

MODULE ONE

Understanding the veteran journey



Photo: HMAS Warramunga holds station behind Royal Canadian Navy and German Navy frigates Winnipeg and Bayern during ANNUALEX in the Philippine Sea. Photographer: POIS Yuri Ramsey

This toolkit has been developed to support Community Housing Organisations (CHOs) to strengthen their understanding of the housing and support needs of veterans and to support the development of effective working relationships with veteran support services.

Module 1 provides an overview of the veteran experience, risk and protective factors to homelessness, service needs and available referral pathways, and why it is important to tailor support when working with veterans and their families.

Understanding the veteran journey

In many countries the military holds an honoured position in the national psyche and this is true in Australia with ANZAC Day symbolising our sense of nationhood¹.

The ANZAC tradition, the ideals of courage, endurance, mateship and sacrifice that are still relevant today, was established on 25th April 1915 when the Australian and New Zealand Army Corps landed on the Gallipoli Peninsula. It was the start of a campaign that lasted eight months and resulted in more than 26,000 Australian casualties, including more than 8,700 who were killed or died of wounds or disease. The men who served on the Gallipoli Peninsula created a legend, adding the word 'Anzac' to our vocabulary and creating the notion of the Anzac spirit.²

Through all the conflicts that Australia has participated in over the last 100 plus years, which includes – World War I, World War II, Korea, Vietnam, East Timor, Afghanistan and Iraq as well as peacekeeping missions and humanitarian missions – there has been growing recognition of the challenges that veterans may experience on return to civilian life.

Across Australia, we have a growing awareness of the needs of veterans as we have developed a greater understanding of these challenges. Homelessness and the risk of homelessness is now understood to be a factor for some veterans that requires strategic policy planning and development.

While people recruited to the Australian Defence Force (ADF) are required to be in good health, the unique experience of ADF service means many veterans experience health and welfare challenges above the Australian population.³

In Australia, military service is held in high esteem. It is recognised that it is very demanding on those who serve, and can involve exposure to extreme physical, psychological and mental stressors.⁴ Currently, approximately 5000 serving men and women (9%) transition out of the regular ADF each year.⁵ For example, between 2010 and 2014, more than 24,000 ADF members discharged completely or transitioned into the Reserves.

The Australian Government undertakes significant research to help understand the needs of veterans. Consistent with the **2010 Mental Health Prevalence and Wellbeing Study report**⁶ which profiled mental disorder in the Regular ADF in 2010, the Transition and Wellbeing Research Programme examined three classes of common mental disorder among the Transitional ADF: anxiety, affective disorder (disorders such as bipolar or depression) and alcohol disorder.⁷

Forty-six percent of the Transitioned ADF were estimated to have met criteria for a lifetime anxiety disorder and one quarter were estimated to have met criteria for post-traumatic stress disorder. Just under 40% were estimated to have met criteria for a lifetime affective disorder.

¹ Gallipoli: The Birth of a Nation (awmlondon.gov.au)

² <https://www.dva.gov.au/recognition/commemorating-all-who-served/commemorative-services/anzac-day-history>

³ Australian Institute of Health and Welfare 2018. A profile of Australia's veterans 2018. Cat. no. PHE 235. Canberra: AIHW.

⁴ Dobson, A., Treloar, S., Zheng, W., Anderson, R., Bredhauer, K., Kanesarajah, J., Waller, M. (2012). The Middle East Area of Operations (MEAO) Health Study: Census Study report. Brisbane: Centre for Military and Veterans' Health, University of Queensland

⁵ Australian Government Department of Defence. (2016). Defence Annual Report 2015–16. Canberra: Department of Defence.

⁶ McFarlane, A. C., Hodson, S., Van Hooff, M. & Davies, C. (2011). Mental health in the Australian Defence Force: 2010 ADF Mental Health Prevalence and Wellbeing Study: Full Report. Department of Defence: Canberra.

⁷ Van Hooff, M., Lawrence-Wood, E., Sadler, N., Hodson, S., Benassi, H., Daraganova, G., Forbes, D., Sim, M., Smart, D., Kelsall, H., Burns, J., Bryant, R., Abraham, M., Baur, J., Iannos, M., Searle, A., Ighani, H., Avery, J., Hansen, C., Howell, S., Rosenfeld, J., Lawrence, A., Korgaonkar, M., Varker, T., O'Donnell, M., Phelps, A., Frederickson, J., Sharp, M., Saccone, E., McFarlane, A. (2019). Transition and Wellbeing Research Programme Key Findings Report. Canberra: Department of Defence and Department of Veterans' Affairs (page 24)

The 2015 Transition and Wellbeing Research Programme looked at those who transitioned from Regular ADF service between 2010 and 2014, those who were still serving in the Regular (full-time) ADF in 2015, and those who have served on contemporary operations.

It found that among the Transitioned ADF, anxiety disorders were the most prevalent category, with 37% meeting diagnostic criteria for an anxiety disorder in the last 12 months. The estimated 12-month prevalence rate of Post Traumatic Stress Disorder was 17.7%, which was very similar to panic attacks, with a prevalence of 17%. This replicated findings from the 2010 study, which also found anxiety disorders (in particular, PTSD (8.3%) and panic attacks (7.1%)) to be the most common class of mental disorder in current serving Regular ADF members in 2010.⁸

Just under half (43.3%) of the Transitioned ADF were Ex-Serving (discharged) at the time of survey completion and therefore no longer remained engaged with Defence in a Reservist role. A quarter of the Transitioned ADF had remained in an Active Reservist role (25.7%) and therefore continued to be engaged in service for a specified number of days per year; 30.1% were Inactive Reservists and therefore their contact with Defence would be variable, and for some there would be no ongoing contact.⁹

Among the Transitioned ADF, the most common type of discharge/resignation reported was ‘own request’ (53.7%), with over 60% of these voluntarily discharging or discharging due to the end of a fixed period of service. Just over 20% of the Transitioned ADF were estimated to have been medically discharged, with their employment terminated by the ADF on the grounds of being permanently – or at least in the long term – not fit to serve, or not fit for deployment to operational (warlike) service. The most common self-reported reasons for transition were ‘impact of service life on family’ (10.2%), ‘better employment prospects in civilian life’ (7.2%), ‘mental health problems’ (6.5%) and ‘physical health problems’ (4.3%).¹⁰

Understanding the military experience

Veterans and their families face unique experiences during a military career, and in transitioning to civilian life.¹¹ Military life can involve significant challenges. For many veterans, military service and operational deployment can also lead to a strong sense of identity and belonging.

