

PROFESSIONAL SERVICES



Homelessness amongst Australian veterans: findings from the qualitative interviews



AUTHORED BY

Dr Fiona Hilferty
Professor Ilan Katz
Dr Paula Jops
Mr Fredrick Zmudzki
Social Policy Research Centre,
University of New South Wales

Dr Miranda Van Hooff
Dr Ellie Lawrence-Wood
Centre for Traumatic Stress
Studies, The University of Adelaide

Mr Geoff Evans
Team Rubicon Australia

Mr Ben Challinor
Andrew Russell Veteran Living, RSL Care SA

Mr Adrian Talbot
RSL Lifecare

FOR

**Australian Government Department
of Veterans' Affairs**

PUBLICATION
DATE

May 2019

Acknowledgements

Veterans experiencing homelessness are an extremely hard-to-reach group, yet their stories deserve to be heard. The research team would like to thank Ben Challinor and Adrian Talbot, who enabled this story-telling by recruiting all participants from this vulnerable group and conducting the interviews—all while managing over-stretched veteran support programs.

We thank the project team's three veteran researchers—Ben, Adrian and Geoff Evans—for joining the team and sharing their expertise and personal experiences. The project greatly benefited from their participation.

Finally, we thank the veterans and representatives from stakeholder organisations who participated in interviews. The data collected has added depth and complexity to our understanding of the experiences of homelessness for veterans, and existing service responses.

Suggested citation

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.

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

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.

Disclaimer

The opinions in this report reflect the views of the authors and do not necessarily reflect those of AHURI Limited, its Board or its funding organisations. No responsibility is accepted by AHURI Limited, its Board or funders for the accuracy or omission of any statement, opinion, advice or information in this publication.

Copyright

© Australian Housing and Urban Research Institute Limited 2019

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License, see <http://creativecommons.org/licenses/by-nc/4.0/>.



Contents

List of tables	iii
Executive summary	1
1 Introduction	3
1.1 Inquiry into homelessness amongst Australian veterans	3
1.2 The current report	3
2 Methodology	5
2.1 Inquiry components	5
2.2 Qualitative data collection	6
2.3 Analysis of qualitative data	7
2.4 Using veterans as researchers	8
2.5 Methodological limitations	9
2.6 Ethical requirements	9
3 Profiling participant organisations	10
3.1 About the stakeholder organisations	10
3.2 About the organisational representatives	11
3.3 Services provided to veterans by the stakeholder organisations	12
3.4 Organisational funding	16
3.5 Discussion	17
4 Profiling participant veterans: characteristics and risk factors	18
4.1 Summary information on veteran participants	18
4.2 Veterans' health	19
4.3 Family relationships	24
4.4 Military service history	26
4.5 Transition from the military	27
4.6 Impact of military service on life	30
4.7 Post-military employment and unemployment	32
4.8 Discussion	33
5 Experiences of homelessness: hearing the voices of veterans	35
5.1 Daily life when homeless	35
5.2 Current living situation	36
5.3 Future hopes and plans	39
5.4 Veteran case studies	40

6	Services to support homeless veterans	46
6.1	Support service needs of homeless veterans	46
6.2	Veterans' support service assessment	48
6.3	The need for veteran-specific support services	50
6.4	Veteran' suggestions for support service change	52
6.5	DVA as a support service provider	54
6.5.1	Assistance received from DVA	54
6.5.2	Veterans' beliefs about DVA	56
7	Data considerations	59
7.1	Data collected by stakeholder organisations	59
7.2	Stakeholders' suggestions for change	60
7.3	Discussion	61
8	Conclusion	62
	Appendix A: Acronyms	64
	Appendix B: Interview schedules	65
	Appendix C: Coding framework for interviews	70
	Appendix D: List of services accessed by veteran participants	74
	References	75

List of tables

Table 1: Characteristics of participant veterans	18
Table A1: Coding framework for interviews with veterans	70
Table A2: Coding framework for interviews with sectoral stakeholders	72
Table A3: Support services accessed by veteran participants	74

Executive summary

This report presents findings from the analysis of veteran and stakeholder interviews undertaken as part of AHURI's *Inquiry into homelessness amongst Australian veterans*. This study is the first in Australia to examine experiences of veteran homelessness through in-depth qualitative interviews with Australian Defence Force (ADF) veterans and representatives from stakeholder organisations established to support homeless veterans.

The findings from this component of the Inquiry animate the findings from the multiple quantitative analyses, building a richer understanding of veteran homelessness.

The key findings of the qualitative analysis are as follows.

- A range of risk factors interact in complex ways to cause a veteran's trajectory into homelessness. These commonly include: poor physical and mental health; substance abuse; weak social supports, family estrangement and relationship breakdown; poor experiences of transition; and the inability to secure steady employment.
 - Most of the veteran participants indicated that experiences while serving in the ADF, and/or the challenges of transitioning from military to civilian life, had been factors in their eventually becoming homeless.
 - Veteran participants were typically reluctant to access support from mainstream homelessness services and preferred to seek assistance through veteran-specific services.
 - Homeless veterans programs and ESOs face a number of ongoing challenges, including: increasing numbers of veterans seeking support services for homelessness; insecure funding; and workforce issues (such as workforce burnout, a reliance on volunteer staff, and the need for increased qualifications in the sector).
 - Homeless veterans are typically struggling with multiple and complex problems (such as poor mental health, substance abuse and social isolation). Best-practice for support services for such clients includes provision of longer-term accommodation; individualised, holistic support (through in-house and external providers); and active case management to ensure that external referrals are actioned.
 - Most veteran participants found the transition from military to civilian life to be difficult, and many felt they did not receive adequate support. There is an identified need for more early-intervention services targeting veterans at risk of homelessness, particularly those with symptoms of mental illness.
-

-
- When asked to suggest changes that could be made to improve support provision, veterans cited barriers to accessing services as one of the biggest issues they faced when experiencing homelessness. Removing identified barriers should thus be a priority for service reform.
 - Simplifying administrative requirements of support services is essential if organisations want to engage and retain vulnerable clients. Additionally, compassion and follow-through were identified as important characteristics of helpful service providers.
 - As a significant proportion of veterans are DVA clients, it would be helpful for all DVA-funded programs to regularly collect data on the housing status of clients. This data could then be analysed in conjunction with SHSC data.
 - A number of relatively new veteran support services that provide help for chronically homeless veterans reported that they have quickly reached capacity, suggesting there is an increasing need for veteran-specific homelessness services.
-

1 Introduction

1.1 Inquiry into homelessness amongst Australian veterans

In November, 2016, the Social Policy Research Centre (SPRC) at The University of New South Wales was commissioned by the Australian Housing and Urban Research Institute (AHURI) to lead a research project investigating homelessness amongst Australian Defence Force (ADF) veterans. The program of research—*Inquiry into homelessness amongst Australian veterans*—is governed by AHURI and funded by the Department of Veterans' Affairs (DVA), and aims to inform policy decisions about how best to monitor and respond to veteran homelessness.

The project team includes academic researchers from SPRC and the Centre for Traumatic Stress Studies (CTSS) at The University of Adelaide; a health economist from Époque Consulting; and community investigators from a number of veteran organisations¹, all of whom are ex-serving members of the ADF.

The key aims of the Inquiry research are twofold:

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

As there is no single, robust source of information to examine veteran homelessness, the project employs a mixed methodology and draws on multiple data sources.

The project comprises four key components:

- a rapid evidence review
- primary data collection
- linking and analysis of the Specialist Homelessness Services Collection (SHSC)
- analysis of existing Defence- and DVA-funded survey data.

The findings and methodology for each component are provided in individual reports (Hilferty, Katz et al. 2017; Van Hooff, Searle et al. 2019; Searle, Van Hooff et al. 2019; Hilferty, Katz et al. 2019c), and a final report integrates the overall findings (Hilferty, Katz et al. 2019a).

The current report constitutes Component 2, collecting primary data through qualitative interviews with veterans and representatives from service provider organisations in order to develop a more complex understanding of veteran experiences of homelessness.

1.2 The current report

A key aim of the Inquiry is to examine the experiences of homelessness for veterans, and this report forms an important, qualitative, component of that research. While stories of homeless people are becoming increasingly familiar as homelessness in Australia continues to grow (ABS 2018), very little is known about the experiences of homeless *veterans*. As indicated in the analysis presented in Van Hooff, Searle and

¹ Team Rubicon Australia, RSLCare SA, Homes for Heroes.

colleagues (2019), veterans are a unique population group that are often reluctant to seek help yet are highly vulnerable to physical and mental illness as a result of military service and/or trauma. Characteristics such as these—and others explored below—mark their experience of homelessness as distinct from other population groups.

This report examines experiences of veteran homelessness through in-depth qualitative interviews with veterans and representatives from stakeholder organisations. The findings complement the quantitative analyses and help build a deeper understanding of veteran homelessness through the individual stories of those who have struggled with life after military service.

2 Methodology

2.1 Inquiry components

The AHURI *Inquiry into homelessness amongst Australian veterans* employed a mixed methodology. This is an approach where researchers collect and analyse data, integrate findings and draw inferences using both qualitative and quantitative approaches. Findings from the overall project are presented in a final report (Hilferty, Katz et al. 2019a).

The Inquiry comprises four distinct components.

Component 1: Rapid evidence assessment

A rapid evidence assessment (REA) was conducted as part of this project to identify and examine:

- benchmarks and methods for estimating, and undertaking ongoing monitoring of, homelessness amongst Australian veterans
- best practice procedures and interventions to support homeless veterans.

The key findings from the evidence review are presented in an AHURI discussion paper (Hilferty, Katz et al. 2017).

Component 2: Primary data collection

Qualitative semi-structured interviews were conducted with two cohorts:

- ADF veterans who were experiencing or were at-risk of homelessness (n=29)
- representatives from stakeholder organisations, including DVA support services such as Veterans and Veterans Families Counselling Service (VVFC), homelessness service providers, and ex-service organisations (ESOs) (n=13).

The analysis and key findings from the qualitative component are presented in the current report. The remainder of this section describes the methods employed for collecting the qualitative data.

Component 3: Linkage of the Specialist Homelessness Services Collection with Defence data

This component involved linking two distinct datasets:

- the Specialist Homelessness Services Collection (SHSC)
- an extract from the ADF's Personnel Management Key Solution (PMKeyS) database, which identifies all people who have served for at least one day on or after 1 January 2001, and who were discharged after that time, up to 11 August 2018 (n=109,010).

This linkage task, which enabled identification of veterans in the SHSC, was undertaken by researchers located within the Data Linkage Unit of the AIHW. Subsequent analysis of the linked dataset was undertaken by researchers at the Veterans Health Unit at AIHW. The findings of this component are presented in *Homelessness amongst Australian veterans: using the Specialist Homelessness Services Collection to examine veteran homelessness* (Hilferty, Katz et al. 2019b).

Component 4: Analysis of existing DVA and Defence survey data

This component involved analysis of existing data collected as part of the DVA- and Defence-funded Transition and Wellbeing Research Programme (TWRP) and the Military Health Outcomes Programme (MilHOP).

The findings from this analysis are presented in two separate reports: *Homelessness amongst Australian veterans: homelessness and its correlates in Australian Defence Force veterans* (Van Hooff, Searle et al. 2019) and *Homelessness amongst Australian veterans: pathways from military and transition risk factors* (Searle, Van Hooff et al. 2019).

2.2 Qualitative data collection

For the current report, qualitative data were collected from two stakeholder groups: ADF veterans and representatives of service providers. Details for each group are provided below.

Veterans

Interviews were conducted with a non-random sample of 29 veterans between February and July 2018. To be eligible to be interviewed, participants had to meet both the following inclusion criteria:

- they had served full time in the ADF
- they were currently homeless or had been homeless within the last 12 months.

The veteran participants were recruited through two homeless veteran support services, one operating in New South Wales (NSW) and another in South Australia (SA). These NGO-funded services both provide medium-term accommodation, active case management, and wrap-around support services to their clients. Many of the services' clients were described as experiencing chronic homelessness (i.e. homeless for lengthy periods, for multiple episodes, and often over many years); and most of the others had been homeless for a significant period of time (defined in the final Inquiry report as 1-4 months, Hilferty et al, 2019a). As these support services were the source of participant recruitment, we did not interview many veterans experiencing transitional homelessness (i.e. homeless for less than a month). As indicated in the final Inquiry report, veterans experiencing significant and chronic homelessness represent about half the homeless veteran population, according to our prevalence estimate (Hilferty, Katz et al. 2019a); however, they comprise most of our interview participants.

As described in Section 2.4, below, the research team includes three Partner Investigators (PIs) who are veterans. These PIs joined the research team to assist in recruiting veterans for the interviews, conduct the interviews, and bring their expertise to the research project—two of the three veteran PIs managed programs developed to assist homeless veterans. This approach ensured that the vulnerable men and women who participated in interviews would receive additional support if they found the interview process distressing or if additional circumstances were disclosed that required a service response. On two occasions, interviews were abandoned because the participant was assessed as not being in a fit state to continue. On these occasions, further assistance was provided.

The PIs recruited a diverse range of interview participants in terms of age, service history, and experiences of homelessness. Some participants were able to live relatively independently within supported accommodation, whilst others had high care needs. All but one of the veteran interviews were conducted face-to-face (one was

conducted over the telephone) at the offices of the participating veteran support services.

The veteran interviews covered the following topics:

- trajectory into homelessness
- service use, and services they have preferred not to use
- any contact with DVA and their views on this contact
- informal supports, and contact with family and significant others
- views on factors that could have prevented them from becoming homeless
- views on factors or services that could get them back into appropriate accommodation.

In recognition of each participant's time, they were given a \$50 gift voucher.

Representatives of service provider organisations

A non-random sample of 13 representatives from stakeholder organisations and agencies, such as DVA, various ESOs and specialist homelessness services (SHS), participated in interviews. Representatives were recruited from organisations located in regional and metropolitan areas across seven states and territories of Australia (NSW, Victoria, Tasmania, Queensland, SA, Western Australia and the Australian Capital Territory). Stakeholder interviews were conducted between June and October 2017, with most interviews conducted over the telephone (a small number were conducted face-to-face).

The aim of these interviews was to help build an understanding of veteran homelessness from the perspective and experience of multiple service providers. The interviews provide valuable insight into the factors that contribute to veteran homelessness, the profile of the cohort, and the current degree and nature of unmet need in relation to veteran homeless service provision.

Topics covered in the service provider interviews included:

- causes and features of veteran homelessness
- services provided to homeless veterans
- examples of best practice
- organisational data collection methods and monitoring of veteran homelessness
- recommendations on future changes to service delivery.

2.3 Analysis of qualitative data

Interviews with both stakeholder groups (veterans and organisational representatives) were semi-structured and guided by an interview schedule (see Appendix B). All interviews were audio-recorded with the permission of participants. Interviews ranged in duration from 20 minutes to more than 1 hour.

We used a conventional thematic approach to analyse the interview data. As a first step, the interview recordings were transcribed and imported into NVivo12², a qualitative data analysis software program, to assist coding and thematic analysis. Coding frameworks for each stakeholder group (veterans and organisational representatives) were drafted and finalised following hand-coding of a small number of interviews (see Appendix C). All transcripts (referred to as 'sources' in NVivo) were then coded in NVivo. This is a process which involves assigning chunks of designated text to the matching code (referred to as 'nodes'). Coding enables data to be managed more easily by omitting irrelevant text; and consolidating important text and reducing it into themes. Following coding, analytic notes were written to summarise key themes, and queries were run to identify any relationships across the themes. Queries enable the researcher to identify words or word frequencies within specified transcripts (e.g. the number of times that veterans referred to DVA during interviews). Through an intensive process of coding data, running queries and writing up results, key findings emerged. These findings are presented throughout the remainder of this report.

2.4 Using veterans as researchers

The project team includes three PIs, all of whom are veterans and working in veteran support and/or retraining roles. As stated, two of the PIs are currently managing programs designed to provide intensive support to homeless veterans, while the other PI has held a similar job in the past but has moved on to a position that involves retraining veterans as emergency response personnel for deployment following natural disasters.

Two of the three veteran PIs—those currently working with homeless veterans—undertook the tasks of recruiting and interviewing veterans for the project. This method was adopted because we wanted the interviewees to feel comfortable during the interviews, and we knew that this would be more likely if the participants were talking to someone who could understand their military experience and who had extensive experience supporting homeless veterans. Further, homeless veterans are acknowledged to be a hard-to-engage group, and we wanted to ensure that we could recruit the target numbers.

This strategy was successful in terms of recruiting: the target number of homeless veterans was almost achieved (29 recruited of a 30 target). However, using the veteran PIs to conduct the interviews led to mixed results. While the interviews were guided by a list of questions, some veterans' responses were extremely brief. On some occasions, veterans referred to general military experiences or culture that were understood by the interviewer, yet not by team members undertaking the qualitative data analysis. This shared understanding of military culture between interviewee and interviewer meant that probing questions were not always asked in instances when further information would have helped those researchers who have never served in the military to fully understand the veterans' experiences.

The PIs were involved in the interpretation of qualitative data and other project findings; however, this role was limited as all of them were dealing with their own demanding veteran support jobs. In their roles as managers of homeless veterans programs, all the PIs experienced a degree of professional burnout and, as a result, they reluctantly

² NVivo qualitative data analysis software, QSR International Pty Ltd, Version 12, 2018.

disengaged from the research project at various stages (although always re-engaging later). We were unprepared for this circumstance and responded by supporting their continued participation in the project by offering less demanding involvement—such as sending summaries of findings and inviting feedback.

