

## Homelessness amongst Australian veterans: summary of project findings



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## **Related reports and documents**

This report forms part of AHURI's *Inquiry into homelessness amongst Australian veterans*. The other reports in the Inquiry are:

Van Hooff, M., Searle, A., Avery, J., Lawrence-Wood, E., Hilferty, F., Katz, I., Zmudzki, F. and McFarlane, A. (2019) *Homelessness amongst Australian veterans: homelessness and its correlates in Australian Defence Force veterans*, Australian Housing and Urban Research Institute (AHURI), Melbourne.

Searle, A., Van Hooff, M., Lawrence-Wood, E., Hilferty, F., Katz, I., Zmudzki, F. and McFarlane, A. (2019) *Homelessness amongst Australian veterans: pathways from military and transition risk factors*, Australian Housing and Urban Research Institute (AHURI), Melbourne.

Hilferty, F., Katz, I., Zmudzki, F., Van Hooff, M., Lawrence-Wood, E. and Evans, G. (2019) *Homelessness amongst Australian veterans: using the Specialist Homelessness Services Collection to examine veteran homelessness*, Australian Housing and Urban Research Institute (AHURI), Melbourne.

Hilferty, F., Katz, I., Jops, P., Challinor, B., Talbot, A., Evans, G., Van Hooff, M., Lawrence-Wood, E. and Zmudzki, F. (2019) *Homelessness amongst Australian veterans: findings from the qualitative interviews*, Australian Housing and Urban Research Institute (AHURI), Melbourne.

Hilferty, F., Katz, I., Van Hooff, M., Lawrence-Wood, E. and Zmudzki, F. (2017). *Inquiry into homelessness amongst Australian veterans: AHURI discussion paper*. Australian Housing and Urban Research Institute (AHURI), Melbourne.

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## Executive summary

The AHURI *Inquiry into homelessness amongst Australian veterans* was established to examine the extent and nature of homelessness amongst former Australian Defence Force (ADF) members, and to develop benchmarks for the future monitoring of homelessness amongst this population group. The Inquiry was funded by the Department of Veterans' Affairs (DVA), who sought empirical findings to inform service and policy responses.

The research was conducted by a consortium of researchers and community representatives, led by the Social Policy Research Centre (SPRC) at The University of New South Wales.

## Key points

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The key findings from the Inquiry are as follows.

- 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.
  - The 12-month homelessness rate for recently transitioned veterans (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 are 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.
  - 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/friends; engaging in risky behaviours; being arrested or convicted for a crime and experiencing a greater number of lifetime traumatic events.
  - The military service and transition risk factors associated with increased odds of becoming homeless include: higher 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.
  - Overall, the strongest risk factors for veteran homelessness were: higher levels of psychological distress during service; and relationship breakdown and unemployment following transition.
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- 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 reported high rates of dissatisfaction with the services provided.
  - The methodology proposed for future monitoring of veteran homelessness includes: the use of multiple data sources; national prevalence studies of homelessness that allow for veteran identification; the addition of an ADF identifier to the Census of Population and Housing; review of intermittent point-in-time counts that identify veterans; and possible utilisation of data sharing between specialist homelessness services (SHS) agencies and veteran-specific support services.
  - 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 ongoing, wrap-around support services, including housing. Very few veteran-specific services offer the level of support required, and preventive services often do not reach those who are most at risk.
  - It is important that further research be conducted on homelessness amongst older veterans. These are a vulnerable group and very little is known about the prevalence and risk factors for this cohort of veterans.
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## Key findings

The aims of the Inquiry research were twofold:

- to provide an estimate of the number of homeless veterans in Australia
- to detail the experiences of homelessness for Australian veterans.

To achieve these aims, the research project employed a mixed method design that: maximised the use of existing datasets through analysis and data linkage; drew on international literature and evidence; and included the collection of qualitative data. The findings were triangulated to provide a reliable analysis of the extent and nature of veteran homelessness.

The project comprised four interlinked components:

- a rapid evidence assessment, to assess benchmarks and methods for estimating veteran homelessness and to examine best practice service responses
- primary data collection, in the form of qualitative semi-structured interviews with a sample of homeless veterans and representatives from organisations that provide support to homeless veterans
- analysis of existing DVA- and Defence-funded survey data, specifically data collected as part of the Transition and Wellbeing Research Programme (TWRP) and the Military Health Outcomes Programme (MilHOP)

- linkage of national program data from the Specialist Homelessness Services Collection (SHSC) with data from the ADF's Personnel Management Key Solution (PMKeyS) database, to enable counting of veterans in the SHSC and subsequent analysis of this linked dataset.

Individual reports detail the methodology and findings for each project component (see Hilferty, Katz et al. 2017; Hilferty, Katz et al. 2019a; Hilferty, Katz et al. 2019b; Searle, Van Hooff et al. 2019; Van Hooff, Searle et al. 2019).

A selection of key findings related to the project scope areas are presented below.

## Estimating prevalence

The most accurate estimate of homelessness amongst a contemporary cohort of Australian veterans can be calculated from the TWRP data. This data source indicates that 5.3 per cent of the recently transitioned ADF population met the Australian Bureau of Statistics' (ABS') criteria for homelessness in the 12 months prior to them completing the survey (Van Hooff, Searle et al. 2019). By extrapolating this figure to the total ADF population who transitioned between 2001 and 2018 (n=108,825), the number of contemporary veterans who experience homelessness over a 12-month period can be estimated as 5,767. It is not possible to accurately estimate the prevalence of homelessness amongst all Australian veterans using existing data sources as no datasets on veterans who transitioned out of the military prior to 2001 were available for this study.

Findings from the TWRP on the duration of 12-month homelessness (i.e. homelessness during the 12 months prior to completing the survey) can be used to provide further information about this prevalence estimate. Assuming that the pattern regarding duration of homelessness for those who completed the TWRP survey is consistent across a cohort of contemporary veterans (i.e. those who transitioned between 2001 and 2018), then about half of homeless veterans could be considered transitionally homeless (n = approximately 2,885; homeless for less than four weeks within a 12-month period; a quarter could be considered to have been homeless for a significant period of time (n = approximately 1,440; homeless for 1–4 months within a 12-month period); and another quarter could be considered chronically homeless (n = approximately 1,440; homeless for four months or more within a 12-month period).

The 12-month homelessness rate for recently transitioned veterans (5.3%) is significantly higher than that for the general Australian population (aged 15 years and over) (1.9%) (ABS 2015). Although these figures are not directly comparable, the findings strongly suggest that veterans are over-represented in the Australian homeless population.

The methodology adopted for this project utilises the most robust existing data appropriate to the task. Nevertheless, some limitations should be considered when interpreting these findings. Firstly, homeless veterans are an extremely hard-to-reach population and it is likely that many currently homeless veterans did not complete the TWRP survey—this means that the prevalence estimate is likely to be an undercount. Secondly, as homeless veterans are reluctant to seek assistance, service usage data such as the SHSC is an unreliable basis for prevalence estimation. Finally, the prevalence estimate relates specifically to a cohort of contemporary veterans—older veterans are excluded from the TWRP and, thus, the rate of homelessness amongst this cohort cannot be accurately estimated with existing datasets.

## **Risk factors for veteran homelessness**

The TWRP data identifies a number of risk factors for homelessness amongst contemporary Australian veterans (see Van Hooff, Searle et al. 2019). Veterans who had experienced recent homelessness were (compared with veterans who had not experienced 12 month homelessness) more likely to: be younger; have lower education levels; be single; be unemployed or underemployed; and be experiencing financial strain. In addition, veterans who had experienced homelessness were more likely to report: higher levels of psychological distress and post-traumatic stress symptoms; less contact with family and friends; lower levels of satisfaction with partner and children; engaging in risky behaviours (e.g. driving, gambling); smoking and use of recreational drugs; arrest or conviction for a crime; and a greater number of lifetime traumatic events. Finally, veterans who had been homeless were more likely to have served at a lower rank in the military and for a shorter length of time; and were less likely to have discharged at their own request (Van Hooff, Searle et al. 2019).

Linking of the TWRP data with MilHOP survey data, collected five years earlier with a subpopulation of veterans, enabled researchers to identify factors that longitudinally predict homelessness. The military service risk factors associated with increased odds of becoming homeless include: post-traumatic stress disorder (PTSD) and psychological distress symptoms; higher alcohol consumption; higher anger levels; and operational deployment (Searle, Van Hooff et al. 2019). Being unemployed for a period longer than three months following transition increased the likelihood of becoming homeless threefold. The factor most strongly associated with future homelessness was relationship breakdown following transition, which increased a veteran's odds of becoming homeless by seven (Searle, Van Hooff et al. 2019).

## **Methods for monitoring veteran homelessness**

The methodology proposed for future monitoring of homelessness amongst Australian veterans includes the following elements.

- The use of multiple data sources, specifically the SHSC and the TWRP survey (or another survey of veterans that includes questions on homelessness).
- National prevalence studies of homelessness that allow for veteran identification (possibly through linked data rather than self-identification).
- The addition of an ADF identifier to the Census of Population and Housing, to enable prevalence estimation across the entire population of veterans and comparison between veteran homelessness and homelessness in the general Australian population.
- The review of intermittent, large-scale point-in-time counts by homelessness groups that identify veterans (such as Registry Week data collections—see Flatau, Tyson et al. 2018).
- Possible utilisation of data sharing between SHS agencies and veteran-specific programs and services.

The prevalence estimate of 5,767 homeless contemporary veterans should be used as a benchmark against which future changes in the scale of veteran homelessness can be assessed.

## **Homeless veterans' service engagement and needs**

The research findings related to prevalence and duration of homelessness indicate that a diversity of support service responses are required to meet the needs of veterans

experiencing differing levels of homelessness. While the service needs of those experiencing short-term or transitional homelessness could be met through universal services (such as government income support, Medicare) and mainstream services (such as SHS), our findings show that veterans are reluctant to access these services; thus, service promotion, targeting and outreach may be required for early intervention to be effective.

As evidenced in the qualitative findings, veterans experiencing chronic homelessness typically require active case management and ongoing, wrap-around support services that address multiple needs and include the provision of permanent housing (Hilferty, Katz et al. 2019a). While it was beyond the scope of this Inquiry to undertake a service mapping exercise, it is clear that very few veteran-specific services offer the level of support required for chronically homeless veterans, and that preventive services often do not reach those veterans who are most at risk of becoming homeless.

Project findings confirm a low service usage rate amongst homeless veterans: only 39 per cent of the recently transitioned ADF members who reported experiencing homelessness had sought assistance from mainstream support services. A number of reported barriers to service engagement help to explain this trend; most importantly, the majority of those veterans who had been recently homeless reported that they did not feel that assistance was needed (54%)—this is despite their vulnerability and high level of need. Another large group from this cohort did not know where to go for help (29%) (Van Hooff, Searle et al. 2019). In addition, those veterans who did seek help reported very high rates of dissatisfaction with the services provided (47% of recently transitioned veterans who had sought assistance reported that it was not helpful) (Van Hooff, Searle et al. 2019). This result is especially concerning considering many of the conditions associated with veteran homelessness (such as physical and mental ill-health) typically require ongoing engagement with services for treatment success.

## Conclusions

A much larger group of veterans than previously estimated experience homelessness. This finding has been made possible by: DVA and Defence funding of ambitious research programmes (such as the TWRP); recent improvements in data sources (such as the addition of the ADF indicator to the SHSC); and the ability to link data sources, enabling identification of veterans within administrative datasets.

Further improvements in existing data sources and new data collections are needed, however, to enable more accurate prevalence estimation, across the full cohort of ADF veterans. Despite the extensive empirical findings provided by this Inquiry, very little is known about the service usage patterns and prevalence of homelessness amongst older veterans (this cohort was excluded from the TWRP dataset, for example). In addition, limitations of the currently available datasets mean that the prevalence estimate generated from this research is likely to be an undercount.

Findings from the linked SHSC–PMKeyS dataset suggest that the rate of contemporary veteran homelessness is relatively stable (with an average service usage increase of 3.8% per annum over the study period—Hilferty, Katz et al. 2019b). As evidenced throughout this project, the needs of homeless veterans are many and varied, and support service responses should reflect this.