Military training includes the physical and psychological conditioning required for survival in combat and promotes a determined response in the face of adversity.

While certain responses are adaptive during operations, these can often impede fitting into civilian life after deployment. On a physical level, training promotes optimum health, strength and endurance. On a psycho-social level it promotes identification as a functioning member of a cohesive, tight-knit group above identity as an individual. In combat there may be group consequences for the actions of individuals.

It is not uncommon for a veteran at some time to experience:

- Low self-esteem
- A reluctance to admit having a mental health problem
- A difficulty finding or maintaining employment
- Feelings of grief and loss
- Housing issues
- Social isolation
- Feeling without purpose and devalued despite their contribution to the country
- Feeling ashamed because of a belief that not coping is a sign of weakness

Open Arms – Veterans and Families Counselling, the Australian Government’s provider of clinical counselling services for Australian veterans and their families, identifies that the mental health needs of veterans are diverse and rapidly changing.

For older veterans, issues of ageing and chronic disease can be an important consideration. Depression, anxiety, alcohol misuse and dependence and Post Traumatic Stress Disorder are the most common mental health issues encountered. Information on the programs and services available can be [found here](#).

Recently discharged ADF personnel have engaged in a range of warlike, peacekeeping and peacemaking deployments as well as disaster response and border protection operations. These contemporary veterans are more likely to have experienced multiple, high tempo deployments.

It is suggested¹² that recent conflicts and peacekeeping missions involve fundamentally different types of conflict to previous engagements. Deployment to the Middle East may involve the ongoing threat of insurgent combatants, urban conflict amongst non-combatants and increased prevalence of Improvised Explosive Devices. Many of these veterans describe the extraordinary demands of constantly facing the threat of death or serious injury.

Additionally, complex rules of engagement and lines of command within multinational forces can increase the level of stress on Defence members on deployment, particularly in peacekeeping and peacemaking operations, as can the conflict with personal belief systems in these and border protection operations.

Apart from deployment cycles, frequent relocations within Australia can result in a sense of dislocation for contemporary veterans, weakening wider community connections and growing a dependence on the ADF community.

For many ADF members, a deployment is the pinnacle of their career where years of preparation and training are put into action, either in war fighting, peacekeeping or humanitarian missions.

Deployments may involve high risks of exposure to trauma as well as the threat of serious injury, death and loss. Some ex-ADF members may not have participated in deployment that involved war or peacekeeping duties but may nonetheless have been deeply affected by experiences such as humanitarian deployments (e.g. the operation in Aceh following the 2004 Tsunami) or training accidents (e.g. the Black Hawk training accident in 2006).

Most veterans join the services as young adults which is an important time for shaping values, beliefs and attitudes. Because they were socialised into military culture at a time when they were malleable, many will have adopted military values and ideals as their own.

An example of military values and ideals can be seen in the Australian Army’s values. The core values form the bedrock of everything the Army does:

- **Service:** The selflessness of character to place the security and interests of our nation and its people ahead of my own
- **Courage:** The strength of character to say and do the right thing, always, especially in the face of adversity
- **Respect:** The humanity of character to value others and treat them with dignity
- **Integrity:** The consistency of character to align my thoughts, words and actions to do what is right
- **Excellence:** The willingness of character to strive each day to be the best I can be, both professionally and personally.¹³

Many high impact experiences will have occurred during times of extreme stress, in some cases during life threatening situations. What is learned under these conditions can be resistant to change because it is associated with survival. While some of these experiences can help protect a veteran from the impact of stress and mental health problems, they can also lead to tension, particularly in a civilian setting. Some military or deployment experiences can also contribute to or exacerbate mental health problems.

These experiences do not apply to all veterans, nor are mental health problems an inevitable consequence of the events experienced.

The Department of Defence and DVA provide a range of support services to veterans as they transition from active service to civilian life to enable them to establish their life post active service.

8 Ibid page 55

9 Ibid page 68

10 Ibid page 24

11 <https://www.openarms.gov.au/health-professionals/about-veterans-and-their-families> (accessed 8 November 2020)

12 <https://www.openarms.gov.au/health-professionals/about-veterans-and-their-families/understanding-veteran-experience>

13 Our values & contract | Army.gov.au

What research and analysis tells us about homeless veterans

Research has been undertaken to help governments and policy makers understand the multiple psychosocial and structural mechanisms of homelessness amongst transitioned Australian veterans.

In 2019, the Australian Housing and Urban Research Institute (AHURI) released research they had undertaken to examine the extent and nature of homelessness amongst former ADF members, and to develop benchmarks for the future monitoring of homelessness amongst this population group.¹⁴ The Inquiry was funded by the DVA, who sought empirical findings to inform service and policy responses.

The key findings from the Inquiry are as follows:

- A much larger group of veterans than previously estimated may experience homelessness. Estimates indicate that 5.3% of a recently transitioned ADF population may be homeless in a 12-month period. The number of contemporary veterans who experience homelessness over a 12-month period is estimated to be approximately 5,767 (this figure was extrapolated from a small sample size (201) from the transition and wellbeing research programme study to the cohort of recently transitioned ADF members – discharged between 2001 – 2018 – and not the total Australian veteran population)¹⁵.
- This rate (5.3%) is significantly higher than that for the general population (1.9%). Although these rates are not directly comparable, this strongly suggests that veterans may be over-represented in the Australian homeless population.

- Across a cohort of contemporary veterans, about half of homeless veterans could be considered transitionally homeless; a quarter could be considered to have been homeless for a significant period of time; and another quarter could be considered chronically homeless.

It is important to understand that veterans are frequently unwilling to identify as homeless and as a result are unlikely to seek assistance from homelessness services.

Identified risk factors for veteran homelessness identified in the research include:

- Lower education levels
- Being single
- Being unemployed
- Experiencing financial strain
- Having mental health issues
- Having less contact with family / friends
- Engaging in risky behaviours
- Being arrested or convicted for a crime
- Experiencing a greater number of lifetime traumatic events.

The military service and transition (transition is the term used to describe the period of time that a member of the ADF transitions to civilian life) risk factors associated with increased odds of becoming homeless include:

- Higher Post Traumatic Stress Disorder (PTSD) 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.

The strongest risk factors for veteran homelessness were higher levels of psychological distress during service and relationship breakdown and unemployment following transition from the ADF.