2.5 Methodological limitations

Due to the recruitment methods utilised for this component of the study, the participants should not be considered a representative sample of homeless veterans. The results presented in the remainder of the report provide important new information about the experiences of homelessness for a number of Australian veterans, but they should not be considered generalisable. Rather, the data should be valued for the rich and detailed accounts, which shed light on how a sample of Australian veterans descended into and coped with homelessness, and engaged with services.

It was beyond the scope of this project to undertake service mapping across the multiple sectors that provide support to homeless veterans (e.g. government agencies, non-government community service organisations, and ESOs). Rather, the aim of the stakeholder interviews was to inform researchers' understanding of the services available to homeless veterans, and some of the challenges in providing support to this population group. The researchers employed purposive (selective) sampling, thus the participants should not be considered a representative sample of the service sector.

2.6 Ethical requirements

Ethical approval for the collection of qualitative data with veterans and stakeholders was provided by the DVA Human Research Ethics Committee in February 2017 (E017/005).

3 Profiling participant organisations

The qualitative data collection included interviews with stakeholder organisations, with the aim of gaining a better understanding of veteran homelessness from those who provide support services. In this chapter we present profiling information on the participant organisations.

3.1 About the stakeholder organisations

The 13 participant organisations can be categorised into four groups:

- SHS agencies: mainstream homelessness service providers (n=3)
- NGO homeless veterans programs: programs, funded by non-government organisations, specifically targeting veteran homelessness (n=2)
- ESOs (n=4)
- DVA and government funded services (n=4) (including repatriation hospital).

Two of the ESOs were relatively new operations, with participants describing how the organisations had been established to meet the increasing need of contemporary veterans experiencing or at risk of homelessness:

[My organisation] started in March 2015 ... it kind of grew from a documentary ... with [UK] Homes for Heroes on TV and there was a group of veterans and they started to think, 'Surely we don't have homeless veterans in Australia?'. So, we started to get together to talk about it ... and said, 'Let's just put this out on Facebook' ... And people were crying out [for help] and we thought, 'God, this is bigger than we thought'. So, about a month later I flew down to Canberra and met with the group and then we just continued to go down a path of creating an incorporative identity and we just started to deal with people through Facebook. Then it grew and now we're a registered charity. There is just such a great need for it. We've assisted over 300 cases in that time. (Representative, ESO)

The largest participant ESO was The Returned and Services League (RSL) and we interviewed a representative from one sub-branch of the organisation. The RSL was established to provide support and advocacy for veterans and their families, and sub-branches manage these tasks differently. The sub-branch that participated in this study operates an ADF welfare team that specifically focuses on providing assistance to vulnerable and homeless veterans. The welfare team operates with a fully volunteer workforce.

The two NGO homeless veterans programs—funded by RSL LifeCare (Homes for Heroes) and RSL Care SA (Andrew Russell Veteran Living)—were also developed recently, in response to an evident need to provide greater assistance to veterans:

Homes for Heroes didn't have a name for the first seven months that it operated. It began in 2015 when I was working for another ESO... A homeless veteran rang in and said, 'I'm homeless can you help me', so I contacted the director of the ESO and said the guy is quite unwell and he said, 'Well we can't really do anything—they're too unwell'. So, I went to RSL LifeCare and said, 'You've got accommodation, let me stick this bloke in the accommodation and we'll figure out what to do next' and that was the start of Homes for Heroes. Once we took one, word slowly crept out that we could

accommodate people and we started hot-bunking people in the pensioner units [in the attached aged care facility] ... And sometimes we would have to put someone in a place for a week and then move them because that place had been sold and so we were playing musical chairs trying to accommodate people and over time we actually quarantined some of the accommodation and started to provide more holistic rehabilitation services. (Representative, NGO homeless veterans program)

The program was piloted at the end of 2015 to basically work out if there is a requirement in SA for veteran homelessness services. Throughout the subsequent year and a half, we had around 40 people come through the program. While those numbers weren't necessarily overwhelming, there is certainly a need for a small veteran homelessness program in SA. (Representative, NGO homeless veterans program)

A number of participants from ESOs and the homeless veterans programs stated that their organisations have grown in response to veteran need, rather than organisational planning:

We never actively sought out veterans and that's still the case. The lucky ones will find us and there are organisations like [DVA private psychiatric hospital] that know about us and when they've got someone they'll ring and refer ... We never sought to grow the size of the program because the accommodation is very limited and the people managing the program even more so—everyone's just totally overworked. (Representative, NGO homeless veterans program)

A representative from the DVA's Coordinated Client Support (CCS) program confirmed that their support service was also relatively new. The CCS program is a specialised, time-limited program aimed at streamlining communication between clients and the Department and managing client issues. The CCS program combines a number of DVA client service functions into one program, providing a clear pathway for clients and their families to access support through a primary or single point of contact for the whole Department. If homelessness and/or risk is identified, then DVA clients can be referred to the CCS program.

3.2 About the organisational representatives

Of the 13 organisational interview participants, 11 worked in roles that oversee service provision or provide direct support to veterans (and in some cases the general population) who are experiencing or at risk of homelessness. One participant worked for two years in providing direct support but has since left this role and is now working with an organisation that retrains veterans for disaster relief efforts. The remaining participant was in a senior role at DVA.

The participants from the SHS agencies were in very senior roles and included divisional directors and chief officers. These participants described their roles as overseeing program implementation, service delivery and staff management. These participants listed years of experience in community services and had all begun their careers in direct service delivery.

The participants from the two homeless veterans programs and the ESOs were all involved in direct service provision to clients, despite many being senior operational managers. These participants were all veterans themselves, and some had

experienced significant injuries and challenges in their own transition from military service. A few participants spoke about joining the ADF because they wanted to make a positive difference in the world, and this factor may well have motivated many of the organisational participants to seek a post-service role in veteran support. Indeed, some of the interviewees had worked in more than one ESO in their search to find an organisation and/or program that they felt was genuinely helping veterans at risk.

The participants from the DVA and DVA-funded support services included a state representative of the Department; a manager of a DVA-funded support service; a worker involved in direct service provision; and a psychiatrist engaged in clinical service delivery.

Not surprisingly, the qualifications of the interview participants varied, as did their level of experience and training. A number of participants from the homeless veterans programs and ESOs stated that their pre-service qualifications had not adequately prepared them for their current role, and consequently they had sought additional qualifications and training, as well as advice from sectoral experts, to assist them in their job. Participants from the homeless veterans programs also talked about the challenges of their professional role, and the toll this took on them. These participants engaged in training that included first aid and counselling courses, as well as training to identify and respond to aggressive behaviours.

3.3 Services provided to veterans by the stakeholder organisations

SHS agencies

Participants from mainstream homelessness service providers—referred to as specialist homelessness services (SHS) agencies³—described the broad range of services that they offer to those who are homeless or at risk of homelessness. Services included crisis and transitional accommodation, residential and non-residential facilities, day programs, community outreach, drug and alcohol counselling and case management services:

[Our service] is a large 40-bed residential facility and it's a longer-term residential facility. So, people can stay—we generally say it's a 3–12 month program and then we provide longer-term support in the community once the person has completed or left the program here. Within the 40 beds there's a 26-bed residential drug and alcohol rehabilitation service and a four-bed medical withdrawal unit, and the remaining beds are beds that are allocated to people experiencing homelessness. (Representative, SHS agency)

We provide case management and crisis accommodation to those that are either at risk of homelessness or are homeless. (Representative, SHS agency)

Some of the SHS providers did not offer long-term accommodation; however, all participants from these organisations spoke of liaising with housing departments and community housing organisations in an effort to attain longer-term housing for their

³ Specialist homelessness services (SHS) agencies receive government funding to deliver accommodation-related and personal services to people who are homeless or at risk of homelessness (AIHW 2018).

clients. One of the SHS providers offers permanent, affordable housing to a small number of people with complex needs who have been chronically homeless.

While participants from SHS agencies indicated that they offer a broad range of services to support people with complex and ongoing needs, they all expressed some concern that they were not seeing as many veterans as they'd expect:

The more that I think about it, I do feel that we really underserve [veterans]. So, I think certainly our—we are very well set up here to provide a service—an ongoing and longer-term service to veterans ... but I think we just haven't really worked enough with the veteran community.
(Representative, SHS agency)

NGO homeless veterans programs

The two substantial programs specifically targeting veteran homelessness were funded largely by NGOs whose core business was in aged care provision. These programs drew on the organisation's existing infrastructure for aged care (i.e. accommodation, clinical service delivery, meal preparation and connection to local services) to provide services to homeless veterans. These specific homeless veterans programs ran peripherally to the organisation's core business, and the positioning of veteran accommodation within aged care units was an issue of concern in one organisation:

So, the residents are obviously—some of them are quite concerned about being young and being in an aged care facility. It does raise a lot of personal issues like, 'What am I doing here? I'm a young bloke and I shouldn't be here'. Normally what we see though is over a period of time and once they go through their recovery, they get to a point where they're more sociable ... For those that have the capacity, you find these bonds that are built up between younger veterans and older veterans. So, in that sense it's quite a unique community where you've got young and old living together. Obviously, that also comes with risks for those that are in relapse. You're potentially exposing elderly people to these risks. (Representative, NGO homeless veterans program)

This participant commented that 'in an ideal world' the veteran accommodation would be located external to the aged care accommodation.

Another difficulty associated with locating homeless veterans within aged care is that the open nature of these facilities means that it is more difficult to control drug use and drug dealers entering and exiting the property. While program residents are alcohol and drug tested regularly, the uncontained environment limits the proactive strategies that can be implemented to support resident sobriety.

Further, one participant commented that locating veterans who have experienced homelessness, and have chronic problems, with aged residents threatens the program's sustainability:

There have been incidents [at the site] with young blokes on ice ... these guys are really unwell. [The program] is only one disaster away from closing because the residents actually have the power up there to close it and not everyone likes it. (Representative, NGO homeless veterans program)

Both of the homeless veterans programs were relatively new (no more than five years old), with one running as a pilot program from 2015 to 2017. Both of the specific veteran programs operate a service delivery model that includes the following features:

- provision of temporary accommodation
- mix of in-house clinical and allied services, and referral to external (local) service providers
- case planning and case management.

Referrals are made to a multitude of services, including employment services, government and community housing services, financial management services, psychology and other mental health services, and general practitioners (GPs). In addition, external providers run programs on-site that residents can attend. Examples of these programs include mindfulness meditation and cooking. Transport can also be provided for residents to attend off-site services and programs. The manager from the larger homeless veterans program stated that the aim was to run the service like a psychiatric hospital, where clients' days are structured around therapeutic and group activities. However, despite this goal, the chronic nature of the conditions of some residents means that staff often need assistance from tertiary providers:

Some residents would be considered psychotic and in those instances we call emergency services and they come in and do a mental health schedule. That's hard because they've relapsed for whatever reason so you're not dealing with the person anymore, you're dealing with the substance. (Representative, NGO homeless veterans program)

The manager in one of the homeless veterans programs was working to establish an equine program for residents. Advancement of this plan was being hampered by practical issues such as infrastructure needs.

ESOs

Participants from one of the ESO's stated that the main role of their organisation was to link veterans to needed services:

We have three core pillars that we get involved in—social connectedness and activities, mental health support and now employment services. We spend most of our time doing outreach. So, we're out and about speaking to contemporary veterans who have served from post-1990 onwards and the affected families as well ... One of the main things we do is provide a link into other services. (Representative, ESO)

Another ESO representative stated that the aim of her organisation had evolved over time:

Initially our aim was just to put a roof over somebody's head when they were in crisis but what we've found is—it's developed and gone past that. It's gone from a first responder model to a wrap-around service model. (Representative, ESO)

The ESOs involved in the study offered a range of services: some simply linked veterans to other support services, while some provided support such as the provision of temporary accommodation, client advocacy, case management, referral, and transport to appointments.

DVA and government funded services

The final group of interview participants were from the DVA's CCS program and the DVA-funded service, VVCS (now Open Arms⁴). The participant from the VVCS spoke about providing a counselling service to current and ex-serving personnel and their family members. The counselling is provided face-to-face in a number of centres located in major cities, and with contracted clinicians in regional areas. The VVCS also offers telephone-based counselling for those in more remote areas. The participant from the VVCS stated that staff do refer clients needing additional support to ESOs, NGO-funded homeless veterans programs, and the CCS program. VVCS is not appropriate for clients experiencing homelessness, as it does not offer crisis care nor assertive follow-up; however, the service may be accessed by veterans once temporary accommodation and other fundamental supports are in place.

The participant from the DVA-funded CCS program described the three levels of support provided through the program. *Level 3* support provides clients with ongoing regular contact to assist them to navigate the DVA claims process and/or access to DVA supports or community services. This includes assisting clients to access their compensation and medical entitlements, home modifications, and/or personal care services. Level 3 clients are assessed as having complex and multiple needs and are identified as clients who require a long-term coordination plan. *Level 2* service is described as 'guided support'. Level 2 clients present with a willingness to engage in the claims/entitlement process independently but still require some assistance. These clients are identified as clients who require a short-term support plan, with a view to building capacity to transition to a business-as-usual environment. *Level 1* support is provided by triage and connect, claims assessors and Department staff. This service is primarily provided over the telephone; however, there are on-base advisors who can provide assistance to clients in person when necessary. If homelessness and/or risk is identified, clients can be referred to the CCS program.

The participant from CCS commented that the service is close to reaching capacity, with another DVA staff member believing that they have reached capacity:

We are definitely noticing a higher demand for the service and an impact on our capacity to bring in new clients. We haven't had to turn anyone away or anything like that ... but I guess if things continue on their current trajectory, we will get to a point where we will exceed our capacity.
(Representative, DVA program)

Another representative from a DVA-funded service felt that the CCS program had already reached capacity:

I think [CCS] are overloaded and sometimes they won't take the referral or there's a delay. So, it's not really that helpful for the veterans who need assistance now. (Representative, DVA-funded service)

⁴ The VVCS changed its name to Open Arms in October 2018. This was after the project interviews had been conducted so we continue to refer to VVCS throughout this report. The services provided have remained the same following the name change.

3.4 Organisational funding

The different types of organisations represented in the interviews receive different sources of funding. Participants from SHS agencies stated that their programs are largely government funded through national agreements such as the (former) National Affordable Housing Agreement (NAHA) and the National Partnership Agreement on Homelessness (NPAH). As a requirement of receiving government funding, SHS services are required to input data into the SHSC.

In contrast, participants from the two homeless veterans programs, which provide accommodation and other support services, were funded largely by aged care providers (RSL LifeCare and RSL Care SA), and to a lesser extent by charitable donations:

RSL LifeCare are the major contributor. They subsidise the accommodation, the food, any additional costs such as—they pay for electricity and water as well. Stuff like medication and activities are paid for by LifeCare and when there's no more, then donation money. People also donate to the program. (Representative, NGO homeless veterans program)

The veteran service in SA had received a small grant of around \$25,000 from DVA to purchase new furniture for veteran accommodation. This contribution was appreciated; however, the interview participant expressed some reluctance to seeking substantial government funding for program operations, as he believed that this may compromise program independence and integrity:

Once you get into the government funding of programs like this, you lose a lot of your self-determination ... We want to be in control of the program. While we wouldn't turn down any funding opportunities, at the same time, the veteran space is pretty unique and [we're] not too sure whether the more generic services and the government funding branches really have a good understanding to run the program as we do. (Representative, NGO homeless veterans program)

Similarly, representatives from ESO's stated that they do not receive government funding, but instead rely upon corporate and community donations to fund their services. For one interview participant, sourcing additional funds was a part of her job to support veterans:

At the moment I'm sourcing funds—I do a lot of fundraising drives for this. The reason why is because we still have to pay for emergency accommodation—for instance, at 2am in the morning, they've had a trigger and their partner has kicked them out. I then have to make sure that I can get them into a hotel or some form of accommodation ... I had two of those this week ... In my kitty at the moment I think I've got \$2,500 sitting there. That also helps to pay for fuel for my [volunteer staff] to go and see these guys. (Representative, ESO)

Finally, some participants represented agencies or services that rely wholly on government funding. DVA provides a range of free services to veterans (e.g. through VVCS and the CCS program) and these are government funded, as are services to veterans provided within the DVA-funded repatriation hospital represented.

3.5 Discussion

Representatives that participated in interviews stated that their organisations offer a wide range of services to homeless clients, including veterans. Interestingly, two of the veteran-specific homelessness support programs, and one ESO that provides services to homeless veterans, were established in 2015, purportedly because of a growing community concern about increasing veteran homelessness. These services all confirmed that increasing numbers of veterans have sought their services over time. In contrast, a representative from a large SHS agency reported that they support very few veterans, likely because that group rely on veteran-only support services.

Representatives from the homeless veterans services confirmed that they were operating with numerous challenges: insecure funding; workforce issues (such as worker burnout, a reliance on volunteer staff, and a desire for increased qualifications within the sector); and some less-than-ideal outcomes (such as housing chronically homeless veterans alongside aged care residents). Still, the commitment of these service providers to address the multiple and complex support needs of homeless veterans was clear.

4 Profiling participant veterans: characteristics and risk factors

This chapter presents a comprehensive demographic, socio-economic, military and health profile of the veterans that participated in the interviews. A detailed analysis on the risk factors for veteran homelessness is also provided. This analysis incorporates data from veterans themselves, as they were asked to look back and reflect on how they became homeless, as well as representatives from service provider organisations. This dual-perspective analysis of risk factors highlights the complex relationship between pre-service, service and post-discharge factors that serve as a pathway to homelessness.

4.1 Summary information on veteran participants

As shown in Table 1, below, 29 veterans participated in the qualitative interviews. The overwhelming majority were currently living in crisis or temporary accommodation. Two participants had recently moved into private rental accommodation, but these veterans had been homeless within the last 12 months.

