejected in large protests that gained widespread media coverage. Many felt rejected by the society that had sent them to war. In 1979, veterans with 'a shared history of problems' formed their own association — the Vietnam Veteran Association (VVA).¹³ Its main function was to gain recognition of the deadly effects of the herbicide 'Agent Orange' but it also advocated for homeless veterans. In 1983, in response to the Returned Services League (RSL) fund-raising campaign for a Vietnam memorial and trust fund for veterans' children, the President of the VVA, Phill Thomsen, wrote to the *Canberra Times* suggesting that the best memorial would be 'a hostel for homeless veterans and a halfway house for those recovering from psychiatric distress'.¹⁴ In August 1986 the VVA announced an emergency accommodation centre in Brisbane.¹⁵

Then and Now

Without precise statistical information about homeless veterans in the past, it is impossible to get a close view of how the conditions giving rise to homelessness among veterans have changed. However, if we accept that many of the veterans in Jordan's survey came from similar backgrounds to the other homeless men experiencing homelessness — and this seems likely — then it is possible to make a broad-brush comparison.

And what is striking is the similarity between the broad risk factors for veteran homelessness identified by the 2019 AHURI *Inquiry into homelessness amongst Australian veterans* and those identified by Jordan in the men he interviewed. He found lower education levels, being single, being unemployed,

experiencing financial strain and having less contact with family and friends among the men he interviewed. He did not use the phrase 'experiencing a great number of lifetime traumatic events' but he did note that many came from families that he described as 'broken and unhappy', and that some had been in institutions as children, experiences we now know could be traumatic. We could conclude from this that the key socio-economic and familial factors precipitating veteran homelessness have not changed.

Perhaps the essential components of reform are largely unchanged also. This short long history suggests that significant help was provided for homeless veterans in the wake of the First World War because of the persistence of advocates and the publicity they generated from a sympathetic press. Even when the times were less receptive, self-help and lobbying got some results. We can only hope that the research, organisational support and self-help in evidence today leads to effective, long-term reform.

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From One to One Hundred

Geoff Evans, Founder, Homes for Heroes.

In mid-2012, after having been medically discharged from the Army, I met a veteran at a commemorative function in Sydney. As our conversation progressed, the veteran in his mid-30s, confided in me that he was currently living in a park, and had been for two weeks. His story both shocked and angered me and I began to look for housing options for him, only to find that none were suitable. The veteran would not access mainstream homelessness services, in part because he had been 'taught to rough it in the Army', and therefore, did not consider himself homeless. He was also reluctant to access these services in part due to shame, having been a member of the 'pride of the nation', he did not identify with 'those' homeless people.

That experience turned out to be the founding moment of what would later become Homes for Heroes (H4H), a holistic homelessness program tailored for contemporary veterans that relied on RSL LifeCare's aged pensioner units at Narrabeen and later in Penrith in NSW for accommodation. Within 18 months, growing by word of mouth only, H4H took in over 100 veterans. But we also started a sustained push to have the issue of veteran homelessness recognised and addressed by government and society.

For the next four years that I ran the H4H program, I relied almost solely on veterans within the program to mentor and look after those less well than themselves. During this time, it was not uncommon to collect a veteran from the street and deliver them to another veteran, where a rotating suicide watch would be set up by veterans in the program. If the veteran attempted suicide, they would be spirited to Manly

Hospital by ambulance, only to be released again a few hours later into my custody. I would often feel sick with anxiety driving to the hospital to collect them, knowing that there was nowhere else for them to go.

The veterans entering into H4H could be loosely divided into three groups: A third were older, having served post-Vietnam, but before Afghanistan. These veterans had chronically poor physical and mental health, nearly all had abused alcohol and/or prescriptions medications and were completely socially isolated. Over time, I learned that for these veterans the cold reality was that providing a safe place for them to drink themselves to an early death was likely the best that we would do for them. We never stopped trying to do more of course, but at the very least, they had a safe space and access to care when they needed it.

Another third was younger, usually having just returned from Iraq or Afghanistan. These veterans were

suffering from the effects of being in a war. Homelessness, for them, was always the end result of a progressive decline in their mental health, a decline that culminated in a crisis, such as family breakdown or problems with the police. Their relative youth also influenced their drug of choice, with ice use common among this group. The use of ice presented an altogether different challenge to be grappled with. These veterans, however, could bounce back quickly when stable housing, treatment, peer mentoring and an opportunity to progress with their lives was provided. It was these occasional wins that made the rest of the struggle bearable.

The final third could be older or younger, and were destined for one of the preceding thirds without any certainty as which one it would be. The only certainty was that it would be a long and bumpy road to recovery, or in some cases, not. These last two thirds oscillated in the gap between being too unwell to live alone, but not quite unwell enough to be in hospital.



Former NSW Governor Marie Bashir meeting with veterans in the Homes for Heroes program in 2015

Photo by Glenn Nicholls

It was not uncommon for these veterans to have been hospitalised for a four week stay in a private psychiatric clinic, funded by the Department of Veterans' Affairs (DVA), 10 to 20 times, yet following each hospitalisation, to be discharged straight back into the same circumstances that led to their hospitalisation in the first place. In many instances these hospitalisations were simply viewed as a respite stay by the veteran.

By mid-2013, the issue of veteran homelessness was beginning to gain traction in the media and the national psyche. Later that year I successfully lobbied to have veterans recognised as an 'at-risk' group in the National Mental Health Commission's Report Card on Mental Health in Australia. I was subsequently appointed to the Prime Ministers Advisory Council on Veterans' Mental Health (PMAC), where I advocated for homeless veterans directly with the top echelons of the DVA and Government. But it was tough going. Everything centred on just one question: How many homeless veterans were there?

A Numbers Game

In late 2012, I was sent a copy of the 2009 *Veterans at Risk Report*,¹ a DVA commissioned study of veteran homelessness that was not made public until 2012.² It was this report that referenced the number 3,000, and this number soon began to appear in headlines. The DVA countered this with its own estimate of 200 to 300 nationally.³ Nevertheless, I continued to push hard through the PMAC and elsewhere to have the issue of veterans' homelessness addressed regardless of the number. This resulted in a Senate Inquiry that included a public hearing at Homes for Heroes in Narrabeen in late 2015.⁴ Finally, in November 2016, the DVA commissioned the AHURI report estimating that there were about 5,800 contemporary veterans throughout Australia experiencing homelessness.

The problem with focusing on the number of veterans who experience homelessness, however, is that it misses the point entirely. The issue is not about how many veterans are homeless. Even one veteran on our streets is a national shame. A ZERO tolerance approach to veterans' homelessness is what is required.

A Solution — In Part

Having advocated relentlessly on this issue since 2012, I have come to accept this reality: unless the structure of our federal system of government changes, the DVA will not provide housing to homeless veterans. There is, therefore, little point in continuing to push the DVA to provide it. It is also the case that by the time a veteran becomes homeless it is too late, as their whole life has unravelled. From this perspective the DVA's focus on early intervention and prevention is the correct approach.

That does not mean the DVA does not have a significant role to play in veteran homelessness. In late 2014, I was approached by the New South Wales (NSW) Department of Housing to conduct a pilot program that would later become the NSW Government's Rent Choice Veterans program.⁵ This program relied on the NSW Government to provide housing, and the DVA, working with local ex-service organisations, to provide complex case management and other support to veterans experiencing or at risk of becoming homeless. Although the program is not well known, and limited to NSW, it still received 90 referrals in 2018-19. If this kind of program was replicated in each state and territory, it would go a long way towards addressing the issue. Unfortunately, there will still be some who fall into the 'gap' outlined above. For these veterans, only a comprehensive program like H4H will be adequate.

A Sobering Future?

The peak of the bell-curve for the 65,000 veterans of the Vietnam War who lodged disability claims with the DVA was 20 years after the war. Australian soldiers first entered Afghanistan in October 2001 and Iraq in 2003, and as a result there are now significantly more veterans of contemporary conflicts than there are Vietnam Veterans. Most Australians are aware of how the war impacted Vietnam Veterans. The *Vietnam Veterans Family Study*⁶ shows how the effects of that war cascaded through successive generations of their families. We don't have to be captive to that history, but we must learn from it.

Homelessness is the end result of problems that an individual cannot resolve by themselves. Veterans with serious mental illness, chronic substance abuse and other disabilities will need supportive housing over a long period of time, and in some instances for the rest of their lives. Regardless of the number of homeless veterans, there are two crucial and mutually reinforcing aspects to ending it: The provision of safe, secure and stable housing based on the Housing First model, and as importantly, the provision of ongoing complex case management that encompasses a whole of person approach, including rehabilitation, assistance with issues such as family and criminal law, debt, dependants, pain, social isolation, substance abuse and psychological support for both the veteran and their family.

It is important not to create the false perception that all, or even a majority of veterans, are in some way 'damaged' by their service. In fact, only around 20 per cent of veterans ever lodge a claim with the DVA, and of that 20 per cent very few will experience homelessness. For those veterans who do face challenges in their transition out of the military the DVA is right to focus on early intervention and prevention. But for some it is already too late, and regardless of the number, there are veterans who are homeless right now. For these veterans the focus must shift from 'how many', to 'how do we help'? There are solutions available, we just need the will to drive them.

Endnotes

1. *Veterans at Risk*, Department of Veterans' Affairs, 2009, viii.
2. John Thomson, (senior researcher of the *Veterans at Risk Research Report* 2009), Australian Alliance to End Homelessness, *Veterans and Homelessness*, 5th March 2015, Meeting Minutes, p.1.
3. Deputy Commissioners Consultative Forum, Tasmania, 30th October 2014. <http://www.dva.gov.au/sites/default/files/files/consultation%20and%20grants/tascf/tas30oct13.pdf>
4. *Mental health of Australian Defence Force members and veterans*, 2016, p.130 & https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Foreign_Affairs_Defence_and_Trade/ADF_Mental_Health/Report
5. <https://www.facs.nsw.gov.au/housing/factsheets/rent-choice-veterans>
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Part 1: Homeless Veterans: Causes and Consequences

Answering the Key Questions of Veteran Homelessness: *How many are homeless? Who are they? And why are veterans at greater risk?*

Fiona Hilferty, Social Policy Research Centre, UNSW, Ilan Katz, Social Policy Research Centre, UNSW Sydney, Miranda Van Hooff, the Hospital Research Foundation Group, Ellie Lawrence-Wood, University of Adelaide and Amelia Searle, Flinders University

Research conducted by the authors for the Australian Housing and Urban Research Institute (AHURI) and funded by the Department of Veterans Affairs (DVA) found that almost 5,800 contemporary veterans of the Australian Defence Force (ADF) experience homelessness within a 12-month period.¹ This estimate, the first to be based on data collected directly from veterans,² shows that the scale of veteran homelessness is far bigger than previously estimated.³ Indeed, our figure is likely to be an undercount as older veterans (those that enlisted and/or discharged prior to 2001) are excluded from the analysis.

The *Homelessness Amongst Australian Veterans* project⁴ drew on multiple sources of data and used innovative methods, including analysis of

survey data collected from serving and ex-serving men and women as part of the DVA and Defence funded Transition and Wellbeing Research Programme and the Military Health Outcomes Programme; interviews with veterans experiencing homelessness (n=29) and representatives from organisations providing support (n=13); and the linkage of distinct datasets to enable identification of veterans within the specialist homelessness services collection (the national dataset that collects information about people who have sought assistance from mainstream homelessness services). Together, these data sources not only support a prevalence estimate but also build a comprehensive profile of veterans who are more likely to become homeless. The research also illuminates the reasons why

veterans experience homelessness at a rate that is significantly greater than the general Australian population. The remainder of this article reports these findings.

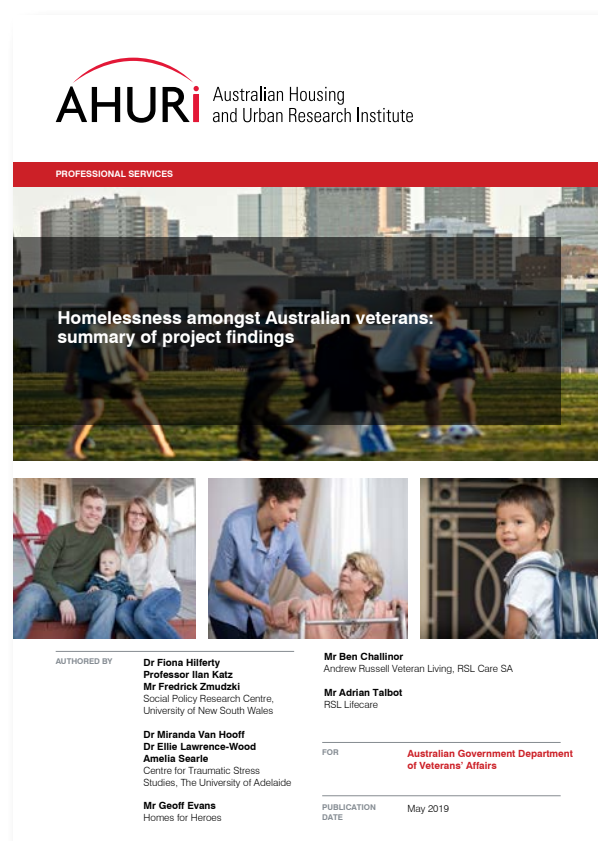
Which Veterans Are More Likely to Become Homeless?

The research identified the characteristics of contemporary Australian veterans at a higher risk for homelessness. Analysis of survey data found that veterans who had experienced homelessness within 12 months of completing the survey were more likely than veterans who had never experienced homelessness to be younger, single, and living their lives disconnected from family and friends.

They were more likely to have lower levels of education and be un- or under-employed. They were more likely to engage in risky behaviours and to have been in trouble with the law; to be a smoker; to report a greater number of lifetime traumatic events; and to have used recreational or prescription drugs for non-medical purposes.⁵

Veterans who had been recently homeless also reported poorer mental health (higher levels of psychological distress; more frequent thoughts of suicide; and more symptoms of post-traumatic stress disorder (PTSD), anxiety and depression). Analysis of national service use data builds on this by showing a higher prevalence of mental health problems among veterans seeking mainstream homelessness services, with 37 per cent of veterans who accessed services between 2011 and 2017 identified as having a mental health issue, in comparison to only 24 per cent of all homeless service clients from the same period. Our analysis also showed that the proportion of veterans identified as having a mental health issue increased at a rate greater than non-veterans accessing mainstream services.⁶

Veterans who had been recently homeless also shared some features of military life. They were more likely to have served for a shorter length of time (early service leavers); to have served in the Army or Navy (as opposed to the Air Force) and at a lower rank; and to have been medically discharged rather than discharged at their own request. Veterans who had only recently left the ADF were also more likely to experience homelessness, indicating that the period of transition is a time of vulnerability for some.



Can We Predict Veterans More Likely to Become Homeless?

The risk factors identified above are significant correlates of veteran homelessness and while this information is critical to service planning, our research went one step further to identify factors that longitudinally predict homelessness for those transitioning from military to civilian life. Key findings from this analysis indicate that the odds of experiencing homelessness amongst the study group⁷ was 3.6 times higher for those who were medically discharged from the ADF; 3.3 times higher for those who were unemployed longer than three-months post-transition; 5.8 times higher for those who got into trouble with the law; and three times higher for those who deployed to the Middle East Area of Operations. The factor that was most strongly associated with experiencing homelessness post-transition was relationship breakdown, which, if this happened, increased a veteran's odds of becoming homeless 7.6 times.