Other identified risk factors include lower education levels, engaging in risk behaviours, having less contact with family and friends and being arrested or convicted for a crime and experiencing a greater number of lifetime traumatic events.¹⁶

The pathways to veteran homelessness, while similar to those of the general homeless population, differ slightly in that there can be a very rapid descent into homelessness for veterans once they separate from the ADF.¹⁷ Discussion with a number of services that are currently providing support to veterans who are homeless or at risk of homelessness in Australia identified that 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, the ability to function at such a high level can diminish for some veterans as they transition to civilian life. For some veterans, becoming homeless does not occur immediately post transition, and can be the end result after their hopes have not been realised and their plans have gone awry.

Research undertaken by the Australian Institute of Health and Welfare to explore the use of specialist homelessness services by contemporary ex-serving ADF members (between 2011-2017) identified that their use of homeless services (1.1%) was lower than the Australian population (3.4%). It was identified that those with complex care needs (a current mental health issue, problematic drug and alcohol use and disability) used more services than ex-serving clients without those needs.¹⁸ This was also the case among Specialist Homelessness Service (SHS) clients.

In 2019-20, specialist homelessness services agencies assisted 1,373 clients who identified as current or former members of the ADF, an increase from 1,295 in 2017-18, yet down from just

over 1,406 in 2018-19.¹⁹ Two-thirds of the cohort were male with more than a quarter of the clients aged 45 – 54 years. More than half were known to be homeless when they sought assistance, with 65% having received SHS support before, with returning males more likely to be older.

The main reasons for seeking assistance were housing crisis (22%) followed by financial difficulties (15%). Clients at risk of homelessness were more likely to report financial difficulties as a main reason for seeking assistance (21%) than clients presenting as homeless.

More than two thirds of clients needed accommodation and it was provided for more than half of those who needed it. Three in ten clients were unable to be provided or referred to accommodation when a need was identified.

The housing situation of those clients who identified as being current or former ADF members in 2019-20 identified that just under half presented to SHS at risk of homelessness, with 59% in private or other housing and 22% in public or community housing.

Compared with the general specialist homelessness service population, clients who identified as current or former members of the ADF were more likely to need financial information, health / medical services and mental health services.

It is worth noting that serving ADF members have access to housing and rental assistance through Defence Housing Australia. However, once personnel discharge from the ADF, they are no longer able to access this housing support and need to access housing from the mainstream private and public / community housing programs, as well as exploring other options such as home ownership.

14 Hilferty, F., Katz, I., Van Hooff, M., Lawrence-Wood, E., Zmudzki, F., Searle, A., Evans, G., Challinor, B., Talbot, A. (2019) Homelessness amongst Australian veterans, Research Paper, Melbourne: AHURI

15 It is noted in the AHURI research that further investigation is required into the rate of homelessness amongst veterans who transitioned out of military service prior to 2001, noting that the majority of the Australian veteran population is aged 55 years and over. The research indicates that there may be a substantial number of older veterans who are homeless, but this research was not able to quantify this group, nor identify whether the risk and protective factors for homelessness are different for older veterans.

16 Hilferty, F., Katz, I., Van Hooff, M., Lawrence-Wood, E., Zmudzki, F., Searle, A., Evans, G. (2019) Homelessness amongst Australian veterans: Final report of the AHURI inquiry. Australian Housing and Urban Research Institute (AHURI), Melbourne.

17 Nathan Klinge., Ryan Ollwitz. Andrew Russell: Veteran Living: Meeting the Needs of Homeless Veterans in South Australia, Parity, July 2020, Vol 33 – Issue 6

18 <https://www.aihw.gov.au/reports/veterans/homelessness-services-ex-serving-adf-11-17-summary/contents/summary>

19 Australian Institute of Health and Welfare 2020. Specialist homelessness services annual report. Cat. no. HOU 322. Canberra: AIHW. <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/clients-who-are-current-or-former-members-of-the-australian-defence-force>

Homeless veterans' service engagement and needs

A diversity of support service responses are required to meet the needs of veterans experiencing differing levels of homelessness. However, the AHURI research shows that veterans who are homeless or at risk of homelessness are reluctant to accept support services, especially mainstream homelessness services, such as SHS.²⁰ Therefore service promotion, targeting and outreach may be required for early intervention to be effective.

Further to this, veterans experiencing chronic homelessness are frequently in such a state of ill-health and crisis that they require intensive, holistic support, active case management, practical assistance and ongoing, wrap-around support services that address multiple needs and address the provision of permanent housing. DVA and Open Arms – Veterans and Families Counselling are able to provide a range of health and support services. However, given the complexity of the service response required for those who are chronically homeless, it is noted that very few veteran specific services offer the level of support required for veterans who are chronically homeless.²¹

Preventative services also often do not reach those veterans who are most at risk of becoming homeless.

The work required to actively engage with people at risk of homelessness is something that homelessness services themselves have had to invest significant effort to reconfigure their service response to make in-roads in the prevention space which has clarified that effective prevention work requires clear focus and investment to support service delivery.

Multiple services are required to meet the varied needs of homeless veterans, including:

- Mental health services (particularly expert services for managing PTSD)
- Relationship counselling
- Domestic and family violence services
- Family services
- Alcohol and other drug services
- Education and training services
- Employment services
- Financial counselling
- Healthcare services.

As a reluctance to seek assistance may partly be a cultural issue, with ex-serving men and women preferring to be self-reliant, and/or feeling too ashamed to seek assistance until a crisis occurs, outreach services that directly locate and provide support to homeless veterans – or other initiatives that identify and target non-help seekers, and boost service engagement – are needed to reduce veteran homelessness. Ex-service organisation's (ESO's) could play a role in facilitating homeless veterans' access to, and sustained engagement with, mainstream services, as some veterans prefer to receive support from other veterans.

Gaining a suitable home is the core service need of homeless veterans, yet for many veterans this need is not being met. The AHURI research shows that assistance in accessing accommodation, particularly longer-term housing, was an identified need for 64% of ex-serving SHS clients. However, despite this being a critical service need, only 37% of ex-serving clients received some form of accommodation from SHS agencies, with the overwhelming majority of

this group receiving short-term accommodation. Whilst it is not clear why homeless veterans are less likely to secure long term accommodation options through SHS, it is worth noting that across Australia there is a well-researched lack of social and affordable housing available to those in need.

This finding indicates that the core service need of many homeless veterans – securing permanent, affordable accommodation – cannot always be met by SHS and thus alternative service options, such as the rental subsidy program Rent Choice Veterans (a NSW program) may be required.

Barriers to support

There is low service usage amongst homeless veterans with only 39% of recently transitioned ADF members who reported experiencing homelessness seeking assistance from mainstream support services²².