Veteran participants ranged in age from 24 to 74. Twenty-six participants were male and three were female. Participants represented all branches of the ADF (Army, Navy and Air Force) and had served for varying lengths of time. Whilst the majority of participants were early service leavers, a significant proportion had discharged after long careers in the ADF: one participant reported a 34-year career in the ADF. Only 13 participants reported holding a DVA health card.⁵ The income data shows a diversity of income sources, with the majority of participants reliant on welfare payments of some type. Only one participant reported earning an income from paid work.

Table 1: Characteristics of participant veterans

Characteristic	Veterans (number)
Gender	
Male	26
Female	3
Age	
25–34	2
35–44	6
45–54	13
55–64	6
65–74	2

⁵ This information was not collected for all veteran participants.

Characteristic	Veterans (number)
Service	
Army	20
Navy	5
Airforce	4
Time spent in ADF	
1–5 years (early service leavers)	12
6–10 years	9
> 10 years	8
DVA health card*	
Gold Card	3
White Card	10
Income source	
Age Pension	1
Newstart Allowance	6
Disability Support Pension	5
DVA payment only	9
(e.g. incapacity payments)	6
Combined income source	
(e.g. DVA payment & welfare; DVA and part time employment; DVA and self-funded pension; DVA and superannuation)	1
Salary from full-time, part-time or casual employment	

*Note: *This information was not collected for all participants.*

Source: Authors.

4.2 Veterans' health

Physical health:

Overall, the physical health of veterans who participated in interviews was reported to be poor. This is not surprising, as homelessness is associated with many negative health impacts. International studies have confirmed that veterans have more physical health problems, including higher rates of disease, than non-veterans (see, for example, VanTil, Macintosh et al. 2015).

Veteran participants described numerous serious conditions currently impacting on their physical health and functioning, including: breast cancer; hearing impairment; limb disfigurement and reduced mobility; kidney cysts; erectile dysfunction; spinal injury; an

ileostomy; high blood pressure; rheumatoid arthritis; osteoarthritis; and recovering from recent open-heart surgery.⁶

Some participants indicated that their poor health is at least partly a consequence of military service:

I have spinal lumbar injuries from gunshot wounds. (M57⁷)

My C7 was fractured while I was in service, I also had two broken wrists when I was in service. (M56)

One participant spoke about the impact on his health of having been exposed to a toxic substance while a member of the ADF. Other veterans described conditions, such as breast cancer, that were not related to service but which greatly impacted their life.

Only a few veterans rated their health as 'good' during the interviews. This snapshot indicates that the healthcare needs of veterans experiencing homelessness are diverse and complex—especially when physical health is considered in conjunction with mental health, as discussed below.

Mental health

Mental disorders were widespread among the veteran participants. The majority of those interviewed (25/29) indicated that they had experienced mental health problems during their life, and 20 of the 29 stated that they had ongoing, clinically diagnosed mental health conditions for which they were currently receiving treatment. The most commonly stated conditions that veteran participants were dealing with were: post-traumatic stress disorder (PTSD), depression, and anxiety. Less common conditions cited included: agoraphobia, panic attacks, borderline personality disorder, bipolar disorder, schizo-affective disorder (hearing voices), and suicidal ideation. These conditions were chronic for the majority of veterans, with many of the older veterans describing living with symptoms and trying to manage their condition for years.

The mental health treatments that veterans listed included taking medication, and receiving counselling and treatment from psychologists and psychiatrists. One participant described the digression therapy that he was receiving for PTSD. Another had been assigned an ex-ADF dog as an assistant dog for PTSD. Thirteen of the interviewed veterans reported that they had been hospitalised for mental illness—some described multiple hospital admissions, and three veterans stated that they had been involuntarily hospitalised. A few of the veterans stated that their hospitalisation had been as a result of attempting to take their own life.

For at least one veteran, mental health problems had clearly pre-dated their military service (he had been admitted to a psychiatric hospital as a child). Of the remainder, many commented that their military service had contributed to or caused their mental health problems:

I'm suffering with mental health injuries that were caused by the Army. (M29)

⁶ Less-serious conditions described by participants included: oedema of the knee, amputated finger, restless legs syndrome, impaired balance, back pain and pre-diabetes.

⁷ Quotations from veteran participants are identified by a code that indicates participants' gender and age. M57 means that the participant was a 57 year old male.

I still suffer greatly from my injuries sustained whilst employed by the Department of Defence and as a result of that have contracted post-traumatic stress disorder, which I am under treatment from a local psychiatrist here. (M52)

The Army has definitely contributed to my [homelessness] ... In exposing me to—me experiencing what I did overseas—it did traumatically affect my mental state. (M39)

The interview data indicates that a significant number of participant veterans had left the ADF with injuries and/or trauma that had an ongoing negative impact on their wellbeing. A number of veteran participants directly attributed their homelessness to mental health issues, particularly PTSD:

The primary reason for me being homeless is my psychological problems, my mental illness is a big one, which is why I couldn't work in the end ... So, my anxiety is very debilitating, my PTSD's actually really debilitating for work. (F45)

I think homelessness is probably part and parcel of people who have been diagnosed with PTSD. They generally—people with PTSD would have depression, or anxiety problems and I believe that would affect people being homeless. (M43)

It was a marital breakup which led to my homelessness, basically, and that was all in relation to the way I was being affected by psychological disorders. I just wasn't being a good partner, and it was a very difficult time for my partner. (M52)

Service provider representatives also frequently described mental illness as a key factor contributing to homelessness amongst veterans. In stakeholder interviews, mental illness was often associated with veterans finding it difficult to adjust to civilian life and/or having experienced trauma during service:

When you're in Defence you have a great sense of purpose; everything you do matters; you have the power over life and death in the palm of your hand; you deal with cutting edge technology and millions of dollars' worth of equipment—nothing can really match that in the civilian world. I think when people leave they really miss that and then if you can't get a job, you can't get your skills recognised—you go from being this awesome person who matters in a uniform with an identity, to what? To nothing—you don't matter anymore. (Representative, ESO)

If you've ever served, your chance of having a mental illness, or having a functional decline associated with trauma that you've experienced, is higher than the general population. Some studies suggest that, for a contemporary veteran, 80 to 90 per cent have been exposed to trauma. So, often it can be quite a long time before the effects of that trauma—with a marriage breakdown or substance abuse—actually become clear. If they could be identified earlier—and my thoughts are that hopefully that would be the case and that there are particular services available to them and then we might be able to stop that functional decline. (Representative, DVA-funded repatriation hospital)

This latter quote, from a psychiatrist working with veteran clients, suggests that trauma associated with military service can make people vulnerable to mental illness. A number of stakeholder respondents confirmed that PTSD was prevalent amongst homeless veterans:

PTSD is something that comes up quite regularly amongst the people that come through the accommodation. They do cite PTSD as a reason for the circumstance that they're in. They're all diagnosed, the vast majority are diagnosed. (Representative, NGO homeless veterans program)

Around the Christmas period we had a bloke who was diagnosed with PTSD. He was in a situation of homelessness and our accommodation was full so we paid for a hotel room for him for a couple of weeks, just for him to land on his feet, get himself back up and then go out and have a look for some accommodation. He just didn't do it. He kept saying, every day, 'No, I'm too depressed to go out today'. In the end he went back to a very vulnerable situation. He put himself back into a very vulnerable situation because he couldn't put the priority of getting a house ahead of his depression—or something like that. It does seem to cripple them ... The depression put him into such a place that he couldn't function properly. (Representative, NGO Homeless veterans program)

A representative from a DVA-funded service also stated that her service was seeing an increase in clients with PTSD:

We're a counselling service so we're going to get a skewed population. We are seeing an increase in PTSD ... There has been an increase in the number of veterans with PTSD but I don't think it's as high as what's reported in the media. (Representative, DVA-funded service)

Drug and alcohol use

Substance abuse issues were not as prominent as mental disorders in the narratives of participant veterans; however, a little more than one-third of the cohort (10/29) reported current and/or previous alcohol or drug dependence. Drug and alcohol misuse and mental illness were co-morbid conditions for many veterans. A few participants commented that they had an opioid addiction (specifically codeine, morphine and/or methadone), a few others were regular marijuana smokers, and others did not state their drug of choice. In terms of treatment, a couple of veterans stated that they had been to drug and alcohol rehabilitation, and one participant was currently taking Suboxone—a medication used to treat opioid addiction.

Most participants spoke about their substance abuse issues occurring post military service, but three reported that they had developed an addiction and/or problem behaviours whilst serving:

The morphine was primarily prescribed [following an accident during service] and that was on a self-administer basis and I gained a government authority from the ADF to obtain that, so yeah, I just used it. I used it and abused it and then became quite addicted to it and had to undergo multiple detoxes and whatnot to become free today. (M52)

When I was in the military I started to slip into alcohol abuse. (M42)

A few participants described substance abuse as a strategy for coping with trauma associated with their military experiences and the difficulties of being homeless:

Interviewer: What happened after leaving the ADF?

Participant: I did what you call a geographical. I just wanted to travel around Australia. I drank and I took a lot of drugs and I tried very hard to forget... I would drink. I'd take drugs. I'd do whatever I could to get rid of the memories and find somewhere to sleep and just get out of it. Get off my head. (M57)

Some participants talked about the negative effects that drinking and drug-taking had on their lives. These included: not having a permanent home to live; having fractured family relationships; and living a life of enforced social isolation as a way to ensure that their family did not find out about their substance abusing.

Substance misuse was not listed as the primary reason for their homelessness by many participants. However, three participants did identify drug use as the primary cause when looking back on their trajectory into homelessness:

It was definitely the drug abuse. Definitely. And not being focused and the clarity that I thought I had, it just wasn't there, and it's taken a while, like two years I guess, for me to really actually realise it. (M47)

I just couldn't get over the drug addiction—it was a big factor that ended up getting me kicked out of home. And I guess that's a few years behind me now but it's always just right there sitting on my shoulder. (M48)

I'd still have to put it back to substance abuse, I did prioritise that pretty highly. (M46)

A number of service provider representatives described drug and alcohol abuse as both a pathway into, and a symptom of homelessness. Stakeholder participants described alcohol and drug abuse as preceding homelessness for some clients, and as a mechanism used by some to help cope with the transition to civilian life and/or the poor physical conditions and stresses of being homeless:

It's self-medication—that's what it is. I think even people who leave [the ADF] fairly healthy become despondent to a degree because you're losing that sense of family and identity and purpose. And so if you leave Defence and you're a young guy and you can't get a job and you become a bit lost, you start drinking piss because it's easy and that's when the spiral starts. (Representative, NGO homeless veterans program)

One youngest bloke here is 24—I've spoken to his aunty. She said he was fine and then he went to war and when he came back they don't know who he is anymore and he's started using ice. (Representative, NGO homeless veterans program)

While people are homeless, the drug and alcohol stuff escalates because it's just a state of misery. You need some comfort, and people aren't able to get themselves clean while they're homeless. (Representative, SHS agency)

One of the major problems that contributes to homelessness is substance abuse. They're certainly very happy to drink and use drugs ... That consumes a lot of their time, and it does make presenting for job interviews and private rental quite difficult for them. (Representative, NGO homeless veterans program)

*A lot of them have been using. They're all very open about their use.
(Representative, NGO homeless veterans program)*

Participants from the homeless veterans programs described drug and alcohol abuse amongst residents as common behaviour that was difficult to control within an open environment. Indeed, one participant from an SHS provider commented that it was impossible to stop resident drug use unless support was provided within a single-entry facility. While the veteran programs did offer support to residents to help control substance abuse—including referral to drug and alcohol rehabilitation programs and regular drug testing to monitor relapse—participants were grappling with the difficulty of the situation:

I'm not going to lie, I've not been as successful as I may have liked to have been with stemming the use of drugs and alcohol abuse within the accommodation ... I wanted to adopt a zero-tolerance policy but at the end of the day, if I go around and say something like, 'If you do it, you'll get kicked out'—well they're going to do it anyway ... That is really just a bit of a landmine that one—it's really hard to find a solution. (Representative, NGO homeless veterans program)

4.3 Family relationships

To explore the impact of early family life on later life, including motivations for joining the ADF and current circumstances, the interviews started with a few questions about participants' families, including where they grew up and who they lived with during childhood. Responses to these questions highlighted the individual backgrounds and stories of each participant; however, certain themes were prominent in a number of interviews. Firstly, the majority of participant veterans spoke about currently having fractured or fragile connections to their families:

I haven't spoken to my mum since I was 21. And I haven't spoken to my dad for a year and a half. (M35)

I have limited contact with my family and I've raised them to be fiercely independent and in some situations no news is good news, and through the ordeal and the trauma of what I've gone through in the last 26 months, I wouldn't want to convey that information on to my family and burden them with the knowledge that my life has been shit, (M54)

I'm in regular touch with the ex-wife—the mother of my children, but apart from that [I'm in touch with] no one else. (M39)

My immediate family and my children and grandchildren I've lost contact with. (M65)

While the interviewers did not specifically ask for reasons for the lack of family contact, a few participants revealed that they had felt close to their family during childhood, but that relationships had become strained because of their destructive behaviour when abusing substances:

[My parents] said, 'Look, cut your drinking or that's it'—it was over eight years they kept saying stop your drinking, stop your drinking. It got to the point where—yeah, communications got really, really slow. [My family] sort of drew a line in the sand about my drinking and I didn't listen to it. (M46)

I have estranged myself from my family because I begged, borrowed and stole for drugs and whatnot ... Basically my family said to me, 'As much as we love you, if you don't get your shit together we don't want to know you'. (M57)

A number of participants reported that they had distanced themselves from their family because they were ashamed for them to know that they were homeless. Whatever the reasons for family estrangement, it was clear that most of the veteran participants lacked a strong family support network that could act as a protective factor against homelessness.

A number of veterans reported that a relationship breakdown marked their pathway into homelessness and isolation from family and friends.

Since I've left the military I've had a bit of a tough time handling a lot of things ... which affected my family who eventually left—which I don't blame them at all. (M47)

My missus left basically because I was never home. I was on pre-deployment training. I was on exercises. I was always somewhere but not home and then they sent me overseas. My partner was in Darwin by herself with a young baby. She just cracked, had enough. (M47)

Representatives from a handful of stakeholder organisations confirmed that this was often 'the top presenting issue' for their clients:

Many that we deal with have marriage and relationship breakdown—some have no support networks. Once they're broken down with their family, they have nothing. There's a lot of social isolation. They just won't reach out to their family or friends because they're so embarrassed and don't want them to know. (Representative, DVA or government funded service)

Sometimes [homelessness] is the result of a relationship breakdown and the veteran will leave the family home and leave the partner and children and find somewhere else to live—and because of their financial position they aren't able to fund other accommodation or easily find accommodation. (Representative, DVA program)

Only a few veteran participants reported that they had had happy childhoods. In contrast, many revealed that they had experienced traumatic childhoods—examples included dealing with parental mental illness or accident, poverty, parental abandonment, abuse, and institutionalisation.

Six of the 29 participant veterans reported that they had a parent or parents who had served in the military or police:

My father was in the Airforce so we moved around quite a bit. I lived with my father. My mother left when I was five—took my sister with her. She had a bit of a problem so she went to live overseas with her family. (M52)

I grew up within the military. Both my parents were serving. I went to every army base nearly on the east coast ... I've seen the military in the old days with alcohol. I've seen the military now. It's two different worlds. (M47)

The two participants above talked about frequently moving around as children, and this appeared to be a common experience for numerous participant veterans. Indeed, for many, the themes of transience and impermanence featured prominently throughout

their lives—pre-service, during military service and post discharge. While the interview participants were recruited from two states only (NSW and SA), participants had spent their childhoods in various parts of the country, including Western Australia, Northern Territory and Victoria. Eight participants reported that they had grown up in small towns or farms located in regional areas.

Four participants stated that they had moved to Australia as children, with three migrating from the United Kingdom and one from New Zealand.

4.4 Military service history

As shown in Table 1, above, all three service branches of the ADF are represented by veteran participants: 20 had served in the Army, five in the Navy, and four in the Airforce. Almost half of the respondents (12/29) were early service leavers, having served in the ADF for less than five years. A little less than one-third of the cohort (9/29) had served for a period of 6–10 years; and a little less than one-quarter (8/29) had served for more than a decade. Some of the older homeless veterans that participated in the interviews had lengthy service histories:

I did thirty-four years in the ADF, two years in the reservists. (M64)

My service length was 24 years with the Royal Australian Infantry and Royal Ordnance Corps. (M54)

Amongst the participant group, veterans had held a variety of positions in the ADF, including: fire fighter, telephonist, clerk, communications systems operator, cavalryman, storeman, rifleman, sniper, gunner, and aircraft technician. Most of the veteran participants were discharged at a relatively low rank, with none becoming senior officers.

About half of the cohort had deployed while serving. The following deployment locations were listed by participants: Iraq, Afghanistan, Somalia, East Timor, Malaysia, Persian Gulf, Bougainville, Papua New Guinea, and the Solomon Islands. Some veterans stated that they had done multiple deployments.

All of the participants joined the defence force at a young age—either directly after school or in the few years following. Participants were asked to speak about what motivated them to enlist in the ADF. The two main reasons given were: because family members had served, and to gain employment. It was clear that many participants belonged to families with a strong military connection, and their decision to enlist was often influenced by a desire to continue the family tradition of military service:

Dad was in the army, First Armoured Regiment, served in Vietnam. Yes, so we were basically an army family to begin with. (M43)

My father was in World War II, he served with the Argyll and Sutherland Highlanders in World War II. So, I wanted to join since I was five or six. (M60)

My grandfather led the First Light Horse Brigade into Gallipoli. I kind of wanted to follow his career. Unfortunately, my accident got me discharged. (M52)

My father and stepfather were both ex-Royal Air Force. My grandfather was ex-World War II Royal Air Force. His father before him was a World War I Air Force RAF veteran. Just sort of kept it in the family. (M57)

Every generation of my family has served in the military, so that was certainly a compelling reason [to enlist]. (M52)

Another common reason given for enlisting was to gain employment. As indicated in the previous section, many of the participants grew up in regional areas where there were limited employment options, and enlisting was viewed as a way to gain a job and a qualification.

