



VETERANS SECTOR STUDY REPORT 2015

for the
**VICTORIAN
VETERANS
COUNCIL**

December 2015

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1 Glossary

TERM OR ACRONYM	MEANING
ADF	Australian Defence Force
ADSO	Alliance of Defence Service Organisations
ANAO	Australian National Audit Office
APPVA	Australian Peacekeeper & Peacemaker Veterans' Association
ASASA	Australian Special Air Service Association
Contemporary veterans / younger veterans	Those who have seen operational service with the ADF from 1999 onwards. These terms generally refer to DVA's definition of veterans aged 45 years or less, but DVA's usage varies and can therefore refer to a veteran of more recent wars, conflicts and peace operations from the Korean war to the present day.
DFWA	Defence Force Welfare Association
DPC Veterans Branch	Department of Premier and Cabinet's DPC Veterans Branch. The departmental unit which supports the Minister for Veterans and the VVC.
DVA	Department of Veterans' Affairs
ESO	Ex-service organisation These organisations exist to help veterans, their dependants and descendants, in matters ranging from social activities through to health, welfare, pension and advocacy services.
Legacy	Legacy Australia Incorporated
MEAO	Middle East Area of Operations
MRCA	<i>Military Rehabilitation and Compensation Act 2004</i>
NAA	Naval Association of Australia
NDIS	National Disability Insurance Scheme
PTSD	Post-traumatic stress disorder
RAAFA	Royal Australian Air Force Association
RSL	Returned and Services League
SRCA	<i>Safety, Rehabilitation and Compensation Act 1988</i>
TPI Federation	The Australian Federation of Totally and Permanently Incapacitated Ex-Servicemen and Women Ltd
VEA	<i>Veterans' Entitlements Act 1986</i>

TERM OR ACRONYM	MEANING
Veteran	Under the <i>Veterans Act 2005 (Vic)</i> a veteran is a person who performed service or duty and who now resides in Victoria but does not include current members of the Australian Defence Force rendering continuous full time service.
VVAA	Vietnam Veterans' Association of Australia
VVC	Victorian Veterans Council
VVCS	Veterans and Veterans Families Counselling Service
War widow	<p>A woman who was the partner of, was legally married to, or was the wholly dependent partner of a veteran; or a person who was a member of the Forces; or a person who was a member (within the meaning of the MRCA); immediately before the death of the veteran or person.</p> <p>War widows currently become war widows if their husbands have died as a result of their war causing death, disability or disease. In addition, widows of veterans who are TPI, Intermediate rate, EDA and POW's automatically become war widows when their husbands die.</p>
War widower	A man who was the partner of, was legally married to, or was the wholly dependent partner of a veteran; or a person who was a member of the Forces; or a person who was a member (within the meaning of the MRCA); immediately before the death of the veteran or person.
War Widows	War Widows Guild of Australia
WWI	World War 1
WWII	World War 2
Younger veterans / contemporary veterans	<p>Those who have served with the ADF from 1990 onwards.</p> <p>These terms generally refer to DVA's definition of veterans aged 45 years or less, but DVA's usage varies and can therefore refer to a veteran of more recent wars, conflicts and peace operations from the Korean war to the present day.</p>

2 Executive summary

The Victorian Veterans Council (VVC) conducted an initial review of the Victorian veteran sector and priority needs in 2008, with the results of the review published in the *Victorian Veterans Study Report*. Seven years on, this review seeks to refresh the VVC's understanding of the sector's priority needs to inform the VVC's future direction and strategic planning activities. The review scope was determined by the terms of reference which lists ten key requirements for the review to address, outlined in the body of this report at Table 1.

The review identified five key factors influencing the Victorian veterans sector. This report is structured around these factors, which are:

- Context factors: the current state of the VVC's role
- Awareness and Accessibility factors: veteran engagement and communication within the sector
- Demand factors: veterans and their service needs
- Supply factors: veteran sector service provision
- Capacity and Capability factors: the challenges and limitations experienced by the ex-service organisations (ESOs) which provide services to the veteran community.

This executive summary outlines the key findings and conclusions in relation to these five factors. The report's recommendations are not reproduced here, but rather can be found in the body of this report at section 10.

2.1 Context factors summary

The community consultations with ESOs and members of the veteran community explored the perceptions of these stakeholders in relation to the VVC's role. In summary, the feedback indicated that the VVC is perceived as:

- providing commemorative services, educational services and grants
- currently being Melbourne-centric, with the opportunity and need to provide greater value to regional Victoria
- bureaucratic as a result of being part of government.

Despite often having strong views, few attendees were fully aware of the VVC and its role. This feedback suggests there is limited awareness of the VVC and its role beyond those associated in commemorative events.

Throughout the consultations, the ESO sector expressed a need for greater strategic leadership in the Victorian veterans sector, with the VVC seen as this natural leader, coordinating body and advocate.

In contrast, DVA holds a strong positive view of the VVC and its work, valuing the collaborative relationship it holds with the VVC.

The VVC operates comparably with veterans' councils in other Australian states. One area where the VVC performed better than comparative veterans' councils was in the publication of its annual report and information about its activities, which promotes transparent governance.

Given the VVC's underpinning legislation, the *Veterans' Act 2005 (Vic)*, is 10 years old, there is opportunity to review and update the legislation to reflect the future direction of the VVC. Specific aspects which may benefit from review include:

- clarification of the need for a state definition of a 'veteran'
- strict membership requirements for members of the VVC
- management of patriotic funds
- potential for the inclusion of a Victorian veterans' charter.

Key conclusions: There are two key opportunities for the VVC to continue to strengthen its ability to enhance outcomes for the Victorian veterans sector:

- first by increasing its visibility outside of the Melbourne CBD, and therefore becoming more visible across the entire Victorian veterans' sector
- second, by updating the *Veterans Act 2005 (Vic)* to reflect any future changes in the strategic direction or the purpose of the VVC.

Further information regarding the Context factors are provided in the body of this report at section 5.

2.2 Awareness and Accessibility factors summary

Four key steps were identified as influencing the ability of veterans to access their required support services:

- identify self as a veteran
- become aware of services and benefits available to veterans
- become aware of how to access those services and benefits
- have the ability to access and engage with services.

Each of these steps have specific challenges that act as barriers to veterans accessing the services they need. An inability to progress beyond any one step means that veterans will not receive their required services, and as a result may experience decreased quality of life and escalation of their condition while their needs remain unmet.

The review also found that the best way for the Victorian veterans sector to communicate and engage with the veteran community is to use a mixed methods approach, with a combination of face to face, digital and other channels. This approach reflects the diversity of the veteran community and ensures that the maximum number of veteran community members are reached, rather than reliance on one channel.

Key conclusions: There is a veteran cohort which is unable to access the services they require, due to the barriers associated with progressing through each step of the journey. These barriers may result in a worsening of those veterans' conditions, if they cannot access the support they need. There is an opportunity to alleviate these barriers and enable more veterans to access the services they need.

While there is no 'one size fits all' solution to communicating and engaging with the veteran community, certain methods are more effective for certain types of communication. One example is the use of digital methods for the communication of information relating to the services and benefits available to veterans.

Overall, however, communication and engagement with the veteran sector requires more work. The lack of available data on veterans and the dispersed location of veterans makes this task even harder.

Further information regarding the Awareness and Accessibility factors are provided in the body of this report at section 6.

2.3 Demand factors summary

The profile of the veteran community is changing, by simultaneously:

- declining in size as WWII veterans pass away
- increasing the proportion of younger veterans as they exit from military service.

Victoria has the third highest population of resident DVA clients (including veterans and other members of the veteran community) in Australia (64,842), with 50% of the Victorian veteran population aged 75 years or older. In time, this will result in a lower median age for the veteran population, with a corresponding change in priorities in the veteran community, given the needs of younger veterans relate more to employment and their families. This is compared with the focus on health and social services for the older veteran cohort.

The challenges associated with servicing this changing veteran population are exacerbated by the geographical spread of the population throughout regional, rural and remote areas of the state, meaning there is a loss of critical mass to service.

Consistent with the findings of the *Victorian Veterans Study Report (2008)*, the review confirmed that the needs of veterans are myriad and complex, encompassing:

- physical health
- mental health
- income security
- homelessness support
- social isolation support
- domestic violence support
- substance abuse support
- support in the justice system
- transport assistance,
- and overlays including the challenges of living in regional, rural and remote locations and the challenges of having carer responsibilities for another person.

The review noted that one need can impact on and be impacted by other needs, which increases the difficulty of meeting those veterans' needs. One example is when a veteran experiences mental health and substance abuse support needs at the same time, given that each of these conditions escalate the task of addressing the other.

Key conclusions: The veteran community is simultaneously both declining and changing. The overall numbers in the veteran community are reducing, due to the passing of the older generation of veterans, while its composition is changing, as increasing numbers of younger veterans exit service. This is a challenging context for future governments and ESOs as they work to address these changing needs.

Addressing the needs of veterans now and into the future is a challenging issue, as these needs are myriad, complex and inter-woven. The impact of this is an acknowledgement that these challenges will remain into the future, but can be mitigated to some extent. Additionally, the dispersed nature of the veteran community throughout regional, rural and remote Victoria not only increases the difficulty associated with servicing these veteran community members, but also contributes to poorer health outcomes for individuals living outside urban centres. The prevalence of income security, homelessness, domestic violence support, social isolation and substance abuse needs will increase as younger veterans cease their military service, return home and re-integrate into civilian life.

The more effective the government and the veterans sector can become at addressing these needs now means that the veterans sector will be better prepared to cope with addressing veterans needs into the future.

Further information regarding the Demand factors are provided in the body of this report at section 7.

2.4 Supply factors summary

Most respondents to the survey conducted for this review reported no service gaps, which means that the majority of respondents to this survey are well-serviced for their needs. However, physical and mental health services were identified as priority services by respondents.

A desktop service provision assessment identified that the two priority service gaps for veteran-specific services are domestic violence support services and substance abuse support services. There may be scope for opportunities to address those service gaps to improve outcomes for the veteran population.

Governments and ESOs face significant challenges in servicing such a declining and geographically dispersed veteran population. Two strategies may assist to alleviate these challenges:

- link veterans' support services more closely with existing government and community services delivered to the broader population
- investigate opportunities for the use of digital service provision.

Key conclusions: Overall, the veteran community is well-serviced by DVA, however, those not receiving DVA services or located in areas (eg. regional, rural and remote Victoria) will have unmet service needs.

Priority services were identified by survey respondents as being physical and mental health services. Domestic violence support services and substance abuse support services were identified as having service gaps for the veteran community.

It is unlikely that there will be many areas where there will be a critical mass of the veteran population sufficient to sustain dedicated services, outside of DVA- and ESO-provided services. There is an opportunity to align resources to ensure effective, continued provision of required services to veterans by linking veterans' support services more closely with existing government and community services available to the general population, and investigating opportunities for the use of digital service provision. Such strategies will

ensure that veterans continue to receive the services they require whilst alleviating the service delivery challenges experienced in servicing them.

Further information regarding the Supply factors are provided in the body of this report at section 8.

2.5 Capacity and Capability factors summary

New types of ESOs have emerged in recent years to service the needs and preferences of the younger veteran cohort, with two of the most prominent being Solider On and Mates4Mates. These emerging ESOs have developed rapidly, with exponential growth expected to continue, yet they require support to become fully established and serve the younger veteran cohort.

In terms of traditional ESOs, their key capacity challenges are:

- declining memberships
- declining funding
- declining volunteers
- a proliferation of niche ESOs which spreads existing funding and volunteer effort too thinly
- volunteers which are not necessarily equipped to deal with the administrative burden associated with modern compliance and regulatory requirements.

This limited capacity inhibits the capability of traditional ESOs to function as they once did, as they have difficulty sustaining the momentum of their operations due to volunteer turnover, difficulty knowing where veterans are in their community due to privacy restrictions and a lack of data, and a loss of their lobbying power which corresponds with the shrinking numbers of veterans in the Australian community.

Key conclusions: In a context of exponential growth, the emerging ESOs currently lack the necessary processes and systems to become fully established, constrained by a lack of funding as they are. There is an opportunity for the veterans sector to strengthen the capacity and capability of emerging ESOs through greater investment, which may be either financial or in the style of coaching.

In contrast, as the traditional ESOs' capacity and capability continues to decline, more and more of the support services which traditional ESOs provide to the veteran sector may either transfer back to government, be picked up by the emerging ESOs or disappear.

There is a wealth of work that traditional ESOs perform in relation to advocacy and direct delivery of services to their client base. It is uncertain how these services will be delivered in the future if traditional ESOs cease or reduce their operations over the coming years.

Planning by the veterans sector will alleviate the uncertainty regarding how and by whom these support services will be delivered in the future, thereby ensuring their sustainability for future generations of veterans.

Further information regarding the Capacity and Capability factors are provided in the body of this report at section 9.

3 Introduction

3.1 Background to this review

The Victorian Veterans Council (VVC) conducted an initial review of the Victorian veteran sector and priority needs in 2008, with the results of the review published in the *Victorian Veterans Study Report*. The 2008 review provided a number of recommendations for the VVC in relation to:

- ensuring ex-service organisations (ESOs) remain viable
- service delivery challenges in the sector
- the preservation of veteran-related heritage
- the regulation of patriotic funds
- ESO mergers and closures
- veterans' health and aged care needs
- veterans' accommodation
- social isolation in the veteran community
- veteran mobility
- anomalies in veteran concessions
- commemorative and public education activities
- information delivery.¹

Seven years on, the VVC sought to refresh its understanding of the sector's priority needs to inform the VVC's future direction and strategic planning activities.

3.2 Scope of the review

The review scope was determined by the terms of reference which lists ten key requirements for the review to address, outlined in Table 1.

Table 1 Summary of the requirements of the review and where in this report they are addressed

REQUIREMENT	REPORT SECTION
Identify which ESOs are serving Victorian veterans at present, what groups of veterans they are serving, and what are the issues/constraints they have in meeting the needs of those veterans	Section 9
Create a resource map of services currently provided by all levels of government to Victorian veterans. Link these two data sets back to the role of the VVC so that it can ensure its strategic plan is meeting the objectives set out in the <i>Veterans Act 2005</i>	Section 8
Identify the needs of veterans, their carers and families, including veterans suffering PTSD and those veterans with carer responsibilities especially for elderly family members or disabled children	Section 7
Identify the implications and linkages, if any, to the VVC arising out of the NDIS and its impact on veterans with disabilities or supporting those with disabilities	Section 8.7
Review the findings of recent Department of Veterans' Affairs and other relevant reports/studies into veterans and their families (eg. Vietnam veterans/peacemakers and peacekeepers) and link the findings and their implications to the objectives of the VVC	Throughout report where relevant
Identify how the VVC can best advise and support the Victorian government to meet the needs of Victorian veterans, including Victorian-based reserve and former reserve personnel – what are those needs and what gaps in support could usefully be provided or augmented by the VVC/ESO supported activity?	Section 10
Identify those ESOs most likely to benefit from the VVC's support in terms of succession planning and merger/closure activity. What form would that support take?	Section 9.2
Identify how the VVC can engage and work most effectively with the newer, emerging ESOs and thus meet the needs of veterans of recent conflicts and current serving personnel who are wounded, injured and/or ill. How should the VVC assist in developing these ESOs to improve their support within Victoria?	Section 9.1
Identify the most effective communication techniques for the VVC to reach out to all veterans, particularly those not affiliated with ESOs, based on veterans' needs. In this context, the experience of the Victorian ANZAC Centenary website/social media and the VVC's communication forums should be considered. Recommend communication techniques for non-affiliated veterans, and veterans linked with ESOs, to improve awareness of support mechanisms	Section 6.2
Advise on possible improvements to the definition of 'veteran' as set out in s3(1) of the <i>Veterans Act 2005</i> , and any other necessary amendments to the <i>Veterans Act 2005 (Vic)</i>	Section 5.5

This report focuses on veterans' needs, service delivery, ESOs and communication. The 2008 review also discussed issues relating to the preservation of veteran-related heritage, patriotic funds, and commemorative and public education activities. These particular issues are out of scope of this review.

3.3 Approach to the review

3.3.1 Methodology

The project was undertaken in accordance with the terms of reference (refer part 3.2) and Grosvenor's methodology (refer Attachment A – Project methodology).

Data and information sourced as part of the development of the recommendations in this report were obtained through:

- a detailed review of data and documents supplied by the DPC Veterans Branch
- a detailed review of data and documents publicly available, identified as part of the desktop and literature review
- consultations with individual members of the veteran community and ESOs, through public forums, an online survey and a call for formal submissions
- consultation with DVA
- internal consultations with the VVC and the DPC Veterans Branch.

Full details of the public consultations held are provided in Attachment B – Summary of consultations.

3.3.2 Limitations

The content of this report is based on the information available at the time of writing. While every effort has been made to ensure the accuracy of the contents, some limitations outside the control of the project were experienced. These include:

- limited amount of available data, research and information relating specifically to Australian veterans and ESOs
- lack of visibility of veteran demographics and locations within Victoria.

These limitations have been mitigated, where possible, through the use of data, research and information from other jurisdictions to inform an understanding of current and future issues facing the ESOs and members of the veteran community.

Outside of these limitations, Grosvenor has conducted all due diligence necessary to ensure the integrity of this report and associated recommendations.

3.4 Acknowledgements

Many stakeholders and individuals contributed their time to participate and help inform this review.

Of particular note we would like to thank:

- the members of the VVC for their time and involvement in guiding the review

- the DPC Veterans Branch for their support in providing information for the review and feedback
- the ESOs which provided their valuable insights throughout the consultations
- DVA who generously provided its time to provide feedback for the review
- the veterans, current serving personnel and all members of the veteran community who gave their time to provide feedback in support of this review.

Grosvenor understands that sector reviews, by their nature, create expectations within the stakeholder groups and communities involved. For this reason we would encourage the VVC to publish the results of this review to enable consultation participants to see how their feedback was captured and considered.

4 Structure of this report

The body of this report is divided into six sections, as follows:

- **Section 5 - Context:** this section discusses the VVC's current state in terms of its performance against objectives, the outcomes of the previous sector study report, current community perceptions and the state of affairs in other jurisdictions
- **Section 6 - Awareness and Accessibility Factors:** this section discusses the findings and conclusions in relation to veteran engagement and communication
- **Section 7 - Demand Factors:** this section discusses the findings and conclusions in relation to veterans and their service needs
- **Section 8 - Supply Factors:** this section discusses the findings and conclusions in relation to veteran sector service provision
- **Section 9 - Capacity and Capability Factors:** this section discusses the findings and conclusions in relation to limitations experienced by ESOs
- **Section 10 - Recommendations:** this section discusses the VVC's future state and where the VVC needs to be to ensure that the findings and conclusions identified through this review are addressed effectively.

Together these factors form the basis for the framework of this report which is illustrated in Figure 1 below.

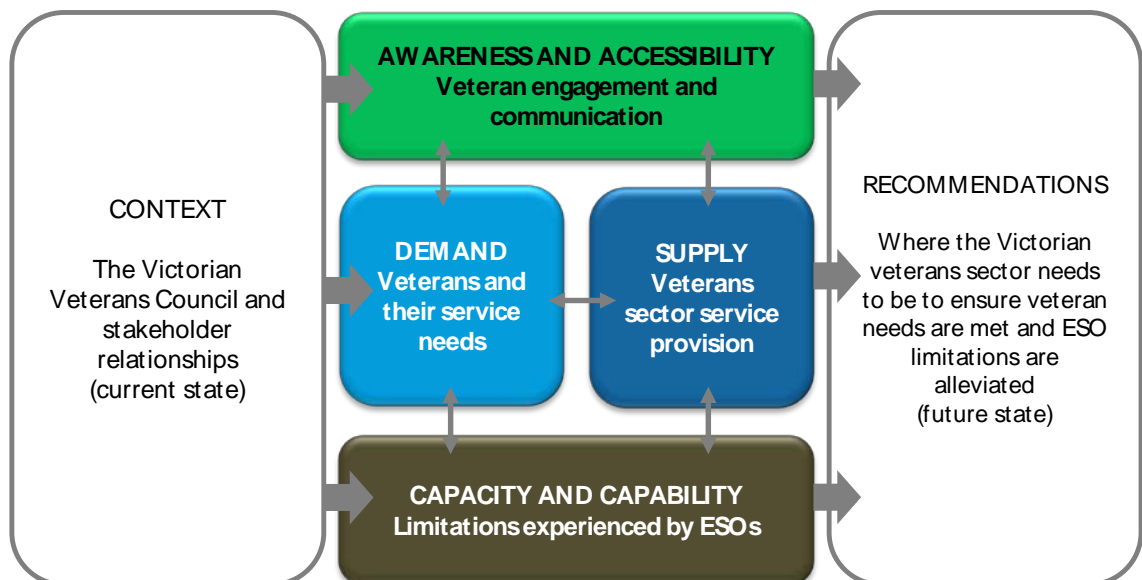


Figure 1 Report structure and framework

5 Context – the current state of the VVC’s role

This section of the report details the findings with respect to the VVC, its role in the veterans sector and how it is perceived by ESOs and veterans.

5.1 The Victorian Veterans Council

The Victorian Veterans Council (VVC) was established as an independent statutory body in 2006 by section 4 of the *Veterans Act 2005 (Vic)*. The VVC is supported by the Department of Premier and Cabinet’s (DPC’s) Veterans Branch.

The VVC was established in response to two significant community changes:

- the ageing veteran population resulting in increasing care needs and declining veteran numbers
- increasing community interest in military history and the service of veterans.

The *Veterans Act 2005 (Vic)* articulates the objectives and functions of the VVC. These are set out in Table 2 below.

Table 2 Summary of VVC objectives and functions

OBJECTIVES	FUNCTIONS
(a) promote the wellbeing of all members of the Victorian ex-service community;	(a) ensure that the objectives of the Victorian Veterans Council are met to the maximum extent that is practicable;
(b) promote the commemoration of those who have died in the performance of service or duty;	(b) monitor and advise the Minister on issues affecting Victoria’s ex-service community;
(c) develop a better understanding amongst Victorians of the participation and sacrifice of Victoria’s veterans in war and peacekeeping operations, and the contributions of Victoria’s ex-service community;	(c) investigate and report on any aspect of veterans affairs referred to it by the Minister;
(d) actively promote the significance of, and the key values associated with, the spirit of ANZAC;	(d) consult with the ex-service community when developing advice for the Minister;
(e) promote cooperation and collaboration across organisations dealing with veterans’ welfare and other ex-service community issues, including with the trustees of the Shrine of Remembrance	(e) support the welfare activities of ex-service organisations through the ANZAC Day Proceeds Fund;
	(f) fund activities furthering its objectives through the Victorian Veterans Fund;
	(g) advise the Minister administering Part 4 or the Director on matters in relation to the regulation of patriotic funds under Part 4

The VVC delivers a wide range of educational and commemorative services for the veteran community. The VVC delivers advice and support to Victorian state government programs

and initiatives, including the Victorian ANZAC Centenary Committee, the Premier’s Spirit of ANZAC Prize, Veterans Accommodation Project and the Restoring Community War Memorials and Avenues of Honour Grants Program. The VVC also works closely with the Shrine of Remembrance to deliver educational activities for the community and schoolchildren.

In 2014-15, the VVC approved a total of \$1,217,040 in grants from the Victorian Veterans Fund, the ANZAC Day Proceeds Fund and the ANZAC Centenary Community Grants Program.²

5.2 Recent achievements against objectives

The VVC has six objectives which it continues to pursue. Table 3 below from the VVC’s annual report provides an example of the key activities the VVC has recently delivered against its objectives.³

Table 3 VVC Objectives and performance 2013-14

OBJECTIVE	OUTCOME
Promote the wellbeing of all members of the Victorian ex-service community.	Developed and implemented a program of information sessions for the veteran community; Distributed ANZAC Day Proceeds Fund grants totaling \$492,506 to 25 initiatives that supported the wellbeing of veterans, their dependents and war widows.
Promote the commemoration of those who have died in the performance of service or duty.	Provided advice regarding allocation of funds through the Restoring Community War Memorials Program.
Develop a better understanding amongst Victorians of the participation and sacrifice of Victoria’s veterans in war and peacekeeping operations, and the contributions of Victoria’s ex-service community.	Approved grants through the Victorian Veterans Fund totaling \$279,647 to 31 projects that commemorated veterans’ sacrifice or educated the wider community about veterans’ contributions and Victoria’s service history.
Actively promote the significance of, and key values associated with, the spirit of Anzac.	Participated in, and provided advice to Government on initiatives relevant to the veteran community, including the Premier’s Spirit of Anzac Prize, Victorian Anzac Centenary Committee and the Anzac Centenary Naming Project.
Promote cooperation and collaboration across organisations dealing with veterans’ welfare and other ex-service community issues, including with the trustees of the Shrine of Remembrance.	Ongoing consultation with Victoria’s ex-service community on their roles and issues impacting on the veteran community. Facilitated four communication forums updating veterans on State and Commonwealth Government benefits and services available.
Advice and support to the ex-service community for Patriotic Funds.	Provided advice to ex-service organisations, in partnership with Consumer Affairs Victoria, on how patriotic funds could be established, including transfer and winding up arrangements. The Council is also Trustee to six Patriotic Funds as outlined on page 23.

5.3 Community perceptions of the VVC

The community consultations with ESOs and members of the veteran community explored the perceptions of these stakeholders in relation to the VVC’s role. In summary, the feedback indicated that the VVC is perceived as:

- providing commemorative services, educational services and grants
- currently being Melbourne-centric, with the opportunity and need to provide greater value to regional Victoria

- bureaucratic as a result of being part of government.

Despite often having strong views, few attendees were fully aware of the VVC and its role. Those that were aware had often had prior dealings with the VVC in relation to receiving advice or receiving VVC funding for their projects and events. Examples of the commentary provided are reproduced below.

“State government needs to take responsibility, veterans are not to be used as media props. The government can’t keep relying on ESOs to deliver services for them.” – Geelong consultation, younger veteran

“Commemorations are focused on Melbourne. The VVC has never visited us.” – Ballarat consultation, ESO

“What’s the VVC’s goal? What can we do to support that? There’s no top-down leadership, what’s the purpose?” – Wodonga consultation, ESO

“I think the VVC probably has good contact with ANZAC House, but no information or contact gets out to the regions.” – Frankston consultation, ESO

“The VVC doesn’t have much to do in the country.” – Sale consultation, ESO

Feedback suggests there is limited awareness of the VVC and its role beyond those associated in commemorative events. There is an opportunity for the VVC to promote itself, its role, its work and its achievements more visibly to overcome this limited awareness.

Throughout the consultations, the ESO sector expressed a need for greater strategic leadership in the Victorian veterans sector, with the VVC seen as this natural leader, coordinating body and advocate. Once the VVC is recognised as a peak body within the Victorian veterans sector by the majority of its stakeholders, it will then have greater ability to take on this role and thus influence the continued development of the Victorian veterans sector in a coordinated, strategic way.

“The VVC has the potential to have a greater influence if they were more visible. All communication and co-ordination currently happens between ESOs if and when they make the effort to do so. The VVC could offer a coordination and facilitative role here. This is especially relevant as there are over 70 ESOs in Victoria alone. This means there are 70 separate organisations trying to operate under limited funding. It is easier to fight for your cause as a bigger cohort.” – Melbourne consultation, ESO

In comparison to the poor community perception of the VVC, DVA holds a strong positive view of the VVC and its work. In particular, DVA commented that one of the key strengths of the VVC is its collaborative relationship with DVA, which results in:

- open communication between the Deputy Commissioner and the Chair of the VVC

- shared approach to strategic issues affecting the Victorian veterans sector
- understanding of VVC initiatives and vice versa, thereby mitigating the risk of duplication.

5.4 Comparison to other jurisdictions

The VVC was established two years prior to the establishment of the next state veterans' council in SA. Table 4 shows the dates of establishment and the membership numbers of veterans' councils in other states. The establishment of the VVC, combined with the approaching ANZAC Centenary, may have impacted the other state governments' decisions to establish their own veterans' councils.

Table 4 State jurisdictional summary of veteran councils

JURISDICTION	VIC	SA	TASMANIA	ACT	QLD	NSW
Name	Victorian Veterans Council ⁴	Veterans Advisory Council ⁵	Tasmanian Veterans' Advisory Committee ⁶	Veterans' Advisory Council ⁷	Queensland Veterans' Advisory Council ⁸	Advisory Council – focused on ANZAC Centenary ⁹
Established	2006	2008	2010 (approx.)	2011	2014	Not provided
Members	11	16	12	8	9	26

No information was publically available for WA or the NT, either in relation to a veterans' council in those jurisdictions or more broadly in relation to veterans' units within the state government.

Victoria is the only state, excepting SA, which has its own definition of a 'veteran' in its own state legislation that differs from the Commonwealth Department of Veterans' Affairs' (DVA) definition. Acts within the NT, ACT, NSW and Tasmanian legislation make reference to the Commonwealth DVA definition, whilst Queensland does not make reference to veterans in any of its legislation, and therefore it is assumed that the Commonwealth DVA definition similarly applies in Queensland.

Further, Victoria is the only state to publish its own annual report for its veterans' council outlining the progress against its objectives and the dispersal of funding. The annual report is beneficial for transparent governance and accountability of the patriotic funds it manages. Additionally, the VVC provided a large amount of information regarding its activities on its webpage, whereas some other states had only a limited amount of information available. It is positive from a governance perspective that the VVC provides such accessible information about itself and its activities.

Internationally, both the United Kingdom and Canada have their own veterans' councils. In the United States, there are 25 veterans' advisory committees and a number of American states have their own veterans' council.

This comparison to veterans’ councils in other jurisdictions shows that the VVC’s structures are largely comparable with other Australian state veterans’ councils and international bodies.

Where the VVC predominantly differs from other Australian veterans’ councils (excepting SA) is in the possession of its own legislation and definition of a veteran. This is discussed further in the following section.

5.5 VVC legislation

The *Veterans Act 2005 (Vic)* clearly sets out the objectives, function and membership of the VVC. This legislation provides a useful scope for the VVC to operate within. However, the high level nature of this legislation results in some confusion regarding the role of the VVC, and whether it is intended to be predominantly advisory and commemorative in nature, or whether it can play a more active, transformative, coordinating role in the Victorian veterans’ sector. The complexity of the latter is exacerbated by the lack of clarity as to who is best placed to take on such a role in the Victorian veterans sector – the VVC, DVA or ESOs.

Further, the objectives of the VVC as established by the *Veterans Act 2005 (Vic)* are now 10 years old. In light of the confusion regarding the role of the VVC, there is an opportunity to review whether the objectives in the *Veterans Act 2005 (Vic)* are still suitable for the next 10 years, or if not, what changes need to be made.