A number of barriers to service engagement have been cited. Research found that 54% of those veterans who had been recently homeless did not believe they needed assistance as they typically saw themselves as being able to handle the challenges of being homeless without needing the assistance of services²³. This reasoning is often mixed with feelings of embarrassment and shame in admitting their circumstances and seeking assistance. As a result, veterans frequently did not access assistance until a crisis occurred (such as being arrested or separating from their partner). Some veterans stated that attempting to take their own life had forced them to see that they needed assistance.

It is worth noting that almost one third of veterans reported that they did not know where to go for help.

We know through the many years of reform across the homeless service system the importance of promoting the access points into homeless services to increase awareness of the services available.

Veterans who did seek assistance were dissatisfied with the services available to them with 47% of recently transitioned veterans who had sought assistance reporting that the services were not helpful. Experience tells us that ending homelessness requires good service engagement with both homelessness and other health and support services, so this finding is of concern. At times of such vulnerability, it is important that people are able to trust that the services they receive are going to help them make a positive difference for their future.

Many people experiencing homelessness who have complex needs struggle with the paperwork and application processes that many service responses require. Veterans with complex needs such as mental health or alcohol and other drugs issues also report challenges and report struggling with meeting administrative requirements without assistance. Some veterans acknowledged requiring assistance from veteran-specific service providers to complete forms and advocate with agencies on behalf of them.

It is important to note that from those who did seek assistance, the largest proportions sought mental health services and job services. Only 9% of the total cohort of veterans sought assistance from accommodation services (i.e. housing service providers, crisis accommodation and shelters)²⁴.

Accommodation has been identified as a need for almost two-thirds of ex-serving men and women who accessed SHS, yet only 8% were provided with medium-term accommodation, and only 2% received long term housing. The AHURI research states that these statistics are not surprising given the lack of public housing stock, particularly in capital cities, and the fact that veterans are not a priority group within national placement policies. The development of this toolkit has clarified that social housing application processes across Australia do not ask an applicant if they have ever served in the Australian Defence Force.

20 Veterans who seek assistance are much more likely to seek assistance from veteran specific services rather than support services for the general population and such veteran specific services have seen an increased demand for services over time. Veteran specific programs are relatively small in scale (in comparison to large mainstream services) and are not funded through national housing / homelessness agreements and are state or locally based.

21 A small number of specialist homeless veterans' programs offer accommodation and this level of support, however, these small-scale programs do not offer the level of coverage required to meet the level of need.

22 Hilferty, F., Katz, I., Van Hooff, M., Lawrence-Wood, E., Zmudzki, F., Searle, A., Evans, G., Challinor, B., Talbot, A. (2019) Homelessness amongst Australian veterans, Research Paper, Melbourne: AHURI.

23 One veteran involved in the AHURI research stated "I've just come back from a war zone....what do I need help for?" (Hilferty, Katz et al. 2019a).

24 Findings from the Specialist Homelessness Services Collection (SHSC) data show that ex-serving females are more likely to access SHS than ex-serving males, and to seek help at an earlier stage of vulnerability (ex-serving females are more likely to first present at SHS agencies whilst 'at risk' of homelessness rather than whilst 'homeless'). This may reflect the typical help-seeking pattern amongst the general population (i.e. women are more likely to access services than men), or it could indicate that female veterans are at greater risk of homelessness.

The toolkit aims to build understanding and awareness across the community housing industry of the needs of veterans and is an important first step to providing more tailored services to veterans who engage with them.

Veterans have additional service options beyond the homeless service system.

- DVA provides differing levels of assistance and compensation to eligible veterans
- Numerous ESOs exist, with the purpose of ensuring that ex-service personnel are able to assist other veterans
- Some large non-government organisations fund and implement small scale homeless veterans’ programs
- Mainstream services that all in the community can access such as primary health care, income support and welfare services.

Despite the many services available, the various options are siloed and can be difficult for veterans to navigate. Although homeless veterans typically need support from a range of agencies, including SHS, mental health services and alcohol and other drug treatment services, these organisations often work independently from each other making it difficult to get services connected and collaborating with the veteran.

Risk factors for veteran homelessness

A range of risk factors interact in complex ways that underpin a veteran’s trajectory into homelessness.

These commonly include:

- Poor physical and mental health
- Substance abuse
- Weak social supports, family estrangement and relationship breakdown
- Poor experiences of transition
- The inability to secure steady employment²⁵.

Most of the veteran participants indicated that experiences while serving in the ADF, and/or the challenges of transitioning from military to civilian life, had been factors in their eventually becoming homeless. Most veteran participants of the research found the transition from military to civilian life to be difficult, and many felt that they did not receive adequate support. There is an identified need for more early intervention services targeting veterans at risk of homelessness, particularly those with symptoms of mental illness²⁶.

The findings from the AHURI research offer information that will allow early identification of veterans who are at an increased risk of experiencing homelessness, as well as provide more effective support to those in crisis.

The research shows that veterans typically identified multiple risk factors as contributing to their homelessness, rather than a single reason. The factors most commonly cited were mental health issues, substance abuse, relationship breakdown, and family estrangement. Veterans often described the risk factors as interrelated, stating that one condition would often lead to another, which shows the interactions between individual and structural risk factors for homelessness.

The research indicates that in comparison with veterans who had not been recently homeless, those who reported being homeless within the last 12 months displayed the following characteristics:

Demographic factors:

- Younger
- Lower levels of education
- Less likely to be in a relationship
- More likely to be unemployed or under-employed
- More likely to be experiencing financial strain.

Social factors:

- More likely to report less contact with family and friends
- More likely to report lower levels of satisfaction with partner, children and friends
- More likely to engage in risky driving and gambling behaviours
- More likely to have been arrested or convicted of a crime
- More likely to report a greater number of lifetime traumatic events
- More likely to be a smoker
- More likely to have used recreational or prescription drugs for non-medicinal purposes.

Mental health factors:

- More likely to report high levels of psychological distress and PTSD symptoms
- Reported more depressive and anxiety symptoms
- Significantly more likely to report suicidal ideation, plans and attempts.

Military service factors:

- More likely to have served at a lower rank
- More likely to have served in the Army or Navy (rather than the Air Force)
- More likely to have served for a shorter length of time (i.e. be an early service leaver).²⁷

Transition factors:

- More likely to be completely ex-serving (i.e. no attachment to the ADF through active or inactive Reserves)
- More likely to have transitioned within the previous 12 months
- More likely to have been medically discharged
- Less likely to have discharged at their own request.

Previous homelessness is also a significant risk factor.

Relationship breakdown following military service is a risk factor that shows the greatest magnitude of effect, increasing the likelihood of future homelessness by more than seven times.