Further research is required to monitor the rate of veteran homelessness, and to evaluate the impact of new policy developments designed to prevent homelessness and to intervene when veterans do become homeless. Another urgent issue for future investigation is the rate of homelessness amongst veterans who transitioned out of

military service prior to 2001. The findings indicate that there may be a substantial numbers of older veterans who are homeless, but the current research was not able to quantify this group, nor to identify whether the risk and protective factors for homelessness are different for older veterans.

# 1 Introduction

This report presents the findings of a research project undertaken to estimate the number of homeless veterans in Australia and provide evidence about pathways into homelessness for veterans, service usage patterns, and ways to improve support service responses. Veteran homelessness is a topic that demands research attention. While media reports suggest that the problem is worsening (e.g. Toohey 2016; Van Extel 2015)—particularly amongst younger veterans who may have been deployed to the Middle East—there is no adequate, single data source that can be used to count and monitor homeless veterans. Moreover, previous studies that have attempted to quantify the problem have had to rely on extrapolation from administrative data sets not entirely suited to the task (e.g. Thomson Goodall Associates 2009).

This is the first Australian prevalence study of veteran homelessness to be informed by multiple data sources, including primary data collection from veterans and organisational stakeholders. This strategy has only recently been made possible thanks to enhancements in data sources and the ability to link different datasets. The results from this project fill a large gap in our knowledge about veteran homelessness.

Firstly, the findings provide a baseline that indicates the scale of veteran homelessness and that will support ongoing monitoring. Secondly, our findings identify clear and consistent risk and predictive factors for veteran homelessness, which can be used by support service organisations and government agencies—such as the Australian Defence Force (ADF) and Department of Veterans' Affairs (DVA)—to improve prevention and early intervention responses. Finally, the project includes the voices of homeless veterans, whose experiences are vital for the development of appropriate responses to the challenge. The many first-hand stories of veterans in crisis, living desperate and transient lives, illuminate the statistics and help to build a balanced understanding of this complex issue.

The research project commenced in 2016, when the DVA entered into an agreement with the Australian Housing and Urban Research Institute (AHURI) to manage and administer research examining the prevalence and nature of homelessness amongst former members of the ADF. AHURI responded by calling for research proposals. Following a competitive assessment of submissions, a research consortium headed by the Social Policy Research Centre (SPRC) at The University of New South Wales was commissioned to undertake the *Inquiry into homelessness amongst Australian veterans*. The consortium includes researchers from the Centre for Traumatic Stress Studies (CTSS) at The University of Adelaide; and veteran community researchers (Partner Investigators), who brought to the team their personal experience of military service and expertise in supporting veterans experiencing homelessness. Following commencement of the project, the consortium contracted researchers from the Australian Institute of Health and Welfare (AIHW) to undertake data linkage between the ADF's Personnel Management Key Solution (PMKeyS) and the Specialist Homelessness Services Collection (SHSC), and provide analysis outputs.

The research team designed and implemented a multi-method research project, comprising a rapid evidence review; interviews with veterans and stakeholders; linkage of two key datasets (SHSC and PMKeyS); and detailed analysis of existing DVA- and Defence-funded data. The findings and methodology of each component are presented in five individual reports (see Hilferty, Katz et al. 2017; Hilferty, Katz et al. 2019a; Hilferty, Katz et al. 2019b; Searle et al. 2019; Van Hooff, Searle et al. 2019). This final report synthesises the main findings from the different methods employed, to answer the Inquiry's key research questions.

The integrated analysis presents a consistent picture across the different datasets, identifying similar risk factors for homelessness amongst veterans, as well as clear service usage patterns. The prevalence estimate was calculated using robust sources of data and, importantly, distinct datasets produced similar figures. The project team is confident that the estimate of homelessness amongst a defined population of Australian veterans provided in this report is reliable.

The following chapter summarises the project methodology. After this, the report presents key findings related to the project's research questions. The individual component reports provide substantive analysis and commentary, and readers wanting further information are directed to these (Hilferty, Katz et al. 2017; Hilferty, Katz et al. 2019a; Hilferty, Katz et al. 2019b; Searle, Van Hooff et al. 2019; Van Hooff, Searle et al. 2019).

## **2 Research methodology**

### **2.1 Aims of the research project**

The AHURI Inquiry into homelessness amongst Australian veterans aimed to estimate the number of homeless veterans and to examine their lived experiences. The following research questions guided the study.

- What is an accurate estimate of homelessness amongst Australian veterans?
- What are the risk and protective factors for homelessness amongst Australian veterans? Are these different for different veteran cohorts?
- What is the recommended methodology for consistently monitoring homelessness amongst Australian veterans?
- What benchmarks can be used to monitor changes in homelessness amongst veterans?
- How do veterans who are homeless, or at risk of becoming homeless, typically engage with ex-service organisations (ESOs) and other support services?
- What are the service needs of homeless veterans?
- How could services be improved to better meet the needs of homeless veterans?

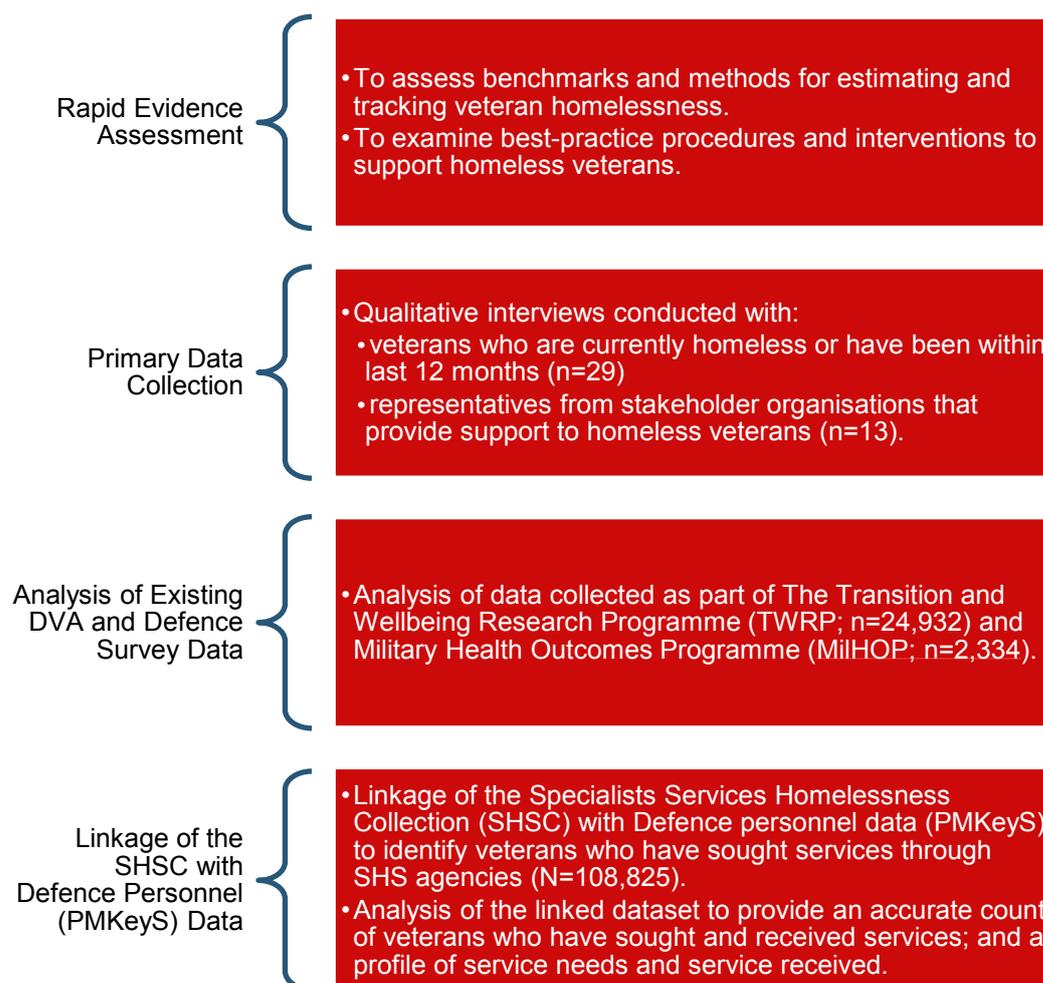
The researchers designed a mixed-methods project to answer the research questions, as detailed below.

### **2.2 Research methods**

The research team used mixed methods for the project. This approach involved: reviewing existing literature; collecting both quantitative and qualitative data; data linkage; and integrating findings to develop a more comprehensive understanding of the research problem. Specifically, the project sought to provide an estimate of the number of homeless veterans in Australia and to examine their lived experiences.

The four research methods chosen to answer the research questions are presented in Figure 1.

**Figure 1: Inquiry research methods**



Source: authors.

The researchers have produced individual reports presenting the findings for each method described above (see Hilferty, Katz et al. 2017; Hilferty, Katz et al. 2019a; Hilferty, Katz et al. 2019b; Searle, Van Hooff et al. 2019; Van Hooff, Searle et al. 2019). These reports include detailed descriptions of the research methods and data sources for each project component.

The linkage task uses data matching and analysis techniques to identify and examine a subsample of contemporary veterans in a national administrative dataset. Extensive analysis of data collected as part of the Transition and Wellbeing Research Programme (TWRP) and the Military Health Outcomes Programme (MilHOP) has been reported previously (see, for example, DVA c.2018; Department of Defence 2014). However, this research is the first to use these datasets to examine homelessness amongst ex-serving personnel. In addition, this is the first Australian research project examining homelessness to include interviews with ex-serving men and women. As evidenced throughout this report, the rich qualitative data adds meaning and context to the statistical findings. The powerful stories of the ADF veterans show that—despite the uniqueness of each individual’s experience—the pathways into, and devastating effects of, homelessness are shared by many.

## 2.3 Data sources

The findings from this project are informed by multiple data sources; some which existed prior to the research project, and others that constitute primary data collection undertaken for the study. Table 1, below, provides a summary of the data sources that have informed the project findings.

**Table 1: Summary of project data sources**

Name	Source type/description	Cohort/dates
Extract from the ADF's Personnel Management Key Solution (PMKeyS)	An extract from the PMKeyS data was linked to the SHSC to identify veterans who have received SHS services during the study period. Using the variable 'discharge date' as a key indicator, the researchers removed all currently serving men and women from the sample of interest.  The PMKeyS dataset was also used as the information source for contemporary veteran sample sizes.	All veterans who served in the ADF after 1 January 2001 and discharged before 11 August 2018
The Specialist Homelessness Services Collection (SHSC)	A national administrative dataset that collects information on people seeking services from support agencies that receive funding under the National Housing and Homelessness Agreement (NHHA) <sup>1</sup> . All funded agencies report standardised data about their clients to AIHW, who are the custodians of this dataset. <sup>2</sup>	Veterans who had accessed services through an SHS agency at least once during six consecutive financial years: 1 July 2011 to 30 June 2017
Survey data collected as part of the Transition and Wellbeing Research Programme (TWRP)	A multi-cohort study that examined the mental health and wellbeing of currently serving ADF members (Regular members serving in 2015) and Transitioned ADF members (Regular members who had either discharged completely from the ADF or transitioned into the active or inactive Reserves) and their families. For this project, the total cohort comprised all members who had transitioned from Regular ADF service between 2010 and 2014 (n=24,932). Of this 'Transitioned ADF' cohort, 4,326 members had completed a 2015 survey that included nine questions examining homelessness. This subset of existing data was the focus of analysis for this project.	All veterans who had transitioned from Regular ADF service between 2010 and 2014 and completed the TWRP survey in 2015

<sup>1</sup> Previously the National Affordable Housing Agreement (NAHA) and the National Partnership Agreement on Homelessness (NPAH).

<sup>2</sup> As outlined in the project report, *Using the Specialist Homelessness Services Collection to examine veteran homelessness* (Hilferty, Katz et al. 2019b), the Inquiry research team contracted AIHW to undertake the data linkage task and analyse the linked dataset.