These findings are significant as they illuminate possible points of intervention for those men and women who struggle following transition from the ADF. However, as the predictive factors often relate to periods of crisis (such as arrest or conviction and relationship breakdown) they may have limited use for informing prevention and early intervention efforts. Analysis of military phase predictors indicates however that those more likely to experience homelessness showed problem indicators while serving, including PTSD symptoms, psychological distress, alcohol consumption and anger issues. These indicators were present while survey respondents were serving but likely overlooked as they were at a level below conventional cut-off points for referral and potential disorder diagnosis.⁸ This research suggests that more could be done to target at-risk individuals while they are in the ADF, thereby providing intervention before they reach crisis.

Why are Veterans at Greater Risk of Becoming Homeless?

Many of the risk factors for veteran homelessness are similar to those for the general population. These include mental illness, substance abuse, family breakdown and unemployment. Our research indicates that ADF

service also exposes men and women to unique factors that place them at a greater risk of becoming homeless. These risks include deployment, PTSD, and medical discharge after injury or illness. The interview data adds to this picture with participant veterans commenting on the lifelong impact of military service. However, rather than talking of combat trauma, many spoke of other service-related impacts. Two veterans reported that the sexual assaults that they experienced while serving contributed to their homelessness; a few others described developing substance abuse issues following an injury received while serving; and a number of others felt that not gaining qualifications while serving — or skills that were transferrable to civilian life — had condemned them to low-skill, short-term jobs. This situation is likely to worsen in the Covid-19 context of increasing unemployment.

Finally, the research identified the first 12 months after transition as a high-risk period for veterans, when they may be more likely to experience homelessness.⁹ When describing this period, many veterans spoke of feeling abandoned by the ADF; disconnected from family and friends; and disoriented by the culture shock they were experiencing.

Conclusion

The research presented here provides valuable information about how many veterans experience homelessness; who are most likely to become homeless; and what are some of the common pathways into homelessness. Our prevalence estimate indicates that veterans experience homelessness at a rate that is greater than the general Australian population — yet they are not identified as a priority cohort within national homelessness policy. Our findings also show that veterans experience additional risks that make them, as a cohort, uniquely vulnerable to homelessness. The identified risk and predictive factors that increase the likelihood of future homelessness could form the foundation of service targeting and intervention design. However, any policy and service response will remain ineffective if it does not address the fundamental need of homeless veterans — access to permanent housing. As a society with a duty of care to veterans, we are not currently meeting this need.

Endnotes

1. Hilferty F, Katz I, Van Hooff M, Lawrence-Wood E, Zmudzki F, Searle A and Evans G 2019, *Homelessness amongst Australian veterans: Final report of the AHURI Inquiry*. Australian Housing and Urban Research Institute (AHURI), Melbourne. https://www.ahuri.edu.au/_data/assets/pdf_file/0019/46540/AHURI-Report_Homelessness-Amongst-Australian-contemporary-veterans_Final-Report.pdf
2. See Hilferty, Katz et al 2019, for a full description of the method of estimation. The estimate is based on survey data collected as part of the Transition and Wellbeing Research programme from 4,326 men and women who transitioned from regular ADF service between 2010 and 2014. The results are weighted to the total population of those who transitioned from service between 2010 and 2014. We extrapolated the proportion of homelessness calculated using survey data (5.3 per cent) to the total contemporary transitioned ADF population (2001-2018 = 108,825).
3. Two previous attempts to estimate the number of homeless veterans in Australia include the 2009 Thomson Goodall Associates *Veterans at Risk Report*, Confidential Report prepared for the Department of Veterans' Affairs, Canberra, that used 2006 Census data and made adjustments to account for the age distribution of the veteran community, to estimate there to be at least 3,000 homeless veterans. A second attempt was made by the DVA who advised a Senate Committee in 2016 that they believed there to be about 200-300 homeless veterans in Australia. See: Foreign Affairs, Defence and Trade References Committee (2016). *Mental Health of Australian Defence Force Members and Veterans*, Canberra. https://www.apf.gov.au/Parliamentary_Business/Committees/Senate/Foreign_Affairs_Defence_and_Trade/ADF_Mental_Health_Report. No information was provided on how this estimate was determined.
4. Hilferty F, Katz I et al 2019, op cit.
5. Van Hooff, M, Searle A, Avery J, Lawrence-Wood E, Hilferty F, Katz I, Zmudzki F and McFarlane A 2019, *Homelessness and its correlates in Australian Defence Force veterans*. Australian Housing and Urban Research Institute, Melbourne. https://www.ahuri.edu.au/_data/assets/pdf_file/0023/46580/AHURI-Report_Homelessness-Amongst-Australian-contemporary-veterans_Correlates.pdf
6. For further detail see Hilferty F, Katz et al 2019, op cit.
7. This analysis is based on data collected from the same group of men and women who completed the Military Health Outcomes Program survey while serving in 2010 and the Transition and Wellbeing Program survey in 2015, after they had transitioned from the ADF (n=2,334). For further information, see: Searle A, Van Hooff M, Lawrence-Wood E, Hilferty F, Katz I, Zmudzki F and McFarlane A 2019, *Homelessness amongst Australian contemporary veterans: Pathways from military and transition risk factors*. Australian Housing and Urban Research Institute, Melbourne.
8. Searle A, Van Hooff, M., Lawrence-Wood, E, Hilferty F, Katz I, Zmudzki F and McFarlane A 2019, *Homelessness amongst Australian contemporary veterans: Pathways from military and transition risk factors*, Australian Housing and Urban Research Institute, Melbourne.
9. Van Hooff M, Searle A 2019, op cit.

The Causes and Consequences of Veterans' Homelessness

Geoff Evans, Founder, Homes for Heroes and CEO, Disaster Relief Australia.



The reasons veterans become homeless are known. The experience of Australia's first homelessness program for contemporary veterans, Homes for Heroes, is consistent with the findings of extensive research into the causes of veteran homelessness.¹

The greatest predictors of veteran homelessness are:

- mental illness
- substance abuse (alcohol, prescription and illicit drugs)
- family breakdown (often a result of the previous two)
- financial problems.

By the time a veteran becomes homeless they are too unwell to access the extensive support that is available to them. The Department of Veterans Affairs (DVA) will fund access to mental health services, however homeless veterans require comprehensive case management

to assist them to access help. In most cases, homeless veterans require whole of person rehabilitation, including assistance with issues such as family and criminal law, debt, dependants, pain-management, substance abuse and treatment from a range of medical and other specialists. In America they consider it necessary to allocate a permanent case manager to any veteran identified as homeless.² In Australia, the DVA has made significant improvements in complex case management, but for those that are too unwell to live alone, yet not unwell enough to be hospitalised, there is still a long way to go.

In most cases, homeless veterans have poor mental and physical health and these conditions are exacerbated by difficulty in achieving continuity of health care. The transience of homeless veterans, examined by American researchers,³ highlights the need for consistent and intensive case management.

Veterans experiencing severe mental illness are often hospitalised in private clinics for treatment. Upon discharge, no homelessness risk assessment is conducted and veterans are often discharged back into the same circumstances that led to their hospitalisation. Similarly, a high proportion of homeless veterans have drug and alcohol dependencies, with most having been hospitalised for treatment. Lack of follow up support after discharge leads to a 'revolving door' of veterans checking themselves into private health clinics to get off the streets, only to be discharged into homelessness again.

Family breakdown is another significant cause of veteran homelessness. The following harrowing, but sadly common account, brings to life the experiences

of families dealing with chronically unwell veterans as they descend into crisis. It also demonstrates the shortcomings of relying on statistics and highlights the lack of support available to veteran families.

Partner of a Homeless Veteran: Case Study

When he returned from overseas, we quickly became established and reunited with family and friends. I started to notice changes in his behaviour. He seemed easily agitated and on occasions he became violent. He chain-smoked, and began to drink to excess. He also began using recreational drugs as well as medications prescribed for his moods. After a while he withdrew socially and he seemed disconnected from us.

At this time, I still had no contacts or supports within the defence community to reach out to for support with these unusual behaviours he was exhibiting. After days on end of my partner returning home from work intoxicated, I turned to his commanding officer who placed him into involuntary hospitalised care for his alcohol abuse for two weeks. He was then deployed overseas again and I remained in situ with the children. I established my own business which I ran from home around the children's needs, and our home life became more stable.

When he returned from this, his second, overseas deployment we purchased our own home and we subsequently moved again. We were still in the same neighbourhood so I expected that the children's and my lifestyle would remain the same, albeit with positive changes to include 'Daddy'. After some time, he discharged from the Army and gained a good civilian job.

Yet despite his excellent management skills he struggled with the transition to civilian life. He developed severe night sweats, restless legs, shaking, and night terrors. He became more aggressive and increasingly violent and his adverse behaviours escalated. He was detached from the children and myself, spending more and more time drinking, gambling, and mixing prescribed medications with illicit drug use.

He frequently came home from work stating that he was having altercations with other staff members and we were both worried that he would have violent episodes at work. He eventually resigned from his job. Our life was in turmoil and I was struggling to provide for the family and maintain stability at home. His lifestyle had become so out of control that he stole money to support it and was lying to me about it. He had numerous affairs and would often disappear for days on end. He was also experiencing blackouts and flashbacks.

The children and I became increasingly subjected to episodes of severe domestic violence. I believed my life to be in immediate danger on numerous occasions. The children and I were often terrified and I would need to remove us for safety. This was now happening on at least a weekly basis. On one occasion he completely destroyed our family car. He slashed the seats and tyres, ruined the dashboard, jumped up and down on the bonnet and the roof, and kicked in every side panel. The following morning, he reported the destruction to the police, having no recollection of his involvement in the matter. On two separate occasions my partner attempted suicide. On both occasions I called the ambulance against his demands and as a result I suffered physical injuries from his violence. I tried to remain supportive and encouraging despite, at times, living in fear for my life.

It was at this time I began the arduous task of searching for the help we so desperately needed from doctors, counsellors, DVA, the Veterans and Veterans Family Counselling Service (VWCS) and the internet. It seemed almost impossible for me to access assistance via DVA as we were not legally married. I was treated only as a number and it became a full-time

job for me to complete paperwork and then follow up. After multiple doctors' visits, VWCS approved psychology sessions, two psychiatric hospital admissions, numerous medical assessments and claims, my partner was finally provided with a DVA approved psychiatrist and subsequently diagnosed with severe combat related post-traumatic stress disorder (PTSD), Depressive Disorder, anxiety and alcohol abuse.

He was hospitalised for PTSD on four occasions within the next 12 months and afterwards he suffered with extreme remorse and guilt. Upon discharge he would be desperate to regain control over his life and the impact on the children and I. He would often say that he couldn't see how he could regain control because all he could see was fear in our eyes.

In my desperation to keep my partner alive and safe I began contacting partners of PTSD sufferers in America for guidance on dealing with PTSD. Neither DVA nor VWCS provided any assistance on how to handle a veteran struggling to transition to civilian life, or any guidance on living with PTSD. Finally, we were offered family counselling through VWCS. We had only attended one session before he received his DVA payout, purchased a high powered motor bike which he subsequently wrote off with one of his mistresses on board during a high speed police chase, high on drugs and alcohol and decided the session was not helpful and he would no longer be attending.

We went on a Christmas holiday with my parents and my brother, during which time he abandoned us and returned to Sydney, leaving the children and I stranded in Queensland. He said that he was going to admit himself back into hospital for treatment. I phoned the hospital but they would give me no information whatsoever. I couldn't even confirm if he had been admitted or not. I phoned DVA, VWCS, his doctors, and counsellor but no one would release any information due to privacy laws. When the children and I arrived home I saw that he had removed his belongings. I had not heard from him in three weeks and was extremely worried about him. He finally contacted me and advised

he had been discharged from hospital, however it soon became apparent to me that he had lost all sense of reality. He subsequently discontinued seeing his psychologist and psychiatrist. I did not know where he was living and had no answers for the children when they asked. He started a new relationship with a young woman and he took her on an expensive, luxury overseas holiday. He did not admit that he had begun the relationship to me and insisted they were only friends.

I continued to seek help for him and to manage the children. I was under severe financial pressure and needed to manage my business effectively in order to maintain our lifestyle. DVA did arrange a nanny service to help me continue working extended hours, however the service was unreliable and my business suffered and eventually folded. The strain of our situation also began to negatively impact on our children's behaviours: Our eldest son started to rebel at school, fighting and displaying aggressive behaviours. He did not hand in work, and began to receive much lower marks than usual on his tests. He was suspended from school and was also arrested and charged by police for applying graffiti to public property. Our daughter withdrew from socialising with friends and had increasing bouts of depression and anxiety. She was bullied at school and then started to self-harm and stated she was suicidal. She now sees a psychiatrist weekly to help with her issues. Our youngest son however reacted quite differently. He became more relaxed and happier. He had never formed a strong bond with his father and was pleased that he had gone.

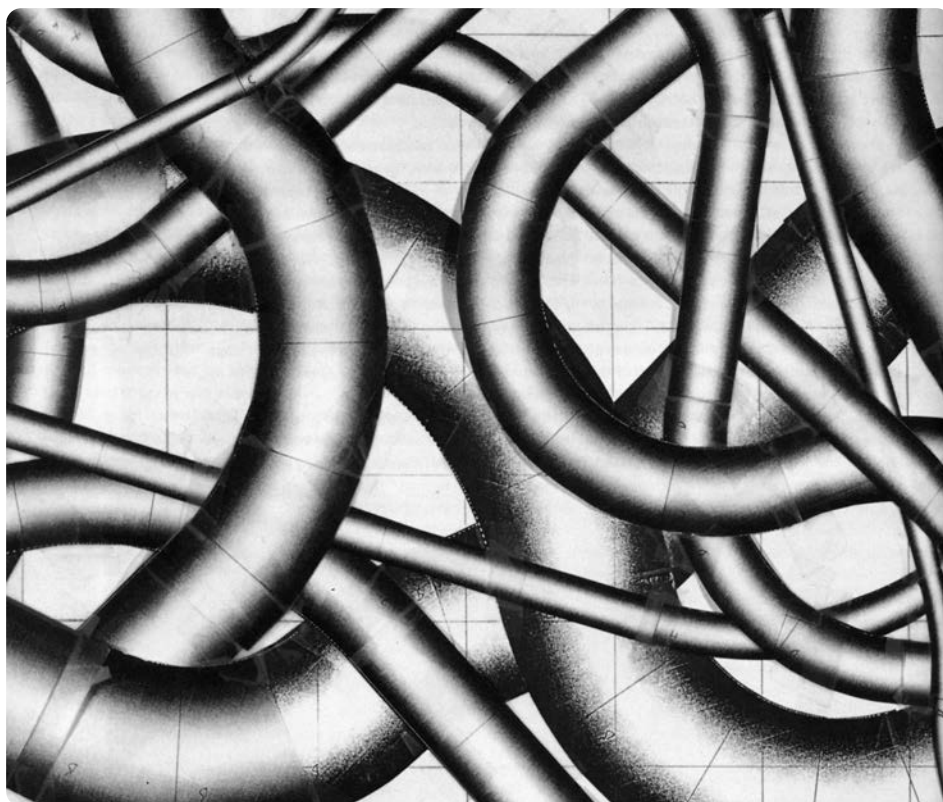
I was not coping with the breakdown of my 18-year relationship and eventually suffered a nervous breakdown. I was admitted to hospital after being found unresponsive and in a catatonic state. The children were placed in temporary care with a relative. I did the best I could to recover and regain custody of the children. I was prescribed strong medications to help me cope and help me sleep. However, at times I felt suicidal and was diagnosed with vicarious PTSD, major depressive disorder and severe anxiety with panic attacks.