Well the two reasons [I enlisted] were that the Air Force to me was a well-paid job which I couldn't get as I had no trade. So, I thought, 'Well that's a way to get ahead'. The second one was I thought the uniform was absolutely fantastic. (M74)

[In my home town] there weren't many options—you'd become a miner or a truck driver—and my brother joined up and I was hearing stories of him travelling the world and I thought, 'I'll give that a crack too'—that was pretty well it. (M46)

Well, number one, it was for employment. Probably that was the reason. I thought it was going to be fantastic. I saw opportunities there. I thought maybe I could get a career. But then I think I probably chose the wrong corps for that because I didn't end up with any sort of skills. (M49)

The army's like the dole in my family. If you don't get a job it's off to the army. That's the short and sweet. (M47)

The questions on service history were included to garner a brief overview of this period of participants' lives. The deep family connection that many participants had to military life was evident and it was clearly a source of sadness for some that they had not replicated the successful military careers of their ancestors. More than half of the participants reported disappointment with their military career: for some this was because their anticipated career was shortened due to injury or illness; for others their dissatisfaction was about not deploying. A handful of participants recounted traumatic experiences that occurred during their military service: two veterans reported being sexually abused by a superior whilst in the ADF, and another three reported being subjected to bullying.

4.5 Transition from the military

Transition from military to civilian life is a period characterised by significant change. As part of this change, men and women of the ADF leave specialised and secure employment that provides structured daily life, housing, all-inclusive healthcare—and a cultural environment that builds and depends upon close connections—to re-enter life as a private citizen. In this new life, friends may not live nearby, support services need to be sought, and the labour market is competitive and increasingly insecure.

The interview data indicates that most participants did not find the transition an easy process and felt that they were unprepared for the challenges of civilian life. This finding may be unsurprising, given the group of participants interviewed; however, it reinforces the fact that some veterans need greater assistance with transition to civilian life.

All but one of the 29 veterans interviewed felt that they were not adequately prepared for the transition to civilian life. Veterans of all ages remarked that the ADF's transition

process involved little more than forms to be completed, and the provision of minimal information:

I felt like I was just left to my own means. Back in the 70s, it was just hand in your—well, I was allowed to keep my uniform—but it was virtually sign you out and you got a very small payout for your service. In those days there was no sort of—what do you call it?—emotional support or psychological support or backup or follow-up. There was nothing. You were virtually just signed off and you'd done your duty and get on with the rest of your life. (M74)

Interviewer: Did the transition information you received from the ADF prepare you for life after service?

Veteran: I didn't receive any. (F49)

Interviewer: Did the transition information you received from the ADF prepare you for life after service?

Veteran: No, not even close. Pretty much just went to one seminar and then was just given some leaflets. (M36)

Interviewer: What was your transition experience like when you left the defence force?

Veteran: Very quick and rushed. I didn't get really any help. I got given a list of things to do and get them ticked off, and then I got a signature on the bottom of it, and off I could go. So, that was about it. There were no seminars, there were no information nights, there was no assistance really. It was just, 'Here's this list, off you go.' (M28)

Interviewer: What was your transition experience like when you left the defence force?

Veteran: The transition experience was, 'Sign this piece of paper and goodbye.' (M54)

Interviewer: Did the transition information you received from the ADF prepare you for life after service?

Veteran: Absolutely not. They gave us no information about how to get back into civilian life. There was no course or reintegration methods that we were informed of, it was just, 'See you later, sign a few bits of paperwork and thank you very much'. (M47)

Strikingly, only one veteran interviewed commented that the information provided by the ADF prior to discharge, and to assist with transition, had been adequate. This veteran instead felt that the challenges he experienced were related to his unexpected discharge from the ADF (due to medical reasons) and his lack of preparedness for civilian life:

I was able to attend a transition seminar in my last week—the second transition seminar that I'd actually undertaken while in the ADF. Most of the information I gained from that was relevant. It was just the focus of how quickly that termination date came up that made the most challenge for me. (M46)

A number of other veterans commented that the quick pace and/or unexpected nature of their discharge from the ADF had made it harder for them to readjust to civilian life. These veterans were typically discharged for medical reasons, and they felt unsupported during their recovery and abandoned at a time of crisis:

Interviewer: What was your transition experience like?

Veteran: It was interesting because I'd just had spinal fusion, so for about six months I was completely incapacitated. For the last six months [in the ADF] it was difficult, due to being significantly injured. So, there was a fair amount of stress and bullying that occurred during that time as well ... The transition itself—I didn't rely on the army for anything. For about six months there was very little that I could do due to recovering from surgery. (M36)

I was pretty well stuffed when I got back home. I could hardly walk. I couldn't sleep—slept in a chair for two years. I suffered depression for a long time. I didn't do any courses getting out of the Navy to transition to city life. I don't really think there was a great deal of help back then. (M48)

The data indicates that a significant number of veterans were experiencing symptoms indicating mental ill-health prior to leaving the ADF: eight of 28 reported symptoms such as anxiety, depression, impulsivity, and explosive anger. For some veterans, their mental illness was undiagnosed while serving and they became aware of their illness shortly after discharge. This suggests that the transition process should include training on how to identify signs and symptoms of mental illness and conditions such as PTSD. A number of veterans stated that they did not realise they were sick until they had left the ADF and had reached a crisis stage:

Within two days of leaving the military I actually ran to England—not knowing that I obviously had PTSD. I was 22 and I was so disappointed in—in not knowing—I didn't have a career, I didn't know what I was, I was not truly trained in anything. I didn't know what I was going to do. I didn't know where to get qualifications. I was so disappointed in everything, so I left the country not knowing that I was really unwell. I came back for medical treatment. I was in a bed in the foetal position. (F49)

[After leaving the ADF] I worked for three months and then I just lost the plot one day. I'd started seeing a psychologist and she contacted me on that day, which was random, and I was losing the plot, and she got me into an emergency appointment with a psychiatrist who diagnosed me with PTSD and told me not to go back to work. (M28)

*I came back [from Iraq] pretty f***ed up. I got back and got my discharge and I was offered a course of things through DVA like cards and pensions and all that stuff and, unfortunately, I was in a state of mental [ill] health and I told them to shove it up their arse and I went bush and I never made contact again until I came here [to NGO homeless veterans program]. (M57)*

A few veteran participants commented that they would have liked some follow-up from the ADF or DVA following their transition:

They just need to keep tabs on people for the first six months or so and see if there is a mental health issue when they do leave the military. I suppose the easiest way to say it is just hold their hand a bit, or give them access to things a bit easier, so they can get treatment. I know that they won't—you can get the approval for mental illness now through DVA, which is good, but the

actual recognising that it's a problem—the culture within the Army is you just need to be a bit tougher and get through the day. That needs to be addressed on the way out—that 'be a bit tougher' thing. That's good for when you're in the Army but then when you're with loved ones out of the army, that 'be tougher' can lead to verbal abuse of spouses and a lot of anger. (M47)

Many veterans spoke about military and civilian life being different worlds and the culture shock that they had experienced following transition:

[In the ADF] they tore all my civil rights down and built me up military. So, to transition back from that to civilian life was a challenge. I took quite a few years trying to become a regular guy. (M52)

Adjusting was a bit hard—it was like learning a new language, going from military language to learning English again (M46).

I thought it would just be a simple process, fitting back into society—normal civilian day-to-day life—but I've actually found it very difficult, and struggling at times. It's been tough. (M39)

A number of veterans expressed feeling disconnected from civilian life due to profound differences to life in the military. Some veterans spoke about a number of factors that made the transition to civilian life challenging. These included: having no routine, no restrictions on alcohol consumption, not being surrounded by mates, and not knowing where you fit in a hierarchy. A few others mentioned that it was difficult to transition because of certain conditioning received in the ADF:

In the military, the first thing they tell you is that civilians are second-class citizens. So, after a while you actually believe that. (M46)

Evidently, for some veterans, transition to military life is an extremely difficult process, for which many are unprepared. Findings from the qualitative data indicate that two groups in particular find the transition especially difficult: those with injuries, who were medically discharged from the ADF; and those who left military service with a mental illness that had not been diagnosed and became aware of their illness shortly after discharge. Some veterans suggested that the ADF and DVA have a duty of care to follow up with veterans, particularly those most vulnerable, such as these two groups.

4.6 Impact of military service on life

The data revealed that military service had a lifelong impact on the veteran participants. When asked about military service, about half of the veteran participants talked about both positive and negative impacts.

The positive impacts of military service cited by veterans included the development of self-discipline, resourcefulness, a strong work ethic, the ability to work in teams, and the capacity to be strong and self-reliant. In addition, a number of veterans talked about the value of comradeship that they had experienced in the ADF. However, the negative impacts of service clearly outweighed the benefits for the majority of veterans interviewed. Two participants who had been sexually assaulted during their period of service talked about the devastating long-term effects:

Well, the sexual abuse has definitely affected me big time. That led to me being agoraphobic for 10 years. Not long after I got out, I used to get on the phone at work and talk for 10 minutes and think, 'What was I just talking

about?’ I used to go to shopping centres and visibly shake. I used to have a lot of panic attacks. Yeah. It was just a traumatic time. (M63)

I’m broken. I don’t know what else to say. I’m only just here ... I just thought, if I was to function in the normal world, I needed to shut the Air Force, the military, down and out. I burnt my uniform. I got rid of everything military. I didn’t ever watch military movies. I got away from it completely. (F49)

For this last veteran, her diagnosis of PTSD was attributed to her sexual assault rather than any combat trauma. Others talked about the ongoing negative impact of injuries received whilst serving:

I’ve got horribly disfigured and a 25 per cent loss of efficiency of use of the left leg as a result of my time in the army, and I’ve developed PTSD. So, I’d say it’s impacted me quite a lot. (M52)

For those participants who claimed their military service had a negative impact on their lives, the reasons given mainly included PTSD, receiving no psychological support when dealing with PTSD (and other mental health issues), or not receiving any support upon exiting the service. A few veterans commented that they felt military service had left them unprepared for civilian life:

[Civilian life] was a shock, because I felt like we weren’t quite trained enough to do anything. I think a lot of people felt that. You had to go back and [be retrained] again because you weren’t qualified. (EB F49)

It’s definitely changed me as a person, considering some days I can’t cope. Sort of loss of goals and what I’ve planned for the future ... Like my career just disappeared. So, injuries and everything—especially no qualifications from everything I did in the Army. It just seemed too much to think about starting again. (M29)

There were some participants who had experienced great hardship since leaving the military, but when asked about the overall impact of their service, they were still able to identify positive aspects. One participant experienced several mental health issues, including PTSD; however, he still spoke fondly of his time in the service:

They’ve affected my life massively but not necessarily badly ... A lot of self-discipline. I’ve noticed that with my study compared to other students, you know, you just get the job done, you can work under pressure. Respect, I learned respect, and loyalty, a lot of good useful life skills too, you know, being able to adapt and overcome things ... But yeah, overall the impact on my life, I see it as a positive thing, even though I’ve got a disorder that has affected my life greatly, I wouldn’t change it. (M28)

Interestingly, a number of participants did not directly attribute any association between their homelessness and military service, even though a connection seemed evident.

Interviewer: Has your military service had much of an impact on your homelessness?

Veteran participant: No.

Interviewer: What about your health and mental health problems?

Veteran participant: It was more the mental health side of things and yeah—trying to readjust into a civilian life with a disability and yeah—I was

many years undergoing surgery. There was a couple of years there I was in plaster and I was pretty much a guinea pig to the ADF ... When I was discharged I had a—I had been given a morphine habit by the military to cope with the pain and that went on for many years. Some of the antipsychotics and antidepressants that I've been on have just been a battle—incredible battle to, you know, to work out what I need to function. (M52)

4.7 Post-military employment and unemployment

All but one of the veteran participants held jobs at some point following their military service.⁸ The majority of the veteran cohort described their post-military employment as characterised by low-skill, short-term jobs. Examples of jobs held by participants included security work, truck driver, forklift operator, maintenance man, tow truck driver, and car salesman.

I had to start at the bottom, just doing anything I could and I actually ended up getting a job after about a year, doing chicken processing and things like that—so just manual labour. (M49)

I got a job for a short period of time as a stores person. Then I became a warehouse supervisor for a period of time until I was a delivery driver. (M54)

A number of veterans commented that short-term, contract or casual work was their only option. In consequence, veterans often lived transient lifestyles—moving from job to job in an effort to stay employed.

Anything from delivery driver delivering bread from a bakery, to garbage collection, [installing] gutter guards, a fire [protection] technician at mine sites or common land facilities. A builder, building timber frames and roofs. A train technician, and [building] go-carts in Brisbane, technician for the transport, for buses, trains and ferries. I ran an engineering workshop for a couple of years on fans and propellers. Moved to Brisbane and started painting and then got a job as a logistics manager for a motorcycle transport company and eventually moved back to New South Wales. I was a depot manager for that same company until they sort of went bust. (M48)

A few participants felt that the skills that they had developed in the ADF were not transferable to civilian life:

My job when I was in the defence force was to shoot down planes. There's not a whole lot of civilian applications for that job as it turns out. (M34)

It was very difficult to find a job because it's pretty hard to explain to someone that all you can do is jump out of a plane and shoot someone—so experience-wise it was very difficult (M49).

In contrast to the majority of participants, a few veterans undertook further study following discharge and held fulfilling positions for a period of time:

⁸ One 43-year-old veteran was classified as Totally and Permanently Incapacitated (TPI) shortly after discharge.

[Following discharge] I actually went to uni—I did lots of degrees. I actually went to uni for 10 years and ended up as a school teacher ... I was very successful in my teaching. (F49)

I went and did a Cert. III in Aged Care and Disability and ... I really enjoyed it and identified with it. I felt fulfilled and I felt that the work that I did was appreciated and I knew that that was the path for me and that's where I'm continuing today. (M42)

A strong desire to work following discharge was evident amongst veteran participants; however, a number commented that they were currently unable to hold down a steady job. This was largely explained as a result of acute and ongoing mental illness.

Many participants discussed the impact of unemployment on their trajectory into homelessness. A few felt that homelessness was primarily the result of being unemployed:

The impact of unemployment, as far as homelessness was concerned, was massive and it was because of that assault that I became unemployed. If it wasn't for that assault [which led to mental illness], I'd still be working in that job at ____ and God knows where I'd be by now. I'd probably be running the joint by now. I'm not trying to be silly about it, but I probably would be, yeah. But that thing just completely turned my life around. It was horrible. (M49)

Losing a job, or not being able to find a job, was often an immediate precursor to homelessness, as participant veterans typically lacked savings and were unable to access financial assistance from family members.

Stakeholder participants similarly viewed unemployment as a risk factor for homelessness:

Employment is a big one as well. In [my state] I think we've got the second highest unemployment rate. Getting work in [my state] is difficult enough as it is, and to be long-term unemployed, obviously the longer you're unemployed the more difficult it is to get work. (Representative, NGO homeless veterans program)

We have many [homeless veterans] that ring us that have no employment options and obviously no self-worth—and all of the other things that go along with that. (Representative, ESO)

4.8 Discussion

The profiling information provided in this chapter shows that despite the uniqueness of individual's lives, there is also a shared narrative among veteran homelessness. The data shows that homeless veterans are dealing with multiple and complex problems—some that pre-dated service, some associated with the impacts of military service, and some developed post service.

While the presentation in this chapter of separate data for each risk factor may suggest these factors occurs discretely, it was apparent that most veterans were dealing with co-morbid conditions. Indeed, when asked to identify the primary reason for their homelessness, most struggled to identify only one reason. While their trajectory into homelessness could sometimes be attributed to one main cause (such as a relationship breakdown) it was clear that a web of other factors had also contributed.

Veteran's stories often featured a combination of factors that they felt had contributed to their homelessness, including poor physical and mental health, substance abuse, weak social supports and family estrangement, poor experiences of transition, and the inability to secure fulfilling steady employment. These factors are consistently identified in the literature as risk factors for homelessness (see, for example, Tsai and Rosenheck 2015).

In the following chapter we examine veteran participants' experiences of homelessness.

5 Experiences of homelessness: hearing the voices of veterans

The profiling analysis on demographic, economic, social and other factors that characterise homeless veterans (discussed in Chapter 4) is important, as it may inform targeting strategies and interventions that seek to provide veterans with needed services. However, policy development and service provision should be grounded in the reality of everyday life for homeless veterans. This chapter provides detailed descriptive accounts from veterans of what everyday life was/is like when they are homeless; their current living situation; and their hopes for the future. The chapter concludes with three case studies, each of which brings to life the story of one ADF veteran.

5.1 Daily life when homeless

The veterans interviewed were asked about their daily life when homeless. The veterans described various housing options that they had resorted to while homeless, including: couch surfing with family or friends; staying in temporary crisis accommodation when available, often moving from facility to facility; staying short term in a caravan park or motel (if they could afford to); living in their car; and sleeping rough.