Name	Source type/description	Cohort/dates
Survey data collected as part of the Military Health Outcomes Programme (MilHOP)	MilHOP consists of three interrelated studies that were conducted to examine the mental health and wellbeing of the entire currently serving Regular ADF population in 2010. Longitudinal data was available for a sub-sample of the Transitioned ADF cohort (identified via the TWRP) who had also completed a survey as part of the 2010 MilHOP (n=2,334).	Participants who completed the TWRP survey who had also completed the MilHOP survey in 2010 and who had consented for their responses to both surveys to be linked.
Qualitative interview data: homeless veterans	Primary data was collected from a sample of men and women who had served in the ADF (n=29) and who were homeless at the time of the interview or had been homeless within the previous 12 months.	Interviews with veterans were conducted between February and July 2018
Qualitative interview data: representatives from support services and stakeholder agencies	Primary data was collected from representatives from a number of agencies that provide support to homeless veterans (n=13).	Interviews with stakeholders were conducted between June and October 2017 <sup>3</sup>

Source: authors.

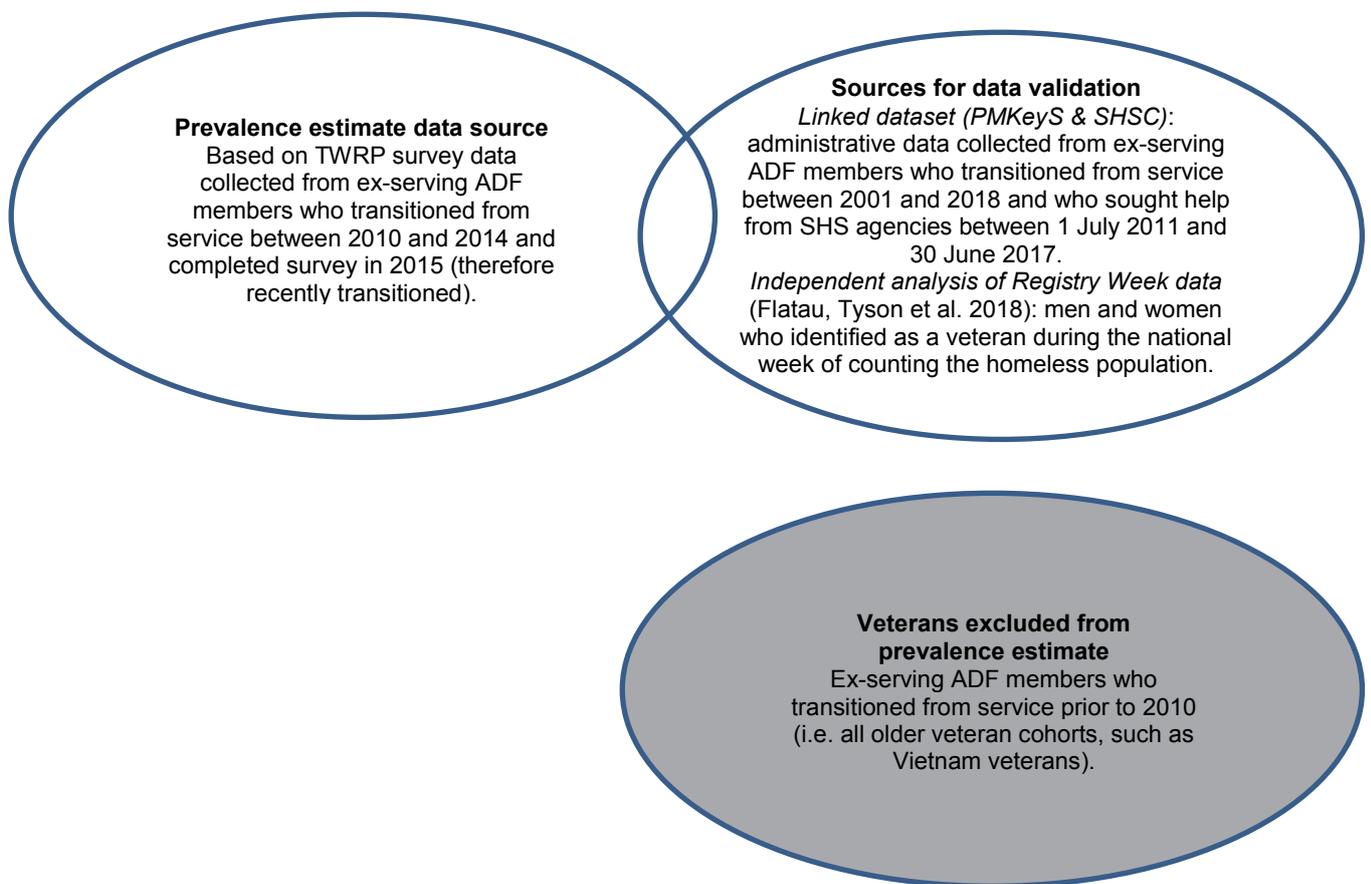
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<sup>3</sup> The interviews with representatives from support service organisations and stakeholder agencies, such as DVA, have informed the findings about service responses to homeless veterans. It should be noted that, in some cases, these interviews were conducted almost two years prior to the conclusion of the research project, and some service provider organisations and stakeholder agencies have made changes to their service offerings during the interim period. DVA, in particular, has improved access to mental health care for transitioning ADF personnel by expanding non-liability health care to include all mental health conditions.

## 2.4 Data sources to estimate prevalence

The prevalence estimate of veteran homelessness is based on survey data collected as part of the TWRP. However, while this data source was used to calculate the estimate, other data sources (i.e. analysis of the linked data and existing literature) were used to validate and confirm the estimate (see Appendix B for further information on cohort descriptions). This approach (represented in Figure 2, below) has increased the robustness of the estimate, as these different sources yielded a consistent story. Analysis of the linked SHSC dataset provides an estimate of veteran homelessness that roughly aligns with the figure calculated from the TWRP data. Further, recent findings from a study undertaken by Flatau, Tyson and colleagues (2018), which analysed Registry Week data,<sup>4</sup> supports the result, from the TWRP, reported here.

**Figure 2: Veteran cohorts used to estimate prevalence**



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<sup>4</sup> Data collected intermittently by homelessness services and volunteers who survey homeless people on the streets and in supported accommodation sites, such as shelters, during a concentrated period, often over one week.

## 2.5 Methodological limitations

The methodology adopted for this project utilises the most robust existing data appropriate to the task. Nevertheless, a number of limitations should be considered when interpreting project findings.

Firstly, TWRP survey data were used to estimate the prevalence of veteran homelessness. The survey was completed by 4,326 Transitioned ADF members from the total cohort, all of whom had transitioned from Regular ADF service between 2010 and 2014. As homeless people are an extremely hard-to-reach population, it is likely that many potential participants who were experiencing homelessness at the time the survey was conducted, did not complete a survey. This means that our estimate of homelessness amongst a contemporary group of veterans is likely to be an underestimate, although it is not possible to quantify the extent of the undercount.

Secondly, the linked SHSC data were used to validate our prevalence estimate. Administrative data is inherently limited in quality because it captures only those people who have been in contact with services. Further, a key finding of the qualitative data is that veterans are reluctant to seek assistance, particularly from mainstream services such as SHS agencies (Hilferty, Katz et al. 2019a). As a result, any estimate of veteran homelessness using SHSC data as a proxy for homelessness prevalence will again be an undercount, and it is not possible to accurately determine the extent of the undercount. Despite these concerns, we have used SHSC data to validate our estimate (see Chapter 3). The recent addition of the ADF indicator to the SHSC ensures accurate longitudinal analysis of service needs and usage patterns, but the enhanced dataset still cannot serve as a proxy for measuring veteran homelessness.

Finally, older veterans are excluded from the dataset used to estimate prevalence (the TWRP). International research on elderly homeless veterans is scarce, and we have not found any homelessness research on this population group in Australia. Nevertheless, qualitative findings from this study (Hilferty, Katz et al. 2019a) show that some homeless veterans are elderly. The few cases in the qualitative data show that despite a long gap between ADF service and their most recent episode of homelessness, these veterans had typically experienced chronic homelessness, which may have begun shortly after they transitioned from the ADF. The researchers recommend that further research be undertaken to examine, and attempt to quantify, homelessness amongst older veterans in Australia. This research is especially warranted given the age profile of Australia's veteran population, which is dominated by veterans over the age of 55 (AIHW 2018a), and ongoing concerns about adequate resourcing and the provision of high-quality care in our aged care support system (see, for example, Johnson 2018).

## 2.6 Defining key terms

The core research aim—to estimate the number of homeless veterans in Australia—is a task framed by the definitions of 'homelessness' and 'veteran' used. Our definitions of both terms relate to the specific datasets we employed. Our prevalence calculations are informed by two datasets: the TWRP data and the SHSC-PMKeyS linked dataset.

To define homelessness, the TWRP data uses an algorithm derived from the Australian Bureau of Statistics (ABS). The algorithm uses several questions within the self-report survey to assess homelessness. According to the ABS definition (ABS 2012), a person is considered homeless if they meet both the following criteria:

- their current living arrangement is in an inadequate dwelling, has no/limited tenure, or does not allow control of/access to space for social relations
- the person has no suitable accommodation alternatives, and does not have the financial, personal, psychological or physical means to make another choice.

This definition is used by the ABS in their ongoing releases of official national homelessness estimates (see for example ABS 2018).

The SHSC data is not based on a definition of 'homelessness', but rather on whether services provided by SHS agencies have been sought and/or provided. All SHS clients are considered to be either 'homeless' or 'at risk of homelessness', and allocation to one category or the other aligns, as far as possible, with the ABS statistical definition of homelessness (ABS 2012).<sup>5</sup> The SHSC yearly counts of service users include those clients assessed by SHS agencies as homeless and at risk of homelessness.

'Veteran' is a term that can be defined in a range of ways: from a broad definition encompassing all who have served in the military, to narrow definitions that establish conditions such as deployment in a conflict zone and minimum length of military service. At a recent meeting of government ministers responsible for veteran issues, all agreed that a veteran should be defined as 'a person who is serving or has served in the ADF' (Tehan 2017). While this broad definition is inclusive of those who have served (and are currently serving) in the ADF either as a Regular member or a Reservist, the cohort of veterans who participated in the TWRP did not include Reservists or currently serving members. Rather, the data was collected from ADF members who had transitioned out of full-time service. In contrast, in the SHSC dataset, clients are identified as veterans if they have served at least one day in the ADF (as either a Regular member or Reservist) on or after 1 January 2001 and were discharged before 11 August 2018. Thus, the definition of 'veteran' used for our analysis of the linked SHSC–PMKeyS dataset encompasses ADF personnel (whether Regular or Reservist) who are no longer serving.

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<sup>5</sup> SHS clients are considered to be 'homeless' if they are living in any of the following circumstances: no shelter or improvised/inadequate dwelling; short-term temporary accommodation; flat, house or townhouse but have no tenure (e.g. not paying rent/couch surfing). SHS clients are considered to be 'at risk of homelessness' if they are housed (whether in public/community, private or institutional housing) but at risk of losing their accommodation because they are experiencing one or more of a range of risk factors, such as: relationship breakdown, domestic violence, financial stress, substance misuse, lack of family support, unemployment, etc. (AIHW 2018b).

## 3 Estimating prevalence

### 3.1 What is an accurate estimate of homelessness amongst Australian veterans?

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- The estimate of veteran homelessness presented in this report is principally informed by the TWRP survey data. As a point of comparison, we provide an estimate using SHSC data.
  - The most robust estimate of the number of contemporary veterans who experience homelessness over a 12-month period is 5,767.
  - It is currently not possible to accurately estimate the prevalence of homelessness for veterans who transitioned from the military prior to 2001—this would require changes to existing data sources.
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It is not possible to accurately specify the prevalence of homelessness amongst all Australian veterans. This is because there is no accurate description of the total population of veterans (the denominator) and no single dataset which measures homelessness amongst the full veteran population (the numerator). Therefore, the analysis has to rely on multiple datasets to estimate the extent of veteran homelessness.

#### Using the TWRP dataset

The most accurate estimate of current homelessness amongst a contemporary cohort of Australian veterans can be calculated from the TWRP data. According to this data source, 5.3 per cent<sup>6</sup> of the recently transitioned ADF population (i.e. those who transitioned from Regular ADF service between 2010 and 2014; n=24,932) met the ABS criteria for homelessness<sup>7</sup> in the 12 months prior to them completing the TWRP survey in 2015<sup>8</sup> (Van Hooff, Searle et al. 2019).