WVCS were made aware of my hospital admission and my mental health. They offered me six sessions with a psychologist. Unfortunately, the only psychologist in my local area had previously treated my partner so, as it was a conflict of interest, was unable to treat me. Regaining custody of our children was conditional on me receiving ongoing, regular, professional treatment, which I commenced at great expense when I was already struggling financially.

I have now regained custody of our children although I did not receive any further assistance from DVA or WVCS. I rely heavily on my parents and my brother for financial, emotional, and practical support. Although in doing so, I feel that I am increasingly a burden and inconvenience to them. I am unable to financially maintain my own treatment as well as the cost of the medications I need. I struggle every day to keep food on the table; put a roof over mine and my children's heads and to pay bills. I have postponed surgical procedures for my daughter and myself because I cannot afford them. My sons have been placed on priority wait lists for counselling through the public system. Twelve months on and they are still a 'priority' but have not yet received any counselling.⁴

In the above case study, eventually, the veteran chose to leave the household and subsequently lived in his car for five months, before he was referred to Homes for Heroes. In other cases, it is the family that must flee. Yet there are no services dedicated to helping veteran's families should they become homeless. It is worth considering the additional strain that would have been imposed on this family, had they resorted to fleeing, rather than the veteran.

Homeless veterans often have debt and financial problems they cannot resolve themselves. While this is often linked to poor mental health, for instance, gambling addiction, they are usually too unwell to navigate the administrative process that would enable them to access the financial assistance that is available to them. It is important for those providing assistance to homeless veterans to note: homeless veterans cannot fill out forms by themselves.



The following case study is an account of a veteran of the Iraq War, who became homeless due to financial and other problems:

Homeless Contemporary Veteran: Case Study

On the 13 Aug 2014 I was medically discharged from the Australian Army, after 10 years of active service as an Officer. At this time, I was medically unfit for work and as such had no income. These and other issues lead to a period of rough sleeping and ultimately homelessness where I had no home for over three months (I couch surfed and lived in a tent) until a seven-week hospital inpatient stay for treatment of post-traumatic stress disorder (PTSD) and drug and alcohol abuse before entering the Homes for Heroes program.

There are a number of common issues which are apparent across veterans who face homelessness/rough sleeping or who are at risk of experiencing it, these are:

- *mental health issues resulting from service, namely PTSD*
- *physical injuries and often associated with Chronic Pain*
- *family and relationship breakdown*

- *unemployment due to mental health and/or physical injuries*
- *financial issues/difficulties*
- *difficulties accessing DVA/ Military Superannuation and Benefits Scheme entitlements*
- *social isolation and welfare difficulties.*

It was because of the above issues that I ended up homeless and suicidal.

As a result of this I could not afford any form of accommodation let alone other basic living costs and subsequently found myself homeless. This clearly had the follow on effect of compounding all the other issues I was facing, such as dealing with PTSD and other mental health issues, rehabilitation and treatment of physical injuries, maintaining access to my three-year-old daughter, trying to reintegrate/transition from the military into civilian life and numerous other social and welfare issues.⁵

As important as housing and health services are in the campaign to end veteran homelessness, employment and other income security are important for maintaining one's health and home. Employment therefore, is clearly an important need for veterans discharging from the ADF.

Homes for Heroes had residents that were discharged by the ADF while they were still in hospital receiving treatment for their service-related conditions. In one case, Defence contacted Homes for Heroes directly, and requested housing for the member after his discharge. In another case the member discharged into homelessness. An account of her experience follows:

Iraq Veteran Discharged by the ADF into Homelessness: Case Study

The day I received my medical discharge I was recovering in St John of God (SJOG) hospital after police interviews into a vicious sexual assault by a Senior Sailor. I was already trying to deal with the enormity of bullying and intimidating behaviour I received from a fellow officer in a warship going to the Gulf War under Operation Slipper that left me totally incapacitated. I was made to sign the medical discharge under duress in hospital, and then, on 28 January 2015, I received notice that I had no option but to take the medical discharge on 25 February 2015. I was asking for only what was fair, that was to finish the out-patient program at SJOG in mid-May 2015 prior to discharge so that it did not disrupt my treatment. The hospital itself strongly discouraged anyone to leave their job, or move, or make any significant changes to their life because it impacts their treatment at the highest stress levels. I was forced three months into my treatment to take the medical discharge meaning that I lost everything including job, income and home.

Best treatment for me only started in August 2014 when I was placed into SJOG and had a great mental health team treating me. Prior to this I had nothing. I even paid \$860 out of my own pocket to pay for a psychologist that was benefiting me because Defence Joint Health Command could not provide me the treatment I needed. They say early intervention is imperative. It took Defence 13 months before I received the treatment I needed. I initially had anxiety when I came off the ship in July 2013, then PTSD symptoms began in early 2014 when I was posted back

to the same base exposing me day after day to the previous trauma, then six-months later depression hit.

It is a hard enough battle every day to be living with mental health issues and scarred from my Service; it is even harder to battle on without support networks, without anyone who really has a clue about what happens post Defence, without an income, without a home, without fair treatment and trying to start all over again because I served my country. Thankfully, in late March 2015 I was one of the fortunate ones to be part of the Homes for Heroes program providing me refuge and support; without them I would be homeless today.⁶

There are few government services that provide dedicated homelessness services to veterans. The Department of Veterans' Affairs correctly identifies that housing services are a 'State Government responsibility and DVA has no direct legislative role in the provision of housing or accommodation services.'⁷ State based homelessness service providers, however, have only just begun to recognise veterans as an 'at risk' group requiring special services, but are still largely unaware of the significant support available to veterans and how to access it.

It must also be noted that veterans are extremely reluctant to access mainstream homelessness services for reasons of pride, denial of any problem, and because veterans are taught to 'live rough' and choose to do so, rather than be associated with the homeless population.

Veteran homelessness results from problems that an individual cannot resolve by themselves. Veterans suffering from serious mental illness, chronic substance abuse, family breakdown, financial problems and physical disabilities invariably require supportive housing over a long period of time, and in some cases for the rest of their lives. Regardless of the pathway to homelessness there are two crucial and mutually reinforcing aspects to ending it; the provision of secure and stable housing, and ongoing intensive case management.

The provision of these services will enable veterans to lead the most productive and fulfilling life

they are capable of. At present, only New South Wales (NSW) has a homelessness program dedicated to veterans. Regardless of the numbers of homeless veterans, it is apparent the veteran population is at an increased risk of homelessness. Recent research efforts estimating the number of veterans experiencing homelessness are still contested, yet it is known that almost three in four transitioned ADF members were estimated to have met the criteria for a mental disorder at some stage in their life.⁸

The fallout from Australia's involvement in conflicts in the Middle East has not yet peaked and as a result, the number of veterans experiencing homelessness is likely to increase for some time. If the NSW Government's Rent Choice Veterans Program,⁹ was replicated in each state and territory with the DVA and local ex-service organisations providing complex case management, it would be a great step forward in tackling this national issue.

Endnotes

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Part 2: Meeting the Needs of Homeless Veterans

The Salvation Army Veteran Support Program: We Owe Them Better

Johnathon Dyer, Senior Case Worker, Veteran Support Program, The Salvation Army

Responding to Veterans Experiencing Homelessness: The Need for Greater Collaboration

In April 2016 the Returned Services League (RSL) Queensland commissioned a report into veteran homelessness by Himalya Consulting.

The recommendations that came from this report, as well as the numbers of homeless veterans that the report revealed, demonstrated that this was an issue that warranted the attention of the RSL, Specialist Homelessness Services and researchers. These significant findings prompted RSL Queensland to enter a partnership with a specialist homelessness organisation, the aim of which was to address the self-evident needs of homeless veterans in a way that recognised that this is a complex issue that requires the collaboration of all those involved in order to be addressed.

In August of 2019, the Australian Housing and Urban Research Institute (AHURI) released a report that estimated that in any given 12-month period, the number of homeless veterans in Australia was close to 5,767.¹ This figure gave an idea of the extent of veteran homelessness across Australia and spurred on the work that the program had already undertaken.

The *Himalya Consulting Report*² suggested a number of recommendations for RSL Queensland including:

- a 'RSL enabled' model of support in conjunction with primary service providers be the preferred mode of operation

- RSL Queensland should enter into state-wide strategic service agreements with the Salvation Army and one other primary care provider. These agreements should make provision for direct funding of the primary care providers on condition that they offer a range of specified services to homeless veterans and, where appropriate, their families.

A Partnership Between RSL Queensland and the Salvation Army

Out of these findings the Veteran Support Program (VSP) was conceived and began operations in July 2017 as a partnership between RSL Queensland and The Salvation Army.

The program has developed into a specialised support program for Queensland, one that works with veterans and their families to develop the skills necessary to overcome the barriers they experience and secure and maintain stable, safe and independent housing. This program provides flexible and responsive support for veterans and family members experiencing or at risk of homelessness. The model for support is one that has been developed across the life of the program with both organisations playing a large role. Both organisations have a number of functions that allow the program to operate for the best interests of the veterans we support. For example, RSL Queensland has both employment and scholarship programs and The Salvation Army has Salvos Connect (financial assistance arm) and Moneycare (a financial counselling service), among many other functions.

Since the inception of the program, the partnership between RSL

Queensland and The Salvation Army has been a dynamic one. Collaboration between case workers and Wellbeing officers has developed across the life of the program. The partnership is one of mutual learning and support. The Salvation Army has the expertise and experience in working with those experiencing homelessness or housing stress. At the same time, we learn about the specific needs of those veterans at risk of homelessness, from the extensive knowledge developed over many years by the RSL who have provided training and the opportunities to enhance this knowledge.

A Housing First Framework

The basic tenant of the VSP is to provide safe, secure and stable accommodation to veterans and their families. This is achieved in a variety of ways. The main one being that RSL Queensland is able to fund a stay in temporary accommodation or assist the veteran to maintain their current accommodation. At the same time, the Veteran works with a Salvation Army Caseworker looking at either transitional accommodation or long-term, stable, safe and independent accommodation. The VSP works within a Housing First framework and with the veteran to put the necessary supports in to enable them maintain their ongoing accommodation. This support not only takes into account the housing needs of the veteran, but it also works in collaboration with RSL Queensland and any other relevant services involved in the veteran's life, to holistically provide support with Department of Veterans Affairs (DVA) Claims, mental health issues, physical health needs and rehabilitation if required, employment, education and indeed any other needs the veteran may identify.

Fostering Self-determination

The program prides itself on putting choice and control into the hands of the veteran when it comes to their meeting their housing and other needs. The VSP encourages self-determination in all the above areas connected with the welfare of the veteran, and where relevant, their family. This is in part achieved by education around the choices available to the veteran for their housing and assistance with how to navigate the housing service system, whether this is private rental or Department of Housing and Community Housing applications. The veteran is supported in whatever path they choose, and is informed every step of the way of their options for alternative accommodation. In the majority of instances, this is determined by the financial position of the veteran and their income.

One of the main differences in working with veterans seeking to access the housing service system is the range of incomes that veterans can obtain. The Salvation Army has worked with RSL Queensland to better understand the veteran specific income streams, and has engaged other Salvation Army services such as Moneycare, (financial counselling) to assist veterans make their long-term accommodation options as stable as possible.

Outstanding Outcomes

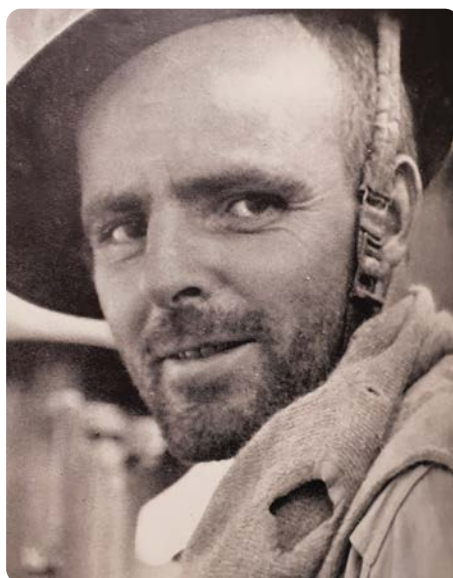
As of April 2019, the VSP has supported 228 individual veterans and their families, with a return rate of only 10 per cent. Across the life of the VSP, the rate of Veterans who have been successfully housed stands at 82 per cent, with 79 per cent of those being in leased tenancies.

While achieving these outcomes, The Salvation Army has also implemented the recommendations of the Himalya Consulting report and those from RSL Queensland in identifying the needs of homeless veterans. In the Himalya report (Recommendation 5)³ the authors recommended that funding for services be based on the following criteria:

- Asking all clients if they have, at any time, served with the Australian Defence Force (ADF). The Salvation Army (Pindari

Services) has worked to include a question in their point of contact assessment about whether a person presenting for accommodation support has served in the ADF. This has led to the identification of a number of veterans that have entered the program through the Upfront Intervention Team as well as some veterans who have identified their ADF service to a Case Worker in the Men's and Women's services.

- Informing the nominated RSL contacts in each District when a client identifies as having served in the ADF and when they agree to receive assistance from the RSL. The VSP works collaboratively with Veteran Service Officers across Queensland in order to provide the best possible outcomes for the veteran and their family.
- Advising other primary service providers that clients who present to them, and identify as having served with the ADF, should be referred to the VSP. Throughout the life of the program we have linked up with as many services as possible to identify veterans who are homeless. This has been achieved through existing contacts and newly established contacts across the state. We have also embarked on promotion that will allow us to receive referrals from a large variety of organisations, whether they be non-government organisations, government, or real estate agents who find their (formerly ADF) tenants in housing stress.



Building Relationships: Cameron, A Case Study

The most important part of the program is the relationship we build with the veterans that we walk alongside. This is evident across the life of the program. The following case study is an example of the collaborative relationship between services and the benefits of this collaboration:

Cameron entered the program in June 2019 after being not able to return to the family home. Cameron was able to secure accommodation and self-fund this at a local holiday park for some time.*

During the support period VSP assisted Cameron with applying for Legal Aid which was granted. VSP provided advocacy support for Cameron with his legal representative who initially advised that Cameron would only have a short time before his case was heard, and therefore was supported to maintain this accommodation due to the uncertainty of the situation.

During the support period Cameron was asked to leave the holiday park and was provided with RSLQ funded accommodation that suited his needs. During his stay there, Cameron's income significantly increased due to the work of his VSO Pensions Officer and he was able and willing to take on a lease.

Communication with Cameron's legal representation was lacking and therefore Cameron decided to stabilise his living situation and inspect some properties. Cameron, with support from VSP, viewed and applied for a property and was approved for this. VSP provided ongoing support around his legal situation.

Cameron reports to be very happy with his current residence and has a good relationship with the owner.

Endnotes

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Veterans 360

Jay Devereux, Founder, Chief Executive Officer



Veteran homelessness is not a new phenomenon. It is known to have existed as far back as the Trojan War, with Homer's epic poem *Odyssey* being an account of the wanderings of a homeless veteran, cut off from his homeland and wandering the seas for a decade as he struggled to return to his wife and son.

Indeed, the aftermath of war involves unintended outcomes. Known areas of concern like infrastructure needing to be established or rebuilt, personnel in need of replacing and those for whom tending to their injuries is paramount.

In my experience, very few taxpayers expect our warriors to be sent into war, then upon return to be destitute and bottlenecked in a process designed by an inefficient and risk averse bureaucracy. Rather we expect care, sanctuary, safety and accessible compensation entitlements for our heroes. However, these expectations are not being met and unfortunately this has become the contemporary veterans' burden.