“The VVC may be expected to perform above and beyond its duties outlined in the legislation. If this is the case, perhaps the legislation should be re-written to include other functions.” – Melbourne consultation, ESO

Other aspects of the *Veterans Act 2005 (Vic)* which may benefit from review, as per consultation feedback from the VVC and the DPC Veterans Branch, include the sections summarised in Table 5 below.

Table 5 Sections of the Veterans Act 2005 (Vic) that were identified as requiring review through the consultations

SECTION	FEEDBACK AND WHY BENEFICIAL TO REVIEW
Clarification of the need for a separate definition of a veteran	Some confusion was expressed in the consultations as to whether there was a need for a separate definition of a veteran in Victoria, as compared to the definition of a veteran by Commonwealth legislation, and what the impact of having this separate definition was. It would be beneficial to review the need for a separate definition of a veteran in the <i>Veterans Act 2005 (Vic)</i> , including consultation with ESOs as to which definition they use and what impact the differing definitions have on the sector.
Strict membership requirements for members of the VVC	A view was shared that the strict membership requirements increases the difficulty of recruiting members to the board whilst balancing the board in terms of required skills. It was also noted that the VVC currently lacks an air force representative.

SECTION	FEEDBACK AND WHY BENEFICIAL TO REVIEW
	It would be beneficial to review this section to identify whether any membership requirements are no longer required in the current and future context of the VVC, and also whether additional membership requirements should be included in the legislation.
Management of patriotic funds	Now Consumer Affairs Victoria manages these, the sections regarding the management of patriotic funds may be inaccurate compared to what happens in practice. While it is likely that the 2015 update to the Veterans Act 2005 (Vic) addresses these issues, it was still raised as a concern through the consultations. It would be beneficial to review this section to ensure that the 2015 amendments have indeed addressed these issues.
The potential for including in the <i>Veterans Act 2005 (Vic)</i> a Victorian veterans' charter	This item was raised in the context of SA having its own veterans' charter, and the VVC investigating the benefits of developing one. Discussion commented that for such a charter to have substance it would need to be enshrined in the legislation. It would be beneficial to review the need for a Victorian veterans' charter and the feasibility of including such in the legislation, to identify if this actually required. Such review should consider the views of the ESOs as to whether they see a Victorian veterans' charter as needed by the sector.

5.6 Conclusions and recommendations

The VVC is currently acting in accordance with its objectives and performing comparably against veterans' councils in other Australian states. However, there are two key opportunities for the VVC to continue to strengthen its ability to enhance outcomes for the Victorian veterans sector.

First, by increasing its visibility outside of the Melbourne CBD, and therefore becoming more visible across the entire Victorian veterans' sector, the VVC will help to address a number of the challenges facing the Victorian veterans' sector, by being able to influence the development of the sector through strategic initiatives. This would enhance the sector's ability to efficiently and effectively care for its veterans and other veteran community members.

Second, with respect to the *Veterans Act 2005 (Vic)*, an update of the *Veterans Act 2005 (Vic)* to reflect any future changes in the strategic direction or the purpose of the VVC should be considered. Such an update review would address the opportunities for improvement raised throughout this review and reduce the potential for ambiguities in the *Veterans Act 2005 (Vic)*.

Acting on these opportunities will position the VVC well to address the challenges which will arise throughout the next 10-20 years.

Recommendation 1: The VVC should consider, investigate and implement opportunities to enhance stakeholders' awareness of the VVC brand within the Victorian veterans sector, with a particular focus on increasing its presence outside of the Melbourne CBD.

Recommendation 2: The VVC should review the *Veterans Act 2005 (Vic)* in consultation with the Victorian veterans sector with a view to ensuring that the legislation clarifies and

supports the current and future direction of the VVC while reduces the ambiguities raised throughout the consultations.

6 Awareness and accessibility factors – Veteran engagement and communication

This section of the report details our findings and conclusions with respect to a key issue impacting the veterans sector, namely the ability of ESOs and other service providers to communicate and engage with veterans.

6.1 Challenges in awareness and accessibility of available veteran services

Four key steps were identified as influencing veterans' ability to access support services, based on our consultations and literature review (Figure 2).



Figure 2 Figure showing steps for veterans to access their required services

Getting 'stuck' on any one of these steps means a veteran is unable to access their required services. As such, veterans who cannot progress beyond one of these steps may experience decreased quality of life and escalation of their condition while their needs remain unmet. This means that veterans do not receive the services and benefits they are rightfully entitled to. Further, it is reasonable to assume that the cost and effort of addressing those needs increase in the future due to the increased complexity of their condition. This assumed increased future cost and effort has implications for future government policies and budgets, especially for health and social services, which are likely to need to address these latent issues (for example, increased need for beds for hospitalisations that could have been otherwise avoided through preventative care).

The challenges associated with each particular step are discussed in the following subsections.

6.1.1 Step 1 - Identify self as a veteran

Before a veteran can even commence accessing the services they require, they must either consciously or subconsciously recognise themselves as a veteran. This self-recognition then enables them to validate their search or application for veteran-related services. If a veteran individual does not recognise themselves as a veteran they will not progress any further down the chain.

“Some people don’t consider themselves as veterans because they haven’t had operational services, so they don’t access services they are actually eligible for.” – Sale consultation, ESO

The pervasive stereotype of a veteran in Australian society is an older male who has served overseas in a commonly known war, for example, WWII or Vietnam¹⁰. While this stereotype is still true for 26% of veterans, the vast majority now fall outside this narrow stereotype.¹¹ This stereotype of an ‘authentic veteran’ has two distinct impacts:

- it means that younger veterans and female veterans do not always identify themselves as veterans (Step 1)
- it results in alienation of veterans who do not fit this stereotype (Step 4).

A common story from younger and female veterans of today and the past was that they were met with disbelief, struggled to access services or were even denied services because they did not fit the mould of an ‘authentic veteran’.

“How dare I be a woman, how dare I be married to another veteran, how dare I have a child? I’ve been called the ‘token female’ before and, was told when applying for a concession Myki ticket, that I was confused and should fill out the war widow form rather than the veteran form.” – Geelong consultation, younger veteran

“We need to change what is perpetuated about what a veteran is. Someone my age gets told ‘oh you don’t need DVA’. We are still valid in the community, we still have a contribution to give.” – Geelong consultation, younger veteran

“A veteran is a veteran. Don’t let ostracism [like Vietnam veterans] happen again.” – Wodonga consultation, ESO

“I joined the RSL in 1972, but the day after I joined I was asked to leave (by the then Secretary) because he said I hadn’t been in a real war. I’ve never forgotten this and it took me more than 30 years before I re-joined.” – veteran survey respondent

“We see veterans come in who get judged if they’re not the norm. ‘Why do you have your grandmother’s card, or your father’s medals? Where did you nick them from?’ Female veterans come in for support and have been treated badly at other places they have sought support. One female veteran was once told ‘women don’t get PTSD, they get PMS’”. – Wodonga consultation, ESO

“A veteran doesn’t have to be an old, damaged man.” – Melbourne consultation, ESO

A 2012 study conducted by Dr Samantha Cropvoets for DVA, which examined the health and wellbeing of female veterans and found that:

“The women who did identify as veterans were more like to have pursued a successful claim through DVA. Being ‘accepted’ by DVA brings with it not only financial and medical benefits, but legitimate status as someone who has served their country. It can become a significant factor in legitimising the experiences of the veteran. In the absence of this legitimisation women often describe feeling devalued, rejected, isolated, and displaced.”¹²

Given that females now account for approximately one-sixth (14%) of current serving ADF members, these issues need to be addressed to ensure that both this cohort of veterans, and all other cohorts, receive appropriate and supportive services when they transition from the military.¹³ There are several Commonwealth initiatives underway to address these issues, including the ADF Service Women Steering Committee and DVA’s Younger Veterans – Contemporary Needs Forum.^{14,15}

These issues of self-identification are not unique to Australia. A United Kingdom study into veterans in the prison population commented that:

“it is a source of concern that... many of those whom we interviewed did not regard themselves as ‘veterans’, and did not know that the service charities offered support to them.”¹⁶

It is clear that veterans who do not self-identify as veterans, or are rejected as being a veteran by others (discussed further in Step 4, section 6.1), face barriers accessing services and benefits for veterans.

6.1.2 Step 2 - Become aware of services and benefits available to veterans

Not all veterans are aware of the services and benefits that are available to them. This is partly as a result of the complicated web of services and benefits provided at Commonwealth, state and local levels, and within the ESO sector (services discussed further at section 8). While there are a range of services and benefits available to veterans, these are not always promoted effectively to enable veterans to understand them or how they are relevant to the individual.

It is often difficult for veterans to find the right information as a result of having to navigate bureaucracy and difficulties associated with filtering which information is relevant to their veteran cohort, location and needs. There is no single consolidated online resource for veterans in Australia to access which identifies all of the services and benefits available. This makes searching for this information confusing and time-consuming. A 2009 Major Issues Paper developed through the joint efforts of 14 ESOs notes that,

“veterans are encountering problems because they are required to deal with multiple government agencies all with differing eligibility standards to access entitlements. The [federal] Government has taken some initial steps to ease this problem but these stop short of a ‘one stop shop’.”¹⁷

Across Australian governments there is a move towards the digital provision of complex information and services for its clients, through models such as the Digital Transformation Office, MyGov, Services NSW, Services Victoria, Services Tasmania and the like. Australia, through DVA, has taken steps to provide a consolidated resource with the establishment of a benefits guide wizard.¹⁸ While a positive start, the benefits guide provides generic advice only and does not provide linked access to apply for benefits, nor does it provide information about the available state, local government or ESO-based services and benefits.

Other jurisdictions such as America and Canada utilise a digital approach to providing information about veteran services and benefits, with America providing a static 151 page list of all of its facilities across the nation and a 128 page annually updated list of ESOs.^{19,20,21,22}

This issue of awareness is further explored in Dr Cromptvoets' study of female veterans. It noted that:

“there was a varied level of awareness of DVA services across the sample of people consulted, prior to their becoming a client of DVA”²³, and further, that “access to information, especially in the absence of an advocate, presented challenges with people not knowing what they didn’t know or what they should be asking.”²⁴

This finding of Dr Cromptvoets' study correlates with ESO feedback from the consultations. Veterans often do not understand what services and benefits are available to them until they access an ESO and receive support in identifying relevant services and benefits. The support provided by an advocate, such as an ESO, is beneficial to those veterans which access it and utilise the experience of the advocate to navigate this complex system for them.

However, there are a number of veterans who are not linked with an ESO or other advocate. This number cannot be quantified at the present due to a lack of research in this area. Veterans may elect to not engage with an ESO or an advocate for a range of reasons including lack of awareness of their services, or legacy issues which inhibit their appetite to access ESO services (eg. don't fit 'authentic veteran' profile, younger veterans not wanting to engage with traditional ESOs).

It is veterans that are not well connected with the veteran services sector who are particularly at-risk of remaining unaware of the services and benefits available to them.

“The VVC could push more information out to the community so that people in need can access the information they require to get assistance.” – Melbourne consultation, ESO

“Plenty of veterans don’t know what services are out there to support them.” – Geelong consultation, ESO

No quantifiable data was identified in the course of this review to estimate the extent of Australian veterans' awareness of veteran services and benefits. A large-scale American study of 10,972 individuals (including 8,710 veterans) can be used by way of comparison. This study found that 59% of veterans do not understand what benefits are available to them.²⁵ The proportion of veterans who didn't understand their available benefits also varied from veteran cohort to cohort, from a high of 65.5% of veterans from conflicts in 1955-1964, to a low of 39.5% of veterans from conflicts from September 2001 or after. Young veterans (between the ages of 18 to 30) understand their benefits better than the average veteran population, with only 48.6% of young veterans not understanding their benefits (compared with the average of 59%).

This study indicates that there is a substantial proportion of American veterans who do not understand what services and benefits they can access. These results, combined with the findings of Dr Crompvoets' study and the consultation feedback from ESOs, mean that it can be reasonably assumed that awareness of available services and benefits is a key issue amongst Australian and Victorian veterans. The transition process of veterans leaving the defence force may be a contributor to this lack of awareness. The transition process is discussed more in the following section.

6.1.2.1 Current transition processes do not provide necessary information to veterans

All veterans go through a transition process to exit the defence force. Transition consists of the vast amount of preparation and processes that occur in the move from the military to the civilian world. In order to assist in this process, the ADF offers access to Transition Seminars and Transition Centres.²⁶ The support provided through Transition Seminars and Transition Centres focuses on administrative requirements for discharge, support services available, employment support, housing and relocation, in addition to other matters which will affect the daily life of the member and their family.

Transition has been described as,

“a wholesale life change in which the service leaver discards more than just employment. [He/she] also relinquishes his accommodation and the camaraderie of service life. [He/she] undergoes a radical change in lifestyle. [He/she] enters civilian life having to discard the familiar trappings of the services including... the discipline of an organised and relatively institutionalised existence.”²⁷

Transition is therefore a key gateway for veterans entering civilian life and is significant in ensuring that veterans and their families are well equipped to ease back into civilian life.

In general, most veterans do go on to transition successfully out of the military and establish themselves in civilian life, with only a minority experiencing difficulty and an even smaller proportion finding the process traumatic.²⁸

There have been reports which cite that the transition process is not as effective as it could be in preparing veterans for transitioning out of the defence force. The Australian National Audit Office (ANAO) states that: “a key risk is that if discharging members are not adequately informed and equipped by the ADF and DVA during the transition process, they are less likely to have knowledge of, and may not access, available services after they leave the military.”²⁹

Another of the criticisms of the transition process is that there is a large reliance on members self-reporting when required to identify potential assistance needed. Reports suggest that this is a large contributing factor to many incidences of PTSD going unnoticed.³⁰ Additionally, the stigma surrounding mental illness in the military discourages transitioning members from reporting any problems they may be experiencing.³¹

Largely, commentary from ESOs and both older and younger veterans attending the consultations contended that the current transition process is ineffective and leads to veterans who are not aware of what support is available to them and how to access it. Therefore if not properly transitioned, veterans are likely to experience difficulties from the beginning in becoming aware of and accessing services throughout the remainder of their life. An example of this was provided through the consultations and is outlined in the case study below.

Case study of transition experience

An attendee present at a community consultation in Geelong sat silently off to the side of the room for the majority of the consultation. Despondent, the veteran contributed only when prompted by an ESO representative who asked him directly if he would mind sharing his experiences with the group.

He told the consultation attendees: "I've got no clue of my entitlements. I was serving for 26 years. I was discharged in May without a thank you or anything. I'm really struggling now. I've got two young kids, I don't know how much more of this I can take. I don't know how to get help. I don't know if there is help. I've tried calling my case manager at DVA but they haven't returned any of my calls. I've been to the Veterans Review Board but it is 4-6 weeks before a decision is made. The transition was a load of crap, it didn't help at all. I didn't get a phone call on discharge. I'm disillusioned."

A number of ESO representatives moved to the side of this veteran to offer support and their contact details to provide him with the services he needed.

This case study illustrates the ease in which veterans can fall through the cracks post-discharge, as no specific, localised information is given to veterans upon transition.

Despite this case study, and other less severe examples shared through the consultations by veterans and ESOs alike, there is little research to date on the effectiveness of the transition process and veterans' needs during this time of change.

The Transition and Wellbeing Research Programme, led by DVA, will be a valuable study to increase the knowledge in this area. The Transition and Wellbeing Research Programme is a \$5M study program over four years (financial year 2013/14 to 2016/17) to understand the impact of contemporary military service on the mental, physical and social health of serving and ex-serving personnel and on their families, and also to ensure policy and service delivery is responsive to future needs.³² These studies will be invaluable to a greater understanding of the strengths and limitations of the transition process for the veterans sector, thereby enabling the planning of future programs and services for veterans' exiting services.

6.1.3 Step 3 - Become aware of how to access those services and benefits

Once veterans become aware that a relevant service or benefit exists, the next step is to know how to access those services and benefits. The array of methods for accessing services can be confusing to someone with no experience of the system:

- can they self-refer?
- do they need to be referred by an agency?
- do they need to fill out hard copy forms or must they be completed online?
- is supporting evidence required from any source (eg. ADF, DVA, GP), and if so, how can that be obtained?

Challenges arise in this step where there is unclear, inaccurate, complex or incomplete information provided about how to access the identified services and benefits. The impact of these challenges is that the veteran is then required to undertake additional effort to obtain the information they need. For some this additional effort may be too much and result in the veteran abandoning the application process.

The support provided by an advocate such as an ESO eases these challenges, as a result of the experience and knowledge of the advocate to navigate the system on behalf of their veteran client. However, as raised in section 6.1.2, there is a proportion of veterans who are not linked in with an advocate and therefore may become 'stuck' on this step.

6.1.4 Step 4 - Have the ability to access and engage with services and benefits

Even if veterans get through the preceding three steps they may lack the ability to access and engage with their required services and benefits. Some barriers preventing veterans from having the ability to access services and benefits include:

- low digital literacy – lack of ability to use a computer or the internet to source online information or complete online applications
- lack of transportation – required service is provided and is available, but veteran does not have transportation to access the service
- regional, rural or remote location – required service is provided and is available, but veteran does not have the ability to travel to metropolitan-based services
- veteran alienation – as discussed in Step 1, alienation of veterans who do not fit the 'authentic veteran' identity can result in veterans then not feeling comfortable in accessing services or being redirected elsewhere by service providers.

“There’s a lack of services locally, you have to travel to Melbourne to access them. It’s too big a barrier for some people to overcome to get the support they need.” – Sale consultation, ESO

These barriers may also be exacerbated by specific veteran needs, for example, a veteran experiencing mental health needs may have difficulty organising, remembering and keeping their appointments, or veterans with physical health needs may experience chronic pain or frailty that precludes them from using public transport or taxis to access services.

Again, an advocate eases these challenges, as they can case manage veterans to ensure that appointments are kept and support is in place to overcome barriers they may experience. Those veterans not connected with an advocate and who lack this support may experience greater difficulty accessing and engaging with services and benefits.

Not all veterans are able to successfully progress through the steps outlined in Figure 2. Due to numerous challenges associated with self-identifying as a veteran, becoming aware of available services and benefits and how to access them, and having the ability to access them, a proportion of veterans are left 'stuck' at each step, unable to progress and access the services they require. This can result in the veteran's needs not being met, potentially exacerbating their needs and contributing to poorer quality of life outcomes.

6.2 Engaging and communicating with veterans

Engaging and communicating with veterans, particularly those with no linkage to an ESO, is essential to ensure that they receive the information and support they need. This review found that a mixed method approach for communicating and engaging with the veteran community would be most effective. The use of multiple channels, including 'personal' methods (explained below) and digital methods, ensures that a higher number of veteran community members are reached.

On the one hand, the Victorian veteran sector prefers to be engaged with and communicated to through more personal methods (ie. listening to and talking to real people) when compared with all other methods. Interestingly, almost a quarter (23%) of respondents to the survey conducted for this review rated radio as the most effective method of engaging with and communicating to veterans (refer to Figure 3).

Radio was followed by forums and meetings and face to face as the next most effective methods (22%), with newspapers and community groups being the third most effective methods (21%). Emails and newsletters received the lowest rating of all the methods (12%). This means that a heavy reliance on emails and newsletters to inform and engage with the veteran community may not be effective.

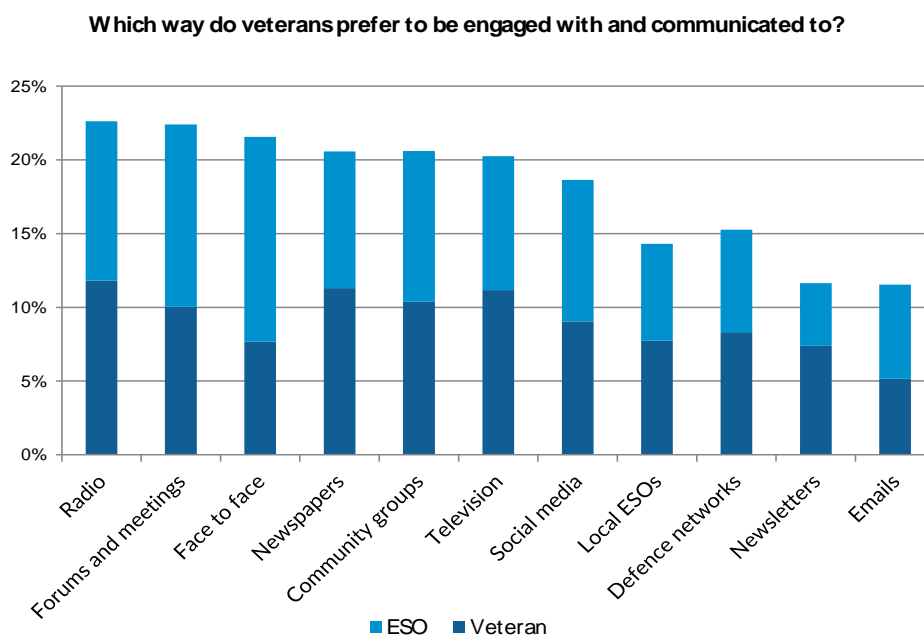


Figure 3 Survey response to communication preferences

In general, ESOs are successful in engaging and communicating with members of the veteran community, with a high degree of awareness of local ESOs reported by veteran community members in the survey. This may be attributed to the high levels of face to face interaction that ESOs have with their clients, members and the community through the services they provide and the social activities and events they deliver. Other results included:

- the majority of veteran community member respondents reported they did know about what local ESOs were available to them – 79%
- only a small minority reported that they did not know about local ESOs – 6%
- a few reported they would like to know more about their local ESOs – 12%.

Engagement with particular cohorts of veterans, such as Vietnam veterans and younger veterans, was cited as being especially difficult by the majority of ESOs who attended the consultations. A sample of the experiences shared is provided below.

“It’s complex in reality [engaging between veteran groups]. WWII and Vietnam veteran groups didn’t hit it off. It’s the same with older and younger veterans. We need to be more savvy... Need to understand younger veterans and what they want, and maybe looking at different ways of engaging, such as weekly coffee chats.” – Ballarat consultation, ESO

“Best way to engage with veterans is by word of mouth, face to face and over the phone.” – Wodonga consultation, ESO

“It’s difficult to engage with younger veterans, because for starters, you don’t know what to call them.” – Wodonga consultation, ESO

“Our RSL tries to engage with veterans through events like Veterans Health Day and Look after your Mate to get the word out about us.” – Sale consultation, ESO

One veteran also shared her experience of engaging with other veterans through social media:

“Thanks to Facebook, we’re in contact with other veterans electronically. I put up some weblinks to help other veterans.” – Geelong consultation, younger veteran

Our research and the feedback received suggests that the most effective ways to engage with the Victorian veterans sector are those methods that are more personal: a voice on the radio, face to face in an interaction or a meeting, by local community events or by word of mouth from someone trusted.

However, the modern-day dominance of the internet as a tool for global engagement and communication, for social, business and knowledge, means that it is an important channel when engaging and communicating with veterans. Some ESOs consulted as part of this review advised that they had commenced the process of modernising their websites or developing mobile applications (apps) to provide information more readily and connect with the younger veteran cohort. This shows that given the diversity of veteran community members in terms of their age, gender, geography and interests, there needs to be an equally diverse approach to engagement through mixed methods that capture the maximum possible number of veteran community members.

While governments continue to learn how to improve information provision and online service delivery in the digital century, it is imperative that digital engagement and communication is considered as a key part of any future engagement and communication strategies in the veterans’ sector. An example of a successful digital engagement and communication strategy within the Victorian veterans sector is the ANZAC Centenary website and associated social media platforms. This example is used as a case study below to draw out applicable learnings.

Grosvenor met with DPC Veterans Branch Communications to understand the learnings from the ANZAC Centenary website and social media platforms. The two key lessons are that:

- social media takes substantial time and effort to establish, but once established, requires little effort to maintain and becomes a dominant engagement platform*
- social media provides a cost-effective method for information provision and engagement to a broad audience, with one recent campaign costing only 31cents per click to reach approximately 62,000 people.³³*

The ANZAC Centenary Facebook page was established in April 2014, supported by paid advertising and heightened interest in an upcoming WWI event scheduled for August 2014. This platform now has over 9,000 'fans'.

DPC Veterans Branch Communications uses a content matrix to ensure content is fresh and regularly updated. This is a more effective strategy than the eNews newsletter used to communicate largely the same information, which has only 1,500 subscribers and a low click through rate ('opens').

The ANZAC Centenary website has received consistent positive feedback from both users and peer reviewers within the department. One future challenge for the ANZAC Centenary website is how to use it as a platform for other commemorations, without reducing the website's emphasis on the ANZAC Centenary. Lessons learnt from the ANZAC Centenary social media and website can be applied to all organisations delivering services in the veterans' sector.

The example of the ANZAC Centenary website and social media illustrates how a successful digital engagement and communication strategy can be designed, implemented and maintained. It is likely that the demand for such digital engagement and communication strategies will increase into the future.

In lieu of Australian research, a large-scale American study of veterans was illustrative in understanding the demand for online information amongst the veteran population – which is high. Just over a third (36.9%) of all veterans had searched for information on the internet in the past 12 months, with this proportion rising to 82.4% for younger veterans (age 18-30).³⁴ The majority of veterans (72.3%) do use the internet, with this proportion rising to 98.7% of younger veterans (age 18-30). Unsurprisingly then, the majority (59.2%) of veterans in this study indicated that they would like to receive veteran's affairs information through the internet, with this figure rising to 75.6% for younger veterans (age 18-30) and dropping to 24.6% for WWII veterans.

Veterans in this study indicated that they were most willing to use the internet for the following activities:

- obtain news and information (74.1%)
- conduct research on services (73.6%)
- obtain information about benefits (68.8%).³⁵

The results of this study show that the provision of information regarding veterans' services and benefits over the internet is vital, given the increasing demand for information through this channel.

Despite this finding, in terms of existing programs in which veterans are currently enrolled, the American study found that direct mailings were noted as the best way for veteran's affairs to communicate changes to a specific program (Veterans' Group Life Insurance) by 80.5% of respondents to this study.³⁶ Already enrolled participants in a program may continue to favour direct mailings as their preferred method of communication regarding updates, rather than being required to seek out this information themselves.

The American National Centre on Family Homelessness's Tool-kit for Engaging Veterans and Families to Enhance Service Delivery analysed four common methods for engaging with the veteran community and is a useful tool to aid these selection processes.³⁷ These methods are summarised in Figure 4, along with the benefits (+) and challenges (-) associated with each method. A mix of these four high level methods may be an appropriate way to structure a communication and engagement strategy, thus covering all key methods the veteran community is likely to receive messages through.

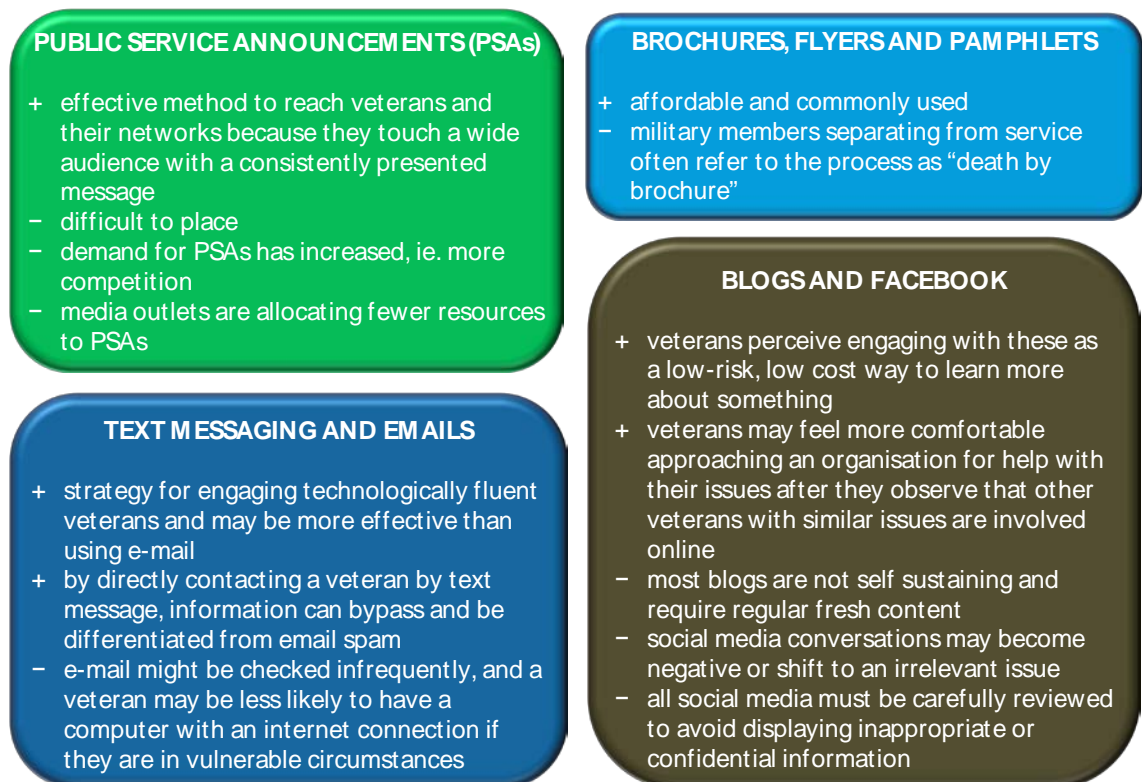


Figure 4 Summary of communication and engagement methods

In summary, this sector review found that there is no 'one size fits all' approach to engaging and communicating with veterans. Rather, what is required is a careful consideration of the purpose of the engagement and communication, and the selection of the most appropriate method for achieving that purpose. A mixed methods approach to communication and engagement is likely to be most effective. This prevents over-reliance on one channel and increases the likelihood of your message being 'broadcast' to reach the highest number of veteran community members, rather than a discrete subset of veteran community members who utilise only one specific method.

6.2.1 Privacy requirements and data constraints - A barrier to communicating with veterans

Privacy legislation provides all Australians with the peace of mind that their personally identifying details will not be disclosed inappropriately or to their disadvantage. However, ESOs and other agencies consistently nominated privacy legislation as a key barrier restricting the effective engagement of veterans.

The ADF and DVA are legally obliged to comply with the *Privacy Act 1988 (Cth)* and their resultant obligations, including preventing the release of any personally identifying data. The result is that ESOs and other agencies, including the VVC, have no accurate demographic data on the veterans within their local areas, hampering policy development and service delivery planning. Age and population data can be accessed through DVA's website and upon request, however, this data lacks granularity as to the needs of the veterans within those locations, for example, is there a high need for mental health or social assistance services? It is thus difficult to plan needs-based service delivery in this context.