High psychological distress is directly related to both relationship breakdown and unemployment, suggesting the need to more closely monitor and treat symptoms of psychological distress during service, in order to prevent the flow on effects.

25 Hilferty, F., Katz, I., Jops, P., Zmudzki, F., Van Hooff, M., Lawrence-Wood, E., Evans, G., Challinor, B., Talbot, A. (2019) Homelessness amongst Australian veterans, Research Paper: findings from the qualitative interviews, Melbourne: AHURI <https://www.ahuri.edu.au/research/research-papers/homelessness-amongst-australian-veterans>

26 Hilferty, F., Katz, I., Jops, P., Zmudzki, F., Van Hooff, M., Lawrence-Wood, E., Evans, G., Challinor, B., Talbot, A. (2019) Homelessness amongst Australian veterans, Research Paper: findings from the qualitative interviews, Melbourne: AHURI <https://www.ahuri.edu.au/research/research-papers/homelessness-amongst-australian-veterans>

27 Transition assistance is provided on the basis of length of service which can exclude those veterans more vulnerable to future homelessness.

Of lived experience: A journey to supportive housing and redemption

Photo: Australian Army Part-Time Officer Commissioning Program graduation ceremony at Holsworthy Barracks, Sydney. Photographer: SGT Nunu Campos

THE FOLLOWING CASE STUDY IS TAKEN FROM PARITY JULY 2020 THAT DOCUMENTS MEETING THE NEEDS OF HOMELESS VETERANS²⁸.

This captures some of the discussions Luke had with the Salvation Army in Tasmania.

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 Defence 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.

Luke was clinically depressed 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 the setting. He had 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.

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He did not have any access to professionals trained in responding to life after the forces and he did not fit with the traditional service design. Luke not only required an integrated response to his co-morbid presentation, but one that was able to be delivered in a setting that was sensitive to his needs.

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 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 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. Salvation Army Housing linked Luke with the Department of Veterans’ Affairs 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 recognise 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 were for people like him. He admits 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 alcohol and other drug 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.

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 also needed meaning, purpose and identity in his life.

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 DVA to acknowledge a level of responsibility was a demonstration of his worth 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 complimentary layer of support to professional care. The knowledge that others have experienced the same dissociation on their journey of reintegration is something that 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 normalise the experience of veterans as they return to civilian life.

Protective factors for veteran homelessness

Protective factors are those factors that decrease the likelihood of someone experiencing homelessness. As would be expected, many of the protective factors for veteran homelessness are the opposite of the risk factors i.e. some veterans asserted that connectedness to their family and maintaining an intimate relationship had been important in delaying their entry to homelessness.

The AHURI research highlights the importance of providing support and accommodation services that are accessible, effective and appropriate to veterans' needs, however, the findings in the research relating to service use strongly indicate that this is not occurring.

Veterans have also indicated that they would have benefited from proactive outreach services that locate those experiencing homelessness and directly offer counselling, referral and other support services.

It is important to note that the research indicates that veterans often accessed services at the encouragement of others²⁹ and through existing staff connections³⁰. Veterans maintain connections to organisations where they have made positive relationships with individual staff members. Veterans have described 'valued staff' as those who are non-judgmental, experienced, and offer practical assistance as well as professional support.

29 For example, one participant of the research described being referred to a mental health service by a worker at a soup kitchen after making regular visits

30 For example, a doctor from a repatriation hospital spoke of sometimes phoning a contact within a veteran homelessness service if she had a patient to discharge with no current home. While this is an example of industry connections working well, a number of veterans were discharged to homelessness directly from hospital admissions, including from private psychiatric facilities where treatment was funded by DVA.

Cohorts of veterans seeking assistance

Consultations were undertaken to assist with the development of this Toolkit. During these consultations, there were some common themes that emerged in relation to issues experienced by veterans.

Such issues are included throughout this Toolkit. Also identified during these consultations were the main cohorts of veterans seeking assistance.

The common cohort of veterans seeking assistance include the following:

• YOUNGER VETERANS

- Some ESOs identified seeing more young, single, male homeless veterans – usually estranged from families due to mental health or substance use issues
- Are more likely to ask for help
- Are more likely to be involved with substance use and gambling
- Require assistance to secure training / employment
- Experiencing mental health issues
- Experiencing multiple health and psychosocial issues plus limited life skills
- Limited financial literacy
- Experiencing relationship / family breakdown.

• OLDER VETERANS

- Assistance to access aged care services
- Often are not aware that they are entitled to support
- Who have 'slipped through the gaps' and their issues are entrenched.

• ADF PERSONNEL TRANSITIONING FROM THE ADF WHO ARE YOUNG (UNDER 30 YEARS OLD):

- Involuntarily transitioning (due to medical or misconduct reasons)
- Vulnerable
- They may be experiencing a loss of identity
- Don't have much money
- They may be experiencing shame
- Often transitioning from the ADF with limited life skills i.e. they went to the ADF from living with their parents and are transitioning into civilian life without ever living independently
- They may have no or limited understanding regarding how to approach services i.e. real estate agents and may have limited knowledge about the cost of a bond, rent and utilities
- They may have been in the ADF for a limited period of time so may have received limited training and therefore are not likely to have many transferrable skills to civilian life in order to obtain employment
- They may be sleeping in a car or couch surfing.

• GENERAL COHORT TYPICALLY INCLUDES:

- Those who left the ADF 10 – 15 years ago
- Often have chronic mental health issues

• WOMEN.