In March 2015, I saw a programme on the ABC regarding post-traumatic stress disorder (PTSD) and veteran homelessness. It threw me back into my time living on the streets, having alcohol and substance addictions, living day-to-day and all that time in 'survival mode.' I was moved to do something to help this particular demographic to which so many in my social circle belonged.

My concept was to build a new outreach service. One that was dynamic and responsive, so much so that any veteran, anywhere in Australia, could receive immediate and effective support when that need was first reported or identified. A model was needed that did not mean veterans had to relive their

trauma over and over when seeking sanctuary. We do not ask rape victims to repeat their reason for needing help, why do we want to know how a veteran became broken and discarded by his service?

I designed a facility that was veteran centric, with a free call number that is online 24 hours a day, every day of the year. I opened a house in Perth to accommodate veterans and coupled with an established house to assist in managing their veteran occupants.

I approached many different organisations with a plan to structure something they could fund and I could assist in running. This was to be a greater battle than the tasks of doing the work. Eventually I utilised my own and some borrowed funds, then we went to work.

My tactics and outcomes were to become well known throughout the veteran community, eventually leading me to a meeting with the outgoing Chief Operating Officer (COO) of the Department of Veterans' Affairs (DVA). That meeting was held in Canberra on 19 June 2015.

I was clearly told by this senior executive there was 'no way DVA would fund any operations for homeless veterans.' My response to him was, 'Challenge accepted sir.'

A year later I was again sitting in the COO's office in Canberra, this time staffed by retired Major General Liz Cosson. Liz had called me after the release of our assistance matrix designed to provide a pathway for all ex-service organisations (ESO) to map out local services and most importantly, to identify when a specific case has more variables than they are able to manage so they could refer the matter out.

An assessment of Veterans 360 (V360) and four other responder organisations was undertaken and while we were regarded as high risk, we were also acknowledged as high reward. Our service was compared to others who were still engulfed in the traditional service provision model, nine to five and a tick 'n' flick assessment; if you did not go to them you were not able to access immediate assistance. If your crisis existed after hours, you were left unattended.

Welfare officers such as the great people at RSL sub-branches were not trained to deal with homelessness, substance abuse and other areas of mental health deterioration. Their role was to provide relief by assessing welfare claims, referring to services and having a cuppa when someone walked in to say hello.

V360 was designed to search for homeless veterans and when found, to sit, talk and guide them into exit strategies. We went to Kings Cross and searched for veterans, we looked under the Storey Bridge in Brisbane and travelled into the bushlands of Western Australia. We were proactively looking for our men and women who needed, but were not accessing assistance.

We found one veteran under a bridge in northern New South Wales. He had a 15-litre cyst on his liver. He was diagnosed with terminal liver disease and was in stage four when we took him into care. His only request was to die surrounded by family. Working with local healthcare services, we located his children, he moved to Brisbane and died with his family at his side.

Over the course of the following years, we developed a model that is effective

in dealing with the pointy end of life. We could access and talk to veterans who were living rough, addicted to drugs and alcohol; veterans who were or have been caught up in offending and deeply entrenched inside the criminal justice system.

We viewed other programs and were able to determine best practice methodologies to ensure higher success rates for participants, rather than padded statistical assessments to enable cash grabs for government grants and funding.

Of course, we had our dissenters. For example, other associations and charities who saw us as competing for available funding. Individuals who had made up their minds our services were not enough, or were too much, to remain sustainable. Social media 'gangs' who attacked at will any posts that praised or supported our mission. One New Zealand ex-Reservist who attacked me with a cricket bat, causing significant trauma to my face and a scar that reminds me of the potential danger we sometimes face.

The mission of our organisation is to heal the person. Regardless of where they served, their deployment history or any other concern. If they served this country (and with some allies) we were there for them, wholly and with as much energy as we could muster.

Since we started, we have assisted more than 500 veterans and their family members. We work closely with trust funds administered by RSL staff and we take great care in holding ourselves to a single code of conduct: Deal with the issues with and in the furtherance of service to our client.

We have never applied for a government grant, but did spend much of our existence contracted to the DVA. We were also asked and provided detailed papers to enable policy writers to consider other aspects in their future iterations of bureaucratic formulas. However, and unfortunately, governments are not designed to do this work.

I believe they prefer to hand over vast sums to researchers, who while

necessary, only echo what we have been saying for years; provide outreach services 24/7, housing first models, wrap around services and five years of financial and clinical support. It really is not rocket science; it is simply humanitarianism!

I am outspoken, I own a few soapboxes and will take on anyone and any agency whom I see standing in the way of a person's recovery, no matter what it takes, I will fight to the end. I do not take on a fight I cannot win because when it comes down to it, there always has to be a winner and in my view, that must be our client.

I am passionate and I do not give up. I recall being told by so-called experts that we would drown in our own program within six months; that was five years ago. We have changed how veterans are assisted. The DVA are attempting to replicate their version of our work – it will not be the same, but we hope it will make some difference as we continue to seek, assist and advocate for those who are presently not able to do so for themselves.



V360 Ambassador Glenn Kolomeitz in Afghanistan

Andrew Russell: Veteran Living — Meeting the Needs of Homeless Veterans in South Australia

Nathan Klinge, CEO RSL Care SA and
Ryan Ollwitz, Program Manager, Andrew Russell Veteran Living



ANDREW RUSSELL
VETERAN LIVING

RSL Care SA's Andrew Russell Veteran Living (ARVL) is a veteran housing program designed to help ex-service personnel in South Australia (SA) access appropriate and affordable housing solutions. ARVL provides housing options in two ways:

- through an affordable housing portfolio providing long-term affordable housing, and
- an emergency accommodation program for those who are actively homeless.

ARVL's affordable housing portfolio consists of three houses and 38 affordable units (predominately one-bedroom) that collectively provide long-term housing solutions for veterans and their dependants. These properties are targeted towards veterans and family members that can live independently, meet tenancy obligations, and are on low to moderate income. These properties are in high demand and in recent times ARVL has noticed an increasing demand for larger two-bedroom units from those who are struggling in the current rental market. ARVL's units are grouped in pockets of between three and 16 units, which has the advantage of providing veterans with a local, accessible community that consists of like-minded neighbours with shared lived experiences.

ARVL was launched in 2015 as a pilot program to determine the level of need for veteran homelessness in South Australia. At that time there was much discussion nationally about the issue of homelessness for veterans, but very little data was



War Veterans Home working party March 1917

available to help establish the level of need that might be necessary in South Australia. RSL Care SA therefore established a pilot program to help those in immediate need, and to determine what issues were most pressing for the homeless veteran community. After 16 months the pilot program had supported 49 veterans who required accommodation as a priority, and ARVL was formerly established as an ongoing mission.

'Andrew Russell Veteran Living' is named after Sergeant Andrew Russell, who was a South Australian



War Veterans Home,
55 Ferguson Avenue, Myrtle Bank



Invictus athletes luncheon with resident veterans at the War Veterans Home, Sept 2018

soldier serving with the Special Air Service Regiment in Afghanistan when he was killed on operations on the 16 February 2002. Andrew was Australia's first combat casualty since the Vietnam War, and he is dearly missed by his parents Bob and Jane, his wife Kylie, and his daughter Leiesa.

In its early days the ARVL program utilised semi-communal dormitory style accommodation in North Adelaide, which although being well positioned in terms of having good accessibility to the wider community, the communal living style was found to be unsuitable for the needs of our residents. Also, this style of accommodation meant that veterans on parole and home detention could not access the service, because they required an individual home address to meet the specific needs stipulated by South Australia Correctional Services. A move was needed, and so in early 2017 RSL Care SA purchased a group of 10 individual units in the suburb of Sturt in Adelaide to further enhance the service offering.

With the program now in its fifth year ARVL has supported 113 veterans to date, providing over 12,000 nights of emergency accommodation to those who are actively homeless

or on the homelessness spectrum. On average these veterans remain in ARVL's emergency accommodation for around 110 nights each, during which time they are supported to access the individual services they require in order to secure suitable long-term accommodation. Happily, the majority of ARVL residents secure long-term accommodation, with 49 per cent moving from our emergency accommodation directly into private rentals, community or public housing, or within ARVL's own affordable housing portfolio, and 18 per cent moving into other positive accommodation outcomes (such as entering rehabilitation programs, or reacquainting with family members).

What does the data tell us?

Since 2015, ARVL has been collecting data on all veterans who access the program to better understand the needs of the homeless veteran community in South Australia.

While this article does not seek to provide a full summary of these findings, data of interest is provided as follows:

- 77 per cent of veterans accessing the program are former members of the Australian Army, and of those 65 per cent served

in the combat corps (infantry, armoured or artillery).

- Australian Navy represent 18 per cent of residents, followed by 10 per cent who served in the Royal Australian Air Force, with the remainder being family members.
- On average, ARVL's residents served for 6.8 years in the ADF.
- 29 per cent of all ARVL residents have deployed overseas on military operations.
- While the majority of ARVL's residents were male, over 12 per cent were female veterans.
- The average age of veterans accessing ARVL is 46 years, and the large majority of these are single (or separated) and 65 per cent have an income of less than \$30,000 pa.

Housing first, but partnerships are essential

A theme that has remained constant for ARVL has been the need to adopt a 'housing first' approach when supporting homeless veterans. From our experience there are many agencies and support services available to veterans in need

Figure 1 – Military service

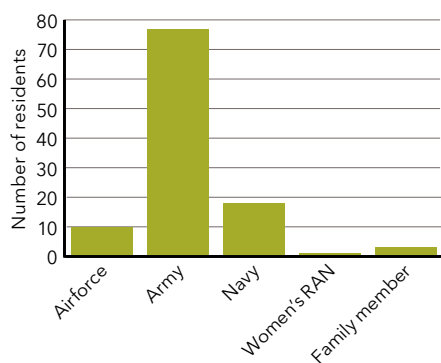


Figure 2 – Army Corp allocation

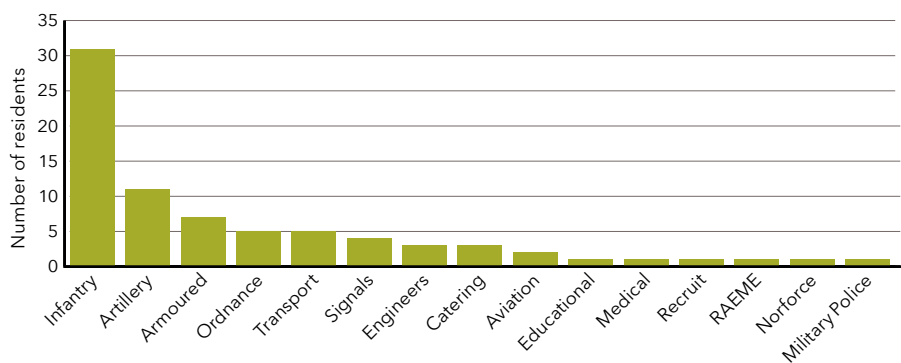


Figure 3 – Years of service

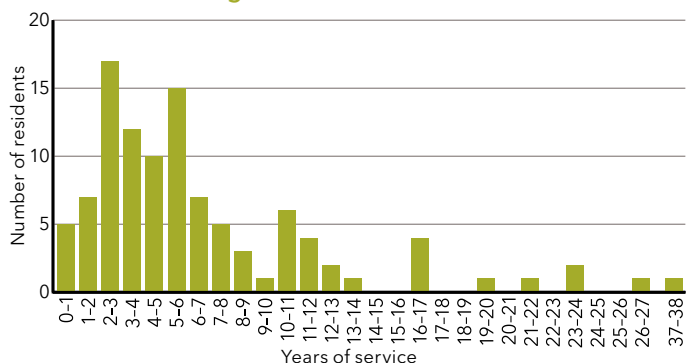


Figure 4 – Active service

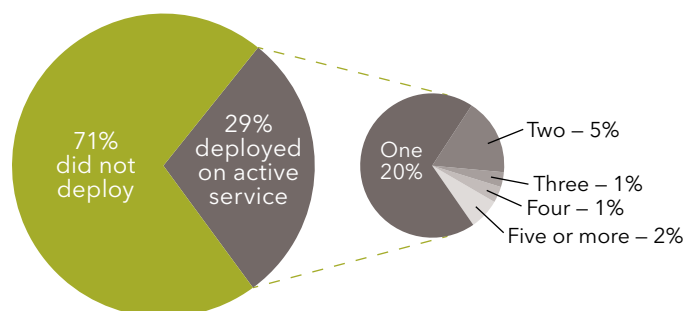


Figure 5 – Gender of residents

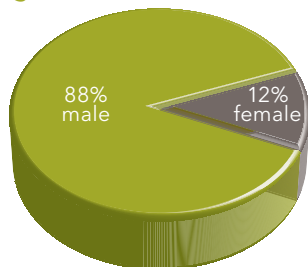


Figure 6 – Age of residents

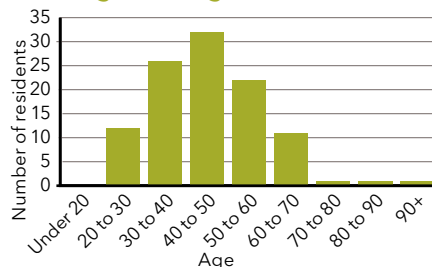
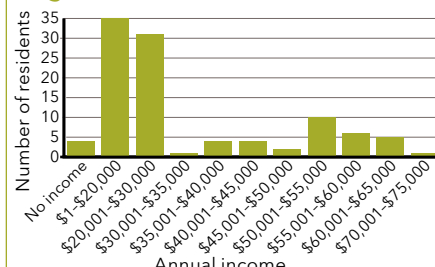


Figure 7 – Annual income of residents



(such as the Department of Veterans Affairs, the Jamie Larcombe Centre, and Open Arms), but without stable accommodation for the veteran many of these services can struggle to provide a meaningful level of engagement and support that change the veteran's outcomes for the better. This is why ARVL looks to partner with these organisations, providing stable and supportive accommodation that then enables the broader support networks to facilitate their wrap-around services, which by experience are critical to generating positive, long-term outcomes for the veterans that stick.

This partnership approach has been extremely effective for ARVL, and we enjoy a very positive and proactive relationship with a broad range of veteran-based services. Through these relationships ARVL is able to access a variety of targeted and very capable intervention strategies, and these resources collectively represent a significant level of capability that can be quickly harnessed to meet individual veteran needs.

Looking forward, what comes next?

The pathways to veteran homelessness, while similar to those of the general homeless population, differ slightly in that

there is often a very rapid descent into homelessness for veterans once they separate from the services. During their time in the military veterans were required to maintain high levels of personal functionality, however for a wide range of reasons often related to mental health problems, substance abuse, and financial issues, certain veterans lose this ability to function at such a high level. For most of the veterans who access ARVL's services a situation of homelessness is not something they had ever considered, even though national research shows that veterans are in fact over-represented in Australia's homeless community.

In many cases it is alarming to see how quickly a veteran can find themselves in a situation of homelessness post-discharge, and for these veterans the pace at which their life spirals when they depart the ADF is disorientating and confronting. However, given their often impressive achievements in the military ARVL has aspirational goals for our residents, and demonstrably we have seen that many of these homeless veterans are capable of generating very positive outcomes for themselves when provided with a stable housing solution and adequate support networks.