Extrapolating this figure to the total ADF population who transitioned between 1 January 2001 and 11 August 2018 (n=108,825<sup>9</sup>), an estimate of the number of homeless veterans is 5,767<sup>10</sup>. This figure is based on 12-month prevalence, a measure that is often used when examining homelessness as people cycle in and out of the condition. For some people, homelessness is an isolated event that happens briefly and is not repeated; for others, homelessness is a chronic manifestation of a lifetime of

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<sup>6</sup> Calculation is 1,317 (veterans who have experienced homeless within the last 12 months) / 24,932 (transitioned ADF population) x 100 = 5.282

<sup>7</sup> The ABS statistical definition counts a person as homeless if their current living arrangement is in a dwelling that is inadequate or where they have no/limited tenure; or if they do not have control of and access to space for social relations. The TWRP survey questions are based on security of tenure rather than housing quality and space for social relations. Questions include: Are you worried or concerned that in the next two months you may not have stable housing that you own, rent or stay in as part of a household? Have you ever experienced any of these things because you did not have a permanent place to live: stayed with relatives; stayed in a caravan; stayed in a night shelter; stayed at a refuge; slept rough, etc?

<sup>8</sup> Data collection for the TWRP was open between June and December 2015.

<sup>9</sup> Based on the extraction from PMKeyS undertaken for this project.

<sup>10</sup> Calculation is 108,825 (total veterans identified in PMKeyS) x 5.3 / 100 = 5,767.

poverty and disadvantage (ABS 2012). Homelessness is a condition that encompasses a diverse range of circumstances—from couch surfing with friends or family, to sleeping rough. This diversity is frequently represented by categorising the homeless population into three groups: those experiencing primary homelessness, secondary homelessness and tertiary homelessness (Chamberlain and MacKenzie 1992).

The prevalence estimate makes no distinction between levels of homelessness, as is consistent with the ABS (2012) statistical definition. However, findings from the TWRP data analysis allow some categorisation of our estimate. Findings on the duration of the most recent episode of homelessness of those in the Transitioned ADF who had been homeless within the last 12 months show that 46 per cent of the cohort reported being homeless for less than four weeks; 26 per cent for 1–4 months; 5 per cent for 4–6 months; and a sizeable 19 per cent for six months or more (see Van Hooff, Searle et al. 2019: Table 13). Assuming that this pattern remains consistent across the larger cohort of contemporary veterans that was used to extrapolate the prevalence estimate (n=5,767), then about half of homeless veterans can be considered transitionally homeless (i.e. homeless for less than four weeks within a 12-month period; n=approximately 2,885); a quarter can be considered to have been homeless for a significant period of time (homeless for 1–4 months within a 12-month period; n=approximately 1,440); and another quarter can be considered chronically homeless (homeless for four months or more within a 12-month period; n=1,440).<sup>11</sup>

The extrapolation of the findings to ADF personnel who transitioned between 2001 and 2010 assumes that the rate of homelessness amongst those who transitioned between these dates is similar to those who transitioned between 2010 and 2014. This is a reasonable assumption, as the entire PMKeyS cohort falls within the group designated ‘contemporary veteran’ by the DVA. Contemporary veterans are those who have seen operational service with the ADF from 1999 onwards—a period when service was often marked by the following characteristics (as compared with earlier eras): multiple deployments and/or deploying in smaller contingents; warfare often conducted in urban environments and involving extended periods away from family; new technologies; a higher level of expectation regarding care and support that will be provided; significant potential working life for many post discharge; and the changing role of women (DVA 2013).

Recent findings from a study undertaken by Flatau, Tyson and colleagues (2018) that analysed Registry Week data<sup>12</sup> support the findings from the TWRP. Analysis of Registry Week data collections from 2010 to 2017 found that 5.6 per cent of the homeless people surveyed across Australia identified as veterans (457 of 8,175). Our estimate of 5,767 homeless veterans represents 4.96 per cent of the total homeless population in Australia<sup>13</sup>. Thus, although Flatau and his colleagues used a different methodology, their findings indicate a similar proportion of veterans amongst the general homeless population.

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<sup>11</sup> Caution needs to be taken when considering these results as the categories used are based only on length of time spent homeless and does not consider the number of homeless episodes. Moreover, the categories are not discrete as people may move from short term to longer term homelessness.

<sup>12</sup> Data collected intermittently by homelessness services and volunteers who survey homeless people on the streets and in supported accommodation sites, such as shelters, during a concentrated period, often over one week.

<sup>13</sup> Calculation uses Census homeless population count (ABS 2018): 5,767 (our estimate) / 116,427 (2016 Census homeless) x 100 = 4.96.

We do not believe that extrapolating the 5.3 per cent figure (i.e. the proportion of recently transitioned ADF estimated to be homeless in a 12-month period) to the total veteran population provides a credible figure. As at 30 June 2018, DVA estimated there to be around 641,000 living veterans who have served in the ADF, either full time or in a reserve capacity (AIHW 2018a). About half of the total veteran cohort is aged 55 years or over, with the largest proportion aged over 75 years (AIHW 2018a: Figure 1.2). While it is reasonable to assume that some homeless elderly veterans are likely to be receiving aged care services, data supplied by AIHW shows that some are also accessing SHS—with 11 per cent of the SHS clients<sup>14</sup> who reported being current or former ADF members aged over 65 years (see Appendix C; AIHW 2018b). It is therefore likely that older veterans experience homelessness and access services at a different rate to younger veterans, and thus the rate of homelessness amongst older veterans cannot be accurately estimated with the current datasets. Further research is required to examine homelessness prevalence in this cohort.

### Using the SHSC dataset

The SHSC (which collates service usage data) provides another source of data that may be used to inform calculations. Estimates based on this data are provided below for comparative purposes; however, it must be emphasised that these findings should be regarded with extreme caution. Qualitative data findings and the international literature indicate that veterans are reluctant to seek support services, particularly those offered by mainstream providers (Hilferty, Katz et al. 2019a; Metraux, Stino et al. 2015). This is confirmed by the TWRP survey analysis, which found only 39 per cent of recently transitioned veterans who had experienced homelessness within the last 12 months had sought help from formal support services<sup>15</sup> during their most recent episode of homelessness (Van Hooff, Searle et al. 2019). Of the help-seeking group, the largest proportions sought mental health services and job services, with only 9 per cent of the total cohort of veterans who had been homeless within the last 12 months seeking help from accommodation services (i.e. housing service providers, crisis accommodation and shelters). We attempt to account for this circumstance in our calculations below.

In July 2017 an ADF indicator was added to the SHSC and this resulted in the identification of 1,295 SHS clients<sup>16</sup> who reported that they were a current or former ADF member (on either a full-time or part-time basis) in the 2017/18 SHSC annual report (AIHW 2018b). As indicated above, this figure is clearly an undercount of veteran homelessness, as it excludes non-service users. The TWRP data assists in the calculation of the proportion of veterans who are non-service users. This survey found that 61 per cent of the recently transitioned ADF (2010–14) who had experienced homelessness within the last 12 months did not access any support services during

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<sup>14</sup> For the 2017/18 financial year.

<sup>15</sup> Listed on the questionnaire as: housing service provider, crisis accommodation, mental health service, church or community organisation, health service, job service, counselling service, shelter, solicitor/legal aid, hospital, police, or other.

<sup>16</sup> 1,295 is a count of SHS users who were current or former ADF members. At the beginning of their first support period, 51% of these clients were assessed as 'at risk' of homelessness; and 49% were assessed to be homeless (AIHW 2018b). In comparison, a larger proportion of the total cohort of SHS clients for the same time period (2017–18) were assessed as 'at risk' of homelessness (57%) and a smaller proportion were assessed as homeless (43%).

their most recent episode of homelessness<sup>17</sup> (Van Hooff, Searle et al. 2019). Assuming that the 1,295 SHS clients represent only 39 per cent of the total veteran homeless cohort, an estimate of the total number of veterans who were homeless in the 12 months between 1 June 2017 and 31 July 2018 would be 3,320.<sup>18</sup>

### Using the linked SHSC–PMKeyS dataset

Analysis of the linked SHSC–PMKeyS dataset identified a total of 399 ex-serving clients who sought help from SHS agencies during the 2016/17 financial year (Hilferty, Katz et al. 2019b). The discrepancy between this count and the following financial year is explained in our report detailing findings on the linked SHSC data (see Hilferty, Katz et al. 2019b). If we assume, as above, that the 399 clients represent only 39 per cent of the total number of homeless veterans, an estimate of the total number of veterans who were homeless in that period is 1,023.<sup>19</sup> Again, this is considered an undercount. Since the TWRP indicated that 9 per cent of veterans used housing and accommodation services during their most recent episode of homelessness, another estimate of the total number of homeless veterans for the period would be 4,433,<sup>20</sup> which is similar to the number estimated using the TWRP data. Overall, the linked data analysis provides valuable information about veterans seeking support services, and patterns of service use across time; however, it cannot directly inform a prevalence estimate.

### The most robust estimate of veteran homelessness

In summary, **the most robust estimate of the number of contemporary veterans who experience homelessness over the course of a year is 5,767**—based on the TWRP survey data and extrapolated to the full PMKeyS dataset. (Further information on how this estimate was calculated is provided in Appendices B and C.) It is important to note that this figure relates to a cohort of recently transitioned ADF members (discharged 2001–18 and contained within the PMKeyS dataset) and not the total Australian veteran population. Further research is recommended to examine homelessness amongst an older cohort of veterans. The qualitative data and AIHW analysis indicate that older veterans do experience homelessness (Hilferty, Katz et al. 2019a; Appendix D); however, this group is excluded from the TWRP analysis.

The proportion of recently transitioned veterans who had experienced homelessness within the last 12 months (5.3%) is significantly higher than the 12-month homelessness rate for all Australians aged 15 years and over (1.9%<sup>21</sup>), (ABS 2015). Although the two figures cannot be directly compared due to the different counting rules for the two estimates, the disparity suggests that veterans are over-represented in the Australian homeless population. The addition of an ADF identifier to the Census of Population and Housing would enable a determination on whether veterans are, indeed, an over-represented group among the homeless population.

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<sup>17</sup> Findings from the 2014 ABS General Social Survey support this figure. Analysis of the survey (ABS 2015) indicates that 67% of those in the general population who had experienced homelessness within the last 10 years had not sought assistance from formal services during their most recent episode of homelessness.

<sup>18</sup> Calculation is  $1,295 / 39 \times 100 = 3,320$ .

<sup>19</sup> Calculation is  $399 / 39 \times 100 = 1,023$ .

<sup>20</sup> Calculation is  $399 / 9 \times 100 = 4,433$ .

<sup>21</sup> Calculation uses data from the 2014 General Social Survey (ABS 2015):  $351,000$  (homeless population) /  $18,463,700$  (population of Australians aged 15 years and over)  $\times 100 = 1.9$ .

## 4 Risk factors for veteran homelessness

### 4.1 What are the risk and protective factors for homelessness amongst Australian veterans? Are these different for different veteran cohorts?

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- Analysis of TWRP survey data (that is, cross-sectional data) found that veterans who had experienced homelessness within the last 12 months were more likely than veterans who had not experienced homelessness to be: **younger**; not in a relationship; unemployed and **experiencing financial difficulties**; less connected to family and friends; more likely to engage in risky behaviours; more likely to report a greater number of lifetime traumatic events; and more likely to smoke and use drugs for recreational purposes. They were also likely to have: **poorer mental health indicators**; **served in the Army or Navy, served at a lower rank** and for a shorter duration; transitioned recently; and been medically discharged. (The bolded factors were also identified in analysis of the linked SHSC data as characteristics of ex-serving SHS clients.)
  - The combined analysis of MilHOP and TWRP data (that is, longitudinal data) identified factors that are predictive of homelessness. The factors evident during military service that increased the odds of future homelessness include: higher self-reported levels of post-traumatic stress disorder (PTSD) and psychological distress; higher levels of alcohol consumption; higher levels of anger; and having been on an operational deployment.
  - Transition-related predictive factors for veteran homelessness include being medically discharged from the ADF, a greater number of lifetime traumatic events, and experiencing the following events post transition: trouble with the law, a significant period of unemployment (more than three months), and relationship breakdown. The last factor increased the likelihood of future homelessness in the study cohort by more than seven times.
  - Overall, the strongest risk factors for homelessness were: higher levels of psychological distress during service; and relationship breakdown and unemployment following transition.
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Homelessness is caused by a combination of individual and structural risk factors. In this context, 'individual' risk factors comprise characteristics and behaviours that make some people more vulnerable to homelessness. Examples of individual risk factors frequently cited in the literature include: mental health issues, substance abuse, experiences of trauma, and unemployment (Johnson, Scutella et al. 2015). 'Structural' risk factors relevant to Australia include: a shortage of affordable and/or public housing, particularly in capital cities; increasing rental costs; and weak labour markets in some areas (Johnson, Scutella et al. 2015).