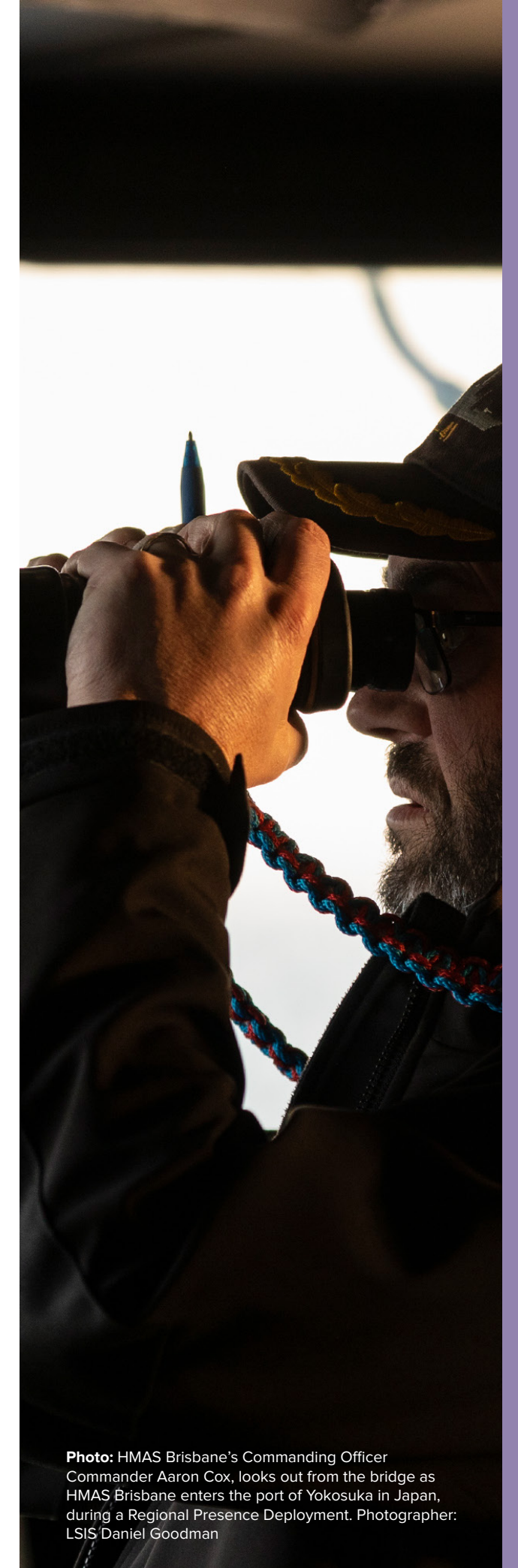


Photo: HMAS Brisbane's Commanding Officer Commander Aaron Cox, looks out from the bridge as HMAS Brisbane enters the port of Yokosuka in Japan, during a Regional Presence Deployment. Photographer: LSIS Daniel Goodman

Older veterans ³¹

People who served in the ADF or an allied defence force (as well as the spouse, widow or widower of a veteran) form an important minority of older Australians.

This population can have a different experience of ageing due to factors associated with military service. Military service can result in chronic health issues that may impact veterans as they age³².

In 2014 – 15, men aged 55 and over who had served in the ADF reported similar rates of chronic diseases to the non-serving population, including arthritis, back pain and problems, chronic obstructive pulmonary disease (COPD), diabetes, and diseases of the circulatory system. However, men aged 55 – 64 who had served had higher rates of mental and behavioural problems (1.8 times) and arthritis (1.6 times) than the non-serving population³³.

Veterans and their partners, widows/widowers or children can receive various pensions and compensations from DVA and support which includes help with health care and aged care services. At June 2017, more than 201,000 people aged 65 and over were receiving a DVA pension.³⁴ People aged 65 years and over made up 69% of all DVA pension recipients, with around 1 in 5 (19%) of all people aged 90 and over.

Prior military service may affect individuals throughout their lives, and both DVA funded and mainstream aged care services are available to support older veterans. DVA provides two main community support programs for older eligible veterans: the Veterans' Home Care program (VHC) and the Community Nursing program.

The VHC program provides low level support for DVA clients to continue living at home through the provision of domestic assistance, personal care, home and garden maintenance and respite care services.

Community nursing services provide support for people with higher care needs or a disability, and these services include clinical nursing, personal care and palliative care services.

DVA clients can also access mainstream aged care services.

31 CHIA NSW's Working with Older Tenants Toolkit.

32 Australian Institute of Health and Welfare 2018. A profile of Australia's veterans 2018. Cat. no. PHE 235. Canberra: AIHW.

33 Aust. Institute of Health & Welfare (AIHW) 2018. Australia's health 2018. Australia's health series no. 16. AUS 221. Canberra: AIHW

34 <https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/diversity/veterans>



Photo: Medals worn by a veteran attending the HMAS Parramatta II memorial service held at Queen's Wharf Reserve, Parramatta, New South Wales. Photographer: LSIS Leo Baumgartner

Women

Between 1 July 2011 and 30 June 2017, 1,215 contemporary ex-serving ADF members used SHS, representing 1.1% of the contemporary ex-serving ADF population (those who have at least 1 day of service on or after 1 January 2001 who discharged after that date).³⁵

Ex-serving ADF members who were women, younger or had less ADF experience were more likely to be SHS clients.

Over the six-year reporting period, 53% of female ex-serving ADF SHS clients were assessed as needing domestic and family violence services. Among the 227 ex-serving women utilising SHS during this period (those needing domestic and family violence services and those needing general homelessness assistance), 29 % were homeless and 71% were at risk of homelessness when they presented to SHS.

35 Australian Institute of Health and Welfare 2019. Use of homelessness services by contemporary ex-serving Australian Defence Force members 2011–17. Cat. no. PHE 265. Canberra: AIHW <https://www.aihw.gov.au/reports/veterans/homelessness-services-ex-serving-adf-11-17-summary/contents/summary> Viewed 14/11/2020



Photo: The former Commanding Officer of HMAS Parramatta (IV), Captain Anita Nemerich, Royal Australian Navy, salutes as the "Last Post" is sounded at the Australian War Memorial's Last Post Ceremony, held to commemorate the loss of HMAS Parramatta (II) during the Second World War. Photographer: POIS Bradley Darvill

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

THE FOLLOWING CASE STUDY IS TAKEN FROM
PARITY JULY 2020 THAT DOCUMENTS MEETING
THE NEEDS OF HOMELESS VETERANS.³⁶

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’s 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 my experiences.

³⁶ Parity July 2020, Volume 33 – Issue 6: A Home Fit for Heroes: Meeting the Needs of Homeless Veterans pp37 - 39

After the sheer amount of time spent 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 topsy, 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 came 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 colour 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 came 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 check-ups 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.

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 for 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 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 the process, I would have no doubt run 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 or 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, speciality 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 theatre.

The process of finding the right type of permanent housing for me and my daughter while I was at risk of homelessness 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 departments 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 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 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 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 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 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 she was done. She continued to check up on me and said 'You can call me anytime'. 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 ongoing approach that was the key that worked for me.

Aboriginal and Torres Strait Islander veterans ³⁷

In the 2019 Defence Census, 3.7% of the Permanent ADF members indicated that they were of Aboriginal and/or Torres Strait Islander origin. This compared with a total of 2.3% in the 2015 Census.

The breakdown by Service shows that Navy (4.2%) had a slightly higher proportion of Aboriginal and/or Torres Strait Islander members than Army (3.9%) and Air Force (2.8%). Predominantly, personnel of Aboriginal and/or Torres Strait Islander origin were of Aboriginal origin only³⁸.