This situation was demonstrated recently when we assisted a veteran who had served for 10 years as a signals officer in the Army. However, after leaving the forces he had poured his heart and soul into a business venture (a café) that ultimately failed. This left the veteran bankrupt, homeless, and literally stranded on the side of the road in outback Australia after his car had broken down. Forced to leave his vehicle and most of his possessions on the Nullarbor, he arrived in a new city (Adelaide), with limited resources, no place to stay, and a very disorientated sense of self. This veteran has since commented that *'I had lost all confidence in my decisions and could not see how to get back on my feet.'*

Fortunately, the veteran reached out for help, and ARVL was able to assist by providing emergency accommodation and access to various services that helped to halt his 'spiral', and created a situation whereby the veteran could focus his attention on recovering his situation. Now several months on, the veteran is accommodated in ARVL's long-term accommodation, where he has proven to not only be a model resident but also a source of mentorship and support



Andrew Russell memorial at the ARVL accommodation



45 Travers Street, Sturt



DFR Luncheon with veteran residents, War Veterans Home, June 2019



Military Brotherhood MMC visit veteran residents at the War Veterans Home

for others. In a recent interview this veteran commented that:

'Andrew Russell Veteran Living wasn't just a roof over my head. RSL Care SA helped without obligation or pressure and welcomed me without judgment. They gave me the space to recover and the chance to make calm decisions. Now I have a fulfilling job, live close to work and family and feel a kind of quiet strength that I had not noticed before.'

This is just one of many examples of how quickly homelessness can appear for veterans, and yet it also demonstrates just how effective emergency intervention strategies can be if they are specialised, culturally sensitive, and targeted.

Amidst the many success stories, pockets of the homeless veteran population continue to present with complex needs that exceed ARVL's capacity, with a small number of these veterans forming part of South Australia's 'revolving door' of actively homeless people. ARVL achieves many great things but it also has its

limitations, and through experience we appreciate that if a veteran is unwilling or unable to engage with the program and the associated network of support services that are offered, we simply do not have the skills or resources needed to meet the needs of these isolated but very complex cases. Veterans who suffer from untreated mental health problems, chronic substance abuse issues, and/or violent behaviours require a level of multifaceted support that is simply not achievable through the program's current design, and in such cases these few veterans are directed to specialist support agencies to gain access to the level of care they require.

In the years to come ARVL's primary goal remains focused on providing emergency accommodation and targeted pathways to assist veterans in finding permanent housing solutions. It is clearly evident that there is a need for both emergency and affordable accommodation options for the veteran community nationally, and RSL Care SA continues to advocate strongly in this regard while also doing our bit to support this important mission.

In this regard ARVL looks forward to expanding its accommodation programs and service offerings, and we are also working actively to establish a range of more meaningful and holistic connections with the wider network of Australia's affordable housing providers. Most recently we have been encouraged by the level of interest shown by the Community Housing Industry Association (CHIA) concerning the issue of veteran homelessness, and of note we are currently working with CHIA on several projects aimed at generating improved outcomes for homeless veterans nationally. We look forward to reporting more on these initiatives as they develop.

RSL Care SA would like to take the opportunity to thank the many agencies who are actively engaged in supporting homeless veterans in South Australia, including the Department of Veterans Affairs, Open Arms, the Jamie Larcombe Centre, Westside Housing, CHIA, and the RSL.

For more information on ARVL, please contact RSL Care SA on (08) 8379 2600 or arvl@rslcaresa.com.au



ARVL Program Manager, Ryan; Geoff Tattersall RSL Care SA Deputy Chair, Leisa and Kylie Russell with Andrew's parents, Bob and Jan Russell.



Army cadets entertain and lunch with veteran residents at the War Veterans Home, February 2019

Adapting Homeless and Rehousing Services for veterans in Canada: Programming and Research Initiatives in Montreal

Dr. Katherine Maurer, McGill University and Hannah Brais, Old Brewery Mission

Les Sentinelles: A New Approach for Addressing Veteran Homelessness¹

The Old Brewery Mission (OBM) is a homeless service provider that has been serving the homeless in Montreal, Quebec, Canada, since 1889. It is Canada's largest homeless service provider for women, and Quebec's largest service provider for men. In 2016 Matthew Pearce, the organisation's CEO, observed a marked overrepresentation of homeless veterans (six per cent) indicated in a report on Montreal's Point-in-Time homeless count.² A radical transformation of OBM services was underway, abolishing the conventional shelter model to focus entirely on housing programs. Integral to this vision is a desire to offer programming specific to different profiles of homeless service users. In 2016, no local programming designed specifically to accommodate this over-representation of homeless veterans was in place. The OBM stepped in to develop something completely new for Montreal's homeless population: Les Sentinelles de la rue ('The Sentinels of the Street').

With the help of several federal and provincial veteran organisations, as well as other local homelessness organisations, the OBM launched les Sentinelles in May 2017. Once veterans experiencing homelessness had been identified, those who chose to participate in the program were placed in a subsidized housing unit, in a neighbourhood of their preference. Initially, the program housed 15 participants from Canada and abroad; the

program has since welcomed seven additional veterans. Many veterans experiencing homelessness also face multiple (comorbid) mental health challenges, particularly Post-traumatic Stress Disorder (PTSD), substance abuse, depression, etc. Adapting counselling to meet individual needs throughout the early days of les Sentinelles has been core to its success. As the OBM has come to better understand the variation within homeless veteran experiences, the organisation has extended its programming to provide veterans with a transitional housing approach, in addition to immediate access to housing.

Opération Chez Toit: Bridging the Service Gap

The OBM has created a companion program to provide a more gradual exit from homelessness for those who need it: Opération Chez Toit (OCT) ('Operation at Home'). The Sentinelles program

aims to rapidly place individuals directly into their own housing unit. Some Sentinelles participants have greatly benefited from a rapid rehousing (Housing First) approach. However, others have struggled to adapt quickly to independent living. The OCT team works with individuals, often those accessing low-barrier homeless programming such as emergency shelters and day centres, to adapt programming to be more sensitive to veteran needs. For example, participants are paired with a counsellor trained to work specifically with veterans. They may be given more private sleeping accommodations, particularly important for those suffering from PTSD. The OCT program is designed to gradually integrate participants into les Sentinelles once they are stabilized in transitional housing. Opération Chez Toit offers homeless veterans options for exiting homelessness at their own pace.



OBM's Sentinelles of the Street program participant, Jean-Maurice. His story can be found at <https://www.missionoldbrewery.ca/en/news/climbing-out-of-a-hole-a-veterans-story/>

Seeking a secure base: Exploring trajectories of relationship security for veterans experiencing homelessness

The OBM and researchers from the McGill University School of Social Work Center for Research on Children and Families have a long-standing research collaboration.³ Once the Sentinelles and the OCT programs were established, we sought, within our collaboration, to better understand the experiences that both led to and kept the veterans participating in the program. Unlike many other subpopulations of individuals experiencing homelessness, veterans have access via veteran-serving organisations, such as Veterans Affairs Canada (VAC),

to many financial, as well as physical and mental health supports that should prevent them from entering or remaining homeless, if accessed. However, as is well documented, many veterans do not access these services.⁴ VAC and Canada's Department of National Defense published a report in 2011 on the transition to civilian life for veterans.⁵ The findings suggest that many veterans not receiving their services face challenges, for example, chronic physical and mental health conditions, which have been shown to influence housing retention. Interestingly, the time between leaving the military to becoming homeless is often more than a decade.⁶ These data suggest that factors other than transitioning out of active duty in the military need to be explored to understand the trajectories of veterans who become homeless.

The social connections veterans forge during active duty often endure and remain central to their social support networks. More secure relationships facilitate navigating the challenges faced during the transition to civilian life.⁷ However, many veterans lack substantive levels of social support, which is correlated with mental health challenges. Research suggests that veterans have disproportionately higher rates of adverse childhood experiences, such as family abuse, which may inhibit developing strong and nurturing early bonds.⁸ Later on, lack of early support may manifest in patterns of not seeking or accepting help, consequently limiting service access.⁹

The theory of attachment¹⁰ — the quality of the relational bonding process between a primary caregiver and child — posits this relationship as the base model for all future relationships. In addition to research with children, research with adults has shown that attachment patterns are malleable and may change over time dependent on context.¹¹ A study of veterans examining attachment suggests bonds that develop between military peers are often strong and nurturing, and may influence future help-seeking behavior, the development of PTSD, and social relationships.¹²

We focused on veteran' relationship security informed by attachment theory¹³ to explore changes in

relationships over time in the context of military service entry and exit, followed by their entry into and exit out of homelessness into OBM's veteran housing programs. We designed a semi-structured qualitative interview guide based on concepts of attachment security, such as trust in others, emotion regulation, sense of belonging, etc.¹⁴ The study aimed to garner detailed descriptions of relationship security trajectories as a foundation for further research to enhance interventions to help those veterans who so desire, to attain and maintain housing. We also interviewed Sentinelles staff to better understand their perceptions of the design and implementation of the program.

We recruited seven participants from the Sentinelles and OCT programs. Participants are male Canadian Armed Forces and War Service veterans, aged 44 to 64. The interviews were conducted from in 2019 to 2020 in two parts of 45 to 60 minutes each. Participants were given cash compensation for each part. After obtaining informed consent, interviews were audio recorded, transcribed verbatim, and thematically coded with NVivo software by the McGill Principal Investigator and the OBM Research Coordinator.

Preliminary results suggest that the majority of veterans experienced multiple traumatogenic events prior to their entry into the military, which served, for many, as an impetus to join the military. Some, but not all, participants reported active service relationships that were strong, supportive, and positive and that helped in the transition to civilian life. Participants described variation in the strength of connection with family and non-military friends. Not perceiving a need for help or unwillingness to rely on others influenced trajectories into homelessness. Participants described strong bonds made within the OBM housing programs, particularly with staff, as important to maintaining housing. The veterans narrated rich descriptions of the quality of relationships and service engagement at the intersection of military service and homelessness. These are applicable to informing interventions to improve engagement in and provision of services to veterans at risk of, currently, or formerly experiencing homelessness.

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Finding a Stable Home Base

Wendy Hayhurst, CEO, Community Housing Industry Association of Australia (CHIA)*

It was around 12 months ago that, as CEO at the Community Housing Industry Association (CHIA) the peak body for not for profit community housing organisations (CHOs), I attended a workshop convened by the Department of Veteran Affairs (DVA). This was to discuss implications of recently published research — *Homelessness amongst Australian veterans*.¹ Two specific high level findings from that research stuck out:

- Only 39 per cent of recently transitioned Australian Defence Force (ADF) members who reported experiencing homelessness had sought assistance from mainstream service organisations, citing a number of barriers to access. Those who had sought help reported high rates of dissatisfaction with the services provided.

- Veterans are clearly reluctant to access mainstream support services; thus, service promotion, targeting and outreach may be required for early intervention to be effective.

Closer reading of the report also suggested that awareness of housing options is limited amongst former ADF personnel who might benefit from advice and assistance. The research also suggested that many organisations working with or, frequented by, veterans were unaware of housing options unless they had personally used them.

Initially feeling at a disadvantage in the workshop as the only 'mainstream' service person amongst experts in mental health and veterans' services, I came away from the lively discussion

armed with contact details and an appreciation of the potential role for the community housing industry. A focus on specialist homelessness and health supports is understandable. But without a stable home-base, veterans will struggle to get the best out of these, and other, services.

Over six months an informal network comprising of CHOs, veterans' service organisations and government officials has come together to develop ideas for improving veterans' access to safe, secure and affordable housing, and for providing a tailored tenancy management service linked to specialist support to help ensure a tenancy is successful. During that six months I visited community housing organisations (CHOs) already providing veteran-designated housing, Westside Housing² in Adelaide and Housing Choices Australia³ in Melbourne. Veterans' organisations in New South Wales and Queensland have also highlighted to me great examples of accommodation and services for homeless veterans. The problem? Simply not enough accommodation for meeting both immediate and longer term needs.

This led to CHIA's 2020 pre-budget submission⁴ including a proposed grant program to support Housing First options for veterans exposed to homelessness. Our reasoning:

- It is increasingly accepted that a Housing First approach is the most sustainable way to tackle homelessness – that is, that support is most effective when an individual has secure and affordable housing. Positively, CHIA-commissioned research⁵ shows that public



Richmond Veterans Accommodation Project opening ceremony. The Minister and HCA Managing Director Michael Lennon

investment in social/affordable rental housing can yield cost-to-government savings. For example, the report estimates that consequential savings to health budgets can equate to half the subsidy cost of supplying an affordable housing unit, where a homeless person is accommodated with support services.

- Below market rented housing is in very short supply. The University of New South Wales City Futures Research Centre⁶ estimates that there was a 650,000-unit national shortfall in social and affordable housing in 2016. Waiting lists are lengthy and single veterans are unlikely to be eligible or prioritized for this housing.

In addition to the long term goal of securing more veteran housing, we also found interest from CHOs in providing accommodation, but they expressed a lack of familiarity with veterans' needs and little knowledge about or access to DVA services/support. This is where we can make a difference in the short-term.

With DVA funding, CHIA has embarked on a project to strengthen CHOs' service responses to working with veterans. This project will:

- develop a veterans' national community housing standard (NCHS) about the response of CHOs to veteran households applying for and living in community housing
- develop a toolkit to support CHOs across Australia to deliver high quality services
- develop training materials that can be utilised across states and territories to support CHOs strengthen their understanding and practice in providing housing to veterans and their families and assisting them to sustain their tenancies.

The materials will be developed in collaboration with veterans' services experts and end users, and built around veterans' needs and



Richmond Veterans Accommodation Project

the ways they access and sustain their CHO tenancies. The resources will be tested on the ground with CHOs in different states and territories before release.

We will be building on previous community housing industry projects (especially from NSW and Queensland) and previously developed toolkits in relation to strengthening practice in response to domestic and family violence and for people with complex conditions.

At the time of writing (July 2020), we are just kicking off the project which will run through until May 2021. We will use our regular CHIA enews to keep the sector informed of progress, and will welcome any enquiries from *Parity* readers.

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A Day in the Life of Supporting Homeless Veterans

Jillian Noakes, Case Worker, The Salvation Army Homelessness Veterans Support Program

Describing a day in the life of supporting homeless veterans is hard because no two days are the same! Each veteran we work with comes with their own unique story and circumstances. Along with this comes both a set of challenges and rewards.

I am a case worker with the Salvation Army's Veteran Support Program. This program began in 2017 in partnership with RSL Queensland to support veterans and their families who are homeless or at risk of homelessness. The aim is to get veterans and their families into safe, secure housing. If a veteran and/ or their family is on the street, RSL Queensland will often fund a motel stay (often four to six weeks) to give them a stable place to live for the short-term while intensively working with them to get them into stable housing.

We have to be creative when it comes to supporting veterans and their families into stable housing; particularly within a limited time frame. This can involve supporting veterans to complete paperwork for them to access social or community housing, registering for the National Rental Affordability Scheme, attending inspections and applying for private rentals. We support veterans to advocate with real estate agents to find available properties or with getting rent reductions for veterans on low incomes. Because we are a state-wide service, this could mean that the veteran could be a short stroll away, or a couple of hours' car ride or even require a plane trip. Distance alone can be a challenge. To overcome this challenge, we established strong partnerships with housing organisations, veteran specific services, allied health and RSL Queensland Wellbeing Officers.

Our work has shown that although support services may have experience with homelessness, they may not have experience working with veterans. Conversely, they may have experience with veterans, but not with homelessness. Because we are one of the few services that works with this unique group, we often have to take on an educating role with other services around the homelessness issues veterans are experiencing.

Although we are primarily a housing service, I often find that due to the individual life journeys that our participants are on, we wind up doing so much more!