Prominent in the stories of homeless life shared by veterans are themes of insecurity, transience and effort, with much of each day dedicated to finding a place to wash, eat and sleep that night:

I ended up with nothing, just living out of my car, not being able to sleep, just losing interest in looking after myself, not even washing properly. I was washing in petrol stations and alternating them so they wouldn't kick me out ... I was going to the Salvation Army to get food vouchers or food parcels ... You end up losing interest in looking after yourself. I wasn't eating properly. I wasn't sleeping for over a month at a stretch. I just wasn't getting any sleep at all. I'd get out of the car in the morning as soon as the sun came up and be totally exhausted. I'd think, 'Well, what am I going to do with my life?' You think about doing harm to yourself. You really do. (M74)

I had a tray-top four-wheel drive and I had everything that I required on there ... so I lived out of the car and that was really good until people like police would turn up, or park rangers would turn up, and move you on. So, then I'd have to go and find another spot to put up a tent. So, yeah it was difficult in finding a place, a safe place to sleep. (M65)

I was homeless and pretty much sleeping in my car. I was driving across from—my last solid place where I lived was in Bateman's Bay for about nine months. Apart from that I've been going from motel to motel and sleeping in my car to save money. (M43)

Being homeless was described by most participants as a destabilising and stressful experience. A number of veterans commented that being without a home was itself a barrier to seeking help, as they didn't want anyone to know that they had sunk so low:

I wasn't reaching out to anybody because I didn't want anybody—be it my family, relations—to know that I was in that situation. I felt they would maybe think that I can't cope and I'm not good. (M74)

One veteran described his life of homelessness as focused on drinking and taking drugs:

Prior to coming here [and getting accommodation] I would drink, I would take drugs. I'd do whatever I could to get rid of the memories and find somewhere to sleep and just get out of it. Get off my head. (M57)

Like other interview participants, this veteran was attempting to deal with a mental illness while homeless by self-medicating. One veteran, for example, described how 'the voices get worse' (RM M42) when he is homeless.

Two veterans talked about having children with them while homeless:

Interviewer: What would you do on a day-to-day basis?

Veteran: Not much, because I was suffering from mental problems at the time. I didn't have any drive. I just moped around. My daughter tried to keep me active ... I had my daughter with me. Yeah just [thinking about] where we were going to stay, how long we were going to stay there for. (M48)

Such stories provide further evidence of the multiple problems and difficult situations that support services need to address to meet the needs of some homeless veterans.

5.2 Current living situation

As detailed in Chapter 2, interview participants were recruited through two NGOs that provide services for the ex-serving and wider community. Both NGOs focus on aged care services; however, they also operate relatively small programs that provide specific services for homeless veterans, including the provision of accommodation. Twenty-four of the 29 veterans interviewed stated that they were currently living in this NGO-provided accommodation, some of which is located within the organisation's aged care facilities. Other interview participants commented that they were living in community housing or private rental accommodation.

A number of clients interviewed were living in temporary or medium-term accommodation, provided by one of the NGO homeless veterans programs, in the form of single units in boarding-house-style accommodation (own room, communal living), or independent apartments. When asked about their current living situation, many of these veterans responded largely with comments of satisfaction and appreciation:

I consider myself very lucky to be here, because I was completely and utterly homeless with no other option at all apart from sleeping in a park. So, anything is better than nothing and this place is a saviour to me. (M49)

At present, I'm residing in, like, a boarding house. I've got a little room, pillow, blanket, all those good things. (M42)

I'm currently residing in a one-bedroom unit supplied by the RSL—very basic standards, and my choices throughout the past 10 months have obviously led me to this living situation, but in the same breath, I'm very grateful and fortunate to be having this supplied. (M39)

My current living situation is fantastic. If it weren't for RSL Care and the assistance that I got from the Jamie Larcombe Centre, I would still be homeless. We're in winter now and I was dreading winter coming up because I had nowhere to live, so I would have been sleeping in a swag off the back of a ute. So, this is terrific, and I thank them very much, deeply. (M65)

When interpreting these comments, it needs to be remembered that participant veterans were interviewed by homeless veterans program managers who have significant control over who is provided accommodation and for how long. Some responses may therefore reflect an imbalance in power relations, as well as a form of social desirability bias, with veterans eager to appear happy in their current accommodation so as to provoke no change. Still, in comparison to their living conditions while homeless, it is not hard to imagine that many were sincerely thankful for the support they had received, and their new living situation:

My [unit] has a nice little backdoor patio with walk-in kitchenette. A single little lounge room. Self-contained bathroom with a shower that you have to step into, but it's got grab handles so if I'm shaking I've got something to hang onto ... A nice little bedroom with built-in cupboards, so I've got room to be able to store my stuff ... The only thing I'm missing at the moment is a refrigerator, which I haven't been able to come up with yet. So, I'm using an esky and ice. (M54)

A number of veterans commented that they felt safe in accommodation provided through the homeless veterans program:

I live in a self-contained home unit. I have my own courtyard. It feels very safe ... It's an aged care facility. It's got high fences around it. The neighbours—there's only five of us including myself, because there are only five units. They all face into this beautiful big garden area. We all look out for each other. We all feel very safe. When I moved in here all the other neighbours made me feel quite welcome and they told me that they had never ever had any break-ins or prowlers or anything and they said, 'You will be safe here'. I have felt safe and the longer I've stayed here—which is about eight months now—I think every day I feel a lot more settled and a lot safer. It's a great feeling to have my own independence back again. Yes, I've started a garden. I found that I've got a passion for gardening and it's been good therapy for me and exercise. (M74)

I love where I am. I feel very safe. I love the fact that I'm with a lot of the older men because I feel like I'm sort of—like a daughter figure. They keep an eye out on me. Even though I know they're not watching I can just feel that if there's any issues I can just knock on a door. It's really safe in this environment and it just feels like home. It just feels really good. (F49)

Now, at least, I know where I'm putting my head down at night ... It's safe. Everyone around me are veterans and safe. Do you know what I mean? It's a nice secure block. We don't have people wandering in and out ... [When I was homeless] I couldn't shut my eyes at night, no matter how many sleeping pills I had or what was going on. I just couldn't relax at all. (M54)

All participant veterans described their life as improved once they had been provided access to accommodation through one of the homeless veterans programs.

Some of the veterans interviewed had made the transition out of accommodation provided by the program to private rental:

A couple of days ago I moved into a private rental, so I've moved out of the Andrew Russell Veteran Living Unit, and into a three-bedroom house back in the suburb that I grew up in. It's a nice house in a nice quiet street, nice quiet neighbourhood close to my family, close to my friends, pretty close to work, pretty close to just about everything that I do ... I'm by myself, which is good ... I don't have to worry about anyone else with their shit, and I can just be friends with people and not have to live their life as well. (M28)

Some participants talked about doing volunteer work within the program facility where they were living. While this was not described by program stakeholders as an explicit rehabilitation strategy, the beneficial effects on veterans were clear:

I volunteer of course—delivering meals to the elderly that actually can't get to the [dining room] to get a meal of an evening, which I thoroughly enjoy. And even if I'm having a bit of a bad day, doing this, it's been a long time since I've been able to go to bed with a smile on my face. (M47)

When talking about their current lives, it was clear that many veterans were still struggling with multiple and complex problems—and that these issues had not disappeared with the provision of accommodation. Some described their current life in tragic terms:

I'm broken. I don't know what else to say. I'm only just here ... To suddenly be facing nothing at 49; to be homeless and to—and just to be somewhere that is completely and utterly unexplainably, just unrecognisable to what I envisaged for me, is just devastating, And on every—not so much every day now—but probably every third day, I really don't want to be here. (F49)

Stable housing had, however, made it easier for participant veterans to focus on addressing these problems. Many described their days as being occupied by appointments with doctors, psychologists, psychiatrists:

My life at the moment, I believe, is—people would just laugh and joke and say that I've got hardly anything on—but my day-to-day program at the moment is rehabilitation, going to certain doctors' appointments, other medical appointments, trying to slowly get back into a routine. (M39)

Some had rediscovered hobbies:

I make furniture. I've made some of the shelves in my kitchen. I made a cupboard for the bathroom, which is not in there yet. I've restored and rebuilt an outdoor table. Let's see. There's other things. Oh, the gardening. I find the gardening—the art and the gardening's been the main thing in my life. (M74)

Some veterans described vast improvements in their lives, but were still haunted by problems, such as PTSD, depression, anxiety, debt, or low self-esteem. One female veteran, who was very happy with the accommodation provided by a homeless veterans program, described her current situation as 'fragile', and this seemed like a fitting description for others, too. One veteran described his current life as being 'in limbo'. Another veteran told the facilitator that his current life was 'not good' and that he was struggling, despite the housing assistance:

During the day I don't really do much at all, unfortunately. I volunteer where I can, but I need to be cautious of that because that will probably put

me in jeopardy a little bit, in a sense. At the moment, I guess I'm in that transition of hopefully trying to get back to work and get on top of everything. At the moment, it's difficult. (M36)

When talking about their current lives, it is clear that many veterans were still struggling with multiple problems, but that they were now better able to access help for these:

I get to talk to a lot of people now, where before I spent six months looking at walls. I get out more now. I'm using the systems that are available to me now, like the Helping Heroes program. (M47)

5.3 Future hopes and plans

At the end of the interviews, veteran participants were asked to look five years into the future and talk about their hopes and goals. Participants' responses reveal modest goals. The two most common goals were securing steady employment and stable housing.

Many discussed wanting to get a job as a way to support their future and rebuild their lives:

Where I see myself in five years is, hopefully, in full-time employment, in a career that I find enjoyment with ... With that comes all the trimmings of being able to live in an area that I can afford. And hopefully, I'll just move through everything to do with being homeless, or being potentially homeless, into living a normal life. (M46)

Working and have my own home. That's basically it. That's all I want. I want to be working and have my own home. I have no interest in women or getting into another relationship yet. (M49)

Securing long-term housing, whether through staying in their supported accommodation or through home ownership or private rental, was understandably a strong desire for many participants:

When I was working at ____, and I was waiting to get on a contract—like I mean full time—I really, really, really wanted [to buy a unit], because you could get really cheap units for like \$240K. I could pay that off by myself with a job ... I don't know if I'm going to be in a situation to buy a place [in five years] but I'd really like to be on my way. (M35)

For me a long-term goal is moving into these units and maybe being able to stay there for say at least 12 months to build up that stability. (M57)

Other prominent goals for the future focused on improved wellbeing and making better connections to family (particularly children):

To get back with my sons—and not my ex-partner—I know I've hurt her terribly, which was never my intention, but you don't think about that at the time ... Getting back closer to my kids, so I can help them in the future—not make the same mistakes that I have. I know I can be of assistance in that way ... my priority at the moment is just to get myself on track so I can be a better father for my kids. (N4 M47)

I want to spend more time with my boys. (F49)

[My goal is to be] still living here and being able to see my children and participate with them all the time. (M64)

Throughout the veteran interviews, a number of participants discussed family conflict and estrangement. As evidenced in the quotes above, when talking about their hopes for the future, many clearly understood the importance of family and described how they wanted their future to include reconciliation and improved relations with loved ones.

One younger veteran who expressed optimism about his future described how he wanted to continue a life of service to others, where he could use knowledge gained from his own experiences to help other vulnerable veterans:

I want to keep supporting veterans ... So, yeah, I'm looking forward to continue working here and continuing on with my studies, and of actually becoming a clinical psychologist and working with veterans and first responders, people that have given a bit of them for us. (M28)

Despite the improved living situations of all interview participants, some were unable to look far into the future, preferring to think about shorter-term goals and plans. For some, the trauma of recent homelessness was clearly evident:

Oh, I'd like to be alive in five years. I don't see much of a future, I don't work on anything more than a week or two, I don't plan too far ahead, I'd hate to get disappointed (M65)

I live one day at a time at the moment. My hope for the future is that I can get myself to a point where I can actually work again, in some capacity. I don't know what that capacity will be, but that I get the mental illness under control so that I can actually live a normal—whatever constitutes normal—but, you know, certainly not a life like I've been living, that's just—that's worse than death for me. (F45)

5.4 Veteran case studies

As illustrated in the rapid evidence assessment (Hilferty, Katz et al. 2017), veteran homelessness is typically examined through statistical methods, such as point-in-time counts, large-scale surveys, and analysis of administrative data. While these methods are able to inform prevalence estimates, they ignore the powerful and unique stories behind the statistics.

Qualitative methodologies, which can provide more nuanced insights into a problem, often involve fragmenting stories during the coding process—that is, separating text into identified themes, which enables researchers to compare what multiple respondents have said about the same topic. This process supports in-depth analysis, but it also obscures the power of the individual story. To address this concern, we provide three case studies, below, to ensure that genuine personal stories of individual veterans are central to the qualitative analysis. Each case study presents an edited transcript of an in-depth interview with the veteran.

These case studies help to illustrate the complex nature of 'veteran homelessness'—a category that suggests homogeneity but that, in reality, encompasses men and women of all ages, with varying military and combat experiences, and with different vulnerabilities.

Bob⁹: a 74-year-old veteran

Bob served four years as an aircraft and structural firefighter in the Air Force. He now receives an aged pension. He has three children and is divorced.

Bob can be described as chronically homeless, having experienced multiple episodes of homelessness (some lasting six months or longer) over a 30-year period. He currently lives in temporary accommodation provided by an NGO homeless veterans program.

I grew up in a working-class family. My parents were very supportive, although there was very little emotional or physical contact. It's just that era I think. At the age of about six, both my parents gradually got into heavy drinking, both ended up as chronic alcoholics. As a child my only brother and I—we used to see some really shocking things. Sometimes it got that bad that I would see my parents, who I thought were really clean living, decent people—well they were crawling around on their hands and knees howling like animals around the house and just not even—oh God—acting like human beings. I saw a lot of that and other things too.

Both my brother and I slept in one room. It was a three-bedroom house but we both shared a bedroom and both of us used to have, for years, the scariest nightmares. I got to a point where I couldn't sleep. I would get into bed at six, seven, eight, nine and 10 years of age and roll myself into a ball as tight as I could, trying not to get to sleep because these nightmares would come every single night. My brother would scream his head off. We'd yell out to our parents and they never came to our room. This went on for years until I was about 11. At the age of 11 my mum, who was a very sick lady she ended up—she lost her life through alcohol, put it that way.

At the age of 11 she started taking me along to this psychiatrist and within a short time the psychiatrist diagnosed me to have chronic depression and anxiety. Between 11 and 12 years I was admitted to a psychiatric hospital. I was the only child in the place, in the whole ward, with about 24 men, all adults with serious mental problems. There were no activities. There was no education. It was just being medicated. I endured about three months of electroshock therapy every fortnight. That's been so hard for me to talk about. Until about 12 months ago I couldn't actually talk about it. Just to get that feeling back of the fear.

The doctor was a sadist, the head doctor. He was struck off the register eventually. He was a big sadistic man, scared the living daylight out of me. They put me in a room with six beds—away from the other adults, so I was in a room on my own at night—not locked—in some fear of the men coming into the room. By some good fortune I was never molested. The men never came in. My first internment in this psychiatric hospital was for one year. In that

⁹ Participants' real names are not used throughout this report to protect confidentiality.

one year my father never came to visit. I think it was the shame of people knowing that his son was in a psychiatric institution.

The whole ward was locked but you could move around freely in there. I was just starving for something to do. For 12 months I sat around, medicated with this electrical shock therapy. We were in these racks of about six people at a time and just as a child, the fear—I can still feel the fear now. It's something I'll never forget. Anyway, I came home, I was very sick and heavily medicated. I ended up going back in for another three months.

When I was home, my brother came up to me and he said in a really lovely tone, 'Why don't you come down the gym with me?' I said, 'I can't, I'm too sick still, I don't have any energy'. He grabbed me by the arm and out to his car. Every time I went to that gym with my brother, [the gym owner] was there waiting and he would do one-on-one training with me for no charge ... After about six months, one day he was doing exercises with me with the barbells and I started laughing and smiling for the first time in about three years ... Later on, I went to night school to try and catch up with my education. I did improve my education enough to get into the Air Force.

In the Air Force I made all these new friends that didn't know my background ... There were dangerous times of course, but that was part of the role that I was doing. Some of the guys ended up getting burnt and things like that.

When I was discharged from the Royal Australian Air Force I had a lot of traumatic things happen very soon after. My only sibling, my brother, was tragically killed, and my marriage broke up. My brother and I were very close and he was very tragically killed at a very young age. There's only one and a half years' difference between me and him. I just went to pieces. I'd inherited a house from my parents and I started gambling to try and forget about all my problems, and I got into a deep depression, a very deep depression. I started gambling and I lost everything. I ended up living out of my car and then I got to a point where I was making plans for suicide. I wouldn't seek help because I didn't want my family or friends to know that I was in trouble. To be honest this went on for approximately 30 years.

I was going to the Salvation Army to get food vouchers or food parcels and they said, 'We've been seeing quite a bit of you, you've got to get a counsellor'... One counsellor recommended I go to the centre at _____. The major turning point in my life was when the lady at this centre asked about armed service [and I was consequently identified as a veteran]. She said, 'Look, I know somebody that can get you off the street' (I was still living in my car). I thought, 'Great, I'll have a roof over my head'—and for once I started feeling that there was hope.

Kyle: a 28-year-old veteran

Kyle served four and a half years in the Royal Australian Armoured Corps (Army) as a cavalryman. He experienced multiple deployments, including to Afghanistan.

Kyle receives incapacity payments from DVA and works as a volunteer veteran support officer. He has been diagnosed with PTSD, anxiety and depression.

Recently, Kyle moved out of NGO provided temporary accommodation for homeless veterans into private rental accommodation.

I grew up in [the suburbs]. I lived there until I joined the Army. I completed Year 11 and then took a year off—worked construction and bar tending in a restaurant, and then decided to join the Army. So, I went off and joined the Army at 18.

I'd always had an interest in serving. My Year 6 teacher—his father served in World War II, and he used to be pretty hot on making sure that we all knew about our history, and he was very interested in the Light Horse, and so I just had a big interest in these guys riding horses, and emu plumes, and thought I'd join them and I ended up pretty much joining them. I joined the Royal Australian Armoured Corps as a cavalryman.