A number of ESOs commented on this barrier through the consultations, as captured below:

"We don't know where the veterans are or who is in the area." – Wodonga consultation, ESO

"We used to be able to call into hospitals to help veterans, but not anymore, due to the privacy regulations." – Frankston consultation, ESO

"It appears that our biggest enemy is the plethora of privacy obstacles which prevent the identification of contemporary members/clients." – ESO survey respondent

The ADF's and DVA's compliance with the *Privacy Act 1988 (Cth)* may create these challenges for ESOs and other service providers, but it prevents the inappropriate disclosure of sensitive individual information. There could be many impacts if sensitive individual information was disclosed, including:

- legal action or inquiries (for example, as in the case of 'DO' (applicant's name withheld for privacy) and Department of Veterans' Affairs [2014] AICmr 124 (13 November 2014)³⁸)
- broad dissemination of sensitive information resulting in a loss of veteran community trust, and the risk that harm is done to an individual as a result of that disclosure
- inability to control who has access to the information, and the circumstances in which they have access, after release.

Therefore, while this is a legitimate concern of ESOs and other agencies that is impacting their ability to engage and communicate with veterans, it is beneficial overall that these privacy requirements continue to be upheld by the ADF and DVA. Other strategies could be

used to overcome this privacy barrier to ensure that veterans are fully apprised of their benefits, local services and ESOs without that information being directly distributed, such as coordinating direct mailings through DVA subject to need.

Privacy restrictions are only one element of the data constraints surrounding the veteran community. As noted in the limitations at section 3.3.2, there is little data and research available on the Australian veteran community, which increases the difficulty of analysis and sector responsiveness to veteran community needs. One illustrative example is the fact that while DVA captures some data on its client base, a large number of veterans who have exited from the ADF but not entered the DVA system are not captured in any census information, data or research. It is these non-DVA veterans on which there is little, if any, empirical information.

Similarly, unless a veteran chooses to engage with either an ESO or other service provider as a veteran there is virtually no way of identifying them in the broader population. Information on the veteran population, their locations and needs remains a key barrier to the development of appropriate policy and evidence-based programs. These data constraints, which are exacerbated by the privacy requirements, limit the ability of the veterans sector to enhance outcomes for the veteran community.

6.3 Conclusions and recommendations

There is a veteran cohort which is unable to access the services they require, due to the barriers associated with progressing through each step of the journey. These barriers may result in a worsening of those veterans' conditions, if they cannot access the support they need. There is an opportunity to alleviate these barriers and enable more veterans to access the services they need.

Clear, effective communication to veterans regarding the services they have available to them through a diverse mix of communication channels would improve awareness and reduce the barriers veterans face in accessing services. This would enable a higher proportion of veterans to move through all four steps in accessing services and provide improved outcomes for the effectiveness of the sector in addressing veterans' needs. Some of this work could also be undertaken during the transition process all service personnel go through as they exit the military. The provision of localised and ESO information at the point of transition could enhance veterans' ability to navigate these barriers.

With specific regard to the pervasive 'authentic veteran' stereotype, it is evident that:

- if this traditional stereotype of a veteran is not updated, and
- both younger and female veterans continue to not identify themselves as veterans or experience discrimination when they do try to access services, then these cohorts will experience a poorer quality of life and service outcomes than they are entitled to.

The ADF Service Women Steering Committee and DVA's Younger Veterans – Contemporary Needs Forum may be valuable resources for the VVC to link in with to understand these issues further and generate potential solutions.

In terms of the optimal method for engaging and communicating with veterans, while there is no 'one size fits all' solution, certain methods are more effective for certain types of communication. Initial engagement in a personal manner through radio, face to face, local community events or by word of mouth is the most effective way to establish relationships with veterans outside of ESO networks. Website and social media is vital for the communication of information relating to the services and benefits available to veterans.

Overall, however, communication and engagement with the veteran sector requires more work. The lack of available data on veterans and the dispersed location of veterans makes this task even harder. There is an opportunity for better data to be captured on the veteran population to overcome the limitations which inhibit a full understanding of the needs and profile of the veteran community within Australia.

The recommendations stemming from our conclusions are outlined below. These recommendations are detailed with specific strategic implementation options in section 10 – Recommendations.

Recommendation 3: The Victorian veterans sector should collaborate to reduce the barriers faced by veterans at each step of their journey to access their required services, by outlining the services provided, the barriers veterans face in accessing those services, and a plan for alleviating those identified barriers.

Recommendation 4: The Victorian Veterans Council should work collaboratively with the Victorian veterans sector to understand, redefine and promote what a veteran is, in order to combat the outdated prevailing stereotype.

Recommendation 5: The Victorian veterans sector should work with DVA and the ADF to enhance the transition process for veterans, where possible, through the provision of localised and ESO services at this point in time.

Recommendation 6: The Victorian veterans sector should use a mix of methods for communication and engagement with the Victorian veteran community for maximum effect.

Recommendation 7: The VVC should advocate for improved data capture on the Australian veteran community, including their needs and profile, through liaison with the ADF, DVA and the Victorian veterans sector.

7 Demand factors – Veterans and the service provision in the veteran sector

This section of the report details the findings and conclusions with respect to the size and distribution of veteran population. We detail the evidence of a decline in total veteran numbers and what the veteran population will look like in the future.

We also detail the findings and conclusions in relation to the needs of the veteran community. We articulate what the key needs are, how and if the veteran community differs from the general population in those needs, and the inter-relationships between the multitudes of complex veteran needs.

7.1 A changing veteran profile

The veteran profile is changing, with the veteran population decreasing overall and younger veterans becoming more prevalent as they exit the military from recent conflicts. This will change the way the sector and ESOs respond to meeting veterans' needs and delivering services to the veteran sector. These changes are discussed in the following subsections.

7.1.1 Decreasing veteran population

The veteran population is decreasing steadily, with this decrease due to a reduction in the numbers of older veterans. As of 2014, DVA estimated that there were 353,900 veterans in Australia, a decline of 13.7% since 2010.³⁹ This section discusses further the analysis regarding the changes in veteran cohorts, the implications of these changes for Victoria and the geographic distribution of veterans throughout Victoria. The data used throughout this section comes from data on DVA clients. While this data does not represent the entire Victorian veteran community, the trends and distribution of this cohort provides a relevant sample for this review.

The decline in the veteran population is driven predominantly by the decline in the WWII cohort, which declined by 49% between 2010 and 2014, as shown in Figure 5. The only veteran cohort to grow between 2010 and 2014 was the post-1999 conflict (Gulf War) cohort, which grew by 22%. It is expected that this cohort will continue to grow as active service personnel exit the military over the coming years.

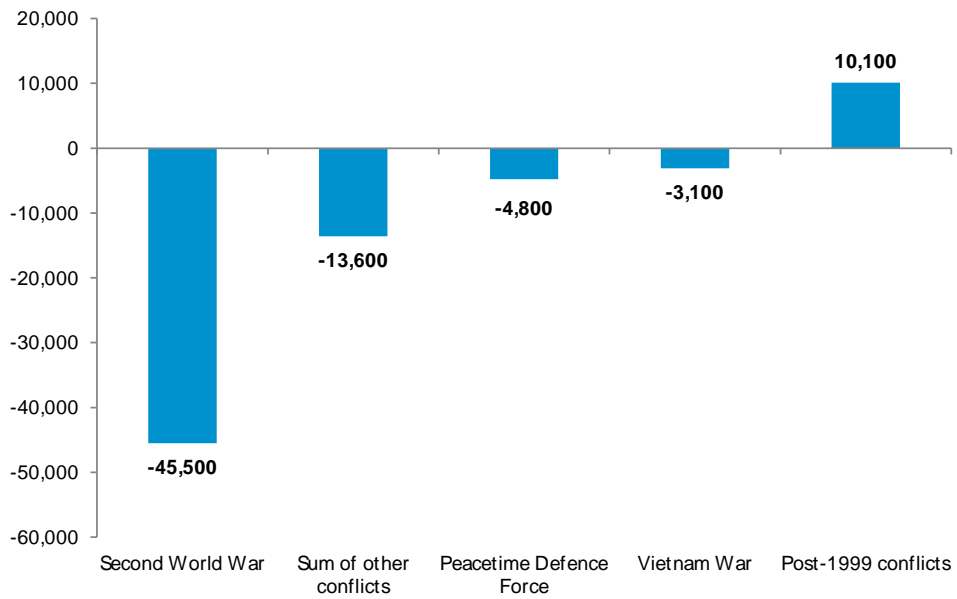


Figure 5 Reductions/growth in veterans by cohort 2000-2014 (DVA 2014)

These cohorts are based on different age groups due to the time differences between various conflicts. Understanding the age profile of the veteran population as a whole is crucial to understanding what is likely to happen in the future.

Victoria has the third highest population of resident v DVA clients (including veterans and other members of the veteran community) in Australia (64,842), after NSW (98,834) and Queensland (85,873). Figure 6 below summarises Victorian DVA clients by age group.

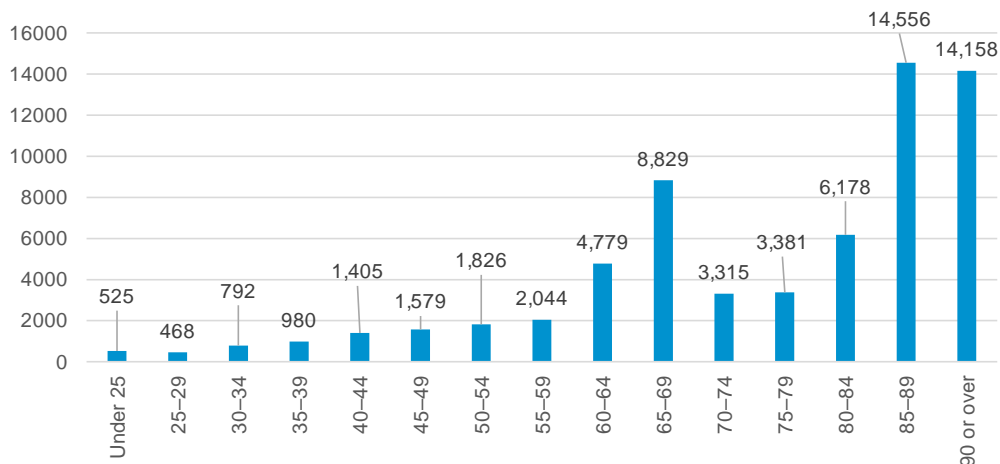


Figure 6 Victorian veterans by age (DVA 2014)

The 85-89 and 90+ over cohorts together comprise a majority of DVA's Victorian veteran population, with these age groups together accounting for 35% of this population. The ageing of the veteran cohort will have impacts on planning for services over the next 10-20 years, as it will require an investment in aged care, health services and social services for

these older Australians. This is similar to the needs of the general ageing Australian population.

The second highest age groups are the 60-64 and 65-69 year olds, together equating to 23% of the veteran population. Veterans under 60 are a small but growing age group, currently comprising 21% of the total veteran population and expected to grow further as the veterans in the 85-89 and 90 or over age groups decline. Those veterans aged between 70 and 84 account for the remaining 21% of the veteran population. Overall, the veteran population is an ageing group, with 50% of the veteran cohort being 75 years of age or older.

This means that the planning and delivery of veteran services in Victoria is likely to be highly disrupted over the coming years as the older age cohorts decline. There will be a reduced critical mass of veterans within each local area, thus reducing the ability for government and service providers to service each area. The needs of the overall veteran population will also be different, through the passing of the over-75 generation across the next 10-20 years resulting in a lower median veteran age. These younger veterans will have different priorities to those of the older veterans – employment and families – which is contrary to the current predominance of health and social services associated with the ageing population. This upcoming demographic change over the next 10-20 years poses questions for policy-makers to consider in terms of how veteran services will be provided within the state, and how and when to start focusing on the needs of younger veterans given the current and increasing decline in older veterans. These challenges are exacerbated by the diffusion in the spread of the veteran community in regional, rural and remote Victoria, thereby resulting in a decline in critical mass throughout Victoria.

To explore these issues further, data relating to the DVA client populations was used to explain trends within the populations as a whole and provide additional years of data for analysis. Figure 7 graphs the DVA actual and total forecast data for the total combined client veteran and dependent population, both within Australia (the dark blue line which correlates to the left axis) and within Victoria (the light blue line, which correlates to the right axis).

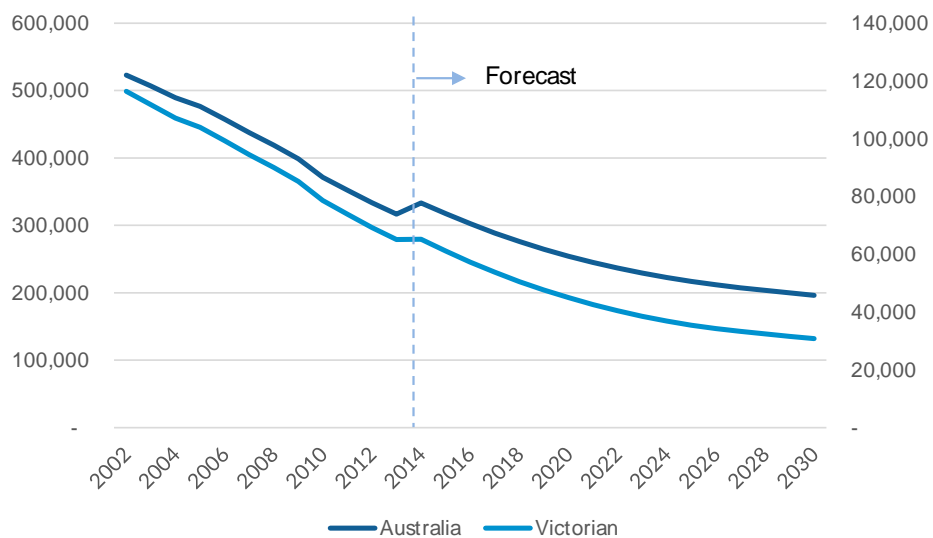


Figure 7 Actual and forest DVA clients 2002 to 2029 (LHS Australia; RHS Victoria)

Figure 7 shows that the total veteran and dependent population of DVA clients has declined from 522,795 in Australia and 116,420 in Victoria in 2002, to 333,317 in Australia and 65,175 in Victoria as at 31 December 2014 (approximately 36% actual decrease across Australia and a 44% decrease in Victoria).

DVA forecasts that there will be less than 200,000 total veteran and dependent clients in Australia and approximately 31,000 in Victoria by 2030 (approximately 41% forecasted decrease across Australia and a 53% decrease in Victoria from 2014). This analysis confirms that Victoria will be significantly impacted by its ageing cohort of veterans over the next 10-20 years.

Continuing to focus on future challenges for Victoria due to the decreasing veteran population, the current postcodes with the highest and lowest DVA client concentration (including both veterans and dependents) in Victoria are shown in Figure 8. The darker green indicates areas of highest concentration.

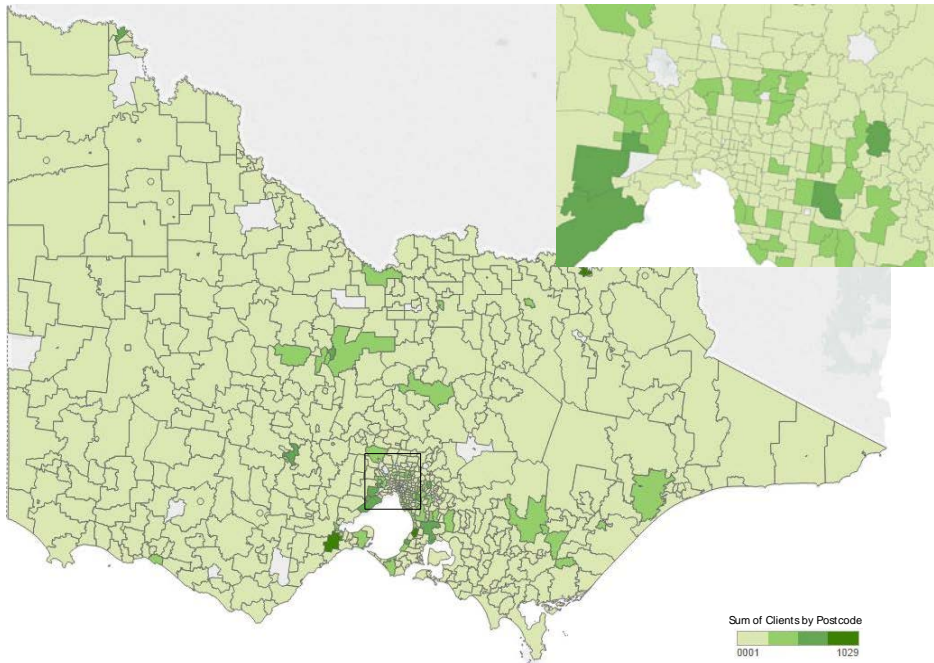


Figure 8 Geographical distribution of veterans by postcode

Figure 8 illustrates that the current DVA client population by postcode is concentrated within Victoria mostly in the outer suburbs of Melbourne, along the Mornington and Bellarine peninsulas and in some regional and rural locations throughout central Victoria and Gippsland.

The top ten areas (by Local Government Area) for DVA population concentration are summarised in Table 6.⁴⁰

Table 6 Top 10 DVA client cohorts by LGA

LOCAL GOVERNMENT AREA	DVA CLIENT POPULATION
Greater Geelong	3,460

LOCAL GOVERNMENT AREA	DVA CLIENT POPULATION
Mornington Peninsula	3,268
Frankston	1,878
Kingston	1,826
Whitehorse	1,819
Banyule	1,819
Greater Bendigo	1,818
Monash	1,739
Casey	1,713
Boroondara	1,570

Mindful of the future shift in the veteran population demographics, analysis was also undertaken to assess emerging areas of need, based on where the younger veterans are located. Figure 9 provides a heat map of the average age of the DVA veteran client population within Victoria, with areas of dark blue indicating a younger average veteran age and thus potential areas of future service to meet the latent wave of veteran needs.

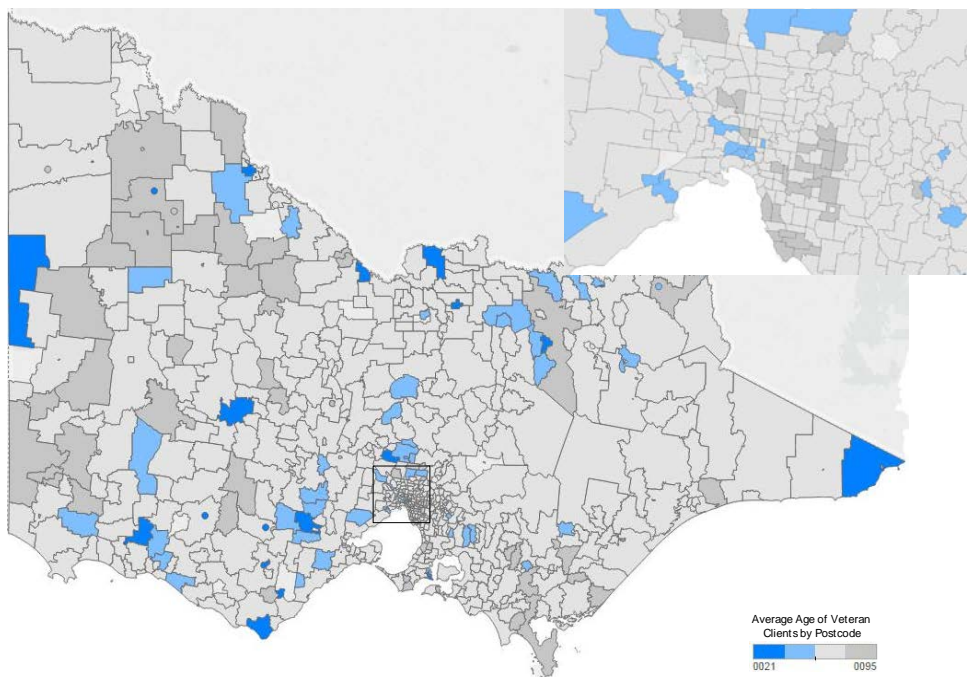


Figure 9 Geographical distribution of veterans by age

Figure 9 shows that a younger average veteran age is more common in regional and remote locations, such as:

- along the SA/Victorian border
- along the NSW/Victorian border
- the west of Victoria through the Grampians region

- throughout central Victoria through the Hume corridor.

This analysis has implications for future service provision to address the needs of regional and rurally-based veterans to ensure they are provided with adequate physical and mental health services, employment opportunities and other needs-based services. What this also means is that in 10-20 years the distribution of veterans in Victoria may look very different and government needs to commence planning accordingly.

The five areas with a youngest average age (by Local Government Area) are summarised in Table 7.⁴¹

Table 7 Top 5 areas for younger veterans by LGA

LOCAL GOVERNMENT AUTHORITY	AVERAGE AGE OF RESIDING VETERANS	VETERAN POPULATION
Wodonga	56	3
Mitchell	56	11
Wyndham	59	6
Whittlesea	62	13
Indigo	62	9

The complexities associated with servicing veterans increases as the population decreases. Veterans are still widely dispersed geographically, however, due to the decreased veteran population a number of these areas no longer have the critical mass required to support tailored veterans services. This creates future challenges for government to ensure that veterans receive the services and support they need, in a context where government and service providers may no longer be able to support dedicated shopfronts for their services to veterans in a number of local areas.

Younger veterans are the only growing cohort amongst the veteran population (as per Figure 5). Therefore, it is important to understand the ways in which the younger veteran cohort differs from the rest of the veteran population. This is discussed in the following subsection.

7.1.2 Younger veterans

For the purpose of this section the term younger veteran is assumed to mean those with service post-Vietnam. During the course of the review a profile of younger veterans developed which demonstrated that they are far less likely to engage with ESOs or with other traditional services than their predecessors.

Younger veterans prefer to engage with and access information online. Neither ESOs nor government provision of information has kept pace with this preference. A recent study notes that younger veterans are seemingly shunning involvement in the traditional ESOs and opting to establish virtual organisations, through which they exchange information and seek to deal with their particular issues.⁴² Thus, the lack of responsiveness to this preference has resulted in the creation of more ESOs to address this need for this cohort.

The current structure and focus of 'traditional' ESOs do not suit younger veterans, who may still be in the workforce or have parenting responsibilities. Compounding this, ESOs

have not yet found effective strategies to attract younger veterans to join their organisations, with the ‘traditional’ culture of some ESOs reportedly off-putting to many younger veterans. Emerging ESOs are discussed in section 9.1 of the report.

Feedback provided by younger veterans through the consultations and surveys to illustrate these points are provided below.

“When I stepped in an RSL for the first time, there was a foot of smoke on the ceiling and 5 or 6 people staring at me. I said see ya later and walked out.” – Wodonga consultation, ESO

“I find the RSL is set in a very rigid traditional mindset which is fine if you are defined by being a veteran. But if you are proud of your service but are living your life they can be unwelcoming. I also found when I joined the RSL when I returned home that the clubs were very focused on revenue as social type clubs with very little activity or relevance of interest to me as a contemporary veteran” – veteran survey respondent

“All RSL events and meetings are tailored for retired old vets. Timings and dates clash for young vets that work and have parental responsibilities!!” – veteran survey respondent

“The RSL organisation has not made the transition to younger veterans with families. They now purport to represent veterans as young as teenagers through to 100+ year olds. A huge challenge for any organisation. There is very little evidence of innovation from the RSL in how they support veterans of all ages.” – veteran survey respondent

“The RSL is struggling to understand the younger veteran and their needs. They are trying but need to work on gaining the young vet membership and getting them to become involved.” – veteran survey respondent

“Understand that not all veterans are 60 years or older, some are still putting children through school and do not necessarily sit around in a bar once a month and have a meeting that is irrelevant to them and their families.” – veteran survey respondent

7.2 Veteran service needs

This section of the report details the needs of the veteran sector for services and support. In this section we draw heavily from both local and international research as to the needs of veterans across a wide range of health, social, employment and other issues.

Where possible this research is supported by findings from the consultation processes and feedback from both veterans and ESOs.

As much as possible this review tries to distinguish between the needs of the general Australian population, or any given demographic sector and those experienced specifically by veterans. In doing so we have tried to highlight where veterans’ needs may be greater or otherwise different from those of non-veterans.

7.2.1 Veteran needs are numerous and complex

Consistent with the 2008 sector review conducted by the VVC, this review confirmed that the needs of veterans are myriad and complex. Figure 10 summarises these needs and highlights that often one need can impact on or be impacted by another need.

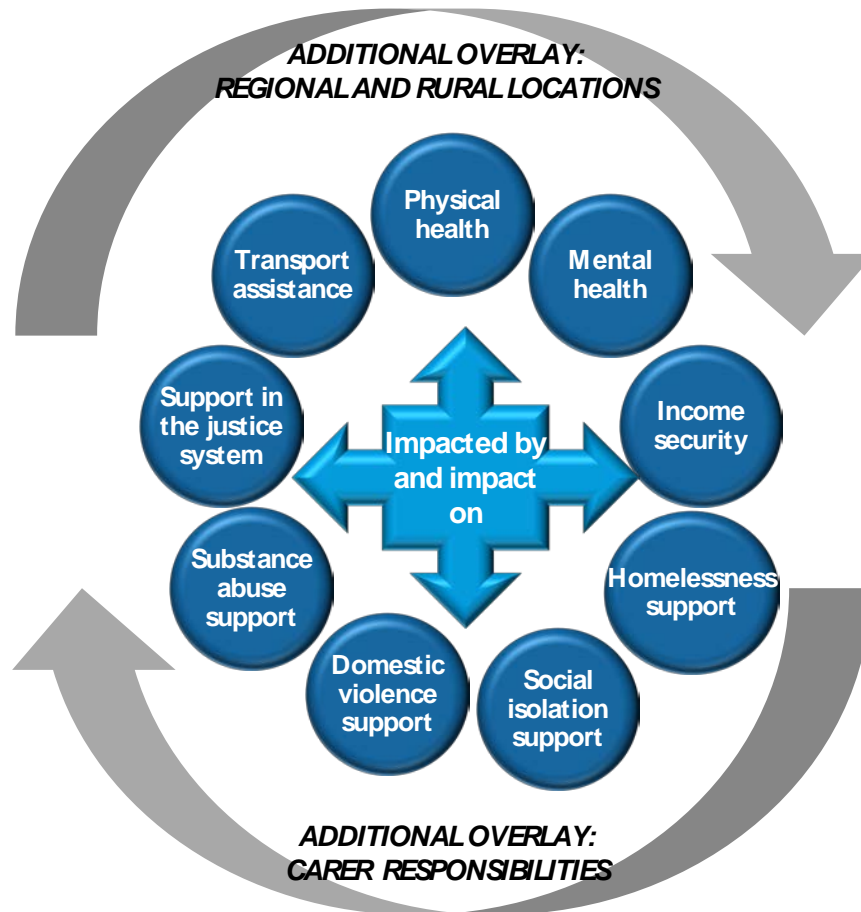


Figure 10 Interrelationships between veterans' needs

These needs are discussed in more detail in the following subsections. Each subsection explains:

- what the need is, for example, how it is defined, understood, or what indicates a need
- the size of the need (if known)
- the impacts of that need on other veteran needs and the relationships between different needs.

Many of these needs relate specifically to the experiences of veterans themselves as opposed to other members of the veteran community, therefore these needs are discussed assuming a focus on veterans. Where relevant, commentary is provided on the impact of these needs on other veteran community members.

However, it is important to note these needs affect a minority of veterans rather than the whole veteran cohort. Many veterans complete their service and go on to live happy, full, socially connected lives, with their overall needs not dissimilar to the broader Australian community.

Further, these needs apply to not only a proportion of the veteran community, but also apply to the broader Australian community. This report takes the lens not of ‘disadvantaged or vulnerable veterans’ but of ‘veterans in disadvantaged and vulnerable circumstances’.

Too often the image of a ‘broken’ veteran is perpetuated through the media and thus the societal psyche – an individual who is older, male and crippled by PTSD. This is not always the case and it is simply not true that all veterans will have a mental health condition.⁴³ This imagery can distort community perception of what a veteran is and thus limit veterans’ ability to access appropriate health services and employment.

While veterans may experience some of these needs to a higher degree and intensity than the broader Australian community, these are not only ‘veterans’ problems’, but society’s problems.

Figure 11 below provides an overview of the most important needs reported by members of the veteran community. It is clear that health care, mental health care and recognition are the top needs reported by these survey respondents, followed by DVA and ESO support.

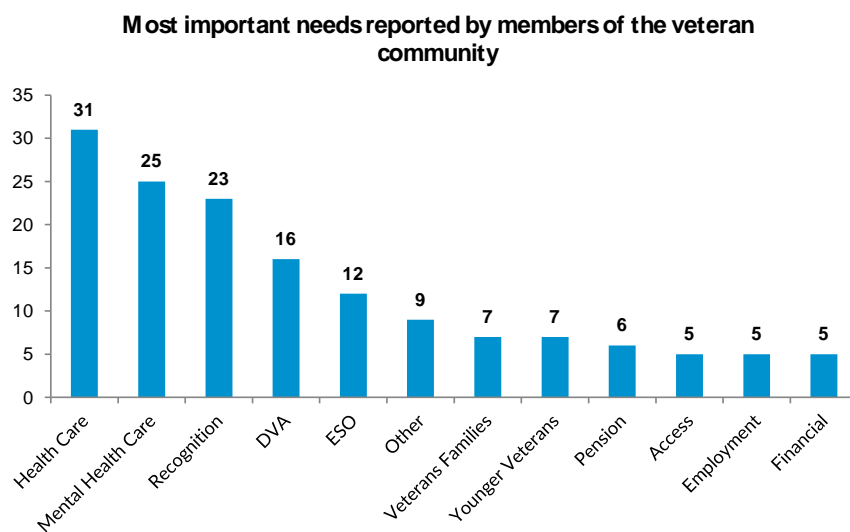


Figure 11 Most important needs

The summary below is provided to better inform the overall understanding of current and emerging needs faced by the veteran cohort.

7.2.2 Physical health

Physical health is an essential aspect of a high quality of life for many Australians. The subject of physical health is broad, with issues ranging from mobility to chronic diseases. This section summarises recent literature studying veterans’ overall physical health and

mortality. Research into the physical health of veterans produces mixed findings as to whether veterans experience better or poorer health than their non-veteran counterparts.