Some of the veterans that we work with may have become homeless straight after they left the defence force or may even had a history of homelessness before they came into the defence force (these individuals advise that this was one of the main reason for joining the defence force) or may have been housed (either owned or rented) for all of their lives and this is their first time experiencing homelessness.

Due to these different ways of experiencing homelessness, this often means the veterans that we work with have a variety of needs. For some, after being transitioned into stable housing, we discover that they have only lived on base (where food, medical care and social supports are automatically provided). In these instances, we work together to set up a budget (or if they have more complex financial matters we refer them to our financial counselling service — Money Care), support them to link in with a general practitioner/psychologist/ other health professionals and social supports (such as mates4mates, Police Citizens Youth Clubs or volunteering opportunities).

In other instances, some veterans acknowledge that they would like to address their mental health and substance use issues before addressing their housing goals, but are not sure where to go. During these times, I advocate for admission into inpatient alcohol and other drug (AOD) or mental health programs and work with them to meet their housing goals while they are in hospital/ rehab addressing their substance use or mental health.

Also, some veterans may be engaging in further education/ training when they became homeless. In these instances, we work towards support advocating for them to either defer their education/ training without penalty or provided encouragement to continue with this despite the lack of stable housing. For other veterans, they may need assistance as they are facing legal issues (including evictions, child safety matters, general court matters) and may need support in linking in with legal services or need someone there to be with them during court.

Meeting these needs in conjunction with securing and maintain housing makes it a lot easier for the veteran. I have also found that once these needs are being met, the veteran will recover, grow and begin to develop a sense of purpose and a belonging. Obviously, it is not possible for one service to meet all these needs, and so, we focus on working with other organisations, whose services want to see the same thing as we do.

The most rewarding days in the job are when services work together to support veterans to recover and grow, as well as develop a sense of belonging and purpose. I know it sounds pretty complicated, but it's worth it.

Part 3:

The Lived Experience of Veterans' Homelessness

Bron: A Case Study

Facilitated by the Salvation Army Veteran Support Program Queensland

How did you experience being homeless or being at risk of homelessness?

I became homeless after being priced out of the private rental market. I was listed on the Queensland Housing social housing list as a priority one, due to my disability. At the time I was living in an unaffordable rental property that was also not disability friendly. I attempted to problem solve the cost issue by advertising for share house-mates. However, after three years of advertising I still had no applicants. Therefore, knowing my rental lease was expiring in

early 2019 and knowing there was a lack of affordable disability friendly housing, I prepared in late 2018 to become homeless.

I advocated for myself, calling the homelessness hotline phone number, talking to staff, notifying them I was at risk of homelessness and had a physical disability. I advocated with my doctor. I lobbied the Queensland Housing Minister about my situation. I notified my university accommodation service, where I was studying law to see if any student accommodation was open

to me. I contacted not for profits and non-government organisations seeking help, advising I was person with a physical disability about to become homeless.

Each interaction, call, email could not solve the issue that I was at risk of homelessness. All services advised that I needed to be homeless to be considered 'at risk' of homelessness.

So I put my furniture and personal belongings in storage. I researched about the homeless community. I selected an area I thought I would



be safe. I purchased items such as, camping sleeping bag, camping towels, toilets and torches. I created a first aid kit. I packed my suitcases in the boot of my car. I slept in the back seat of my car in my rental unit garage for a week, learning what worked or didn't work for me. Such as, what pillows were too big, how much leg room I needed. Then I culled my in-car possessions. I used my military skills and previous back-packing skills to only pack in the car what I needed on a daily basis. See the photo attached.

I re-worked my system of living in my car daily. The stores BCF and Super Cheap Auto became my new home furnishing stores. Living in the car in such a small space, you need to be organised and have a system. Staff at the Super Cheap Auto helped by suggesting products I could use that would afford privacy and storage, to make being homeless and living in my car, a little bit more comfortable.

As a law student, I checked the local laws and state laws regarding being a person with No Fixed Place of Abode and how that impacted my living in my car and parking in council car parks (near open toilets) and issues like changing my address on my drivers licence and car registration.

My best decision in my experience of being homeless was moving to a coastal area where I felt safe and had access to a beach which brought me joy. I could swim during the day at the beach, and look like a sunbather all day at the beach on the weekends; go to my local library during the day and attempt to study.

Queensland Police often did welfare checks on me at 2am or 3am, until I directed them to only knock on my windscreen during business hours as I needed to sleep. Eventually, Queensland Police advised me to go to the local neighbourhood centre and seek help. I followed their advice and was immediately connected with food support and legal information on how to change my address to care of the neighbourhood centre.

From there, I attended the Homeless Connect run by Brisbane City Council. This is where the Salvation Army Homeless Veterans Case Managers connected with me and informed

me I was a veteran. I disagreed with them and advised them I was only ex-service, I had never served in war-like service. Luckily for me, they argued their case that I was a veteran and could get help with Salvation Army Homeless veterans program run in connection with Returned Soldiers League Queensland (RSLQ). That connection made that morning, had the RSLQ welfare officer drive to my location, and by the side of a road in Brisbane, they registered me online with Department of Veteran Affairs (DVA) as a veteran on MyGov. They performed a roadside intake for emergency accommodation. The welfare officer advised I would no longer be homeless effective immediately. They organised 28 days of emergency accommodation in a self-contained unit. During the 28 days, a Salvation Army Veteran Homeless Case Manager was assigned to me. It was the same person I met that day at the Homeless Connect booth.

From there, my Salvation Army Case Manager and RSLQ Welfare Officer worked together to provide support and care and to plan to return to long term housing.

My Salvation Army Case Manager supported me from that day until I was in long-term community housing. After I was in housing they stayed to provide assistance in connecting me with counselling and other services.

I have now been living in community housing — in an affordable disability-friendly unit for close to 12 months. My lease is about to expire but I am assured I am moving to a periodic lease and the unit is mine until I no longer need it.

How did you encounter and experience the services designed to support and assist you to get out of homelessness?

Every service designed to support and assist me to get out of homelessness failed. Learning I was a veteran is what connected me to services that work. The RSLQ and the Salvation Army Homeless Veteran programs works. It is real people, with real services. If you ring the phone number provided they will connect you to a RSLQ welfare officer who works in conjunction with the Salvation Army.

Both my RSLQ Welfare Officer and Salvation Army Homeless Veteran Case Manager were the ones that supported me, advocated for me and provided practical solutions, not only to problem solving my housing situation but connecting me with support services. I cannot speak highly enough about them.

In my experience, other services in the homelessness sector are simply call centres, they take your call, they register your details and then tell you, they cannot help.

My advice if you are a veteran, ring RSLQ today. Reach out — their services work.

Have the services and assistance you have received worked for you?

Yes. The services and assistance I received from the Salvation Army Homeless Veteran programme and RSLQ welfare officer have enabled me to feel safe and seen. I have appropriate housing. Being settled into a community and connected with services enable me to address other issues impacting my life.

What do you believe could be done better to support and assist veterans who are at risk of homelessness or become homeless?

Advertise that ex-service personnel are veterans. Ensure your program is listed with online websites or apps — used by most people and homeless people such as:

1. AskIzzy
<https://askizzy.org.au>
2. Twitter and Facebook profiles
3. Other homeless services in the field such as Orange Sky laundry and Shower Vans
<https://orangesky.org.au>
4. @V360Aust — homeless support for veterans
<https://v360.org.au>
5. Make sure you are listed with state neighbourhood Community Centres that are funded by government. To find the local community directory use <https://www.mycommunitydirectory.com.au>

Of Lived Experience: A Journey to Supportive Housing and Redemption

Ant Fagan and Jed Donoghue, State Manager, Housing and Homelessness and Social Mission Coordinator Tasmania, The Salvation Army Australia Territory

This article has been put together from several discussions in early 2020 with Luke (not his real name). The meetings took place in one of the consulting rooms in Salvation Army Housing Common Ground, Tasmania. Luke participated in the meetings in the hope that his story might help other veterans to stop hurting and find a better quality of life.

After nine years of service with the Royal Australian Navy, Luke was discharged on medical grounds in 1987. Luke had battled with depression for several years while actively serving in the Navy. His attempts to engage with health professionals while still a member of the Defense Force was met with a traditional 'macho' response, which was dismissive, suggested he needed to 'harden up' and stop causing trouble. In other words, it was unsympathetic and inclined to blame the victim.

When Luke initially attempted to re-integrate back into civilian life his depression had become a chronic and sometimes an acute feature of his life that he self-medicated with cannabis and alcohol use. Luke found it difficult to maintain any kind of relationship, and this lent itself to an itinerant lifestyle that saw him never having a place to call home for longer than 12 months at a time.

This pattern of movement continued for over 19 years. Luke never settled. He never established relationships or networks that would support his integration and assist him to manage his mental illness and substance abuse. Luke grew to feel ashamed, disempowered, lonely and without identity. Luke began to consider suicide. It would end his pain.¹

Luke was clinically depressed and at times struggled to find the energy or motivation to get out of bed for days at a time. His drinking occupied most of his waking life. He drank alone. Luke was never in the one location long enough to establish therapeutic relationships with any service provider. Luke knew he was not well, but the message he received from his time in the Defence Force stayed with him. He was not strong enough, and it was just a matter of hardening up; something that he was unable to do alone.

Luke did try 'rehab' for his drug use, though he felt 'alien' in this setting. He'd been part of an institution of service men and women. He felt that he had failed at that, and now he felt he was failing at civilian life. Luke admits that it was less the fault of the service design than his underlying mental illness and feeling of isolation. He did not have any access to professionals trained in responding to life after the forces, and he did not fit the traditional service design. Luke not only required an integrated response to his comorbid presentation, but one that was able to be delivered in a setting that was sensitive to his needs.²

It would take Luke 15 years of isolation, drinking and fluctuating mental health, marked by several attempts to end his life before he found a service matrix that responded to his needs. He was referred by a homeless referral service to a supportive housing program in Hobart, where he has had the chance to settle in the stable environment provided by Salvation Army Housing. The program is a housing first model, that provides safe, secure and affordable long-term supportive housing. This was an opportunity for Luke to stop moving, stop drinking and reflect on his life journey.

However, the risks did not immediately disappear. Stable supportive housing is not a magic bullet. Luke still sought ways to end his life. He increased his drinking and deferred treatment for his depression. He was provided with support that worked to identify his primary needs and appropriate service responses. SAH linked Luke with the Department of Veterans Affairs (DVA), who accepted Luke's need for a clinical detox and rehabilitation. For the first time in many years Luke felt valued and accepted by the same institution that he felt had ignored his previous calls for help. Luke grasped this opportunity, ceased his alcohol use, commenced treatment for his depression and began to recognize his self-worth. For Luke, the opportunity to access a private clinical setting proved to be the most appropriate service design.

Over the entirety of his service and during the subsequent 19 years of movement, Luke was unable to find a suitable service to support him to make positive change. He openly admits that without the support of Lifeline and other crisis helplines, he would have ended his life many years ago.

Luke did not feel that mainstream services, whether mental health or alcohol and other drugs (AoD) were for people like him. He admits that he had given up and did not want to make change. It was not until he found safe, affordable and supportive housing that he could connect with appropriate professionals including a psychologist, GP, mental health case manager and AoD counsellor to develop effective therapeutic and health relationships.

This was ultimately achieved via his contact with the DVA who brokered

Luke's admission to a private hospital in Hobart. Luke spent over a month as a patient in the hospital and continues to consult with members of his treatment team. In addition to this was the powerful influence of informal supports in his new housing community, where he felt secure and motivated enough to make the necessary changes.³

Luke felt a lack of self-worth. The DVA were able to shift this narrative and finally demonstrate a level of care that re-valued how Luke feels about himself. He needed recognition and validation by the DVA for his service and his health. He also needed meaning, purpose and identity in his life. He was able to secure some voluntary work which further enhanced his feeling of worth. Luke is now employed part time by the organisation where he previously volunteered. His sense of identity, purpose and belonging have changed. This is something he had not felt for over 28 years. Luke also continues to be engaged in complementary therapies including accessing a float tank, participating in organised recreational and psycho-social activities, and improving his diet. Luke also cites the repair and renewal of his Christian faith as being a substantial factor, one that he'd battled with during his decades of searching for answers.

Luke admits that in the past he was rarely in the right headspace to navigate the service sector that might have assisted him to improve his quality of his life. Luke was substance dependent and clinically depressed. His energy and motivation to change were very low. He did not have a reason to change as he did not feel worthy. His ability to order his life was reduced to how he would get his daily ration of wine. His predominant thought was one of suicide. Fortunately, he came to live in a supportive housing setting.

Luke feels that easier access to the assistance and support of the DVA is the best way to support ex-service men and women. Whether pre-existing or not, Luke's depression was certainly exacerbated by his time in the armed forces, and for Veteran Affairs to acknowledge a level of responsibility was a

demonstration of his worth and that probably saved Luke's life.

Luke was very grateful for the opportunity to access private clinical care, but he wonders at the many lives lost to suicide and misadventure — if only they could have received the support that was provided to him.

Luke cites the power of lived experience in providing a complementary layer of support to professional care. The knowledge that others have experienced the same dissociation on their journey of reintegration is something Luke found helpful.

For Luke the best way to support veterans experiencing or at risk

of homelessness is a sensitive mix of appropriate professional help and informal support systems that accept and normalize the experience of veterans as they return to civilian life.⁴

Luke wanted to tell his story so that others might avoid some of the challenges that he has lived through.

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Thoughts from a 20-year Navy Veteran

Don McCrae, Team Leader, SASH Salvation Army Supported Housing, Street to Home, Beyond The Wire (Throughcare For Returning Citizens), The Salvation Army Australia Territory

'In the navy, every man is entitled to eight ounces of meat every day. Just remember four ounces of this can be maggots'

Dave and I sit in the Safe Space as the afternoon sun streams in the windows on a cool winter's day in Hobart. The Safe Space was set up in December 2019 and is a place where people who are experiencing homelessness can find a bed, a hearty meal and support through the joint partnership of The Salvation Army and the Hobart City Mission.

Dave is a 20-year veteran from the Australian Defence Forces and, for the best part, a long and successful career. He was discharged after 'speaking up' against a culture that once institutionalised him and then eventually returned him to civilian life, with no reintegration or support, into a life that saw him destitute, struggling with relationships and post-traumatic stress disorder (PTSD).

Dave was subjected to vicious and violent treatment while still at work and was also the target of vexatious allegations as a result of him speaking up. He was forced to engage a lawyer to help plead his case; a case which saw him quickly expend his life savings to a point where the charges were withdrawn. In the end, they wanted him out.

Normally Dave would have been supported to leave the forces with an eight-week reintegration course to ensure he had the best chance of positive return to civilian life; instead he was

offered a brochure and paid passage back to Hobart. When asked about the institutionalisation Dave said, 'I was 100 per cent institutionalised'.

Dave, along with his wife and children boarded the *Spirit of Tasmania* and made the trip back to Tasmania where they moved in with his mother-in-law. The house in West Hobart was never big enough and Dave felt that he was never good enough, so it didn't last and they were forced to move into unaffordable accommodation just around the corner.