[After leaving the ADF] I had a job lined up. A friend's dad had helped me get a job at his factory. The idea was I was going to start as a machine operator there, and possibly get into a boilermaker's apprenticeship, but three months into that I've just detonated at work one day. Just flipped my shit and broke a few things and stormed out. I just lost it for no particular reason, I just snapped. I'd started seeing a psychologist at VVCS before that and she contacted me on that day—which was random—and she got me into an emergency appointment with a psychiatrist, who diagnosed me with PTSD and told me not to go back to work. So then my life spiralled, there was nothing to ground me. I broke up with my missus, I got caught up in drugs and drinking a lot, and self-medicated with just about everything I could get my hands on.

I was living with two mates: one was a raging alcoholic and one was a junkie—and I couldn't keep living in an environment like that ... I had to get out of there. And I found myself in the spot where I was being charged with aggravated robbery from five years earlier when I was mixed up in drugs. I didn't have anywhere I could really go because of possibly being sent to jail in December, so I couldn't get a place, couldn't find anywhere to go, and that's when I was referred to [the veteran support service]. They provided me accommodation to help me get back on my feet. I didn't end up going to gaol, which was really good.

During that whole time, I was seeing a psychologist and psychiatrist, getting the help I needed. Eventually I decided that I wanted to turn around and try and be the person I used to be, so I decided to go to uni. I started studying at uni, Bachelor of Psychology, because my psychologist helped me so much and I wanted to help veterans ... I'm still continuing with my studies and I currently work for [an NGO] as a veteran support officer, which I'm really passionate about and really grateful for ... [The NGO] asked me to interview for a job, which I've never been asked to interview for a job before, which was nice, you know? It was nice to feel like I mattered and that I was useful. They gave me a bit of a self-esteem boost at a time when I was starting to really doubt myself as a person.

Since getting my job and then getting a house, things have been going pretty well. But probably about four weeks ago things were pretty shit. I was day drinking a lot, just, you know—why not?

Nicole: a 45-year-old veteran

Nicole served more than 10 years full time in the Army, and has been a Reservist since 2003. She was deployed during her period of service, including to Somalia. She has one daughter.

Nicole's sole source of income is a disability pension from DVA. She currently lives in RSL-funded temporary accommodation.

I grew up in New Zealand and moved to Australia when I was 16 and lived with my mum. I did my HSC and then from school went straight into the defence force at 18. [I enlisted because] my mum didn't have a lot of money, so I needed a source of income, and I was really physically active so the Army was a logical choice for me. And that way I could travel around the world or see different parts of the world.

A big challenge [in leaving the ADF] was that there was no camaraderie that you have within the forces. I wasn't prepared for an appreciation of what it is like to be out in civilian street—it is a totally different world. The biggest one for me was the loss of peer support.

Currently, I'm living in a place that is being supported by [a veteran support service]. [Before living here] I had no home for the last nine months. Life is improving here—principally because I'm in the [veteran support program], otherwise I'd still be homeless.

I haven't been working since September last year and I have one daughter, who's 18. My relationship with my family has been quite strained because of everything that's been going on with my [mental] illness. I haven't had any contact, really, with my daughter for the last 12 months and my family are quite overtired of what's been going on with my PTSD.

I'm back in hospital this week, just to help with my medications and for treatment, so my health hasn't been good at all. I've been in and out of hospital for the last 12 months ... I have PTSD, depression and am alcohol dependent. I've been in hospital 28 times—and in the last nine months, every time I'm discharged from hospital, I've basically lived in my car ... I couldn't go into the Salvation Army homeless shelter because I'd been drinking. and the moment you drink you're out of a lot of support—a lot of it is just cut off straight away.

The primary reason for me being homeless is my psychological problems—my mental illness is a big one, which is why I couldn't work in the end. I didn't get the psychological support [I needed] when I was in the forces, and certainly not on exit. So, I had no understanding of the impact that that had on me at all. I didn't have any psychological debriefs except to ask, 'Are you okay?' and my answer was 'Yes'. That was the extent of the psychological support I received.

I live one day at a time at the moment. My hope for the future is that I can get myself to a point where I can actually work again in some capacity, and that I get my mental illness under control so that I can actually live a normal life—certainly not a life like I've been living, that's worse than death for me.

So, in five years—I can only manage 12 months to be honest—in 12 months I want to be in a place where I can actually have my own home again, and function properly in society and manage the anxiety that I’ve got. So, that’s my hope, that’s my goal—to be out of here within 12 months.

6 Services to support homeless veterans

This section examines the support service needs of veterans, as stated by service providers, and compares this to the information provided by veterans about what services were actually received. It is beyond the scope of this project to undertake a full mapping exercise of support services available to homeless veterans; however, the analysis presented below begins this work.

6.1 Support service needs of homeless veterans

Representatives from service provider organisations were asked about the services and supports that they believe homeless veterans require to enable them to sustain a permanent place to live, and to live a meaningful life. The profile findings presented in Chapter 4 indicate that homeless veterans are typically dealing with multiple problems, including mental illness, physical health issues, substance misuse, social isolation, unemployment, and financial difficulties. As a result, their care needs are complex, multiple and ongoing.

A number of participants acknowledged the complexity of veteran needs by asserting that veterans who have experienced homelessness require holistic, wrap-around support services. In addition, all participants that work directly with homeless veterans stated that clients need case management rather than referral, to ensure that they access and engage with needed services—and they acknowledged a deficiency of case management services.

We need more case management services, so someone to help them to run around and do some of that work for them... There's a lot of agencies that can offer some support or financial assistance – but there doesn't seem to be a case management service that can help someone who's in crisis to do some of the practical things needed. I think if some veterans have got mental health issues, it's really difficult for them to navigate these systems. (Representative, DVA funded service)

According to a number of organisational stakeholders, case management is needed because homeless veterans are often too ill to complete the process required to access treatment (e.g. make an appointment, travel to a location, and complete forms). Further, this inability to access services is often compounded by substance abuse and behavioural issues:

The long-term homeless seem to burn their bridges a fair bit. (Representative, NGO homeless veterans program)

A lot of the people that we admit are people that have essentially used up goodwill in a lot of hospitals. (Representative, NGO homeless veterans program)

Participants implementing the homeless veterans programs, as well as other service providers, commented that the intensive veteran programs that provide accommodation and support services are needed to fill the gap between independent living with the support of community services and inpatient care in hospitals and/or rehabilitation centres:

What we need is the sort of program that ____ has set up. His program is the first in this state, and before this we didn't actually have anywhere to put

[homeless] veterans. It's highly sought after ... It's great that we have a place where veterans can be temporarily housed and they don't have to manage everything all by themselves. (Representative, Government funded service)

The gap that Homes for Heroes fills, where people are too unwell to live by themselves but not unwell enough for hospital, or have been in hospital and have been kicked out—that's the great gap that we need to fill ... There's a massive hole there. (Representative, ESO)

While there are a small number of services and dedicated individuals that attempt to fill this gap, there is no national policy or service response to veteran homelessness:

There's no policy to deal with homeless veterans. There's a couple of organisations like, Homes for Heroes and Vets off the Street, that do something but that's not a comprehensive policy. [Homeless veterans] need stable housing as a starting point and then they need comprehensive wrap-around services, and neither really exist—there's no comprehensive program for housing. There's a start with the NSW Government program. (Representative, ESO)

One participant described the NSW Government's rental subsidy program, Rent Choice Veterans, as a 'scalable solution' to unaffordable and/or unavailable housing that could be adopted by the other states.

Veteran participants were asked about the services, agencies and charities they had been in contact with while homeless. All veterans had some engagement, though to varying degrees, with support services. The support received was generally related to the provision of food, housing, mental and physical health services, and rehabilitation.¹⁰

Seeking housing support was often the first step for veterans trying to get their life back on track. Homes for Heroes (funded by RSL Lifecare) and RSL Care SA were mentioned as the main providers of medium- and long-term accommodation:

RSL Care ... they were able to find some accommodation for me, but also got me into SA Housing for my bonds and those sort of things—the money that I didn't have at the time. (M65)

Homes for Heroes was mentioned not only in terms of providing a stable living environment, but also as assisting veterans in other aspects of their lives, such as finding work or reintegrating into society. One 47-year-old veteran was grateful for Helping Heroes as they often helped mediate between him and the DVA when he was struggling to get support.

Hutt St Centre was another service mentioned by participants for offering useful support. The centre provides meals, showers, laundry facilities and lockers, and access to health and well-being services for people facing homelessness. Hutt St also assists veterans with finding housing: a daunting task for many of the veteran participants:

I was just dead in the water, thinking, 'Now what?' So, in that degree, Hutt St Centre helped out a hell of a lot because, like I said, I did not know nothing. (M52)

¹⁰ A list of the support services mentioned by veteran participants is provided in Appendix D.

The Salvation Army was used by a number of participants for the provision of food vouchers or food parcels. The organisation was generally viewed in a positive way:

Salvation Army has been excellent, helping me out with food bank and food assistance. (M65)

Some participants, such as this 46-year-old male, relied on his social network of other homeless people to negotiate food sources:

When you do travel in a circle of less fortunate people, you do get to learn a few tricks of the trade. So, yeah, I never went hungry. I knew where to eat all the time. I mean, you would never take anyone out to dinner, the places I used to eat, but once I started seeing things, I worked it out pretty quickly. You can survive. (M46)

When discussing support received in relation to their physical and mental health, the veteran participants often sought a GP in the first instance:

I've got a couple of referrals through that GP for ongoing treatment: one being to a psychiatrist and one to an exercise physiologist. (M46)

Another participant mentioned the support of his GP when dealing with his painkiller addiction. Through his GP, this 49-year-old male was referred to a Suboxone course, where he received treatment for his addiction.

The VVCS was utilised by a number of participants for psychological support services. Relationships Australia was also accessed by a few participants for counselling services, along with the Jamie Larcombe Centre, which provides mental health and PTSD services specifically for veterans.

The next section expands on veterans' service engagement and presents the participants' overall assessment of the services identified.

6.2 Veterans' support service assessment

Veteran participants were asked to give their overall assessment of the services, agencies and charities they had been in contact with during their periods of homelessness. The discussion began with *how* they came into contact with the service in the first instance. Oftentimes, the introduction to a service was facilitated by a worker from another service. For example, one participant was using the Salvation Army to access food vouchers when a worker noticed him and referred him on to mental health services:

After the third visit, they said, 'Look, we've been seeing quite a bit of you, you've got to get a counsellor.' (M74)

This initial referral resulted in the participant receiving counselling sessions at Relationships Australia, which eventually led to him being linked up with a financial counsellor and access to additional services at Hutt St Centre.

Participants spoke highly of supportive GPs and social workers who had put them in touch with relevant support services:

I've got my GP, she's brilliant, she's got me on to my mental health plan. (M56)

Participants identified GPs who went above and beyond the basic health assessment. In one instance, a veteran spoke of his 'brilliant' doctor who had written support letters

on his behalf for housing and mental health services (among other things). It should be noted that not all service referrals were made by professionals. In some cases, veterans were encouraged by family members to seek help.

Participants were asked to discuss both positive and negative experiences with support services they had engaged with. As mentioned in Section 4.5., the VVSC was used by a number of participants for mental health support. When asked to give an assessment of the VVSC, one participant was impressed with how quickly they were able to get him in to see a psychologist:

I had a phone intake with them; within 24 hours they found me a suitable practitioner within a month (M46).

Had this man gone through the Medicare system, as opposed to the DVA, he estimated the wait time would have been around four weeks longer. Another veteran, a 28-year-old male, was referred to the VVSC by his GP and described his psychologist at the service as being 'really supportive and non-judgemental' (M28).

In contrast, one 47-year-old participant had a highly negative experience with the VVCS suicide line and said he would not use them again:

I did go try through VVCS to use their suicide line and all the networks there, and they're absolutely useless. You might as well just get rid of them. If they run a suicide prevention line and I'm under police guard for a suicide attempt, you think they'd answer the phone. They don't. (M47)

Engagement with service staff could determine a positive or negative experience for the participants. A veteran suffering from PTSD found the support of a social worker at a Repatriation Hospital to be one of the most influential service personnel she had come in contact with:

So, she's my saviour. So, that's—that's it in a nutshell. (F49)

On the contrary, a 54-year-old veteran spoke about negative experiences he has had with various psychologists. He felt that less-experienced and student psychologists in particular did not listen to his needs and that there was a communication barrier.

When discussing his experiences with various service organisations, another participant claimed the RSL was the most useful because they helped him not only with housing, but also by providing other essential services:

If I need to go to the dentist or anything like that, I've been given a lift by you. Basically, everything. I'll get fed and there's a place to live. Yeah, everything. (M49)

Two other participants, however, found the RSL services to be lacking and felt they could have done more to help veterans.

Securing housing support was a goal for most participants, as this gave them a feeling of stability and allowed them to focus on other aspects of their life. This was the case for the next participant, when giving his assessment of the Andrew Russell Veteran Living program:

That's probably the greatest help that I have had, yeah. Bed, heater, showers, toilet, three square meals, that really helped me. Then I was able to concentrate on finding employment, finding services to help me with managing debt and build myself up so that I can move on with life. (M42)

Veterans who had engaged with Homes for Heroes all reported positive experiences and spoke highly of the workers there, along with the services they provided:

The day that you came and told me you had me a house. That's—that's been the best experience. (M52)

When discussing the negative experiences they had with services, an overwhelming number of participants expressed their frustration with administrative delays. These delays, along with endless paper trails, added additional problems for already at-risk veterans. For example, a 28-year participant received conflicting information from Centrelink regarding a piece of paperwork that was required for support. He contacted the DVA because the paperwork was related to the defence force, but the DVA could not provide the necessary information, either. In the end, this participant was given the run-around for three months, which resulted in negative repercussions:

I couldn't get Newstart because of that, so I was literally earning nothing. (M28)

This story highlights the often unnecessary administrative barriers that homeless veterans face when trying to access support. Another participant described the paperwork demands involved with accessing support services:

The amount of paperwork they expect you to do, when you obviously don't have a fax machine or a computer handy when you're living out of a tent. (M29)

Overall, having an attentive, efficient, professional support service, one that was tailored to the specific needs of the veteran, made a real difference. This was articulated by the following participant, when speaking of a specific homeless veterans program:

Very positive engagements from them. I don't know the client, member ratio, but nothing seemed to be too time consuming for them to help me with, especially making the appointments, sitting in with the GP. Doing it very holistically and making sure that we had the best interests of myself and the wider community, of not wasting money, not wasting time of support services that probably aren't needed, or we could probably park until a later date. (M46)

6.3 The need for veteran-specific support services

As part of the effort to profile veterans experiencing or at risk of homelessness, we asked organisational stakeholders about the differences between veterans and the wider homeless population. The information collected is included here in an effort to ensure that services targeting veterans are as effective as possible.

A minority of stakeholders interviewed believed that there were no distinct differences between homeless veterans and the general homeless population:

I worked before with people coming out of prison and community service. To be honest, I don't think there's much difference. I think mental health is [key]. (Representative, ESO)

Most stakeholders, however, believed that there were some notable differences between homeless veterans and the wider homeless population. One key difference identified by a number of stakeholders is that veterans are eligible for more support

services than the general population. Veterans who can prove that their injury or illness is a result of serving in the military are able to claim lifelong entitlements and benefits. Veterans whose claims for compensation are rejected are still able to claim some supports for physical and mental health. Moreover, the ex-service community provides additional support for veterans, including specific services that aim to help homeless veterans, such as Veterans off the Streets Australia (VOTSA), and Homes for Heroes.

In some ways, I think veterans have access to more services than someone in the general community. (Representative, DVA funded service)

Veterans have a much more engaged network and a range of service available to them. (Representative, DVA)

Well our response for [veterans] is different because there's different things available to them ... with veterans there are things available if they can get their entitlements established. So, that's what our workforce needs to know. (Representative, SHS agency)

Veterans [in] comparison to other people ... have access to significant financial resources than other welfare recipients or people in the community typically would have ... But they're [often] just not managing that money well, whether it's poor financial literacy, or drug and alcohol, or gambling or whatever. (Representative, DVA)

DVA clients, on the whole, actually usually can get access to a reasonable income if they've got an accepted condition. (Representative, government funded service)

The availability of veteran-only services was considered important by many stakeholders, with many asserting that veterans choose not to engage with mainstream services:

Veterans would have a certain need ... they may need to debrief with people who understand their experiences. (Representative, SHS agency)

I think veterans do need specific services because they need people to understand their history, and I just think veterans would be reluctant to engage with people who don't understand them or they're more comfortable engaging with people who do. (Representative, ESO)

I think that there's a detachment from the rest of the society, particularly if you're going through post-traumatic stress disorder ... and you find it hard to communicate or fit in. (Representative, SHS agency)

My experience is that veterans won't go to the mainstream homeless programs. (Representative, ESO)

One stakeholder from a large SHS service commented that, perhaps as a consequence of veterans' reluctance to seek help from mainstream homelessness services and their ability to handle extreme circumstances, veterans quickly move to sleeping rough:

We really noticed a trend in the rough sleeping cohort ... It appears that [veterans] go more quickly to rough sleeping once they start to get shaky. So, they go there more quickly it seems than the rest of the population because they're kind of accustomed to the bivouac, and also often feel a bit more capable of looking after themselves... So, maybe they're less frightened of ...

being out in the open... It would seem that [veterans] might be a bit quicker to go, 'I'm just going to get my kit, and I'm going to sleep out, and I'm going to work it out from there'. (Representative, SHS agency)

This feedback suggests that early intervention services targeting veterans at risk of homelessness may be ineffective until there is cultural change with veterans more willing to seek help.