Some studies, such as the large-scale American study of veterans, identified that the majority of veterans (72.3%) reported that their health was good or better (including very good and excellent).⁴⁴ Further, most veterans reported that they could perform activities of daily living without assistance. Other studies have found that:

- the majority of participants were psychologically, physically and socially healthy both before and after deployment⁴⁵
- the overall death rate in the MEAO (Middle East Area Operations) veterans group was significantly lower than that observed in the comparison group.... [and] in the Australian population of the same age⁴⁶
- a study of Vietnam veterans over 30 years concluded that “their mortality was 6% lower than expected.”⁴⁷

Some of these studies attributing better than average physical health to veterans discuss the ‘healthy worker effect’. The ‘healthy worker effect’ refers to the fact that these individuals recruited to service were screened to meet mandated health requirements, which may in part explain these results.

Conversely, other studies note that veterans experience poorer physical health than their non-veteran counterparts. These studies found that:

- ten years after the Gulf War, veterans were at significantly greater risk than the comparison group of a number of adverse health outcomes and now researchers have concluded that more than 20 years after the Gulf War... [the results] demonstrate that Australian veterans of the Gulf War have poorer physical health, psychological health and quality of life, greater use of DVA-health services and greater use of pharmaceuticals⁴⁸
- the peacekeeper sample had worse physical health and poorer quality of life than their civilian counterparts.... Only 33% reported being in good or excellent health (compared with 51%).... [and] reported a quality of life that was approximately 30% worse than their civilian counterparts.⁴⁹

These conflicting contentions result in a lack of clear evidence as to whether veterans experience better or poorer physical health than their non-veteran counterparts. Further research in this domain would reduce the ambiguity of these findings.

7.2.3 Mental health

Good mental health is another key contributor to quality of life. Common mental health disorders experienced by the veteran cohort include depression, PTSD, anxiety disorders, panic and substance abuse disorders.⁵⁰ Mental health disorders can affect both veterans and their families through changed behaviour, withdrawal, frustrated or aggressive behaviour, and consideration of self-harm or suicide.⁵¹

While substance abuse issues are touched on in section 7.2.8, this section talks generally to the prevalence of mental health disorders in the veteran cohort, with a focus on PTSD. It is

not the intention to reproduce all available literature in relation to all of these disorders, but rather to call out key findings from recent research.

In 2013 DVA supported 148,700 veteran with one or more service related disabilities under the VEA, *Military Rehabilitation and Compensation Act 2004* (MRCA) or *Safety, Rehabilitation and Compensation Act 1988* (SRCA). Of these, approximately 46,600 had an accepted mental health disability – only 31%.⁵² Of those 31% with mental health disorders, stress disorders (including PTSD) were the most common, followed by substance abuse, as shown in Figure 12.⁵³

Top Mental Health Conditions as at March 2013 includes VEA, MRCA & SRCA

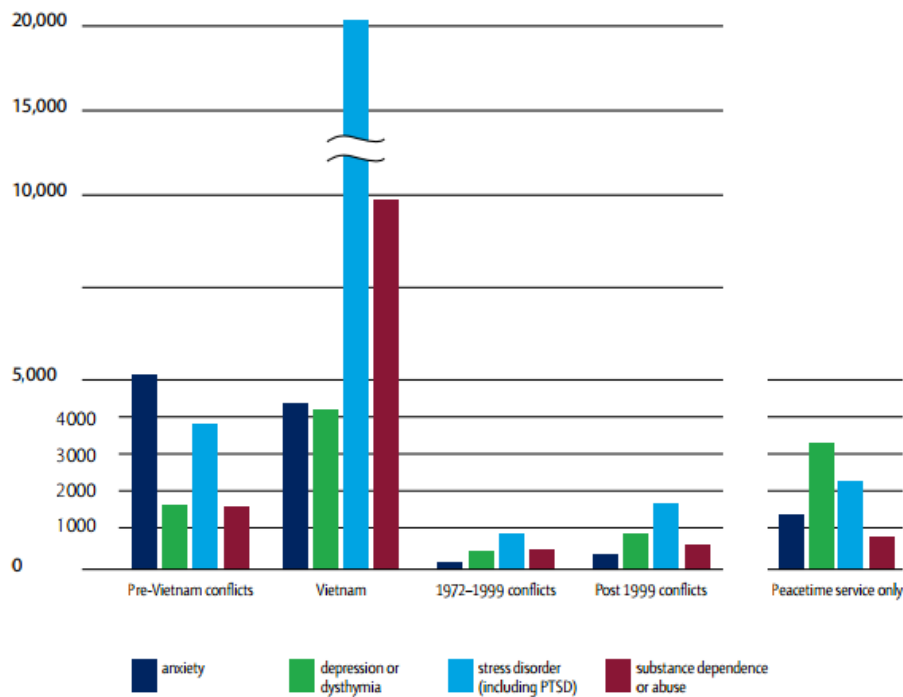


Figure 12 Top mental health conditions (DVA 2013, Veteran Mental Health Strategy)

PTSD affects veterans in a number of ways, with each experience unique to the individual. PTSD symptoms can include anger, anxiety, confusion, depression, fear, emotional detachment, hallucinations, mood swings, sadness and social withdrawal.⁵⁴ PTSD may be experienced either directly following the event or a number of years following the event as the veteran ages.⁵⁵ This can increase the complexity of treatment. Researchers of a peacekeeper study commented that,

“the prevalence of mental health disorders pre-deployment was very low.... [note however] alcohol use disorders were much higher than the civilian sample. Currently, however, the prevalence of disorder in this sample was disturbingly high. Rates of current (12-month) PTSD, for example, were... nearly three times that of the civilian sample.”⁵⁶

Gulf War veterans were identified to be at greater risk of developing disorders including PTSD, affective disorders and substance abuse disorders, with this prevalence remaining elevated a decade after deployment.⁵⁷

Researchers from another study confirmed that Gulf War veterans were at a higher risk for PTSD, multi-symptom illness, chronic fatigue and alcohol disorder.⁵⁸ An Australian study of 14,032 respondents who had been deployed to the Middle East Area of Operations between 2001 and 2009 found that:

- the prevalence of PTSD was much higher amongst ex-serving members than current serving members
- prevalence of poor mental health was generally highest two to three years after the most recent deployment.⁵⁹

One impact of a veteran experiencing a mental health condition, including PTSD, is the elevated risk of suicide.⁶⁰ In the United States, veterans alone account for 20% of suicides in the population.⁶¹ Preventative services may stop veterans from reaching the point where they contemplate self-harm.

The results of these studies indicate that increasing numbers of Gulf War veterans will experience the onset of PTSD. It is essential that these veterans are properly treated to avoid these conditions escalating.

7.2.4 Income security – Employment and benefits

To have secure income, veterans need some sustainable method of meeting cost of living pressures, whether this is through employment opportunities or pensions and benefits (including concessions).

7.2.4.1 Employment

Employment is a way that individuals can contribute to society, build social ties and achieve financial security. This section talks to veteran unemployment, income and the transition to civilian employment. The data used in this section is largely from an American perspective, given the lack of available Australian data on this topic. This data is used to build a picture of veteran employment outcomes in a comparative jurisdiction.

Results from the American Veterans Affairs show that veterans had slightly lower unemployment rates than non-veterans between 2000 and 2013.⁶² It should be noted however, that America does have programs to support veterans obtaining work in government, compared with Australia which does not. These results differ by demographic, with:

- veterans with ages 18-54 having similar or lower employment rates than non-veterans, but unemployment rates between veterans and non-veterans over the age of 55 are comparable
- veterans from conflicts between 1990 and the present (Gulf War I and II veterans) accounted for almost half of all unemployed veterans in 2013

- while male veterans had lower unemployment rates than their non-veteran counterparts, female veterans experienced similar unemployment rates as non-veteran females.

A large scale American survey of veterans investigated the incidence of unemployment in veteran communities.⁶³ Slightly under half of all veterans (45%) reported they were working in the past week (ie. employed), with this proportion rising to 67.4% for veterans of post 9/11 conflicts.

Veterans who reported that they had not looked for work in the past week but were looking for work (ie. unemployed) accounted for 9.7% of all veterans. This figure rose to 18.8% of veterans of post-9/11 conflicts. Lastly, the veterans who indicated that they had not worked in the past week and were not looking for work (ie. retired) accounted for 45.3% of all veterans, but only 13.7% of veterans of post-9/11 conflicts. The age profile of these different cohorts may have affected these results.

What these results and the American Veterans Affairs data indicate is that as a population, veterans are able to secure employment at levels comparable with their non-veteran peers. However, Gulf War/post-9/11 veterans are the cohort most likely to be unemployed, despite America having programs which support veterans to find work. Therefore, the unemployment rate for Australian veterans may be even higher than these American figures. This presents an opportunity for the veterans sector to enhance employment outcomes for this Gulf War/post-9/11 veteran cohort within Australia.

Australian research into employment outcomes has found that Australian Defence Force (ADF) leavers face a penalty in terms of employability – the probability of finding a job, especially older veterans and female veterans. Long-term health conditions and disabilities did not materially affect employability, but did reduce weekly earnings.⁶⁴

Additionally, this research identified that veterans pay a financial penalty for leaving the military, of an almost 30% reduction in weekly earnings. This is attributed to the expertise developed during military service not being highly transferable to civilian experience, especially for those veterans with military specific skillsets.

From this, the researchers state that part of the disadvantage observed for ADF personnel may be that their employment experience and expertise built within the ADF is not as transferable as the experience and expertise of their civilian counterparts.⁶⁵

The contrast between the findings of the American and Australian research may be attributed, in part, to the lack of Australian data on its veteran population. However, the review found that it was also likely that the employment prospects for Australian veterans were not as good as those for American veterans due to the existence of American programs which provide veterans with specific support to transition into government roles. Thus, there is an opportunity for the veterans sector to improve veteran employment outcomes within Australia.

7.2.4.2 Transition to civilian roles

The transition from the military into a civilian role is a challenging period with veterans required to make substantial readjustments. The difficulty for veterans in transitioning to civilian employment is exacerbated by a lack of knowledge regarding civilian business practices and social protocols. Even skills that civilians take for granted such as numeracy

and managing personal finances present challenges for some veterans.⁶⁶ An illustrative example comes from the Australian Broadcasting Corporation:

“soldiers say the shift that comes when they leave the ADF - sometimes as extreme as going from working in the crosshairs of sniper rifles to doing paperwork in offices - can be remarkably disempowering.”⁶⁷

In terms of applicability of knowledge, the large-scale American survey of veterans reported that over 41% of veterans indicated that their military experience applied either ‘a lot’ or ‘some’ to their most recent civilian job.⁶⁸ This proportion increased to 60% of veterans who served after 9/11.

Further, 40% of veterans reported that they were ‘very well’ or ‘well’ prepared to enter the civilian employment market, whilst only 22% reported that there was a match between their most recent civilian job and their military training. While these are positive signs, it also means that a significant proportion of veterans did not find their military experience applicable to their most recent civilian job or that they were well-prepared to enter civilian employment.

7.2.4.3 Income security

Many veterans who are unable to work, either upon exit from service or for any other reason after, rely on pensions and benefits (including concessions) to meet their cost of living expenses.

DVA had 219,153 beneficiaries of support pensions, allowances and other services in 2014, which is not an inconsequential number of veteran community members who rely either fully or partially on DVA support.⁶⁹

As noted in earlier, it is often challenging for veterans to understand and access the services and benefits they are entitled to. These challenges are amplified by state-based concessions which vary from state to state. These challenges were commented on by ESO and veteran attendees at the consultations for this review, who reported that it is confusing and difficult to understand what services, benefits and concessions are available to them and how they can access them (refer to section 6.1 for an in-depth discussion of the steps veterans must take to access their required services).

7.2.5 Homelessness support

The Council of the Ageing notes that affordable, appropriate housing is critical for people of all ages.⁷⁰ Research into the broader Australian community has found that individuals with mental health and substance abuse problems face particular challenges when trying to find stable housing, and that homelessness both exacerbates and is exacerbated by mental health problems.⁷¹ Housing issues are also more prevalent in rural locations.

Homelessness is a complex issue to address in the Australian veterans’ sector with a lack of clear data to identify and track veterans who are homeless.⁷² Some media articles quote various figures (including estimates of between 8-12%⁷³) but these figures are not yet verified by research. DVA reported in 2009 that there were 3,000 veterans who are

homeless each night in Australia.⁷⁴ This is now expected to be much higher, as a result of the growing numbers of younger veterans.⁷⁵

American data and research assists in developing a picture of the homeless veteran cohort in a comparative jurisdiction, given the lack of Australian data. In America, veterans accounted for 10% of the total adult population, but 16% of the homeless adult population.⁷⁶ This means that American veterans are over-represented in the homeless population compared with non-veterans. Key demographics relating to the American homeless veteran population have identified that:

- 96% of homeless veterans are single males from disadvantaged communities
- the number of homeless female veterans has increased from 150 in 2006 to 1,700 in 2011. Comparison studies found that female veterans are two to three times more likely to be homeless than any other group
- veterans aged between 18-30 are twice as likely as adults in the general population to be homeless, with that proportion increasing if the veterans are disadvantaged
- approximately 53% of homeless veterans have a disability, compared with 41% of homeless non-veterans
- half suffer from mental illness; two-thirds suffer from substance abuse problems; and many from dual diagnosis (which is defined as a person struggling with both mental illness and a substance abuse problem)
- homeless veterans experience homelessness for longer than their non-veteran peers, with an average of nearly six years homeless compared with four years homeless for non-veterans.⁷⁷

This research found that the highest risk factors for veterans becoming homeless include living below the poverty line, having a lack of support and experiencing social isolation following discharge, and the wait times for disability claim processing.⁷⁸

These American statistics draw out a picture of the homeless veteran population as one in disadvantaged circumstances, mostly male and aged between 18-30, often with a disability or mental health issues, and consequently take longer to find a secure home than their non-veteran peers. Female veterans are a growing group in the homeless population and are more at risk than any other demographic group. It is likely that this picture is comparable with the Australian homeless veteran population.

It is evident from this short summary of American research that veteran homelessness is a complex issue with no immediate solution. The Australian Alliance of Defence Service Organisations (ADSO) comments that the reasons for veterans becoming homeless are multi-faceted and may have a number of issues, which when combined, have a cascading effect, leading to a veteran opting out, becoming homeless.⁷⁹ Similarly, the results of a United Kingdom study into the veteran prison population found that,

“it is true that young single men are particularly vulnerable on discharge because they often have nowhere to live when their military service ends... this in turn can make it

difficult for the ex-serviceman to find employment, sometimes leading to a cycle of social exclusion. These problems are not exclusive, however, to young single men with histories of military service. The same issues affect many young people in society.”⁸⁰

Given the mental health and substance abuse needs of the veteran population and the population of veterans who reside in rural areas the Australian veteran population has a number of risk factors which increase the risk of homelessness for veterans. There is an opportunity for more initiatives to address some of these risk factors and reduce the proportion of veterans who become homeless.

On a separate but related issue, while not technically homeless, younger veterans who are forced to live in residential aged care through the lack of viable alternatives have a need for age appropriate homes and care. There are currently few residential care providers for younger Australian, including younger veterans. The National Disability Insurance Scheme (NDIS) with its focus on supporting Australians with a disability under the age of 65 years of age, may address this issue. The NDIS is discussed further at section 8.7.

7.2.6 Social isolation support

In the absence of a definitive clinical description the following criteria is used in this review to define a veteran as potentially socially isolated:

- social participation is inadequate. The person wants or needs more, better or different social participation
- there are barriers to adequate social participation. For real or perceived reasons, the person cannot access the nature and extent of participation that s/he wants or needs, and
- their experience is subjective. Veterans will vary in their needs and barriers. What a person wants or needs, and real or perceived barriers to attaining it, are idiosyncratic and subjective, varying from person to person.

Note that a veteran could also be socially isolated but satisfied with that situation (ie. they prefer solo activities such as reading or knitting to social interaction) which distinguishes them from requiring social isolation support.

DVA frames this distinction as loneliness: “loneliness is not the same as being alone – we can be alone without feeling lonely, and on the other hand we can be surrounded by hundreds of people and still feel lonely.... you are the only person who can decide if you are lonely. It is not necessarily about how many friends you have or how much time you spend alone. Loneliness is how you feel about that – are you unhappy about it?”⁸¹

The difference between social isolation and loneliness can be summarised by a few indicators, as depicted in Figure 13.⁸²

SOCIAL ISOLATION INDICATORS

- social network size and diversity
- frequency of interaction
- attendance at group events
- socialising with family and friends
- volunteering
- learning / sharing new experiences

LONELINESS INDICATORS

- feeling isolated
- feeling left out
- feeling that you lack companionship
- unable to 'open up' to others with meaningful interactions

Figure 13 Indicators of loneliness and social isolation

Veterans can become socially isolated or lonely for a number of reasons:

- loved one passes away
- inability to meet new people and form new relationships
- result of psychological issues
- negative thoughts (eg. predicting the worst)
- lack of hobbies or interests.⁸³

Leaving the defence force itself can create an environment for social isolation. A study into the veteran population in the United Kingdom's prison system identified social isolation as one of the three key factors impacting offenders. The study noted that,

“while many of the interviewees seemed to do well after leaving, it was clear that many found it difficult, mentally, to make the adjustment and to cope with what they defined as a feeling of social isolation after they had left. One of the most frequent terms used in conjunction with this was that departure was the start of ‘the slippery slope’... because of the loss of the stable and regimented life that had given meaning and direction to their lives”.⁸⁴

Social isolation and loneliness is thought to impact a large proportion of Australians and subsequently veterans. While no firm data is available, the Council of the Ageing (Victoria) noted:

- a Queensland study in which 35.7% of respondents reported being lonely
- a Perth study in which 7% of respondents reported severe loneliness
- a national study of veterans conducted by DVA in which 10% identified as being socially isolated
- the findings of United Kingdom studies have consistently found that between 7% and 8% of older people are socially isolated at any one time.⁸⁵

While the prevalence of social isolation among older people is not increasing, the population of older people experiencing social isolation will likely grow due to the ageing Victorian population.

Social isolation has been found to have significant impacts on the quality of life and health outcomes of older people, leading to higher health, welfare and social service use and increased likelihood of early admission to residential or nursing care homes.⁸⁶

The World Health Organisation (WHO) identified that social isolation is associated with increased rates of premature death, less well-being, more depression and a higher level of disability from chronic diseases which can also lead to poor mental and physical health.⁸⁷ The WHO concludes that social support can improve patient recovery rates from several different conditions.⁸⁸ Research cited by Council of the Ageing identified a 50% likelihood of survival for people who had strong social relationships compared with those who had weaker relationships.⁸⁹

Social isolation and loneliness complicate the physical and mental health needs of veterans. Therefore, it is reasonable to assume that alleviating social isolation will result in an overall improvement in conditions amongst veterans, resulting in a better quality of life for veterans and a reduced future cost impost on the health system.

7.2.7 Relationship and domestic violence support

Those veterans with partners, children or other family members may experience relationship issues, either on their return home from service or at a period following discharge.

Part of the issue is that for veterans' families, it can be a different person returning home after service than the person who left them for service.⁹⁰ The veteran is no longer who they remember, having been changed by their service experiences. Another challenge faced when veterans return home is that other family members may have developed different roles or routines in their absence, meaning that the returned veteran can feel displaced or unwanted.⁹¹ Families can be impacted by veterans' mental health conditions, family violence, suicide or substance abuse.

DVA notes that relationship problems can be related to another mental health problem like depression, anxiety, posttraumatic stress disorder, alcohol and other drug use.⁹² These relationship issues can also include the veteran committing domestic violence against their family members, often a partner or their children. The Veterans and Veterans Families Counselling Service (VVCS) defines domestic violence as when a partner or family member uses violence and/or abusive behaviours to dominate and control their partner or other family member. It can include threats as well as actual violence, abuse and/or harassment.⁹³

Relationship problems, domestic violence and even the health of the veteran and the family environment of a household with a veteran can have a long-term impact on the welfare of veterans' children. Longitudinal research into the sons and daughters of Vietnam veterans has identified significant differences were found for most of the measures of mental health. In all these instances the sons and daughters of Vietnam veterans showed higher rates than those of the Vietnam-era personnel."⁹⁴

This means that this issue is not solely focused on the veteran themselves or even their partner, but rather there can be long-term impacts for the next generation as the result of a veterans' service.

In the general Australian population, women are over represented in homicides by their partners.⁹⁵ Two women are killed by domestic violence every week in 2015, with domestic violence responsible for more ill-health and premature death in Victorian women under age 45 than any other risk factor.

A detailed American article discusses the incidence of domestic violence in the United States. It states that: "there have been days when there are more military family members killed by their veteran on the home front than troops killed in action on the war front", with combat veterans being responsible for almost 21% of domestic violence across the United States, and with this rate growing in recent years.⁹⁶ Further, the frequency of domestic violence calls from individuals associated with the military more than tripled between 2006 and 2011, and domestic abuse in the army between 2003 and 2010 rose by 177%. This is in the context of domestic violence rates actually decreasing across the general American population, as well as an assumption that there is under reporting of domestic violence given it is self-reported.

In particular, 80% of veterans with PTSD examined in the research discussed in this article were found to have committed a least one violent act in the prior year. Again, this proportion is much higher than in the general civilian population, by more than 14 times. There was a correlation found between the severity of PTSD experienced by the veteran and the severity of the violence towards their partner. The issue is also exacerbated by traumatic brain injuries, which are hallmarks of the post 9/11 conflicts. DVA notes that some aspects of PTSD, like hyperarousal can increase the likelihood of aggression and domestic violence.⁹⁷

What this all means is that younger veterans with PTSD are at greater risk of experiencing relationship issues and inflicting domestic violence on their partners.⁹⁸ The Victorian Royal Commission into Family Violence may provide greater information both in relation to the prevalence of domestic violence in both the broader community and in the veteran community, with findings to be handed down in 2016.⁹⁹

The importance of family support was reinforced by feedback from the two most significant ESOs working with younger veterans. Both Mates4Mates and Solider On were found to have a focus on support and services for family members of veterans. Through these efforts both organisations are acknowledging that support for the family and home situation of veterans is often as important as direct support to the veteran themselves. They reported that often much of a veterans' anxiety and distress was about the needs of their family and/or how their condition was impacting family members.

7.2.8 Substance abuse support

Substance abuse can include the abuse or dependence of individuals on nicotine, alcohol, illegal substances and prescription medication. Substance abuse increases the risk of medical or mental health conditions worsening and increases the risk of disassociation with social contacts (ie. friends and family), including employment.

A study conducted by DVA into the prevalence rates for substance abuse in contemporary veterans found that:

“with moderate certainty, it could be estimated that 15 per cent of Australian contemporary ex-serving veterans may have nicotine use disorder, at least 7 per cent may be dealing with alcohol use disorder, and 3 per cent may have drug use disorder.... [and] temporally, prevalence rates for alcohol and drug use disorders may be increasing in contemporary veterans.”¹⁰⁰

Substance abuse issues affect many Australians, not only veterans. Despite this, veterans often face unique issues in relation to substance abuse, including:

- the younger veteran cohort may be particularly vulnerable to substance abuse issues, given that these issues are commonly experienced by people under 35 years of age
- 30% of veterans use alcohol at risky levels, with this most prevalent among the Vietnam veteran cohort at a 43% lifetime prevalence rate
- abuse of prescription medication (often pain medication) becoming a growing problem for veterans
- close to 3% of Vietnam veterans experience substance abuse problems in their lifetime and less than 1% of veterans of the first Gulf War experience drug abuse issues over a twelve month period
- often experienced in conjunction with mental health issues.¹⁰¹

Additionally, while active serving members of the defence force are less likely to have an alcohol disorder than civilians, the prevalence of substance use disorders has been found to be high in veterans after leaving the military.¹⁰² Substance abuse may become a growing issue within the veteran community as Gulf War service personnel exit the military.

7.2.9 Support in the justice system

Positively, the available research on the topic of veterans in the prisons systems indicates that veterans are actually less likely to enter prison. DVA research which matched data from Corrective Services NSW confirmed that DVA clients are statistically significantly underrepresented in the population group and negligible overall.¹⁰³

Further, an international study was conducted on the subject of former armed service personnel in prison. The review team for this study found that English, Welsh and American veterans were less likely to offend than the general prison population.¹⁰⁴ When veterans were imprisoned, it was most often for sexual offences or violent crimes, with veterans representing a higher proportion of these crimes than the overall prison population.

Social isolation, alcohol and financial problems were identified as three key factors which had impacted veteran offenders. These are not dissimilar to the factors impacting the general prison population, however, veterans do have more access to support once they are identified.

This study identified three different, non-mutually exclusive categories of veterans in prison:

- those who had experienced traumatic and difficult lives during childhood or adolescence, and had witnessed or suffered extreme violence, who may have also experienced substance abuse issues prior to enlisting or come from disadvantaged or urban areas
- those who experience difficulties arising in military service. These problems sometimes constituted the reason for discharge and continued to affect the individuals in question after discharge, including mental health issues or physical injuries which had begun in service
- those who experience post-military problems, including those who had successful careers in defence but experienced difficulty in adjusting to civilian life.

The results of this study describe a picture of the risk factors which increase the likelihood of veterans offending and entering the justice system. It is positive that this study found that veterans were less likely to enter the justice system than the general population.

Conversely, during the consultation phase of this review there was feedback from ESOs that indicated a perception that veterans are over-represented in the prison population. However, the DVA data matching exercise locally and the current research from overseas indicates that this is not the case and that veterans are under-represented when compared with the general prison population.

Again, the lack of robust data on Australian veterans means there is no absolute way to disprove the perception of veterans within the justice system.

7.2.10 Transport assistance

Transport is vital to accessing services and maintaining social linkages. Transport may be either a private car; carers, friends or family members who can drive; or public transport, including community transport services. This issue is particularly prevalent in older veteran cohorts who may have either lost their licence or confidence in their ability to drive, and therefore rely heavily on community or public transport.

A DVA study breaks down the frequency of public transport use amongst the veteran community, summarised in Figure 14.¹⁰⁵ This study found that 51% of veterans do not rely on public transport, suggesting that the majority of these veterans studied have either retained their licence or used other means to not use public transport (carers, friends or family as drivers).

FIGURE 4: FREQUENCY OF PUBLIC TRANSPORT USE

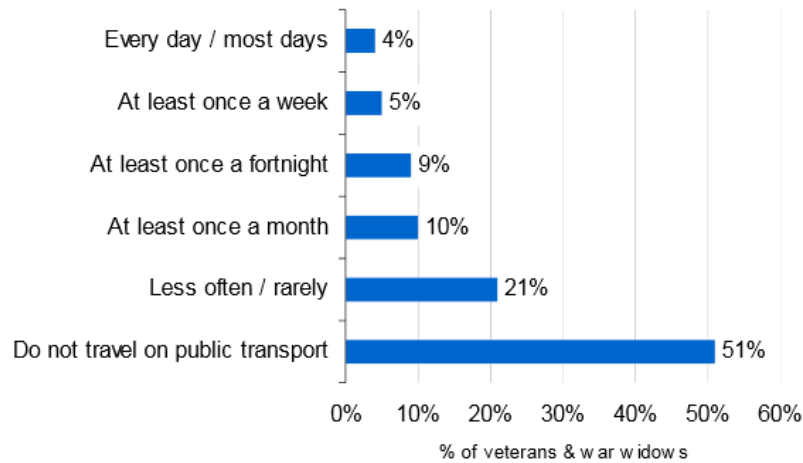


Figure 14 Public transport use among veterans (DVA 2015)

In particular, members of the veteran community who are over 85 years of age are most likely to be affected, with over 40% of this age cohort not owning a licence, as shown in Figure 15.¹⁰⁶ This proportion increases as each cohort over 85 years' ages.

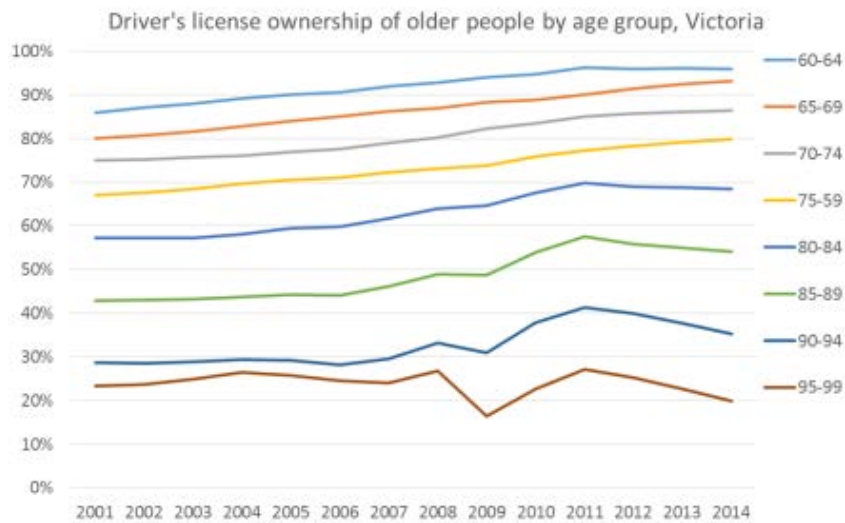


Figure 15 Driver's licence by age cohort

Compared to some other Australian states, Victoria does not have mandatory testing for older drivers, which means that transport may be relatively less of an issue for Victoria than for other states, such as NSW, that do have mandatory testing. In NSW, mandatory testing results in over 10% of each cohort 85+ years of age losing their licence ownership sooner when compared to Victoria.

Conversely, the lack of mandatory testing in Victoria could result in some individuals retaining their licence ownership longer than it is safe for them to do so. This could be for a number of reasons, including: lack of awareness of how to access subsidised or free travel services; lack of confidence in or accessibility to public transport; or, a lack of carers, friends and family members to transport them when needed.

The Council of the Ageing summarises this issue: “As people grow older, their reliance on public transport often increases as driving or affording a private car becomes more difficult. However, public transport, especially in rural communities, is either non-existent or too infrequent, taxis are unaffordable for many older people, and volunteer driver services provide inadequate coverage.”¹⁰⁷ Those older veteran cohorts and those living in rural areas thus experience heightened barriers to having their transport needs met.

7.2.11 Veterans living in regional and rural locations

Veteran needs discussed thus far can be overlaid with two overarching needs:

- the needs of veterans and other members of the veteran community living in regional and rural locations, and
- the needs of veterans and other members of the veteran community who face carer responsibilities.

This section briefly discusses the former, while the latter is discussed separately in the next section (section 7.2.12).

Approximately 32% of the Australian population lives in regional, rural or remote locations.¹⁰⁸ Higher rates of death are experienced outside major cities, with this variance due to risk factors, access to services and a different environment to metropolitan areas including the need to drive long distances and relative isolation.