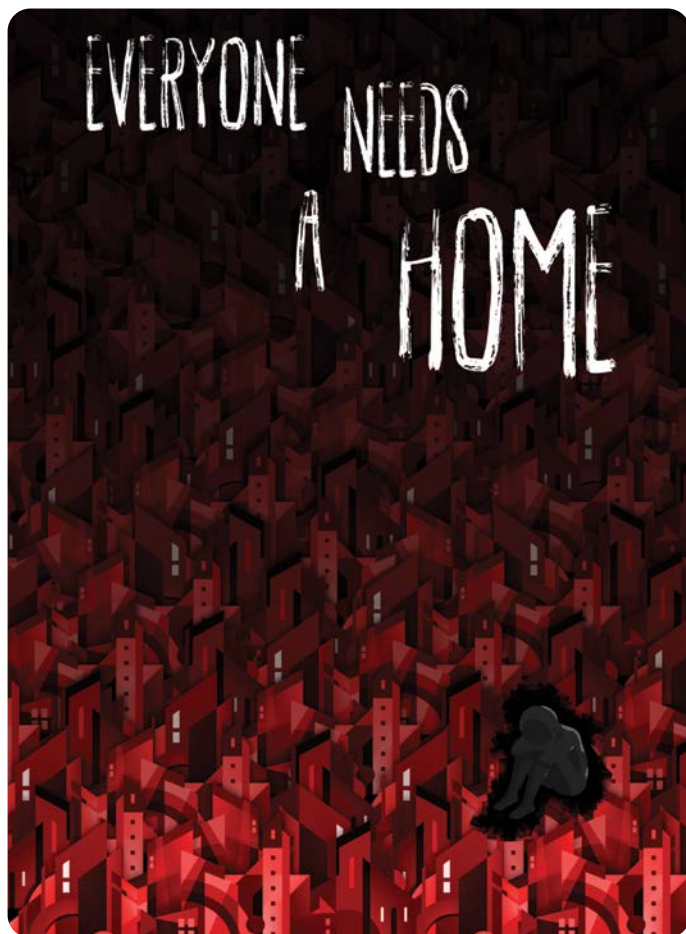
Dave had been happily married for ten years when the relationship finally broke down. He said it was due to the stress of PTSD and having to fight to

clear his name. He had been actively self-medicating with marijuana and began selling to support his habit. By this time Dave had moved out and following the divorce found a place to live in Bridgewater, where he witnessed the colourful underworld in the broadacres.

Dealing in the district brought unwanted attention from local crime families and following two home invasions, Dave felt that enough was enough. He called the police on the second occasion and they promptly arrested him for possession and trafficking. He said, 'They thought I was a drug kingpin! I was trying to tell them it was for personal use.'

Eventually the decision was taken out of Dave's hands as the property he was living in was sold and the new landlord promptly increased the rent; it was now unaffordable. Dave left and went to Queensland to see his daughter who was a new mother. On his return to Tasmania, he began couch surfing until he was forced to leave after experiencing domestic violence; fearing for his own safety he left.

Dave is now engaging with primary homeless services through the Safe Space in Hobart who are assisting him to find a path through his housing and health challenges. He has finally found someone to hear his story and it is with this understanding that Dave is realising there is hope after all. Dave wants to find affordable social housing so he can get back on track and improve his health.



Lived Experience of Veterans' Homelessness: Before and After

Jody Letts, Council to Homeless Persons Peer Education Support Program Graduate



As a Movements Operator, Jody's role was planning and executing the international and domestic movement of personnel, vehicles and equipment by road, sea or air, by either military or civilian means.

My life in the Australian Army began at the age of 19. As a soldier I did not have an option to 'clock off'. It was continuous, 24 hours a day, seven days a week, 52 weeks a year, year in and year out. After a decade of difficult, demanding and dangerous service, including overseas,

I discharged when my second child was born and returned to my extended family in regional Victoria. This is where my transition back into civilian life eventually lost direction.

When I attended an emergency department late one stormy, cold winter evening, it wasn't even remotely apparent that I was about to embark on a long and complex journey. This journey involved working intensively with health services to address both my physical impairments and my mental illness. The journey involved finding myself sleeping everywhere from a derelict rental to a van and on couches, before eventually finding a homelessness service to seek out crisis accommodation and transitional housing for me.

It is no secret that my military life was governed by strict rules and expectations. Every day I stuck to rigid schedules, responded to commands and was told what to wear and how to present myself. I even spoke and wrote in a specific language that

needed the right tone to get the job done. There was no leniency or room for individuality. Everything was precise and performed in sequence. Job security in the military was an advantage, because I didn't have to worry about 'down-sizing' or the state of the economy governing the growth of the company for which I was working. My career choices, roles and advancement were chosen by an assessment of my knowledge and capabilities. If these didn't match up with my dreams of being a lawyer and I ended up being a truck driver — then that's what I did.

My unit was my family and as a community we went through a lot together. This forged close bonds that cannot be replicated in a civilian community. In the civilian world there just isn't any connection or understanding of all of my experiences. After the sheer amount of time spent away training, on exercise or on deployment, it is an interesting shift to try and fit into the lives of friends and family that stayed home. So much choice and freedom felt foreign to me, even wrong at times. As a result, making new friends, asking for help and trying to set the pace in the homelessness service system was no different — because I didn't enjoy the same things, feel the same way, want 'normal' things. In the end it made me feel as though I didn't fit in anywhere.

I was quite accustomed to three meals a day from the Mess Hall prepared by qualified catering staff — no mess, no fuss. They even followed us out field, setting up in tents and carrying on business as usual. Where it wasn't practical there were ration packs that provided enough food for 24 hours and you had enough to last the duration of your task. If things went toes up,



Continuous training to maintain weapon proficiency and individual readiness for deployments.

they would send in more supplies in trucks or drop them out of aircraft. There was even the luxury of the tuck shop on wheels that come into the work place for smoko and lunch!

Regardless of where I was or what I did in the army, I never went hungry. So it's no surprise that homelessness tested me, not only to find the money to pay for food, but to find where to get meals when I didn't have money. I experienced the challenge of having to navigate around the city to find services that would offer the meal services I would be able to attend during the times when I was available.

Health care in the military is second to none. The minute you felt slightly off color or as a result of an extreme injury, there was always someone right there with you to give you initial treatment and then find the right professional to provide you immediate medical treatment. More often than not — they even come to you — no appointments, no wait-lists, 24/7 access. They make sure that every soldier is trained as a first responder and as their career progresses their level of first aid knowledge is enhanced. The military makes sure you have the medicine you need, are scheduled for annual checkups and follow up on all the treatment for any injuries. Unless you had seriously broken the rules, and were under administrative action, any leave for injury, illness, treatment, hospitalisation, recovery is granted and paid for — with no waiting periods for leave to build up.

My experience of the health services in Victoria between my discharge and becoming a disability pensioner under Veterans Affairs, was to say the least, very shaky. As I moved around regional Victoria there was little to no consistency in the treatment options I was offered. Staff changes in services provided many challenges. I had to repeatedly 'start over' and it felt like there was no progression. What was a natural communication style for me was very often frustrating to the civilian workers — and vice versa for me. For the better part of five years, it felt like my full-time job was attending medical appointments, treatments, medication trials, programs. Eventually I became so unwell that I needed to undertake in-patient periods.



Jody in East Timor.

I struggled with the notion that I was not a 'fit person', that I could not care for my children, or put food on the table and pay the rent and bills. Yet I had demonstrated that I was capable of working in a team to support and change the lives of communities devastated by conflict or disaster. Eventually, all of my financial options dried up — my sick leave with pay had run out, the Income Protection Policy did not cover my circumstances, my ability to claim Loss of Income payments had expired, Centrelink did not have a payment type to suit my situation and Veterans Affairs had not yet accepted the validity of my conditions. It was challenging to find and access my own dentist, medical practitioner and medical facility and meet the gap payments to Medicare. Even when I found something I was potentially eligible for, I was sometimes travelling an hour across town to go to a service. What a contrast to the safety and security of knowing that every single person standing near me could literally save my life, if push came to shove. Without the emotional motivation and assistance from my housing support worker to coordinate my priorities in the final stages of



One of the daily interactions with East Timorese children during the Australian-led multinational peacemaking taskforce.

the process, I would have no doubt ran out of puff to continue to literally fight for my life and my right to ongoing health and financial care.

One of the simple aspects of freedom as a civilian, is being able to choose what you want to wear and have the option to dress up or dress down. This is a long stretch from the limits of either physical training attire, camouflage uniform or the more formal poly's. Yes, there were summer and winter options with a few extra layers for the colder months and some gear to protect you from the extreme heat, but that is as much choice as you get. When you are issued everything you need right down to your socks and jocks at initial recruit training, it is not hard to imagine how humiliated I was to have to ask for assistance from my housing worker for vouchers to get appropriate clothing — something like a winter jacket, for the seasonal changes in Victoria, which often saw me and my daughter spending hours on end trawling through Op Shops to find suitable clothing options.

One of the biggest changes I faced was in respect to my skill set and my education. The military trained me in a wide range of basic military skills; then there was specific trade training and additional training for any activities to aid the defence of a civil community and for operational missions. I never had to worry about applying for a grant, scholarship, student loan or have to access books and materials. I was literally trained to know many skills in very specific situations — situations that do not occur on a regular basis in civilian life. I was extremely discouraged to find that my years of training no longer applied to the world of my everyday life. On some occasions, it would be the small things that were the most challenging, causing me to struggle with feelings of depression, injustice and loss. Adding to my distress, understandably, was loneliness and the physical and emotional toll of living rough. I was pretty angry and bitter, because it felt very unfair that everything hinged on eligibility, location, gender, family unit and income.

Homelessness is an experience of restlessness that I know many will not understand. I know that there is good

and bad everywhere. It is like anything you have experienced before; you adapt to your situation, and I tried to use my period of homelessness as an opportunity to grow my skills even further. The way I look at it now, my experience of homelessness was kind of a test of my ability to pull all my resources together to fix the situation. One thing I learned very quickly is that despite the embarrassment of asking for help, it was much easier and less painful when I had a one-on-one case worker by my side.

As a soldier I had to go where the military wanted me to go, and I moved at least every two years. It wasn't all that bad because living on a military base is just like a rural town with everything you could possibly need or want; medical facilities (nurse, doctor, dentist, specialist, hospital, maternal and child health nurses etc.), Police, Fire and Ambulance services, supermarket, fuel, bottle shop, hair salon and barber shop, specialty shops, take-away food and cafes, bus transportation, play group, kindergarten, toy library, golf course, swimming pool, tennis court and in some bases, even a movie theater.

The process of finding the right type of permanent housing for me and my daughter while I was at risk of homeless had a huge impact on our lives. It was intimidating, particularly when I had previously been guaranteed immediate access to different types of accommodation options, subsidised departmental rental property options, housing allowance for private rentals and subsidies and grants to support home ownership. My decisions were easily made based on my posting location, rank and family situation. As a civilian, housing expenses are now something I continue to worry about day in and day out — there just is not the level of security as in the military.

So, in conclusion, most people might think military life and civilian life are essentially the same. But as I have highlighted, there are many big differences between the two. I was devastated after I had the experience of health system workers, including social workers, who did not offer me any referrals, information or assistance when I was at risk of homelessness. I was left to tackle a vast range of personal concerns



Participating in endurance activities, as the ADF started to move towards a higher tempo period of overseas missions and operations.

by using Google search to try and find help. However, there was very little available online to point me in the right direction to help prevent me becoming homeless, and it was not until I was living in a car, homeless and in extreme crisis, that I was able to find help through the homelessness service system.

Fortunately, my housing support worker did not give up on me and kept working to get me a place and the right services. Eventually we found a transitional property, something which was not easy. She helped me move in, helped with appliances and basic household stuff, offered financial assistance in many aspects of my life, including housing, education, healthcare and personal hygiene. She took the time to help me plan a budget with the anticipated cost of the housing, something that gave me the ability to be frugal in the early stages of transitioning from homelessness. Even then she didn't just palm me off when that was done. She continued to check up on me and said: *'You can call me any time'*. She was fantastic, without her help to stabilise my life, everything would have been a lot harder. Towards the end, she was able to help me view the changes in my life as a new adventure and opportunity to be an advocate for others. My experience helped me build new skills, make new relationships and see the world in a whole new light. It was that intensive and on-going approach that was the key that worked for me.



Dr. Jed Donoghue

State Manager Housing and Homelessness and Social Mission
Coordinator Tasmania, The Salvation Army Australia Territory



Together From the Start

The Salvation Army has a long relationship with the members of the Armed Forces in Australia. The Red Shield Defence Services were established as a response to the start of the First World War in 1914. Salvation Army chaplains were sent all over the world, to offer practical, emotional and spiritual aid to servicemen. The ministry and interaction between service personnel and Salvation Army chaplains at Gallipoli was to become a defining moment in the role and future of the organisation in Australia.

Chaplain-Major William 'Fighting Mac' McKenzie is perhaps the most famous military chaplain of this time. A Salvation Army officer of great faith and courage, he offered spiritual guidance, practical comfort and words of encouragement during battles of unimaginable horror. Woodbury reports that Keith Murdoch interviewed McKenzie for an article in the *Sydney Sun* in 1917.

He wrote:

*'Padre McKenzie has gone where shelling has made burial parties impossible to bury the dead. He has brought in the wounded and lasted out the most intense shell-fire with his men, so that he might cheer them and comfort them. He has stayed afterwards to collect as much as two sandbags full of identity discs and paybooks off the dead.'*¹

Fighting Mac embodied the spirit of what would come to be known as the 'Sallyman'. Walking willingly onto the battlefield to provide support to those who serve. Since the First World War, the Red Shield Defence Services have been present at every major conflict, ready to provide aid to Australian servicemen and women often experiencing the worst moments of their lives. Today, the Red Shield Defence Services continue to be a positive presence in Australian military life, proudly serving those who serve.

However, there are a proportion of veterans who are experiencing housing stress and homelessness. The 2009 national survey of single men and cross target homelessness agencies revealed that:

- Homelessness services consistently underestimate the number of clients who are veterans. Of the 120 services responding to the national survey of selected homelessness services, about one third estimated that veterans represented one to two per cent of their client group, and 15 per cent estimated that veterans

represented three per cent or more of their clients. About 10 per cent of services considered they had no veterans as clients, and 50 per cent did not know.²

- Homelessness services have limited understanding of veteran specific services or veterans' entitlements and have little contact with veteran services such as the Department of Veterans' Affairs (DVA) or ex-service organisations (ESOs), such as the Returned Services League (RSL). Generally, homelessness services lack understanding of what constitutes a 'veteran', and agencies' knowledge of the support services available to veterans through the DVA is often limited or patchy.
- Homelessness agencies often consider that veterans have 'additional needs', citing mental health supports (including post-traumatic stress disorder), alcohol and drug misuse, age, and negative community attitudes as key factors. As well as proposing enhanced links between homelessness services and DVA and ESOs, a number of homelessness services suggest that specialist services are required for veterans, including supportive housing, specifically designed with veterans' needs in mind.³

Specialist Homeless Services data indicates that in 2006-07 there were approximately 400 women who were clients of homelessness services who were escaping domestic violence. The incidence of violence (where the partner was apparently a veteran) was

confirmed by a snapshot data collection conducted over a two-week period by a domestic violence crisis line, where 5 per cent of callers said that their partner had served in the military.⁴

In May 2019, AHURI⁵ reported that a much larger group of veterans than previously estimated experience homelessness. Estimates based on DVA and Defence-funded administrative and survey data indicate that 5.3 per cent of the recently transitioned ADF population were homeless in a 12-month period. By extrapolation, the number of contemporary veterans who experience homelessness over a 12-month period is estimated to be approximately 5,767.