Lastly, a few participants commented that a key difference is that veteran homelessness is a more highly charged political issue than general homelessness:

I don't know if there's necessarily a higher group of homeless veterans, but it's obviously more political if the veteran is homeless than your average person who's homeless. (Representative, DVA funded service)

It's always harder for people to accept if there's a homeless veteran. (Representative, DVA funded service)

A number of stakeholders felt that there was consequently more media interest in veteran homelessness. However, they believed that rather than helping to address the issue, media reporting of veteran homelessness often perpetuates the stereotype of the broken hero—of a combat-scarred soldier who once proudly served and now is damaged and in need of help. This stereotype fails to acknowledge that the vast majority of veterans transition well into civilian life.

There was a time where if a veteran was to apply for a job, that the employer would have thought, 'Yes, get the veterans in, great'. The current media climate ... is almost painting out every soldier to be damaged in some way... The majority of ex-serving men and women go on and lead successful lives. The media representation, and the representation made by a lot of ex-service providers, is really quite damaging to veterans. The vast majority of the community think every veteran now has PTSD, because that's all they hear about. (Representative, NGO homeless veterans program)

6.4 Veteran' suggestions for support service change

Veteran participants were asked to provide suggestions for changes that could be made to support services in order for them to better meet the needs of homeless veterans. Responses tended to focus on barriers to accessing services, which suggests that removing identified barriers should be a priority for service reform. The reasons stated for not engaging with support services were consistent with research undertaken with homeless veterans in the United Kingdom (SPEAR 2015). Reasons included pride, lack of awareness, stigma/shame, and lack of individual support.

Pride was identified as one of the biggest challenges getting in the way of veterans asking for help:

Help has been a very difficult thing. I'm a very proud person that doesn't like to ask for help. And I've noticed that, I've been mindful to put my hand up and say, 'I do need help'. (M46)

A 28-year-old participant struggled to ask for help because of his military experiences, which made him view support as a sign of weakness:

Especially at the beginning, it was my own pride. I was angry and I was young, and I've just come out of the Army, I've just come back from a war

*zone, and I just—'What the f*** do I need help for?', you know? So yeah, that was probably one of the biggest obstacles. (M28)*

While the previous quote indicates that pride was influenced by military culture, this was not necessarily the case for other participants. A 46-year-old veteran was unsure whether his inability to ask for help, or even admitting he needed help, was due to military culture or his own personal disposition.

Once veterans had admitted they needed help, knowing *where* to get help was the next challenge. When asked by the facilitator why they did not seek help from support services, these next two veterans replied:

Oh, I didn't even know I could. (M60)

I didn't know that these things existed. (M48)

Finding veteran-specific services was identified as a challenge, and the data indicates that support services could be more proactive in identifying and targeting veterans before their living situation drastically deteriorates or they become completely isolated from society:

There's probably a lot of other community organisations out there that are just fit for ex-servicemen, but where are they and who are they? That's the big problem, knowing those services and where and how to access them. (M42)

A 56-year-old participant believed that employment services could be better targeted for older people without degrees or higher education. Age-specific services would instil confidence in older veterans looking to re-enter the workforce:

But my trust and being able to mix with people and all the rest of it is shattered. That could be me personally from my pride. What would help me? Trying to identify some people my age to get into the workforce and start in a new direction. (M56)

Participants also stated that support services in rural areas were lacking, and could form a major obstacle to access:

If you're taking four hours driving one way to access any of the RSL or DVA programs, which is an eight-hour trip in a day, and that's just so impractical. That would be the biggest one. They need to bring these things out to the regional areas too. (M47)

Once made aware of the available support services, veterans were often alone in navigating the various administrative requirements asked of them. One participant spoke with frustration when speaking of lodging a service claim:

*Replication, repetition, repetition. Being asked to repeat what happens to you 15 f***ing times—it has an effect. (M54)*

The data suggests that simplifying administrative requirements is essential if services want to retain vulnerable groups instead of turning them off. Compassion and follow-through were also identified as important characteristics of helpful service providers.

Throughout the interviews it was apparent that participants highly valued those service providers that they could feel comfortable with and who they felt they could trust:

Now and then you snag onto someone that you relate to, and it's just a comforting feeling when you can say something and you feel you're not getting judged and you feel you're both working towards an outcome. (M46)

Just to find people that you could talk to, who you felt safe with. (M64)

Participants stated that this was particularly true for mental health professionals, as feelings of stigma could prevent them from seeking further help. Unfortunately, such was the experience for this participant:

I don't rely on anyone, because I haven't found anyone to be trustworthy enough to understand what I'm going through. Or if they seem to be, it's just lip service, and you just feel like you're being a burden to them. (M52)

In addition, participants desired service organisations that were less bureaucratic, easily accessible, and person-centred. The following participant believed that support should start immediately post discharge, and had a number of practical suggestions for improving veteran support:

During the transition seminar they could possibly start rolling and setting you up to a normal civilian rental place. Like, a lot of people don't own their own houses or have bought by the time they get out, and so a whole new civilian market game is a different ballgame altogether. Possibly some form of financial counselling to members who have received some form of lump sum payment or compensation, just to make sure they don't blow it ... Yeah, and maybe making forms of education or different pathways just a lot more clearer and available than what it currently is. (M39)

6.5 DVA as a support service provider

6.5.1 Assistance received from DVA

A majority of veterans (25/29) indicated that they had received some assistance from DVA. The form of assistance cited by participants was typically monetary compensation (such as incapacity payments or a pension) and the provision of health cards. Six participants indicated that they had received direct service provision from DVA or DVA-funded services such as the VVCS. Several more participants indicated that they had received referrals from DVA to access specialist veteran support services, or had had their treatment funded through DVA:

I've accessed VVCS services—I accessed that for my daughter who now suffers from anxiety as a result of my condition. DVA has also assisted me to find the Homes for Heroes program. (F45)

DVA paid for me to attend the _____ Private Hospital¹¹ for three weeks. (M52)

I accessed some counselling services to try and help me manage that transition from military life into the real world ... The guy who I was seeing was actually ex-military himself, which was really good because he had a

¹¹ This is a private psychiatric hospital that provides services to DVA-funded patients.

deeper understanding of the military life. So, did it help me? Yeah, it did actually, yes. (M42)

The form of support received by the largest group of participants was the provision of a White Card, which enables subsidised treatment for DVA-accepted and specified service-related disabilities or illnesses. Ten of the 29 participants interviewed stated that they held a White Card. Of these, six veterans specifically stated that this card funded medication and treatment for their mental health problems:

I have a White Card and I have accepted conditions under them and they pay for my psychiatrist and psychologists appointments. (M 28)

I've got a White Card [that covers] everything to do with anxiety, PTSD. So, I get anything related to that, which is nothing much ... Mainly for my prescriptions. (F49)

I get \$6.20 [from DVA], which is part of my White Card, and that's designed to pay for my depression medication. (F59)

I have a White Card, which entitled me to the discount rate for my medication to manage my anxiety. (M42)

An additional three veterans interviewed were holders of DVA-issued Gold Cards:

I have a Gold Card, which means free medication for life. Anything medical which I have had done since I received my Gold Card has been paid for by DVA—like my bilateral hip replacement, which I didn't pay for. (M43)

I've just been accepted for my Gold Card and I get a little bit now through the DVA. (M64)

A number of respondents indicated that they had not sought help from DVA. For some, this was because they did not know that they were eligible for any assistance:

Interviewer: Have you ever accessed any help from DVA?

Veteran: No, I haven't. I've never actually gone and found out what I'm eligible for, so I'd like to know. I'd like to find out if I am (M74).

This last quote was from Bill, a 74-year-old man who had been homeless multiple times.¹² Bill's initial source of help was the Salvation Army, who provided him with meals and food vouchers, and referred him to a mental health practitioner and another counsellor to address problem gambling. After 30 years of periodic homelessness, Bill was eventually connected with a specialist veteran homelessness support service when he attended an emergency homeless shelter. No services had previously referred Bill to DVA or asked about his veteran status. It is likely that the introduction of an ADF indicator to the SHSC in 2017 is the reason Bill was identified as a veteran and therefore eligible to receive specialist services.¹³

¹² Bill's extended interview transcript forms one of our three case studies, presented in Section 5.4.

¹³ The ADF indicator was introduced into the SHSC in July 2017. Now, when a client first presents at an SHS agency for a period of service, they are routinely asked whether they have ever served in the ADF.

This next participant was also unaware of the support and compensation available to veterans:

Interviewer: If you've not sought any help from DVA, why not?

Veteran: I wasn't aware that I was entitled to it ... I only just realised I could access a White Card after 26 years. (M52)

As is common in interviews with vulnerable population groups receiving a mixture of support services, some participants did not know which organisations were providing or funding the services that they were receiving:

Interviewer: Are you currently receiving any supports or assistance from DVA?

Veteran: Well, yes. I mean, I'm living here which I think is from the Department isn't it?

Interviewer: No. This is through the RSL and we're separate to DVA.

Veteran: Then, no. (M49)

For those who had contact with the DVA, many were, at the time of the interviews, waiting to hear back about claims they, or their advocates, had lodged with the DVA.

6.5.2 Veterans' beliefs about DVA

Veteran participants were asked to share their general thoughts about the DVA as an organisation, and to expand on their experiences with DVA services. Several participants expressed feelings of gratitude and appreciation for DVA and the supports they have received from them:

Interviewer: What do you think of DVA?

Veteran: I love them ... Yeah, can't speak highly enough. They've done fantastic things for me and continue to do so now. (M52)

Interviewer: What do you think of DVA?

Veteran: Overall, they're a great organisation. I think they're actually there for the veterans. (F45)

Interestingly, one participant who had a positive experience with the DVA indicated that he thought his experience was relatively uncommon:

I'm probably one of those rare people who will say DVA actually has been very helpful to me. I've heard many, many horror stories, but to be quite honest the process when I started—admittedly there was significant evidence which assisted, and I had the capacity to some degree to write—so the actual acceptance of my condition was pretty straightforward. It still took time, but it was straightforward. (M52)

Another participant expressed a similar sentiment:

My experience with them has been very positive. That's probably contradictory to a lot of people, but my experience has been good. It took a long time for me to get paid, to get accepted, to get the claim accepted, but once it was accepted everything happened like clockwork, and you know, I got a backpay, and I was looked after. (M28)

While the long wait was frustrating for this last participant, he said he had expected it and did not have 'false hope' about the speed of the process. The DVA now provides him with medical support and an income.

A long waiting time and delayed response from the DVA was noted by several participants. This led to an unsatisfying experience for some:

When I was not working and still waiting on DVA to pick up the payments, I received a call from their clinical care team, and they advised me that they'd look after serious cases, such as myself. I recently made an attempt on my life and I pleaded with them and said, 'I'm probably four weeks from being homeless, I need help now, what can you do?' The phone call was on the 22nd of September, and she said that my claim wouldn't be assessed until the new year, because they were going on stand-down over Christmas. (M36)

This participant eventually had his claim accepted, but has not had any contact from the DVA in the aftermath.

When dissatisfied with the DVA, it was not uncommon for participants to seek out an advocate or mediator, to work on their behalf:

At the moment I think they're [DVA] pretty crappy. But I know that they have a structured system and I don't fall into any category at the moment. So, with the help of my psychiatrist, who's recognised my PTSD, she's going to write to them and explain. So, I don't know how the DVA system works, but I'm sure I'm going to find out. (M47)

For a number of participants, dissatisfaction with the DVA was due to the 'very bureaucratic' way the organisation was run. Participants claimed there were too many administrative barriers involved when putting in a claim:

I hate DVA. I have no—I've just hit brick walls with DVA all the—continually. (M48)

I found DVA to be a unique organisation where there is a high level of inefficiency in processing administrative paperwork. (M54)

However, some participants stated that once they cleared the administrative hurdles, the DVA was a very useful organisation:

They look after me a lot. I have no problem with DVA. Once you've put all your documents in and you've done all the work and get recognised, they pretty much bend over backwards. They look after me really well. I'm very appreciative of it. (M47)

A few participants could not give their thoughts on the DVA because they had had so little contact with them (or indeed, none at all):

I don't know anything about them, to be honest, so I can't really comment there either. (M49)

I'm not sure because I don't—I haven't been in contact with them enough. (F49)

These last two participants, it should be noted, had been in contact with non-veteran support services for housing and mental health support.

Lastly, this next participant claimed he 'never crossed paths' with the DVA and therefore, could not comment on their services:

I don't think I'm the right person to ask because I don't know too much about them ... so I can't say they're doing a good or a bad job, because I don't really know what they do, and we've never really needed each other's services I guess, as such. (M46)

7 Data considerations

One of the aims of the *Inquiry into homelessness amongst Australian veterans* is to recommend a methodology for monitoring homelessness amongst ex-serving ADF personnel. To meet this goal, we sought to examine the data collection content and processes of stakeholder organisations. This chapter presents those findings.

7.1 Data collected by stakeholder organisations

The interviews with stakeholders included a few questions about each participant organisation's current data collection content and processes, particularly in relation to veteran clients. A key finding is that the data collected from service providers about veterans and/or other clients is impacted by the program funding source. As indicated previously, SHS agencies are required to collect data to ensure ongoing government funding, and they must input that data into the SHSC.

The participants from SHS agencies were asked about the data they collect from veterans at a particular point of change: at the point when the new ADF indicator, identifying veteran status among clients, was being introduced to the SHSC dataset. This change required an adjustment to data collection processes within support services. However, only one participant from an SHS agency knew about this change to data collection, which should have been universally implemented:

I think often people don't identify veterans. I think that governments are doing something to address that, but often people aren't asking whether they're veterans and so they don't know. (Representative, SHS agency)

This indicates that it may take additional time and workforce training for veteran status information to be collected accurately. Despite the general lack of awareness, participants expressed a willingness to change their data collection processes so as to better capture information on veterans:

It's something that we certainly could do and really, it's very easy for us to do, to just amend our initial assessment to just ask that question—is a person a veteran? We could easily do that. (Representative, SHS agency)

Interestingly, participants from SHS agencies did not comment on the purpose of collecting data from clients. This may be because they see data collection as a compliance issue. In contrast, a few participants from veteran-specific homelessness service providers spoke about collecting and using data to improve their practice, not just to record numbers:

When I do an analysis of all the case files, that's what I do—I have all of those on a spreadsheet and I just go through and say, 'Yes, this person has been separated for the wrong mode—they've since found out that they were diagnosed with a mental health condition.' So, I just take a spreadsheet of all of the things that are the factors that get them into homelessness. (Representative, NGO homeless veterans program)

Representatives from homeless veterans programs also spoke of using the data collected from clients to develop case plans and to inform referrals to external services. As part of their data collection processes, these organisations sought authorisation from the client to allow them to access their ADF records.

Representatives from both the homeless veterans programs and ESOs spoke of using basic software packages to collect data. One participant stated that buying sophisticated database and case management software was ‘a cost that you just can’t justify’. For many, client data was simply recorded on an Excel spreadsheet, while one organisation spoke of using a case management software package that was designed for use within a nursing context, rather than veteran service provision.

We probably haven’t had the tools to collect that sort of data, which is just a financial restraint, so we’re about to do that. We have a spreadsheet with a column and some free text and we put in as much as we can about people.
(Representative, NGO homeless veterans program)

It is clear that the data collected by the homeless veterans programs were used to enhance program delivery, but were not shared outside the organisation. On the other hand, data collected by SHS agencies form the SHSC and are collated and analysed, and the information shared through annual reports (see, for example, AIHW 2018).

In terms of DVA-funded services, a representative from one of the programs indicated that they do not explicitly collect data on homelessness, or monitor risk, whilst the client is engaging with the service:

What we do at intake [is] we indicate what the presenting issues are, so it may come up there if [homelessness is] an issue. So, it might be financial or housing issues. But that’s it. So, we don’t keep track of how many clients have presented with homelessness or how many become homeless during their care. It’s not something we’re tracking. (Representative, DVA-funded service)

As a significant proportion of veterans are DVA clients, it would be constructive for all DVA-funded services (such as CCS and VVCS) to regularly collect data on housing status. This may help to ensure that those at risk of homelessness are provided support at an earlier stage of vulnerability, and would provide another source of data to inform monitoring efforts.

7.2 Stakeholders’ suggestions for change

The interviewers asked all organisational stakeholders if they had any recommendations for changes that could be made to data systems and collection processes to improve understanding of veteran homelessness. There was a mixed and rather muted response to this question, perhaps because most organisations collect data for their own purposes and are generally not concerned with broader issues, such as national monitoring and prevalence estimations.

Representatives from SHS agencies felt that their staff would benefit from further education about how to identify and better support veterans:

DVA isn’t an everyday benefit that our workers may be aware of, so again we need to do some education around what a DVA [pension] is and not just get our workers to lump it under government pensions. (Representative, SHS agency)

One participant from an ESO suggested that their organisation—and others providing direct support to homeless veterans—should be able to access the information contained within the SHSC. This suggestion was made whilst we were discussing the addition of an ADF indicator within the SHSC dataset:

It would be handy if ESOs, or groups that actually look after homeless veterans, had access to report to that tool [SHSC]—it's not just government agencies. (Representative, ESO)

This participant also cautioned against using the newly collected information within the SHSC to estimate the extent of veteran homelessness, as they stressed that this only captures a SHS service response, and so will be an undercount of veteran homelessness. As evidenced in the Inquiry's summary report (Hilferty, Katz et al. 2019a), the research team agree with this concern. Nevertheless, the potential of data sharing should be examined.

One interviewee suggested that information about current and former ADF service be collected within the Census, as the Census survey also includes a number of questions about homelessness. Currently, homelessness estimates based on Census data can be developed for specific sub-populations (youth, older persons, Aboriginal and Torres Strait Islanders, and recent migrants); however, veterans are excluded from this analysis.