While data is limited in relation to Australian and Victorian regional and rural-based veterans, American Veterans’ Affairs provides a substantial amount of information in relation to its rurally-based veterans. Just under 30% of the American veteran population resides in rural areas.¹⁰⁹

The review found that the American study’s observations on the key differences between urban and regional/rural communities were comparable to Australia. Key differences noted between regional and rural communities compared to urban communities were noted as:

- regional/rural communities have less demographic diversity
- regional/rural communities are likely to have close connections with friends and families, rather than loose connections with a higher number of people
- regional/rural communities lack infrastructure that is taken for granted in urban areas, including public transport, health care, health and welfare services and social services.¹¹⁰

Each of these differences bring with them their own set of challenges for different veteran cohorts.

The lower demographic diversity may result in those veterans who do not meet the ‘norm’ feeling displaced when settling in regional and rural locations. The close connections with friends and family can be beneficial for those who already possess these existing connections, but may exclude those individuals who do not.

Lastly, the review identifies the service gaps faced by veterans in regional and rural locations. Given that a number of veterans suffering from mental health conditions actually escape the major cities to avoid noise and crowds by moving to regional and rural areas,¹¹¹ their health may be adversely affected by these service gaps, if they do not have other means to access these services.

Within the veteran population, a 2004 Australian study found that health-related quality-of-life scores were significantly lower for veterans who lived in rural settings, with significantly more physical co-morbidities than their suburban and urban counterparts, but fewer mental health co-morbidities.¹¹²

A separate study conducted by the same researchers in 2006 found that while all psychiatric issues except for non-PTSD issues were more prevalent in urban than rural settings, rural veterans had a lower mental health-related quality of life than non-rural veterans.¹¹³ The researchers noted that these findings offer supportive evidence that living in a rural setting is associated with greater impairment, as defined by poorer quality of life.¹¹⁴

It is evident that veteran community members residing in rural locations experience elevated difficulties in having their service needs met and maintaining a good quality of life, with respect to their physical and mental health. This finding was supported by consultation feedback where veterans and ESOs expressed concern about the relative lack of availability of services and support for those in regional or remote locations as compared to those in urban settings.

7.2.12 Veterans with carer responsibilities

Both veterans and other members of the veteran community, including partners and children, may have carer responsibilities. A carer is someone who gives up their time to look after another person who is unable to care completely for themselves.¹¹⁵ Caring for others is an important role that involves significant physical, mental and emotional energy. The Australian Government passed the *Carer Recognition Act 2010* to formally acknowledge the importance of carers within Australian society.¹¹⁶

A 2006 DVA study identified that 8% of respondents reported that they currently care for someone else.¹¹⁷ The effort involved in this care varied substantially, from over four hours a day (36% of respondents) to over eight hours a day (27%). The most frequently reported conditions of the individuals cared for are summarised in Figure 16.¹¹⁸

FIGURE 6: CONDITION OF PERSON CARED FOR

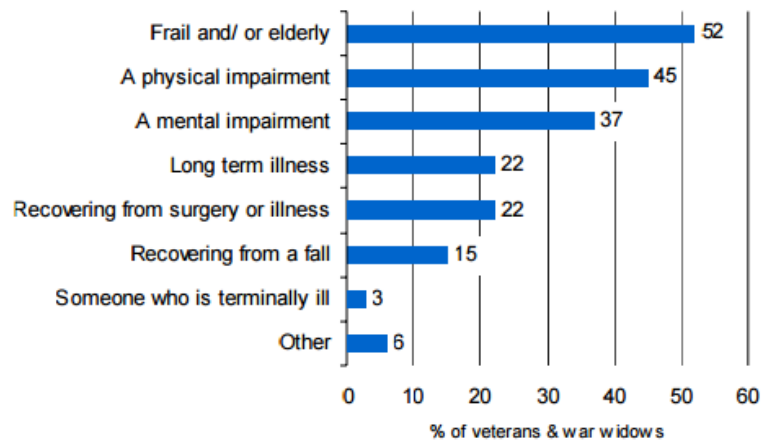


Figure 16 Conditions for care (DVA 2006)

The limited data available on this aspect restricts the analysis of the size of this problem, however, the three most common conditions requiring care all require significant ongoing effort by the carer. It is through the commitment and support of carers that veteran community members' needs do not further deteriorate. This often unrecognised group of carers are crucial to maximising quality of life for many veteran community members.

7.2.13 Multiple issues and cohort-specific issues

As highlighted throughout this section, the needs of veterans and other members of the veteran community are complex to address because they can be experienced in combination with one or multiple other needs. Examples of multiple needs include:

- Gulf War veterans being 60% more likely to experience illnesses with multiple symptoms¹¹⁹
- links between PTSD and substance abuse, PTSD and depression, with up to 90% of veterans with PTSD experiencing another mental health problem at the same time¹²⁰
- the link between physical and mental health meaning that if one sphere is imbalanced, the other sphere may suffer as a result.¹²¹

A 2010 study of mental health in the ADF found that 22% of the ADF population experienced a mental disorder in the previous year, with approximately 6.8% of these experiencing more than one mental disorder at the same point in time.¹²²

There was also found to be some overlap between different disorders, as shown in Figure 17.¹²³

Figure ES.10: Co-morbidity of affective, anxiety and alcohol disorders in the ADF

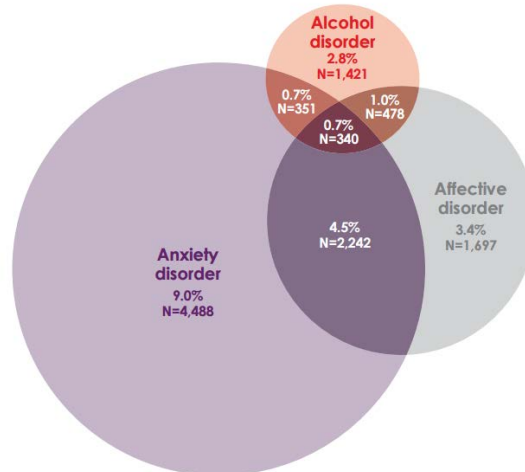


Figure 17 Co-morbidity of disorder (ADF 2010)

Further to this study in 2014 by the Australian Centre for Post Traumatic Mental Health (Melbourne University) found a high incidence of multiple conditions in Australian peacekeeper veterans, with the majority of veterans experiencing between one and six health conditions at the one time, and a few with 19 or 20 conditions at the same time.¹²⁴

This review found that different cohorts of veterans may exhibit varying manifestations of their needs. For example, older veterans may exhibit more symptoms of physical and mental health conditions as a result of age, while younger veterans may be more focused on securing employment and maintaining their social relationships with their families. The experience of multiple issues can be influenced by age and level of educational attainment.¹²⁵

The presence of multiple needs highlights the requirement to look at a veteran or the veteran community through more than one lens. The issues experienced by the veteran community are myriad and complex, and further complicated by the presence of multiple needs and varying individual or cohort experiences. Consequently it is critical that policy makers recognise and respond to veteran needs through a full appreciation of the ways in which veteran community needs can impact on, and be impacted by, other needs.

7.2.14 Latent wave of veteran needs

The information discussed in relation to the needs of the veteran community highlights the fact that there are needs that policy makers and service organisations have not yet been able to resolve. Further, needs are often complicated by the presence of one or more needs at the one time. Veterans which experience these issues are limited from fully participating in society and are likely to experience barriers to enjoying a reasonable quality of life.

The review found evidence that there is likely to be a wave of veteran needs which will impact the services and ESO sector over the next 10 to 20 years as older veteran pass away, more and more younger veterans exit service and younger veterans age, exit the workforce, and receive health and social services support. Experts have commented that the magnitude of this latent wave will be high and that it is essential to ensure adequate

information is provided about available services and how to access them before this latent wave hits.¹²⁶

This poses questions about how government, service providers and the veterans sector will respond to meet this latent wave of needs when it hits. The key question relates to how quality services will be provided to meet veteran community needs, given the declining population and the distribution of the population across the state. These two factors significantly increase the difficulties associated with locating and servicing the veteran population through current methods such as dedicated shopfronts, which may be unsustainable in this future context.

7.3 Conclusions and recommendations

Based on the available data and research, the veteran community is simultaneously both declining and changing. The overall numbers in the veteran community are reducing, due to the passing of the older generation of veterans, while its composition is changing, as increasing numbers of younger veterans exit service. This is a challenging context for future governments and ESOs as they work to address these changing needs.

We have concluded that addressing the needs of veterans now and into the future is a challenging issue, as these needs are myriad, complex and inter-woven. The impact of this is an acknowledgement that these challenges will remain into the future, but can be mitigated to some extent. In terms of key needs, physical health care and mental health care were identified as the priority needs by survey respondents to the review. Additionally, the dispersed nature of the veteran community throughout regional, rural and remote Victoria not only increases the difficulty associated with servicing these veteran community members, but also contributes to poorer health outcomes for individuals living outside urban centres. The prevalence of income security, homelessness, domestic violence support, social isolation and substance abuse needs will increase as younger veterans cease their military service, return home and re-integrate into civilian life.

The more effective the government and the veterans sector can become at addressing these needs now means that the veterans sector will be better prepared to cope with the latent wave of veterans needs in 10-20 years' time when it hits. A plan for addressing these challenges would provide a pathway for coordinating efforts across the sector.

Identified service gaps for the veteran community (supply factor) are discussed separately in section 8 rather than in this section (demand factor).

Recommendation 8: The Victorian veterans sector should continue to monitor the changing composition of the Victorian veteran community, including where they are geographically located and the growth in the younger veteran cohort.

Recommendation 9: The Victorian veterans sector should develop and agree on a sector-wide plan for addressing the Victorian veteran community's needs, including the identification and action plans for any priority needs that outline the involvement of all key stakeholders within the Victorian veteran sector and their contribution to addressing that need.

8 Supply factors – Veteran sector services provision

This section of the report identifies the service gaps reported through the consultations, and the service gaps identified across federal, state and local government sectors, and the ESO and other service provider sector with regard to health, welfare and social services for veterans. It is important to emphasise that this section focuses on veteran-specific services, that is, services that are accessible only by veterans, and not the broader Australian population.

8.1 Service gaps reported through the consultations

Consultation attendees and survey respondents were asked to identify the services they used most commonly and where they perceived there to be service gaps in the care they received. This section talks to the feedback reported through the consultations.

Figure 18 provides an overview of the service usage reported by members of the veteran community through the survey. Most respondents reported using no services, followed closely by the use of DVA services. Fewer individuals reported use of Medicare and transport services.

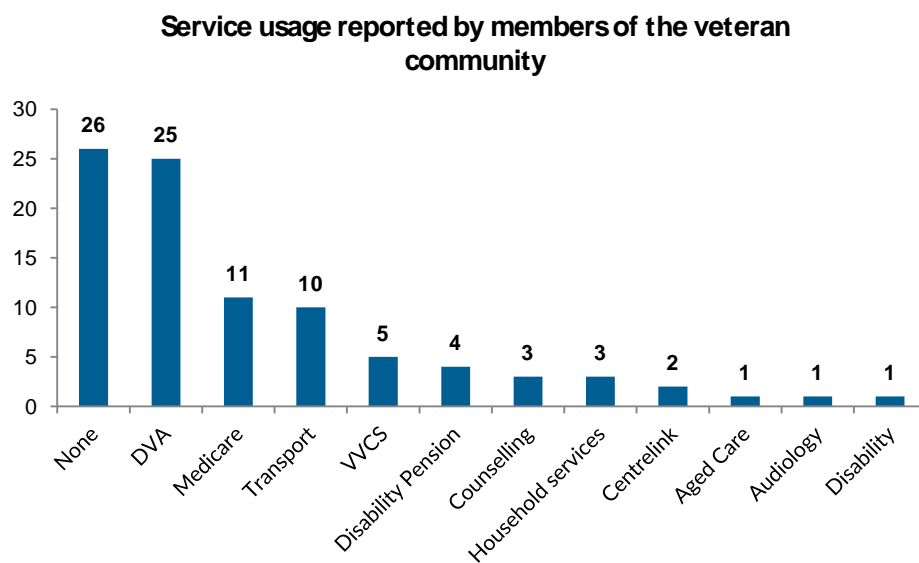


Figure 18 Service usage reported by members of the veteran community

Alternatively,

Service gaps reported by members of the veteran community

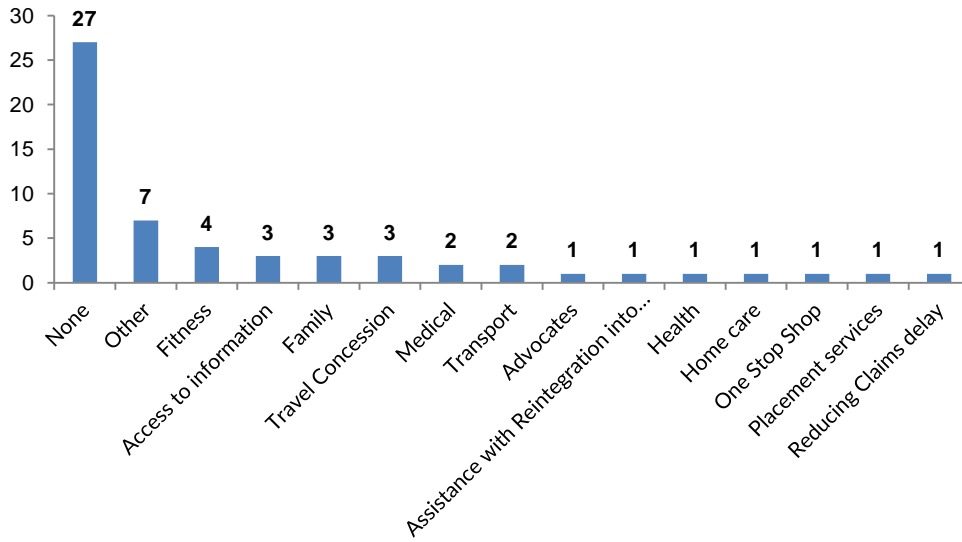


Figure 19 illustrates the service gaps reported by members of the veteran community, in terms of services they would like to access but can't. The majority of respondents reported no service gaps, which indicates that the majority of respondents to this survey are well-served for their needs.

Service gaps reported by members of the veteran community

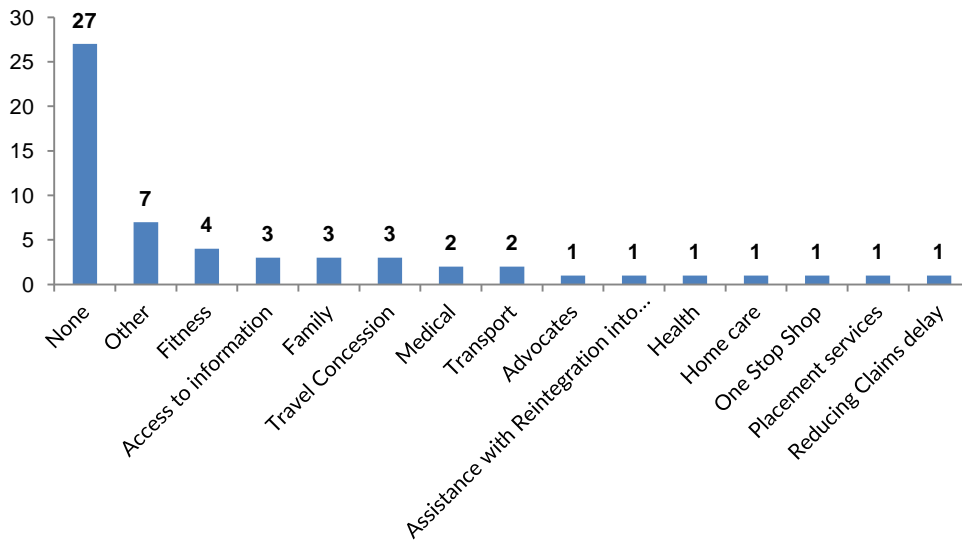
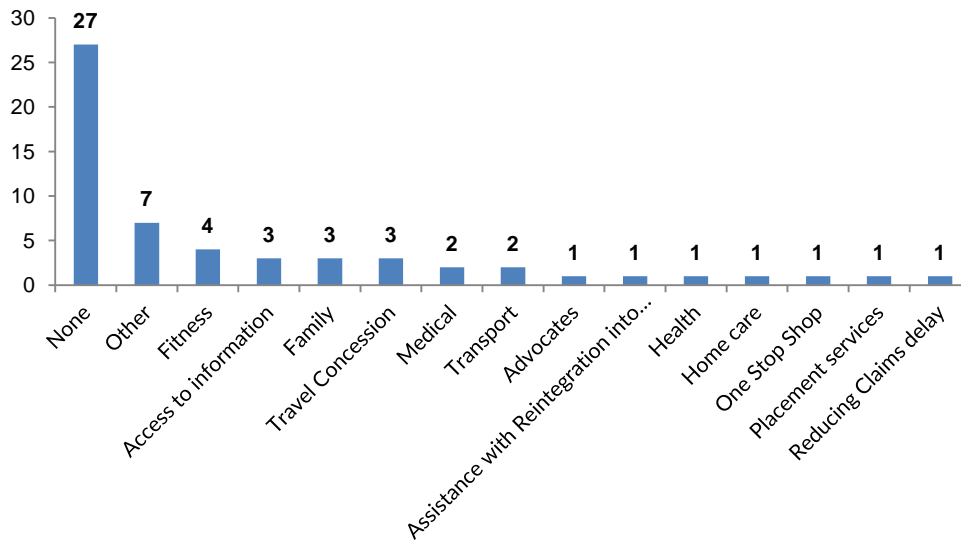


Figure 19 Service gaps reported by members of the veteran community

Service gaps reported by members of the veteran community



However, there is a long tail of service gaps noted in Figure 19, which highlights the complexity of addressing gaps within the veteran sector. Individuals in different age groups and locations and with different needs may experience different service gaps, resulting in the multitude of one-answer service gaps summarised above.

Figure 20 summarises the priority services reported by the veteran community. Respondents to the survey were asked to identify 'if you could choose just one thing to receive support on, what would it be?' This question forces prioritisation, and signifies that the priority services for the cohort of respondents to this survey are medical and mental health, followed by a one stop shop that addresses all their needs in the one place or through one channel.

Priority services reported by the veteran community

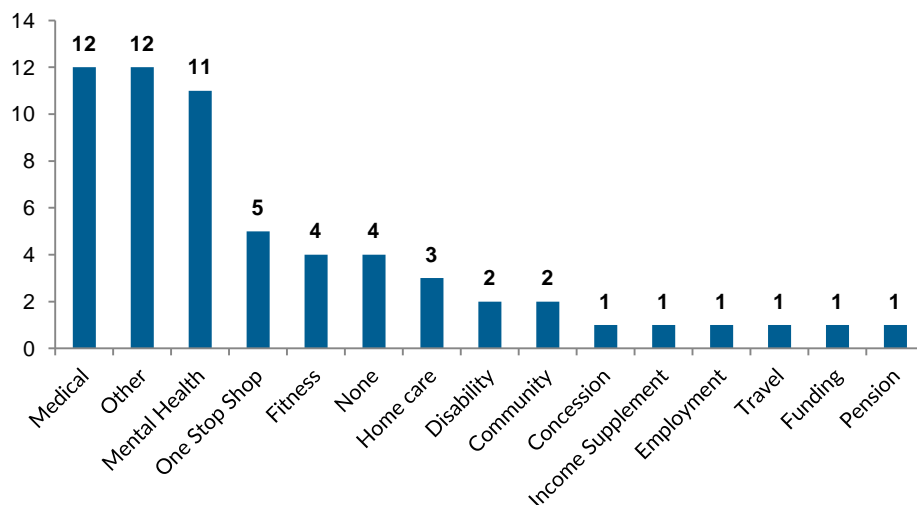


Figure 20 Priority services reported by the veteran community

8.2 Summary of veteran-specific service provision

Figure 21 provides a high level summary of the range of veteran-specific service gaps in each sector (federal, state and local government, and ESOs and other service providers). This information is talked to briefly in the following sections. More detailed information regarding the specific programs, initiatives and services available in each of these sectors is included at Attachment C – Service provision assessment.

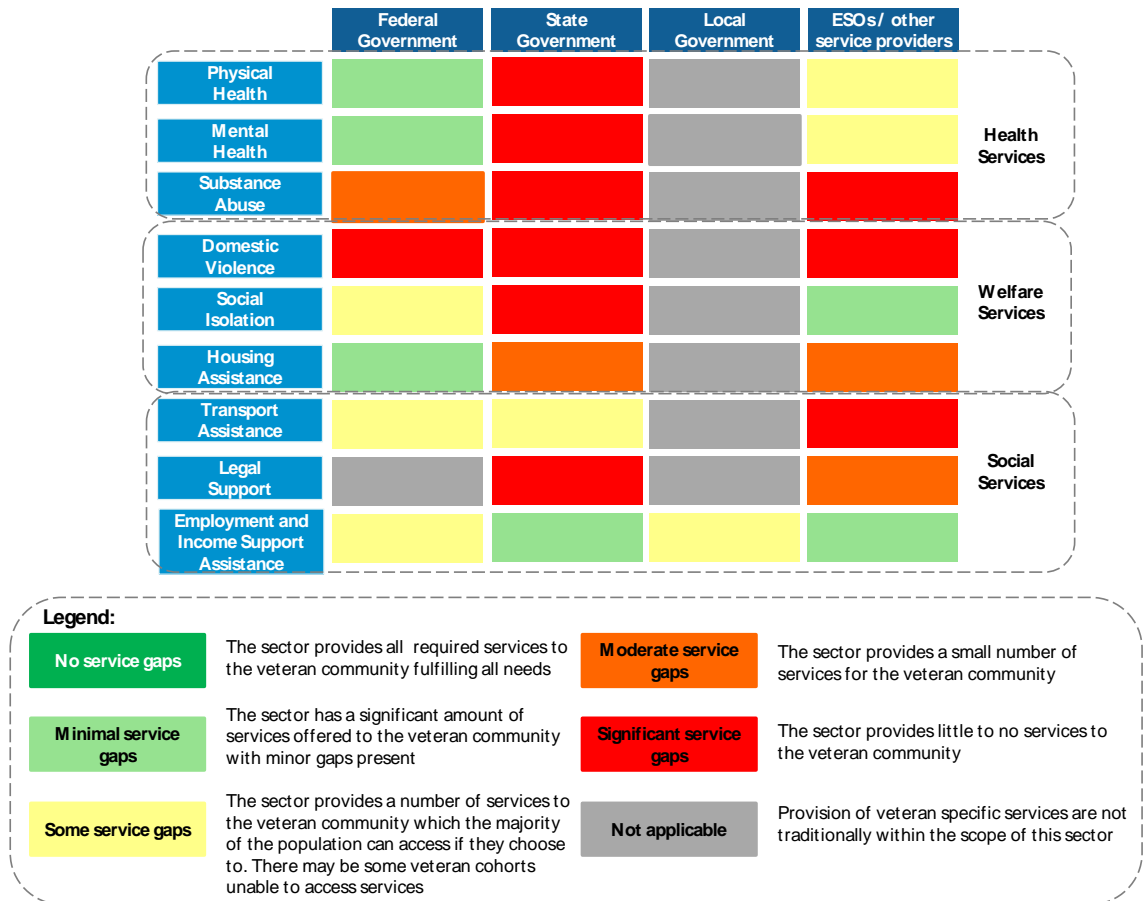


Figure 21 Summary of veteran-specific service gaps across the sector

8.3 Federal government services

The federal government offers an array of support systems in health, welfare and social services for veterans, predominantly through DVA. These systems are comprised of a combination of veteran specific services and services which are available to the broader Australian community.

8.3.1 Federal health services

The physical health and well-being of veterans and their families has been a focus of DVA, with a substantial amount of research and funding being invested towards veteran-specific programs and initiatives.

Programs such as the Coordinated Veterans' Care (CVC) Program focus on improving the management of chronic conditions and quality of life for eligible DVA Gold Card holders who are most at risk of unplanned hospitalisations. Furthermore, the Men's Health Peer Education program supports raising awareness about men's health issues and encourages men to share responsibility for their own health and wellbeing. The Veterans Home Care service ensures that veterans can live safely within their homes.

Another federal initiative is the Veterans Health Week, which supports veterans and their families to participate, connect and influence the health and wellbeing of themselves and their friends through interactive events and activities held at a local level. The Veterans and Veterans Families Counselling Service provides free counselling, both over the phone and through a shopfront network, across Australia to veterans and their families experiencing mental health needs.

DVA has developed and launched programs centred specifically on mental wellbeing and combating substance abuse, including those which can be accessed via smartphones. For example, At Ease is a resource portal for veterans who are not coping with their lives post-deployment. Additionally, The Right Mix is a digital initiative which aims to generate awareness of how much alcohol an individual is consuming and what the effects of this can be on their life. The potential physical, financial and mental impacts that drinking can have on individuals is included as well as options which allow for self-monitoring and establishing a plan for moving away from alcohol as a reliance method.

Substance abuse is not solely about alcohol or drug abuse however. Substance abuse also includes the abuse of prescription medications. Programs like Veterans' Medicines Advice & Therapeutic Education Services (MATES) review the medication that a veteran takes and provides advice on how medication use can be reduced.

It is positive that there are minimal service gaps for veteran-specific physical and mental health services in the federal space. Despite this, it is important to note that these services are predominantly delivered through DVA. Some of these programs and services are further limited by eligibility criteria, for example, that the veteran holds a DVA Gold Card. Those veterans who exit the ADF and do not enter or engage with the DVA system, or lack a DVA Gold Card, may be unaware of, or able to access, these DVA services as a result.

That being said, there are general population health services delivered by the federal government, with the most obvious being Medicare and other services provided by the federal Department of Health, that would reduce the likelihood of veterans experiencing a complete service gap in their physical and mental health care.

8.3.2 Federal welfare services

A number of DVA welfare initiatives exist to assist veterans in the community who are experiencing hardship or require additional support during their civilian stage of life. Welfare initiatives for veterans are typically focused on housing assistance. For example, the Rehabilitation Appliances Programme provides assistance to help veterans maintain functional independence in their home. Other initiatives including the Defence Service Homes Insurance Scheme and Defence Home Ownership Assistance Scheme provide financial assistance to eligible veterans.

To address social isolation in veterans, DVA 'day club programs' provide opportunities for the aged, the isolated, people with disabilities, carers and volunteers, to develop and

maintain social contact outside the home through activities such as games, sports, fitness, information sessions and arts and crafts. Upon review of the day club programs listed on the DVA website, there are 39 day clubs listed across 37 suburbs in Victoria.¹²⁷ Given Victoria has 79 local government areas, it is reasonable to assume that there are a number of veterans who cannot access the day club programs which are run, or alternatively, given the day club programs are during the day, cannot make it due to their employment or other commitments. The latter may particularly indicate a gap for younger veterans with the day club model traditionally appealing to an older age group.

Federal government programs and initiatives that provide support for victims of domestic violence are targeted towards the general public as opposed to being veteran specific. For example, the federal Department of Human Services provides information, resources and referrals for victims of domestic violence, including the toll-free 1800 RESPECT national family violence and sexual assault counselling service. The only exception would be the domestic violence counselling and referral services that can be accessed through the Veterans and Veterans Families Counselling Service.

The transition process when veterans separate from the military is intended to support veterans by informing them and linking them in with these services post-separation. However, as previously discussed at section 6.1.2.1, this is not always the case. This limitation of the transition process can result in veterans experiencing service gaps upon exiting the military if they are not appropriately informed of or linked in with the services they require during transition.

As per section 8.3.1, service gaps can arise for veterans who are not engaged with the DVA system.

8.3.3 Federal social services

While transport assistance and legal support for veterans is traditionally offered at a state government (rather than federal) level, DVA does provide a number of income support programs. These income support programs include pensions, allowances, crisis payments and services provided through the Veterans Access Network (VAN). ESOs expressed concern through the consultations in relation to the consolidation of VAN offices into other government offices, with a view that this meant services would be limited to the veteran community.

Regarding employment support specifically, the Department of Defence has established the ADF Career Transition Assistance Scheme. The intent of the scheme is to assist ADF members with preparing for their next career, not to find specific employment. Support includes, but is not limited to, transition seminars, career transition training and curriculum vitae coaching. However, a new joint pilot program, the Veterans Employment Assistance Initiative, has been developed and launched by DVA and Defence. While the details of the pilot are currently limited, it is expected that this program will eventually be launched nationwide to assist veterans with securing civilian employment.

In a contrasting jurisdiction, the American Veterans' Affairs department offers veterans support with finding employment under the Veterans' Employment and Training Service.¹²⁸ Further, America also has Disabled Veterans Outreach program specialists and Local Veterans Employment Representatives for supporting veterans exclusively. Currently, Australia lacks such a service on a federal or state level, which is a clear service gap that may hinder veterans' efforts to secure civilian employment.

DVA does offer the Booked Car Scheme for DVA clients when they attend approved medical treatment, which offers free and discounted travel to veterans. Veterans are only eligible for this scheme if they are firstly a DVA client and second meet the scheme's eligibility requirements, which includes requirements regarding age and accepted conditions.

Additional federal government social services which are available to members of the veteran community but are not veteran-specific include those services offered by the Department of Human Services and Centrelink, which provide a social security safety net for all Australians.

8.4 Victorian state government services

8.4.1 Victorian state health services

As the vast majority of mental and physical health programs, initiatives and concessions for veterans are offered by DVA, the state government within Victoria does not offer veteran-specific health services. Instead, state government initiatives supporting physical health and mental health promotion programs are targeted towards the general public.

Substance abuse support services are provided through the Victorian Department of Health and Human Services, but are again focused on the general population rather than being veteran-specific.

This means that Victoria does not deliver any veteran-specific health services. This shows that there is no duplication between veteran-specific health services at a federal and state level.

8.4.2 Victorian state welfare services

Veteran-specific welfare services, such as housing assistance and initiatives focused on overcoming social isolation, are predominantly provided by DVA. State programs on these issues extend on the whole to the Victorian community, such as the Victorian Department of Health and Human Services' crisis accommodation for individuals experiencing domestic violence and those at risk of homelessness.

Despite this, the VVC is currently working on an initiative to provide a limited number of veteran-specific accommodation places in Richmond. While this is a positive initiative, it is likely that more veterans would need this service than the limited number that the project is planning to deliver.

The VVC does also fund, in partnership with the RSL and Vietnam Veterans Association, the provision of 23 Regional Veterans Centres across the state. These centres provide welfare, advocacy and pension services to members of the veteran community. The Regional Veterans Centres were commented on in some of the consultations as a place where veteran community members could go to seek help without being obliged to affiliate with an ESO.

This means that Victoria does not deliver any veteran-specific welfare services, excepting the project to deliver veteran-specific accommodation in Richmond. This shows that there is no duplication between veteran-specific welfare services at a federal and state level.