Across a cohort of contemporary veterans, about 50 per cent of homeless veterans could be considered to be transitionally homeless; 25 per cent could be considered to have been homeless for a significant period of time; and another 25 per cent could be considered chronically homeless.⁶

The identified risk factors for veteran homelessness include: lower education levels; being single; being unemployed; experiencing financial strain; having mental health issues; having less contact with family and friends; engaging in risky behaviours; being arrested or convicted for a crime and experiencing a greater number of lifetime traumatic events.⁷

It is clear from the 2019 AHURI⁸ report that the military service and transition risk factors associated with increased odds of becoming homeless include: higher post-traumatic stress disorder and psychological distress symptoms; higher alcohol consumption; higher anger levels; operational deployment; being discharged at a lower rank; being unemployed following transition; and, particularly, relationship breakdown following transition.

Overall, the strongest risk factors for veteran homelessness were: higher levels of psychological distress during service; and



relationship breakdown and unemployment following transition. Only 39 per cent of recently transitioned ADF members who reported experiencing homelessness had sought assistance from mainstream service organisations, citing a number of barriers to access. Those who had sought help also reported high rates of dissatisfaction with the services provided.⁹

We feel that the Australian Federal Government, state governments and the community need to do better by the people who serve and protect Australia after they return to civilian life.

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Opinion 2

David Pearson

CEO Australian Alliance to End Homelessness

Livia Carusi

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Veterans Homelessness is Readily and Rapidly Solvable!

Homelessness has been an issue for so long many see it as a normal feature of everyday life — intractable, inevitable, unfixable. But despite the common misconception, the scale of veterans' homelessness in Australia is both preventable and solvable.

In addition to this, we know what to do — we have proven models to follow and would have strong public support — what is missing is leadership and decisive action.

We need to put the urgency back into tackling this problem, and we cannot wait for governments to act. Homelessness is the result of choices governments have made. It is time we all ensure they make better ones.

Communities in both the United States (US) and Canada have set a course that could mark the beginning of the end of veterans' homelessness. They did not wait for government action, they took action themselves, in broad-based local community coalitions, with a common goal of ending all veterans' homelessness — starting with rough sleeping.

Now of course we need governments that are prepared to make clear and unequivocal commitments to ending veteran homelessness and willing to invest the modest additional resources required to get the job done.

To make this happen we should demonstrate that progress is possible and start building the networks, relationships and expertise needed to make this a reality, just as some US and Canadian communities have.

So far, 11 communities in the US have ended veteran rough sleeping homelessness. In Canada, we have recently seen the first community reach an important milestone of having a quality by-name list for veterans' homelessness.

An end to veterans' homelessness in this context means that they have been able to demonstrate, with data, that their community is able to meet a standard where any instances of veterans' homelessness are rare overall, brief when they do occur and a one-time thing.

This standard is measured by calculating what's called 'Functional Zero' and it is achieved when the number of veterans experiencing homelessness in a particular community is less than the number of veterans that same community has proven it can house in a month.

So far communities that have not just met this standard, but have in many cases sustained it over a number of years, include:

1. Rockford, Illinois, population 147,651, which is about an hour and a half drive from Chicago.
2. Arlington, Virginia, population 236,842, effectively a suburb of Washington DC.
3. Montgomery County, Maryland, population 1 million, a region immediately north of Washington DC.
4. Fort Myers, Florida, population 82,254.
5. Gulfport, Mississippi, population 71,870, is the second-largest city in Mississippi.
6. Riverside, California, population 330,063, effectively an outer suburb of greater Los Angeles.
7. Norman, Oklahoma, population 123,471, effectively an outer suburb of greater Oklahoma City.
8. Bergen County, New Jersey, population 932,202, effectively an outer suburb of greater New York City
9. Abilene, Texas, population 122,999, regional town.
10. Lake County, Illinois, population 696,535, regional area about an hour's north of Chicago.
11. Chattanooga, Tennessee, population 180,557.¹

There is incredible diversity in these communities, but they have all achieved and sustained their goal of ending veterans' rough sleeping homelessness. And we could do it here.

Arlington County is a community that stands out, as you may know it hosts not just The Pentagon (the US Department of Defense) but also Arlington Cemetery, the home of America's war dead.

Tackling veterans' homelessness was understandably a priority for this

community that honors the sacrifice of fallen soldiers on a daily basis.

Arlington, like the other ten communities, made a public declaration that they would not just seek to reduce homelessness, or help only the people who were on the street the day that commitment was made. No, they made a commitment to end veterans' homelessness in their community and to rally the support and resources of everyone with a stake in the issue. Which in a community like Arlington, with its identity completely tied up in the concept of honoring the sacrifice and service of veterans, was pretty much the whole community!

And therein lies the lesson, tackling the problem of homelessness, and especially veterans' homelessness, cannot just be the responsibility of homelessness non-government organisations or government departments. It needs to be everyone's responsibility.

No single organisation or department is fully accountable for ending veterans' homelessness in a community. Each local agency or service holds its own small piece of the solution, but no one has their eye on how the pieces fit together.

The sheer act of setting goals was transformative, and no community needs to wait for governments to set that goal, to develop the strategy for implementing it, they can just do it. Implementation of course becomes a challenge if governments don't come on board, but the lessons are that if communities act, governments will often follow.

Call the meeting, invite your colleagues and of course invite governments — local, state and federal, health, housing, veterans and homelessness services — all to the table.

Community action led to government action in both Canada and the US. In June 2019 the Canadian Alliance to End Homelessness (CAEH) successfully pushed for a motion to be passed in their House of Commons for the Canadian Government to come back to the Parliament with a plan in 2020 to End Veteran Homelessness by 2025.

It was not without debate,² but later that year the CAEH received funding from the Department of Veterans Affairs to work with up to 12 communities across Canada to reduce and end veterans' homelessness through their Built for Zero initiative³ — similar to what the Australian Alliance to End Homelessness (AAEH) is seeking to do with our Advance to Zero Campaign.⁴ Both of these efforts are modelled on the successful efforts in the US.

Late last year the Government of Canada confirmed their important and ground breaking commitment to '*ensure that every homeless veteran has a place to call home*' in what they call the 'Speech from the Throne'.⁵ This was followed early this year with the CAEH officially launching the veteran community cohort of their Build for Zero Campaign.⁶

As mentioned earlier, in June the first of these communities reached an important milestone of having the first quality by-name list for veterans' homelessness in Canada — something that every successful community in the US reached too.

There are a number of common features in what the Canadians and Americans have done.

First, they sought to know by name every veteran sleeping rough in their communities. It is so simple, but currently we do not do this in Australia, outside of a handful of communities the AAEH currently works with. Borrowing the old military axiom 'time spent in reconnaissance is seldom wasted' — solving homelessness requires actionable, real-time, person-specific data on everyone experiencing homelessness.⁷ We cannot gather the necessary information to house homeless veterans solely by sporadically counting them anonymously or having information collected by a handful of agencies and not shared — we have to document the names and unique needs of every veteran experiencing homelessness, have an ability to appropriately share that information among those in the community who can house and support them, monitor performance, notice fluctuations, identify problems and respond in real time.

Secondly, focus on prevention. We have to stop the flow of veterans into homelessness. There are tools being developed to assess veterans for risk of homelessness including some excellent work being done at the University of Pennsylvania's National Centre on Homelessness Among Veterans for the US Department of Veterans Affairs.⁸ If we understand who is at highest risk of homelessness, and we understand a veteran's pathway into homelessness, then we can intervene well before homelessness occurs.

Thirdly, use Housing First. As we know, Housing First works and it does so because it is a recovery-oriented approach to ending homelessness that centres on quickly moving people experiencing homelessness into independent and permanent housing and then providing additional supports and services as needed.⁹ Housing First is an evidence-based approach that has been proven to work with homeless veterans and is at the heart of every successful effort to prevent and reduce homelessness.¹⁰

Finally, partnerships are crucial. No one organisation or part of government can solve

this problem alone. Not the Department of Veterans Affairs or the largest housing provider. Ending veteran homelessness will require an additional investment in communities — in housing, supports and coordination — but we need to build the collaborative infrastructure and we don't have to wait for governments to start that task.

Canada and the US are demonstrating that veteran homelessness is solvable. We know what to do and how to do it — all that's missing is collective leadership and decisive action.

Our veterans in Australia have provided their service, it's time for the rest of us to step up and provide them the service they deserve.

The AAEH and the Salvation Army are interested in making veterans' homelessness history in Australia. At the Salvation Army we'll be announcing a number of actions over the coming months. The Canadian Alliance to End Homelessness stands ready to share with us what they have learned. If you want to get involved, get in touch! Together we can show that veterans' homelessness is readily and rapidly solvable.

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Jacqui Lambie

Independent Senator for Tasmania



Homeless Veterans Need Long-term Support

Thousands of our recently returned servicemen and women slept on park benches, on the streets and in temporary or emergency accommodation last night.

These are people who would have given our country everything they have. They were willing to put their lives on the line to keep Australia safe. We repaid them by turning our backs. We should be doing so much better by them.

Veterans are much more likely to wind up homeless than the rest of the population. Over one in 20 recently returned veterans wind up homeless each year, compared to one in a hundred Australians overall.

There's so much that leads up to a veteran ending up on the street.

Many veterans face money problems, especially when they are left waiting for months (or years) for the Department of Veterans Affairs

(DVA) to process compensation claims. It is not unheard of for cash-strapped veterans to get behind on their mortgage and lose their home while they wait for the DVA to make a decision on their application.

Mental health issues are also an important part of the story. It is so common for veterans to come back from service with post-traumatic stress. Recently returned vets especially can have trouble adjusting to civilian life, and most don't know how to ask for help when they need it.

Without transition support when veterans leave the defence forces, it is easy for them to slip into unemployment or become socially isolated. Some will turn to drugs, gambling or alcohol to try and cope with the changes in their life — of course it never helps.

Homeless veterans need a support system that addresses the specific problems they face when they leave the defence forces.



Instead we have a mess of different organisations and programs, with too many gaps in some areas and too much overlap in others.

There is some crisis accommodation for veterans who find themselves in a housing emergency, but we do not have a national program to address long-term veteran homelessness.

There is a better way. There are veteran wellbeing centres in Townsville and Brisbane. The people who rely on them say they're magic.

They work by bringing together veterans service organisations and advocates under one roof.

Instead of expecting vulnerable veterans to find their own way through the confusing jumble of different support programs, these hubs mean they just have to go to one place. They create a community space for at-risk veterans to put up their hand and ask for help.

Our homeless vets desperately need that social safety net.

Before the last election, the Prime Minister made big promises to spend \$30 million on veterans wellbeing service centres. It has made a lot of people in the veterans community excited, but unfortunately they will not be fully operational until 2022.

Without these hubs up and running, we do not have any way to fix small problems before they turn into big ones.

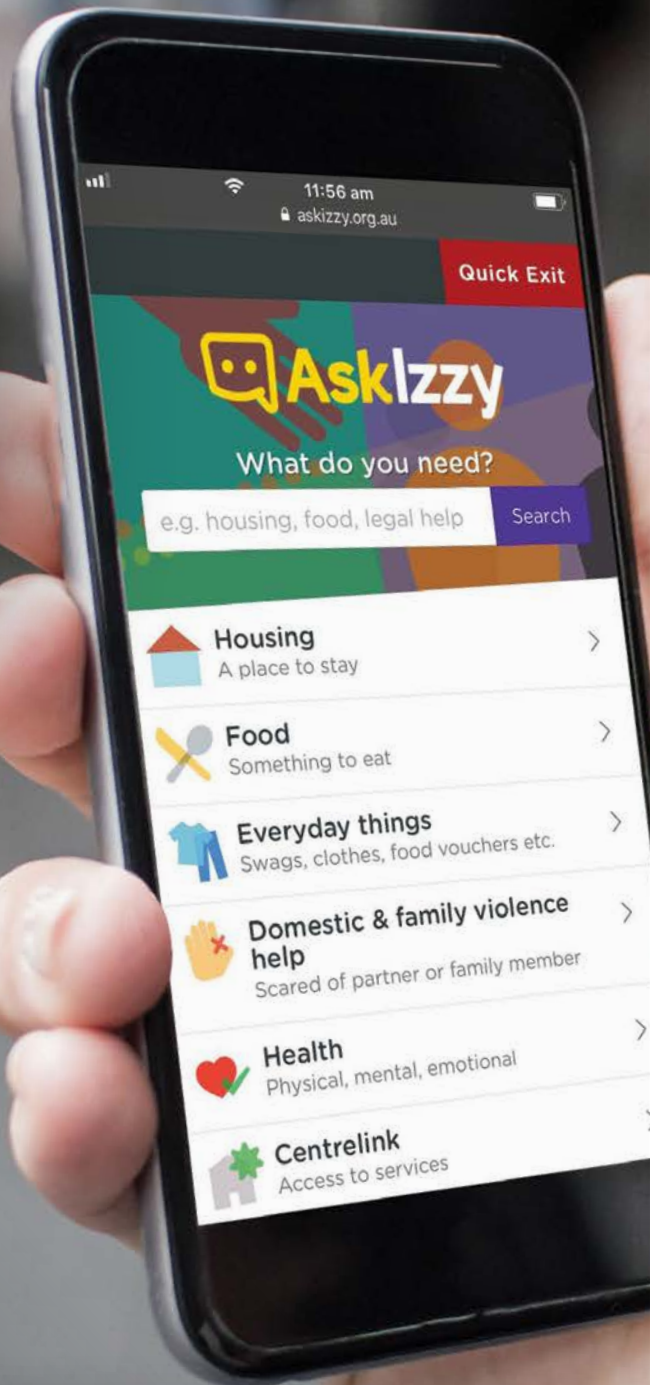
We know what is needed. Let's just get the job done.

Every day of delay brings another night in the cold for our most vulnerable veterans.

I need a bed
for the night.
Where can I
get help?

**Find the help
you need, now
and nearby.**

 **Ask Izzy**
askizzy.org.au



Ask Izzy connects people with housing, a meal, health and wellbeing services, support, counselling and much more.

It is free and anonymous. On the Telstra network, you can use it even if you don't have credit.

Homelessness in Australia: An Introduction

Homelessness in Australia: An Introduction provides thought-provoking, up-to-date information about the characteristics of the homeless population and contemporary policy debates.

Leading researchers and advocates from across Australia have come together to contribute their expertise and experience to produce a foundational resource that will set the benchmark for the future analysis of homelessness. Editors, Chris Chamberlain, Guy Johnson and Catherine Robinson are all recognised experts in the field.

Homelessness in Australia: An Introduction is published by New South Press in association with the Victorian Council to Homeless Persons, one of Australia's leading peak homelessness advocacy bodies.

Homelessness in Australia: An Introduction contains 14 chapters.

Part 1 includes: an essay on homelessness policy from the start of the nineteenth century to recent times; a chapter measuring mobility in and out of the homeless population and a piece on the causes of homelessness.

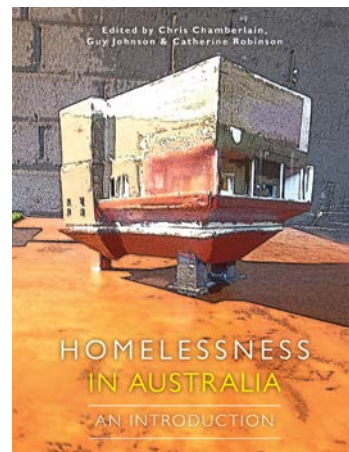
Part 2 is about contemporary policy issues and discussions. It has chapters on: the debate about definition and counting; gender and homelessness; young people; older people; Indigenous homelessness; domestic and family violence; people with complex needs and the

justice system; trauma as both a cause and consequence of homelessness; and people who are long-term or 'chronically' homeless.

Part 3 includes a piece on the 'failure of the housing system' and a chapter on 'reforming the service system'.

People will find the essays in *Homelessness in Australia* both illuminating and challenging.

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