Research into risk factors for homelessness among veteran groups is dominated by US studies. This field of research suggests that homeless veterans have higher rates of substance abuse, mental illness and physical illness when compared with housed

veterans (Balshem, Christensen et al. 2011). Estimates of rates vary across studies, however, as there is little consistency in the methods and instruments used to measure the prevalence of various risk factors (Balshem, Christensen et al. 2011). Despite this, research into identifying factors for homelessness by comparing the general population and veteran cohorts typically highlights consistent factors across both groups. Mental illness and substance use disorders are strong risk factors in both groups, and poverty is also a risk factor identified for all homeless people (Tsai and Rosenheck 2015). While such factors may be considered rather general, risk factors tend to become more precise when applied to smaller population groups. For example, one US study into homelessness among female veterans identified sexual assault during military service as a risk factor, in addition to the more common factors of unemployment and mental health issues (Washington, Yano et al. 2010).

The Inquiry findings identify a number of risk and predictive factors for homelessness amongst contemporary Australian veterans. Key findings are summarised below and, as shown, many factors are consistent with those identified in international research.

- Analysis of the cross-sectional TWRP survey data identified a number of demographic, social, mental health, military service, and transition factors associated with recent (12-month) homelessness in recently Transitioned ADF members (see Van Hooff, Searle et al. 2019: Chapter 4,). 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 underemployed; and 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; and more likely to have used recreational or prescription-type 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).

#### **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; and less likely to have discharged at their own request.

- Data collected through the TWRP focussed on risk factors for homelessness. Findings from the qualitative data, however, provide information about protective factors—that is, factors that *decrease* the likelihood of someone experiencing homelessness. Interview data indicate, as may be expected, that many of the protective factors for veteran homelessness are the opposite of the risk factors. For example, some veterans asserted that connectedness to their family and maintaining an intimate relationship had been important in delaying their entry to homelessness (Hilferty, Katz et al. 2019a).
- The risk and protective factors identified above are *correlates* of veteran homelessness, as the cross-sectional design of the TWRP survey does not allow for identification of trends or longitudinal predictive factors. This is because cross-sectional surveys show results for a single point-in-time. The research was able, however, to identify factors that longitudinally predict veteran homelessness, through analysis of linked survey data that combined measures collected on the same individuals (as part of MilHOP in 2010 and the TWRP in 2015; n=2,334). Regression analyses (controlling for age, sex and rank) identified a range of factors in 2010 (when survey respondents were still in Regular ADF service) that were associated with increased odds of being homeless in 2015 (once they had transitioned and the TWRP survey was conducted). Higher levels of PTSD and psychological distress symptoms, alcohol consumption and anger reported in 2010 were all associated with increased odds of having been recently homeless in 2015. Deployment also had a significant effect, with those veterans who had ever been on an operational deployment in 2010 having greater odds of recent homelessness in 2015 compared with those who had never deployed (Searle, Van Hooff et al. 2019).
- When examining the association between transition-phase variables and recent homelessness (see Searle, Van Hooff et al. 2019), the analysis of linked data (MilHOP and TWRP data) showed that those ADF members who were medically discharged had 3.5 times higher odds of being recently homeless in 2015. Deployment and number of lifetime traumas were also associated with an increased likelihood of recent homelessness. While there were extremely few people in the sample who reported being in trouble with the law, this factor was associated with five times greater odds of recent homelessness. Being unemployed for a period greater than three months following transition increased the chance of being recently homeless threefold. The factor most strongly associated with recent homelessness was relationship breakdown following transition, which increased a veteran’s odds of becoming homeless by seven.
- A longitudinal path analysis that modelled a selection of the strongest of these risk factors across time, from military service (2010) to transition (2015), showed that psychological distress in 2010 was indirectly related to homelessness in 2015—through the impacts of these symptoms on relationship breakdown and unemployment, both of which were directly associated with increased risk of recent homelessness (Searle, Van Hooff et al. 2019).
- Analysis of the linked SHSC–PMKeyS data corroborates a number of the TWRP and MilHOP findings. Additionally, the descriptive linked SHSC analysis found that ex-serving SHS clients were more likely than non-veteran SHS clients to:

- be younger<sup>22</sup>
- have high rates of mental health problems
- need help to address relationship problems and financial hardship, as well as homelessness (Hilferty, Katz et al. 2019b).

The vast majority of veteran SHS clients had left the ADF at a low rank (95% were ranked lower than Officer), and more than two-thirds had served in the Army (rather than the Navy or Air Force) (Hilferty, Katz et al. 2019b: Table 3).

- The TWRP and MilHOP analysis did not examine homelessness risk by gender; however, findings from the linked SHSC data show that ex-serving females are more likely to access SHS than ex-serving males (Hilferty, Katz et al. 2019b). This may simply reflect the typical help-seeking pattern amongst the general population (i.e. women are more likely to access services than men); or, alternatively, it could indicate that female veterans are at greater risk of homelessness. Further research is required to examine the issue of gender and veteran homelessness in more detail.
- Findings from the qualitative interviews with veterans experiencing homelessness (see Hilferty, Katz et al. 2019a) validate many of the findings informed by the TWRP data and the SHSC linked data. 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. The stories of the participant veterans help to explain the interactions between individual and structural risk factors for homelessness. One veteran described how the stress on his partner of living with someone with PTSD ultimately led to marriage breakdown and to him having to leave the family home. Another participant told how the trauma of a sibling's death led to a gambling addiction that resulted in the destruction of family relationships and homelessness.
- It is important to note that the risk factors for homelessness amongst Australian veterans identified in the TWRP and MilHOP datasets, and the SHSC-PMKeyS linked analysis, relate specifically to a younger cohort of veterans—whereas the bulk of the Australian veteran population is aged 55 years or over (AIHW 2018a). An identified limitation of this study is that the older veteran population is largely absent from our datasets, except for a small number of older men included in the veteran interviews. There may be homelessness risk factors that are specific to older cohorts of veterans. Further research is required to assess if the risk factors for veteran homelessness identified herein are relevant for an older veteran cohort.

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<sup>22</sup> 40% of ex-serving clients who accessed SHSC were aged 25–34, in comparison to 28% within the PMKeyS cohort (Hilferty, Katz et al. 2019). This finding aligns with the TWRP finding that veterans at risk of homelessness are more likely to have served for a shorter length of time and to have transitioned within the last 12 months.

## 5 Methods for monitoring veteran homelessness

### 5.1 What is the recommended methodology for consistently monitoring homelessness amongst Australian veterans?

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A best practice methodology for monitoring homelessness amongst Australian veterans includes:

- the use of multiple data sources, specifically the SHSC and the TWRP survey data (or another large-scale survey of veterans that includes questions on homelessness)
  - national prevalence studies of homelessness that include veteran identification (possibly through linked data rather than self-identification)
  - the addition of an ADF identifier to the Census of Population and Housing
  - review of intermittent point-in-time counts that collect data via standardised instruments—typically undertaken by local councils, service agencies and volunteers (e.g. Registry Week)—and which identify veteran status (see, for example, Flatau, Tyson et al. 2018);
  - utilisation of data sharing between SHS agencies and veteran-specific support programs and services.
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The discussion paper (Hilferty, Katz et al 2017) found that that the international literature recommends a number of strategies for counting and monitoring veteran homelessness (see, for example, Metraux, Stino et al. 2014; Uchendu 2016). Suggested strategies that could be applied in the Australian context include the following.

- Using multiple data sources, as single sources often need validation (e.g. small sample or specific cohort surveys need validation against larger/different cohorts).
- Limiting reliance on surveys where veteran status is self-reported, as US literature indicates these typically provide a significant undercount of veteran numbers<sup>23</sup> (Metraux, Stino et al. 2014). Further research is recommended to establish if this trend is applicable to Australia.
- Use of administrative data collected at a national level (such as the SHSC — although relying on service usage data to estimate prevalence has limitations, as discussed in Chapter 3) and national datasets (such as the Census of Population and Housing, if an ADF indicator is added).
- Use of data matching/linking to identify veterans within existing datasets, to help monitor the composition and trends of homeless veterans.

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<sup>23</sup> In one US study, the use of self-report led to undercounting the proportion of veterans in two sheltered homeless populations, located in two different states, by 27% and 39% respectively (Metraux, Stino et al. 2014).

- Exploring the possibilities of data sharing initiatives between mainstream (e.g. SHS) and veteran-specific services, to support the identification of homeless veterans and the efficient provision of support (i.e. by reducing duplication of services and administration) (Wehrer, Tomlinson et al. 2016).

## Using multiple data sources

The use of multiple data sources to estimate prevalence in homelessness, and for robust national monitoring, is necessary as there is no single data source that can provide a reliable count or sufficient information for planning a service response (Flatau, Tyson et al. 2018). This is despite improvements in national administrative datasets, such as the addition of an ADF indicator to the SHSC.

The two main datasets used for this project, the SHSC and the TWRP survey data, have demonstrated their potential utility in the ongoing monitoring of homelessness amongst veterans. Both sources have informed the findings of this Inquiry; however, as neither dataset was established to monitor veteran homelessness, there are limitations associated with utilising these sources. The TWRP provides an accurate estimate of homelessness amongst recently transitioned ADF members but at present, this dataset provides only a snapshot of veteran homelessness. Future iterations of the TWRP survey should be funded. The study would be strengthened by minor changes to survey questions that would enable identification of homelessness pre and post military service.

## Using a national data source

The SHSC is a well-established administrative dataset that compiles records on people who have sought help from SHS agencies, and therefore provides a routinely collected longitudinal source of data. Findings from this project show that SHSC data, when linked to data on ADF personnel (from PMKeyS), can be used to profile veterans who have accessed mainstream homelessness services and to analyse trends in service usage (see Hilferty, Katz et al. 2019b). However, given the reluctance of veterans to seek help from mainstream services such as SHS agencies (see Hilferty, Katz et al. 2019a; Van Hooff, Searle et al. 2019), we did not base our prevalence estimate on service demand information. The TWRP survey data indicates that only 39 per cent of recently homeless veterans sought help from formal support services<sup>24</sup> during their most recent episode of homelessness. Of the help-seeking group, only 9 per cent sought help from accommodation services (housing service provider, crisis accommodation or shelter) (see Van Hooff, Searle et al. 2019: Table 8). The qualitative data adds nuance to this finding, suggesting that veterans who do seek help are much more likely to turn to veteran-specific services—whose client numbers are excluded from the SHSC—rather than support services for the general population. These findings point to the importance of not relying on service usage data, nor on a single data source, for monitoring veteran homelessness.

The SHSC and the TWRP survey represent the best sources of data currently available. However, future monitoring of veteran homelessness could be improved by the addition of an ADF identifier (e.g. ‘currently a Regular member’, ‘currently a

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<sup>24</sup> Listed on the questionnaire as: housing service provider, crisis accommodation, mental health service, church or community organisation, health service, job service, counselling service, shelter, legal aid, hospital, police, or other.

Reservist' and 'Ex-serving') to the Census of Population and Housing.<sup>25</sup> While the ABS acknowledges that Census data provides an undercount of homelessness within the community (ABS 2018), this data source would support prevalence estimates and regular monitoring of veteran homelessness at the national level, and would include veterans who do not access support services. In addition, this data source would enable comparisons between veterans and members of the general community.