8.4.3 Victorian state social services

The Victorian Department of Health and Human Services offers income support assistance in the form of concessions, to veterans that hold a Pension Concession Card, Health Care Card or DVA Gold Card. Discounts are available on essential services to ease the financial burden for individuals who experience difficulty in paying their council rates, water, gas and electricity bills. There are also concessions available for eligible veterans, such as free eye examinations and low cost glasses through the Victorian Eye and Ear Hospital, the Victorian College of Optometry and the Victorian Eye Care Service. Similarly, Dental Health Services Victoria provides emergency and general dental care for adult concession cardholders. In the main, these concessions are focused towards veterans that either hold a DVA Gold or White Card, or hold a pensioner's or senior's card. In the main, veterans with a pensioner's or senior's card are older veterans. This suggests that there may be a service gap for younger veterans who are unable to access these concessions.

Victoria also offers veterans a public travel concession for its Myki tickets. These concessions can similarly only be accessed by veterans holding a DVA Gold or White Card. Veterans may qualify for the Multi Purpose Taxi Program (discounted taxi travel) if they have a severe or permanent disability, or if they have a DVA pension card. Again, this may exclude those veterans who are not part of the DVA system.

Some of these identified veteran-specific service gaps are mitigated by other services which extend to the general Victorian community. For example, Victorian Legal Aid which provides support for individuals regarding the justice system, not only veterans. One of the challenges discussed in one of the consultation sessions regarding veterans in the justice system is that the number of veterans in the justice system is simply not known. Discussion centred on opportunities for the state government to commence identifying, monitoring and supporting veterans in the legal system.

The review of Victorian state social services means that Victoria has limited veteran-specific social services. This shows that there is no duplication between veteran-specific social services at a federal and state level.

8.5 Local government services

Local government authorities within Victoria do not traditionally offer programs and initiatives developed specifically to service the veteran community. The lack of veteran-specific services available at a local government level is likely due to the breadth of health, welfare and social programs and initiatives offered by the federal government, and DVA's ability to better leverage scale of programs across the nation, as compared with a local government authority which only has a limited scale.

Local governments provide a number of general community services that veterans would also benefit from, including:

- physical health and activity promotions in the local area
- social support groups such as community groups, social groups and structured activities
- community bus services for eligible residents (typically for pensioners or concession card holders)

- home and community care services.

The concessions provided by local government for veterans, however, are a form of income support and the only veteran-specific service provided by local government. Currently, these concessions vary widely between local government areas, but the most common concessions offered to veterans are for pet registrations, pet de-sexing, discounted leisure centre memberships and reduced home care fees. Given the variance of these concessions between local governments, there are service gaps for veterans who live in local government areas with no or little veteran-specific concessions.

8.6 ESOs and other service providers' services

8.6.1 ESOs and other service providers' health services

ESOs are passionate about serving their members and ensuring veterans receive the care they require. ESOs' work in partnership with DVA to deliver the annual Veterans Health Week, during which ESOs offer over 70 individual health focused events. For example, in 2015 the Warburton RSL will run a Veterans' Picnic Day and Health & Community Expo. Similarly, Melbourne Legacy will run a session about nurturing a healthy mind in a world that keeps changing. On an ongoing basis, RSL Victoria delivers health promotion and advisory services, including the provision of information sessions on topics such as diabetes and hearing loss.

Many ESOs provide mental health support through a range of initiatives and programs. Mates4Mates offers an Active Mindfulness program to support veterans suffering from anxiety or depression, as well as counselling services and a mentoring program. The Naval Association of Victoria provides advisory and counselling services, and the Partners of Veterans Association of Australia provides support and assistance to alleviate suffering and distress experienced by current and former partners and children of veterans and their descendants.

By contrast, recent studies into the psychiatric service provider workforce found that for 100,000 Australians, there were 13 full time psychiatrists.¹²⁹ Of these psychiatrists, 88% were employed in major cities, leaving only 12% (ie. approximately 1.3FTE per 100,000 Australians) to service regional and remote areas. This indicates that there are substantial gaps in the level and incidence of psychiatric care available in areas outside of major cities. Anecdotal evidence obtained during regional consultations supported this finding, with attendees suggesting that veterans who did require help were often directed to Melbourne CBD, a trip that would take some individuals over five hours to complete and span over 400km, assuming they had ready access to transport.

The review found no substance abuse services that were delivered by ESOs, which indicates a potential gap. A small number of individuals commented through the consultations that the RSL's shift towards being more community club-oriented, and the subsequent introduction of licensed premises, is inappropriate in the context of substance abuse issues amongst the veteran population. Given this commentary, there could be an opportunity for the Victorian veterans sector to start promoting responsible drinking behaviours and offer individuals support if they are identified as having a substance abuse issue at the point of sale.

8.6.2 ESOs and other service providers' welfare services

Most, if not all, ESOs provide some level of support in offering an escape from social isolation which can affect many of those within the veteran community. They provide a secure and friendly network for many veterans across Australia where they can build social connections with similar individuals. The VVC also provides funding through the Anzac Day Proceeds Fund to ESOs to support activities to combat isolation.

No Victorian ESOs were identified as providing specific domestic violence support services. Further, no Victorian ESOs were identified as providing direct homelessness support in the state, noting however that RSL NSW offers Homes for Heroes to provide a place for veterans to get back on their feet.

The gaps in these veteran-specific welfare services are covered by not for profit service providers who serve the general Australian population. A number of not for profit providers offer social isolation support services, including the Australian Red Cross' MATES program, which assists individuals to overcome social isolation through assisting them to re-establish or to maintain connections in the community. Other not for profit providers, such as Domestic Violence Victoria, work to provide a range of support mechanisms for those suffering from domestic violence. Even more not for profit service providers such as HomeGround Services and Royal District Nursing Service (RDNS) provide accommodation for homeless individuals.

While some gaps for veteran-specific welfare services were identified, these gaps are mitigated by the existing not for profit sector which delivers welfare services to individuals from all walks of life.

8.6.3 ESOs and other service providers' social services

A number of ESOs throughout Victoria provide programs and initiatives which support future employment and emergency income support for veterans. Soldier On is a particularly relevant example of an ESO which is working hard to close the employment gap for veterans in their civilian employment endeavours. Soldier On's Hand Up program is focused on providing educational and work placement opportunities to ensure that veterans' transition to a non-military career is as seamless as possible. Additionally, RSL Victoria and Trans-Civ ("Transition to Civilian"; a recruitment and career coaching firm) have partnered to assist ex-ADF personnel to find civilian employment. The Naval Association of Australia also provides mentoring career advice to younger members and practical and financial assistance to members and their immediate families in times of crisis.

Some ESOs do provide transport services, but these are limited in nature and predominantly for the purpose of transferring members to and from their local branch.

The depth and breadth of legal support offered by ESOs is also limited. Some ESOs reported through the consultations that they deliver programs within their local correctional facility to assist these veterans to rehabilitate and to give them the skills to integrate with the community on their release, thus reducing the likelihood of them re-offending.

This review of social services provided by ESOs shows that there are gaps in the social services provided by ESOs to veterans.

8.6.4 Summary of findings from service gap analysis

From this service gap analysis, it is evident that the two priority service gaps for veteran-specific services are domestic violence support services and substance abuse support services. There may be scope for opportunities to address these service gaps to improve outcomes for the veteran population.

As discussed at section 7.1, governments and ESOs face real and significant challenges in servicing the veteran community in a context of declining numbers and geographical spread. This means that there is a need to realign resources to meet the diverse needs of the changing veteran demographic, which is rapidly growing in the younger veteran cohort. Two strategies may be employed to address these challenges: link veterans' support services more closely with existing government and community services available to the general population, and investigate opportunities for the use of digital service provision. The latter is particularly relevant given the spread of veterans across regional, rural and remote areas who face additional challenges in accessing their required services.

Instead, an alternative opportunity could be to ensure veterans are aware of the services they can access for their needs through services that are available to the general Australian population, such as health, social and community services.

8.7 Likely impact of the National Disability Insurance Scheme

The NDIS is in a trial phase until 2016, with delivery only in the Barwon region of Victoria until that time. Persons with permanent impairments that make it difficult to engage in daily activities can access the NDIS. Existing clients of disability services will be contacted regarding their transition into the NDIS, however, their existing services and support will continue until they commence in the NDIS.

At this point in time, the NDIS does not specifically target veterans or provide exclusive services to veterans. However, veterans can still access the NDIS services as part of its inclusive services. Eligible individuals must be:

- an Australian citizen or permanent resident
- under 65 years of age
- live in one of the trial locations (currently Geelong and Colac)
- require support or assistive equipment
- require early intervention of the support or assistive equipment.

From 1 July 2016 the NDIS will be made available progressively across the state over the next few years. No information is currently available as to which areas will next receive the NDIS.

The age restriction requiring individuals to be under 65 years of age may restrict the delivery of the NDIS to the bulk of the veteran population (only 14,398 of 64,815 Victorian DVA clients would be eligible for the NDIS based on this age criteria).¹³⁰

8.8 Conclusions and recommendations

The feedback from the survey respondents to the review, coupled with the findings and conclusions from section 7, confirmed that the priority service areas for the veteran community are physical and mental health services. Overall, the veteran community is well-served by DVA for these needs, however, veterans who are not part of the DVA service or are located in an area that is unable to receive these services (eg. regionally, rurally, or remotely based) will have unmet service needs.

From the review of services provided by each sector, the priority service gaps were identified as veteran-specific domestic violence services and veteran-specific substance abuse services. The following conclusions talk briefly to each in turn.

A priority service gap identified was the lack of veteran-specific programs regarding domestic violence support services across all sectors. While the causes of domestic violence are many and complicated, there are a number of risk factors associated with perpetrators and victims of domestic violence, including PTSD as discussed at section 7.2.7. The lack of veteran specific domestic violence prevention initiatives is offset to an extent by federal and state initiatives targeted towards the general public, however, this may still be a gap that could be addressed.

The last priority service gap identified was the limited number of veteran-specific substance abuse programs. It is known that the veteran cohort has an increased prevalence of some substance abuse disorders, as discussed previously at section 7.2.8. Again, while this gap is offset to an extent by federal and state government initiatives which extend to the Victorian community as a whole, there could be an opportunity for increased provision of veteran-specific substance abuse services, given the prevalence of this issue amongst the veteran population.

Despite these identified service gaps, it is clear that the veteran population is declining and spreading geographically, and so it is unlikely that there will be many areas where there will be a critical mass of the veteran population sufficient to sustain dedicated services, outside of DVA- and ESO-provided services. There is an opportunity to align resources to ensure effective, continued provision of required services to veterans by linking veterans' support services more closely with existing government and community services available to the general population, and investigating opportunities for the use of digital service provision. Such strategies will ensure that veterans continue to receive the services they require whilst alleviating the service delivery challenges experienced in servicing them.

Recommendation 10: The Victorian veterans sector should agree on which, if any, service gaps need to be resolved through the provision of additional veteran-specific services, and take action to resolve those agreed-upon gaps.

Recommendation 11: The Victorian veterans sector (including the Victorian state government), led and advised by the VVC, should consider opportunities to tie veterans support into existing services and programs which service the general Victorian population and also to develop the digital provision of services, in order to address the identified service gaps.

9 Capacity and capability factors – Limitations experienced by ESOs

This section of the report details the findings and conclusions in relation to the capacity and capability of ESOs. It first discusses the emerging ESOs and how they are different from the 'traditional' ESOs, and then it discusses the limitations experienced by the traditional ESOs which have resulted in their reduced capacity and capability.

9.1 Emerging ESOs have developed rapidly yet require support to become fully established and service the younger veteran cohort

New types of ESOs have emerged in recent years to service the needs and preferences of the younger veteran cohort. The two most prominent emerging ESOs are Soldier On (est. 2012) and Mates4Mates (est. 2013), which provide a way for physically and psychologically injured veterans to have a community and be linked in with the support services they require. These two are not the only ESOs to emerge in recent times – others include the Walking Wounded (est. 2014), Iraq, Afghanistan and Middle Eastern Veterans Association of Australia (est. 2012), and the Women's Veterans Association of Australia (est. 2013).

To ensure the review captured the views of these important stakeholders, individual interviews were conducted with both Soldier On and Mates4Mates to better understand the needs of emerging ESOs and their clients' needs. Key themes from these consultations were:

- both organisations developed directly from veterans' dissatisfaction with the transitional ESOs. Mates4Mates is funded by the Queensland RSL, which recognised that younger veterans were not engaging with it in the same way that previous generations of veterans had
- unlike traditional ESOs these organisations are growing rapidly to the extent that they are struggling to meet the demand
- both have an emphasis on a holistic approach which includes the families and friends of veterans
- this holistic approach also includes services to assist with employment, self-esteem, mental health, the development of social networks and assisting veterans to navigate the multiple bureaucratic process to qualify and then access government services.

Both Soldier On and Mates4Mates reported significant take up of their services, with this demand expected to increase as younger veterans continue to exit the military. For example, the Mates4Mates representative commented that in June 2014 Mates4Mates had 200 clients; in June 2015 800 clients; and in September 2015 1,000 clients – a 500% increase in 15 months. With the most recent ADF separation figures showing that between 5,000 to 6,000 service personnel separate from the military each year, thus becoming veterans, it is unlikely that this significant growth will plateau in the near future.

In many ways these newer ESOs are a reflection of the vastly different demographic and socio-graphic cohort that they serve. To clarify the key differences between traditional and

these new ESOs we have summarised the profile of client needs for both types of ESOs in Table 8. While there are certainly exceptions to the typical client needs of each type of ESO, the table sets out the predominant focus of those ESOs against these needs.

Table 8 High level summary of key differences in traditional and new ESO service focus

	TYPICAL CLIENT NEEDS OF TRADITIONAL ESOs	TYPICAL CLIENT NEEDS OF EMERGING ESOs
Housing	Generally are more settled in their housing or are looking to aged care housing assistance	Housing for young families and learning to navigate the private sector housing market is a key need
Employment	Having been in the workforce for some time their needs for employment assistance are lower	This is a key area of need for younger veterans who are often looking for their first post-service job
Health	Needs are more reflective of an ageing cohort. Clients are accessing DVA and other health care programs	Mental health needs are more prevalent than physical needs. The organisations use active programs (adventure, cycling events etc.) to build clients' self-esteem
Social	Commemorative events and social events are very important with their established peers and networks	Looking to establish post-service networks. Social events are more physical, active and aimed at younger and family lifestyles
Communication	Often communicate to clients through regular meetings and newsletters	Often communicate to clients through social media pages, campaigns and the organisations' websites

While Table 8 above is only a generalisation, it is useful in that it highlights how the supply of services from a traditional ESO is a reflection of the needs of their clients, and in turn how these needs are a reflection of their stage of life. Given that veterans often currently separate from the military as an individual, rather than as part of a larger group, these emerging ESOs play an important role in connecting younger veterans with other members of the veteran community.

This review found that servicing younger veterans is likely to be better achieved through these emerging ESOs, rather than expecting younger veterans to accept the service and support models of traditional ESOs, which do not naturally cater for their needs and preferences. Conversely, in the main, traditional ESOs should continue to service their customers rather than redefining themselves to suit the needs of younger veterans, which carries a risk of compromising their services to their existing, traditional client base and resulting in client dissatisfaction. There are certainly opportunities for traditional ESOs to continue to seek to engage with and support younger veterans, one of which may be facilitating the emerging ESOs to engage with younger veterans for them. This is particularly relevant given Mates4Mates was established by Queensland RSL as a means of engaging with and supporting younger veterans. Other traditional ESOs could similarly consider such partnerships or arrangements with emerging ESOs.

The main constraint for emerging ESOs is funding. Given their relatively recent establishment, they do not yet have processes and systems in place to support their rapid growth and to ensure they can continue to meet the heavy demand from the veteran community they have experienced to date. Additional funding would support emerging ESOs to bed down their processes and systems, ensure financial sustainability and

strengthen the breadth and depth of their service delivery capabilities. Such investment could also include coaching services, to support these emerging ESOs to establish their systems and processes in accordance with best practice.

While funding is a limitation that is also experienced by the traditional ESOs, the traditional ESOs are experiencing a number of other limitations which are causing their capacity and capability to decline. These limitations are discussed in the following section.

9.2 Traditional ESOs' capacity and capability has declined and continues to decline

The capacity and capability of traditional ESOs to continue to operate and service veterans as they once did has declined substantially and continues to do so. The declining veteran population base, as discussed at section 7.1, has had a substantial impact on the capacity of ESOs to operate optimally, for reasons discussed throughout this section.

There are three main factors why the capacity of traditional ESOs has decreased: declining membership, declining funding and declining volunteers. These three main factors are compounded by two additional factors, which are the proliferation of niche ESOs and the administrative burden borne by these volunteer-heavy organisations. Figure 22 shows the inter-relationships between each of these factors.

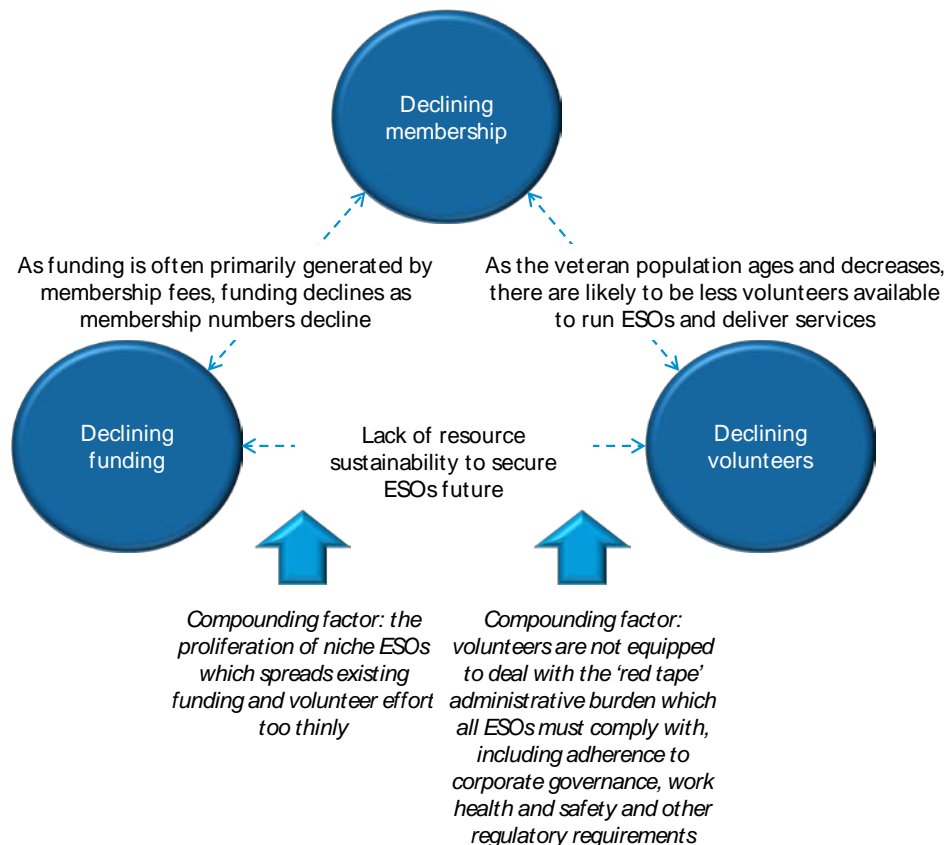


Figure 22 Inter-relationships between membership, funding and volunteers

These factors are discussed in more detail in the following sections. The example of the RSL is used in the following sections to explain these limitations. The RSL was chosen as this

example due to it providing the most publicly available data for analysis compared with the other traditional ESOs. Further, the status of the RSL makes it an easily understood example to explain the impact of these challenges on traditional ESOs.

9.2.1 Declining membership

Declining membership was cited as a key issue for traditional ESOs throughout the consultations. The majority of traditional ESO representatives reported through the consultations that declining membership is a factor limiting the capacity of their ESO. Four survey respondents also cited declining membership as a key issue affecting traditional ESOs. It is evident that the declining veteran population has had and will continue to have a significant impact on the membership levels of traditional ESOs.

One traditional ESO representative framed this issue bluntly:

“Our ESO branch started with 500 members and now we’re down to 300. They’re all going to die.” – Sale consultation, ESO

Additionally, the current inability of traditional ESOs to engage with younger veterans (discussed at section 9.1) means that traditional ESOs are unlikely to reverse the decline in their membership numbers in the future.

An example to illustrate the impact of this issue on traditional ESO capacity is detailed in the following, using the RSL’s national membership figures from 1999 to 2014 as a case study. Figure 23 below shows that RSL membership numbers have declined 25% between 1999 and 2014.¹³¹

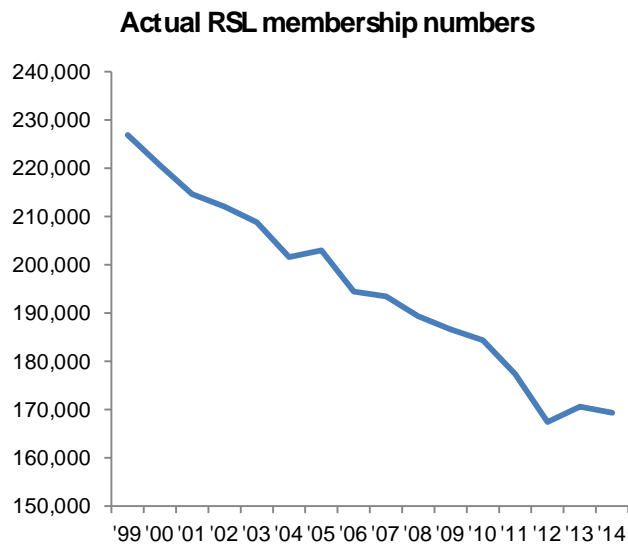


Figure 23 Actual RSL membership numbers

Based on this, and assuming an average decline in membership per annum of 1.6%, by 2047 the RSL nationally will have less than 100,000 members, as forecast in Figure 24. This rate may actually be higher in the future as the population of WWII veterans continues to

decline until 2036, when it is estimated that there will be no more living veterans of WWII.¹³²

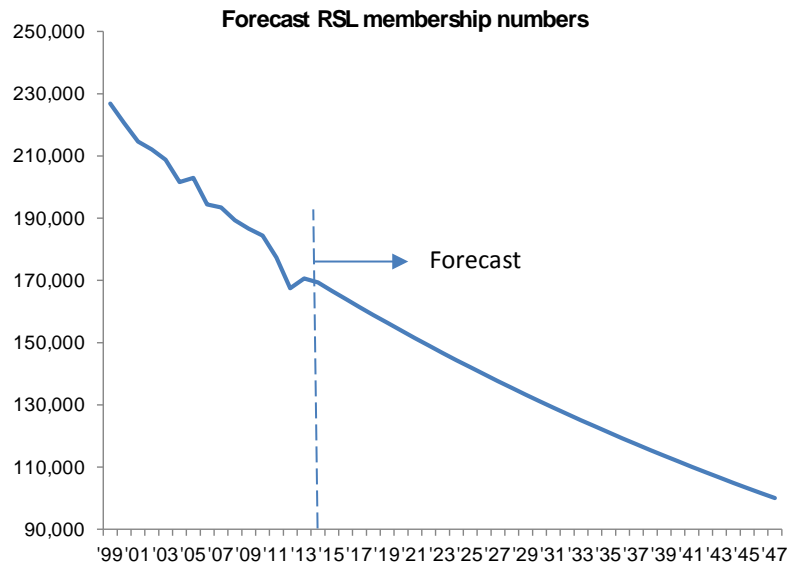


Figure 24 Forecast RSL membership numbers

The trend of declining membership is likely to be felt in Victoria at a later stage than in the other states. Victoria has the highest proportion of all RSL memberships (38% of the national total as at 2014). In fact, Victoria has more memberships than all other states, except NSW, combined (65,159 compared to 63,424 for QLD, SA/NT, WA, TAS and ACT/Overseas combined), as shown in Figure 25.

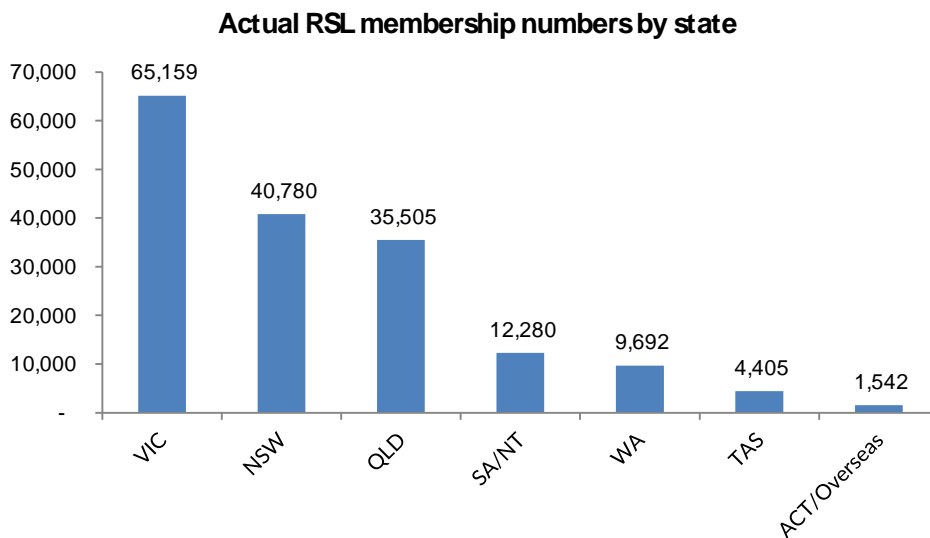


Figure 25 Actual RSL membership numbers by state

The discrepancy between Victoria and the other states is driven by the different types of membership on offer. Of Victoria’s 65,159 members, 28,073 (43%) of these are service members, 14 (0% due to rounding) are life/honorary life members, and 37,072 (57%) are

affiliate members.¹³³ In fact, the Victorian affiliate membership category alone makes up 22% of the national RSL membership base.

This all means that Victorian RSL branches are doing something very different in terms of their membership recruitment, and it seems to be working to stem the decline in traditional ESO membership numbers. Further discussion regarding emerging forms of membership is captured in the following subsection.

Emerging forms of membership

Some traditional ESOs have been responding to this challenge through the introduction of new membership types, which broaden the membership base of their organisation to social memberships and membership for the families of veterans, including war widows/widowers, spouses and other family members. Figure 26 summarises four examples of different membership types offered by the RSL, Defence Force Welfare Association (DFWA), the Naval Association of Australia (NAA) and the Royal Australian Air Force Association (RAAFA).¹³⁴

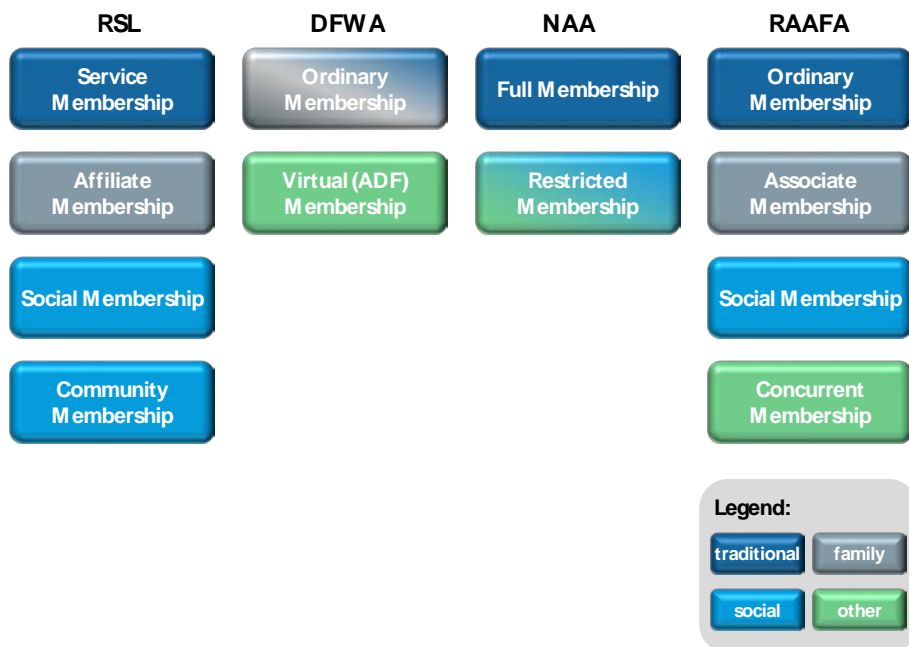


Figure 26 Examples of different membership types

All four examples offer a traditional membership, which is membership to serving and former serving members of the ADF or their association. Further, all four examples offer family membership (the DFWA’s Ordinary Membership is also open to family members). Three of the examples offer a social membership which provides the opportunity for community members to engage with the ESO. None of these three types of membership – traditional, family or social are particularly innovative.

Interestingly, the DFWA has the most innovative membership type through offering a Virtual (ADF) Membership which entitles members to access online and email services. The DFWA positions this membership by stating that: “we greatly value your service in the ADF and as the professional association dedicated to representing your interests now and post discharge, we need your membership to ensure we can carry out our good works.”¹³⁵ This

virtual option is a strategy other traditional ESOs could implement to optimise engagement and membership uptake. The NAA and the RAAFA offer 'other' types of membership as well, for those who already belong to another subsection of their ESO but also wish to join a new section concurrently.

While membership continues to decline, the family, social and other types of memberships may slow the rate of this decline through broadening the membership base and membership opportunities for these traditional ESOs. For example, the DFWA saw over 4,000 serving members opt to join as Virtual Members in October 2014, during DFWA's campaign opposing proposed salary arrangements for ADF members under the new Workplace Remuneration Agreement.¹³⁶ This suggests that the Virtual Membership option is a successful mechanism for the DFWA to recruit serving members invested in the outcome of a particular campaign. Additionally, as discussed in section 9.2.1 previously, the RSL's Victorian affiliate category alone comprises 22% of the RSL's national membership base, indicating its success.

9.2.2 Declining funding

For many traditional ESOs, a substantial source of income is membership revenue. RSL NSW, SA and QLD report that membership fees were \$703,972 (12%), \$328,194 (13.5%) and \$246,046 (0.3%) of their 2014 revenue respectively.¹³⁷ These figures show substantial diversity. RSL Victoria does not publish consolidated annual financial statements, therefore this proportion could not be determined in the Victorian context.

The two other main sources of income are government funding and fundraising efforts. Noting the decline in memberships, it is not surprising that traditional ESOs are reporting a corresponding reduction in their funding.

The government funding that traditional ESOs receive is predominantly grant funding. Some examples of programs which provide government funding to ESOs include:

- DVA's Building Excellence in Support and Training program¹³⁸, which provided \$3.78M in 2014-15
- DVA's Veteran and Community Grants program, which provided \$598,053 between January and July 2015
- DVA's Grants for National Organisations, which provided \$112,635 in 2015
- VVC's ANZAC Day Proceeds Fund, which provided \$441,010 in 2014-15
- VVC's ANZAC Centenary Community Grants Program, which provided \$572,571 in 2014-15
- VVC's Victorian Veterans Fund, which provided \$203,459 in 2014-15.