In the 2019 Defence Census, 2.6 % of the Reserve ADF members indicated that they were of Aboriginal and/or Torres Strait Islander origin. This compared with a total of 1.8% in the 2015 Census. The breakdown of Service shows that Army Reserve (3.1%) had a higher proportion of members of Aboriginal and/or Torres Strait Islander origin than Air Force Reserve (1.6%) and Naval Reserve (1.1%). Predominantly, Aboriginal and/or Torres Strait Islander Reserve members were of Aboriginal origin only³⁹.

Within Defence Australian Public Service, Aboriginal and/or Torres Strait Islander employees comprised 2.4% of all employees (up from 1.8% in 2015). Most Aboriginal and/or Torres Strait Islander employees were of Aboriginal origin only⁴⁰.

Service providers recognise that all ADF personnel serve the same country and perform the same roles regardless of race. It is further recognised that every eligible veteran is entitled to the same benefits and entitlements.

37 CHIA NSW's Working with Older Tenants Toolkit and interviews with Department of Veterans' Affairs and veterans.

38 Australian Government Department of Defence, Defence Census 2019 – Public Report, prepared by Roy Morgan, November 2020 https://www.defence.gov.au/defencecensus/_Master/docs/Defence-Census-2019-Public-Report.pdf viewed 14/11/2020

39 Australian Government Department of Defence, Defence Census 2019 – Public Report, prepared by Roy Morgan, November 2020 https://www.defence.gov.au/defencecensus/_Master/docs/Defence-Census-2019-Public-Report.pdf viewed 14/11/2020

40 Australian Government Department of Defence, Defence Census 2019 – Public Report, prepared by Roy Morgan, November 2020 https://www.defence.gov.au/defencecensus/_Master/docs/Defence-Census-2019-Public-Report.pdf viewed 14/11/2020

Photo: Commander Forces Command Major General Matthew Pearse, AM, takes part in a smoking ceremony during his visit to a significant indigenous site located within the Holsworthy Training area, Sydney, NSW. Photographer: SGT Nunu Campos

Currently, the ADF have no formal requirement for Indigenous veterans to self-identify. Indigenous veterans are proud of their cultural heritage and are equally proud of being in the Army, Air force or Navy.

It is important to note that Aboriginal and Torres Strait Islander peoples are over-represented in the national homelessness data collection, with more than one-quarter of clients (27% or almost 71,600) who provided information on their Indigenous status identifying as being of Aboriginal and/or Torres Strait Islander origin. Nationally, this equated to 798 Indigenous clients per 10,000 Indigenous population compared with a rate of 85 for non-Indigenous clients.⁴¹

It is advised that if a veteran presents to CHOs and identifies as Aboriginal and/or Torres Strait Islander, simply ask if the veteran is happy to stay with a mainstream provider, if they would like an Aboriginal worker (if available) or if they would prefer a referral to be made to an Aboriginal and/or Torres Strait Islander agency. The choice should be left to the individual.

The intention of including an Indigenous veteran section in this Toolkit is out of respect for our First Nations Australians and to encourage Community Housing Organisations (CHOs) to have an appropriate and accurate understanding of the history of Australia and strive to increase their cultural awareness, cultural competence, cultural sensitivities and cultural safety. Cultural safe service delivery is critical to ensure that Aboriginal and Torres Strait Islander people are provided with “an environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning together” (1999).⁴²

41 <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/indigenous-clients> viewed 4/11/2021

Williams, R. (1999). Cultural safety – what does it mean for our work practice? Australian and New Zealand Journal of Public Health, 23(2), 213-214, November 2021
https://www.intstudentsup.org/diversity/cultural_safety
42 Williams, R. (1999). Cultural safety – what does it mean for our work practice? Australian and New Zealand Journal of Public Health, 23(2), 213-214, November 2021
https://www.intstudentsup.org/diversity/cultural_safety

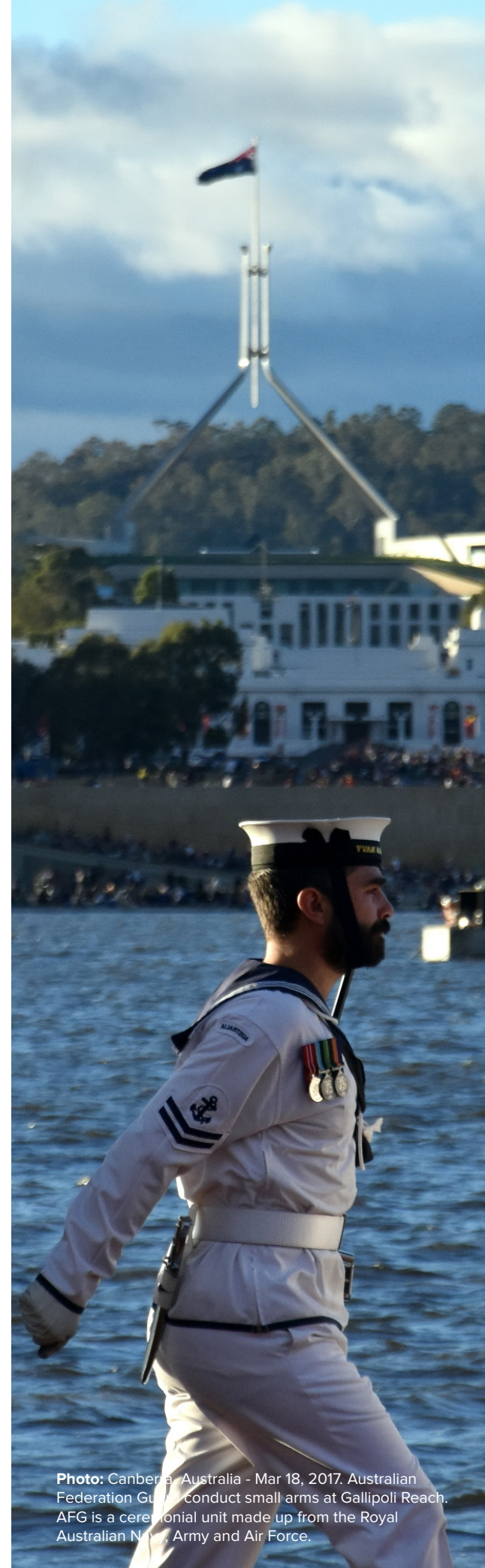


Photo: Canberra, Australia - Mar 18, 2017. Australian Federation Gunners conduct small arms at Gallipoli Reach. AFG is a ceremonial unit made up from the Royal Australian Navy, Army and Air Force.

How could services be improved to better meet the needs of homeless veterans?