### Using intermittent point-in-time counts

Comprehensive efforts to monitor veteran homelessness should also include identification and review of intermittent, localised studies, such as Registry Week and rough sleeper point-in-time counts. These data collections are generally restricted to capital cities and involve local councils, service agencies and/or volunteers collecting data via standardised instruments. Findings from these smaller cohort studies can be used to validate findings informed by administrative and/or national datasets. The Inquiry project researchers employed this strategy in Chapter 3, wherein we report that the estimate of prevalence of veteran homelessness based on the TWRP survey aligns with findings from analysis of the Registry Week survey of the general homeless population (Flatau, Tyson et al. 2018).

### Using data sharing

Data sharing initiatives emerging in the United States (US) are proving successful in improving the accuracy of homeless veteran counts and in helping to reduce veteran homelessness. In the US, resolving privacy concerns through new consent processes and stakeholder cooperation has facilitated increased data sharing (Pew Charitable Trusts 2017). In Australia, data could be shared between the SHSC and specialist programs and services that offer temporary accommodation and support to homeless veterans. These veteran-specific programs are relatively small in scale (in comparison to large mainstream services), not funded through national housing/homelessness agreements, and state or locally based operations (such as Homes for Heroes and Andrew Russell Veteran Living). Qualitative data indicates that these programs support significant numbers of homeless veterans who have not sought services from SHS agencies (Hilferty Katz, 2019a). Currently, clients of these services are missing from homeless veteran counts.

## 5.2 What benchmarks can be used to monitor changes in homelessness amongst veterans?

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→ The prevalence estimate calculated for this study can be used to compare and assess future changes in veteran homelessness. We estimate there to be around 5,767 contemporary homeless veterans in Australia.

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A benchmark for homelessness is a point of reference against which changes can be compared or measured. The prevalence estimate calculated for this study (presented in Chapter 3) may be used as a benchmark against which future changes in the scale of veteran homelessness in Australia can be assessed. The figure based on the TWRP survey data and extrapolated to the full PMKeyS dataset is the most accurate figure

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<sup>25</sup> A similar identifier is included in the annual American Community Survey, issued by the US Census Bureau.

currently available (n=5,767). The use of this estimate as a benchmark is appropriate, as this Inquiry provides the most robust prevalence estimate of veteran homelessness ever undertaken in Australia—moreover, this figure is consistent with the findings of other recently completed research (see Flatau, Tyson et al. 2018<sup>26</sup>).

The TWRP survey provides a valuable resource for future monitoring. Follow-up of the representative TWRP cohort over time would allow for examination of patterns in homelessness following transition and over the longer term. This dataset also has the potential to support assessment of intervention strategies implemented to address veteran homelessness.

Additionally, benchmarks can be established as reduction targets against which policy and program outcomes can be evaluated. In Australia, reduction targets have been used in homelessness policy for the last two decades (see, for example, COAG 2008), though it has not always been clear if targets have been met, given limitations of data sources. Moreover, reduction targets should only be established if supported by a significant investment in related service provision and programs.

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<sup>26</sup> Flatau, Tyson et al. (2018) report that 5.6% of 8,175 homeless people counted during Registry week data collections (2010–16) identified as veterans. We estimate that 4.9% of the total homeless cohort are veterans (see Chapter 3).

## 6 Service engagement and needs

### 6.1 How do veterans who are homeless, or at risk of becoming homeless, typically engage with ex-service organisations and other support services?

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The Inquiry findings that relate to homeless veterans' service engagement are consistent across three key datasets: the TWRP survey, the linked SHSC–PMKeyS data, and the qualitative interviews.

- Veterans who are homeless or at risk of homelessness are reluctant to access support services, especially mainstream homelessness services (SHS agencies).
  - Female veterans are more likely to engage with support services than males, and to seek help at an earlier stage of vulnerability.
  - The TWPR survey identified the main barriers to service engagement for veterans as: not believing that help is required; not knowing where to seek help; and not trusting support services.
  - Another barrier to veteran help seeking repeatedly cited in the interviews is the administrative work required prior to accessing some services. Veterans with multiple and complex problems such as mental illness and substance abuse issues are typically unable to complete administrative requirements without assistance.
  - Veterans who had accessed support programs reported low levels of satisfaction with the services received.
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Project findings suggest that veterans are over-represented in the homeless population, and a much larger group than previously estimated experience homelessness. This highlights the importance of providing support services that are accessible, effective and appropriate to veterans' needs; however, the findings related to service use strongly indicate that this is not occurring.

Homeless veterans are very reluctant to engage support from a variety of service agencies and organisations. Only 39 per cent of recently Transitioned ADF members who reported experiencing homelessness within the last 12 months sought assistance from service organisations, and only 9 per cent accessed housing and accommodation services during a recent episode of homelessness (see Van Hooff, Searle et al. 2019: Section 3.4.4). The TWRP cohort of recently Transitioned ADF members is relatively young, and thus further research is required to examine service usage patterns amongst an older cohort of veterans.

#### Gender differences

Analysis of the linked SHSC data indicates that female veterans are more likely to engage with support services than males, with females also seeking help at an earlier stage of vulnerability (ex-serving females are more likely to first present at SHS

agencies while 'at risk' of homelessness rather than 'homeless') (Hilferty, Katz et al. 2019b: Section 3.2.3).

This pattern is repeated in the general homeless population, with males more likely to be homeless on presentation to an SHS agency, and proportionally more females than males seeking help from SHS agencies (AIHW 2018b). The qualitative data sheds little light on the gender difference in help-seeking, as only three women participated in the interviews. It is clear, however, that homeless female veterans are a highly vulnerable group, with one participant reporting that she had been sexually assaulted during her service and that her complaint was ignored when she reported the incidents to a superior officer. As indicated in Chapter 4, sexual assault while serving has been identified in the international literature as a specific risk factor for homelessness amongst female veterans (Washington, Yano et al. 2010).

## **Barriers to support**

The main barriers to service engagement for veterans are: not believing that help is required (despite clear indications to the contrary); not knowing where to seek help; and not trusting support services (Van Hooff, Searle et al. 2019: Chapter 3).

The TWRP survey asked recently Transitioned ADF members who indicated that they had been homeless why they had not sought assistance during their most recent episode of homelessness. The results (see Van Hooff, Searle et al. 2019: Table 10) show that 54 per cent (n=224) of veterans felt that assistance was not needed, and another 29 per cent (n=95) did not know of any services that they could go to for help. During interviews, a number of veterans commented that they would have benefited from proactive outreach services that locate those experiencing homelessness and directly offer counselling, referral and other support services (Hilferty, Katz et al. 2019a).

The qualitative data is consistent with the TWRP results and provides further information about veterans not believing that help is required. Findings from interviews indicate that veterans typically saw themselves as self-reliant and capable; able to handle the chaos and challenges of homelessness without needing the assistance of services. As one veteran stated, 'I've just come back from a war zone ... what do I need help for?' (Hilferty, Katz et al. 2019a). Interview data suggests that this reasoning is often mixed with feelings of embarrassment and shame in admitting their circumstances and seeking help. As a result, veterans frequently did not access help until a crisis occurred (such as being arrested or splitting from their partner). Most alarmingly, a few veterans spoke about how attempting to take their own life had forced them to see that they needed help (Hilferty, Katz et al. 2019a).

Another barrier to accessing help, which was not identified in the TWRP survey but is a recurrent theme in the qualitative data, is the burden of administrative work required from veterans, by some agencies, prior to accessing help. A number of interviewees talked about their inability, while homeless, to manage the procedures and meet the expectations of some agencies (Centrelink and DVA were the two most cited examples), particularly those agencies that required forms to be accessed, and sometimes submitted, online. Other interviewees were simply unable to complete the paperwork required, with a number praising their current veteran-specific service provider for completing forms and advocating with agencies on their behalf. Representatives from a number of participant stakeholder organisations stated that veterans in most need—those experiencing chronic homelessness—were typically dealing with multiple and complex problems, such as mental and physical illness, that

limited their ability to engage in demanding administrative processes. In some cases, these processes are barriers to help-seeking and provision.

A further barrier to help-seeking amongst homeless veterans is the high levels of dissatisfaction with the support services provided (Van Hooff, Searle et al. 2019). Of the recently Transitioned ADF members who had sought assistance for their most recent episode of homelessness, 47 per cent reported that the service(s) wasn't helpful (weighted n=606), and 13 per cent reported that they did not know if the service had been helpful or not (weighted n=167) (see Van Hooff, Searle et al. 2019: Section 3.4.4). These statistics indicate that service engagement was likely to have been of short duration or not repeated for the minority of veterans who did access support services. Analysis of the linked SHSC data may help to explain this low service satisfaction rate. The linked data show that accommodation was identified as a need for almost two-thirds of all ex-serving men and women who accessed SHS, yet only 8 per cent of ex-serving clients were provided with medium-term accommodation, and only 2 per cent received long-term housing (Hilferty, Katz et al. 2019b). 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. International research on support for people who are chronically homeless indicates, however, that the provision of permanent housing is a feature of best practice models (see, for example, Greenwood, Stefancic et al. 2013).

The TWRP survey did not ask about *facilitators* of service engagement; however, during interviews, a number of veterans stated that they had often accessed services at the encouragement of others. For example, one participant described being referred to a mental health service by a worker at a soup kitchen after making regular visits (Hilferty, Katz et al. 2019a). More than half of the representatives from stakeholder organisations that participated in interviews also stated that veterans often accessed programs and services through existing staff connections. 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, it was also clear from the qualitative data that a number of veterans were discharged to homelessness directly from hospital admissions, including from private psychiatric facilities where treatment was funded by DVA (Hilferty, Katz et al. 2019a).

In the same vein, veterans often spoke of *maintaining* connection to organisations where they had made positive relationships with individual staff members. Valued staff were described as being non-judgement, experienced, and offering practical assistance as well as professional support (Hilferty, Katz et al. 2019a).

## **6.2 What are the service needs of homeless veterans?**

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Veterans experiencing homelessness have diverse service needs that require similarly diverse service responses across multiple policy areas.

- Early intervention responses are required to address the needs of veterans who have been homeless for a brief period.
  - Chronically homeless veterans require active, face-to-face case management and ongoing, wrap-around support services, in addition to the provision of permanent housing.
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- Gaining a suitable home is the core service need of homeless veterans, yet for many veterans this need is not being met.
  - Multiple services are required to meet the varied needs of homeless veterans, including: mental health services; relationship counselling; domestic violence services; drug and alcohol services; education and training services; employment services; financial counselling; and healthcare services.
  - Outreach services that 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.
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**Early intervention responses** are required to address the needs of veterans who have been homeless for a brief period, to ensure that they transition quickly to safe and secure housing and know where they can seek help for issues that may present a risk to permanent housing (e.g. unemployment and mental illness). While the needs of this group could be addressed through the universal healthcare, income support and SHS systems, the majority of veterans do not access the supports available, or at an early stage of need (Van Hooff, Searle et al. 2019; Hilferty, Katz et al. 2019a). This highlights the need for service reform that includes proactive targeting of at-risk individuals and groups for early intervention.

It is unlikely that the service and support needs of veterans who are chronically homeless can be met through the universal and SHS systems. This group of veterans are experiencing complex, acute and entrenched problems (Hilferty, Katz et al. 2019a) and require **active, face-to-face case management and ongoing, wrap-around support services**, in addition to the provision of permanent housing. The Housing First approach<sup>27</sup> encompasses this level of support. The Inquiry researchers have not been able to identify any veteran support service in Australia that provides the level of intensive support required by chronically homeless veterans; however, some services implement components of the *Housing First* model (e.g. Homes for Heroes and Andrew Russell Veteran Living).

The primary service need of homeless veterans is **acquiring a home**. Research on the effectiveness of the Housing First model (summarised in the project's rapid evidence assessment: Hilferty, Katz et al. 2017) indicates that problems associated with homelessness, such as mental illness and substance abuse issues, cannot be effectively addressed unless someone has a home. This is because a home offers more than a physical space. As evidenced in the interviews with veterans housed through homeless veterans programs, a home offers much-needed security; a source of comfort and healing; and a base for confronting challenging problems (Hilferty, Katz et al. 2019a).