Grant funding cannot be relied upon for long-term financial sustainability, as there are no guarantees provided to ESOs that the funding will continue into the future after the expiry of the current funding round. Grant funding is also contingent upon the policy direction and eligibility criteria set by successive governments, which means that ESOs which qualify for grant funding under one program may no longer be eligible for that funding when the program is replaced to address different policy directions.

This creates an environment for traditional ESOs in which they are unable to engage in any strategic long-term planning for their services or programs, as the planning for these items typically extends beyond the duration of a particular round of grant funding.

Many traditional ESOs engage in fundraising activities to support their operations and any funding shortfalls between their intended objectives and the membership and government funding they receive. Fundraising activities are time-intensive (discussed further in section 9.2.3 regarding declining volunteers) and produce varying returns for their time.

For example, a Fairfax media investigation found that some charities spend a significant proportion on fundraising, with their “analysis of the performance of 15 well-known charities shows some are spending up to 40¢ in every donated dollar on fund-raising, while others are spending less than 5¢”.¹³⁹ While no specific results were provided for the ESO sector, it is reasonable to assume that traditional ESOs would similarly have various degrees of difference in the efficiency of their fundraising processes.

Fundraising efforts can also be limited by ‘appeal fatigue’ which occurs when there are a number of organisations competing for a set amount of funding within a particular community. Another important aspect to fundraising is that of bequests, with many traditional ESOs receiving bequests from deceased estates. While deceased estates provide security of funding, the number of deceased estates which will dedicate funding to traditional ESOs is also likely to decline as the numbers of veteran community members and their benefactors’ declines.

These three sources of funding are all uncertain in the context of a declining veteran population. Membership will naturally decline in alignment with the reduction in veteran numbers, government funding may be cut in favour of other policy areas, and the community may direct its funds to other, more popular causes.

“We can no longer deliver commemorative events (including ANZAC Day) to meet current needs and expected crowds. Last year it cost us \$20,000 for two screens and audio for ANZAC Day, which is not counting the other costs we incurred – our whole annual events budget is \$50,000.” – Geelong consultation, ESO

“Currently it takes a lot of effort and resources to lobby LGAs for funding and support. Nine out of ten times we’re not successful.” – Geelong consultation, ESO

“Renting is a big drag on organisations. Fundraising is an issue. When our membership decreases there’s a shortfall.” – Frankston consultation, ESO

“[We are] always looking for sponsors to help us in any way they can so we can survive to help others.” – ESO survey respondent

9.2.3 Declining volunteers

The decline in volunteer numbers has a significant impact on the capacity of traditional ESOs. This decline is primarily caused by a reduction in the veteran community population

brought about by ageing. As volunteers age, they either retire from their volunteering or pass away. The decline in volunteer numbers is exacerbated by:

- a lack of engagement with younger veterans, which results in a lack of succession for running traditional ESOs and delivering their services
- the investment traditional ESOs make in training volunteers is lost when volunteers leave and provide no handover or opportunity for transition, which results in these ESOs needing to train another individual from scratch.

The following anecdotes shared by traditional ESO representatives through the consultations illustrate these issues.

“Our big issue is volunteers. Younger people like to get on with life, they don’t necessarily want to take on office in an ESO.” – Sale consultation, ESO

“Everyone’s getting older and there’s no one coming in behind [for succession planning].” – Ballarat consultation, ESO

“Volunteer sustainability is a big issue. Every time you lose a volunteer you have to start all over again.” – Geelong consultation, ESO

The constraints imposed on traditional ESOs by the decline in volunteer numbers limits the ability of these ESOs to fundraise, as there are less resources available to plan and implement fundraising strategies and activities. Therefore, this issue affects the viability of traditional ESOs by reducing their ability to make up the shortfall between membership fees and government funding with fundraising revenue.

The issue is not that Victorians and Australians more broadly are ceasing to volunteer. In fact, in 2010 36% of the adult population volunteered, an increase since 1995 when only 24% of the adult population volunteered. The volunteer rates for adults by age group for 2010 are summarised in Table 9.¹⁴⁰

Table 9 Volunteer rates for adults by age group (2010)

AGE GROUP	18-24	25-34	35-44	45-54	55-64	65+	OVERALL
Volunteering rate	27%	27%	39%	44%	41%	36%	36%

It is also not that younger Victorians and Australians more broadly are ceasing to volunteer. While the rate of volunteering among young adults remains lower than for other age groups, the rate for 18-24 year olds actually increased from 16% in 1995 to 27.1% in 2010.

Rather, there have been changes in the way Australians volunteer their time. The National Volunteering Strategy (2011) identified the following trends:

- growth in volunteering is uneven across different sectors. Rates of volunteering have grown in sport, religion and education but have declined in community services and emergency management
- more people are volunteering but for less time than in the past
- people are increasingly time poor and volunteering competes with greater work and caring responsibilities
- people are more mobile than in the past so volunteers are less likely to stay for many years in a single role
- more volunteers want roles that are flexible, or require shorter hours or a shorter term commitment.¹⁴¹

What this suggests is that volunteering in the traditional ESO sector is no longer seen as being as attractive as volunteering for other causes.

A key issues paper for the review of future DVA funding of ESOs commented on the benefits and challenges associated with maintaining a volunteer workforce in the ESO sector.¹⁴² The key benefits and challenges are summarised in Figure 27.

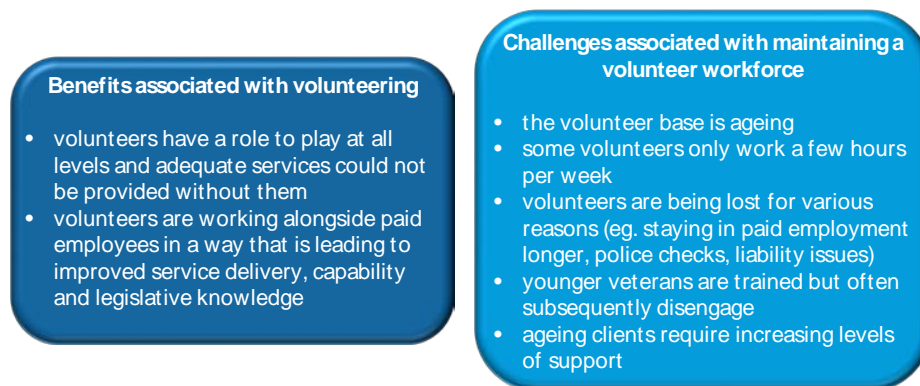


Figure 27 Key benefits and challenges associated with volunteering

The final report for the DVA review of funding found that “as the volunteer workforce declines, more paid practitioners will be required to take on the complex work.”¹⁴³ DVA also noted that “many [volunteers] need assistance themselves but feel pressure to continue to do their work as they feel there is no-one to take over from them.”¹⁴⁴ ADSO similarly commented that “the current situation in respect of Pensions/Welfare and Advocacy is that it is in the main being conducted by veterans who are now in their mid to late 60s and well into their 70s, many of whom present with significant health issues themselves.”¹⁴⁵

The current situation is therefore onerous and unfair on those volunteers who experience personal issues which they need to address themselves, but feel unable to cease volunteering due to a fear that if they stop, no one will take their place. This situation is likely to intensify the conditions experienced by those volunteers, leaving them in poor health as a result of their volunteering.

These findings from DVA’s research demonstrate that the current structure of the volunteer workforce in the traditional ESO sector is unsustainable. This is likely to pose substantial challenges for both federal and state government in the future, in terms of picking up the services which cease being delivered by volunteers and are not picked up by other service providers.

There is no research to quantify the volunteer effort associated with the traditional ESO sector and the saving this brings to the government in reducing service delivery demands. However, in 2006 the value of formal welfare/community volunteer service was valued at \$723M.¹⁴⁶ It is reasonable to expect that the ESO sector would form a subset of this value and therefore impose a significant cost burden on government, if service delivery shifted to government.

9.2.4 Proliferation of niche ESOs

As a corollary to the three main factors impacting ESO capacity, the multitude of ESOs serving niche veteran cohorts and needs disperses the limited membership, funding and volunteer effort even further. It is reasonable to assume as per competitive market theory that if there were less ESOs, the remaining ESOs would benefit from proportionally increased membership numbers, funding and volunteer effort, which maximises their ability to achieve outcomes for veterans.

“As a consideration for the merging of ESOs, it takes off the administrative load. There is a lot of red tape each individual ESO needs to comply with. But it is important to make sure [the merged ESOs’] values continue. There is a lot of pride in maintaining different ESO branches.” – Ballarat consultation, ESO

“There’s a proliferation of ESOs. Let’s consolidate them. There’s not enough funding for all ESOs, it duplicates services and it’s difficult to engage with the large number of ESOs.” – Wodonga consultation, ESO

Figure 28 provides an overview of the establishment dates of the larger ESOs. The diagram breaks down the evolution of ESOs into different eras, based on criteria outlined in an analysis of the changing nature of ESOs and on different periods of time which saw different types of ESOs emerge in response to the conflicts of the day.¹⁴⁷

It is immediately clear that following the formation of the Vietnam Veterans Association of Australia (VVAA) in 1979 (with this split between the RSL and the VVAA often cited as the beginning of the development of ESOs focused on particular issues) the number of ESOs increased dramatically from the late 1980s to the 2010s.¹⁴⁸

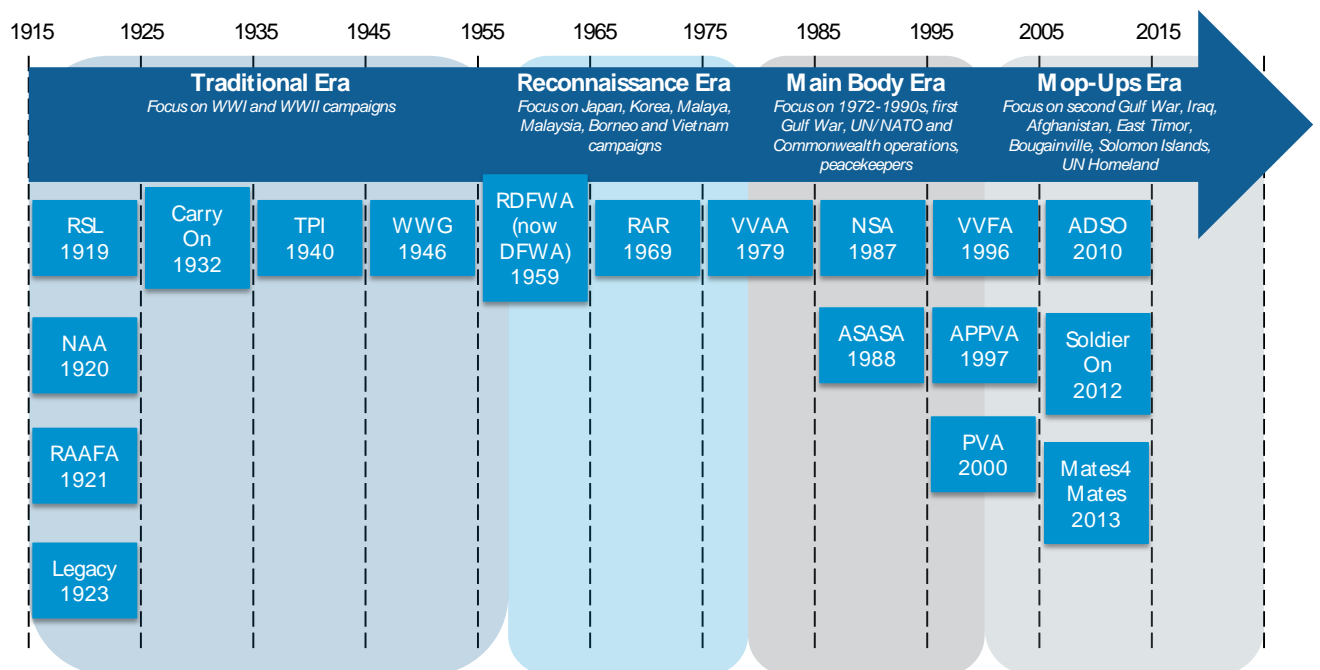


Figure 28 Overview of ESO establishment dates

The literature research found that “there is a definite duplication of representation, and an unhealthy and unproductive attitude towards ‘competing’ ESOs”.¹⁴⁹ It is challenging for both organisations such as DVA and individuals to remain abreast of and engage with each ESO in such a “cluttered market place of organisations.”¹⁵⁰

If consolidation were to occur, an inherent risk that would need to be managed would be to ensure that the niche veteran cohorts and needs which are currently serviced by each ESO continue to be met following any such consolidation of ESOs. Other barriers to consolidation are noted as cost and the negative connotation of consolidations associated with ‘takeover’.¹⁵¹

The ESO sector itself has commenced moving in this direction, with the formation of the Alliance of Defence Service Organisations (ADSO) in 2010 by five larger traditional ESOs. ADSO was formed to enable the ESO sector to work in a more cooperative and coordinated manner. Since its formation, four more traditional ESOs have become part of ADSO. Its current members are:

- DFWA
- NAA
- RAAFA
- Royal Australian Regiment Corporation (RARC)
- Australian Special Air Services Association (ASASA)
- Australian Peacekeepers and Peacemakers Veterans Association (APPVA)
- VVAA

- Australian Federation of Totally and Permanently Incapacitated Ex Servicemen and Women Ltd (TPI Federation).

ADSO now represents more than 3 million members of Australia’s defence family. While the constituent member organisations still exist independently, ADSO gives the sector a stronger united voice and provides security for its members in their contemplation of future merger or closure activity, in that their members will be looked after, even after their ESO ceases.

Within Victoria, ESOs run a Victorian ESO forum which was originally established in 2004. This forum connects traditional ESOs and provides a forum for updates and presentations on relevant topics and discussion of joint approaches to problems in the sector. Both the VVC and DVA have presented to the Victorian ESO forum previously. Through consultation with a representative of the Victorian ESO forum, the representative identified that greater visibility of the VVC within the Victorian ESO forum could be beneficial to update members on the role and work of the VVC.

Canada has a model similar to ADSO for a united voice with the National Council of Veteran Associations in Canada.¹⁵² The National Council of Veteran Associations in Canada represents over 60 Canadian ESOs to provide a strong and independent voice for the veterans sector. A number of these ESOs have been working together as part of the National Council of Veteran Associations in Canada since the 1920s to present the concerns of Canadian veterans following WWI.

9.2.5 Administrative burden

Being a largely volunteer-supported sector, ESOs are constrained by the administrative burden associated with complying with federal, state and local government legislation, regulation, policy, processes, bureaucracy and requirements. This ‘red tape’ burden can be as low level as complying with Work, Health and Safety obligations for commemorative events, to more over-arching requirements such as ensuring volunteer community members on ESO executive committees fulfil their corporate governance requirements to Consumer Affairs Victoria.

The age profile of volunteers in traditional ESOs means that these volunteers are not naturally familiar with recent requirements and may lack the skills to deal with these, such as an increased focus on risk management and using online resources to locate information necessary for compliance. This results in volunteer frustration and means that volunteers take more time than otherwise required to meet these compliance requirements. This in turn reduces the effectiveness and efficiency of these scarce resources.

Various sources of literature comment on the cost and bureaucracy associated with the compliance burden on volunteer-based organisations.¹⁵³ The National Survey of Volunteering Issues 2008 found that the impact of these compliance requirements means “increasing amounts of paperwork for volunteers and ‘red tape’ are reported by some organisations as a barrier to involving volunteers.”¹⁵⁴

“When an RSL branch closes, local people often become ‘Friends of the RSL’ to avoid the administrative burden and continue service delivery while linking back to the RSL.” – Ballarat consultation, ESO

Considering the available pool of volunteers in the ESO sector, these compliance requirements may be reducing the already limited pool to unsustainable levels.

9.2.6 Impact of these factors limiting ESO capacity

The impact of these factors is that traditional ESOs lack the capacity to operate as they once did and have difficulty in meeting cost pressures and service delivery expectations. As noted by the literature: “such is the nature of the traditional veterans organisations, the RSL and several others: whilst they remain numerically strong, they have the look of organisations in decline. Performance and relevance do not appear to have improved with age”.¹⁵⁵

As a result of this, some traditional ESOs are investigating strategies to merge or wind down their operations because they recognise they will not be able to continue to exist into the future. At least five representatives of traditional ESOs commented throughout the consultations that they were either actively planning or commencing planning to wind up their ESO. Further, literature from a Queensland study identified five out of eleven major ESOs interviewed that did not see their ESO having a long-term future.¹⁵⁶ This means that the landscape of traditional ESOs is likely to change substantially over the next 10-20 years as these winding up operations take place.

The key concerns of these traditional ESOs contemplating closure are to ensure their membership base remains cared for even when the ESO has ceased, and to transfer their assets and memorabilia appropriately to ensure that they are not lost. One program which assists ESOs in these endeavours is the Shrine of Remembrance’s ‘Adopt an Ex-Service Organisation’ program, which matches closing ESOs with schools to ensure the continuance of the ESOs’ commemorative services and maintain memorabilia.¹⁵⁷ Once matched and agreed on a partnership, the school may then have students attend, organise and support the ESOs’ commemorative activities at the Shrine of Remembrance. This provides students with a greater appreciation of the sacrifices made by veterans and provides the ESOs with a partner that will ensure its veterans remain commemorated.

A 2009 submission to the Productivity Commission by the NSW RSL & Services Clubs notes that in NSW since the mid-1990s, 266 clubs have either closed or amalgamated, with this attrition rate expected to accelerate.¹⁵⁸ In Victoria, there were 440 RSL sub-branches in the 1960s, 330 in the late 90’s and early 2000s and in 2010 there was 304, with an estimate that this could be 150 over the next five to ten year period.¹⁵⁹ Predictions in 2011 were that one in four RSL sub-branches would be shut down over the next five years, with most of these closures to occur in rural areas.¹⁶⁰

The impact of this is that “a town or suburb could lose its club amenities (which are a large part of the community infra-structure in rural areas)... Worse still, when a club of this nature closes in a country town the local community faces losing their ANZAC traditions, ie. remembrance services/marches on ANZAC Day and other commemorative events.”¹⁶¹ Such changes are likely to impact the way commemorative and remembrance events are

delivered in the future, including if whether some communities lose commemorative and remembrance events altogether.

Experiences and views shared by traditional ESO representatives in the consultations are captured below.

“Smaller ESOs are folding in the area (Malay, Borneo, Korean and Rats of Tobruk associations). The larger ESOs are trying to continue to deliver the services that were provided by these ESOs to ensure that the care continues to be provided to these veterans. Some schools have adopted the flags of closed ESOs. We want their members to see that their flags are still cared for.” – Geelong consultation, ESO

“In an ideal world, there would be a 12 month transition and someone to hand the ESO over to. In the real world, it’s messy.” – Ballarat consultation, ESO

“Our ESO has been looking at how we exit. We’re got a lot of assets and want to direct them to where we want them to go. The exit is across the whole Victorian ESO, we’ve been looking at it and planning for it for a while.” – Ballarat consultation, ESO

“Same for our ESO, it’s only a matter of time.” – Ballarat consultation, ESO

“Our ESO is setting up a ‘closing the doors’ strategy. We will transfer our memorabilia to the RSL.” – Sale consultation, ESO

“Our ESO is looking at staying how we are for the near future, but then to transition towards being community clubs after that.” – Sale consultation, ESO

“The VVC could develop strategic plans for what to do when smaller ESOs come to the end of their lifespan.” – Melbourne consultation, ESO

It is likely that capacity will be further reduced in the coming 10-20 years as a number of traditional ESOs wind down. This is partially due to an inability to engage with and attract younger veterans as members and volunteers. It is also partially due to the expectation that the decline in membership, funding and volunteers will peak within this period.

If these current issues are not addressed in a sustainable way, the number of traditional ESOs available to meet the latent wave of veteran needs which will hit in 10-20 years will be drastically reduced. This may be compensated for by the emerging ESOs, which are likely to be well-established with a strong member base by this point in time.

It is likely that during this future 10-20 year period traditional ESOs will consolidate to only a few key players to conserve funding dollars and volunteer effort in order to reduce the duplication and wastage of these ever more scarce resources. This may be through models such as ADSO or new types of models.

The need to define new models is supported by the literature. Ryan notes that,

“the Australian Defence Force family faces different challenges than those experienced in the period immediately after the two world wars of the last century... [in the current environment] the various ESOs need to define a new role for themselves in the Australia of the twenty-first century... The number of veterans and ex-service personnel will be lower in future, due to both the loss of the World War 2 generation and the ongoing reduction in the number of members of the ADF. Meanwhile, younger generations may relate to organisations and organising in different ways.”¹⁶²

9.2.7 Traditional ESOs’ capability has declined and continues to decline

The capability of traditional ESOs to service the veterans sector has declined, in accordance with their declining capacity. This decreased capability is evidenced in three key ways: the lack of volunteer continuity which forces ESOs to keep restarting (discussed previously in section 9.2.3), their lack of knowledge regarding where veterans are located or how to reach them, and their decreased lobbying power in the modern day.

Privacy restrictions and a lack of data inhibit ESOs from knowing precisely who the veterans are and where they are located in their communities. This means that ESOs do not have the opportunity to engage with these veterans and provide services to these veterans. To avoid duplication, this issue has been more fully discussed at section 6.2.1.

Further, due to the decrease in veteran population numbers, the capability of traditional ESOs to lobby for and be a political force has also decreased. This loss of lobbying impacts the public’s and the policy-makers’ awareness of veterans issues and reduces the appetite of policymakers to service this now-niche group of the Australian population.

The literature notes that,

“unlike in the period immediately after WW2 when ESOs were very much a part of the fabric of communities... [and] pivotal players in the national political debate... today such organisations are mute in comparison.”¹⁶³ Ryan’s study concluded that “along with the changing population demographic, cultural changes and the lessening influence of this unique constituency a new Australian Defence Community paradigm is demanded if its issues are to be addressed and its relevance enhanced.”¹⁶⁴

9.3 Conclusions and recommendations

In a context of exponential growth, the emerging ESOs currently lack the necessary processes and systems to become fully established, constrained by a lack of funding as they are. It is certain that the emerging ESOs are serving a true need in the younger veteran cohort for family-, social- and employment-oriented services which reflect their stage in life. There is an opportunity for the veterans sector to strengthen the capacity and capability of emerging ESOs through greater investment, which may be either financial or in the style of coaching, in recognition of the important role they now play in supporting the younger veteran cohort.

In contrast, as the traditional ESOs' capacity and capability continues to decline, more and more of the support services which traditional ESOs provide to the veteran sector may either transfer back to government, be picked up by the emerging ESOs or disappear.

There is a wealth of work that traditional ESOs perform in relation to advocacy and direct delivery of services to their client base. The natural implication of these services transferring back to government is that they would create a significant cost and service delivery burden that has not been planned for and is likely to not be met.

There is a possibility that in the future, as the client base of the emerging ESOs ages and their needs become more similar to those of the current traditional ESO client base (ie. older members of the veteran community), that the emerging ESOs will commence delivery of these services to meet the needs of their changed client base. It is unlikely that the emerging ESOs will deliver these more traditional services over the next 10-20 years, until their membership base ages and the number of traditional ESOs consolidates.

In the alternative situation, that these services will cease to be delivered at all, the implication of these services ceasing altogether is that veteran issues will not be addressed and individual veterans will 'fall through the cracks' with physical and mental health issues, homelessness, substance abuse, social issues and unemployment issues remaining unresolved. There are two key issues in this scenario:

- first, government does not uphold its moral duty to ensure veterans are cared for following their service
- second, veterans become frustrated, disillusioned and disengaged citizens because their needs are not being addressed, which causes significant social, political, jurisprudence and community issues.

Planning by the veterans sector for these potential outcomes in the near future will alleviate the uncertainty regarding how and by whom these support services will be delivered in the future, thereby ensuring their sustainability for future generations of veterans. This planning also needs to encompass a coordinated, strategic approach to the closure of traditional ESOs as and when they see fit, to ensure that the assets and memorabilia of those traditional ESOs are appropriately protected.

Recommendation 12: The VVC should investigate opportunities to facilitate the development of emerging ESOs, potentially through grant programs, coaching or other means, to ensure that emerging ESOs have improved capacity and capability, and are able to better meet the high rate of demand they are experiencing.

Recommendation 13: The Victorian veterans sector should develop a consolidated map of all the services traditional ESOs provide to their client base, and a resultant strategic plan for ensuring required services will continue to be delivered in the event one or more traditional ESOs wind up their organisation.

Recommendation 14: The Victorian veterans sector, led by the VVC as an impartial body, should develop a strategic consolidation plan for traditional ESOs which are contemplating winding up, thereby ensuring assets and memorabilia are transferred appropriately in accordance with their wishes.

10 Recommendations – Future state of the Victorian veterans sector

This section of the report brings together the recommendations outlined in sections 5 to 9 of the report and elaborates on these, by identifying the issue(s) each recommendation addresses and strategic implementation options for consideration.

The first column of the table outlines the recommendation and which of the VVC’s objectives it relates to. The second column of the table provides a brief overview of the issue(s) which are addressed by way of explaining the reasoning behind the recommendation. The third column of the table provides an overview of strategic implementation options for consideration.

RECOMMENDATION AND FURTHER EXPLANATION	ISSUE(S) WHICH RECOMMENDATION ADDRESSES	STRATEGIC IMPLEMENTATION OPTIONS FOR CONSIDERATION
CONTEXT		
<p>Recommendation 1: The VVC should consider, investigate and implement opportunities to enhance stakeholders’ awareness of the VVC brand within the Victorian veterans sector, with a particular focus on increasing its presence outside of the Melbourne CBD.</p> <p><i>This recommendation relates to VVC objective (e), by positioning the VVC as having a leadership, advocacy and coordinating role within the Victorian veterans sector, in order to take on this role and thus promote cooperation and collaboration in the Victorian veterans sector.</i></p>	<ul style="list-style-type: none"> • the review found that: <ul style="list-style-type: none"> – few attendees were fully aware of the VVC and its role – there was a poor community perception of the VVC – there is an opportunity for the VVC to take on a greater leadership, advocacy and coordinating role in the sector in order to strategically influence the development of the Victorian veterans sector • further information available at section 5.3 	<ul style="list-style-type: none"> • the VVC has greater presence and engagement with ESO forums throughout Victoria. Benefit(s): <ul style="list-style-type: none"> – position the VVC as an impartial, mediating peak body – clearly signal VVC’s strategic direction for the sector and how the Victorian ESOs can work together to support that direction • greater promotion of the VVC, especially to regional, rural and remote ESOs, to highlight the VVC’s role and its achievements. Benefit(s): <ul style="list-style-type: none"> – address the perception that the VVC is Melbourne-centric – address the perception that the VVC only provides commemorative and grants services
<p>Recommendation 2: The VVC should review the Veterans Act 2005 (Vic) in consultation with the Victorian veterans sector with a view to ensuring that the legislation clarifies and supports the current and future direction of the VVC while reduces the</p>	<ul style="list-style-type: none"> • the review found that: <ul style="list-style-type: none"> – there is some confusion regarding the role of the VVC – other aspects of the <i>Veterans Act 2005</i>, including patriotic funds, membership requirements of the 	<ul style="list-style-type: none"> • provide opportunity for stakeholder consultation and input throughout review process, particularly regarding the Victorian definition of a veteran. Benefit(s): <ul style="list-style-type: none"> – reduce ambiguity and confusion in the legislation

RECOMMENDATION AND FURTHER EXPLANATION	ISSUE(S) WHICH RECOMMENDATION ADDRESSES	STRATEGIC IMPLEMENTATION OPTIONS FOR CONSIDERATION
<p>ambiguities raised throughout the consultations.</p> <p><i>This recommendation relates to all of the VVC's objectives, given that they all form part of the Veterans Act 2005.</i></p>	<p>VVC, the potential for a Victorian veterans charter and the Victorian definition of a veteran could benefit from review</p> <ul style="list-style-type: none"> • further information available at section 5.5 	<ul style="list-style-type: none"> – ensure legislation supports VVC's current and future direction
AWARENESS AND ACCESSIBILITY		
<p>Recommendation 3: The Victorian veterans sector should collaborate to reduce the barriers faced by veterans at each step of their journey to access their required services, by outlining the services provided, the barriers veterans face in accessing those services, and a plan for alleviating those identified barriers.</p> <p><i>This recommendation relates to VVC objective (a), by reducing barriers to accessing services that may inhibit the wellbeing of all members of the Victorian veteran community.</i></p>	<ul style="list-style-type: none"> • the review found that: <ul style="list-style-type: none"> – there are four key barriers to veterans accessing the services they require – these barriers result in a proportion of veterans who are unable to progress through each step, and thus do not access the services they require – this lack of progression may then result in their needs not being met • further information available at section 6.1 	<ul style="list-style-type: none"> • online resource portal developed by the Victorian state government through collaboration with the Victorian veterans sector, which provides a 'one stop shop' for information relating to services and benefits (including concessions) Victorian veterans can access. Benefit(s): <ul style="list-style-type: none"> – consolidate disparate DVA, state government, local government, ESO and general community information into one place to improve awareness of available services – direct veterans towards organisations and resources to support them in accessing the services they require – ultimately improve awareness and accessibility of available services
<p>Recommendation 4: The Victorian Veterans Council should work collaboratively with the Victorian veterans sector to understand, redefine and promote what a veteran is, in order to combat the outdated prevailing stereotype.</p> <p><i>This recommendation relates to VVC objectives (a) and (c), by ensuring that all veterans can access services (not only those who meet the prevailing stereotype) and to promote a better understanding of the contributions of Victorian veterans, which includes younger veterans, female veterans and veterans from diverse</i></p>	<ul style="list-style-type: none"> • the review found that: <ul style="list-style-type: none"> – there is a prevailing 'authentic veteran' stereotype that is now only accurate for 26% of the veteran population – this stereotype can prevent veterans from self-identifying, which results in them not accessing available veteran services and benefits – this stereotype can also result in alienation if an individual is not perceived as an 'authentic veteran', which increases the difficulty of them accessing their required services • further information available at section 6.1.1 	<ul style="list-style-type: none"> • the VVC could work with the Victorian veterans sector to update the stereotype of what a veteran is. Benefit(s): <ul style="list-style-type: none"> – promote the diversity of current veterans, thereby reducing the barriers to access experienced by those who don't fit the 'authentic veteran' norm – ensure ESOs understand the needs of veterans who do not fit the stereotype • the Victorian veterans sector could implement a promotional advertising strategy linked with key dates in the veteran community (eg. ANZAC Day and Remembrance Day), celebrating the diversity of all