Homeless veterans’ programs and ESOs face a number of ongoing challenges, including:

- Increasing numbers of veterans seeking support services for homelessness
- Insecure funding
- Workforce issues (such as workforce burnout, a reliance on volunteer staff, and the need for increased qualifications in the sector)⁴³.

The risk factors identified in the AHURI research can be used to inform prevention efforts that seek to support vulnerable ex-service men and women before a precipitating crisis (such as relationship breakdown) occurs. Numerous identified risk factors are modifiable; however, the research suggests that new systems of engagement are required. Aiming interventions at the point of relationship breakdown or unemployment is likely to be less effective than targeting early symptoms of psychological distress in order to reduce the risk of these issues from occurring in the first place.

The low service usage rate of homeless veterans indicates that change to engagement practices is required. While it is acknowledged that ongoing engagement with ex-serving men and women is a challenging task for government and service agencies, the provision of services at an earlier stage of vulnerability could help to reduce the homeless veteran rate.

- There needs to be greater dissemination of information about support services available to veterans, and outreach attached to existing services. A greater investment in prevention and early intervention strategies is necessary.
- Prevention and early intervention strategies should focus on improving the mental health and resilience of at-risk personnel during their period of service.

- Employment assistance offered to veterans vulnerable to homelessness after discharge requires specific targeting and assertive outreach.
- Service responses need to accommodate differing needs over the life course, as well as different veteran cohorts.

Two of the main reasons reported by veterans for not seeking assistance for homelessness were not knowing about what services were available, and not trusting services that were available. This finding suggests that there needs to be greater dissemination of information about support services available to veterans, and outreach attached to existing services. Dealing with trust perceptions is more difficult, and it is noteworthy that veterans indicated that distrust was not an issue for veteran-specific homelessness services that were not connected to DVA (e.g. Homes for Heroes and Andrew Russell Veteran Living). A greater investment in prevention and early intervention strategies would align with the broader homelessness policy agenda.

The service response for veterans experiencing chronic homelessness needs to be intensive, holistic, and include active case management and rehousing.

Homelessness prevention and early intervention strategies should focus on improving the mental health and resilience of at-risk men and women during their period of service.

Another focus for prevention and early intervention should be on helping those ADF members who leave military service with skills that do not transfer so easily to civilian employment (such as artillery operators). Such individuals are at risk of long-term unemployment that leaves them vulnerable to homelessness. DVA and Defence have a strong focus on supporting ADF members transition into the civilian workforce. By the time veterans leave the ADF they will have a range of qualifications, training and skills that make them a valuable employee. These skills include leadership (a skill which is expected at all levels in the ADF), planning, problem solving and critical thinking, communication and being values driven.

However, a key finding is that most of the chronically homeless veterans did not think that the transition programs they were offered prepared them for life after military service.

43 Hilferty, F., Katz, I., Jops, P., Zmudzki, F., Van Hooff, M., Lawrence-Wood, E., Evans, G., Challinor, B., Talbot, A. (2019) Homelessness amongst Australian veterans, Research Paper: findings from the qualitative interviews, Melbourne: AHURI
<https://www.ahuri.edu.au/research/research-papers/homelessness-amongst-australian-veterans>

This suggests that employment assistance offered to veterans vulnerable to homelessness after discharging from the ADF (such as those who remain unemployed or underemployed for a significant period of time) would require specific targeting and assertive outreach.

Currently, support services often operate in silos. Improved continuity of care is required to ensure that veterans are not discharged to homelessness from a public or private hospital following a DVA funded treatment cycle.

Service responses need to accommodate differing needs over the life course, as well as different veteran cohorts – for example, recently transitioned veterans (when compared with veterans who served in earlier eras) are more likely to be women, to have had multiple deployments, and need to prepare for working life after service. Shortly after transition is a peak time for vulnerability for veterans, but it is currently not known if there are other periods later in life when veterans are likely to become vulnerable to mental ill health (there are some findings that suggest that the emergence of mental health problems such as PTSD can be delayed until many years after transition).

Simplifying administrative requirements of support services is essential if organisations want to engage and retain vulnerable clients. Additionally, compassion and follow through were identified as important characteristics of helpful service providers⁴⁴.

A number of relatively new veteran support services that provide help for chronically homeless veterans reported that they have quickly reached capacity, suggesting there is an increasing need for veteran specific homelessness services⁴⁵.

Toolkit focus

The AHURI research and AIHW specialist homelessness service data confirms that there is a group of veterans who are not engaging with mainstream housing and homelessness services to prevent their homelessness.

Whilst this Toolkit cannot be expected to address the broader service and system responses required to address veteran homelessness, for the group of veterans that experience homelessness or who are at risk of homelessness, there are some important factors that need to be considered by CHOs as they explore opportunities to strengthen their housing response to housing veterans.

Only 39% 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 reported high rates of dissatisfaction with the services provided.⁴⁶

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

Veterans experiencing chronic homelessness require active case management and on-going wrap-around support services, including housing. Very few veteran-specific services offer the level of support required for chronically homeless veterans and the preventative services often do not reach those veterans who are most at risk of becoming homeless.

Parity, the homelessness journal created by the Council to Homeless Persons, devoted the July 2020 issue to veterans and homelessness.⁴⁷ The journal is attached as a resource to this Toolkit.

44 Hilferty, F., Katz, I., Jops, P., Zmudzki, F., Van Hooff, M., Lawrence-Wood, E., Evans, G., Challinor, B., Talbot, A. (2019) Homelessness amongst Australian veterans, Research Paper: findings from the qualitative interviews, Melbourne: AHURI <https://www.ahuri.edu.au/research/research-papers/homelessness-amongst-australian-veterans>

45 Hilferty, F., Katz, I., Jops, P., Zmudzki, F., Van Hooff, M., Lawrence-Wood, E., Evans, G., Challinor, B., Talbot, A. (2019) Homelessness amongst Australian veterans, Research Paper: findings from the qualitative interviews, Melbourne: AHURI <https://www.ahuri.edu.au/research/research-papers/homelessness-amongst-australian-veterans>

46 Hilferty, F., Katz, I., Van Hooff, M., Lawrence-Wood, E., Zmudzki, F., Searle, A., Evans, G. (2019) Homelessness amongst Australian veterans: Final report of the AHURI inquiry. Australian Housing and Urban Research Institute (AHURI), Melbourne.

47 Parity, July 2020. A home fit for heroes: meeting the needs of homeless veterans. Council to Homeless Persons: Volume 33 – Issue 6



Photo: Charters Towers, Australia April 25, 2015: Anzac Day Parade with soldiers marching down main street of town.