Another participant from an ESO wanted to take a more proactive approach to service provision, by contacting veterans shortly after they transitioned from the ADF:

Give the ESOs the heads up on who is coming out. Or give us an idea of numbers or stats of people that we have inside our state. They could be doing it tough [and] nine times out of ten, these guys don't even know we exist ... The ADF needs to tell us, 'Okay, these people are coming out and it looks like they are coming to [your state].' Let us give them the support as soon as they hit the ground. (Representative, ESO)

The ethical and privacy concerns regarding this suggestion were not discussed; however, this participant was aware that DVA are only in contact with a small proportion of veterans. The participant felt that ESOs should do post-transition check-ins with ex-serving men and women if DVA are unable or unwilling to do so.

7.3 Discussion

Interviews with stakeholder representatives confirmed that there are multiple data sources currently used to examine veteran homelessness. These range from national datasets that collate the input of multiple service providers (e.g. SHSC), to simple spreadsheets established by individual veteran services that list client details.

Stakeholder organisations reported different purposes for data collection: small providers generally use data to enhance their services; while SHS agencies submit data to the SHSC to ensure ongoing government funding. In addition, the data collected, in particular regarding veteran and homelessness status, is inconsistent. For example, a representative from a DVA-funded service reported that they do not collect standardised information on the housing status of clients. This inconsistency in the data collected by agencies and organisations providing support to homeless veterans undermines the value of data that can be used for prevalence estimation. The SHSC does not include data from veteran-specific homelessness programs; and the data collected by ESOs is only used for internal organisational purposes. National monitoring of veteran homelessness would benefit greatly from improvements to the content and collection methods of the datasets discussed herein.

8 Conclusion

The findings from the qualitative component of the Inquiry confirm that homelessness is experienced by a diverse group of veterans: male and female, young and old, and with varying lengths of service, in differing ADF roles. Despite this diversity, there are common threads in the stories of homeless veterans. Many of the veteran participants suffered from chronic conditions, especially mental health problems. When combined with crises, such as marital breakdown or unemployment, a downward spiral was often precipitated, ultimately leading to homelessness. A number of the veterans interviewed had led relatively successful lives for lengthy periods, despite having suffered trauma, whereas others had never held down a steady job or maintained a stable relationship after transitioning from service. Most of the participants indicated that experiences while serving, and/or the challenges of transition to civilian life, had been factors in their eventually becoming homeless. Almost all of the participants stated that they did not receive adequate information or support prior to leaving the ADF and for some the transition process was traumatic and occurred as a result of physical injury.

The case studies in Section 5.4 are provided to ensure that the individual stories and experiences of veterans are heard, and are not overshadowed by the Inquiry's substantive statistical findings (see for example Van Hooff, Searle et al, 2019; Searle, Van Hooff et al, 2019; Hilferty, Katz et al, 2019b). The three stories are unique however it is striking that each participant recounts personal and ongoing struggles with mental illness that is manifest in destructive behaviour such as gambling, criminal activity and substance abuse. The case studies also highlight that veterans are highly vulnerable to physical and mental illness as a result of military service and/or trauma – a circumstance that marks them as a distinct homeless population group.

The findings about the provision of support services are somewhat mixed. Veterans are eligible to receive assistance from SHS agencies, as well as services specifically targeted at veterans, including those provided by DVA (e.g. VVCS and CCS), ESO's and NGO-funded homeless veterans programs. Whilst, on the surface, this suggests that homeless veterans are a relatively well-served population, participants confirmed that veterans are generally reluctant to seek help, particularly from mainstream services such as SHS agencies. Some participant veterans actively shunned services following distressing and/or unhelpful experiences; others did not know where to find help; and/or were too ashamed to reveal that they were homeless to service providers. During interviews, veterans recounted feelings of anger towards service providers, distress in not receiving quality services, shame in having to reveal their situation, and ignorance about where to seek help. These were clear barriers to service engagement and addressing these relies upon cultural change within the ADF with help seeking, particularly for mental ill-health, encouraged, and transition experiences better supported.

As a population group, veterans are more likely to seek assistance from veteran-specific services—and then, only when they have reached a crisis point. This suggests that early intervention and prevention services need to target veterans at risk as well as those accessing services. Despite there being a number of veteran-specific service options available, only a small proportion are suitable for veterans experiencing chronic homelessness and many of these services appear to be operating at capacity. Future research comprising a service mapping exercise to examine all service options and the numbers of homeless veterans accessing a broad range of services (i.e. not only services provided by SHS agencies) would facilitate a better understanding of the homeless veteran service sector.

Chronically homeless veterans are typically struggling with a combination of risk factors, such as drug and alcohol abuse, mental illness, relationship breakdown, social isolation, unemployment and financial difficulties. Veterans dealing with these issues, and without a permanent place to live, require high levels of support—sometimes for extended periods of time. Services offering a best-practice response include those that provide longer-term accommodation; individualised, holistic support (through in-house and external providers); and active case management to ensure that external referrals are actioned. A few organisations represented in the stakeholder interviews provide services that strive to meet best-practice responses for veterans experiencing chronic homelessness. The interview data indicates that these services operate under a number of challenges, including: workforce issues (such as overworked, underqualified and volunteer staff); tenuous and inadequate funding; and difficulty meeting an increasing demand for services. These obstacles threaten the sustainability of the programs. These services are all relatively new and have quickly reached capacity, suggesting that there is an increasing need for veteran-specific homelessness services.

Appendix A: Acronyms

ADF	Australian Defence Force
AHURI	Australian Housing and Urban Research Institute
CCS	Coordinated Client Support
DVA	Department of Veterans' Affairs
ESO	Ex-service organisation
GP	General practitioner
NGO	Non-government organisation
PI	Partner Investigator
PTSD	Post-traumatic stress disorder
RSL	The Returned and Services League
SA	South Australia
SHS	Specialist homelessness services
SHSC	Specialist Homelessness Services Collection
VVCS	Veterans and Veterans Families Counselling Service

Appendix B: Interview schedules

Questions for Veteran Participants

Pre-Interview Requirements

- DVA letter of first contact to participant;
- Participant Information Statement and Consent Form to participant;
- Participant to sign page 4 and return to interviewer;

At conclusion of interview

- Give gift card
- Thank veteran for participating

Eligibility screen?

- Have you served full time in the Australian Defence Force?
- What is your current living situation? Where did you stay last night? (aim of this question is to ensure that we only interview those who are currently homeless, have been homeless within the last 12 months or are at-risk of becoming homeless).

About participant

- Can you tell me a little about yourself now?
 - Age;
 - Family (do you stay in touch?);
 - Health status (how is your health?);
 - Military service history (e.g. service length, deployment);
 - Transition experience
 - Income source (how do you get money?)
- Can you tell me a little about yourself before you entered the Defence Forces?
 - Where did you grow up?
 - Who did you live with growing up?
 - Why did you enlist?

Military experience

- When did you leave the ADF?
- What were your plans after leaving the ADF?
- What actually happened after leaving the ADF? Where did you go and what did you do?
- What challenges did you face when making the transition from military service to civilian life? Did the transition information you received from the ADF prepare you for life after service?
- How do you think your experiences in the military have affected your life?
- Do you think your experiences played a part in your current housing problems?

Experience of homelessness

- Can you tell me a little about your currently living situation?
- How long have you been without a permanent home?
- How many times have you been without a permanent home? What do you usually do when you find yourself in this situation? Who do you rely on when you need help?
- What is your life like at the moment? What do you do during the day?
- What problems or obstacles do you face in trying to find a more stable home?
- Have you ever been discharged from a private clinic or hospital? Where did you go following treatment?

Trajectory into homelessness

- What do you think led to you not having a permanent home?
 - Impact of military service?
 - Health and mental health problems?
 - Drugs and alcohol?
 - Family issues?
 - Unemployment?

Experience with DVA

- Are you currently receiving any supports or assistance from DVA?
- Have you ever accessed any help from DVA? What have you used and when?
- If you have not sought any help from DVA, why not?
- What do you think of DVA? Were they helpful when help was needed?

Service engagement and exclusion

- Have you accessed any services or supports from other agencies or charities?
 - Housing support;
 - Mental health;
 - Drug and alcohol;
 - Food and money;
- If yes, how long have you been accessing help from agencies?
- What prompted you to get help from these services?
- What has been the most useful help you have received?
- Can you tell me about any particularly good or bad experiences with services?
- What have been the biggest challenges in getting help?

Support service needs and gaps

- What kinds of help do you think may have stopped you from becoming homeless?
- What kinds of help do you need now to help you get back on track?

Concluding comments

- When you look back on how you became homeless, what do you think was the primary reason?
- What are your hopes for the future? Where do you see yourself in 5 years?
- Do you want to say anything else?

Recruitment assistance

- Do you know a veteran who is currently couch-surfing and might agree to participate in an interview? (if yes, could you provide me with their name and mobile phone number so that I can send them a text. Would I be able to let them know that you provided me with their name and phone number?) Note: researcher will send information text and will only speak to the potential interviewee if they phone the researcher.
- Do you know a veteran who is currently sleeping rough and might agree to participate in an interview? (if yes, could you provide me with their name and mobile phone number so that I can send them a text. Would I be able to let them know that you provided me with their name and phone number?) Note: researcher will send information text and will only speak to the potential interviewee if they phone the researcher.

Questions for Professional Stakeholders

About yourself and your organisation

- What does your organisation do?
- What services does your organisation specifically provide to veterans?
 - Direct intervention/support or referral?
 - How are these services funded?
 - How long are supports provided for?
 - Does your organisation collaborate with other organisations in supporting veterans?
- How frequently do you provide support to veterans who are homeless?
 - What proportion of your clients are veterans?
- How do these services assist homeless veterans?

Profiling service providers

- What is your role within the organisation?
- What are your qualifications?
- What experience and training do you have in working with homeless clients or homeless veterans in particular?
- Are you aware of any support services specifically provided for veterans?
- What opportunities does your organisation provide for professional development and/or operational support e.g. formalised clinical supervision; training; debriefing; vicarious trauma counselling etc.

Data collection and monitoring homelessness amongst veterans

- Does your organisation collect any information about clients seeking support services that indicate whether they are a veteran or not?
- Does your organisation plan to make any changes to the collection and reporting of client information?
- What changes do you think could be made to the practices or data processes of your organisation to ensure that veterans are more quickly identified and helped?
- What do you think is the best way to monitor homelessness amongst veterans?
- What sorts of changes do you think would be needed to accurately count homeless veterans, and monitor changes in numbers each year?

Profiling homeless veterans

- Have you noticed any differences between veterans who are homeless and the general homeless population? Do you think these two groups have different support needs?
- What do you think are the major contributing factors to veteran homelessness?
- Do you think veterans are more at risk of becoming homeless than others in the general population? If yes, why?

Meeting the service needs of veterans

- In your experience, what help do homeless veterans typically need to gain a permanent place to live?
- What supports are needed to ensure that the housing placement can be sustained?
- What can you tell me about the other support needs of veterans that you come into contact with? (e.g. mental & physical health, drug rehabilitation, anger management etc). Are these needs being met?
- Who do you think should meet these needs?
- To what extent do you think the service needs of veterans that are homeless are being met?
- What changes do you think need to be made to ensure that homelessness amongst the veteran population is eliminated.
- As part of this project we would like to identify the best methods for supporting homeless veterans. Do you have any knowledge of best practice methods that you could share; or could you describe any experiences in supporting veterans that worked particularly well?

Conclusion

- Is there anything else that you would like to say about homelessness amongst veterans?

Appendix C: Coding framework for interviews

Table A1: Coding framework for interviews with veterans

Content	Specific content	Code	Description of content to be captured using code
Veteran	Family history	V-FAMILY	About the veteran's family
	Military service history	V-MILITARY	About the veteran's military service history
	Military transition	V-TRANSITION	About the veteran's transition to civilian life
	Other employment history	V-EMPLOY	About the veteran's employment history (other than with the ADF)
	Physical health	V-PHYSICAL	About the veteran's physical health
	Mental health	V-MENTAL	About the veteran's mental health
	Drug & alcohol	V-D&A	About the veteran's drug and alcohol use
	Other problems	V-PROBS	Data relating to any other problems experienced by the veteran e.g. family breakdown, violence, etc.
	Future	V-FUTURE	Veteran's hopes for/thoughts about the future
Homelessness	Current living situation	H-LIVING	About the current living situation of the veteran, including length of time homeless
	Homeless history	H-HISTORY	About the veteran's past experiences of homelessness
	Daily life	H-DAY	About the daily life of the veteran e.g. what they do, who they rely on, etc.
	Causes	H-CAUSES	About what the veteran thinks caused or led to him/her becoming homeless
	Primary cause	H-PRIMARY	About what the veteran thinks is the primary cause of his/her homelessness

Services	Services used	SERV-USED	Data relating to the services used by the veteran, duration of service received, etc.
	Service assessment	SERV-ASSESS	Veteran's assessment of the services received
	Service beliefs	SERV-BELIEFS	Veteran's beliefs about homelessness and other support services
	Service suggestions	SERV-SUGGEST	Veteran's beliefs about what they need to get back on track and/or how services can better meet their needs
DVA	DVA supports	DVA-SUPPORT	Supports/compensation received from DVA
	DVA experience	DVA-EXP	Veteran's experience of accessing supports and/or payments from DVA
	Beliefs about DVA	DVA-BELIEF	Veteran's beliefs/feelings about DVA
MISC	Miscellaneous	MISC	Any useful information not coded elsewhere

Table A2: Coding framework for interviews with sectoral stakeholders

Content	Specific content	Code	Description of content to be captured using code
Stakeholder and organisation	About the stakeholder organisation	S-ABOUT	Data relating to description of stakeholder organisation/group, including services provided to clients
	About the interview participant	S-PART	Data relating to description of interview participant, including role in organisation, qualifications, experience, training, etc.
	Organisation services for veterans	S-VETS	Data relating to services the organisation provides specifically to veterans
	Organisation funding	S-FUND	Data relating to how the stakeholder organisation is funded
Data	Data collected by stakeholder organisation	D-COLLECT	Data relating to the data the stakeholder organisation collects about clients including veterans
	Recommended changes to data	D-RECOMMEND	Recommendations made by stakeholders to improve data collection and better monitor veteran homelessness
Profiling veterans	Profile of homeless veterans	PROFILE	Data relating to profile of homeless veterans e.g. characteristics and contributing factors
	Difference between veterans and other homeless people	P-DIFF	Data relating to differences between homeless veterans and general homeless population
Services	Service needs	S-NEEDS	Service needs of homeless people including veterans
	Meeting service needs	S-MEETNEEDS	Views about who should meet the service needs of homeless veterans, as well as views about the extent to which their needs are being met
	Service access	S-ACCESS	Information about how homeless veterans access support services
	Service changes	S-CHANGE	Views about changes needed to ensure that homelessness amongst veterans is reduced

	Staff	S-STAFF	Staff issues in relation to providing services to homeless veterans
	Best practice	S-BEST	Views about best practice methods for supporting homeless veterans
	DVA interaction	S-DVA	Data related to the organisation's interaction with DVA
MISC	Miscellaneous	MISC	Any useful information not coded elsewhere

Appendix D: List of services accessed by veteran participants

Table A3: Support services accessed by veteran participants

Service name/type
Salvation Army
St. Vincent de Paul Society
Australian Red Cross
RSL Care SA
Homes for Heroes
Helping Heroes
RSL LifeCare
Centrelink
Relationships Australia
Bravery Trust
Jamie Larcombe Centre
Drug and Alcohol Services South Australia (DASSA)
RSL DefenceCare
Veterans and Veterans Families Counselling Service (VVCS)
Hutt St Centre
Uniting Communities
Anglicare Victoria
Homelessness Gateway
General services: hospital/GP/social worker

References

ABS—see Australian Bureau of Statistics

AIHW—see Australian Institute of Health and Welfare

Australian Bureau of Statistics (ABS) (2018) *Census of population and housing: estimating homelessness, 2016*, cat. no 2049.0, ABS, Canberra, accessed 2 May 2019, <https://www.abs.gov.au/ausstats/abs@.nsf/mf/2049.0>.

Australian Institute of Health and Welfare (AIHW) (2018) *Specialist homelessness services annual report 2017–18*, AIHW, accessed 23 April 2019, <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18/contents/contents>.

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, Melbourne.

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

Hilferty, F., Katz, I., Zmudzki, F., Van Hooff, M. and Lawrence-Wood, E. (2019b) *Homelessness amongst Australian veterans: using the Specialist Homelessness Services Collection to examine veteran homelessness*, 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.

SPEAR (2015) *Meeting the needs of homeless veterans*, accessed 8 Jan 2019, <https://spearlondon.org/wp-content/uploads/2011/05/Veterans-Brochure.pdf>

Tsai, J. and Rosenheck, R.A. (2015) 'Risk factors for homelessness among US veterans', *Epidemiological Reviews*, vol. 37, no. 1: 177–195.

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.

VanTil, L., Macintosh, S., Thompson, J., MacLean, M.B., Campbell, L., Sudom, K., Dursun, S., Herron, M. and Pedlar, D. (2015) 'Fast facts on veterans' transition experiences', *Journal of Military, Veteran and Family Health*, vol. 1, no. 1, accessed 3 May 2019, <https://doi.org/10.3138/jmvfh.1.1.7>.

Australian Housing and Urban Research Institute

Level 1
114 Flinders Street
Melbourne Victoria 3000

T +61 3 9660 2300

E information@ahuri.edu.au

ahuri.edu.au

ACN 090 448 918



twitter.com/AHURI_Research



facebook.com/AHURI.AUS



evid.in/AHURI_LinkedIn