Gaining a suitable home is the core service need of homeless veterans, yet for many veterans this need is not being met. Analysis of the linked SHSC data shows that assistance in accessing accommodation, particularly longer-term housing, was an

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<sup>27</sup> The Housing First approach is based on the idea that a homeless person's primary need is to obtain stable, permanent housing. In practice, a Housing First approach involves moving chronically homeless individuals from the streets or shelters directly into permanent housing. Importantly, housing is complemented by the provision of services to assist each individual to sustain their housing and work towards recovery and reintegration into the community (Johnson, Parkinson et al. 2012).

identified need for 64 per cent of ex-serving SHS clients over the study period (Hilferty, Katz et al. 2019b). Despite this being a critical service need, only 37 per cent of ex-serving clients received some form of accommodation from SHS agencies, with the overwhelming majority of this group receiving short-term accommodation (Hilferty, Katz et al. 2019b). This finding indicates that the core service need of many homeless veterans—for permanent, affordable accommodation—cannot always be met by SHS agencies, and thus alternative service options (such as the rental subsidy program Rent Choice Veterans: see Hilferty, Katz et al. 2019a) may be required.

This profile of the multiple problems and characteristics of homeless veterans indicates that multiple services are required to meet the varied needs of this group, including: **mental health services (particularly expert services for managing PTSD); relationship counselling; domestic violence services; family services; drug and alcohol services; education and training services; employment services; financial counselling; and healthcare services.** Currently, the service response required to address the needs of homeless veterans often falls short.

Veterans have additional service options beyond SHS: DVA provides differing levels of assistance and compensation to eligible veterans; numerous ESO's exist, with the purpose of ensuring that ex-serving personnel are able to assist other veterans; some large NGOs, fund and implement small-scale homeless veterans programs; and there are mainstream services that all in the community can access, such as primary health care, income support or welfare services. Despite the many services available, the various options are siloed and therefore difficult for veterans to navigate. Although homeless veterans typically need support from a range of agencies, including SHS organisations, mental health services, and alcohol and drug treatment services, these agencies often work independently from each other (Brackertz, Fotheringham et al. 2016; Hilferty, Katz et al. 2019a). Further, support services are unknown to a significant proportion of veterans.

The qualitative data suggest that a reluctance to seek help may partly be a cultural issue, with ex-serving men and women preferring to be self-reliant, and/or feeling too ashamed to seek help until a crisis occurs (Hilferty, Katz et al. 2019a). This suggests that **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. An examination of outreach services was beyond the scope of this study; however, a recent US study indicates that veterans engaged through street outreach<sup>28</sup> (as opposed to service referrals) were more likely to be experiencing chronic homelessness, and more likely to be admitted to supported housing programs, than other veterans (Tsai, Kaspro et al. 2014). This finding suggests that outreach is an important approach to engaging veterans who have been homeless multiple times and for extensive periods. We suggest that ESOs 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.

The qualitative data confirm that veterans who are experiencing chronic homelessness are frequently in such a state of ill-health and crisis that they require **intensive, holistic support; active case management; and practical assistance.** Few services currently provide this level of support, and this is a key service gap. A small number of specialist homeless veterans programs offer **accommodation** and this level of support;

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<sup>28</sup> Defined as meeting individuals on the streets to increase their access to services (Tsai, Kaspro et al. 2014).

however, findings from the interviews indicate that these small-scale programs do not offer the level of coverage required to meet the level of need indicated by our prevalence estimate (Hilferty, Katz et al. 2019a).

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

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Although there are a number of improvements that could be made to specific support services, the main conclusion to be drawn from this project is that *a change to the system of service provision is required*.

- 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.
  - Many of the service options offered by ESOs and DVA provide a secondary-level response. Given the estimated scale of veteran homelessness and prevalence of chronic homelessness, more tertiary services are required.
  - 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.
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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 (see Van Hooff, Searle et al. 2019: Chapter 3). 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 interviewed 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 (Hilferty, Katz et al. 2019a). Many of the service options offered by ESOs and DVA provide a secondary-level response rather than the tertiary-level support required by veterans who could be considered chronically homeless. Given the scale of veteran homelessness confirmed by this report, and our estimate of the number of veterans experiencing chronic homelessness, a larger tertiary response is required.<sup>29</sup>

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<sup>29</sup> We estimate that approximately 25% of homeless veterans (n=1,440) are chronically homeless (i.e. for more than four months in a year)—see Chapter 3.

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 (those most at risk are identified in the TWRP analysis) (Van Hooff, Searle et al. 2019).

Another focus for prevention and early intervention should be on helping those ADF members who leave military service with non-transferable skills (such as artillery operators) and no qualifications to retrain. Such individuals are at risk of long-term unemployment that leaves them vulnerable to homelessness. Interviewed veterans frequently spoke of their desire for work qualifications and meaningful, secure employment. Although a number of programs and initiatives currently assist veterans in obtaining employment after military service,<sup>30</sup> a key finding of the qualitative interviews is that most of the chronically homeless veterans did not feel that the transition programs they were offered prepared them for life after military service (Hilferty, Katz et al. 2019a). 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 (Hilferty, Katz et al. 2019a). Improved continuity of care is required to ensure that veterans are not discharged to homelessness from a public hospital, or especially from a private psychiatric 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. Project data suggests that shortly after transition is a peak time of vulnerability for veterans, but, given data limitations, we do not know if there are other periods later in life when veterans are likely to become vulnerable to mental ill health (some literature and qualitative findings from this study suggest that the emergence of mental health problems such as PTSD can be delayed until many years after transition; Hilferty, Katz et al, 2019a).

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<sup>30</sup> It was beyond the scope of this project to examine retraining and employment programs offered by DVA and the ADF; however, a number of initiatives exist under the umbrella of the Prime Minister's Veterans' Employment Program. This program facilitates the employment of ex-serving men and women in private and public sector organisations through promoting the skills of veterans; partnerships with ESOs; and the provision of jobs information for veterans. In addition, DVA offers some assistance to eligible veterans who need assistance to obtain or hold suitable paid employment through the Veterans' Vocational Rehabilitation Scheme.

## 7 Conclusions

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Findings from the AHURI *Inquiry into homelessness amongst Australian veterans* provide new information about the scale of veteran homelessness, the factors that may be used to identify those veterans most at risk, and the ways that veterans experiencing homelessness engage with support services. The findings also show how services can be improved to better meet the needs of veterans. Key findings and their implications are summarised below.

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### 7.1 Prevalence of veteran homelessness

The estimate of homelessness amongst veterans provided by this study is the best estimate of veteran homelessness to date. It is based on a reliable data source (the TWRP) and is consistent with findings from two other data sources: the SHSC–PMKeyS linked data (see Hilferty, Katz et al. 2019b), as well as recent independent national research (see Flatau, Tyson et al. 2018). Unfortunately, however, there is no definitive data source that identifies the total veteran population, nor any source that measures homelessness within a representative sample. The estimate has therefore, had to rely on a limited dataset (i.e. veterans who transitioned from the Regular ADF between 2010–14) and extrapolate the findings to a larger veteran population, and the findings are restricted to veterans who transitioned post 2001.

The estimate—that approximately 5,800 veterans experience homelessness within a 12-month period—indicates that the scale of veteran homelessness is bigger than previously estimated (see Foreign Affairs, Defence and Trade References Committee 2016; Thomson Goodall Associates 2009). For a number of reasons this estimate is likely to be an undercount, and the true extent of homelessness amongst the veteran population may be substantially higher than this figure. The experience of homelessness for veterans is heterogeneous and, therefore, the estimate encompasses great diversity: from those who may have been homeless once and for a short period of time (following an impactful event such as relationship breakdown or unemployment), to those with serious mental health and other conditions, who have been homeless for long periods over many years. Based on responses to the TWRP survey, findings indicate that about half of those experiencing short-term homelessness (n=2,885; homeless less than four weeks); a quarter comprises those who have been homeless for a significant period of time (n=1,440; homeless for 1–4 months); and another quarter comprises those considered to be long-term or chronically homeless (n=1,440; homeless for more than four months).

The rate of 12-month homelessness for contemporary veterans is significantly higher than the 12-month homelessness rate for all Australians (5.3% versus 1.9%) (Van Hooff, Searle et al. 2019). Although the figures are not directly comparable, this finding suggests that contemporary veterans are significantly over-represented in the Australian homeless population. Unfortunately, the data available to this project could not be used to estimate changes in the rate of homelessness over time. Data on service use, however, suggest that the rate of veterans accessing SHS has remained broadly similar over the past few years. On the other hand, veteran-specific provider organisations reported that they were seeing an increased demand for services over time (Hilferty, Katz et al. 2019a). Given the project finding that contemporary veterans are reluctant to seek help through mainstream services, and in particular through SHS

agencies (Van Hooff, Searle et al. 2019), this implies that veterans are increasingly likely to seek support from veteran-specific services rather than mainstream services.

## 7.2 Risk factors for veteran homelessness

These findings 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 longitudinal analysis that linked the responses of those who completed MilHOP and the TWRP surveys, identified predictor factors that elevate risk of future homelessness in particular high levels of psychological distress during service (using indicators of mental ill-health), and post-service relationship breakdown and unemployment, were the strongest and most consistent risk factors for veteran homelessness. Previous homelessness is also a significant risk factor (Searle, Van Hooff et al. 2019). Relationship breakdown following military service was the risk factor that showed the greatest magnitude of effect—increasing the likelihood of future homelessness in the study cohort by more than seven times (see Searle, Van Hooff et al. 2019: Section 3.2.). Importantly, high psychological distress was 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. Findings from the qualitative data also support an early intervention approach.

Other military service predictive factors that increased the likelihood of future homelessness were: higher levels of PTSD symptoms, higher levels of alcohol consumption, higher levels of anger, and having been deployed. Predictor factors associated with post-military life included: having a higher lifetime trauma count, being in trouble with the law, and being medically discharged from the ADF. Veterans interviewed for this study who had been medically discharged stated that they felt unsupported and abandoned by the ADF, and this feeling had clearly entrenched their reluctance to seek help (Hilferty, Katz et al. 2019a).

Veterans who had been homeless within the last 12 months were more likely than other veterans to have a weak social support network (i.e. be less connected to family and friends/socially isolated), report poor indicators of mental health (e.g. high levels of symptoms of PTSD, anxiety, depression, etc.), and engage in risky behaviours (e.g. gambling and substance abuse). Veterans who had been homeless were also more likely to be unemployed and lack financial resources. The qualitative data helps to explain the circumstances of these veterans, highlighting that the majority of the homeless veterans interviewed were employed in short-term, low-skilled jobs after discharge (Hilferty, Katz et al. 2019a). Interview respondents frequently described this as a consequence of the fact that they had not earned a qualification during their period of service and that their military skills were not valued in civilian life (Hilferty, Katz et al. 2019). Veterans' desire to continue working following service is evident, with the TWRP data showing that the majority of those who had sought support from services, accessed job services (Van Hooff, Searle et al. 2019). During interviews, the majority of homeless veterans spoke of their desire for meaningful employment (Hilferty, Katz et al. 2019a).

Veterans who had been homeless within the last 12 months were more likely to have served in the Army or Navy (rather than the Air Force) and at a lower rank (below Officer). They were also more likely to have served for a shorter period of time (Van Hooff, Searle et al. 2019). This last point is important, as transition assistance is

provided on the basis of length of service—our findings show that this approach excludes those veterans more vulnerable to future homelessness.

The findings in relation to risk factors for veteran homelessness are consistent across multiple datasets: TWRP, MilHOP, SHSC and qualitative interviews. While we are able to identify key risk factors, further research is needed to examine the relationships between pre-service, service and post-transition factors. Additional subgroup analysis is also recommended, to determine if the risk factors identified here are equally relevant for specific cohorts of veterans (such as female veterans and veterans of different age groups).

The findings summarised above show that many of the risk factors for veteran homelessness are similar to those for the general population. However, the findings suggest that veterans are at an increased risk of homelessness, as ADF service exposes men and women to unique risks that impact on their life both during and after military service. Risk factors such as deployment, PTSD and medical discharge elevate a veteran's chance of becoming homeless. Moreover, it is clear that the first 12 months after transition is a high-risk period for veterans—a time when they are more likely to experience homelessness (Van Hooff, Searle et al. 2019). Further research is needed to determine if there are other periods of increased vulnerability to homelessness.