RECOMMENDATION AND FURTHER EXPLANATION	ISSUE(S) WHICH RECOMMENDATION ADDRESSES	STRATEGIC IMPLEMENTATION OPTIONS FOR CONSIDERATION
<p><i>backgrounds.</i></p>		<p>veterans. Benefit(s):</p> <ul style="list-style-type: none"> - update social expectations regarding who a veteran is, thereby reducing the barriers to access experienced by those who don't fit the 'authentic veteran' norm
<p>Recommendation 5: The Victorian veterans sector should work with DVA and the ADF to enhance the transition process for veterans, where possible, through the provision of localised and ESO services at this point in time.</p> <p><i>This recommendation relates to VVC objective (a), by promoting the wellbeing of veterans through ensuring they receive the information they need upon transition out of service.</i></p>	<ul style="list-style-type: none"> • the review found that: <ul style="list-style-type: none"> - transition is a key gateway for veterans entering civilian life - transition does not currently provide localised service information to veterans regarding available services • further information available at section 6.1.2.1 	<ul style="list-style-type: none"> • the Victorian veterans sector should remain abreast of the findings, recommendations and outcomes of the Transition and Wellbeing Programme as it progresses. Benefit(s): <ul style="list-style-type: none"> - the Victorian veterans sector is more informed regarding current limitations and proposed solutions • the VVC should link in with and support any efforts made by the ADF and DVA to improve the transition process within Victoria. Benefit(s): <ul style="list-style-type: none"> - transition process provides timely and relevant information to veterans transitioning out of service into Victoria, in order to reduce the number of those veterans who are unaware of what services they can access
<p>Recommendation 6: The Victorian veterans sector should use a mix of methods for communication and engagement with the Victorian veteran community for maximum effect.</p> <p><i>This recommendation does not relate specifically to any of the VVC's objectives, but addresses '#4 Analysis of the review's terms of reference, as set out in section 3.2.</i></p>	<ul style="list-style-type: none"> • the review found that a mixed methods approach for communicating and engaging with the veteran community is most effective • further information available at section 6.2 	<ul style="list-style-type: none"> • not applicable
<p>Recommendation 7: The VVC should advocate for improved data capture on the Australian veteran community, including their needs and profile, through liaison with the ADF, DVA and the Victorian veterans</p>	<ul style="list-style-type: none"> • the review found that that as a combined result of privacy restrictions and a lack of data and research into the Australian veteran community, the Victorian veterans sector's understanding and responsiveness to current and future veteran needs is compromised. 	<ul style="list-style-type: none"> • as an interim solution, the VVC could implement the coordination of targeted mailouts through DVA, which would provide veterans within specific areas with localised information about the services and benefits they can access. Benefit(s):

RECOMMENDATION AND FURTHER EXPLANATION	ISSUE(S) WHICH RECOMMENDATION ADDRESSES	STRATEGIC IMPLEMENTATION OPTIONS FOR CONSIDERATION
<p>sector.</p> <p><i>This recommendation relates to VVC objectives (a) and (e), by promoting veteran wellbeing through building greater understanding of the modern veteran population, and by supporting ESOs to have the information they need to plan, target and deliver their services.</i></p>	<p>This thereby limits the outcomes that can be achieved by the sector</p> <ul style="list-style-type: none"> • further information available at section 6.2.1 	<ul style="list-style-type: none"> – the privacy barrier experienced by ESOs and other veteran service providers would be overcome, in that veterans’ privacy is protected whilst they still receive important information about the local services and benefits they can access and, how to access them • liaise with ADF and DVA to understand current research agendas and expected data in relation to the veteran population, and advocate for improved data capture to address gaps in knowledge. Benefit(s): <ul style="list-style-type: none"> – better data leads to better planning and responsiveness from the ESOs and the Victorian veterans sector, therefore ultimately improving veterans outcomes
DEMAND		
<p>Recommendation 8: The Victorian veterans sector should continue to monitor the changing composition of the Victorian veteran community, including where they are geographically located and the growth in the younger veteran cohort.</p> <p><i>This recommendation relates to VVC objectives (a), (c) and (e), by promoting the wellbeing of the veteran community, gaining a better understanding of the contributions of the veteran community and ensuring that the ESOs continue to cooperate with one another to continue service delivery.</i></p>	<ul style="list-style-type: none"> • the review found that the composition of the veteran population is changing, simultaneously decreasing and experiencing growth in the younger veteran cohort. These changes will impact the way services will be delivered in the future, and thus these challenges need to be monitored to ensure future responsiveness • further information available at section 7.1 	<ul style="list-style-type: none"> • the VVC could publish an annual snapshot of changes in the Victorian veterans sector (eg. decrease in numbers, growth in younger veteran numbers). Benefit(s): <ul style="list-style-type: none"> – provide all members of the Victorian veterans sector with a common understanding of the key changes to the Victorian veterans sector, to enable them to undertake more informed strategic planning
<p>Recommendation 9: The Victorian veterans sector should develop and agree on a sector-wide plan for addressing the Victorian veteran community’s needs, including the identification and action plans for any priority needs that outline the involvement of all key stakeholders within the Victorian veteran sector and</p>	<ul style="list-style-type: none"> • the review found that veterans’ needs are myriad, complex and unlikely to be solved in the short-term. There is also likely to be a latent wave of veterans needs as the younger veteran cohort ages. A plan to address these challenges would enable coordinated 	<ul style="list-style-type: none"> • led by the VVC, the Victorian veterans sector should collaborate to develop a long-term plan for addressing identified veterans’ needs. Benefit(s): <ul style="list-style-type: none"> – receive expert input and engagement from the ESOs into the planning process – clarify the role and direction of the VVC and how

RECOMMENDATION AND FURTHER EXPLANATION	ISSUE(S) WHICH RECOMMENDATION ADDRESSES	STRATEGIC IMPLEMENTATION OPTIONS FOR CONSIDERATION
<p>their contribution to addressing that need.</p> <p><i>This recommendation relates to VVC objectives (a) and (e), by promoting the wellbeing of veterans and collaboration amongst ESOs through the VVC acting as the non-partisan uniting force and leader for the sector, to facilitate the development of a shared plan for addressing the veteran community's needs.</i></p>	<p>and effective effort by the Victorian veterans sector across the state</p> <ul style="list-style-type: none"> • further information available at section 7.2 	<p>the Victorian veterans sector can support that direction</p> <ul style="list-style-type: none"> - improve the Victorian veterans sector's communication and collaboration to reduce the duplication of services and minimise gaps in service provision <ul style="list-style-type: none"> • share the finalised plan with the ADF and DVA to gain their input and collaboration in addressing the needs of Victorian veterans. Benefit(s): <ul style="list-style-type: none"> - build a stronger relationship between the VVC, the ADF and DVA
SUPPLY		
<p>Recommendation 10: The Victorian veterans sector should agree on which, if any, service gaps need to be resolved through the provision of additional veteran-specific services, and take action to resolve those agreed-upon gaps.</p> <p><i>This recommendation relates to VVC objectives (a) and (e), by promoting the wellbeing of veterans and promoting collaboration between ESOs through agreeing on and resolving service gaps for the veteran community.</i></p>	<ul style="list-style-type: none"> • the review found three priority areas which currently lack veteran-specific services – the Victorian state government, domestic violence support and substance abuse support. While these service gaps have been identified, the Victorian veterans sector needs to agree that these are the priority service gaps and that a veteran-specific solution is required, as opposed to linking the veteran community in with existing general community services available in these areas • further information available at section 8 	<ul style="list-style-type: none"> • the VVC could lead an ESO forum to discuss the priority areas identified and determine what, if any, service gaps needs to be resolved through the provision of veteran-specific services. Benefit(s): <ul style="list-style-type: none"> - gain valuable expertise and input from ESOs
<p>Recommendation 11: The Victorian veterans sector (including the Victorian state government), led and advised by the VVC, should consider opportunities to tie veterans support into existing services and programs which service the general Victorian population and also to develop the digital provision of services, in order to address the identified service gaps.</p> <p><i>This recommendation relates to VVC objectives (a) and</i></p>	<ul style="list-style-type: none"> • the review found that in the context of a declining population, it may not be appropriate for services outside of DVA and ESOs to be veteran-specific. Rather, that better coverage and access to services could be provided to the veteran community by linking them in with general population services • further information available at section 8.1 	<ul style="list-style-type: none"> • the Victorian state government, led by the VVC, could run a promotional information campaign to advertise the general community services which the veteran community can access that are not necessarily veteran-specific services, including health, aged, social and disability services, among others. Benefit(s): <ul style="list-style-type: none"> - reduce the number of veterans who are unable to access their required services, by informing them of the general community services they do have

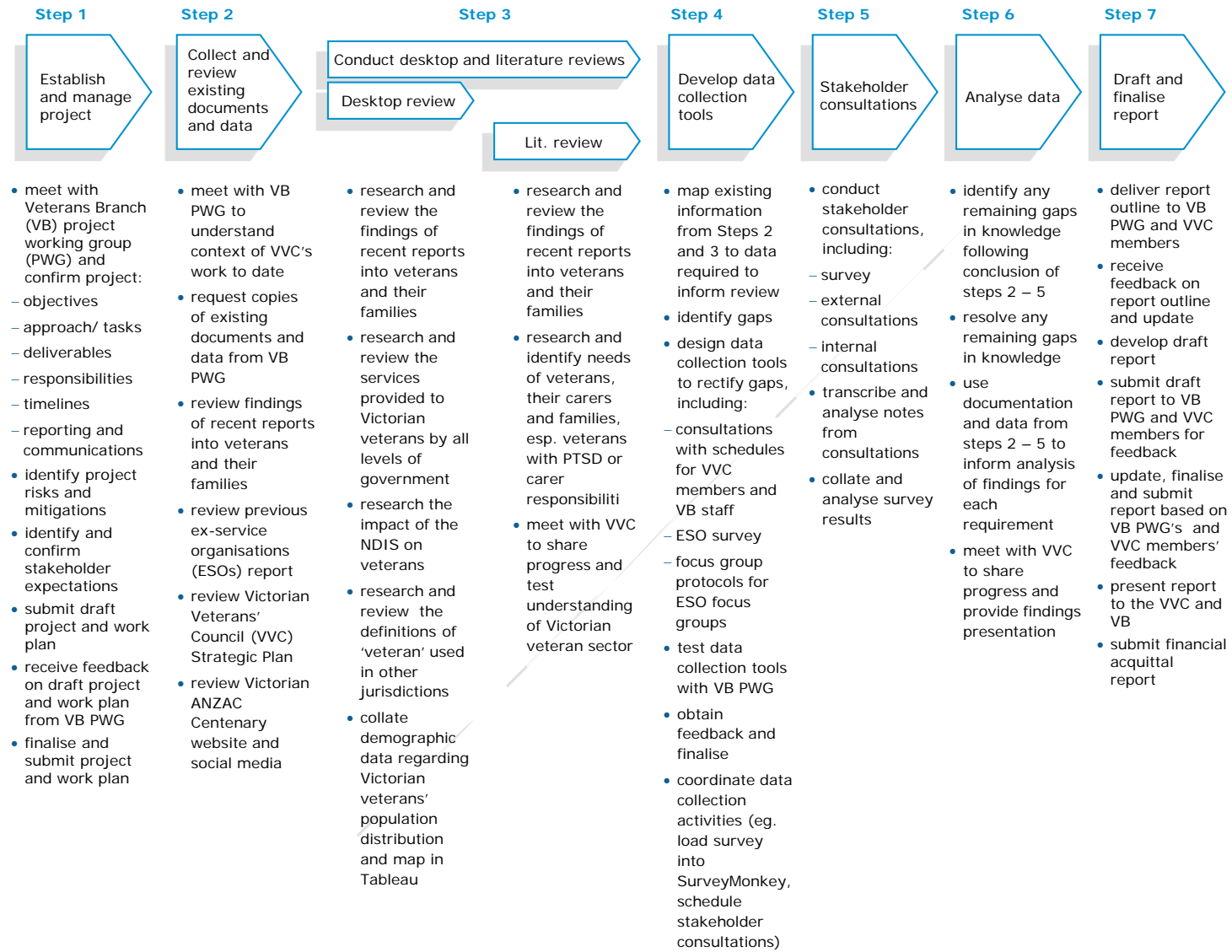
RECOMMENDATION AND FURTHER EXPLANATION	ISSUE(S) WHICH RECOMMENDATION ADDRESSES	STRATEGIC IMPLEMENTATION OPTIONS FOR CONSIDERATION
<p><i>(e), by promoting the wellbeing of veterans and promoting collaboration between ESOs through agreeing on and resolving service gaps for the veteran community.</i></p>		<p>available to them</p>
CAPACITY AND CAPABILITY		
<p>Recommendation 12: The VVC should investigate opportunities to facilitate the development of emerging ESOs, potentially through grant programs, coaching or other means, to ensure that emerging ESOs have improved capacity and capability, and are able to better meet the high rate of demand they are experiencing.</p> <p><i>This recommendation relates to VVC objective (a), by promoting the wellbeing of all veterans through ensuring that the younger veteran cohort is well-served by ESOs.</i></p>	<ul style="list-style-type: none"> • the review found that the emerging ESOs meet the needs of younger veterans, who have different needs to those of older veterans who are already serviced by the traditional ESOs. Emerging ESOs are experiencing significant growth yet do not currently have the funding necessary to strengthen their capacity and capability to continue to meet this demand • further information available at section 9.1 	<ul style="list-style-type: none"> • the VVC should meet formally with representatives of emerging ESOs to discuss the limitations they face and identify opportunities where the VVC or the Victorian state government could alleviate these limitations. Benefit(s): <ul style="list-style-type: none"> – agreed approach to fostering the capacity and capability of emerging ESOs, to support them to better support the younger veteran cohort – provide emerging ESOs with a channel to liaise with the VVC that doesn't see them needing to 'compete' with the traditional ESOs
<p>Recommendation 13: The Victorian veterans sector should develop a consolidated map of all the services traditional ESOs provide to their client base, and a resultant strategic plan for ensuring required services will continue to be delivered in the event one or more traditional ESOs wind up their organisation.</p> <p><i>This recommendation relates to VVC objectives (a), (b) and (e), by promoting the wellbeing of veterans, promoting the commemoration of veterans and promoting collaboration amongst ESOs through ensuring that quality service delivery continues even if some traditional ESOs opt to cease their operations.</i></p>	<ul style="list-style-type: none"> • the review found that: <ul style="list-style-type: none"> – the capacity and capability of traditional ESOs has declined and continues to decline, with some traditional ESOs currently planning to wind up their operations – if not planned for, some of the services that traditional ESOs provide to their client base may disappear – further information available at section 9.2 	<ul style="list-style-type: none"> • the VVC should work with traditional ESOs to identify the services they provide to their client base and develop a plan for ensuring ongoing service delivery in the event of closure. Benefit(s): <ul style="list-style-type: none"> – a statewide view of the likely disruptions to service delivery should one or more traditional ESOs cease to operate in the next 10-20 years – build a stronger relationship with each ESO wherein the VVC can act as the non-partisan body to coordinate transfer of service delivery within the sector, and thus ensure continuity of services – a planned approach to the cessation of service delivery by those traditional ESOs which are winding up, therefore avoiding reactive situations which would require intensive time and effort to

RECOMMENDATION AND FURTHER EXPLANATION	ISSUE(S) WHICH RECOMMENDATION ADDRESSES	STRATEGIC IMPLEMENTATION OPTIONS FOR CONSIDERATION
<p>Recommendation 14: The Victorian veterans sector, led by the VVC as an impartial body, should develop a strategic consolidation plan for traditional ESOs which are contemplating winding up, thereby ensuring assets and memorabilia are transferred appropriately in accordance with their wishes.</p> <p><i>This recommendation relates to VVC objectives (b) and (e), by promoting the commemoration of veterans and collaboration between ESOs through a planned, agreed approach for the transfer and use of assets and memorabilia of ESOs which are winding up their operations.</i></p>	<ul style="list-style-type: none"> • the review found that: <ul style="list-style-type: none"> – the capacity and capability of traditional ESOs has declined and continues to decline, with some traditional ESOs currently planning to wind up their operations – a key concern of these ESOs considering winding up is to ensure that their assets and memorabilia are transferred to an appropriate entity for benefitting and commemorating their client base • further information available at section 9.2.6 	<p>rectify</p> <ul style="list-style-type: none"> • the VVC could develop and implement a strategic consolidation plan for the Victorian veteran sector, which would identify those ESOs likely to cease over the next 10-20 years and work with those ESOs to provide them with the support they need during this period. Benefit(s): <ul style="list-style-type: none"> – map the emerging future of the Victorian veteran sector in order to ensure that service provision remains constant – ensure the ESOs are equipped to wind down and transfer their assets and memorabilia appropriately

11 Attachments

11.1 Attachment A – Project methodology

The project methodology is summarised overleaf.



11.2 Attachment B – Summary of consultations

Table 10 below summarises the external stakeholder consultations undertaken.

Table 10 Summary of external consultations held

AREA	DATE, TIMES AND LOCATION
Melbourne consultation	<u>Monday 3 August</u> 10am-12pm for organisations, 12pm-1pm for individuals <i>Monash Conference Centre, Level 7, 30 Collins Street, Melbourne</i>
Mildura consultation	<u>Tuesday 4 August</u> 1pm-2pm for organisations, 2pm-3pm for individuals <i>Mildura Rural City Council Offices, 180-190 Deakin Avenue, Mildura</i>
Geelong consultation	<u>Wednesday 5 August</u> 10am-11am for organisations, 11am-12pm for individuals <i>Geelong West Town Hall, 153 Pakington Street, Geelong West</i>
Ballarat consultation	<u>Wednesday 5 August</u> 2:30pm-3:30pm for organisations, 3:30pm-4:30pm for individuals <i>Art Gallery Ballarat, 40 Lydiard Street North, Ballarat</i>
Wodonga consultation	<u>Friday 7 August</u> 10am-11am for organisations, 11am-12pm for individuals <i>Hume Veterans Information Centre, 138 Melbourne Road, Wodonga</i>
Frankston consultation	<u>Tuesday 11 August</u> 9am-10am for organisations, 10am-11am for individuals <i>Frankston North Community Centre, 26 Mahogany Avenue, Frankston</i>
Sale consultation	<u>Tuesday 11 August</u> 2pm-3pm for organisations, 3pm-4pm for individuals <i>Gippsland Regional Sports Complex, 116 Cobains Road, Sale</i>

Stakeholders also had the opportunity to participate in an online survey and to provide online submissions to the review.

11.3 Attachment C – Service provision assessment

Table 11 summarises the results of the veteran-specific service provision assessment undertaken as part of Grosvenor’s desktop review. Where no information is provided in a cell this means Grosvenor was unable to find veteran-specific services provided by that sector.

Table 11 Summary of veteran-specific service provision across sectors

	FEDERAL GOVERNMENT	STATE GOVERNMENT	LOCAL GOVERNMENT	ESOS/OTHER SERVICE PROVIDERS
Physical Health	<ul style="list-style-type: none"> Coordinated Veterans’ Care (CVC) program Mens Health Peer Education (MHPE) program Day Clubs Veterans’ Medicines Advice & Therapeutic Education Services (MATES) Veterans’ Health Week Veterans Home Care programme (VHC) Repatriation Pharmaceutical Benefits Scheme (RPBS) 			<p>Veterans Health Week (in conjunction with the Department of Veterans Affairs):</p> <ul style="list-style-type: none"> RSL’s across the state offer a range of events throughout the week that support veterans’ health and stress the importance of physical fitness for mental health and the benefits that can be gained by participating with a group of other people trying to achieve similar goals. <p>RSL Victoria: provides information and support regarding a range of issues, such as:</p> <ul style="list-style-type: none"> Aged care services – home care, respite and residential services Health related issues e.g. dementia, diabetes, hearing loss Health promotion, including provision of information sessions Aids to stay living at home safely such as personal alarms,

	FEDERAL GOVERNMENT	STATE GOVERNMENT	LOCAL GOVERNMENT	ESOS/OTHER SERVICE PROVIDERS
				scooters, mobility aids <ul style="list-style-type: none"> • Housing support – such as retirement villages, independent living units, private rental • Friendly visiting to homes, hospitals or residential facilities • Contemporary veterans, including veteran well-being Health advocacy where needed
Mental Health	VVCS Services: <ul style="list-style-type: none"> • Individual, Couple and Family Counselling (inquire through www.vvcs.gov.au) • Veterans Line (1800 011 046) • counselling through the VVCS for Children of Vietnam Veterans over the age of 36 years • VVCS Group Programs (free for eligible participants through www.vvcs.gov.au) • Beating the Blues (Depression) • Mastering Anxiety • Doing Anger Differently • Sleeping Better • Building Better Relationships & Partner Programs • Communication and Conflict Resolution • Operation Life • Residential Style Websites <ul style="list-style-type: none"> • At Ease (<a 331="" 885="" 903"="" 98="" data-label="Page-Footer" href="http://www.at- </td> <td></td> <td></td> <td> ates 4 Mates (1300 462 837): • Counselling services • Equine therapy • Career coaching • Education sessions • Mentoring program • Active Mindfulness Naval Association of Australia • advisory and counselling services Partners of Veterans Association of Australia • provides support and assistance to alleviate suffering and distress experienced by current and former partners and children of veterans and their descendants The P.V.A. 1300 Helpline is a 24/7 link to support and information for partners of veterans, current serving Australian Defence Force (ADF) members and their families </td> </tr> </tbody> </table> </div> <div data-bbox="> <p>Victorian Veterans Council – Veterans’ sector study</p> 			

	FEDERAL GOVERNMENT	STATE GOVERNMENT	LOCAL GOVERNMENT	ESOS/OTHER SERVICE PROVIDERS
	<p>ease.dva.gov.au)</p> <ul style="list-style-type: none"> Wellbeing Toolbox (www.wellbeingtoolbox.net.au) Operation Life Online (www.at-ease.dva.gov.au/suicideprevention) The Right Mix (www.therightmix.gov.au) <p>Books (available for purchase at www.at-ease.dva.gov.au):</p> <ul style="list-style-type: none"> Beyond the call Mental Health and Wellbeing after Military Service Mental Health Advice Book Managing Challenging Behaviours <p>Smart Phone Applications (available for download at www.at-ease.dva.gov.au):</p> <ul style="list-style-type: none"> PTSD Coach The Right Mix <p>DVA support cards:</p> <ul style="list-style-type: none"> DVA White Card <ul style="list-style-type: none"> those who hold a DVA white card are eligible for DVA to pay for mental health treatment of certain diagnosed conditions. DVA Gold Card <ul style="list-style-type: none"> those who hold a DVA Gold Card are eligible for mental health treatment to be paid for by DVA. 			
Substance	Alcohol Abuse			

	FEDERAL GOVERNMENT	STATE GOVERNMENT	LOCAL GOVERNMENT	ESOS/OTHER SERVICE PROVIDERS
Abuse	<ul style="list-style-type: none"> The Right Mix (https://www.therightmix.gov.au/) 			
Domestic Violence				<ul style="list-style-type: none">
Social Isolation				
Housing Assistance	<ul style="list-style-type: none"> Rehabilitation Appliances Programme <ul style="list-style-type: none"> provides assistance to help Veterans maintain functional independence in their home Defence Service Homes (DSHI) Insurance Scheme <ul style="list-style-type: none"> offers a range of home, contents and other insurance policies to eligible veterans and ADF personnel or their widow/widowers Defence Home Ownership Assistance (DHOAS) Scheme <ul style="list-style-type: none"> a home loan subsidy scheme available to current and former ADF members who served on or after 1 July 2008, and completed a qualifying period of service and accrued sufficient entitlement Defence Service Homes (DSH) Scheme <ul style="list-style-type: none"> available to former ADF 	<ul style="list-style-type: none"> 		<p>Vasey RSL Care Ltd</p> <ul style="list-style-type: none"> Provide high quality sustainable accommodation & service options to the ex-service community with approximately 400 independent living units (Melbourne & Geelong) with specific criteria for admission for financially disadvantaged people aged over 60. However, there is special consideration to those under 60 who are suitable for an independent living unit. Also provide home care support & residential aged care for the elderly.

	FEDERAL GOVERNMENT	STATE GOVERNMENT	LOCAL GOVERNMENT	ESOS/OTHER SERVICE PROVIDERS
	members who completed a qualifying period of service before 15 May 1985 or served in Namibia between 18 February 1989 and 10 April 1990			
Transport Assistance	<ul style="list-style-type: none"> Booked Car Scheme 	<ul style="list-style-type: none"> EDA/TPI Ex-Service Personnel Pass War Veterans Travel Pass War Veterans/War Widows Concession Card Victorian War Widow and Widower Free Travel Vouchers (VTV) Multi-Purpose Taxi Program (Victorian Taxi Directorate) <p>The Multi Purpose Taxi Program gives members half price taxi fares.</p>		
Legal Support		<ul style="list-style-type: none"> Legal Aid 		<p>Defence Force Welfare Association</p> <ul style="list-style-type: none"> Provide Advocacy Services for serving/retired members who have a claim for superannuation, compensation and veterans' entitlement matters.
Employment and Income Support Assistance	<ul style="list-style-type: none"> Veteran & Community Grants Veterans' Access Network (VAN) shopfront Story Writing & Art competition Crisis Payment (A 'one off' non-taxable payment to assist eligible people in extreme circumstances establish themselves in a new 	<p>Income support assistance (VIC)</p> <ul style="list-style-type: none"> Annual Electricity Concession Controlled Load Electricity Concession Electricity Transfer Fee Waiver Excess Gas Concession Life Support Concession Medical Cooling Concession 	<ul style="list-style-type: none"> Pet Registration and de-sexing concessions membership fees at recreation centres can be discounted reduced Home Care and home maintenance fees Free or concessional parking for DVA Gold Card Holders 	<p>Legacy offers extensive assistance to Legacy Widows and their dependants. Assistance includes:</p> <ul style="list-style-type: none"> financial assistance with the payment of medical, dental, hospital or optometry etc advice on education of Junior Legatees

FEDERAL GOVERNMENT	STATE GOVERNMENT	LOCAL GOVERNMENT	ESOS/OTHER SERVICE PROVIDERS
<p>residence)</p> <ul style="list-style-type: none"> • Crisis Assistance Program (Vietnam veterans who are experiencing a family crisis and who are in counselling may be offered short-term assistance through the Crisis Assistance Program) • Accommodation Allowance (DVA Gold or White Card holders may be entitled to an accommodation allowance if travelling for medical treatment, a claim for disability pension or service pension, or an appeal to the Veterans' Review Board or Administrative Appeals Tribunal) <p>DVA Pensions</p> <ul style="list-style-type: none"> • Service Pension • Age Service Pension • Invalidity Service Pension • Partner Service Pension • Social Security Age Pension <p>DVA Income support assistance</p> <ul style="list-style-type: none"> • Defence Force Income Support Allowance (DFISA) • Income support supplement • Allowances: <ul style="list-style-type: none"> – Attendant Allowance – Bereavement Payments and Funeral Benefits – Clothing Allowance – Recreational Allowance 	<ul style="list-style-type: none"> • Non-Mains Energy Concession • Service to Property Charge Concession • Winter Gas Concession • Utility Relief and Non-Mains Utility Relief Grant Schemes • Municipal Rates Concession • Non-Mains Water Concession • Water and Sewerage Concession • Motor Vehicle Registration Fee concession (VicRoads) • Recreational Fishing Licence concessions • State Seniors Card • (VIC) free eye examinations and low cost glasses through the Victorian Eye and Ear Hospital, the Victorian College of Optometry and the Victorian Eye Care Service • (VIC) Dental Health Services Victoria provides emergency and general dental care for adult concession cardholders. This care is provided through public dental clinics in community health centres, rural hospitals and the Royal Dental Hospital Melbourne. (http://www.health.vic.gov.au/ag edcare/services/index.htm) 	<ul style="list-style-type: none"> • Discount on firewood collection permit • Rates concession • Foreshore camping concession • Public concessions • Regional gallery concessions 	<ul style="list-style-type: none"> • housing and financial assistance. <p>RSL Victorian Branch (http://www.rslvic.com.au/veteran-support/aged-health-support) :</p> <ul style="list-style-type: none"> • Trans-Civ (Transition to Civilian) and RSL Victoria work together to assist ex-ADF personnel find civilian employment. <p>Soldier On:</p> <ul style="list-style-type: none"> • The "Hand Up" Program is focused on providing educational and work placement opportunities to ensure the transition to a non-military career is as seamless as possible. <p>Mates 4 Mates:</p> <ul style="list-style-type: none"> • Mates4Mates works with expert providers to help wounded, injured or ill Mates to grow their career confidence, skills and find employment opportunities in the civilian workforce. <p>Naval Association of Australia</p> <ul style="list-style-type: none"> • Advocacy support for rehabilitation benefits • Mentoring career advice to younger members • Assisting former and serving naval personnel to obtain civilian employment • Practical and financial assistance to members and their immediate

	FEDERAL GOVERNMENT	STATE GOVERNMENT	LOCAL GOVERNMENT	ESOS/OTHER SERVICE PROVIDERS
	<ul style="list-style-type: none"> - Decoration Allowance; - Loss of Earnings Allowance; - Recreation Transport Allowance; - Temporary Incapacity Allowance; - Rent assistance and Remote area allowance • Motor Vehicle GST exemption <ul style="list-style-type: none"> - Once every 2 years or 40,000 km, eligible veterans are entitled to GST exemption on the purchase of a new car. GST exemption is also available on spare parts necessary for the running of a motor car. <p>Supplements: Supplements are available to assist with the cost everyday living.</p> <ul style="list-style-type: none"> • Pension Supplement • Veterans Supplement • Senior Supplement • Energy Supplement • MRCA and SRCA supplements <p>Concession Cards</p> <ul style="list-style-type: none"> • Pensioner Concession Card (PCC) • DVA Gold Card • DVA White Card • DVA Orange Card • Commonwealth Seniors Health Card <p>Employment support:</p>			<p>families in times of crisis.</p>

	FEDERAL GOVERNMENT	STATE GOVERNMENT	LOCAL GOVERNMENT	ESOS/OTHER SERVICE PROVIDERS
	<ul style="list-style-type: none"> ADF Career Transition Assistance Scheme (http://www.defence.gov.au/transitions/support/ctas/ctas.htm) 			

12 Endnotes

¹ Victorian Veterans Council Victorian Veterans Sector Study Report. *Department of Premier and Cabinet*. Available from: http://dpc.vic.gov.au/images/Veterans_Affairs/Vets_Sect_Study_Web.pdf [Accessed 2015].

² Victorian Veterans Council 2014-2015 Annual Report.

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