The risk factors identified by this Inquiry 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. It is clear from project findings that numerous identified risk factors are modifiable; however, we suggest 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 (Van Hooff, Searle et al. 2019).

The findings of this Inquiry indicate that transition support and information should include short-term service personnel who were deployed, remained at a low rank, and perhaps showed signs of mental health problems during their service (evident for example in excessive drinking, anger outbursts, or poor results on other mental health indicators). 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.

### **7.3 Service response to veteran homelessness**

This project confirms what anecdotally has been acknowledged for a number of years: that homeless veterans are extremely reluctant to seek services, particularly those offered by mainstream service providers. Male veterans have even lower service usage rates than females (Hilferty et al, 2019b). Further research is required to examine service usage rates across the whole veteran population.

The TWRP survey and interviews with homeless veterans and service providers indicate that many veterans refuse to seek help, and others only become aware of support services once homeless (Van Hooff, Searle et al. 2019; Hilferty, Katz et al. 2019a). Outreach services that acknowledge this reality by seeking to locate and engage those veterans who are at risk, as well as those already homeless, would help to address these significant barriers to service usage. While some ESOs and NGOs do

provide this type of support to a small number of individual clients, there is no large-scale program offering outreach services to homeless veterans.

Most homeless veterans who do access mainstream services are not satisfied with these services. This suggests that a significant proportion of the veterans who seek help are unlikely to maintain the long-term, steady connection to support services that is typically required to address the chronic problems often associated with homelessness (such as mental illness and substance misuse). As evidenced in the qualitative interviews, a number of homeless veterans responded well to intensive care models, such as those offered by veteran-specific programs like Homes for Heroes and Andrew Russell Veteran Living.<sup>31</sup> Such programs incorporate some of the features of a Housing First approach, such as the provision of longer-term accommodation, active case management, advocacy to provider organisations, practical assistance and therapeutic support (such as counselling). These programs are typically small scale and fragmented, and a number of factors threaten their sustainability over the longer term (Hilferty, Katz et al. 2019a). There is a need for a significant increase in intensive veteran-specific support programs to address the needs of chronically homeless veterans.

Low service usage and high dissatisfaction with mainstream support services amongst veterans is concerning, as the predictive factor analysis indicates that veterans face unique risks for homelessness. Relationship breakups, unemployment and mental illness figure prominently in veterans' stories of their path to homelessness. For many interview participants, this pathway did not lead to support services until a crisis had occurred, such as hospitalisation. Some project findings indicate that support services are likely to be more effective if provided at an earlier stage of vulnerability. In addition, intensive services are required to address the complex needs of those who are chronically homeless. The current service model does not appear to be meeting the needs of veterans experiencing homelessness, suggesting that service system reform is required.

This Inquiry is a cross-sectional study that provides a snapshot of homeless veterans at a point in time. There remain three main gaps in the knowledge base, which will need to be filled by future research. Firstly, it is important to monitor the rate of change in the prevalence of veteran homelessness over time. A number of suggestions have been provided in this report as to how this can be achieved. Secondly, research into homelessness amongst older veterans is needed. The rate of homelessness amongst that cohort is not known, and the vulnerability factors and service responses may well be different for older veterans. Finally, evaluation research is required into the effectiveness of varying supports currently in place to assist homeless veterans. A variety of services from multiple providers are available to homeless veterans; however, very little is known about the outcomes for homeless veterans. Such research would greatly inform any reform initiatives.

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<sup>31</sup> Other veteran-specific programs providing intensive support to homeless veterans exist in Australia. A service mapping exercise would support a more comprehensive analysis of available service options.

## Appendix A: Acronyms

ABS	Australian Bureau of Statistics
ADF	Australian Defence Forces
AHURI	Australian Housing and Urban Research Institute
AIHW	Australian Institute of Health and Welfare
CTSS	Centre for Traumatic Stress Studies
DVA	Department of Veterans' Affairs
ESO	Ex-service organisation
MilHOP	Military Health Outcomes Programme
TWRP	Transition and Wellbeing Research Programme
NHHA	National Housing and Homelessness Agreement
PMKeyS	Personnel Management Key Solution
PTSD	Post-traumatic stress disorder
SHS	Specialist homelessness services
SHSC	Specialist Homelessness Services Collection
TWRP	Transition and Wellbeing Research Programme

## Appendix B: Cohort descriptions for prevalence estimate

Table A1: Cohort descriptions informing prevalence estimates

	All ex-serving ADF (PMKeyS 2001–18)	TWRP Transitioned ADF, total cohort (2010–14)	TWRP Transitioned ADF, 12-month homelessness	Ex-serving SHS clients (1-year cohort: 2016/17)	Current or former ADF member (2017/18 SHSC)	Homeless Australians (2014 General Social Survey)	Australian veterans currently living (DVA)
<b>Proportion estimates</b>	N/A	N/A	5.3% 12-month homelessness prevalence for Transitioned ADF	0.37% of all ex-serving PMKeyS (2001–18)	1.2% of all ex-serving PMKeyS (2001–18)	1.9% 12-month homelessness prevalence for Australian population aged 15 years and over	N/A
<b>Cohort sizes</b>	108,825 Ex-serving ADF contained in PMKeyS extract	24,932 Transitioned ADF (total cohort) 4,326 Transitioned ADF who completed survey	1,317 Weighted total of Transitioned ADF who had experienced homelessness within last 12 months	399 Ex-serving ADF who had received SHS during 2016/17 financial year	1,295 Current and former ADF members who received SHS during 2017/18 financial year	351,000 Australians aged 15 and over who had experienced homelessness within last 12 months	Approximately 641,000 Currently living Australian veterans, as at 30 June 2018, calculated by DVA

	All ex-serving ADF (PMKeyS 2001–18)	TWRP Transitioned ADF, total cohort (2010–14)	TWRP Transitioned ADF, 12-month homelessness	Ex-serving SHS clients (1-year cohort: 2016/17)	Current or former ADF member (2017/18 SHSC)	Homeless Australians (2014 General Social Survey)	Australian veterans currently living (DVA)
<b>Homeless estimates</b>	N/A	Results of TWRP survey are weighted to represent full transitioned cohort	5.3% of cohort reported experiencing homelessness in the previous 12 months 1,317 ----- x 100 24,932	0.37% is a proportion of service use for a specific cohort (ex-serving SHS clients in a single financial year) and an undercount of homelessness amongst veterans 399 ----- x 100 108,825	1.2% is a proportion of service use 1,295 ----- x 100 108,825	1.9% is proportion of homeless in Australian population <sup>32</sup> 351,000 ----- x 100 18,463,700	N/A
<b>Cohort description</b>	Personnel Management Key Solution (PMKeyS) is the ADF's human resources system. The personnel management system was implemented progressively between 1997 and 2002. The ADF data used to	The Mental Health and Wellbeing Transition Study, undertaken as part of the Transition and Wellbeing Research Programme	This cohort represents the Transitioned ADF group who indicated that they had experienced homelessness in the past 12 months (see Van Hooff,	This cohort comprises all ex-serving men and women who have sought assistance through federally funded SHS agencies	This cohort comprises serving and ex-serving ADF personnel who have sought assistance through SHS agencies during 2017/18.	Estimate of Australian population aged 15 and over that has experienced homelessness in the last 12 months. Data collected via the 2014 General Social Survey (ABS 2015). The	Exact number of Australian veterans is unknown: data is only available for currently serving personnel (58,200 Regular serving and 21,700 Reservists as at 30 June 2017); and for DVA clients

<sup>32</sup> Calculation uses the resident population estimate from the 2014 General Social Survey (ABS 2015): the Australian population at June 2014—after exclusion of people living in non-private dwellings, very remote areas of Australia and discrete Aboriginal and Torres Strait Islander communities—was 22,828,900, of which 18,463,700 were aged 15 years and over. See GSS explanatory notes here: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4159.0Explanatory%20Notes12014?OpenDocument>.

All ex-serving ADF (PMKeyS 2001–18)	TWRP Transitioned ADF, total cohort (2010–14)	TWRP Transitioned ADF, 12-month homelessness	Ex-serving SHS clients (1-year cohort: 2016/17)	Current or former ADF member (2017/18 SHSC)	Homeless Australians (2014 General Social Survey)	Australian veterans currently living (DVA)
identify veterans in the SHSC was extracted from PMKeyS. The dataset contained information on ex-serving members who had a termination date after 1 January 2001 and before 11 August 2018 (when extraction was conducted). This explains why the cohort is relatively young (41% aged 25–34 years). This is a cohort of contemporary veterans and so some significant cohorts are excluded (e.g. Vietnam veterans).	(TWRP), identified all ADF members who transitioned out of full-time Regular service in the five-year period between January 2010 and December 2014. This cohort includes active and inactive Reservists and ex-serving ADF members.	Searle et al. 2019).	between 1 July 2016 and 30 June 2017. This is the most recent financial year in the linked dataset.	The significant increase from 2016/17 to 2017/18 is explained by: use of different methodologies; inclusion of currently serving ADF members; inclusion of all who discharged prior to 1 January 2001 (see Hilferty, Katz et al. 2019b for full discussion).	survey collected data from people aged 15 years and over and living in private dwellings across Australia.	(165,000 as at 30 June 2017 AIHW, 2018a). 55% of all DVA clients are aged over 70. Estimate of 641,000 derived using ADF enlistment information and assumptions about mortality; excludes dependents; includes Reservists. This figure covers veterans who have served from WWII onwards. (see AIHW 2018a).

Source: The authors.

## Appendix C: Further information on prevalence calculations

Counting and reporting the number of homeless veterans in Australia is a difficult task as there is no single, reliable data source to provide the answer. While the use of multiple data sources is recommended in the international literature as the best strategy for estimating prevalence (see, for example, Metraux, Stino et al. 2014), this approach is complicated by the fact that different datasets often adopt different definitions of 'homelessness' and/or 'veteran'.

The definitions of 'homelessness' and 'veteran' adopted by each study component are provided below.

### The TWRP

**Homelessness:** The TWRP analysis reports on both lifetime and recent homelessness. 'Recent' homelessness is described as having been homeless within the last 12 months. These two forms of homelessness were determined using an algorithm that the researchers derived from the ABS' definition of homelessness (ABS 2012). The algorithm uses eight questions within the self-complete TWRP survey that were taken from the 2010 ABS General Social Survey. A copy of the TWRP survey is **available on request** and the questions related to homelessness are highlighted. As shown, the questions ask respondents about types of housing situation experienced due to not having a permanent place to live; frequency and duration of homelessness episodes; and help-seeking behaviour.

**Veteran:** The TWRP study does not refer to 'veteran' but instead survey respondents are described as 'transitioned ADF'. This sample comprised all ADF members who transitioned from the Regular ADF between 2010 and 2014 and included those who transitioned into the active and inactive Reserves as well as those who were discharged completely from the Regular ADF (ex-serving members). Results from the sample that completed the TWRP survey were weighted to represent the entire population that transitioned from the Regular ADF between 2010 and 2014.

### SHSC linked dataset

**Homelessness:** The SHSC collates data from SHS agencies around Australia that are funded under the National Housing and Homelessness Agreement (NHHA)—previously the National Affordable Housing Agreement (NAHA) and the National Partnership Agreement on Homelessness (NPAH). These agencies vary widely in terms of the support services that they provide, but typically services are either provided directly to the client and/or the client is referred to another agency. For the purposes of this component of the research, we do not adopt a specific definition of 'homelessness'; rather, we consider a client to be homeless if they are included in the count of ex-serving clients who have received services from an SHS agency.

## Appendix D: Age groups of ex-serving SHS clients

Table A2: SHS clients who reported being a current or former ADF member, by age, 2017–18

Age group	SHS clients	
	Number	%
18–24	127	9.8
25–34	220	17.0
35–44	318	24.6
45–54	327	25.3
55–64	161	12.4
65+	142	11.0
<b>Total</b>	<b>1,295</b>	<b>100.0</b>

*Notes:*

1. Age is client's age at the start of support.
2. ADF indicator identifies whether a client reported they were a current or former ADF member for any of the client's support periods in the reporting year.

Source: *Specialist Homelessness Services annual report 2017–18* (AIHW 2018b).

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AIHW—see Australian Institute of Health and Welfare

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